

CUQL- Sierra County Health Council

2009-2010 Annual Work Plan

Community United For Quality Living
Updated June 2009

TABLE OF CONTENTS

CUQL Mission and Vision of Health	Page 2
Summary of Health Council Community Self Assessment Survey	Page 4
SWOT Analysis	Page 6
Council Annual Work Plan Matrix	
Council Development	Page 8
Community Assessment	Page 10
Community Action	Page 12

CUQL Annual Work Plan 2009-2010

CUQL

Community United For Quality Living / Unidos Para Salud

SIERRA HEALTH COUNCIL

The CUQL Vision of Health:

“The highest quality of living that can be experienced mentally, physically, spiritually and environmentally in all aspects of living, that created freedom from disease and illness.”

CUQL Mission Statement

Our mission is to contribute to the quality of life by promoting the health and wellness of all people in Sierra County regardless of age, race, ethnicity, gender, sexual orientation, disabilities or religious beliefs

Summary of the Health Council Community Self Assessment Survey

In May of 2009, the CUQL leadership team met to discuss the results of the CSAS (Community Self Assessment Survey). The sample was small, with only 18 members completing the survey. General feedback from key council members was that the survey was much too long, and they did not wish to take the time to do it. The council has passed on that feedback, and has requested a “short and sweet” version. That said, the results remain very useful in guiding & validating council development.

94% reported they feel the mission of the council is to educate the community about health related issues. This supports council plans for website development, media campaigns, and bringing health information to the outlying areas of the county. It also points to increasing health literacy.

Areas not well represented are the outlying small communities, law enforcement, full ethnic diversity, and legislative representatives. There has been positive growth with representation from Sierra Vista Hospital and the City of T or C City Commission.

There was not a sense that the council has power to make or change community policy. Less than one quarter of the members have any authority to commit resources and are participating as individuals. There is not a strong sense that the council is of benefit to organizations/ agencies. The Health Profile has not been of use, with 81% reporting it being used 0-5 times. There is lack of awareness regarding the Community Health Plan.

Regarding “benefit to self or your organization resulting from Health Council participation” all categories need improvement. It is clear that the council serves very well as a networking forum, supporting people staying well informed, and increasing a sense that others share goals and concerns. However, there is not a sense that the council is of significant benefit in terms of policy issues, having access to key policy makers, or getting funding. At the time of the survey, 28% of members felt they had no influence on decision making. The sense of having “power to make change” is low, and less than one quarter of the members have any authority to commit resources to health council work. Overall, empowerment for individuals and as a council is needed, and changes are being made. The expansion of the council to include more community members, local government, the schools- both at the Municipal level and secondary education level, stronger agency “buy-in”, and having useful “products” and “programs”, are contributing to the health council’s viability and place in the county. Shared projects are increasing in number, and the council is being invited into decision making “territories” as the “good works” increase.

Health council strength is anticipated to grow in the next year by:

- **Creation of “orientation “ materials** (complete packets and bilingual) for guests ,new members and for recruitment purposes. (39% felt good orientation was lacking)
- **Increasing diversity** (22% felt there was not enough diversity to accomplish our mission) strategies include: recruitment in Arrey, tapping into retiree community, having materials translated into Spanish , and having specific “action oriented” projects that would entice more male participation in council work. Inclusion of youth, is anticipated with the development of a” *youth health alliance*” sprouting from the Teen Outreach Program .
- **Marketing the new Health Profile and Plan** via local media, new Website (scheduled to be up and running June 2009) personal delivery to those in authority of agencies and organizations. Follow up calls when the Information and Referral Directory is updated - July-August 2009.
- **Supporting professional development:**-utilizing the health council as a place for increasing professional skills, mini-workshops, and useful presentations.
- **Continued focus on “QUALITY LIVING” as the health council purpose .**
- **Expanding technological capacity-** with interactive websites, regular community surveys, and getting on board with” WEB 2” networking - for education and information sharing- within the council itself and extending back and forth with the community.
- **Development of an Advocacy committee/** task force who will have representation regularly at significant meetings of agencies including Ben Archer, Sierra Vista Hospital, DWI-Substance Abuse Task Force, and local government/ City and County. Invitation to key policy makers to present at the Health Council, such as legislators, and local leaders. Concurrently, making presentations more regularly in the community is needed.

The following table summarizes the SWOT analysis that was conducted by the Core Leadership Team, with input from the Council Self Assessment Survey

	Strengths	Weaknesses/Challenges
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<u>Council</u>	<ul style="list-style-type: none"> • Great networking skills, with a coalition that has been working together for over ten years • Strong relationships- long history • Creative people and ideas • Improving procedural structures • Overall good communication, group comes to consensus on issues • Willing to take on difficult issues • Has good debates • “Fair fighting” • Local government representation • Increased rep. from Higher Education- WNMU • Hard working Core group and Task Force • Good balance of power with council leadership, elected officers, group decision making • Good information sharing 	<ul style="list-style-type: none"> • Lack of solid orientation process for new and potential members: need application, packet, clear expectations of members and procedures, activities, etc • Need more diversity in membership: more male participation, better rep. from outlying areas, greater Hispanic representation, law enforcement • Many council members do not have agency level decision making power • Members still need to take full “ownership” of council • Council work, and potential is growing and need more people and funds to share the load • Still in some early stages of development of policy, procedure, and structure development to support increased information sharing and real progress in the community at the policy level • Limited relationship with policy makers
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	Opportunities	Barriers/Needs
<u>Environment</u>	<ul style="list-style-type: none"> • Many want to see change in the community • New organizations such as The Bountiful Alliance working on improving quality of life- recycling, community gardening, food security and feeding the poor • Municipal government is more involved in quality of living projects such as Healing Waters Trail • Valuing natural resources is growing, such as historic buildings and healing mineral water • Economic development growing at a new level with the SpacePort, Motorplex and assoc. infrastructure • Increased collaborations- multidisciplinary groups- economic dev/ education/ health/ environment • Growing programs for kids- Boy’s and Girls club, Teen Outreach Program, and kids getting involved in the community • Council membership is growing 	<ul style="list-style-type: none"> • Lack of public transportation in the county • Politics and the “good old boy network” alive and well • School district policy and focus limits health education, behavioral health and the relationship of these issues to academic success • Lack of adequate parental involvement • Multi- generational poverty and patterns • Lack of economic opportunity- few good jobs • Limited resources of money and people to accomplish all that is desired • Small population and rural location often limits some funding opportunities, health services and program possibilities • “time” don’t seem to have enough to balance HC requirements, work, social needs, informal and formal networking – people overbooked with too many meetings • A lot of new development, potential for good or bad effects on the small, rural region, environmentally and “general tone” • People are very busy, limited time to give to community work

Health Council Annual Work Plan Planning Matrix

A. Council Development

Systems/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
<p>1. Planning: The Health Council is recognized as a community health planning and information body or hub.</p>	<p>1. Strengthen recognition of the health council's planning role from County Commission & the 3 Municipalities through Memorandums of Understanding by June 2009.</p> <p>2. Increase public awareness of health council role in community health planning and its activities relevant to Plan Priorities and highlights by June 2010.</p>	<p>1.1 Orient Commissions to the Health Council and Plan through presentations (4) by June 2010</p> <p>1.2 Draft meaningful MOU & present to Commissions</p> <p>2.1 Develop working relationship with technical support and public relations local talent by September 2009</p> <p>2.2 Develop with good technical support a relevant social/media/marketing strategy</p> <p>2.3 Present Plan to School Board by June 2010</p>	<ul style="list-style-type: none"> • Contacts with policy makers • Requests for resource directory • Requests for Community Health Profile & Plan • Approval of MOU by Commissions • Frequency of media coverage- PSA's on radio, Public Radio and in local newsletters as relevant.
<p>2. Membership: The Health Council has a stable, diverse, and growing membership.</p>	<p>1. Increase representation from outlying areas such as Arrey, Hillsboro, Winston with a member from each area by June 2010.</p>	<p>1.1 Develop a recruitment list and make individual contact with potential representatives.</p> <p>1.2 Determine strategic locations – which service outlying populations: such as Feed Stores, Propane company, etc and disseminate HC information packets in these well traveled sites.</p> <p>1.3 Seek support for travel expenses for</p>	<ul style="list-style-type: none"> • Health Council Roster • CSAS results • Addition of 3 health council members from outlying areas of the county • Basis HC information and

		people traveling from these areas and translation of Health Council information into Spanish	membership packet available in Spanish
<p>3. Internal structures: The health council is sustained and institutionalized with effective structures & practices:</p> <ul style="list-style-type: none"> • Leadership team • Committee structure • Effective meetings • Member participation 	<p>1. Increase effectiveness of meetings, with efficient use of time and technology.</p>	<p>1.1 Develop ground rules that are friendly but stick more closely to Parliamentary Procedure during meetings by Sept. 2009</p> <p>1.2 Strengthen the practice of submitting or posting roundtable mini-reports electronically prior to meetings.</p> <p>1.3 Increase use of website for timely and ongoing communication: availability agendas, minutes, meeting calendar, ongoing announcements.</p>	<ul style="list-style-type: none"> • Leadership Team minutes • Committee minutes • Health Council minutes • CSAS results • Website
<p>4. Internal processes: The health council uses productive group processes.</p>	<p>[No actions necessary]</p>	<p>1.1. Clarify process of communication between health council members, staff and elected officers.</p>	<ul style="list-style-type: none"> • CSAS results

B. Community Assessment

Systems/Capacity 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>	<ol style="list-style-type: none"> 1. Continue to update and improve Community Health Profile by June 15, 2009 2. Update the I & R directory and while doing so increase knowledge of what data is collected by contributing agencies and resources 3. Develop mechanism for monthly assessment of changes in access to/availability of health-related services. 	<ol style="list-style-type: none"> 1.1 Update secondary data with key interviews and contact with necessary providers by June 2009 1.2 Do review, analysis, & interpretation of data (by Profile working group and then by full Council) 1.3 Write update of Profile 1.4 Assess Profile making process to strengthen collaboration and help develop an ongoing process for updating by June 2010 2.1 Develop matrix for identifying changes in funding levels, services, and programs started or terminated and post on website with I & R directory by June 2010 2.2 Monthly reviews of changes in programs & services, using matrix- 	<ul style="list-style-type: none"> • Community Health Profile • Requests for resource directory • Requests for Community Health Profile & Plan • Evidence of increased Collaboration on Profile and ongoing data gathering. • Data shared via website, and local media • Matrix • Documentation of ongoing updating of information
<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>[See above: see Community Action section.]</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>1. Develop & implement mechanism to identify possible emerging health issues by June 2010</p>	<p>1.1. Schedule presentations to health council from county programs, education sites, health providers, and environmental groups at monthly health council meetings</p> <p>1.2. Strengthen use of technology- Web Site as a health educational venue.</p> <p>1.3. Publicize health council “news” and coverage of “emerging issues” through local newspaper and radio station.</p>	<ul style="list-style-type: none"> • Health Council minutes: discussions of emerging issues • Study/investigation of emerging issues • Web site “hits”
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C. Community Action: Coordination & Leadership

Systems/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
<p>1. Networks and partnerships are built and/or enhanced.</p>	<ol style="list-style-type: none"> 1. Have participation of parents in Task Forces . 2. Support the development of the Teen Health council 3. Establish and advocacy committee of the Health Council: to increase Health Council participation & information exchange in relevant community health related meetings such as : Recreation Board, Provider boards, economic development planning meetings and School Board meetings 	<ol style="list-style-type: none"> 1.1 Make contact with parents of teens in TOP and Boy’s and Girls Club by September 2010 1.2 Provide organizational & clerical support to task force & Teen Council Sept. 2009-June 2010 2.1 Meet with School nurses, counselors and interested teens and teachers by October 2009. 1.3 Health council representatives will attend provider and local board meetings regularly as part of the Advocacy committee 	<ul style="list-style-type: none"> • Shared planning projects • New linkages between community entities • Joint initiatives established or strengthened • Minutes & other documentation of Task Force meetings and activities. • Increased attendance at wider circle of Health Related meetings.
<p>2. Community programs are jointly developed or strengthened.</p>	<ol style="list-style-type: none"> 1. Strengthen and grow Teen Outreach Program to 20 students with increased paid staff –(minimum half time well paid coordinator) by June 2010 2. Increase collaboration with variety of afterschool programs. 3. Increase participation of teens and parents in local decision making processes with attendance at community planning meetings 	<ol style="list-style-type: none"> 1. Assist task force in making DOH contacts & securing funding for TOP program 2. Develop media strategy – with teens to promote “whole child – assets based” community supported activities by June 2010 3. 	<ul style="list-style-type: none"> • New programs jointly developed or implemented. • Activities related to ongoing programs • Documentation of program development & implementation • Program evaluation results

<p>3. Policies are changed and/or constituencies are built for policy changes.</p>	<p>1. Work with public schools to improve value of YRRS with increased feedback to teens, parents and community</p>	<p>1. Meet with SHAC & school nurses, counselors, teachers and administration to discuss YRRS use and develop new strategies which include feedback mechanisms</p> <p>2. Review NM Dept. of Education expectations of Health Education in Schools</p> <p>3. Conduct focus groups among school personnel ,parents and teens.</p> <p>4. Present proposal and info gathered to the School Board by June 2010</p>	<ul style="list-style-type: none"> • Policy change initiatives backed started • Discussions of policy changes • Constituencies established or strengthened. • Advocacy strategies discussed or implemented • School policy changed to include hiring of Health Specialist • Local media
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