New Mexico
Alliance of Health Councils

“Uniting our voices for healthy communities”

Presentation to Con Alma Health Foundation
Convening on Health Care Reform in New Mexico
Friday, November 30, 2012
A little bit of history...

• 1991 – Passage of Maternal Child Health Act
• 2004 – Transition to Community Health Councils
• 2004 – Tribal Health Councils added
• June 2010 – Loss of NMDOH funding for all health councils
• September 2010 – Statewide convening of all health councils sponsored by CAHF
• January 2011 – NM Alliance of Health Councils (NMAHC) is re-established with interim Executive Committee
• August 2012 – NMAHC joins with Kellogg-funded NM Health Equity Partnership
• September 2012 – NMAHC strategic planning session confirms organizational structure
Why Health Councils?

• New Mexico has a centralized Department of Health – few local health departments
• Health Councils provide assessment, planning and coordination through a local lens
• Health Councils serve as part of the local public health infrastructure and address the social determinants of health that lead to disease and injury in the first place, going beyond just improving access to health care
Core Outcomes of Health Councils

- Serving as a community hub for planning and information regarding health
- Developing community programs and initiatives
- Building networks and partnerships, usually around specific health priorities
- Attracting and leveraging funding in support of community health improvement
- Influencing policy, through building constituencies for policy change or directly influencing policy development and change
- Integration of services and reducing duplication
Life after DOH…

September 2010 convening sponsored by Con Alma Health Foundation identified:

• Need for a unified voice to define and promote the value of Health Councils
• Need for a unified voice to advocate for policies and funding that support community health and health equity
• Need for building capacity of all Health Councils and to strengthen communities
1 The **General Membership** consists of health councils, individuals and supporting organizations from throughout NM.
2 The **Steering Committee** is comprised of 1 representative from each health council, selected by whatever form that council chooses (volunteer, elected, appointed, etc.).
3 The **Executive Committee** as the smaller operations group within the Steering Committee will include from 7 to 9 members.
What’s next?

1st stage

Building capacity

• Propose legislation to restore partial DOH funding for Health Councils
• Work with Health Equity Partnership to increase capacity for health councils to address health equity issues
• Recruit new members to NMAHC
• Seek sustainable funding for NMAHC

Unifying voice for value of Health Councils

• Propose memorial to request a study on the cost and benefits of Health Councils
• Develop communications tools
What’s next?

2\textsuperscript{nd} stage

Unifying voice for advocacy for policies and funding that support community health and health equity

• Identify statewide policies that impact on all communities served by County and Tribal Health Councils

• Develop strategies to address those common issues and policies