



2018 New Mexico Legislature  
**Senate Memorial 44**

**Task Force Report and  
Recommendations**

**Legislative Health and  
Human Services Committee**

**October 11, 2018**

# Senate Memorial 44



- Requested the New Mexico Alliance of Health Councils convene a task force to “Identify steps to strengthen the structure, effectiveness, and sustainability of county and tribal health councils.”



- Task Force includes 30+ members: Health council members, NM Dept. of Health, UNM, NMSU, NM Public Health Institute, NM Public Health Assn., others

# 27-Year History of Health Councils



- Health Councils **created by NM Legislature**, under the 1991 Maternal & Child Health Plan Act, amended in 2007 to include tribes
- Mechanism for community-based **health assessment, planning, and coordination**
- **Addressing local priorities:** Access to care, diabetes, behavioral health, environmental health, etc.
- **Plan and implement** interventions, services
- **\$2.8 million** in annual State funding of health council system (until 2010)
- 2006-2010 Health Council **Evaluation** by UNM & NMDOH

## *Health Council Evaluation*

# Functions/Outcome Areas

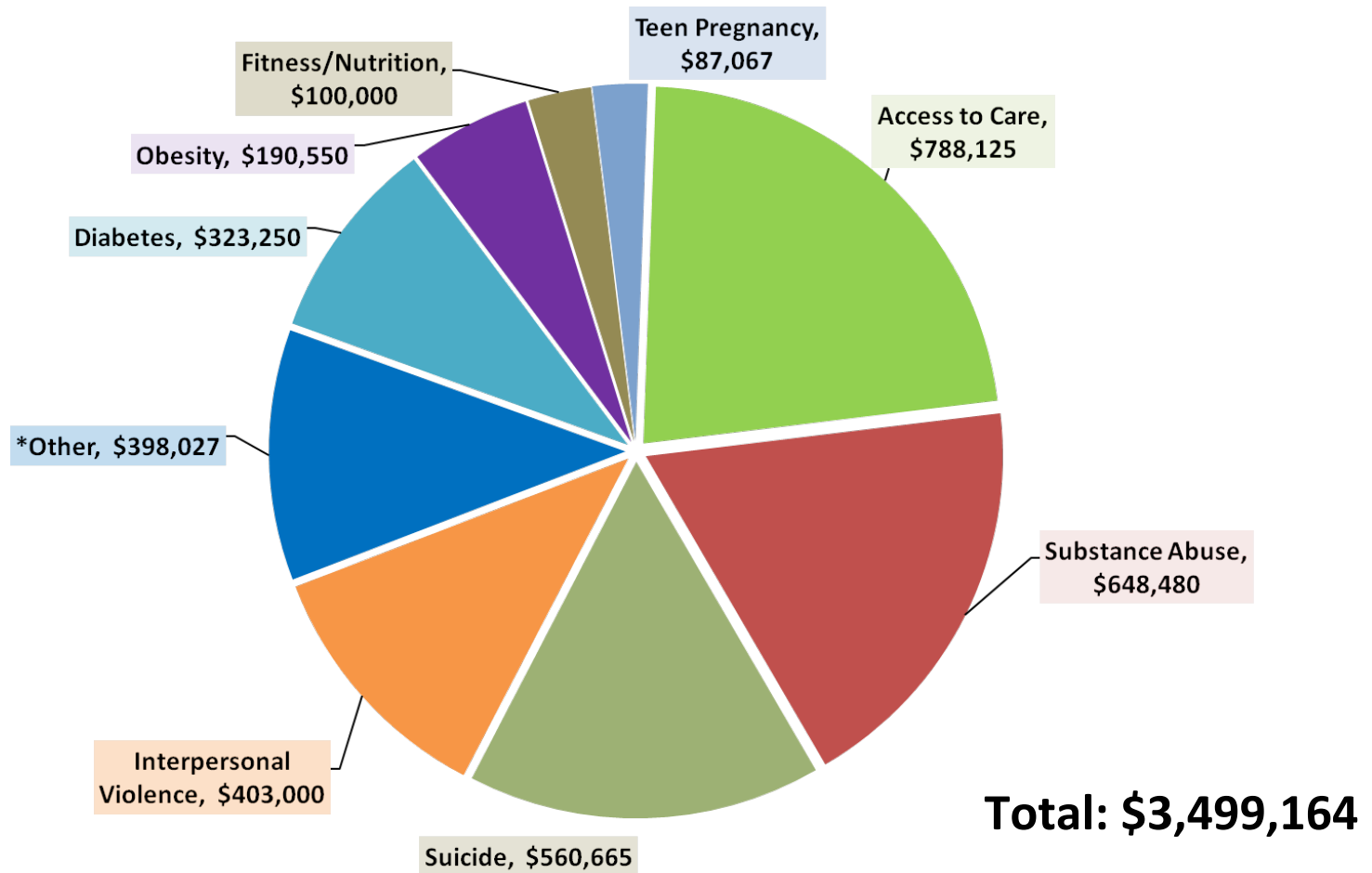
- **Convening, mobilizing communities to improve health**
- **Health assessment and planning**
- **Coordination to identify gaps, reduce duplication**
- **Developing programs & services**
- **Policy development**
- **Leveraging resources**
- **Building partnerships, networks, & coalitions**
- **Communication, bridges with State agencies**

# Health Council Accomplishments:

## Some Examples

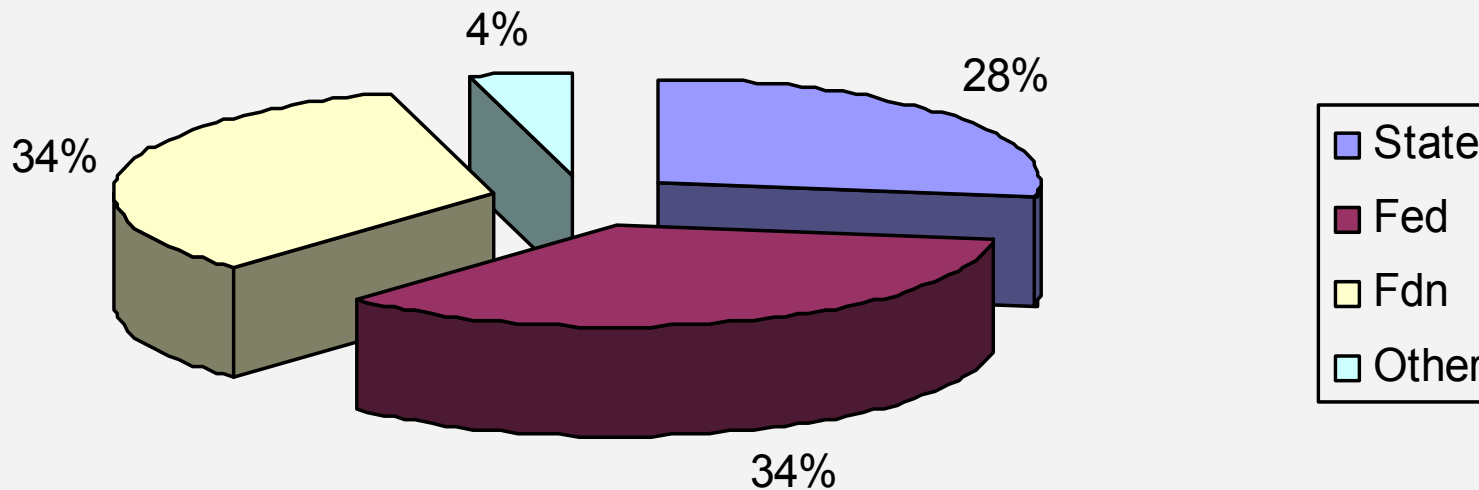
- ✓ Established & built Health Commons facilities (Sandoval, Rio Arriba)
- ✓ Published bilingual health resource directories (all counties & tribes)
- ✓ Established Opioid Initiative with 50 organizations (Bernalillo Co.)
- ✓ Conducted community health assessment (Grant Co.) with 5,000 responses in six communities, used extensively by many organizations
- ✓ Led establishment of new school-based health centers
- ✓ Sponsored annual community health screenings (many communities)
- ✓ Provided training & education to thousands in parenting, smoking cessation, diabetes self-care, infant mental health, etc.
- ✓ Established rural transportation systems (Rio Arriba & Grant Co.)
- ✓ Created Wellness Institute with multiple health programs (Doña Ana Co.)
- ✓ Established substance abuse prevention programs
- ✓ Healthy Kids Programs (Guadalupe Co., Socorro Co., others)
- ✓ Created innovative, long-term Community Infant Program (Santa Fe Co.)

# Funds Leveraged by Priority Area



# 2000-2003 study: 27 NM Health Councils leveraged \$27 million in a 3-year period

## Leveraged Funding by Source, All Sources



In 2000-2003, Health Councils brought to their communities an additional \$27 million--\$4 for every \$1 provided by DOH in core funding.

*Health Council Evaluation*  
**Impacts of System Funding**  
**(Funding suspension, FY10 to FY11)**

<b>Intermediate Outcomes</b>	<b>FY10</b>	<b>FY11</b>	<b>Percent Change</b>
Total funds leveraged	\$2,402,205	\$1,040,328	-56.7%
Discussions of emerging issues	939	156	-83.4%
Shared planning projects	1705	267	-84.3%
Councils working on policy change	19	5	-73.7%



## *SM44 Recommendations*

# Structure



- ❑ Update MCH Plan Act Legislation
- ❑ One designated health council for each county and tribal community
- ❑ Each council has formal relationship with county or tribal governing body (e.g., MOU)
- ❑ Each council responsible for county/tribal Community Health Assessment and Community Health Plan
- ❑ Alternative health council organizational structures:
  1. Adjunct to county or tribal government unit
  2. Independent, non-profit organization
  3. Affiliation with other non-profit

## *SM44 Recommendations*

# Effectiveness



- ❑ Health Councils serve as hub of local public health systems, integrated with statewide public health system
- ❑ Clear delineation of health council roles, functions and expectations
- ❑ System capacity: Provide councils with training, technical assistance, staffing, coordination
- ❑ System evaluation & quality improvement: Focus on outcomes, best practices, data collection

## *SM44 Recommendations*

# Sustainability



- ❑ State investment: Core funding for paid coordinator for each health council
- ❑ State support: Training, technical assistance, coordination, evaluation, fiscal accountability
- ❑ Non-governmental support: NM Alliance of Health Councils, other entities
- ❑ Local investment: Financial & in-kind support
- ❑ Funds leveraged by health councils

# Next Steps

- Restore integrated health council system
- Update MCH Plan Act to reflect current practice and public health system
- Restore State funding of health council system:
  - **\$1 million in 2019**
  - **Additional funds over 3-year period**

# For Additional Information



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