

# **DOH/CDC Vaccine Equity and Community Building Health Council Meeting**

September 20, 2021  
1pm – 3pm



# AGENDA

Welcome and Introductions

Project Overview

- Health Equity and Community Rebuilding
- Alignment with HB 137
- Key Players and Roles

Health Council Contract and SOW

- Expectations
- Key Activities
- Deliverables

Budget and Invoicing

5 Minute Break

Health Council Support

- Support Overview
- Hiring Staff and other start-up issues (Oct 4<sup>th</sup> Training)
- Options to achieve program goals

Next Steps

Questions and Answers

A group of children are running happily in a park. In the center, a girl is jumping joyfully, holding a large, colorful kite with rainbow stripes. Other children are running around her, some looking towards the camera with happy expressions. The background is a soft-focus green field with trees.

# Why health equity and community rebuilding?

# Health Equity



# Community Rebuilding



# Project Alignment with HB137

## PLANNING

Data collection, stakeholder engaged community input, planning meetings, community health goals and partnership work to support DOH with their plans.

Deliverables: Health Plans & Profiles.

*Funding supports planning work that's already a requirement of HCs, adding a focus on vaccine equity. The planning now has a higher level of support.*

## COLLABORATIVE LEADERSHIP

Community leader to convene and mobilize groups to solve shared concerns, build collaborative initiatives, and create collective responses to issues. Deliverables: HC collaborations and community goals. *Funding supports HC Collaborative Leadership, with a focus on vaccine equity and community building, accomplished through the HC's collaborative leadership work.*

## PUBLIC POLICY

Planning and Collaborative Leadership work equips HCs to identify systemic and equity issues that need to be addressed and changed. Although the federal part of the funding doesn't support public policy work, all of the other work that HCs will be doing with these funds equips HCs to better address critical local and state health and community building policy issues.

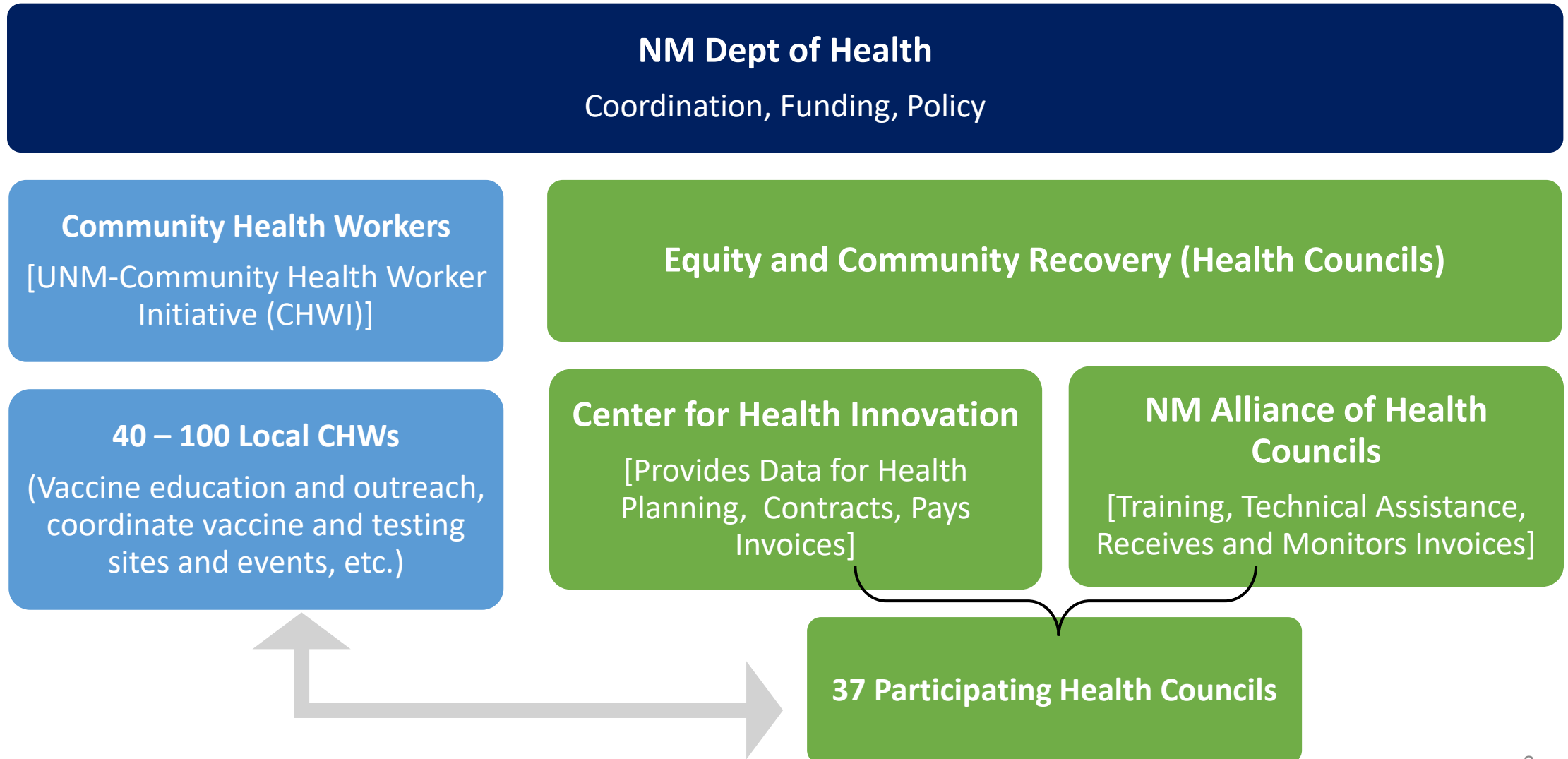
## SUSTAINABILITY

Through HB137, HCs are chartered, and enshrined in law. With that place at the table comes the need to build long term, sustainable funding. Deliverables: Additional funding developed for NMAHC and HCs that this funding will help leverage. *This mix of CDC, WK Kellogg, and DOH funding offers a "Window of Opportunity" for us to Build an Exciting Future!*

A network diagram with various colored pins (red, green, yellow, blue, purple) placed on nodes connected by lines. The text "Who are key players and their roles?" is overlaid in white on a semi-transparent dark background.

Who are key players  
and their roles?

# Implementation Structure & Key Players





# Key Contacts

- NM Alliance of Health Councils (NMAHC)
  - Culture of Health Training (in partnership with UNM, CHI and New Ventures Community Building) – Sharon Finarelli
  - Technical Assistance – Project Manager (To Be Hired)
  - Invoicing – Executive Assistant (To Be Hired)
- Center for Health Innovation (CHI)
  - Health Council Contracts and Payments – Marissa Tecca
  - Health Planning Data (e.g. Health Profiles and Dashboards) – Joan Goldsworthy Appel, CHI/NMCDC



# Health Council Contracts and Scope of Work



# Health Council Scope of Work: Expectations



Strong commitment to health equity



Capacity Improvement



Active Participation

Training

Technical Assistance

Peer Learning



Community Engagement, Collaboration,  
Communication



Demonstrate Outcomes & Reporting

# Health Council Scope of Work: Key Activities



**Hire Staff and Establish an Equity Team**



**Health Council Capacity Improvement –  
Assessment and Action Plan**



**Attend Training and Technical Assistance  
Sessions**



**Year 1 Action Plan for Vaccine Equity**



**Year 2 Action Plan for Community Rebuilding**



**Reporting**

# Tier Levels

## Tier 1

Emerging: Initial stage of development, very limited funding or reconstituted council.

## Tier 2

Active and Engaged: Have structures and some processes in place to facilitate action planning with community engagement.

## Tier 3

Engaged and Mentoring: Have structures and some processes in place to facilitate action planning with community engagement AND have the lived experience, skills and capacity to mentor other health councils.

# Deliverables/Reporting (Templates will be provided)

## Monthly

- Post Training Skill Assessment Form
- Equity Committee Meeting Minutes
- Progress Reports (on Action Plans)
- Invoice with documentation

## Annually

- Health Council Annual Capacity Assessment
- Capacity Improvement Goals and Action Plan
- Attend Statewide Meeting
- Year 1 – Vaccine Equity Action Plan
- Year 2 – Community Rebuilding Action Plan
- Equity Committee and Health Council Rosters
- New/Revised Health Council Organizational Documents (e.g. Bylaws, guidelines, etc.)

## Quarterly

- (Tier 3 ONLY) Mentor Report





# Budget and Invoicing

# Budget

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- ~ \$50,000 per health council per fiscal year
- Project staff between .75 FTE and 1 FTE. FTE can be shared by more than 1 person. Staff can be employee or contractor.
- Remaining funds can be used for travel, computer, administrative costs, supplies fringe benefits, etc. if the cost is allowable by DOH.





# Invoicing

- Fixed rate monthly payments (year 1 may be higher monthly payments due to startup and shorter contract period)
  - Example Year 1: Start date October 1, 2021 would be \$5,555.55 per month for 9 months. Year 2 would be \$4,166.66 per month for 12 months)
- Signed Contract and W-9 must be received before payment is issued – Send to CHI. [Target due date = Mid-October]
- Monthly invoices **due by the 5<sup>th</sup>**, must be complete, with all required back-up documentation before payment is issued. Send to NMAHC
- Invoice template will be provided.

# Sample Invoice

Health Council/Fiscal Agent Name: \_\_\_\_\_  
 Health Council/Fiscal Agent Address: \_\_\_\_\_  
 (Please enter an address mail will be mailed to Center for Health Initiatives)

Contract Period: XXXXX to 06/30/2022

Email to: \_\_\_\_\_  
 Due Date: Send invoice and backup by the 5th  
 NOTE: If 5th lands on holiday or weekend, invoice will be due the prior business day.

**INVOICE FOR THE PERIOD:**

**BEGINNING:** \_\_\_\_\_

**ENDING:** \_\_\_\_\_

	Cumulative Cost at End of Prior Period	Invoice Amount Current Period	Balance (B-C)
	B	C	D
1	\$ -	\$ -	*****
2	\$ 50,000.00	\$ -	\$ 50,000.00
3	\$ 50,000.00	\$ -	\$ 50,000.00
4	\$ 50,000.00	\$ -	\$ 50,000.00
5	\$ 50,000.00	\$ -	\$ 50,000.00
6	\$ 50,000.00	\$ -	\$ 50,000.00
7	\$ 50,000.00	\$ -	\$ 50,000.00
8	\$ 50,000.00	\$ -	\$ 50,000.00
9	\$ 50,000.00	\$ -	\$ 50,000.00
10	\$ 50,000.00	\$ -	*****
<b>TOTAL COST</b>			<b>ADMIN USE ONLY</b>

I certify that these expenditures are for the appropriate purposes and in accordance with the contract.

Authorized Contractor Signature: \_\_\_\_\_  
 Date Prepared: \_\_\_\_\_

Health Council Monitor Approval Signature: \_\_\_\_\_  
 Date Approved: \_\_\_\_\_

(Costs to be added prior to end of Invoice Period)



Please return in 5 minutes

# I've got your back



## Support

Community Health Planning  
Health Council Development  
Action Planning  
Implementation  
Evaluation

Training

Hiring Tool Kit  
Defining Goals and strategies  
Accessing Data  
Organizational Development

Technical Assistance

Opportunities to learn and to lead through train the trainer and interactive gatherings

Peer Learning

Resources on the nmhealthcouncils.org website, newsletter, social media and monthly health council talks

Resources

Advocacy with funders, state agencies, legislators and public health partners for sustainability and growth

Advocacy



## CHI's New Mexico Community Data Collaborative

- Each health council will receive vaccine, health and other data for health equity planning and decision making.
- Health Councils will receive a data dashboards for health equity monitoring.

## NM Department of Health

- Vaccine equity information, fact sheets, and messaging designed specifically for targeted populations.
- Support from local DOH Health Promotion team members and Regional Health Promotion Managers
- 40-100 CHWs hired to assist counties with vaccine equity efforts

# Other Support

# Unique Approaches for Meeting Project Goals

- Staffing
  - Job sharing – more than one person to fill staffing requirements
  - Share staff across 1 or more county/tribe
  - Hire interim staff until regular staff person can be hired
  - Interns
  - AmeriCorps Volunteers
- Collaboration with existing groups with similar mission or goals (e.g., religious communities, School Health Advisory Communities, student leadership groups, Veterans groups, etc.)

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Contracts fully executed for NMAHC and CHI

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CHI issues health council contracts  
[Proposed start date of 10/1/2021]

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Contracts signed and returned with W-9 to  
CHI [Target Date - October 15, 2021]

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1<sup>st</sup> Health Council training on October 4th

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Invoice #1 for October due by November 5,  
2021





