



## Minutes - CDC Health Council Training - Health Council Capacity Self-Assessment

Monday, January 3rd, 1PM - 3PM

[Zoom link](#)

[Link to agenda](#)

[Link to chat](#)

### Minutes

#### Capacity Building Introduction - Anne Hays Egan

1. 8 domains Capacity Building. How is your health council doing in each of these 8 areas?
  - a. Equity
  - b. Stakeholder engagement
  - c. Planning
  - d. Goals/priorities
  - e. Outcomes and impact
  - f. Organizational systems and processes
  - g. Communications and marketing
  - h. Resources and funding
2. Capacity building priorities - which of the areas, or “domains”, above is most important to improve upon in your health council? This might be based on strengths/weaknesses or it could be related to interests, community needs, or other priority areas.
3. Anne will send out the Capacity Self-Assessment soon. It is a short survey in SurveyMonkey. If you need a hard copy, contact Anne ([anne@newventuresconsulting.net](mailto:anne@newventuresconsulting.net)), and she will send you one.

#### Short Stories about where health councils are currently at with capacity

4. Tribal Health Councils - Report from Gerilyn Antonio (NMAHC Tribal Liaison)
  - a. Equity - in some councils, equitable representations includes distribution of members across age demographics (all the way from High School to Elders in Cochiti Pueblo)
  - b. Stakeholder Engagement - For county health councils, this could include tribal engagement in your area. Even if tribes near you don't have a health council, they may be interested in engaging with health council work
  - c. Planning - IHS weekly calls and coordination are very helpful for planning in tribal communities, especially around COVID-19 and vaccinations
  - d. Aligning Goals and Priorities - Many tribal health councils are working to coordinate with other organizations in their community (senior centers, headstart, transportation, other departments, leadership)
  - e. Outcomes and Impacts - Data dashboards provide valuable outcome measurements. Determining how to maintain data sovereignty has been a topic of discussion.
  - f. Communications and marketing - new websites, podcast happening and San Ildefonso Pueblo, vaccine outreach, mass testing, using mobile homes for COVID-19 quarantine

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- g. Resources and funding - lots of new staff to help with things like door-to-door outreach. Mental health funding was obtained for a walking trail in Cochiti Pueblo
- 5. County Health Councils - Report from Susie Johnson (NMAHC Program Manager)
  - a. Equity - has been seen in hiring - both in membership for Health Equity Committees and other health council members
  - b. Stakeholder engagement - Health Councils have been making creative partnerships and finding solutions (Ex. Torrance County teamed up with a local gas station to do matching for people who needed transportation to vaccine events. They found out who needed the most help with transportation by collaborating with schools)
  - c. Stakeholder engagement - Some councils have interpersonal engagement strategies in their community - Grant County reported being intentional about chatting with people when out, remember names, what people do for work, and check-in whenever they run into each other
  - d. Planning - Roosevelt County created a survey to see what people's opinions and barriers are to COVID-19 vaccination to find out where they were most needed in their community
  - e. Planning - Sandoval County found creative solutions to make sure they could get there work accomplished despite delays in hiring.
  - f. Goals and Priorities - several health councils have well formulated missions and have been able to get up and running very quickly to accomplish work in their communities

### Timeline for Health Council Capacity Self-Assessment - Anne Hays Egan

1. **Today** - initial training and orientation
2. **In the next few weeks** - Health Councils will receive a follow-up with additional materials and a summary of breakout room discussions from today, as well as a link to the SurveyMonkey Assessment
  - a. Identify and invite a representative sample (5-7 people) to take the survey assessing your Health Council Capacity
    - i. Respondents could/should include DOH Health Equity Specialists and other DOH Health Promotion staff
    - ii. Could include input from more than 7 people if you would like to have more people do the assessment for your county
3. **By mid-February** - Health Councils Complete the self-assessment using SurveyMonkey.
  - a. It should take about 10 minutes for each person to complete
4. **February-March** - Survey analysis and summary for each health council, NMAHC will analyze the results and send them to Health Councils.
5. **March/April** - Health Councils complete the Capacity Building Goal/Priority and Strategies form.
  - a. Based on the results of your analyzed assessment, you will decide on your capacity building priorities.
6. **April-June** - Training and ongoing TA, Reports on progress

## Breakout rooms

1. Links to the Jamboards:
  - a. [Room 1](#) - Sharon
  - b. [Room 2](#) - Gerilyn
  - c. [Room 3](#) - Joan
  - d. [Room 4](#) - Susan
  - e. [Room 5](#) - Victoria
  - f. [Room 6](#) - Roberto
  - g. [Room 7](#) - Susie
  - h. [Room 8](#) - Jamie
  
7. Takeaways from the breakout rooms
  - a. Existing Strengths
    - i. COVID-19 has helped strengthen tracking of outcomes and impacts in some communities
    - ii. Making strong goals and planning for the future
    - iii. Councils are bringing youth into their health councils
    - iv. Using schools as a hub to connect with the whole community
    - v. Councils feel they have strengths in planning, implementation and communication
    - vi. Equity and diversity
    - vii. Health Councils appreciate having a high level of strategic planning available to them through this project
  - b. Goals for Improvement
    - i. Learning to be flexible with goals and priorities
    - ii. How to be more active in communications and marketing?
    - iii. It is hard for some health council members to prioritize health council work, especially when some employers of HC members don't see the value of health councils work
    - iv. Identifying gaps in who should be at the table
    - v. Stakeholder engagement
    - vi. Councils would like to hear from and collaborate with different sectors, build more partnerships
    - vii. Some councils feel like they are information hubs, and would like to move into more action oriented work
    - viii. Stakeholder engagement - how to ensure organizations can stay actively engaged with the work
    - ix. How to engage with individual community members in the pandemic/virtual world?
    - x. Need more staff to do intended work
    - xi. How to incorporate HB 137 into work?
    - xii. How ensure sustainable funding for HCs?

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- xiii. Some health councils are good at gathering the community, but struggle to push change among local policy makers

**Wrap-up**

1. Reminder: Choose diverse representatives to complete your self-assessment
2. You will receive a summary of this discussion and a factsheet about the process soon
3. You will have 3-4 weeks to complete the self-assessment after it is sent to you.

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