



**2018 Senate Memorial 44 Task Force
Organizational Meeting
July 10, 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

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

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

Terrie Rodriguez, Executive Director, NM Alliance of Health Councils

Helen Henry, Administration and Communications Coordinator, NM Alliance of Health Councils

Lauren Reichelt, Rio Arriba Community Health Council

(Via Zoom)

Laura Silva, Master of Public Health Student, interning with Doña Ana Health and Human Services

Victoria Sanchez, College of Population Health, University of New Mexico

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

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

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

Christopher Hudson, Coordinator, McKinley County Community Health Council

Cari Lemon, Coordinator, Grant County Health Council

Michelle Skrupskis, 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.

Terrie opened the meeting by letting people know that she and Ron had created a first draft of the recommendations. In this draft, they've tried to incorporate all of the ideas that people had brought to the meetings. She briefly went over the draft of the recommendations, especially:

- Recommendations in relation to the value of Health Councils, especially to local government as community voice. Excerpts from UNM study and projections of impact in 2019 (Monetary value);
- Health Council Coordinators receive training to: plan, measure,

- coordinate with other entities and look for duplication (legitimacy);
- Impact on community health outcomes (results);
- Alliance be the advocate at policy level, create partnerships, be a unified voice, create measurement metrics for impact.

The Report will include an executive summary, a short report and appendices, including historical information and other documents that explain things in greater detail. We also have to do a powerpoint to present to the Legislative Health and Human Services Committee.

After that, the next step is writing the legislation.

A question came up about recognizing new tribal health councils and how it that is determined. Historically, the Alliance has recognized all of the health councils that DOH has recognized, but how this process is handled needs to be incorporated into new legislation - what criteria will be used and who will make the decisions. Our discussion at the last meeting specified that the final decision rest with the tribal government.

Going over the draft report:

Benefits: Kim: Could we add to this section that the health councils can leverage funding? There was general agreement about this.

Victoria brought up that we should say who the health councils provide benefits to in this section. She pointed out that the first point in this section "serving as the core "hub" of public health systems at the local level" should be under "Functions." Health councils function as the public health system at the local level by doing assessments, planning, implementing, collaborating, etc. We could say that a "benefit" is that health councils bring people together to address health related issues, but the "function" is to serve as the local public health system. There's also two levels of benefits - one at the local level and one at the state level.

Marsha suggested that we could list the "benefits" of the "functions" under each "function."

Michelle Skrupskis brought up the question of reflecting the reality of health councils now, vs when they were fully funded. There was a comment that we could use the wording "effective health councils..." or say that "when fully funded, health councils..."

There was a discussion around how to present the need for funding.

Ron commented that the health council system was originally created as an integrated system, and it works well as an integrated system, but this means funding the entire system using state, local and other funds. In the past few years, we've only received minimal funding to keep the health councils going in a marginal way, rather than funding which allows the system to work. It might be good to point out the difference between being fully funded and the current inadequate situation.

Dick asked whether we should be doing a separate budget request or whether the legislation should have an appropriation included. Attaching an appropriation to the legislation would tie it in to the system, but Dick doesn't have a position right now on which way is the best way. We have to provide information about what it costs to fully fund this model (broken down by how the funds would be allocated). It was agreed that this level of specificity is important for the recommendations. There needs to be money allocated for coordination. There have been some budgets and other estimates in the past. DOH has specified that \$75,000 is the minimum that it takes to run a health council with a paid coordinator.

It was agreed that the "Benefits" section would be "Benefits that the health councils provide to their communities and to the overall health system in New Mexico" and include, in paragraph form, what an integrated system of health councils (as conceived of originally) would look like if fully funded and then talk about the benefits. There also need to be standards that health councils need to maintain. The health

councils provide a lot of benefits to the state, and are particularly important to DOH's receiving accreditation. We should emphasize this.

In the second point, under "Benefits," Marsha felt that the statement "Created local health systems that improve the health of New Mexico residents" may be an over statement for some communities, and there should be some conditional language around this (In some counties...).

Functions:

Lauren liked the bold type and the fact that they are in a logical order.

Dick cautioned we should be clear about the fact that health councils develop and recommend plans that are then approved or adopted by local government. (It is stated this way in the draft.)

Outcomes:

Lauren commented that there needs to be a sentence that says that outcomes can also include health outcomes, such as drops in overdose deaths, increase in healthy birth weights.

The group discussed the need to emphasize the "when fully funded" idea and also the fact that health councils are able to leverage funds (this comes from a previous study and also the UNM study).

Ron agreed with Lauren in that we should emphasize that health councils accomplish intermediate outcomes which are changes in community systems and capacity, and those intermediate outcomes result in improved health status (and give examples of those outcomes, such as drops in overdose deaths, increase in the number of immunizations, etc.)

Ron pointed out that the challenge is that health councils work with and through other entities, so it's difficult to show that the outcomes are solely the result of the work of the health council. Lauren said that health councils can show that changes in statistics as a result of the stated policies adopted by health councils are an effective way to demonstrate that the policies are working. Marsha pointed out that we need to emphasize that we're working in collaboration with others. If we say that we're responsible for the change in statistics, then we will end up being held responsible for things that are not in our control or that we can't prove that there is a cause and effect of our efforts. Victoria added that this is a difference between "attribution" and "contribution." We can say that "health councils' actions contribute to improved health outcomes, such as ..." Also, health councils are not always in a position to do evaluation that links these intermediate processes and outcomes with longer term health outcomes. Lauren suggested that one of the recommendations could be that health councils receive training in how to develop policy outcomes that can then be measured. Even though health councils don't normally provide direct services, their prioritization of a need for a service, program or focus, can be directly linked to improved health outcomes. Health councils' role is to create the policies and recommendations, set the priorities and to coordinate the agencies that provide direct service. Victoria pointed out that documenting these processes is an important in looking at the contributions of health councils. It's also important to show how health councils are able to provide networking and coordination of efforts to avoid duplication of services. There are concrete examples of how health councils have created substantial change in their communities and it would be good to put some of those examples in the report, even if it's in the appendix, and show how these are relevant to the overall functioning of the system. This underlines the potential that exists for health councils for legislators who may not have health councils that are as active. Chris pointed out that health councils can advocate individually and give examples of how they have impacted their communities. Marsha echoed that comment and said that everyone could use the report as a basis and then elaborate on their individual accomplishments.

Marsha commented that we need to add the word "convening" into the functions of health councils. (Put this first in the list of functions.) Everything else depends on the convening and collaborative functions of health councils.

SM44 Task Force processes section - Victoria pointed out that we might want to use the word "methodology," write it as a paragraph and move this section to the beginning.

Recommendations:

Terrie commented that it would be good to have a short paragraph under each heading to define or say more about that heading (similar to what was in some of the other sections.) Under structure, we should include health council structure. state structure and support structure.

Dick pointed out that it's ok to repeat things that we want people to pay attention to. Under health council structure, it would be good to say that health councils are ideally representative of the all aspects community and has recognition by the county or tribal government.

Victoria pointed out that we should say that the recommendations are structured according to the language that was in the memorial. This could go in the methodology section.

It would be good to do a short summary of what the content of the recommendations is before going in to the content. This also supports the idea that we're talking about an integrated system.

Lauren recommended an explanation of the difference between "functions" and "effectiveness" since they are similar.

Marsha commented that we had made the decision that in some cases, health councils might join together to make a regional health council, so we need to not use language that would limit that possibility. We could put this option of joint health councils under "criteria for official designation or recognition" and/or "geographic representation."

It was suggested that we say that "the opportunity to form a health council should exist for every county and tribe."

Terrie suggested that we recommend that how health councils are organized should be determined by the community, as long as they are representative of the community. We should not be too prescriptive about what a health council is, especially when it comes to tribal health councils.

Suggestion to change the word "should" to "could" in the recommendations or else say "an effective health council should, or a fully-funded health council should..." Tom commented that we also need to clarify what the word "fully" means. Ron said that we could add a paragraph that says effective health councils are ones which are adequately funded to perform the tasks that they are given, and that funding can come from multiple sources. Tom also added that some of the smaller health councils might need additional support to go after outside funding and maybe that's a something that could be built in to our model.

Victoria suggested that, under "Structure, #5" instead of saying, "each health council should be responsible...", we could say, "will develop or will coordinate the development or, take a leadership role in developing a comprehensive health assessment and plan." This highlights the convening/collaborative function of a health council and that is something that needs to go into #5. Terrie pointed out that the responsibility for adopting a plan usually is the role of government. Kim suggested that assessment and planning recommendations could be considered as a deliverable.

People agreed that the **Outcomes and Health Council Capacity** sections made sense as is. Victoria suggested reversing the order - Put "Data collection," then "evaluation System," then "Health Systems Outcomes."

Michelle liked what was said about "Cabinet agencies;" and we should say "all state agencies, through the Dept of Health."

Ron asked if we should be more specific about funding recommendations in this document? People felt that we should spell out the amount that it would cost to support the health councils (\$75,000/health

council, although there is variation). In addition, we need to add some language about supporting the entire system.

Ron will contact Michael Hely about when our hearing will be.

Next steps: Please email Ron with any new changes. He will do a second draft, incorporating the changes from today and send it out for more input. It's exciting to envision what the health councils can become again.

The next meeting will be August 7 at 1:00pm at BCCHC.

Notes respectfully submitted by Helen Henry.