New Mexico ALLIANCE of Health Councils

Mobilizing Communities for Health

2018 Senate Memorial 44 Task Force
Organizational Meeting
June 5, 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
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
Sharz Weeks, Program Specialist, Bernalillo County Community Health Council
Dick Mason, NM Alliance of Health Councils Treasurer and past Co-Chair of the Sandoval County Health Council
Terrie Rodriguez, Executive Director, NM Alliance of Health Councils
Helen Henry, Administration and Communications Coordinator, NM Alliance of Health Councils

(Via Zoom)
Chris DeBolt, Partnerships Manager, NM Alliance of Health Councils
Alisha Herrick, Southwest Center for Health Innovation/NM Public Health Institute
Kim Straus, Brindle Foundation and the Santa Fe Health Policy and Planning Commission
Tom Scharmen, NM Dept of Health & NM Community Data Collective
Cari Lemon, Coordinator, Grant County Health Council
Michelle Rincón, MPH student, NMSU, Intern for Task Force
Christopher Hudson, Coordinator, McKinley County Community Health Council
Amy Sandoval, Health Promotion Program Manager, NE Region, NM Dept of Health
Christa Hernandez, Health Promotion Coordinator, NE Region, NM Dept of Health
Rachel Wexler, Health Promotion Coordinator, NE Region, NM Dept of Health
Victoria Sanchez, College of Population Health, University of New Mexico
Jimmie Masters, Health Promotion Program, SE Region, NM Dept of Health
Anthony Cook, Health Promotion Coordinator, SE Region, NM Dept of Health
Franciso Mimica Porras, Epidemiologist for the SE Region, NM Dept of Health

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. **Senate Memorial 44 (SM44)** lays out the work of the Task Force. 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.

Our timeline: We need to complete a draft of our report by very early September. The final report will be presented to Legislative Health and Human Services Committee (LHHS) in October.

Ron opened the meeting by summarizing what we've done so far:

- We've had two Task Force meetings, and in those meetings we've done brainstorming to consider questions about health councils: what their role is and should be, and how they can be supported and strengthened by the infrastructure that surrounds them in terms of state government, and in the private sector in terms of the non-profits and philanthropy. We also looked at the strengths and weaknesses of health councils, and what we want to retain of this system.

- Terrie has contacted the Secretary of Indian Affairs, who referred her to the Department of Health (DOH) Indian Affairs liason. We're interested in finding out more about what is happening with SM108, the focus of which is to take a broad look at the health services that being provided to the Native American community in New Mexico, including Indian Health Services (IHS). We want to be able to connect with them and tie this information into our work. Their Memorial is spread out over two years. She's been trying to reach Sen. Shendo, who sponsored the bill, but has not heard back from him. Chris Hudson said that he would be willing to contact Sen. Shendo. Terrie also sent an invitation to Vice President Nez of the Navajo Nation, with the idea of having their Dept of Health work with us.

What we want to do today is to start developing concrete recommendations that can then be translated into enabling legislation. That could mean either amending the current Maternal Child Health Plan Act or it could mean replacing that.

Dick asked about a summary and getting the Fiscal Impact Reports (FIRs) on the two pieces of legislation that were passed (the original legislation in 1991 and the 2007 legislation that added in the tribal health councils.) He also asked if we had contacted Sen. Liz Stephanics, who sponsored the Memorial (SM44) to make sure the Memorial is on the Legislative Health and Human Services work plan before that goes to the legislative council for approval. Terrie will do this.

Process
Gathering information

- We have the brainstorming sessions (meetings) that we've been doing as part of the Task Force.
- We have documents that were done over the years, including training materials that DOH has done, the regulations that DOH created to support the implementation of the legislation, the multi-year evaluation of the health councils done by UNM in collaboration with DOH, which was directed by Victoria Sanchez. This was a participatory evaluation, which identified what the functions of a health council are.
- We are in the process of doing a survey of the health councils, which will identify where health councils are now, particularly in regards to their organizational structure (i.e. are they organized as a 501(c)(3), part of county government, possibly a hybrid structure, or other structure).

Ron asked Kim if he thought we should be coordinating our efforts with the J. Paul Taylor task force, regarding the role of health councils. Kim responded that this task force is looking at issues of child abuse and neglect, and systems that identify families at risk. The intersection would be when recommendations are made around how local programs address issues related to young children where the health councils can play a role. The network of health councils will be important in the future of this work, but the J Paul Taylor task force at the moment doesn't provide anything that will help strengthen the health council system and the health councils themselves.

Dick and Ron suggested connecting with the various collaboratives (such as behavior health, early childhood, juvenile justice) to see where there is overlap and where we could be cross-connecting.

Recommendations/Report
We are at the point where we need to develop the recommendations concerning the health council models and the infrastructure concerning the health councils.

We will be working on a draft of the report, which will be circulated with a a request for input. When we've worked through this stage of the process, we will circulate the draft of the report more widely for input. The report will be presented to (LHHS) in October.

Cari had a question about collecting success stories. Ron, Dick and Chris felt that these will be important when we present to LHHS especially stories that demonstrate how increased capacities of funded health councils can have an impact.

Ron envisions the report being very concise (no more than two pages), but backed up with lots of material and data supporting its conclusions. We will do a report and and executive summary.

Dick had a question about the relationship of the health councils to other entities beyond DOH. The current legislation ties funding for the health councils to DOH. We need to address the question of what the relationship of health councils should be to state government. This would be reflected in the legislation.

Ron suggested a structure for the report:

- Functions of the health councils
- Composition of the health councils
- Criteria for effective health councils
- Relations of health councils to state government and other statewide entities

He pointed out that the original legislation structured the role of health councils and the relationship to state government differently, so part of our job is to reflect more accurately where things are to date and where things need to change.

Kim had a question about the composition of health councils (who in the community a health council should be comprised of) and how to create structure that does not override local legislation for those health councils that are a part of county/tribal government. Ron replied that in the original legislation (1991) the composition of health councils was specifically spelled out and how people were appointed was also spelled out. The structure of a health council could be mandated by the state as long as there was funding (but that has changed since the funding has dried up).

The Task Force felt that there should be a lot of flexibility in the guidelines for health council composition, but that the health councils should be broadly representative of the community. It should also reflect the capacity of the community (for example, certain sectors may not be present in that community, so there should be flexibility around requiring who should be included). We can use language which suggests who might be included in the organization of a health council which does not limit or impose such members. Health council membership should also be open to anyone who is interested in the health of the community.

Kim suggested that each health council could submit their membership to the state for feedback on inclusion, but this can be difficult. The consensus was that the determination of the membership should be at the local level and that the accountability to the state would occur through meeting deliverables.. **Chris Hudson suggested that having a relationship with county/tribal government as acknowledging the role of the health council is helpful (a best practice.)** Chris DeBolt added that our relationship with the NM Association of Counties could help support this. We'd like to have their partnership on our recommendations.

Dick brought up the question of what happens when there are multiple groups in one county/tribe that claim to be the health council for that area. **Having recognition by county/tribal government could be a criteria in determining how health councils function in an official capacity**(for the purposes of receiving funding, etc.)**. Our recommendations will include that there be only one health council for each county or tribal region**. The question comes up though, if there is more than one group claiming to be the health council in a particular area - what criteria is used to make the decision about who is in an official capacity, so that the decision does not become purely political? **It was agreed that decisions like**

this should happen on a local level, with adequate guidelines/criteria provided by the Task Force, rather than being made by DOH. Ron mentioned that we don't have standards for health councils but we do have functions identified that health councils have shown that they can accomplish, which can serve as guidelines or best practices. **Our recommendations should also accomplish these guidelines, one of which would be that the health councils need to represent the entire county/tribal region**. We don't want the function of determining who is a health council to rest with the Alliance, because the would change the role of the Alliance. The Alliance represents the health councils rather than regulating them.

On the question of organization, the Task Force agreed that we should recommend that health councils have an open and flexible structure so that health councils can be structured differently. Kim suggested that we emphasize the value of having a designated and paid coordinator. We can recommend that a defining characteristic of a health council is having a paid coordinator (either part or full time). Having a paid coordinator increases the capacity of a health council dramatically, which was demonstrated in the evaluation. It was also demonstrated that when funding dropped that money that was brought in to communities also dropped.

One of the questions that the Task Force needs to deal with is should all the health councils have a similar structure.

Functions of health councils

- Assessment of health needs and resources (community health assessment, resource mapping)
- Community health planning
- Influencing policy (local, state and other areas; advocacy)
- Collaboratively developing initiatives (assist in developing programs, not implementing them)
- Reducing duplication of services, being good stewards of resources
- Leveraging resources by bringing in resources and also maximizing existing resources
- Convening, collaboration, and coordination among various sectors in the community
- Identifying gaps in resources, services
- Acting as an information hub ("backbone convening organization"
- Health councils are the "public health system at the local level." Having a robust public health system means having representation and a presence at the local level, which is what the health councils provide. The state recognized this in its application for accreditation.

Marsha brought up that we should frame the argument for health councils in the larger picture of providing the key component to a healthy functioning of the overall system because they are an essential element of the system, and the connection to what is happening at the local level and represent local needs.

Victoria Sanchez mentioned that she's just finished working on a study for a national group where they met with some of the health councils and that that information may be helpful to this effort.

Ron brought up the **question of combining health councils** in areas where there is sparse population and limited resources (so a health council could serve more than one county/tribal area.) It was agrees that we should include this as an option, given that this determination be made at the local level. We'd also like to see cross-health council collaboration - could we put something in the legislation that who support this (find some way to include an incentive or find some flexibility to fund coordinators in multiple coordinators)? Often residents cross county lines to receive health care.

Ron brought up that we have five tribal health councils, but there are twenty-two tribes in New Mexico. **Should the legislation include a goal of having a health council in each tribal area?**

A issue that keeps coming up is building the capacity of health councils and the roles of state and statewide entities (the Alliance, the NM Association of Counties, etc.) We also need to address the supportive infrastructure around health councils. We can start next session by addressing this.

We will start a draft of the report based on the information that we have so far. Dick suggested that Liz Stephanics can directed Michael Hely to start working with Ron on developing legislation. Terrie will follow up on this. Dick is putting together a letter to Legislative Finance Committee (LFC) asking for 1.2 million dollars to support health councils i n 2019. The Alliance will also meet with the new Secretary of Health and hopefully the new Governor.

Tom encouraged the group to put together an outline of the report sooner than August.

The next meeting will be July 10 at 1:00pm at BCCHC.

Notes respectfully submitted by Helen Henry.