

MHC Healthy Community Initiative Strategic Plan 2012

HealthConnect Center Taskforce

Goals	Strategies	Key Activities	Timeline			Success Indicators	Responsible Organization	Resources Needed	Progress	Performance Notes as of 6/2012	Performance Notes as of 12/2012
			Year 1	Year 2	Year 3						
Goal #1: Make the overall community, including professionals, fully aware of available services.	Strategy #1: Create "HealthConnect Center" for information, resources, planning and referral.	1.1.1 Move logistical "start-up" forward - Site, existing coalition services. Clarify organizational structure.	X			Site located. Create Center Database. Launch of Center.	Coalition			Choosing a HealthConnect site to meet the criteria necessary has been challenging. A potential site has been chosen and due diligence has begun to vet the site. While working toward acquiring a site, the Coalition continues to create the infrastructure for HealthConnect and who could and should share the site. As a move becomes reality additional input from the taskforces will be solicited.	The HealthConnect site continues to be a challenge. The proposed building plan has been scrapped for reasons outside of the scope of HealthConnect or the Coalition. The infrastructure continues to take shape as information and resources are gathered in preparation of a new site option.
		1.1.2 Explore co-location of other agencies	X			Additional organizations identified.	Coalition				
		1.1.3 Expand upon services offered by HealthConnect (HC)		X	X	List of potential additional services.	Coalition Leadership Team	TBD			
		1.1.4 Request other task forces to identify additional organizations to connect with HealthConnect Center	X	X	X	Additional organizations identified.	Coalition	TBD			
	Strategy #2: Create a marketing plan, using events, website and partnerships, to increase awareness and engagement of the HealthConnect Center.	1.2.1 Plan/Hold event to bring public and providers/agencies into the HealthConnect Center.	X	X		Event held	Coalition			A new website has been planned to aid in marketing and communication within and between taskforce members as well as a communication tool for presenting the work of HealthConnect and the Healthy Community Initiative to the public. A database has been planned for launch (Charity Tracker) in 2013 to link agencies providing assistance to patients/clients in need of financial help including healthcare.	
		1.2.2 Create advertising plan to reach out to medical professionals/providers	X			Plan completed	Coalition				
1.2.3 Plan/Create "Portal" for use by other professionals			X		System for other professionals to connect to "HealthConnect" defined.	Coalition	TBD				
Goal #2: Create a variety of resources enabling individuals with communication barriers to fully access community services.	Strategy #1: Collect and maintain a call listing of available resources.	2.1.1 Collect resources for those with communication barriers to have available, as needed	X			Resources available	Coalition		As the agencies of the Coalition work with current clients, information is gathered regarding needs and resources used or discovered to meet those needs. In addition resources unavailable or gaps in resources are documented to be shared with other taskforces.	Progress continues collecting and managing available resources.	
		2.1.2 Develop protocol for best use of resources	X			Protocol established	Coalition				
	Strategy #2: Seek to recreate and/or make available educational materials in languages other than English.	2.2.1 Collect outreach materials	X			Resources available, other than English	Coalition	TBD	The agencies of the Coalition constantly gather information regarding the diverse needs of their clients for the development of materials.	Ongoing	
		2.2.2 Develop cultural diversity training for staff at HC Center to respond to requests	X			Training sessions held	Coalition	TBD			
	Strategy #3: Work with other agencies to improve access for those with poor English skills.	2.3.1 Work with Latino Task Force to determine access needs		X		Latino TF provides plan for implementation	HC and Latino Task Forces	TBD	The Latino Taskforce will be one group working closely with HealthConnect to provide input to the needs of their constituents.		
		2.3.2 Incorporate resources into database		X		Database includes materials, other than English	Coalition	TBD			
Goal #3: Link or re-link people to primary care physicians or a medical home.	Strategy #1: Develop a referral system for those with barriers, to include availability of primary care providers, guidelines for access, etc.	3.1.1 Develop database of primary healthcare homes		X		Database available	Coalition				
		3.2.1 Develop Materials		X	X	Materials developed	Coalition	TBD			

MHC Healthy Community Initiative Strategic Plan 2012

Health Education Taskforce

Goals	Strategies	Key Activities	Timeline			Success Indicators	Responsible Organization	Resources Needed	Progress	Performance Notes as of 6/2012	Performance Notes as of 12/2012	Performance Notes as of 6/2013	
			Year 1	Year 2	Year 3								
Goal #1: Promote healthy lifestyles and model healthy behaviors in school, work and community in an effort to decrease childhood and adult obesity, and related health risks associated with obesity, by July 2014.	Strategy #1: Create needed resources based on missing programs, programs to strengthen, programs to expand.	1.1.1 Strengthen/replicate current fitness/PE programs in schools	1			1200+ children participating	YMCA/Activate working with schools	Equipment		Making progress with county school fitness program incorporating referrals and want to move to city schools.		Spark PE, Girls on the Run are taking place at YMCA, Boys & Girls Club, MHC after 3, County Elementaries, and Middle schools and GOFAR at Rich Acres Elem.	
		1.1.2 Expand obesity referral program (health coaching)	3			# of clients served	Coalition	New Partners			Doctor's Orders program provides 3 month YMCA membership with doctor's prescription for directed activity program. Program includes use of food journal.		
		1.1.3 Create "Train the Trainer" program for local preschools on healthy living	3			# of preschool teachers trained	Coalition	Curriculum, materials, supplies, more staff			Spark Training will begin at Clearview in February		Spark PE for Clearview and YMCA Early Learning Teachers and LEAP (Literacy, Eating and Activity for aPreschoolers) in Early Learning Centers
		1.1.4 Create young adult health fair at PHCC or NCI		1		# of participants & # of vendors	NCI	Marketing materials		Health Fair planning underway.	Health Fair was held at PHCC. 342 in attendance.		
		1.1.5 Host Community Health Fair		1		# of participants & # of vendors	Hospital	Marketing materials					Community Fellowship Health Fair, Heart Health Expo, Latino Health Fair, Boys & Girls Club Health Fair
		1.1.6 Host <i>Heart Health</i> Lecture	1			Lecture attended by 12 and broadcast locally on television to 17,000.	NCI	Marketing materials		Completed February 2012.			
		1.1.7 Expand <i>Dedicated Over Time</i> Community Challenge		1		# of participants that complete the challenge	YMCA/Activate	T-shirts, marketing, print materials			Coalition is planning the 100 miles in 100 days challenge for 1st quarter 2013.		100 miles in 100 days, DOT Challenge
		1.1.8 Expand Dick and Willie Trail to Sports Complex			2	Trail complete	YMCA/Activate & DRBA	Funds to complete project					
		1.1.9 Create top quality racing events to engage community and outside of the community		1		# of races and participants	YMCA/Activate	Marketing, race equipment such as timing system and inflatable finish line			Miles in Martinsville has 7 scheduled races for 2013.		Miles in Martinsville (7 scheduled races from 5K to 1/2 Marathon)
		1.1.10 Create a Health and Wellness Billboard	1			Increased participation in promoted events	YMCA/Activate	Billboard, design work and funds			Decided this was not an effective use of funds at this time.		Actively using billboards for 95210 and various race promotions.
		1.1.11 Expand the Bike Barn to have a second location at the Sports Complex			4	Increased usage of bikes	YMCA	Bike facility, bikes, staff, marketing					
Strategy #1: Create needed resources based on missing programs, programs to strengthen, programs to expand.	Strategy #1: Create needed resources based on missing programs, programs to strengthen, programs to expand.	2.1.1 Provide Student Assistance Coordinators at each middle and high school		1		Funding for additional staff-there are currently part-time SAC's at each school (2-3 days/week), but increasing that to full-time would make the program, Project SUCCESS, more effective because that's what is required to be implemented with fidelity	PCS	PRIDE surveys showing decrease in alcohol, tobacco and other drug use. Pre/post testing that shows effectiveness of trainings. School discipline reports showing fewer violations.		Leadership development grant planned by Health Department to reduce drug use in middle schools	JV CHILL created to bring CHILL to middle schools. Meeting monthly with 120 members in Laurel Park, Fieldale-Collinsville and Martinsville middle schools.	CHILL and JV CHILL with coordinators in each school very active with alcohol, tobacco and drug prevention programs, media campaigns, and parent/community education.	
		2.1.2 Expand Too Good for Drugs program that is currently in all 4th and 5th grade classrooms in the city and county to include K-6 classrooms in the city and county		3		Funding for additional staff and program materials for the program to expand from 2 grade levels to 7 grade levels. Ten sessions for 1450 students	PCS	Pre/post tests that show increases in knowledge about goal-setting, decision-making, self-esteem issues, dangers of Alcohol, Tobacco, and Other Drugs (ATOD) use, and increased communication and peer resistance skills. Pre/post intention to use surveys show decline in percentage of students planning to use ATOD.			Program expanded to include 6th grades in city schools due to additional funding from Virginia Foundation for Healthy Youth.	No funding for Too Good for Drugs expansion. Other programs included: Youth Rally with Life Maze, Addictions Incorporated video, 2nd hand smoke campaign, Healthy Grounds for Youth, Project Success, Drug-free MHC, Youth Summit with MHC after 3, Rx Drug Take Back, Lock up your Meds.	
		2.1.3 Create an effective mentoring program such as Big Brother and Big Sister			1	Staff and funds to start up program	Boys and Girls Club	Mentor program up and running					YMCA has new mentoring program grant.

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Health Education Taskforce

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Goals	Strategies	Key Activities	Timeline			Success Indicators	Responsible Organization	Resources Needed	Progress	Performance Notes as of 6/2012	Performance Notes as of 12/2012	Performance Notes as of 6/2013
			Year 1	Year 2	Year 3							
Goal #2: Increase preventive knowledge and decrease current substance abuse throughout Martinsville and Henry County by July 2014.	Strategy #2: Advocate for appropriate consequences and rehabilitative programs for substance abuse.	2.2.1 Host a forum with key stakeholders		1		Forum was held and attended	PCS			The Coalition with Piedmont Community Services, hosted a prescription drug forum for local healthcare providers at PHCC. Co-sponsored by OneCare of Southwest Virginia, Inc., The Medical Society of Virginia, The Virginia Dental Association, and Drug-Free MHC, and HEY Community Coalition, about 60 attending area physicians, nurse practitioners, physician assistants, pharmacists, and dentists were eligible to receive CEUs. Topics were: collaboration of providers and law enforcement, caring for addicted patients, disciplinary actions from state regulatory boards for prescribing, the Virginia Prescription Monitoring Program, and outpatient treatment using Methadone for Opioid addictions. It was extremely well received.		
		2.2.2 Survey employers/collect info on company personnel policies regarding drug-free workplace		2		Surveys are sent out and collected	PCS					PCS survey complete with others to follow.
		2.2.3 Promote the establishment of drug-free workplaces		3		Random drug screenings are in place	PCS					
		2.2.4 Expand the <i>FACE IT</i> program so all students in Martinsville and Henry County have attended a 6-week program with their parents as a consequence for Alcohol, Tobacco and Other Drug use.		2		Decrease in repeat offenders for substance use violations inschools.	PCS	Funding for <i>FACE IT</i> program to be delivered on a regular weekly basis. Includes the need for a facilitator to work with the youth and one to work with parents.				Transitioning to new program to start in Henry County Schools upon approval by School Board.
		2.2.5 Expand <i>Martinsville Community Initiative</i> (Anti-gang forum)	3			Increase in m=number served	Juvenile Justice	Funds			The forum is expanding to include the religious community and low enforcement.	The forum is expanding to include the religious community and low enforcement.
		2.2.6 Expand the Workforce Development young adult programs			1	Increase in m=number served	Workforce Development	Funds				
		2.2.7 Support roundtable forum on substance abuse	4			Forum meeting on a regular basis	PCS	Key leaders ability to get together			The Piedmont Alcohol Awareness Conference Plus was held at PHCC in fall. Topics were chosen to represent factors contributing to substance abuse in M-HC including poverty, the adolescent brain, precription drug abuse and gangs. Well-attended with cross-functional roundtable discussions and a speaker.	The Piedmont Alcohol Awareness Conference Plus was held at PHCC in fall. Topics were chosen to represent factors contributing to substance abuse in M-HC including poverty, the adolescent brain, precription drug abuse and gangs. Well-attended with cross-functional roundtable discussions and a speaker. Will be held again in 2013.
		2.2.8 Expand the <i>Search Institute 40 Developmental Assets</i> Training		2		# of trainings and # trained	PCS	Funds to bring in trainers				Meetings are taking place to move forward.
		3.1.1 Implement the <i>Make a Difference</i> program		1		Program up and running	For the Children	Funds to start program				

Strategic Plan 20	Health Ed Taskforc	Goals	Strategies	Key Activities	Timeline			Success Indicators	Responsible Organization	Resources Needed	Progress	Performance Notes as of 6/2012	Performance Notes as of 12/2012	Performance Notes as of 6/2013
					Year 1	Year 2	Year 3							
Strategic Plan 20	Health Ed Taskforc	Goal #3: Reduce the teen pregnancy rate.	Strategy #1: Create needed resources based on missing programs, programs to strengthen, programs to expand.	3.1.2 Expand # of programs for youth-serving agencies		1		Number of new programs from existing youth-serving agencies	YMCA	Funds				Exploring collaboration with Community Youth Initiative.
				3.1.3. Expand the Fatherhood Initiative Grant		1		Increase in # of youth served	Family Preservation	Funds to expand programs/services				
				3.1.4 Expand Teen Health Center			3	Increase in number served	City Schools	Funds to expand program				
				3.1.5 Expand/Continue Relate program at Martinsville High School		2		Increase in number served	Citizens Against Family Violence	Funding to expand, additional staff				
				3.1.6 Expand/Continue Youth on the Move		2		Increase in number served	Workforce Development	Funds				

June, 2012 - Strategically the Health Education Taskforce is moving toward broadening its scope from a more children-centered initial focus to a broader target to affect the community at large. Many existing programs are targeted at youth and children and these have been a good initial focus. After creating a very program-driven plan fractured into three major areas, the taskforce has decided to restructure into 3 subcommittees (obesity, teen pregnancy and substance abuse) for more flexibility and efficiency. In addition they will be soliciting more members and constituents from outside the initial agencies involved in the initiative. The following activities will be the immediate focus of the taskforce:

- Identify a leader for each subcommittee
- Identify other community leaders for the subcommittees
- Create a chart of work for each subcommittee.

December, 2012 - The taskforce has named three new sub-committee leaders as follows: Becky Forriester - Obesity, Laurie Wardle - Teen Pregnancy, and Bonnie Farero - Substance Abuse. Brad Kinkema remains responsible for the Health Education Taskforce. The sub-committees continue to solicit new members as they work. Their initial focus is to revisit and update the plan as additional activities have launched since its creation that are not represented. Laurie Wardle was on a leave of absence for some time after accepting her responsibilities which has slowed progress in the teen pregnancy area.

MHC Healthy Community Initiative Strategic Plan 2012

Primary Care Capacity/Recruitment Taskforce

Goals	Strategies	Key Activities	Timeline			Success Indicators	Responsible Organization	Resources Needed	Progress	Performance Notes as of 6/2012	Performance Notes as of 12/2012	Performance Notes as of 6/2013
			Year 1	Year 2	Year 3							
Goal #1: Extend the capacity for organizations to provide primary care.	Strategy #1: To be a catalyst to bring organizations together and to align existing organizations.	1.1.1 Expand the community's (Memorial Hospital's) existing primary care collaborative.	X			Collaboration and alignment established	Lead agency: Memorial Hospital Collaborative members: M-HC Coalition of Health & Wellness, Memorial Hospital, Carillion, PATHS, Bassett Family Practice, two Urgent Cares, five independent private practices			Collaborative scheduled to meet July 12, 2012 to expand scope to include Primary Care Taskforce plan.	Memorial Hospital's expanded Primary Care Collaborative held its first meeting on July 12, 2012. Barbara Jackman gave background on this community healthcare initiative and results from our survey to primary care physicians. From this meeting, identified barriers for patients to stay healthy included: inability to pay for medications and lack of access to specialty care. • While the Primary Care Collaborative hasn't met since then, subgroups have been meeting with the HealthConnect Taskforce and United Way to create a database. The database is called Charity Tracker. Once all data has been entered, the Collaborative will be reconvening again.	The Collaborative plans to reconvene as it receives data from the MHC Assistance Network (CharityTracker). The pilot has been successful in beginning to gather information which it will be sharing when it reaches levels capable of producing community trends. Federal and state changes in Healthcare are incomplete creating uncertainty regarding strategies to proceed.
	Strategy #2: To create, assist and coordinate electronic medical records sharing.	1.2.1 The newly expanded collaborative will coordinate electronic medical records and develop and monitor other identified strategies.	X	X	X	Funding is secured. Improved communication through electronic records for primary care to connect to hospital and specialty care.	Lead agency: Memorial Hospital Collaborative members: M-HC Coalition of Health & Wellness, Memorial Hospital, Carillion, PATHS, Bassett Family Practice, two Urgent Cares, five independent private practices	Funding possibly to provide electronic medical records sharing		Expanded Collaborative to discuss electronic medical records in July 12 meeting.	This activity has become more complicated than originally had been thought, primarily because of the following: o Logistical issues o Protecting patients' privacy o The role of the state's Health Information Exchange (with protected email and the ability to send medical records). Large hospital systems are currently using. It is anticipated once this exchange has been made available to physicians and other hospitals, there will be a fee. The cost hasn't been determined yet. Additional details about the Health Information Exchange will be available next year.	This activity has become more complicated than originally had been thought, primarily because of the following: o Logistical issues o Protecting patients' privacy o The role of the state's Health Information Exchange (with protected email and the ability to send medical records). Large hospital systems are currently using. It is anticipated once this exchange has been made available to physicians and other hospitals, there will be a fee. The cost hasn't been determined yet. Additional details about the Health Information Exchange will be available next year.
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				Year 1	Year 2	Year 3							
MHC Healthy Community Initiative Strategic Plan 2012 Primary Care Capacity/Recruitment Taskforce	Goal #1: Extend the capacity for organizations to provide primary care.	Strategy #3: To encourage convenient access regardless of time of day or day of week among primary care providers.	1.3.1 The newly expanded collaborative will appoint a representative (liaison) to the healthConnect Center task force to identify and close the gaps of services to help individuals to eliminate barriers to get to primary care	X	X	X	More access to primary care practitioners. Other barriers to a primary care practitioner are identified and eliminated and strategies are being developed to eliminate these barriers.	Lead agency: Memorial Hospital Collaborative members: M-HC Coalition of Health & Wellness, Memorial Hospital, Carilion, PATHS, Bassett Family Practice, two Urgent Cares, five independent private practices			Expanded Collaborative to discuss representation on HealthConnect Taskforce at July 12 meeting. Overall access has increased over the past six months due to increased capacity.	agreed to be the liaison between the Primary Care Collaborative and HealthConnect Center. Barbara made a presentation to the Patrick Henry Medical Society in December about this community healthcare initiative.	agreed to be the liaison between the Primary Care Collaborative and HealthConnect Center. Barbara made a presentation to the Patrick Henry Medical Society in December about this community healthcare initiative.
	Goal #2: Create a variety of resources enabling individuals with communication barriers to fully access community services.	Strategy #1: To develop a "Grow Your Own" campaign of primary care providers.	2.1.1 Develop a plan to create a pipeline in the community beginning with the K-12 system and continuing through post-graduate professional education to provide opportunities for local placement in primary care occupations and to launch and manage an outreach campaign.	X			Once benchmarks have been established, more high school graduates are filing local vacancies in primary care occupations.	Lead agency: Memorial Hospital Collaborative members: M-HC Coalition of Health & Wellness, Memorial Hospital, Carilion, PATHS, Bassett Family Practice, two Urgent Cares, five independent private practices	Funding to secure consultant to identify existing and needed new curricula to create and maintain this pipeline. Funding to secure the expertise to launch a marketing campaign to create an appeal of the emerging workforce into primary care occupations.				
			2.2.1 Implement more operational initiatives, such as but not limited to, 1. Scholarships and/or tuition assistances, 2. Loan repayment program, 3. Recruitment efforts to bring medical students (residencies and continuing medical education programs) to the area (i.e., VCOM/VCU or newly established medical school)				Scholarships and tuition assistance awards and loans have been awarded. Residency and Continuing Medical Education programs are secured. Recruitment plan and marketing campaign are developed.	Lead agency: Memorial Hospital Collaborative members: M-HC Coalition of Health & Wellness, Memorial Hospital, Carilion, PATHS, Bassett Family Practice, two Urgent Cares, five independent private practices	Based on the exploration, possible funding needs would be: 1. Funding for scholarships and/or tuition assistances, 2. Funding to advance a loan repayment program, 3. Funding for recruitment efforts to bring medical students (residencies and continuing medical education programs) to the area (i.e., VCOM/VCU or newly established medical school), 4. Retained expertise to launch marketing campaign		Over the last six months, the number of Primary Care providers has increased including the number of Nurse Practitioners.	Capacity has increased for multiple reasons including additional mid-levels, expanded capacities for office only primary care physicians, Urgent Care inclusion of general family practice and primary care, and FQHC primary care delivery.	Medical school is delivering classes. Other initiatives have not begun.
		2.2.2 Launch marketing campaign to support identified operational initiatives.					X						

Goals	Strategies	Key Activities	Timeline			Success Indicators	Responsible Organization	Resources Needed	Progress	Performance Notes as of 6/2012	Performance Notes as of 12/2012	Performance Notes as of June 2013
			Year 1	Year 2	Year 3							
Goal #1: Increase transportation resources to enable all segments of the population to access available community resources.	Strategy #1: Assure continuation of PART and possible expansion through a coordinated system with emphasis on unserved peoples, e.g., rural and special needs.	1.1.1 Survey PART ridership re. their use of PART System	1			Return of surveys; data collection	PART System partners (city/county reps, PART drivers) and SAAA			Surveys have been distributed.	Complete; 55% of respondents, use PART to access health care	While initial survey activities have been completed, this will continue to be part of an ongoing process to stay abreast of current transportation resources and to assess unmet needs.
		1.1.2 Survey human service agencies re. their current resources, needs, and gaps in service.	2			Return of surveys; data collection					Complete	Resource Directory of Transportation Resources is scheduled for release in August. Mobility Management Program Website is also under construction.
		1.1.3 Survey medical/health care providers for their input re. transportation needs	2			Increased use of PART System. Improved sharing of information about current transportation resources	SAAA			Ongoing	Resource Directory of Transportation Resources is scheduled for release in August. Mobility Management Program Website is also under construction.	
		1.1.4 Publicize/market PART & current transportation resources		1		Increased use of PART System. Improved sharing of information about current transportation resources	PART System partners, SAAA	Possible match funds, depending on type of funds pursued		Resource Directory of transportation resources in M/HC is being developed	Resource Directory of Transportation Resources is scheduled for release in August. Mobility Management Program Website is also under construction.	
		1.1.5 Identify, survey and compile information gathered from private transportation providers	3			Return of surveys, better understanding of who private providers are and their parameters of service	SAAA			Resource Directory of transportation resources in M/HC is being developed	Resource Directory of Transportation Resources is scheduled for release in August. Mobility Management Program Website is also under construction.	
Goal #2: Identify and promote accessible alternative transportation methods.	Strategy #2: Identify and promote accessible alternative transportation methods.	1.2.1 Using data collected under strategy #1, key activity 1.1.1, solicit support of churches in providing transportation using church vans, buses	3			Engagement of churches	SAAA	Funds for kick-off event (luncheon) involving church leaders		Research has begun gathering information on church transportation possibilities to be continued by new mobility manager. Voucher program research begun for private transportation providers to be implemented by new mobility manager.	Ongoing - the Mobility Management Program will continue to work on partnerships with the faith community - e.g., volunteer drivers, use of church buses for community health events, etc.	
		1.2.2 Seek funds for Mobility Management Program		X			Activate	TBD		Notice of Award of Funds for Year Two of the Mobility Mgmt. Program has been received.		

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Transportation Taskforce

			1.2.3 Under Mobility Management Program; research/start-up Voucher Program	1				SAAA	Local Match Funds		To receive grant to fund Mobility Manager position for late 2012.	Mobility manager was hired and left. New mobility manager to be in place 2/4/2013.	Notice of Award of Funds for start-up of a Voucher Program has been received.
		Strategy #3: Identify and promote alternative methods for delivery of services that do not require consumer transportation, e.g., mobile health services.	1.3.1 Determine mobile health resources that are currently available by surveying Mamorial Hospital, Coalition, Health Dept., Henry Co. Schools, etc.	X			Expanded and enhanced mobile health services	Coordinate with Flexible Resources Task Force survey (depending on their target agencies)			Surveys have been distributed.	Completed survey to be reviewed and work continued by new mobility manager.	Completed survey to be reviewed and work continued by new mobility manager.
			1.3.2 Schedule mobile health services at locations where transportation can be efficiently provided, e.g., churches, senior canter, housing for the disabled/elderly	X				Mobile Health Services Providers	If by promoting mobile health services at new locations the demand for such services increases, additional funds may be needed			Work to be continued by new mobility manager.	Work to be continued by new mobility manager.

MHC Healthy Community Initiative Strategic Plan 2012	Flexible Resources Pool Taskforce	Goals	Strategies	Key Activities	Timeline			Success Indicators	Responsible Organization	Resources Needed	Progress	Performance Notes as of 6/2012	Performance Notes as of 12/2012	Performance Notes as of 6/2013
					Year 1	Year 2	Year 3							
					Goal #1: Create a flexible pool of resources to enable individuals to secure needed services.	Strategy #1: Create a process to provide financial assistance to non-profit providers of health/healthcare services for the benefit of individuals who would otherwise not be served.	1.1.1. Raise \$10,000 necessary to create an Endowment Fund							
		1.1.2 Create an Endowment Fund through Martinsville Area Community Foundation (MACF)		1		Endowment Fund created	MACF	\$10,000 to be generated by the community		Non-Profit providers of Health/Healthcare services have been surveyed	The survey results will be used as a basis for the database of current financial resources	The survey results will be used as a basis for the database of current financial resources		
		1.1.3 Develop criteria for application of funds including defining health/health related services and identify qualifying agencies	1			Application criteria developed	MARC	Coordinate with MACF		While preparing for the endowment fund, the taskforce will meet and plan additional strategies to enable individuals to secure needed services. Participating in the HOPE Coalition of the United Way will serve as a critical avenue for the creation of these additional strategies. Taskforce members recognize a need for creative responses to the needs of those who lack resources and want to explore further ways to provide resources.	The Flexible Resources Taskforce is redirecting its focus to create an additional strategy to better enable them to meet Goal #1. They are creating a composite of all of the financial resources in Martinsville and Henry County currently available to those who need financial help with their healthcare. They are developing a database of these resources including who are eligible and how many funds they have to distribute. New members have been added. Relationship with HOPE Coalition is evolving into a direct alignment of mutual support and shared resources.	Creation of a composite of all of the financial resources in Martinsville and Henry County currently available to those who need financial help with their healthcare has begun. They are developing a database of these resources including who are eligible and how many funds they have to distribute. New members have been added. Relationship with HOPE Coalition is evolving into a direct alignment of mutual support and shared resources.		
		1.1.4 Identify a management group to receive and allocate funds	3		1,2,3,4	Agency Identified	Stepping Stones							
		1.1.5 Conduct a Major Gifts Campaign to grow the Endowment Fund		4		\$2M generated through major gifts	TBD	\$2M to generate \$80K/year in financial assistance						

The	Latino Community Access Taskforce	Goals	Strategies	Key Activities	Timeline			Success Indicators	Responsible Organization	Resources Needed	Progress	Performance Notes as of 6/2012	Performance Notes as of 12/2012	Performance Notes as of 6/2013
					Year 1	Year 2	Year 3							
Goal #1: Create a variety of resources enabling individuals with communication barriers to fully access community services.	Strategy #1: Focus on specific access challenges and opportunities for the Latino community.	1.1.1. Organize Latino Leadership Team	1, 2, 3, 4			Expanded and participating membership	Latino Task Force	Expand memberships			Core Latino Leadership group has begun meeting to plan the Latino Health Fair with some regularity. As a result, meetings have become less frequent.	Latino co-chairperson of taskforce recruited	Initial meeting of Latino Community Council met 6/20/2013. Will meet again 8/2013.	
		1.1.2 Create Latino Health Fair.		2	2	Fair held. Survey of participants	Latino Leadership	PUP Grant			Location for Fair has caused date to be moved out to spring 2013.	PUP Grant awarded to hold Health Fair set for 4/27/13.	Health Fair was held with 200+ in attendance and 30 vendors.	
		1.1.3 Distribute PART Schedule in Spanish.	3, 4	X	X	Increased Latino ridership	PART & PCS				Schedules to be printed this summer as PART will be funded for another year.	PART bus schedules published in Spanish and distributed widely.	PART reports increased Latino ridership due to Spanish schedules.	
		1.1.4 Conduct Conversational Spanish classes for medical and service providers.	2	2	2	Classes held. Survey of participants and their employers	PCS	Fees paid by participants			Classes ready. Instructor has been unable to teach due to need to tend to sick family member.	Conversational Spanish class held through PHCC for office staff. Discussions now underway to revise and offer again.	Two sessions of Conversational Spanish class were held through PHCC for office staff. To be continued.	
	Strategy #2: Assure HealthConnect meets needs of Latino population. Identify and promote accessible alternative transportation methods.	1.2.1 One bilingual front desk staff member			X	Staff in place	HealthConnect	Funds for bilingual staff				Development of HealthConnect being monitored for inclusion of Latino sensitive resources.	Development of HealthConnect being monitored for inclusion of Latino sensitive resources.	
		1.2.2 One bilingual and culturally sensitive outreach worker			X	Staff in place	HealthConnect	Funds for bilingual staff						
		1.2.3 Assure all written information is available in Spanish	4	X	X	Information in place	HealthConnect	Funds for information translation				This target must be changed to reflect new HealthConnect timeline.	This target must be changed to reflect new HealthConnect timeline.	
		1.2.4 Assure all computer information is available in Spanish and links to websites.		X	X	Information in place	HealthConnect	Funds for information translation						
		1.2.5 Assure HealthConnect has Latino specific information & referral capacities (e.g. ESL classes)	3,4	X	X	Information available	HealthConnect					This target must be changed to reflect new HealthConnect timeline.	This target must be changed to reflect new HealthConnect timeline.	