

# **2010-2011**

## *Annual Work Plan*

San Miguel County Family & Community Health Council  
Planning Document

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***Yolanda B. Cruz, Coordinator***

*Funded in partnership by:*



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# *Section 1*

## *Introduction*

The San Miguel County Family & Community Health Council is partially funded through a partnership between the City of Las Vegas and County of San Miguel. The main purpose of the Health Council is to guide and facilitate the planning and coordination of local public health systems, and to improve the health of the community by addressing locally-identified health priorities.

The Council membership is made up of diverse individuals who represent service providers, community agencies, organizations, coalitions and private citizens. The council strives to maintain a membership which is geographically and ethnically representative of San Miguel County. Primarily, our goal is to further facilitate and develop the comprehensive community health improvement process, through council assessment, planning and coordination at a county level. Additionally, coordination services also support community action and systems evaluation.

Through the process of community assessment and input, the Health Council has chosen four priorities to work on: Interpersonal Violence, Access to Care, Substance Abuse, and Diabetes/Obesity. Committees have been formed to address each priority. The Health Council has also taken a leadership role in the development of the MSG Group (Mora, San Miguel, Guadalupe Counties) Local Collaborative #4.

The purpose of the this Health Council Annual Work Plan is to guide the health council in planning and evaluating the coming year's objectives and activities, and to relate those plans to the Community Health Improvement Plan and the Logic Model that has been developed to describe the work and outcomes of the health councils. The Health Council Annual Work Plan outlines specific steps that the health council will take to develop its own capacity, to continually assess community needs and strengths, and to assist with the implementation of the Community Health Improvement Plan. The format of the Annual Health Council Work Plan is aligned with the Community Health Improvement Logic Model.

Other coalitions the Health Council is active in are: Community Health Group, Family Justice Center Community Partner, San Miguel/Las Vegas Local Emergency Planning Committee, San Miguel Detention Center Citizen Advisory Committee, San Miguel/Mora Safe Kids Coalition, San Miguel DWI Planning Council, Las Vegas City School Health Advisory Committee, and West Las Vegas School Health Advisory Committee.

The San Miguel County Family & Community Health Council meets on the 4<sup>th</sup> Tuesday of each month, from 9:00am-11:00am at the San Miguel Public Health Office, 18 Gallegos Road. All Health Council and Committee meetings are open to the public, if you are interested in attending meetings, or becoming a member of a committee or the Health Council, please contact the Health Council Office at [smhealthcouncil@desertgate.com](mailto:smhealthcouncil@desertgate.com) or 425-9770.

## *Section 2*

### *2009-2010 Council Members:*

Michell Aragón  
Mary Byers  
Yolanda Carrillo  
Kathy Duran  
Linda Durant, Secretary  
JoAnn LaFerriere  
Elizabeth Gonzales  
Patricia Leahan  
Elaine V. Luna  
Genevieve Marquez  
Mathew P. Martinez

Therese Melton  
Adam Metcalf, Vice President  
Makani Nakasoni  
Sigrid Olson  
Barbara Perea-Casey, President  
Marino Rivera  
Jody Stege  
Connie Trujillo  
Ron Trujillo  
Margaret Vazquez-Geffroy

## Section 3

### *Vision Statement*

“Healthy families promoting a healthy community”

### *Mission Statement*

“To provide and promote a leadership role in empowering the community to improve our health status, through a comprehensive, family-centered, community based and culturally-sensitive approach in San Miguel County”

### *Purpose*

- A. To enhance the quality of life through the improvement of health, welfare and safety of every resident.
- B. To discuss ideas, concerns, initiatives, goals and solutions for collectively developing community priorities for the above.
- C. To maximize community health resources and services.
- D. Advocate for the needs of women, infants, children, adolescents and their families, including fathers, and children with special health care needs.
- E. Improve maternal & child health outcomes.

### *Definition of Health*

*Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. ~World Health Organization, 1948.*

The San Miguel County Family & Community Health Council recognizes that:

Salud es el	Health is the
Estado de Bien Estar	State of Well-Being
Incluyendo aspectos:	Including:
Fisical/Physical	
Social	
Mental	
Cultural	
Environmental	
Spiritual	
de Individuales,	aspects of Individuals,
Familias,	Families,
y Comunidades en	and Communities in
Nuestro condado diverso.	our diverse county.

## Section 4

### *Health Council Self-Assessment Survey*

#### Health Council Self Assessment Survey

##### CSAS & SWOT

This is a snapshot of the current status of the health council, including areas of strength and areas for improvement. This is an assessment of the health council itself; it is different from the community health assessment that was done as part of the community-wide planning process. Tools that can be used for the health council self-assessment include:

- a. *The Coalition Self-Assessment Survey (CSAS)*, a nationally-validated survey tool for assessing health coalitions.
- b. *A modified SWOT analysis*, a tool to identify strengths, weaknesses (challenges), opportunities and threats (external challenges or barriers).

Areas of the Health Council that may offer opportunities for improvement or discussion, according to the 2008 CSAS are:

Membership: The groups that the majority of respondents feel are not well represented are:

Local Elected Officials	Law Enforcement Agencies
Religious Organizations	Youth Organizations
Legislative Staff	Business

When asked how comfortable member were overall with the Health Council decision-making process, 56% were very comfortable, 44% were somewhat comfortable. This offers the opportunity for ideas on the decision-making process should be discussed, recorded and submitted to by-laws committee.

The Health Council members feel that the major functions of the Health Council are to:

- Advocate for public policy objectives
- Network with community agencies and programs
- Communicate information to the community about what the Health Council does
- Conduct community assessment and planning
- Make decisions about priority needs and problems
- Coordinate programs and services in the community
- Coordinate programs and services in the community

67% of Health Council members felt that we had access to key policy makers or influential leaders in the community and had the ability to mobilize a constituency to support policy objectives.

The majority of Health Council members agreed that:

- The Council seeks input from external sources
- The Council takes time to analyze the social and economic conditions that contribute to health status (or the social determinants of health) as it addresses health priorities
- The Council takes time to analyze the social and economic conditions that contribute to health status (or the social determinants of health) as it addresses health priorities
- The Council members take time to analyze the social and political **barriers** to address its priorities.
- The Council members take time to analyze the social and political **facilitators** to address their priorities

Some organizations that partner with the Health Council felt that the following problems may exist:

- Health Council activities do not reach their primary constituency,
- Being involved in policy advocacy may be a problem,
- Time and skill of members may not be well used,
- The Health Council may not be taking meaningful action

Health Council members were also asked in what areas they or their organization greatly benefited in the following areas as a result of participating in the Health Council. The top areas were:

- Helping their organization toward their goals
- Developing collaborative relationships with other agencies
- Staying well informed in a rapidly changing environment
- Increasing the sense that others share their goals and concerns

**Modified SWOT Analysis:**

	<b>Strengths</b>	<b>Weaknesses/Challenges</b>
<b><u>Council</u></b>	<ul style="list-style-type: none"> <li>• Always trying to improve</li> <li>• Good core group</li> <li>• Good community involvement</li> <li>• Diverse membership</li> <li>• Active members</li> <li>• Lots of expertise on the council</li> <li>• Support systems in place</li> <li>• Good collaboration</li> <li>• Well-informed: Yolanda</li> <li>• Open to new ideas</li> <li>• Able to discuss/debate (“fight fair”)</li> </ul>	<ul style="list-style-type: none"> <li>• Council needs to be better known</li> <li>• Need understanding of mission in relation to DOH contract</li> <li>• Need to bring in more community members</li> <li>• Need stable committees</li> </ul>
	<b>Opportunities</b>	<b>Barriers/Needs</b>
<b><u>Environment</u></b>	<ul style="list-style-type: none"> <li>• Work with neighboring counties (SF, Mora, Guadalupe)</li> <li>• Work with school districts, school-based health centers</li> <li>• Collaboration with City of Las Vegas re: obesity, fitness</li> <li>• Collaboration with Highlands: Marketing assistance, work with students</li> <li>• Potential to use Luna Community College branches</li> </ul>	<ul style="list-style-type: none"> <li>• Rural areas</li> <li>• Limited resources</li> <li>• Need to work with parents re: diet, exercise; identify what they need in order to change behaviors</li> <li>• Need community buy-in, education re: fast food</li> <li>• Limited mass communication channels in rural areas; need different ways to reach people</li> <li>• Lack of transportation</li> </ul>

***Section 5***

***Health Council Action Plan (GRID)***

## HEALTH COUNCIL WORK PLAN: Action Plan Matrix

### A. Council Development

System/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
<p><b>1. Planning:</b> The Health Council is recognized as a community health planning and information body or hub.</p>	<p>Increase visibility of Health Council outside of Las Vegas            Increase interaction with County Commission, City Council and other policy makers            Identify funding to continue the work of the Health Council through FY 11 and further</p>	<p>Invite policy makers to meetings            Post minutes, agendas and newsletter on website            Notification of website in newspaper            MOU with city &amp; county            Monthly updates and Annual Presentations to Las Vegas City Council, San Miguel County Commission, Pecos Village Council            Grant writing, meet with potential funders</p>	<ul style="list-style-type: none"> <li>• Number of hits on website</li> <li>• Stronger membership</li> <li>• Contacts with policy makers</li> <li>• MOU's</li> <li>• Requests for resource directory</li> <li>• Requests for Community Health Profile &amp; Plan</li> <li>• Budget</li> </ul>
<p><b>2. Membership:</b> The Health Council has a stable, diverse, and growing membership.</p>	<p>Recruit more members from outlying areas            Recruit more community members            Recruit more men            Keep grassroots effort</p>	<p>Identify and personally invite key people (state reasons why involvement is important)            Nominating Committee meetings            Advertise membership opportunities</p>	<ul style="list-style-type: none"> <li>• Health Council Roster</li> <li>• CSAS results</li> <li>• Attendance /sign in</li> </ul>
<p><b>3. Internal structures:</b> The health council is sustained and institutionalized 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>Focus on priority areas in meetings            Increase participation in committees            Increase member involvement in 4yr grant, reports, contracts, etc            Engage members            More comprehensive committee reports            Review priorities</p>	<p>Look at issues (invite agency presentations on activities and ask how we can support them)            Opportunities for health council members to be actively involved            Ensure committees meet            Dedicated discussions on priorities            Email communication with executive committee            Develop newsletter for information sharing – put on website            Email updates for discussion</p>	<ul style="list-style-type: none"> <li>• Committee minutes</li> <li>• Attendance /sign in</li> <li>• Health Council minutes</li> <li>• CSAS results</li> </ul>
<p><b>4. Internal processes:</b> The health council uses productive group processes.</p>	<p>Continue current council structure            Interactive discussions / presentations at Health Council meetings around priority areas            Review decision making process            Continue Committee structure</p>	<p>Invite agency representatives (learn who is doing what, what is working, what is not, how can we support them)            Bylaws committee meet and review document, make recommendations</p>	<ul style="list-style-type: none"> <li>• Minutes</li> <li>• CSAS results</li> <li>• Bylaws</li> </ul>

## B. Community Assessment & Prioritization

System/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
<p><b>1. Community assessment:</b> The health council is able to assess community health strengths, needs, problems, and resources.</p>	<p>Update statistical data Community input on issues Review &amp; reassess priorities Conduct assessment and mapping of needs and available resources</p>	<p>Post participation lists on website Explore other ways of getting community input Tweak survey, re-implement &amp; report to community Work with local media on awareness campaigns Get local data Update statistical data Update resource directory Community input on issues Asset Mapping</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>Monitor what is going on in community Try and link committee activity to results Update profile &amp; plan</p>	<p>Invite agency representatives to present at meetings (what are they seeing in community, how can we help them) Attend various meetings (coalition, agency, etc) Newsletter grid of Health Council activities Committee agendas, minutes, etc on website Pre &amp; post surveys for programs Agency representatives present on how they interact with each other</p>	<ul style="list-style-type: none"> <li>• Documentation of meetings and discussion notes (post on website)</li> <li>• Community health improvement plan</li> <li>• Annual work plan</li> </ul>
<p><b>3. Emerging issues:</b> The health council has the capacity to respond to emerging issues.</p>	<p>Invite agency representatives to present at meetings (what are they seeing in community, how can we help them) Support agencies Interactive discussions / presentations / analysis at Health Council meetings on issues</p>	<p>More discussions Invite agency representatives to present at meetings (what are they seeing in community, how can we help them) Attend various meetings (coalition, agency, etc) Continue Problem analysis Analyze social &amp; political barriers &amp; facilitators</p>	<ul style="list-style-type: none"> <li>• Documentation of meetings and discussion notes</li> <li>• Health Council minutes: discussions of emerging issues</li> <li>• Study/investigation of emerging issues</li> <li>• Initiatives to address emerging issues</li> </ul>

**C. Community Action: Interpersonal Violence & Substance Abuse**

System /Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
<p><b>1. Networks and partnerships are built and/or enhanced.</b></p>	<p><i>Work with 3 school districts, headstart &amp; colleges to assess what prevention programs are in place</i></p> <p><i>Map services and gaps in community</i></p> <p><i>Increase interaction between schools / colleges and community agencies</i></p> <p><i>Continue participation with Jail, DWI Council, MSG, TCA, Community Health Group &amp; Tri-County Family Justice Center</i></p> <p><i>Increase size &amp; participation in IV committee</i></p> <p><i>Involve youth</i></p> <p><i>Facilitate communication between TCA and Core Service Agencies</i></p>	<p>Research prevention programs in schools &amp; colleges</p> <p>Create matrix of prevention programs in use</p> <p>Research presentations/agencies/ etc</p> <p>(Community Resources) available to schools &amp; colleges</p> <p>Create matrix of community resources and distribute to schools &amp; colleges w/description</p> <p>Link &amp; network community agencies</p> <p>Strengthen organizational connections</p> <p>Educate community about health related issues</p> <p>Research evidence based prevention programs</p> <p>Create matrix and share with schools and agencies</p> <p>Update and Distribute resource directories</p> <p>Create team to implement awareness campaign</p> <p>Continue attending community coalition meetings</p> <p>Identify and personally invite potential members</p>	<ul style="list-style-type: none"> <li>• Profile &amp; Plan</li> <li>• Shared planning projects</li> <li>• New linkages between community entities</li> <li>• Joint initiatives established or strengthened</li> <li>• Enhanced networks &amp; partnerships</li> <li>• Increased community awareness of council activities</li> <li>• Increase community capacity</li> <li>• Presence at health fairs, forums, etc</li> <li>• Committee size and Attendance</li> </ul>

**2. Community programs are jointly developed or strengthened.**

*Hold community meetings to get input in the problems and possible community interventions regarding substance abuse*

*Support new and existing best practice intervention and treatment services*

*Conduct assessment of existing violence policies & agreements in place*

*Support Reintegration Center*

*Support Quality service review and client centered care*

*Support any efforts to open a detox center*

*Support Safe Haven*

*Support efforts to open a shelter for victims of domestic violence*

*Support appropriate and consistent best practice primary prevention program in local schools to address violence prevention*

*Support efforts to develop a SANE Unit*

*Increase access to intervention & treatment services for victims of domestic violence*

*Support initiatives in community around violence prevention*

*Continue participation with Jail, DWI Council, MSG, TCA, Community Health Group & Tri-County Family Justice Center*

*Work with the community to better understand, identify and respond to violence*

Research the multidisciplinary team to discuss cases/strategies/etc that used to exist and the reasons why it does not exist anymore

Explore feasibility of multidisciplinary team

Research batterer’s prevention and ways to advocate the judicial system to require offenders to participate

Host Safe Haven training to Health Council members

Provide Safe Haven trainings to community

Create and distribute a handout “if you are in this situation” regarding violent relationships

Support Tri-County Family Justice Center and their efforts to open a shelter

Support SANE efforts

Conduct Assessment of violence policies

Create Matrix of violence policies

Support or participate in program and policy initiatives

Research curriculum for caregivers of dementia patients who are being hurt physically by family members

Support restorative justice, awareness (UWC / P&J partnership)

- Mobilize community action
- New programs jointly developed or implemented.
- Activities related to ongoing programs
- Reduced duplication and improved integration of services

<p><b>3. Policies are changed and/or constituencies are built for policy changes.</b></p>	<p><i>Regular awareness activities, such as PSA's, newspaper articles, resource directory, Health Council newsletter &amp; website</i></p> <p><i>Conduct assessment of awareness activities in community</i></p> <p><i>Advocate for treatment services for victims &amp; offenders</i></p> <p><i>Provide training for community on effecting policy and other environmental strategies</i></p> <p><i>Research and document existing policies &amp; agreements in place</i></p> <p><i>Stay informed &amp; share information about legislative issues</i></p>	<p>Create team responsible for PSA's / public awareness</p> <p>Poll agencies to determine what violence awareness activities are being done in community</p> <p>Post violence awareness activities on website</p> <p>Research &amp; implement strategies to advocate for more treatment being provided to victims &amp; offenders</p> <p>Research existing policies/agreements regarding violence</p> <p>Make recommendations on resource allocation</p> <p>Research current % of offenders sent to treatment (BIP &amp; SA)</p> <p>Take positions on legislative or other policy issues regarding violence</p> <p>Keep members &amp; contacts informed on policy advocacy and legislative issues</p>	<ul style="list-style-type: none"> <li>• Constituencies built for policy change</li> <li>• New practices</li> <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>• Increased community awareness of council activities</li> <li>• Presence at health fairs, forums, etc</li> </ul>
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<p>4. <b>Funds</b> are received or leveraged in the community.</p>	<p><i>Be aware of &amp; support funding applications in community</i></p> <p><i>Stay informed &amp; share information about legislative issues</i></p> <p><i>Research &amp; share information on funding opportunities</i></p> <p><i>Provide research, information, funding opportunity awareness and feedback for effective prevention programs</i></p> <p><i>Apply for funding to support health council activities and work</i></p>	<p>Endorse funding applications</p> <p>Make recommendations on resource allocation</p> <p>Collaborate in grant writing</p> <p>Support/oppose legislative funding regarding violence</p> <p>Keep members &amp; contacts informed on funding opportunities regarding violence (prevention/intervention/treatment/etc)</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> <li>• Funds received or leveraged</li> <li>• State funding priority response to community needs</li> </ul>
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**D. Community Action: Diabetes / Obesity**

Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
<p><b>1. Networks and partnerships</b> are built and/or enhanced.</p>	<p><i>Map services and gaps in community</i></p> <p><i>Increase community awareness of symptoms of diabetes</i></p> <p><i>Work with 3 school districts, headstart &amp; colleges to assess what prevention programs are in place</i></p> <p><i>Work with the community to better understand diabetes &amp; obesity</i></p> <p><i>Increase size &amp; participation in diabetes/obesity committee</i></p> <p><i>Continue participation with Food Distribution, School Health Advisory Committees, Safe Routes to School, etc</i></p> <p><i>Partner with healthier weight council</i></p>	<p>Research prevention programs in schools &amp; colleges</p> <p>Create matrix of prevention programs in use</p> <p>Research presentations/agencies/ etc (Community Resources) available to schools &amp; colleges</p> <p>Create matrix of community resources and distribute to schools &amp; colleges w/description</p> <p>Link &amp; network community agencies</p> <p>Educate community about health related issues</p> <p>Strengthen organizational connections</p> <p>Invite people who do screenings (health fairs, etc) to present to Health Council (what follow up is there)</p> <p>Identify and personally invite potential members</p> <p>Update and Distribute resource directories</p> <p>Create team to implement awareness campaign</p> <p>Continue attending community coalition meetings</p>	<ul style="list-style-type: none"> <li>• Profile &amp; Plan</li> <li>• Shared planning projects</li> <li>• New linkages between community entities</li> <li>• Joint initiatives established or strengthened</li> <li>• Enhanced networks &amp; partnerships</li> <li>• Increased community awareness of council activities</li> <li>• Increase community capacity</li> <li>• Presence at health fairs, forums, etc</li> </ul>

<p style="text-align: center;"><b>2. Community programs are jointly developed or strengthened.</b></p>	<p><i>Partner with schools to assist with implementation of existing wellness policies</i></p> <p><i>Support targeted prevention / intervention education in community</i></p> <p><i>Work with Riverwalk group to support completion</i></p> <p><i>Explore and support implementation /expansion of low cost programs /activities for youth / families (walking groups, exercise programs, community gardens, etc)</i></p> <p><i>Partner with HEROS &amp; AHEC to support/develop on community initiatives</i></p>	<p>Meet with schools to discuss ways we can support school implementation of wellness policies</p> <p>Meet with HEROS &amp; AHEC to determine areas of possible collaboration and support</p> <p>Keep in regular contact with Farmer’s Market to see how we can collaborate/ support their efforts</p> <p>Research prevention / intervention of diabetes/obesity in community</p> <p>Create matrix of prevention/intervention of diabetes/obesity in community</p> <p>Research low cost/no cost programs/activities for youth/families</p> <p>Collect Data on food insecurity</p> <p>Map resources, food banks, soup kitchen &amp; costs, needs, gaps</p> <p>Research places/agencies that might incorporate demonstrations on cooking with fresh fruits / vegetables and help link with people, resources to make that happen</p> <p>Attend Healthier Weight Council meetings</p> <p>Meet with HEROS &amp; AHEC at least 3 times</p>	<ul style="list-style-type: none"> <li>● Mobilize community action</li> <li>● New programs jointly developed or implemented.</li> <li>● Activities related to ongoing programs</li> <li>● Reduced duplication and improved integration of services</li> </ul>
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<p><b>3. Policies are changed and/or constituencies are built for policy changes.</b></p>	<p><i>Partner with schools to assist in implementation of existing wellness policies</i></p> <p><i>Work with schools to assess school lunch programs</i></p> <p><i>Assess what type of prevention and treatment is being used regarding youth (Type II Diabetes)</i></p> <p><i>Stay informed &amp; share information about legislative issues</i></p> <p><i>Regular awareness activities, such as PSA's, newspaper articles, Health Council newsletter &amp; website</i></p> <p><i>Conduct assessment of awareness activities in community</i></p> <p>Partner with Healthier Weight Council and other statewide coalitions who support policy change that affects obesity in NM</p>	<p>Meet with schools to discuss ways we can support school implementation of wellness policies</p> <p>Research prevention / intervention /treatment of diabetes/obesity in youth</p> <p>Sign up for notification of legislative updates &amp; share</p> <p>Poll agencies to determine what diabetes/obesity awareness activities are being done in community</p> <p>Post awareness activities on website</p> <p>Make recommendations on resource allocation</p> <p>Take positions on legislative or other policy issues regarding diabetes/obesity</p> <p>Keep members &amp; contacts informed on policy advocacy and legislative issues</p> <p>Attend Healthier Weight Council meetings</p>	<ul style="list-style-type: none"> <li>• Constituencies built for policy change</li> <li>• New practices</li> <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>• Increased community awareness of council activities</li> <li>• Presence at health fairs, forums, etc</li> </ul>
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<p>4. <b>Funds</b> are received or leveraged in the community.</p>	<p><i>Be aware of &amp; support funding applications in community</i></p> <p><i>Stay informed &amp; share information about legislative issue</i></p> <p><i>Research &amp; share information on funding opportunities</i></p> <p><i>Provide research, information, funding opportunity awareness and feedback for effective prevention program</i></p> <p><i>Apply for funding to support health council activities and work</i></p>	<p>Endorse funding applications</p> <p>Make recommendations on resource allocation</p> <p>Collaborate in grant writing</p> <p>Collaborate in grant writing</p> <p>Support/oppose legislative funding regarding diabetes/obesity</p> <p>Keep members &amp; contacts informed on funding opportunities regarding diabetes/obesity (prevention/intervention/treatment/etc)</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> <li>• Funds received or leveraged</li> <li>• State funding priority response to community needs</li> </ul>
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**E. Community Action: ACCESS TO CARE**

System/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
<p><b>1. Networks and partnerships are built and/or enhanced.</b></p>	<p><i>Advocate for prevention services in school based health centers</i></p> <p><i>Update and distribute resource directory</i></p> <p><i>Work with schools to increase utilization of health centers</i></p> <p><i>Increase awareness of agencies that provide prevention services</i></p> <p><i>Map services and gaps in community</i></p> <p><i>Continue participation with School Health Advisory Committees, etc</i></p>	<p>Research prevention programs in schools &amp; colleges</p> <p>Create matrix of prevention programs in use</p> <p>Research presentations/agencies/ etc (Community Resources) available to schools &amp; colleges</p> <p>Create matrix of community resources and distribute to schools &amp; colleges w/description</p> <p>Link &amp; network community agencies</p> <p>Educate community about health related issues</p> <p>Strengthen organizational connections</p> <p>Hold a Town Hall Meeting</p> <p>Identify and personally invite potential members</p> <p>Update and Distribute resource directories</p> <p>Continue attending community coalition meetings</p>	<ul style="list-style-type: none"> <li>• Profile &amp; Plan</li> <li>• Shared planning projects</li> <li>• New linkages between community entities</li> <li>• Joint initiatives established or strengthened</li> <li>• Enhanced networks &amp; partnerships</li> <li>• Increased community awareness of council activities</li> <li>• Increase community capacity</li> <li>• Presence at health fairs, forums, etc</li> </ul>

<p><b>2. Community programs</b> are jointly developed or strengthened.</p>	<p><i>Advocate for comprehensive sex education in all health classes 7-12</i></p> <p><i>Partner with schools and providers to ensure that STD presentations continue</i></p> <p><i>Support implementation of evidence based prevention curriculum</i></p> <p><i>work with schools to increase utilization (access/staffing) of health facilities</i></p> <p><i>Provide information to community on health issues, accessing quality and affordable care</i></p>	<p>Collect Data on health education, evidence based strategies and school statistics and present to school leaders</p> <p>Research barriers to providing comprehensive health education</p> <p>Research evidence based prevention and intervention curriculum, possible funding/resources and present to school leaders</p> <p>Collaborate with school based health centers to determine how we can support their staffing and utilization</p>	<ul style="list-style-type: none"> <li>• Mobilize community action</li> <li>• New programs jointly developed or implemented.</li> <li>• Activities related to ongoing programs</li> <li>• Reduced duplication and improved integration of services</li> </ul>
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<p><b>3. Policies</b> are changed and/or constituencies are built for policy changes.</p>	<p><i>Advocate for prevention services in school based health centers</i></p> <p><i>Advocate for comprehensive sex education in all health classes 7-12</i></p> <p><i>Stay informed &amp; share information about legislative issues</i></p> <p><i>Become more informed on health care reform and educate community</i></p> <p><i>Regular awareness activities, such as PSA's, newspaper articles, Health Council newsletter &amp; website</i></p> <p><i>Conduct assessment of awareness activities in community</i></p> <p><i>Provide information to City Council and County Commission</i></p>	<p>Research barriers to implementing comprehensive health education</p> <p>Make recommendations on resource allocation</p> <p>Take positions on legislative or other policy issues regarding teen reproductive health</p> <p>Keep members &amp; contacts informed on policy advocacy and legislative issues</p> <p>Research evidence based prevention and intervention curriculum, possible funding/resources and present to school leaders</p> <p>Collaborate with school based health centers to determine how we can support their staffing and utilization</p> <p>Collect Data on health education, evidence based strategies and school statistics and present to school leaders</p>	<ul style="list-style-type: none"> <li>• Constituencies built for policy change</li> <li>• New practices</li> <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>• Increased community awareness of council activities</li> <li>• Presence at health fairs, forums, etc</li> </ul>
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<p>4. <b>Funds</b> are received or leveraged in the community.</p>	<p><i>Be aware of &amp; support funding applications in community</i></p> <p><i>Stay informed &amp; share information about legislative issue</i></p> <p><i>Research &amp; share information on funding opportunities</i></p> <p><i>Provide research, information, funding opportunity awareness and feedback for effective prevention program</i></p> <p><i>Apply for funding to support health council activities and work</i></p>	<p>Endorse funding applications</p> <p>Make recommendations on resource allocation</p> <p>Collaborate in grant writing</p> <p>Support/oppose legislative funding</p> <p>Keep members &amp; contacts informed on funding opportunities</p>	<p>Technical assistance related to grant proposals provided</p> <ul style="list-style-type: none"> <li>• Endorsements of grant proposals considered</li> <li>• Joint applications for funding</li> <li>• Additional income received</li> <li>• Funds received or leveraged</li> <li>• State funding priority response to community needs</li> </ul>
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## APPENDICES

### Appendix A: Problem Analysis Tool

#### Domestic Violence Problem Analysis Determinants/Risk Factors

Individuals	Friends & Family	Organizational	Community/Environment	Policy
<ul style="list-style-type: none"> <li>❖ Lack of empathy at a young age</li> <li>❖ Drug/Alcohol use</li> <li>❖ Shame – we are ashamed of this behavior</li> <li>❖ Internalize</li> </ul>	<ul style="list-style-type: none"> <li>❖ Economic stress</li> <li>❖ Lack of empathy at a young age</li> <li>❖ Drug/Alcohol use</li> <li>❖ Shame – we are ashamed of this behavior</li> <li>❖ Religious/belief system (Institutionalized beliefs &amp; ideas about men’s and women’s roles)</li> <li>❖ Internalized</li> <li>❖ Excuses for abuser</li> <li>❖ Blame victims</li> <li>❖ Lack of early intervention</li> </ul>	<ul style="list-style-type: none"> <li>❖ Lack of empathy</li> <li>❖ Religious/belief system (Institutionalized beliefs &amp; ideas)</li> <li>❖ PTSD/Mental Health</li> <li>❖ Some schools may minimize situations</li> <li>❖ Strong military influence</li> <li>❖ Lack of early intervention</li> </ul>	<ul style="list-style-type: none"> <li>❖ Economic stress</li> <li>❖ Lack of empathy at a young age</li> <li>❖ Lack of primary prevention programs</li> <li>❖ Lack of access to parenting classes</li> <li>❖ Drug/Alcohol use</li> <li>❖ Media</li> <li>❖ Violent sports</li> <li>❖ Learned behavior</li> <li>❖ Objectification of victims</li> <li>❖ Attitude of it’s not my business</li> <li>❖ Lack of community “we’re all in this together”</li> <li>❖ Religious factors</li> <li>❖ PTSD</li> <li>❖ Militarism</li> <li>❖ Blame victims</li> </ul>	<ul style="list-style-type: none"> <li>❖ Lack of empathy</li> <li>❖ Punitive policies/lack of restorative justice</li> <li>❖ Legislation</li> </ul>

**Domestic Violence Problem Analysis (*Continued*)**  
Consequences

Individuals	Friends & Family	Organizational	Community/Environment	Policy
<ul style="list-style-type: none"> <li>❖ Low self esteem</li> <li>❖ Stress / health problems</li> <li>❖ Lack of medical care</li> <li>❖ Isolation from friends/family</li> <li>❖ Depression</li> <li>❖ Income loss (sick days)</li> <li>❖ Drug/Alcohol use</li> <li>❖ Housing problems</li> </ul>	<ul style="list-style-type: none"> <li>❖ Lack of empathy at a young age</li> <li>❖ Drug/Alcohol use</li> <li>❖ Cycle of violence/abuse</li> <li>❖ Stress</li> <li>❖ Income loss (sick days)</li> <li>❖ Housing problems</li> </ul>	<ul style="list-style-type: none"> <li>❖ Lack of empathy for victim</li> <li>❖ Lack of accountability &amp; responsibility</li> <li>❖ Loss of work hours</li> <li>❖ Loss of work force</li> <li>❖ Lack of medical (psychological) care in early intervention</li> <li>❖ Lack of recovery plans</li> </ul>	<ul style="list-style-type: none"> <li>❖ Economic stress</li> <li>❖ Lack of empathy for victim</li> <li>❖ Lack of accountability &amp; responsibility</li> <li>❖ Cycle of violence</li> <li>❖ Drug/Alcohol use</li> <li>❖ Do not know how to deal with violence or family violence</li> </ul>	<ul style="list-style-type: none"> <li>❖ Workplaces and schools may not know how to develop policies around violence (crisis response to emotional wellness)</li> <li>❖ Lack of funding / resources for health ed or primary prevention</li> </ul>

## Diabetes/Obesity Problem Analysis

### Determinants/Risk Factors

Individuals	Friends & Family	Organizational	Community/Environment	Policy
<ul style="list-style-type: none"> <li>❖ Individual screen time/ TV</li> <li>❖ Eating habits</li> <li>❖ Students: don't eat lunch at all or not eat at school</li> <li>❖ Lack of awareness of how to change habits</li> <li>❖ Lack of physical activity</li> <li>❖ Smoking</li> <li>❖ Alcohol</li> <li>❖ Low self-esteem</li> <li>❖ Family history/ genetics</li> <li>❖ Fear of not knowing how to deal with disease (denial)</li> <li>❖ Lack of support from family – modeling healthy eating, etc</li> <li>❖ Don't know how to read labels</li> </ul>	<ul style="list-style-type: none"> <li>❖ Busy families</li> <li>❖ Families use fast food, prepackaged and highly processed food</li> <li>❖ Overwhelmed by adding something new to schedule</li> <li>❖ Lack of education</li> <li>❖ Access to community center-cost going up for low income families</li> <li>❖ Want quick fix – “pills”</li> <li>❖ Fear of not knowing how to deal with disease (denial) – what to do now</li> <li>❖ Don't know how to read labels</li> </ul>	<ul style="list-style-type: none"> <li>❖ Pre-made food in supermarkets</li> <li>❖ Schools highly pre packaged foods</li> <li>❖ Quality of care low, rushed, don't have things translated by doctors when test are run</li> <li>❖ Lack of doctors</li> <li>❖ Lack of preventive care</li> <li>❖ Require patients to fast before tests</li> <li>❖ Lack of understanding by health professionals of how to work with nutrition dependent diabetics</li> <li>❖ Too quick to prescribe medication</li> <li>❖ Lack of knowledge/access to NIH approved complimentary prevention / treatment</li> <li>❖ Misleading labels</li> <li>❖ Lack of employee wellness policies</li> </ul>	<ul style="list-style-type: none"> <li>❖ Food insecurity</li> <li>❖ Cost of eating healthy fresh foods</li> <li>❖ Traditional cooking – use lard, butter</li> <li>❖ School policy: Open/ closed campus for high school</li> <li>❖ Don't want to ask for help; cultural/ pride issues</li> <li>❖ Insurance- Qualify for assistance but won't go for it</li> <li>❖ Denial</li> <li>❖ “Death sentence” – fatalism</li> <li>❖ Misleading labels</li> <li>❖ Lack of employee wellness policy</li> </ul>	<ul style="list-style-type: none"> <li>❖ US Farm Bill – WIC – Commodity</li> <li>❖ No financial support for tools</li> <li>❖ Vendors outside of school aren't monitored</li> <li>❖ Physical Education in school – no policy</li> <li>❖ Policy on bullying in schools</li> <li>❖ Misleading labels</li> <li>❖ Lack of employee wellness policy</li> </ul>

## Diabetes/Obesity Problem Analysis (*Continued*)

### Consequences

Individuals	Friends & Family	Organizational	Community/Environment	Policy
<ul style="list-style-type: none"> <li>❖ Cholesterol</li> <li>❖ High Blood Pressure</li> <li>❖ Heart Disease</li> <li>❖ Low self esteem</li> <li>❖ Depression</li> <li>❖ Poor Quality of Life</li> <li>❖ Diabetes Management</li> <li>❖ Health Complications</li> <li>❖ Loss of income, missed work, reduced productivity</li> <li>❖ Fear of not knowing how to deal with disease (denial)</li> <li>❖ Discrimination against obese</li> <li>❖ May not test / take meds due to cost</li> </ul>	<ul style="list-style-type: none"> <li>❖ Stress/strain</li> <li>❖ food insecurity</li> <li>❖ Health Care Costs (including test supplies &amp; prescriptions)</li> <li>❖ Life insurance costs</li> <li>❖ Loss of income, missed work, reduced productivity</li> <li>❖ Fear of not knowing how to deal with disease (denial)</li> <li>❖ Discrimination against obese</li> </ul>	<ul style="list-style-type: none"> <li>❖ Stress/strain</li> <li>❖ Health Care Costs (including test supplies and prescriptions)</li> <li>❖ Loss of income, missed work, reduced productivity</li> <li>❖ Training Needs</li> <li>❖ Discrimination against obese</li> </ul>	<ul style="list-style-type: none"> <li>❖ Lower productivity in community members</li> <li>❖ Less fully employed people because of illness = less people resource = poorer tax base to pay for community services</li> <li>❖ Increased costs to care for people with chronic disease</li> <li>❖ Less funds available for prevention / creating healthier communities</li> <li>❖ Lack of understanding of lifestyle, medical, holistic and complimentary prevention &amp; treatment</li> </ul>	<ul style="list-style-type: none"> <li>❖ Possible over-emphasis on medical policies and not enough on wellness policies (community, school, work)</li> <li>❖ Fewer resources put into prevention</li> </ul>

## Access to Care Problem Analysis

### Determinants/Risk Factors

Individual	Family	Community/Environment	Policy
<ul style="list-style-type: none"> <li>❖ Teens have sex</li> <li>❖ 10% by age 13 (YRRS)</li> <li>❖ 35% grades 9-12 (YRRS)</li> <li>❖ Teens have Unprotected sex</li> <li>❖ 32% (YRRS)</li> <li>❖ Peer pressure</li> <li>❖ Lack of self esteem</li> <li>❖ Want to fit in</li> <li>❖ Pressure from partner</li> <li>❖ Perception as being slut if talk about contraception</li> <li>❖ Older guys with younger girls</li> <li>❖ Use of drugs and alcohol 30% (YRRS)</li> <li>❖ Fantasy media images that do not show contraception or consequences</li> <li>❖ Myths associated lack of knowledge around sex</li> <li>❖ Keep boyfriend</li> <li>❖ Want attention from parent and partner</li> <li>❖ Independence</li> </ul>	<ul style="list-style-type: none"> <li>❖ Head in the sand</li> <li>❖ Do not take the time to talk with kids</li> <li>❖ Uncomfortable Topic</li> <li>❖ Internet supervision</li> <li>❖ Supervision of kids</li> <li>❖ Disruptive Family Structure</li> <li>❖ Attitude of acceptance if teen gets pregnant</li> <li>❖ “Just going to happen”</li> <li>❖ Intergenerational teen parentage</li> <li>❖ Parents may not have adequate knowledge</li> </ul>	<ul style="list-style-type: none"> <li>❖ Parent's access info</li> <li>❖ Conservative values</li> <li>❖ Lack of Sex Education</li> <li>❖ Things to do</li> <li>❖ Lack of access &amp; knowledge of contraception</li> <li>❖ Focus prevention on girls</li> <li>❖ Don't want to give teens permission to have sex</li> <li>❖ Media Influence and Internet</li> <li>❖ Sexual Abuse</li> <li>❖ Substance Abuse</li> <li>❖ Awareness</li> <li>❖ Babies aren't bad</li> <li>❖ Lack of peer role models</li> <li>❖ Lack of male involvement programs</li> <li>❖ Basic anatomy not taught to all</li> <li>❖ Some policies do not allow use of word “condom” in school presentations</li> <li>❖ Lack of standardized comprehensive health ed</li> </ul>	<ul style="list-style-type: none"> <li>❖ School board / administration resistance to prevention education in schools</li> <li>❖ Lack of resources</li> <li>❖ Services easily available to teen parents vs prevention services</li> <li>❖ Some policies do not allow use of word “condom” in school presentations</li> <li>❖ Lack of standardized comprehensive health ed</li> <li>❖ Where policy exists, they may not be followed</li> </ul>

**Access to Care Problem Analysis (*Continued*)**  
Consequences

Individual	Family	Community/Environment	Policy
<ul style="list-style-type: none"> <li>❖ Unprepared to raise a child</li> <li>❖ Single parent families</li> <li>❖ Child being raised by grandparents</li> <li>❖ Difficulty getting child care</li> <li>❖ Difficulty getting a good job / low pay / poverty</li> <li>❖ Step parents/families</li> <li>❖ Risk factors for child (becoming a teen parent, becoming incarcerated, etc)</li> <li>❖ Child Abuse/neglect</li> <li>❖ Stress</li> <li>❖ Barriers to education for parent(s)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Economic stress</li> <li>❖ Child Abuse/neglect</li> <li>❖ Raising someone else's child</li> <li>❖ Disruptive Family Structure</li> <li>❖ Intergenerational teen parentage</li> <li>❖ Difficulty getting child care</li> <li>❖ Barriers to education for parent(s)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Child Abuse/neglect</li> <li>❖ Stress on public assistance</li> <li>❖ Lower level of educational attainment</li> </ul>	<ul style="list-style-type: none"> <li>• Stress on public assistance</li> </ul>

## Substance Abuse Problem Analysis

### Determinants/Risk Factors

Individual	Family	Community/Environment	Policy
<p>Generational</p> <p>Adults purchase/condone</p> <p>People don't get involved</p> <p>Passive community attitude</p> <p>Parents/grandparents don't know what to look for (signs of drug use)</p> <p>Families don't know what to do</p> <p>Drugs are readily available</p> <p>Financial gain (market &amp; sell drugs)</p> <p>Difficulty for law enforcement to spend a lot of resources to deal with small time dealers)</p> <p>Boredom – looking for stimulation, instant gratification</p> <p>Self-medication (depression, no hope, low self-esteem)</p> <p>Peer pressure</p> <p>Undiagnosed psychological problems may exist</p> <p>Relapse</p> <p>Need to support habit</p> <p>Self-medicating (mental health)</p> <p>Economic problems</p> <p>Trying to get away from problems</p> <p>School/ behavior problems</p> <p>Feeling hopeless</p> <p>Sexual abuse</p>	<ul style="list-style-type: none"> <li>❖ It's just a phase/experimentation</li> <li>❖ Economic stress</li> <li>❖ Accepted by family (alcohol)</li> <li>❖ Alcohol Included at family gatherings</li> <li>❖ Prescription meds in family medicine cabinet</li> <li>❖ Denial “don't need help” “not my kids”</li> <li>❖ Parent's access to info</li> </ul>	<ul style="list-style-type: none"> <li>❖ Lack of Things to do</li> <li>❖ Media Influence and Internet</li> <li>❖ Community Awareness</li> <li>❖ Lack of standardized comprehensive health ed</li> <li>❖ Economic opportunities</li> <li>❖ Mobile meth labs hard for law enforcement to catch</li> <li>❖ Accepted by community (alcohol)</li> <li>❖ Alcohol Accessible</li> <li>❖ Prescriptions easy to get</li> <li>❖ Lack of culturally relevant treatment</li> <li>❖ Lack of detox / inpatient care</li> <li>❖ Never enough funding/ resources</li> <li>❖ Incarceration does not provide help with problem</li> <li>❖ Lack of education/awareness</li> </ul>	<ul style="list-style-type: none"> <li>❖ Lack of standardized comprehensive health ed</li> <li>❖ Alcohol Accessible</li> <li>❖ state moving away from inpatient care</li> <li>❖ never enough funding/ resources</li> <li>❖ incarceration does not provide help with problem</li> <li>❖ some schools don't allow time to go in with prevention programs</li> <li>❖ misdemeanor offenders are often let off</li> <li>❖ Gap between 1<sup>st</sup> &amp; 3<sup>rd</sup> DWI offense (monitoring requirement)</li> </ul>

## Substance Abuse (*Continued*)

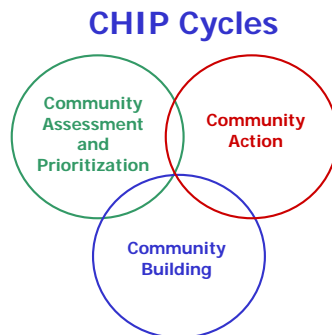
### Consequences

Individual	Family	Community/Environment	Policy
Get hooked on prescriptions School/ behavior problems Loss of license Need to get interlock Legal crime Problem getting/holding job Problems getting housing Barriers to future (success) Offenders are labeled in community Recidivism Criminal record Medical impact and costs Economic impact Jail time Suicide Injury from falls Overdose / accidental poisoning Car crashes	<ul style="list-style-type: none"> <li>❖ Problems getting housing</li> <li>❖ Hopeless feeling instilled in youth</li> <li>❖ Lack of education/awareness</li> <li>❖ Economic impact</li> <li>❖ Domestic violence/child abuse</li> <li>❖ Family breakdown</li> <li>❖ Medical costs</li> <li>❖ CYFD involvement</li> <li>❖ Stress</li> <li>❖ Users steal from / victimize family</li> <li>❖ Loss of family members</li> </ul>	<ul style="list-style-type: none"> <li>❖ CYFD involvement</li> <li>❖ Stress police, courts, jails</li> <li>❖ Effects: recidivism</li> <li>❖ Cost of treatment</li> <li>❖ Productivity of workers</li> <li>❖ Cost of incarceration</li> <li>❖ Fear of drug addicts</li> <li>❖ Fear of retaliation</li> <li>❖ Crime</li> <li>❖ Violence</li> <li>❖ Judged by community</li> <li>❖ Truancy</li> <li>❖ Medical costs</li> <li>❖ Car crashes – community loss</li> </ul>	<ul style="list-style-type: none"> <li>❖ Stress jails</li> </ul>

## **Appendix B: Community Health Improvement Cycles & Logic Model**

A logic model is a picture of how a program is expected to work; it depicts the relationships among the various elements of a program. In this case, the CHI Logic Model Logic models are commonly used in planning and evaluation. The elements of the CHI Logic Model include:

**CHIP (Community Health Improvement) Cycles:** The Institutes of Medicine some time ago identified three overlapping cycles involved in improving community health: Community Building (Health Council Development), Community Assessment, and Community Action. These three cycles are often represented as three overlapping circles:



These cycles are used here as a way of thinking about the work of New Mexico health councils and as a way of organizing the Logic Model.

**Inputs/Resources:** These are the financial and human resources that make a program possible—in this case, the people, funding, knowledge, and support that go into the health councils.

**Activities:** The actions and tasks that make up the work of the health councils.

**Outputs:** These are products or other concrete ways to quantify the work of the health councils. Outputs are often synonymous with the contract deliverables that the health councils accomplish under the terms of their funding from the Department of Health.

**Systems and Capacity Outcomes:** These are changes in community systems and capacity that can be expected to result from the work of health councils. In turn, these community-level, intermediate outcomes can also be expected to result in longer-term changes in the health status of a community its residents.

**Community Health Status Change:** These are broad categories of health status changes, as defined in the Healthy People 2010 objectives. Health Councils generally work toward health status changes or improvements that will fit within these broad categories.

The full Draft Statewide Health council Evaluation Logic Model is presented on the following pages.

**CHI Logic Model: Community Building/Council Development Cycle**

<b><u>CHIP Cycles</u></b>	<b><u>Inputs/ Resources</u></b>	<b><u>Activities</u></b>	<b><u>Outputs</u></b>	<b><u>Systems and Capacity Outcomes</u></b>	<b><u>Community Health Status Change</u></b>
<p><b>Council Development</b></p>	<ul style="list-style-type: none"> <li>• MCH funds</li> <li>• DOH training and technical assistance</li> <li>• Local expertise and experience</li> <li>• Regional expertise and experience</li> </ul>	<ul style="list-style-type: none"> <li>• Increase community participation through committees, task forces, coalitions, or other partnerships</li> <li>• Engage in self-reflection and continuous learning</li> <li>• Recruit and retain council members on an ongoing basis</li> <li>• Develop clear vision &amp; mission</li> <li>• Analyze power/policy stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Council self-evaluation</li> <li>• Council roster</li> <li>• Diverse council membership (aligned with OHPCHI criteria)</li> <li>• Formalization (by-laws, structure, committees)</li> </ul>	<ul style="list-style-type: none"> <li>• Council recognized as health planning body/hub</li> <li>• Community leadership</li> <li>• Stable, growing and diverse membership</li> <li>• Sustained and institutionalized council</li> <li>• Demonstrated capacity for self-reflection</li> <li>• Productive group process (e.g., conflict resolution, participatory decision-making, positive relationships)</li> <li>• System to document progress and provide feedback</li> <li>• Communication of progress to stakeholders</li> <li>• Flexibility to respond to changing climate</li> </ul>	<ol style="list-style-type: none"> <li><b>1. Healthy behaviors</b></li> <li><b>2. Healthy &amp; safe communities</b></li> <li><b>3. Preventing &amp; reducing disease</b></li> <li><b>4. Improved systems for personal &amp; community health</b></li> <li><b>5. Reduced health disparities</b></li> </ol>

**CHI Logic Model: Community Assessment Cycle**

<b><u>CHIP Cycles</u></b>	<b><u>Inputs/ Resources</u></b>	<b><u>Activities</u></b>	<b><u>Outputs</u></b>	<b><u>Systems and Capacity Outcomes</u></b>	<b><u>Community Health Status Change</u></b>
<b>Community Assessment</b>	<ul style="list-style-type: none"> <li>• Regional and state (tribal) epidemiologists</li> <li>• DOH and other state-supported data sources (DHHS, etc)</li> </ul>	<ul style="list-style-type: none"> <li>• Create mechanisms for community input</li> <li>• Assess health status &amp; health problems</li> <li>• Identify health disparities areas</li> <li>• Identify gaps &amp; duplication of services</li> <li>• Identify targets using Social Ecological Framework</li> <li>• Identify policy opportunities &amp; barriers for strategic decision-making</li> <li>• Identify assets &amp; resources</li> <li>• Identify barriers</li> <li>• Develop &amp; update Profile &amp; Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Community Health Profile – reflects community input</li> <li>• Comprehensive Community Health Plan reflects multi-level targets (assets matched with needs)</li> <li>• Updates that show response to emerging issues</li> </ul>	<ul style="list-style-type: none"> <li>• Constituencies built for improved surveillance capacity</li> <li>• Improved data surveillance capacity</li> <li>• Alignment with DOH Strategic Plan</li> <li>• Capacity to ensure that outcomes are monitored on a regular basis</li> <li>• Capacity to influence state monitoring systems to meet local needs</li> <li>• Capacity to respond to emerging issues</li> </ul>	<ol style="list-style-type: none"> <li>1. <b>Healthy behaviors</b></li> <li>2. <b>Healthy &amp; safe communities</b></li> <li>3. <b>Preventing &amp; reducing disease</b></li> <li>4. <b>Improved systems for personal &amp; community health</b></li> <li>5. <b>Reduced health disparities</b></li> </ol>

**CHI Logic Model: Community Action Cycle**

<b><u>CHIP Cycles</u></b>	<b><u>Inputs/ Resources</u></b>	<b><u>Activities</u></b>	<b><u>Outputs</u></b>	<b><u>Systems and Capacity Outcomes</u></b>	<b><u>Community Health Status Change</u></b>
<p><b>Community Action: Coordination and Leadership</b></p>	<ul style="list-style-type: none"> <li>• Community Health Profile</li> <li>• Community Health Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Advocate for policy change</li> <li>• Endorse funding applications</li> <li>• Strengthen organizational connections</li> <li>• Educate community about health related issues</li> <li>• Collaborate in grant writing</li> <li>• Recommend or make decisions to allocate resources</li> <li>• Assist in the development of programs</li> <li>• Serve as resource for critical analysis for strategies</li> <li>• Link and network community resources</li> </ul>	<ul style="list-style-type: none"> <li>• Action in community on council priorities</li> <li>• Leadership and/or presence at legislative forums, community health fairs, community forums)</li> <li>• Evaluation Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Constituencies built for policy changes</li> <li>• New policies</li> <li>• New practices (new ways of doing business)</li> <li>• New and jointly developed programs and services</li> <li>• Reduced duplication and improved integration of services</li> <li>• Funds received or leveraged in the community</li> <li>• Enhanced networks &amp; partnerships</li> <li>• Increased community support for council activities</li> <li>• Informed decision-making by organizations and governmental bodies</li> <li>• Increased community capacity\ empowerment</li> <li>• Independent, local body that partners with the state</li> <li>• State funding priorities respond to county and tribal needs</li> </ul>	<ol style="list-style-type: none"> <li><b>1. Healthy behaviors</b></li> <li><b>2. Healthy &amp; safe communities</b></li> <li><b>3. Preventing &amp; reducing disease</b></li> <li><b>4. Improved systems for personal &amp; community health</b></li> <li><b>5. Reduced health disparities</b></li> </ol>