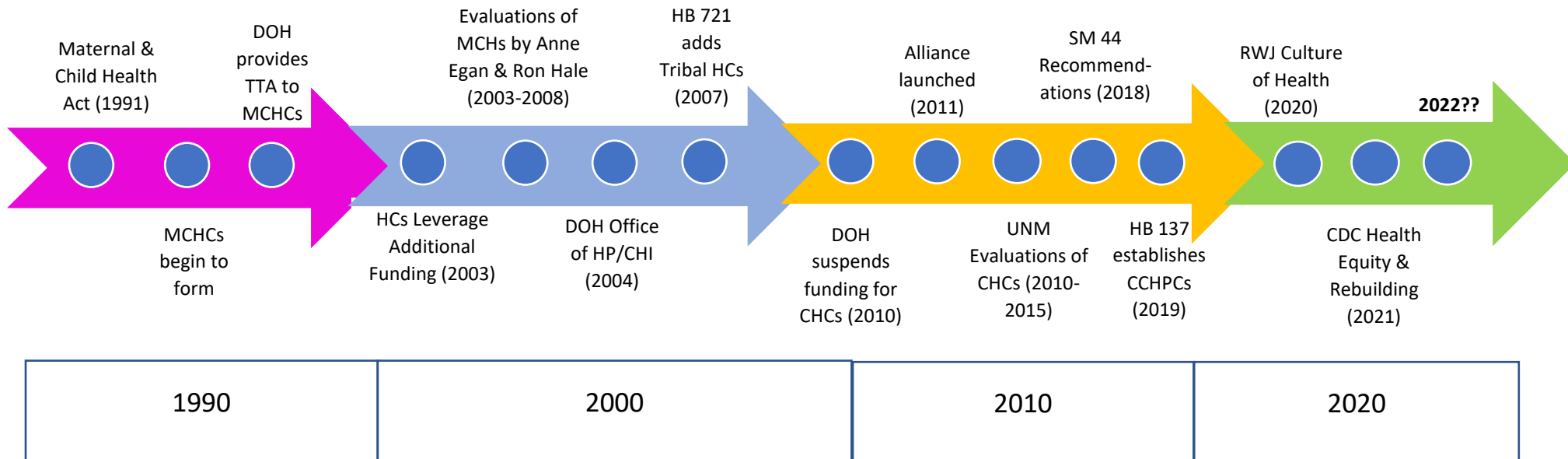




History of New Mexico's Health Councils

Timeline



References to NM's Maternal & Child Health Act go back to the Maternal & Child Health Plan Act of 1978. The purpose of the Act was "to encourage the development of comprehensive, community-based maternal and child health services to meet the needs of childbearing women and their families."

Our history begins with the Maternal & Child Health Act of 1991 which established Maternal & Child Health Plan Councils (MCHCs) to carry out the work of developing these comprehensive community-based plans to serve these women, children and families. Plans developed by county health councils statewide were to involve the entire family and the respective communities. The MCHCs received support from the Department of Health who approved the maternal and child health plans developed by the local councils.

MCHCs began forming throughout the state during the 1990s. Among the earliest was the Doña Ana County Maternal Child Health Council, established in 1991. Drawing membership from representatives of area health care providers, business owners, parents and youth. The council

worked with community members and local and state governments to coordinate strategic efforts to improve the health of communities. By 2001, 26 counties had approved maternal and child health plans, each designated by a locally appointed council.

Beginning in 2003 through 2008, Anne Hays Egan and Ron Hale conducted a number of evaluations of MCHs. The first of these reports found that the County MCH Councils were able to use Dept. of Health funding to attract significant additional state, federal, foundation and charitable giving funds, as well as other special capital funds to support the development and expansion of county health activities. In a three-year period from 1999-2002, County MCH Councils received approximately \$8.5 million from the state MCH office and leveraged this funding to obtain an additional \$37.8 million in hand or pending, attracting over \$4 for every \$1 provided by DEPT. OF HEALTH in core funding, making substantial contributions to their communities (Anne Hays Egan and Ron Hale, 2003).

In 2004, the New Mexico Dept. of Health brought funding and jurisdiction over health councils under the new Office of Health Promotion and Community Health Improvement (OHPCHI), using federal Improving Health Initiatives funding to assist in the transition. This move was initiated by Health Secretary Alex Valdez and continued under Health Secretary Michelle Lujan Grisham. Christina Carrillo served as the director of the office. This change broadened the scope of the councils to address the health needs of all ages and populations in communities but did not significantly alter council composition or their core mission as planning and coordinating bodies. The community health improvement (CHI) process specified three cycles of work: council development; assessment and prioritization, and council action.

Another expansion in scope took place in 2007, when HB 721 amended the Maternal & Child Health Act, renaming the act the Maternal & Child Health Plan Act and adding tribal health councils as part of the network supported by the Dept. of Health. By 2018, six tribal health councils had formed.

In 2008, County & Tribal Maternal & Child Health Plan Councils were receiving \$2.8 million per year in Dept. of Health funding to support their work. In 2010, responding to the economic downturn at the time, Dept. of Health zeroed out all funding to health councils. In an immediate response to the drastic funding cut, Dolores Roybal, Executive Director of the Con Alma Health Foundation, convened a meeting of NM grantmakers to find funding to help continue the work of the councils. In addition, the NM Alliance of Health Councils formed, to provide a united voice for county and tribal health councils, in raising public awareness, educating policy-makers, and advocating for a restoration of core state funding for health councils.

The cut in funding also cut short an evaluation effort commissioned by Dept. of Health and undertaken by Victoria Sanchez and her team at UNM. The team was able, however, to produce several evaluation reports which tracked the process and outcomes of health council's health improvement work, including their continuing success in using Dept. of Health funding to leverage a 4:1 return on DEPT. OF HEALTH funding from additional local, state, federal, and philanthropic funding (Victoria Sanchez & Ron Hale, 2010). The team also used a community-based participatory approach to craft an evaluation model and on-line reporting and monitoring system to track the work and outcomes of health councils.

The dozen years following Dept. of Health defunding of health councils were challenging for health councils, who continue to carry on their work, as best they could given the constraints of the new funding environment. Some councils were able to obtain county support; others formed as nonprofits and looked for grant funding; others relied entirely on volunteer efforts when no funding was available. Every year throughout this period the Alliance of Health Councils, headed by Ron Hale followed by Terri Rodriguez, advocated for a restoration of funding.

In 2018, the Alliance was able to pass [SM 44](#), sponsored by Senators Liz Stefanics and Jerry Ortiz y Pino. The Memorial requested the New Mexico Alliance of Health Councils to convene a task force to analyze the work of the county and tribal health councils in relation to the maternal and child health plan act and to recommend steps to strengthen the structure, effectiveness and sustainability of health councils in identifying and addressing the health needs of New Mexico communities. The [ensuing report](#) outlined a number of findings and recommendations that set the stage for the next major evolution of health councils in New Mexico, HB 137, in 2019.

[HB 137](#) repealed the Maternal & Child Health Plan Act and replaced it with the County and Tribal Health Plan Act. The purpose of the act is to improve the health of New Mexicans by encouraging the development of comprehensive, community-based health planning councils to identify and address local health needs and priorities. The bill directs health councils to convene the larger community to prepare a community health plan that includes a community health assessment, identifying needs and resources; identify community health priorities; recommend strategies and resources to address these health priorities; communicate, convene and formulate partnerships and collaborations necessary to improve community health. The bill also describes the ways in which Dept. of Health will support the work of the health councils.

While HB 137 reaffirmed, clarified, and expanded the role of county and tribal health councils, it provided no funding to carry out these functions. In 2020, the Alliance and partners applied for a Robert Wood Johnson Foundation grant to create [“NM Culture of Health Communities.”](#) The successful grant, awarded to Presbyterian Healthcare Services, Office for Community Health, supports county and tribal health councils and the existing statewide network to build a durable, inclusive, engaged, effective and equitable community health infrastructure. The Alliance will coordinate the New Mexico Culture of Health over the next two and a half years, along with partners, Presbyterian Healthcare Services, the UNM Health Science’s Center for Participatory Research, the Center for Health Innovation (New Mexico Public Health Institute), New Ventures Consulting, and six participating health councils. On April 1, 2020, Sharon Finarelli took over leadership of the Alliance and the NM Culture of Health program.

In 2022, the Dept. of Health as awarded a major grant from the CDC and the W.K. Kellogg Foundation for a statewide [Health Equity and Community Rebuilding Program](#). The Alliance is partnering with the Dept. of Health, the Center for Health Innovations, and UNM’s Community Health Worker Initiative. During the first of the 2-3 year grant period, the work will center around COVID-19 outreach, education, and support for vaccination activities in rural, tribal, and higher-risk populations. NMAHC staff will be coordinating support for health councils, assessing COVID-19 activities, successes, challenges, and contributing to a comprehensive report detailing how the project can be replicated and sustained in NM counties and tribal communities. In subsequent years, the effort will focus on rebuilding NM’s public health system from the ground up, building the capacity of community health councils to fulfill their mandated role as hubs for community-wide efforts to ensure health.

Going Forward, the Alliance and NM's County and Tribal Health Councils will continue to convene our communities, assess community health, identify priorities, and marshal the programmatic, policy, and funding resources necessary to ensure equitable health access and outcomes for New Mexicans.

Selected Documents

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