A. Introduction

Background. For over 20 years, New Mexico has had a system of 38 Community Health Councils (33 county-based, and 5 tribally-based), whose role is to assess local public health needs, develop Community Health Improvement Plans, and mobilize their communities to implement those plans. New Mexico is one of a few states with a centralized public health system, resulting in a need for community-based health assessment and planning.

The New Mexico Alliance of Health Councils (NMAHC) was created in 2010, following the suspension of core funding by the New Mexico Department of Health. The Alliance was created to provide a common voice for the health councils, and to help strengthen the councils through policy change, resource development, and building capacity. The long-term goal is to improve the health of all New Mexicans by working with others to create and sustain a statewide public health infrastructure, with the health councils playing a key role in that larger system.

Planning process. This Strategic Plan has its origins in a series of gatherings of representatives of the health councils, beginning with a Convening in September 2010 (with support from the Con Alma Health Foundation), and followed by discussions through 2011 and 2012, resulting in an initial strategic plan and organizational structure developed in a statewide planning meeting in September 2012. The September 2012 plan identified three principal areas of activity: Policy, Resource Development, and Capacity-building. Over a six-month period, input has been gathered in brainstorming sessions at regional and statewide meetings of the health councils regarding activities and directions that the Alliance should be taking.

B. Input summary

The input gathered from health council representatives resulted in a clear set of themes and recommendations (which are reflected in the subsequent goals, objectives, and work plan):

1. NMAHC Organizational Development. A goal that has emerged during the past year has been to establish the Alliance as a strong and sustainable organization that is able to accomplish its goals with respect to strengthening New Mexico’s health councils:
   a. Establish the Alliance as an independent, non-profit, 501-c-3 organization
   b. Continue expanding and updating the NMAHC website
   c. Continue to coordinate initiatives and activities of the health councils
   d. Create an organizational description/case statement/“value proposition”, including reminders to the health councils of their roles in the Alliance
   e. Formalize relationships with the health councils and other NMAHC members
   f. Advocate on behalf of New Mexico health councils
   g. Partner with other statewide entities to build a coordinated, statewide public health infrastructure: J. Paul Taylor Task Force, NMPHA Health in All Policies Project, Con Alma Health Foundation, UNM, NM Assn. of Counties, Councils of Governments, managed care organizations, Behavioral Health Planning Council, NM Food & Agriculture Policy Council/Farm to Table, Health Action NM, SHARE/NM, NM Voices, others
Secure funding to support the work of the Alliance

2. Policy. At a policy discussion in April, it was decided that the Alliance should limit its policy work to collaborative efforts on issues with core support from other organizations, coalitions, or initiatives. Examples might be the Voices Policy Agenda, J. Paul Taylor Task Force, NM Food Policy Council, or the Behavioral Health Planning Council. An informal straw poll showed the largest number of votes for issues like obesity, substance abuse, and public health education and awareness. Other recommendations for policy action included:

   a. Continuing to press for restitution of full funding for the health councils
   b. Establishing a functioning Policy Committee within the NMAHC
   c. Developing a structured system for developing policy recommendations, positions, and actions by the NMAHC

3. Resource Development. Discussions at regional meetings yielded numerous suggested strategies for increasing levels of financial and other resources available to health councils:

   a. Track funding opportunities and share information regularly with the health councils
   b. Help health councils to diversify funding with local, state, and federal support, and develop templates for local support from counties and tribal governments
   c. Share information on the health council model with national funders
   d. Partner with other organizations to obtain funding (e.g., hospitals, community health centers, managed care organizations, and universities)
   e. Obtain grant writing assistance through shared grant writer services, assistance from DOH, others
   f. Explore the use of executives on loan
   g. Develop collaborative funding applications from groups of health councils (e.g., groupings by region or by common health priorities)

4. Marketing & Communications. Marketing, outreach, and raising public awareness of the health councils have been consistently identified as a priority area for the Alliance, including:

   a. Establish a Marketing & Communications Committee
   b. Develop a statewide marketing campaign to increase public understanding of the concept and benefits of health councils
   c. Develop a series of radio and TV public service announcements about health councils and how citizens can become involved
   d. Develop a logo for the health councils and the Alliance
   e. Develop printed materials for use with the public, with policymakers, and partners

5. Capacity Building. During the past year it has become clear that the NMAHC does not currently have the resources to offer regular training and technical assistance. Instead, we have been working with the Department of Health, the NM Health Equity Partnership, and others, to plan appropriate training and technical assistance opportunities. Suggested activities related to training and technical assistance have included:

   a. Facilitate peer-to-peer learning, to share existing knowledge and expertise among health councils; share health council accomplishments, success stories, lessons learned
   b. Grant writing and resource development
   c. Organizational tools and options for health councils (e.g., administrative and fiscal options, tools for effective meetings)
   d. Policy development: Advocacy, media, lobbying, local support, state-level support
e. Community engagement and other basic functions of health councils
f. Marketing and outreach, website development, and social marketing
g. Collaborate with others to make health data more easily available to health councils and communities

C. Goals and Objectives

Goal 1. ORGANIZATIONAL DEVELOPMENT: Establish the New Mexico Alliance of Health Councils as an independent, strong, and sustainable organization in support of strengthening the health councils.

1. Establish the NMAHC as an independent, non-profit, 501(c)(3) organization with a formal membership structure.
2. Partner with other statewide entities in order to build a coordinated, statewide public health infrastructure, with health councils serving as local hubs for improving public and community health.
3. Secure continuing funding to support the work of the NMAHC and the health councils

Goal 2. POLICY: Advocate on behalf of policies that recognize, support, and promote the value and services of county/tribal health councils as an essential part of the public health system in New Mexico.

1. Advocate for full restitution of state funding for county and tribal health councils.
2. Develop and implement a structured system for developing policy recommendations, positions, and actions by the NMAHC.

Goal 3. RESOURCE DEVELOPMENT: Work to strengthen and diversify funding of health councils with local, state, federal, and private support.

1. Track and disseminate information about potential funding opportunities for health councils.
2. Identify and develop opportunities for collaborative funding involving groups of health councils (by regions or health priorities) and other organizations, coalitions, and institutions.
3. Explore opportunities for non-financial, in-kind resources to support the health councils.

Goal 4. MARKETING & COMMUNICATIONS: Raise public awareness of the value and accomplishments of health councils through systematic and targeted marketing and outreach strategies.

1. Establish a Marketing and Communications Committee within the NMAHC.
2. Develop and implement a statewide marketing campaign regarding the concept, activities, and benefits of New Mexico’s health councils.

Goal 5. CAPACITY BUILDING: Work with others to build the capacity of New Mexico’s county and tribal health councils to accomplish their goals.

1. Collaborate with the New Mexico Department of Health, the New Mexico Health Equity Partnership, and others to develop and implement training and technical assistance opportunities.
2. Work with others to facilitate peer-to-peer learning and sharing of knowledge and information.
3. Maintain and expand the NMAHC website as a tool for sharing of informational tools and knowledge, including access to data resources for assessment, planning, and resource development.
### D. 2014-15 Work Plan: New Mexico Alliance of Health Councils

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E. HEALTH COUNCIL STATEWIDE SUPPORT SYSTEM

New Mexico’s 38 Health Councils:
- 33 Counties
- 5 Native Communities

- NM Health Equity Partnership
  - Place Matters Teams
  - Health Impact Assessments
  - Health Councils & Community

- NM Alliance of Health Councils
  - Policy
  - Capacity Building
  - Resource Development
  - Liaison with other entities
  - Statewide system

- NM Dept. of Health (DOH)
  - Regional Health Promotion
  - Policy & Accountability
  - Epidemiology & Response

Partnerships and Collaborations:
- NM Public Health Association
- University of New Mexico
- J. Paul Taylor Task Force
- Early Childhood Community
- Data Resources: SHARE/NM, Community Data Collaborative, NM Voices, DOH/IBIS
- Con Alma Health Foundation
- Farm to Table
- Health Action New Mexico