HIGHLIGHTS OF A PARTICIPATORY EVALUATION OF NEW MEXICO'S COMMUNITY HEALTH COUNCILS AND IMPLICATIONS FOR HEALTH EQUITY

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EVALUATION BACKGROUND

• Initiated by the New Mexico Dept. of Health in 2006

• First state-wide evaluation of NM Health Councils

• Important step forward
EVALUATION QUESTION AND CHALLENGE

• What do health councils across the state do that leads to intermediate health systems changes?

• How do you create a reporting system that collects aggregate data while still respecting the unique work of diverse organizations?
EVALUATION OVERVIEW

• Collaborative process

• Collected common data across 32-health councils

• Councils were able to collect unique stories about their work

• Councils used their social capital and funding to maximize their contribution to health outcomes
## HC PLANNING AND EVALUATION PHASES

<table>
<thead>
<tr>
<th>Phase/Year</th>
<th>Objectives</th>
<th>Process</th>
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</thead>
</table>
Literature review  
HC Participation |
| 2. 2007- 2008 | Link planning and evaluation | Modify Community Health Improvement (CHIP) plan  
Identify councils’ relevant intermediate outcomes  
Prioritize intermediate outcomes and indicators  
CSAS – health council self-assessment |
| 3. 2008 – 2009 | Develop and test data collection system | Pilot 1: 10/08-12/08: 10 councils (paper)  
Pilot 2: 01/09: 20 councils (online)  
Full Implementation: 32 councils (online)  
CSAS – health council self-assessment |
| 4. 2009- 2010 | Implement online data collection | Analyze data  
Disseminate: 4/1/09 – 3/31/10 |
| 5. 2010 – 2011 | Continue data collection – post funding suspension | 23 councils contributed data |
GUIDING FRAMEWORK:

Community Health Improvement (CHIP)*

CHI: A deliberate approach in which communities and the NM DOH share responsibility and accountability for increasing community capacity to improve community health.

* Institute of medicine (IOM)
HEALTH COUNCILS AND THE COMMUNITY HEALTH IMPROVEMENT (CHI) PROCESS

HEALTH COUNCIL LOGIC MODEL

CHI Cycles
- Councils develop structures and processes
  - To conduct
  - Community Assessment
  - To develop
  - Health Priorities and Plans
  - To focus on

Council Actions
- Coordinate
- Advocate
- Educate
- Communicate
- Mobilize
- Manage

Focus actions on

Targets of Change
- Organizations
- Social environment
- Policies

Lead to

Systems Changes (Intermediate term change)
- Practices
- Policies
- Programs
- Services

Lead to

Community Health Status Changes
- Reduce health Disparities
- Improve systems for personal and public health
- Promote healthy and safe communities
- Prevent and reduce disease
- Promote healthy behaviors

To Act
To Act
To Act
To Act
Health Council Outcomes:

Community Building/Council Development:
- Council recognized as planning & information hub
- Stable & diverse membership
- Build community capacity
- Use productive group processes
- Ability to respond to changing needs, emerging priorities

Community Assessment & Prioritization:
- Community health assessment/profile
- Identify priorities, using community processes
- Community Health Improvement Plan

Community Action:
- Build partnerships/coalitions
- Develop joint projects; integration, coordination of programs & services
- Raise/leverage funds
- Policy development
CONTEXT: NUMBER OF COUNCILS WORKING IN EACH PRIORITY

- Substance Abuse, 18
- Access to Care, 20
- Interpersonal Violence, 7
- Teen Pregnancy, 17
- Obesity, 14
- Other:
  - Fitness/Nutrition, Suicide, Family Resiliency, Diabetes, Economic Development, Immunizations, Emergency Preparedness, Multi-generational Trauma, Institutionalized Racism, Income Inequity, Mental Health, 9
*ACTION CYCLE SELECTED RESULTS*

**ENHANCED NETWORKS AND PARTNERSHIPS**

**NEW POLICIES**

**FUNDS RECEIVED OR LEVERAGED IN THE COMMUNITY**

*4/1/09 - 3/31/10*

*total action cycle all priorities = 1203 reports*
NUMBER OF REPORTS FOR ENHANCED NETWORKS AND PARTNERSHIPS BY PRIORITY AREA

- Interpersonal Violence, 83, 7%
- Substance Abuse, 193, 16%
- Access to Care, 197, 17%
- Obesity Diabetes, 172, 15%
- Teen Pregnancy, 172, 15%
- *Other, 356, 30%
INDICATORS FOR ENHANCED NETWORKS

• Reports of number of shared planning projects = 1114
  • Planning: town hall meeting about underage drinking, afterschool program, continuation of school-based mental health services

• Reports of number of new linkages between community organizations or programs developed or established = 2955
  • Partner with local organizations to implement program, bring screening to a community
FUNDS LEVERAGED BY PRIORITY AREA

- Teen Pregnancy, $87,067
- Access to Care, $788,125
- Substance Abuse, $648,480
- Suicide, $560,665
- Interpersonal Violence, $403,000
- Diabetes, $323,250
- Obesity, $190,550
- Fitness/Nutrition, $100,000
- *Other, $398,027

Total: $3,499,164
“The Community Health Partnership and the County Detention Center collaborated to submit a Justice and Mental Health Planning Grant Proposal to divert individuals in need of behavioral health services from the jail where possible, to provide those services in the jail where necessary, and to provide post-incarceration support services where necessary. If awarded, the planning grant makes the Council eligible to apply for an implementation grant.”
NUMBER OF COUNCILS REPORTING POLICY-RELATED ACTIONS BY PRIORITY AREA

- Substance Abuse: 15
- Access to/Continuum of Care: 15
- Teen Pregnancy: 13
- Obesity: 12
- Suicide: 4
- Violence/Abuse: 4
- Diabetes: 2
- Immunization: 1
POLICY INDICATORS

- Number of policy change initiatives backed by council = 79
- Number of discussions about policy initiatives at council meetings = 189
- Number of discussions about advocacy strategies at health council meetings = 285

Coordinators wrote about health council work:

- Serve as hub for information about existing policies
- Promote change or augmentation of existing policies
- Examine potential impact of proposed policies
- Help to introduce ballot initiatives (e.g., mill levies and sales tax)
POLICY

“The CHC has collected the data and information to show that Housing is an issue in the County. This is important in showing that this is a priority that should be supported and actively advocated for in our area.”
POST FUNDING (SUSPENDED)

2010 – 2011

23 councils participated
POST FUNDING: FY11

Councils Working in Each of the Top Five Priority Areas: FY09-FY11

<table>
<thead>
<tr>
<th></th>
<th>FY 2009*</th>
<th>FY 2010</th>
<th>FY 2011**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Care</td>
<td>15</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>Teen Pregnancy</td>
<td>14</td>
<td>17</td>
<td>7</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>12</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Obesity</td>
<td>13</td>
<td>14</td>
<td>5</td>
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*Partial year 1/1/09 through 6/30/09; ** 24 Councils reporting
POST FUNDING: FY11

Funds Leveraged: FY09-FY11

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount Leveraged</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2009</td>
<td>$3,749,323.00</td>
</tr>
<tr>
<td>FY 2010</td>
<td>$4,535,298.00</td>
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<tr>
<td>FY 2011</td>
<td>$1,188,964.00</td>
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NEW MEXICO HEALTH COUNCIL
EVALUATION
Outcome 3.1: New and/or enhanced ongoing networks and partnerships (n = 23)

<table>
<thead>
<tr>
<th></th>
<th>7/01/09 - 6/30/10</th>
<th>7/01/10 - 6/30/11</th>
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</thead>
<tbody>
<tr>
<td>Teen Pregnancy</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Diabetes and Obesity</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Access to Care</td>
<td>7</td>
<td>5</td>
</tr>
</tbody>
</table>
Outcome 3.2: New and/or ongoing jointly developed strategies, programs, and/or services (n=23)

<table>
<thead>
<tr>
<th></th>
<th>Teen Pregnancy</th>
<th>Substance Abuse</th>
<th>Diabetes and Obesity</th>
<th>Access to Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/01/09 - 6/30/10</td>
<td>9</td>
<td>14</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>7/01/10 - 6/30/11</td>
<td>7</td>
<td>8</td>
<td>7</td>
<td>5</td>
</tr>
</tbody>
</table>
Outcome 3.3: Policy Action

(n=23)

<table>
<thead>
<tr>
<th></th>
<th>Teen Pregnancy</th>
<th>Substance Abuse</th>
<th>Diabetes and Obesity</th>
<th>Access to Care</th>
</tr>
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<tbody>
<tr>
<td>7/01/09 - 6/30/10</td>
<td>13</td>
<td>15</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>7/01/10 - 6/30/11</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>1</td>
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</tbody>
</table>
Outcome 3.4: Funds brought into the community (n = 23)

### Dollars Leveraged

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<tr>
<th></th>
<th>7/01/09 - 6/30/10</th>
<th>7/01/10 - 6/30/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Pregnancy</td>
<td>$113,367</td>
<td>$63,820</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>$649,480</td>
<td>$270,414</td>
</tr>
<tr>
<td>Diabetes and Obesity</td>
<td>$515,800</td>
<td>$426,890</td>
</tr>
<tr>
<td>Access to Care</td>
<td>$788,125</td>
<td>$115,000</td>
</tr>
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</table>
# Impacts of Funding Cuts

<table>
<thead>
<tr>
<th>Intermediate Outcomes</th>
<th>FY10</th>
<th>FY11</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total funds leveraged</td>
<td>$2,402,205</td>
<td>$1,040,328</td>
<td>-56.7%</td>
</tr>
<tr>
<td>Discussions of emerging issues</td>
<td>939</td>
<td>156</td>
<td>-83.4%</td>
</tr>
<tr>
<td>Shared planning projects</td>
<td>1705</td>
<td>267</td>
<td>-84.3%</td>
</tr>
<tr>
<td>Councils working on policy change</td>
<td>19</td>
<td>5</td>
<td>-73.7%</td>
</tr>
</tbody>
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SUMMARY:
Unique Role of Health Councils:

• Focus on intermediate systems outcomes (changes in programs, practices, policies)
• Focus on community-level interventions: Create healthy environments with healthy choices
• Address multiple issues & priorities
• Work toward health equity
Implications for Health Equity Practice

• Health councils address root causes of poor health
• How to address polices that affect health
• Health councils engage with communities to look at social determinants of health
For more information:

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