



Mobilizing Communities for Health

**2018 Senate Memorial 44 Task Force
Organizational Meeting
May 1, 2018 from 1:00 - 2:30pm**

Minutes

Present (in order of introduction)

(In person):

Ron Hale, Co-Chair of the Task Force and Co-Chair of the NM Alliance of Health Councils

Lauren Reichelt, Rio Arriba Community Health Council

Dick Mason, NM Alliance of Health Councils Treasurer and past Co-Chair of the Sandoval County Health Council

Jerry Montoya, NM Dept. of Health

Alisha Herrick, Southwest Center for Health Innovation/NM Public Health Institute

Marsha McMurray-Avila, Co-Chair of the Task Force, Co-Chair of the NM Alliance of Health Councils and Executive Director for the Bernalillo County Community Health Council

Francisco Javier Ronquillo, UNM Office for Community Health

Sharz Weeks, Bernalillo County Community Health Council

Kim Straus, Brindle Foundation and the Santa Fe Health Policy and Planning Commission

Terrie Rodriguez, Executive Director, NM Alliance of Health Councils

Helen Henry, Administration Coordinator, NM Alliance of Health Councils

(Via Zoom)

Zachary Coffman, Student, Burrell College of Osteopathic Medicine

Michelle Skrupskis, NM Dept of Health

Michelle Rincon, MPH student, NMSU, Intern for Task Force

Christopher Hudson, Coordinator, McKinley County Community Health Council

Jimmie Masters, Health Promotion Program, SE Region, NM Dept of Health

Chris DeBolt, Partnerships Manager, NM Alliance of Health Councils

Tom Scharmen, NM Dept of Health & NM Community Data Collective

Amy Sandoval, Health Promotion Program Manager, NE Region, NM Dept of Health

Cari Lemon, Coordinator, Grant County Health Council

Jackie Munsey, Health Promotion Specialist - Sierra County, NM Dept of Health

Cynthia Estrada, Doña Ana Health Council

The purpose of the Task Force is to look at the structure of the health councils; who they are, what they do, how they function, and how this model might be improved. The purpose of the Task Force is also to look at the legislation that established the health councils in 1991, and then to see how these two things are/can be in alignment. We will provide a report to the Legislature by October 1, 2018.

Our goal is to increase the effectiveness of the health councils, individually, regionally, and as a system. We are also interested in having effective support structures in state, local and tribal government, and other state-wide organizations.

Summary of progress to date

1. We've reached out to the office of Indian Affairs and also to Senator Benny Shendo to find out about more about the work being done on **SM108** and how we can collaborate with them.

2. We've reached out to UNM's College of Population Health and heard back from both Art Kaufman and Victoria Sanchez. Francisco Ronquillo from the UNM Office for Community Health is attending the meeting today.
3. We've set up an **internship** with Michelle Rincon, MPH at NMSU, to help us with work on this project. Zachary Coffman and Melissa Sayegh from the Burrell College of Osteopathic Medicine will also be assisting.
4. At the last meeting we established **guiding principles** for work of the Task Force. (See minutes from April 3 meeting.)
 1. We agreed that, for health councils, the value of self-determination is essential. This is because health councils have a community-based focus and know best what is needed in their communities (having the ability to identify and address those needs.) This requires flexibility in the structure of health councils because each community is different.
 2. There is also a need to balance unity (i.e. a shared common approach) with diversity in the system.
 3. Health councils utilize a community-centered focus/approach.
 4. Our goal is to honor relationships with other health councils; creating networks and utilizing collaborative approaches.
 5. Our focus is on doing this work in the interest of all people and with a health equity lens (although we may use other language to describe this in our report.)
 1. A subset of this is the concept of "health in all policies."

Brainstorming session:

Michelle Skrupskis brought up an executive summary that was sent out in 2010, in partnership with the Con Alma Health Foundation, which would be good to circulate. This was a summary of a meeting that was held then. Dick commented that this summary was incorporated in the Alliance's Strategic Plan. Ron mentioned that a major outcome of that meeting was to establish the NM Alliance of Health Councils. This took place right after the state funding for health councils was cut.

Need for health councils:

- We should start our report with why health councils are needed. This is in material that we already have compiled.
- We should spell out the role that health councils played in helping the Dept of Health obtain their accreditation.
- We need health councils because:
 - NM is one of the handful of states in the country that has a centralized health system.
 - NM health councils fill the gap in services by allowing for community-based health planning at the local (county) level (identifying needs, developing priorities and then developing plans to address those needs).
 - There is a growing awareness of how health impacts all of the other systems in a community (economic, environmental, etc.) and all of these things impact health.

Defining characteristics of health councils: What do they do?

- Health councils and the Alliance provide key communication in both directions between the NM Dept of Health and other state departments and agencies, and local communities. This is also true in the case of the federal government as well, in some cases. However, health councils may not always have the resources to provide this service or may not be compensated for their time and resources in providing this service. This relationship could be seen as more of a partnership with a more equitable footing.
- Health councils that are part of county government do the planning for that county and often craft policy for that county and find the resources necessary to implement that policy.
- Health councils help build capacity within communities and provide an essential network within and between communities.

- Health councils play the role of conveners and encourage collaboration among service providers and other providers and organizations within the community, which allows for barriers to be broken down.
- One of the roles of health councils is to do advocacy and to build political will, and to provide representation for all segments of the population.
- Health councils advocate for and support legislation at the state level which (hopefully) leads to informed decision-making.
- Because health councils work at the ground level, they can bring more awareness to prevention of illness and promote wellness.
- Health councils have an essential role to play in the design of the state's health care system and the allocation of resources.
- Health councils make sure that there is not duplication of services or a gap in services.
- Health councils do health needs and assets assessments and planning, working with other organizations to coordinate efforts, however they usually do not provide direct services. Health councils share data, planning and research back to the community, and provide interpretation of this information.

Characteristics of effective health councils:

- It would be good to define what we mean by "effective" so that health councils that don't have a lot of resources are not held back because they are not able to achieve certain standards. There was a suggestion to look at and design several models for how health councils can function within the context of their communities as a way of demonstrating different possibilities for effectiveness in different settings (rural, urban, frontier, etc.). This also would need to take into consideration that health councils are at different levels of capacity (suggestion to have a tiered system for developing capacity.) There was also a suggestion that health councils in a region could pool resources to create ways to function more effectively.
- Creating administrative capacity through having a paid coordinator multiplies the effects of the work that the health council does. This should be one of our main arguments. Defining what "coordination" means is a key element, so that health councils do the work that they need to do, rather than serving the needs of external systems.
- Effective health councils have fiscal capacity.
- An effective health council can help to keep resources in a community and to bring outside resources into the community. (Former State Auditor Tim Keller, has an online presentation called the "Myth of Scarcity" that could be helpful in making this case.)
- Health councils should be representative of the community, thus providing a framework for equity.
- Effective health councils have consistent participation.
- An effective health council ideally reflects the population being served in a variety of ways - including the diversity of languages spoken, inclusion of youth, representation by ethnicity, economic sectors, etc. We don't want the legislation to define this though - it should be defined by the communities, particularly because health councils rely on volunteers.
- Effective health councils have some sort of relationship with local or tribal government; relationships with local or tribal government which recognizes the role of the health council. (various opinions on this)

Structures to strengthen and sustain health councils:

- Organizational models
- Local partnerships & support
- Statewide partnerships & infrastructure
- Recommended funding
- Capacity-building - training and mentorship
- The Alliance provides a unified voice for the health councils in terms of advocacy. It is important to create support for the Alliance, which (if fully funded) could take on the role of the old MCH

Bureau, providing more training, more capacity building, creating partnerships, doing assets mapping, fundraising, and providing other supports for health councils.

Follow up

- We will convene a small group to pull together some resources that we can use going forward (Jerry, Lauren, Terrie, Ron, Chris, Michelle)
- Michelle Rincon is our intern and is available to help with the needs of the Task Force.

Notes respectfully submitted by Helen Henry.