



OTERO COUNTY COMMUNITY HEALTH COUNCIL ANNUAL WORK PLAN FY10

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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 Self-Assessment Summary

3.1 Results of Coalition Self-Assessment Survey

In FY2009, the Health Council members participated in an online survey called the Health Council Self-Assessment Summary (CSAS). The CSAS responses were collected in October and November of 2008, and the results were distributed in January 2009. The results of this assessment are briefly described here. If you wish further information or would like to see the full results, please contact the Otero County Community Health Council at 443-8100 or oterochc@tularosa.net.

In Otero County, we have a tiered membership (voting membership, general membership, and ex officio membership), however, we strive to make clear that ALL our members have a significant role in the Health Council. A total of 22 Health Council members completed the CSAS online survey, including voting, non-voting, and ex officio members.

Overall, the Health Council members felt the Health Council is functioning well, has a broad based membership, and operates fairly. Largely, the members see the Health Council as a networking opportunity and hub for information. Our membership also believes that we are effecting change in our communities. (It should be noted that our

Council maintains a policy of neutrality regarding legislative, political, and social issues. Our membership includes a diversity of opinions on such matters and we therefore prefer to remain neutral while educating the community, allowing each resident to decide for themselves and advocate for what they feel is right. This does not mean our Council does not effect change, but we prefer to change community norms and health indicators through education rather than advocacy.) The following are areas that the membership identified as needing some improvement:

- Member orientation.
- Membership from specific groups in the community, including the local hospital, law enforcement, farm/agriculture community, faith-based organizations, legislative representatives, local elected officials, and women's organizations.
- Provide more opportunity for the members to provide input. (However, 72% of the survey's respondents indicated they were very comfortable with the current decision making process. One hundred percent said the current process was fair and timely.)
- Improving the benefit of the Health Council to other community entities.

3.2 Summary of Modified SWOT Analysis

At the February 2009 Otero County Community Health Council meeting, the council participated in a brainstorming session regarding the strengths and weaknesses of our council. As part of this exercise, the Executive Committee of the Health Council added a short 3 question survey to supplement our CSAS results. This survey was completed prior to the SWOT exercise. In this survey, the Council was asked:

1. What do you expect to get from Health Council meetings?
2. What is one thing you have gotten from the Health Council that has helped you?
3. What is one thing we could change about the Health Council that would help you?

The results of that survey indicated overall that our members expect information (all aspects including health and community information) and networking opportunities from our meetings. They appreciate the opportunity to share information with others about their organizations as well as forming partnerships. Most (18/23 responses) felt there was nothing that needed to be changed. The remaining 5 responses regarding change included: posting more information on-line and in other public venues; increasing the focus on our priorities, having more opportunity during the meetings to network; more information about grants, and a request for shorter meetings.

Prior to this meeting (February 2009), the Executive Committee did a review of the Plan criteria and the CSAS results and came up with some suggestions/ideas. These were presented to the Council as a whole to begin discussion. The Council members present at the February 2009 meeting of the Health Council were asked to provide their input regarding areas of improvement for our council.

Below is a list of suggestions. We looked at both strengths and weaknesses of the Council. Prior to this meeting, Council members had access to the CSAS results through Health Council meetings and the email distribution list.

Strengths:

- Presentations at Health Council meetings have been good.
- One of the best places for networking.
- Do fantastic job of getting information out to community.
- Real good support for the community for all the events. Health Council is actively involved in the community.
- Health Council has a diverse membership, and is strong.

Weaknesses:

- There are still some not attending that should, as mentioned above in the CSAS analysis. Also, missing people from outlying communities (Health Council activities tend to be dominated by persons and organizations in Alamogordo). Also, we could use more participation from healthcare consumers and community businesses.
- Health Council is too fragmented.
- Need more youth involvement.

Opportunities:

- Orientation of new members
- Recruitment of groups not well represented (law enforcement, agriculture, women's orgs, hospital – these were some specifically identified in the CSAS)
- Quarterly or yearly invites to legislators, other organizations, etc.
- Look at presentations. Contact those who might be interested in that specific topic each month. Also, we could invite those not currently attending to present to the Health Council.
- Develop ways to improve the benefit of the Health Council to other organizations?
- Need to let the business community know why they should be involved in the Health Council. Why they are important to the process of improving health. We should modify our current brochure to appeal to businesses.
- Access the businesses by letting them know about the Health Council Resource Directory.
- Focus more attention on our Health Council priorities.
- Get more people aware of our Community Health Profile that can be used for grants and program development.
- Work more with the Chamber of Commerce.
- It is difficult to get consumers involved in meetings like ours. Consumers may be issue-driven and aren't interested in what happens at our HC meetings. Subcommittees might be a better place for consumers if they want action.
- Provide information appropriate to those concerned with economic issues at this time. Work with entities such as NMSU-A Workforce Readiness, etc.
- See if businesses will sponsor meals for Health Council meetings.

Threats:

- Distance is a hindrance for our members in outlying communities.
- Current economic times are likely to cause the closure of many businesses, affecting the overall health of our county.

4. Health Council Action Plan (GRID)

Based on the information above regarding needs and areas of improvement for the Otero County Community Health Council, the following Plan GRID was developed in order to implement needed changes. Any questions or comments about this Plan may be addressed to the Community Health Council at 443-8100 or oterochc@tularosa.net.

Health Council Annual Work Plan Planning Matrix

A. Council Development

System 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>1.1 Obtain formal recognition of the health council by the county commission by October 2009.</p> <p>1.2 Increase public awareness of health council planning activities in support of identified priorities by June 2010.</p>	<p>1.1.1 Present Health Council membership list for approval by county commissioners, September 2009.</p> <p>1.1.2 Conduct formal presentation to County Commission re: Community Health Improvement Plan, if required by contract, by June 15, 2010.</p> <p>1.1.3 Provide monthly updates including meeting minutes to the commissioners.</p> <p>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).</p> <p>1.2.2 Update the HC at monthly meetings regarding activities of the priority Community Action Teams (CAT).</p> <p>1.2.3 Conduct a formal presentation to Health Council on priorities at least once/year.</p> <p>1.2.4 Provide promotional materials</p>	<ul style="list-style-type: none"> • Contacts with policy makers. • Approval of membership list by County Commission. • Frequency of media coverage, including Health Happenings. Compare FY09 frequency to FY10. • Priority reports in monthly meeting minutes. • Requests for promotional give-aways by Health Council members. • Number of new people attending Health Council meetings. • Number of new web links added to Health Council site. Compare number from FY09 to FY10.

		(such as health related booklets, sunscreen packets, t-shirts, etc.) with health council info for our members to disseminate through health fairs, community events, etc. 1.2.5 Develop a mechanism to determine how new members became aware of Heath Council by September, 2009. 1.2.6 Increase incoming web links to the Health Council website.	
2. Membership: The Health Council has a stable, diverse, and growing membership.	2.1 Increase voting membership by 2 from local hospital, businesses, law enforcement, and/or faith-based organizations by June 2010. 2.2 Increase awareness of Health Council membership roles by the Health Council members June 2010.	2.1.1 Personal visits with key stakeholders. 2.1.2 Increase visibility in Chamber of Commerce. 2.2.1 Develop a member orientation packet using CSAS results as a guideline by September, 2009.	<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 mentions of Health Council in Chamber of Commerce publications, etc. Compare FY09 to FY10. • CSAS results. • Number of membership orientation packets distributed.
3. Internal structures: The health council is sustained and institutionalized with effective structures & practices: <ul style="list-style-type: none"> • Leadership team • Committee structure 	3.1 Strengthen committee structure by reviewing present committees, clarifying roles, and revising by-laws if necessary by June 30, 2010.	3.1.1 Conduct review of committee roles, functions, & membership by December 31, 2009. 3.1.2 Amend by-laws if necessary by June 15, 2010. 3.1.3 Assign council members to committees as necessary	<ul style="list-style-type: none"> • Leadership Team minutes. • Committee minutes. • Health Council minutes. • CSAS results. • Changes in by-laws.

<ul style="list-style-type: none"> • Effective meetings • Member participation 		throughout the year.	
<p>4. Internal processes: The health council uses productive group processes.</p>			<ul style="list-style-type: none"> • CSAS results

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, 2010</p> <p>1.2 Increase participation by Health Council members in the Health Council reporting process and assessment by June 2010.</p>	<p>1.1.1 Update secondary data in Profile by December 31, 2009.</p> <p>1.1.2 Do review, analysis, & interpretation of data (by Profile working group and then by full Council) by April 1, 2010.</p> <p>1.1.3 Write update of Profile by June 15, 2010.</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> <ul style="list-style-type: none"> • Improving health • Improving community systems 	<p>2.1 Committees will be asked to provide monthly updates to the Council that include outcomes and process changes, related to the committee activity.</p>	<p>2.1.1 Committee chairs will be asked to attend each Council meeting and/or to send a representative or written report.</p>	<ul style="list-style-type: none"> ▪ Process for monitoring outcomes. ▪ Process for monitoring changes in health systems.
<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
<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 2010.</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.</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 2009.</p> <p>1.2.2 Create Power Point presentation about the SAAC to present to other entities as requested by September 2009.</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 (“Every 15 Minutes”) by June 2010.</p>	<p>2.1.1 Begin regular planning meetings for “Every 15 Minutes” by August 2009.</p> <p>2.1.2 Invite to meetings community entities (such as law enforcement, school officials, etc.) needed for the program by August 2009.</p>	<ul style="list-style-type: none"> ▪ Number of “Every 15 Minutes” meetings. ▪ Attendance at “Every 15 Minutes” meetings. ▪ Program evaluation results.

	<p>2.2 Plan and implement at least one additional community and/or school related activity (such as Red Ribbon Week activities) by November 2009. (Evidence-based activities will include those approved by CSAP: Information Dissemination and Community Based Process.)</p>	<p>2.2.1 Continue serving on committees related to substance abuse as requested.</p> <p>2.2.2 Continue collaborating on alternative activities by other entities.</p> <p>2.2.3 Create Substance Abuse Awareness Coalition web page to include links to other programs by August 2009.</p> <p>2.2.4 Publish life stories of recovering addicts on SAAC webpage.</p>	<ul style="list-style-type: none"> ▪ New programs jointly developed or implemented. ▪ Activities related to ongoing programs. ▪ Attendance at programs. ▪ Documentation of program development & implementation. ▪ Number of hits on webpage.
<p>3. Policies are changed and/or constituencies are built for policy changes.</p>	<p>3.1 Provide information and data to be used for advocacy purposes by other community entities.</p>	<p>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.</p>	<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.
<p>4. Funds are received or leveraged in the community.</p>	<p>4.1 Generate records as complete as possible of grant money received by local agencies.</p>	<p>4.1.1 Provide grant information as available through the Community Health Council email distribution list.</p> <p>4.1.2 Provide data for proposal writing through the Community Health Profile.</p> <p>4.1.3 Provide letters of support/collaboration upon request.</p>	<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 2010.</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 2010.</p> <p>2.2 Plan and implement at least one Ciclovía (physical</p>	<p>2.1.1 Create employer survey on health-related topics they would like presented to their employees by August 2009.</p> <p>2.1.2 Build speaker list for presenters from HC membership.</p> <p>2.1.3 Offer employer-site-based presentations based on results of employer survey.</p> <p>2.1.4 Participate on committees and boards, as requested.</p> <p>2.2.1 Collaborate with agencies/organizations on their</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 Ciclovía meetings.

	activity/education event) by June 2010.	<p>events promoting physical activity, and include these organizations in the planning of the Ciclovía.</p> <p>2.2.2 Regular meetings to plan the Ciclovía. Plan first meeting by August 2009.</p>	<ul style="list-style-type: none"> ▪ Attendance at Ciclovía meetings. ▪ Program evaluation results. ▪ Attendance at Ciclovía. ▪ Number of activities at Ciclovía.
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.	<p>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.</p> <p>3.1.2 Attend meetings of the local school wellness committees.</p> <p>3.1.3 Sit on boards and advisory committees as invited.</p>	<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.	<p>4.1.1 Provide grant information as available through the Community Health Council email distribution list.</p> <p>4.1.2 Provide data for proposal writing through the Community Health Profile.</p> <p>4.1.3 Provide letters of support/collaboration upon request.</p>	<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.