

NMAHC Strategic Plan 2022-2024 – October 2021 Update

VISION	Our vision is to be a leader in transforming the health of communities in New Mexico through a strong network of health councils working toward health equity.		
MISSION	The mission of the New Mexico Alliance of Health Councils is to improve the health of all people living in New Mexico by supporting and strengthening county and tribal health councils, advocating for health equity, and by providing a strong voice for community and public health.		
VALUES	<p>Collaboration: We commit to collaboration among health councils and key public health stakeholders.</p> <p>Equity and Inclusion: We value equity and inclusion within our organization and in our work to better the health of New Mexicans, recognizing that diversity, equity and inclusion makes us stronger.</p> <p>Respect: We practice a culture of respect and cultural humility, acknowledging all perspectives and recognizing that words and actions matter.</p> <p>Collective Voice: We are committed to cultivating a collective voice on issues that benefit all health councils.</p>		
FOCUS AREAS	EQUITY AND INCLUSION	CAPACITY BUILDING FOR HEALTH COUNCILS	OPERATIONAL INFRASTRUCTURE FOR BUILDING THE ALLIANCE
FIRST SET OF GOALS	Goal #1: Strengthen relationships with tribal health councils and encourage participation in the Alliance.	Goal #1: Work with health councils, DOH and public health partners to develop training opportunities with curriculum and resources that serve the needs of diverse health councils.	Goal #1: Increase council engagement with Alliance by developing sustainable processes and network for ensuring regular input from, and communications with, health councils.
STRATEGIES FOR FIRST SET OF GOALS	<ol style="list-style-type: none"> 1. Strengthen connections and convene with tribal leadership, gain perspective and insight for shared strategies. 2. Work with tribal health councils and tribal leadership to identify opportunities for the Alliance to participate in tribal health meetings and events. (ongoing) 3. Proactively reach out to tribal health councils via personal contact to encourage engagement in Alliance activities. 4. Actively encourage and support tribal health councils to participate in Alliance governance. 	<ol style="list-style-type: none"> 1. Build partnerships with key entities on training opportunities to enhance and benefit the work of the Alliance and health councils. 2. Enhance monthly series for health council idea exchange and collaboration to include ongoing email idea exchanges and collaborative connections. 3. Develop orientation for new health council coordinators with models, frameworks, contacts, information on the Alliance and resources and support available to the health councils. 	<ol style="list-style-type: none"> 1. Develop a plan for collaborative development of policy agenda and advocacy strategies on policy issues important to health councils. 2. Regularly share information with health councils, <i>gather resources from HCs, and build dialogue among HCs to share skills, experiences, tools, etc.</i> Include dialogue about health council models and functions, available trainings, meeting schedules, member packages of services. 3. <i>Develop Equity, Stakeholder Engagement, Policy and Funding Plans with input from HCs.</i>

	<ol style="list-style-type: none"> 5. Work and co-create with tribal communities and continuing partnerships to adopt racial equity principles, resources and training for Alliance staff, board and partners. 6. Review Alliance membership requirements with a focus on racial equity and actively respond to expressions of interest in establishing additional tribal health councils, working in conjunction with the Department of Health Office of Health and Equity and Native American liaison office. 7. Actively resource, encourage and hire tribal liaison staff person and internship(s) for the Alliance (starting with internship position). 	<ol style="list-style-type: none"> 4. <i>Expand the training opportunities for health councils through the DOH CDC/WKKF initiative.</i> 5. <i>Provide support to health councils that are funded through the DOH CDC/WKKF initiative, in their vaccine equity and community building strategies, through TTA, data collection and analysis, planning, and staff support to all HB 137 functions.</i> 6. Develop additional <i>funded</i> internship opportunities through the Alliance and identify appropriate tasks for interns. 7. Identify ways to include more councils in training through virtual and recorded trainings, 8. Provide weekly updates to the NMAHC website, with training resources, links to other organizations, schedules of meetings & workshops, health council profiles & contact information, etc. (ongoing) 9. Identify core frameworks, elements and guidelines for health councils' foundational structure to choose from including community health plans, evaluation criteria and measures. 	<ol style="list-style-type: none"> 4. <i>Expand staffing levels to meet funded opportunities.</i>
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FOCUS AREAS	EQUITY AND INCLUSION	CAPACITY BUILDING FOR HEALTH COUNCILS	OPERATIONAL INFRASTRUCTURE FOR BUILDING THE ALLIANCE
SECOND SET OF GOALS	Goal #2: Improve <i>diversity</i> , equity and inclusion (<i>DEI</i>) in the NM Alliance of Health Councils.	Goal #2: Improve capacity of health councils <i>in HB 137-related areas</i> : community health assessment, community health planning, <i>public policy</i> , and resource development.	Goal #2: Increase <i>leadership capacity and resources</i> for the Alliance’s work.
STRATEGIES FOR SECOND SET OF GOALS	<ol style="list-style-type: none"> 1. Conduct assessment of NMAHC with respect to <i>diversity</i>, equity and inclusion and develop improvement plan. 2. <i>Support NMAHC’s ability to model diversity, equity, and inclusion (DEI) in all of its processes and work (staff, board, groups, core team, etc.)</i> 3. <i>Support the development of health equity committees/groups that provide leadership around equity issues and transformative work to promote equity.</i> 4. <i>Assist health councils with developing strategies for effective outreach and engagement with populations experiencing systemic barriers including systemic racism, exclusion, and lack of access.</i> 5. Explore and engage with groups that face bigotry and exclusion from power. 6. <i>Address rural-urban, cultural, DEI-related disparities by providing funding to HCs to enable a level of resourcing that builds toward full equity and inclusion and more equitable fund distribution.</i> 	<ol style="list-style-type: none"> 1. Build strategic relationships with diverse, statewide organizations to support alignment of health councils’ community health deliverables. 2. Work with health councils and the NM Department of Health and other partners to develop system and process to standardize basic community health assessments, profiles, and plans, including community voices to reflect local community issues and needs. 3. Develop and implement a plan to increase the awareness of the health profile information, show its value in health planning. (include NMDOH and Share NM) 4. Develop training curricula in relevant areas in collaboration with partners – training such as health council organizational development, roles and functions of health councils, community health policy, undoing racism, health equity, resource development, strengthening community partnerships and relationships with local and tribal 	<ol style="list-style-type: none"> 1. <i>Build the capacity of the NMAHC Board of Directors, through expanding and diversifying the board to increase the depth, breadth and leadership that reflects equity DEI.</i> 2. Identify resource development and leveraging opportunities, including collaboration as appropriate with statewide, regional, and local strategic partners. 3. Conduct assessment of Alliance organizational and governance structure and develop policies that reflect organizational governance – board, executive director, staff -- to accomplish goals. Board develops policy, staff implements policy under the leadership of the Executive Director. (See Equity & Inclusion) 4. Develop plan for increased effectiveness and efficiency, including staffing levels, board development, and financial resources. (See Equity & Inclusion) 5. Revisit/review definition of membership in the Alliance, possible types of membership, ways to show the value of the Alliance and further the engagement of members. 6. Explore ways to increase the visibility of the work of the Alliance and health

		governments, and all other possible trainings. 5. Work with health councils and strategic partners to develop tools and resources for global and community responses to emergent public and community health crises.	councils and develop an appropriate marketing strategy. 7. <i>Expand NMAHC's network of state and national relationships where NMAHC serves as the voice for health councils.</i> 8. <i>Build NMAHC's capacity to provide case statements, workshops and presentations to a diverse range of groups (legislators, healthcare providers, government officials, communities, etc.)</i> 9. Build fiscal capacity to manage grants.
FOCUS AREAS	EQUITY AND INCLUSION	CAPACITY BUILDING FOR HEALTH COUNCILS	OPERATIONAL INFRASTRUCTURE FOR BUILDING THE ALLIANCE
THIRD SET OF GOALS	Goal #3: Review and develop Alliance infrastructure with an equity and inclusion lens.	Goal #3: Maintain and increase funding for New Mexico health councils <i>and the network (NMAHC).</i>	Goal #3: Increase health council collaboration.
STRATEGIES FOR THIRD SET OF GOALS	<ol style="list-style-type: none"> 1. Create a diverse design group to conduct review of Alliance systems and processes including bylaws, practices, procedures, policies, communications and other critical foundational blocks of the Alliance. 2. Make appropriate changes with consultation of Alliance to existing tools and develop new policies and procedures as deemed necessary. 3. <i>Weave the DOH CDC/WKKF-funded materials and work through the design team, to ensure that the design team's equity focus informs the DOH CDC/WKKF work and contributes toward alignment between the new initiative and the design team's areas of focus).</i> 	<ol style="list-style-type: none"> 1. Identify and advocate/apply for diverse funding for health councils <i>and NMAHC</i> through partnerships, with state agencies, local and regional governmental entities, health care providers and managed care groups, nonprofit organizations, faith groups, and the business community. 2. <i>Engage health councils and other stakeholders in active support for expanded legislative and DOH funding for health councils and NMAHC, to ensure that the temporary high levels of funding through DOH CDC/WKKF can be maintained</i> 	<ol style="list-style-type: none"> 1. Develop a structure for regional or topical council meetings in collaboration with the NM Department of Health and other public health partners.

		<p><i>and health council and NMAHC have adequate levels of funding to maintain capacity.</i></p> <p>3. <i>Provide leadership to assist health councils to develop additional types of other sustainable funding to address ongoing and emerging needs.</i></p> <p>4. Identify multiple successful models and legal structures for health councils with stable and diversified funding and facilitate model mentorships for health councils needing resources.</p>	
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FOURTH SET OF GOALS	N/A	N/A	Goal #4: Develop an operations plan to guide the implementation of the strategic plan.
STRATEGIES FOR FOURTH SET OF GOALS			<p>1. Operationalize strategic plan, reflecting values and organizational assessment results, to determine appropriate board and staff roles, resource gaps, effective teamwork, future infrastructure (including technology and buildings), accountability, goal attainment.</p> <p>2. Develop budget in operations plan to determine organizational capacity.</p>

