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# Community Capacity Building Phase of the Community Health Improvement Process (CHIP):



# Course Objectives:

By the end of this session, you will be able to:

- describe the steps in creating or improving a health council focused on its community health improvement function.
- list key skills, knowledge and attitudes necessary for a health council to function well in community.
- outline the basic health council principles that guide the work.
- identify one or two capacity areas that the health council can improve in the next 3-6 months.



# Remember a Health Council's Basic Functions per HB137:



Remember that the CHIP...

- Is based in community
- Is ongoing and deliberate
- Is evidence- and/or data-based
- Includes a Community Health Assessment (CHA) which informs the State Health Assessment (SHA)
- Informs a plan--called a CHIP – *Community Health Improvement Plan* which informs the State Health Improvement Plan (SHIP)
- Is meant to drive community change and health improvement via active partnerships and measurement of outcomes

# Let's define Capacity Building!

**Capacity building** is whatever is needed to bring a nonprofit (or other organization) to the next level of operational, programmatic, financial, or organizational maturity, so it may more effectively and efficiently advance its mission into the future. Capacity building is not a one-time effort to improve short-term effectiveness, but a continuous improvement strategy toward the creation of a sustainable and effective organization.

(excerpted from, [A Network Approach to Capacity Building](#)):

- Capacity Building can mean lots of things to Health Councils!
  - Sometimes it's creating the structure for stability over time.
  - Sometimes it's doing outreach with stakeholders to engage community.
  - Sometimes it's training staff, members or the public.
  - Sometimes it's modifying scope or mission.
  - Sometimes it's planning for succession.
  - Sometimes it's communicating in a new way.



If you had your choice of capacity building effort within your council, what area would it be in?

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# Further, Capacity Building should include:

Centering diversity, health equity and inclusion

Working collaboratively

Prioritizing shared leadership

Committing to conflict resolution

Setting structure and process

Engaging community meaningfully

Selecting a suitable fiscal agent (if applicable)

Sharing power / expanding ownership

Ensuring quality meeting facilitation and documentation

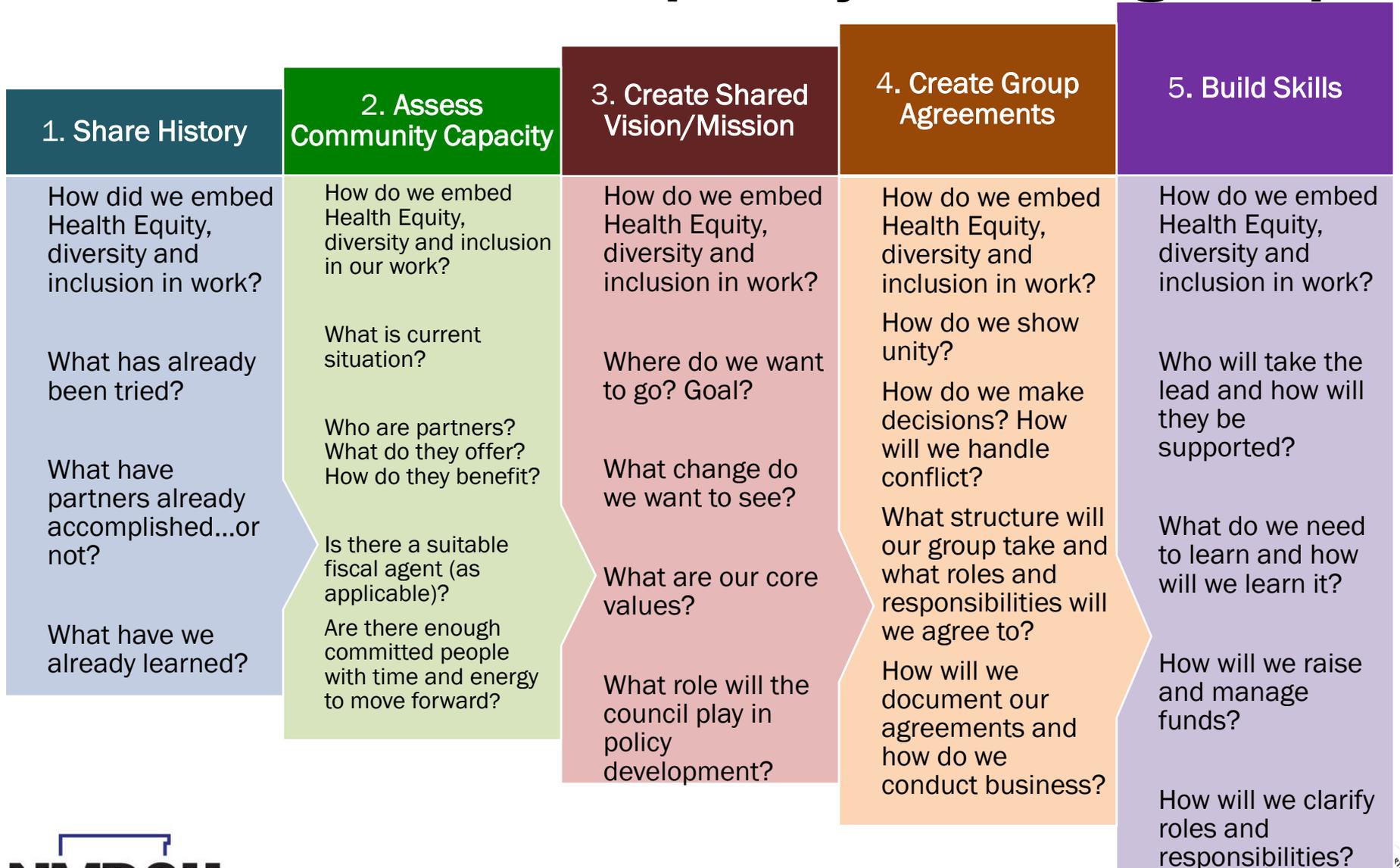


Community  
Capacity Building

# In the next section, we'll break down all the steps:

- Each step is color-coded and explained in greater detail.
- After each step, there is a reflection activity.
- You'll get more out of this training if you:
  - go slowly enough to absorb the material,
  - write down your answers to the questions,
  - take notes on ideas that need exploration and
  - follow up with your council and/or Health Promotion Team to go deeper on the issues.

# Health Council Capacity Building Steps



# 1. Sharing History:

- ✓ Invite key, long-term community members and stakeholders to discuss the following questions to get a sense of the community environment, assets, and people's sense of readiness to address health issues, then...
- ✓ Assess the past experience of a continuing council. Consider doing a SWOT analysis (*strengths, weaknesses, opportunities, threats*) with a budding/new health council.
- ✓ Notice what hasn't worked in the past and why, looking at adjustments to make in the future. Celebrate what worked and note why it was successful.

- How do we embed Health Equity, Diversity and Inclusion? (Who's not here who needs to be here?)
- What has been tried? What worked...or not?
- What have the partners already accomplished?
- What lessons have been learned?



# 1. Sharing History Reflection Activity



- If the council is long standing, why would this step/action be useful to do?
- What might be learned from a group discussion around the questions posed?
- How might you work with council members on considering how to intentionally center Health Equity to reframe how the coalition operates going forward?
- How might you gather the information gained from this activity and share it in a useful way with the group?

## 2. Assess Community Capacity:

- ✓ It's important to assess the current situation and readiness, ability of health council members and partners to work together.
- ✓ Discuss these questions in an informal focus group or via survey to identify how much interest, time, energy and feasibility exist.

- How comfortable are members in embedding Health Equity, Diversity and Inclusion in operations, working relationships?
- What is the current situation in terms of working relationships and assets members/partners are willing to offer?
- Who are current/potential partners or members, and what benefits of membership can the health council offer them?
- Is there a suitable fiscal agent available, willing and accountable to handle the council's finances?
- Are there enough people with time, commitment and energy to move forward?

# 2. Assess Capacity: Health Council Membership/Partners of a Collaborative

- City and County government representatives
- Health Care providers
- Business leaders
- Community leaders
- Faith community
- Senior Citizen representatives
- Education representatives
- Youth representatives
- Special Interest Groups
- Law Enforcement and other emergency representatives

This is a starter list. Which others should be on the list, or that already attend the Health Council?



# 2. Assess Capacity Reflection Activity

- If answers to any of the previous questions are not encouraging, how might you and/or health council members go about solving certain basic issues like:
  - exploring Equity issues in a way meant to encourage a deep commitment to Equity?
  - motivating and/or developing critical mass (having enough people with time, energy, interest and skill to move forward)?
  - finding and securing a fiscal agent?



# 3. Creating Shared Vision/Mission

- ✓ This process can be facilitated by an “outside,” qualified person over a few hours with a consensus model. (Best if done in-person)
- ✓ Agreement on wording is important as Vision, Mission and Core Values guide the work, creating a sense of shared power and ownership.
- ✓ Health policy advocacy can and should be part of a council’s Vision, Mission and Core Values as policy affects every aspect of community.

- Establish a common understanding of the group’s purpose and the broad outcome or goal desired.
- How do members’ core values figure into this?
- Set a Vision. (What change we want to see)
- Set a Mission. (How we accomplish the vision)
- Determine how the group will embed health equity principles (including diversity, inclusion, and racial equity) in organizational structure and work.

# 3. Creating a Shared Vision/Mission Reflection Activity

- Have you ever participated in a Mission/Vision/Core Values creation or refining process?
  - If “yes”, how does your past experience with that process influence your thoughts about doing that with your current group? What lessons learned would you bring to the group?
  - If “no”, what concerns do you have about doing this process with your current group having not gone through it yourself before? Who could you reach out to for help to know what issues to prepare for?
  - Who might be a good facilitator of this process for your group?

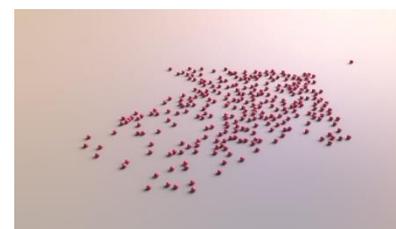
# 4. Create Group Agreements

- ✓ Agreement on norms of behavior and how to agreeably make key decisions helps things move smoothly.
- ✓ Setting these agreements can be facilitated by a person from outside the group, in-person with a consensus model.
- ✓ This process should build trust among members/partners and lay groundwork for future progress—as in developing bylaws, MOU's (Memorandums of Understanding) or other procedural documents.

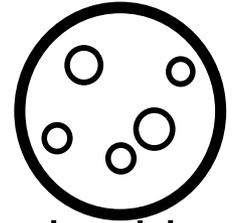
- Keep the issue of Health Equity, Diversity and Inclusion in the discussions.
- How do we show up in community together?  
*(Promptly, respectfully, welcoming, non-partisan, to name a few examples)*
- How do we make decisions? *(Data or evidence-driven)*
- How will we handle conflict? *(Be as specific as possible)*
- What structure will our group take and what roles and responsibilities will we agree to? (What does it look like to share power?)
- How will we document our agreements and how do we conduct business?

# 4. Create Group Agreements continued

- Written or other forms of documenting a group's structure are valuable in creating understanding, continuity and accountability.
- Some versions of these agreements can be:
  - **Bylaws:** a legal document for legal entities such as non-profits that specifically outline roles, responsibilities and structural details of a group. Policies are also important to prevent harm to an organization.
  - **Charters:** usually granted by a parent organization which grants rights and responsibilities to a local version of an organization.
  - **Purpose and Procedures documents:** useful for organizations that are not legal entities but need operating guidance for the members.
  - **Accountability/Commitment forms:** useful to create a sense of ownership and mutual responsibilities.



# 4. Group Agreements: Structural Options for Health Councils



## EXTENDED TEAM

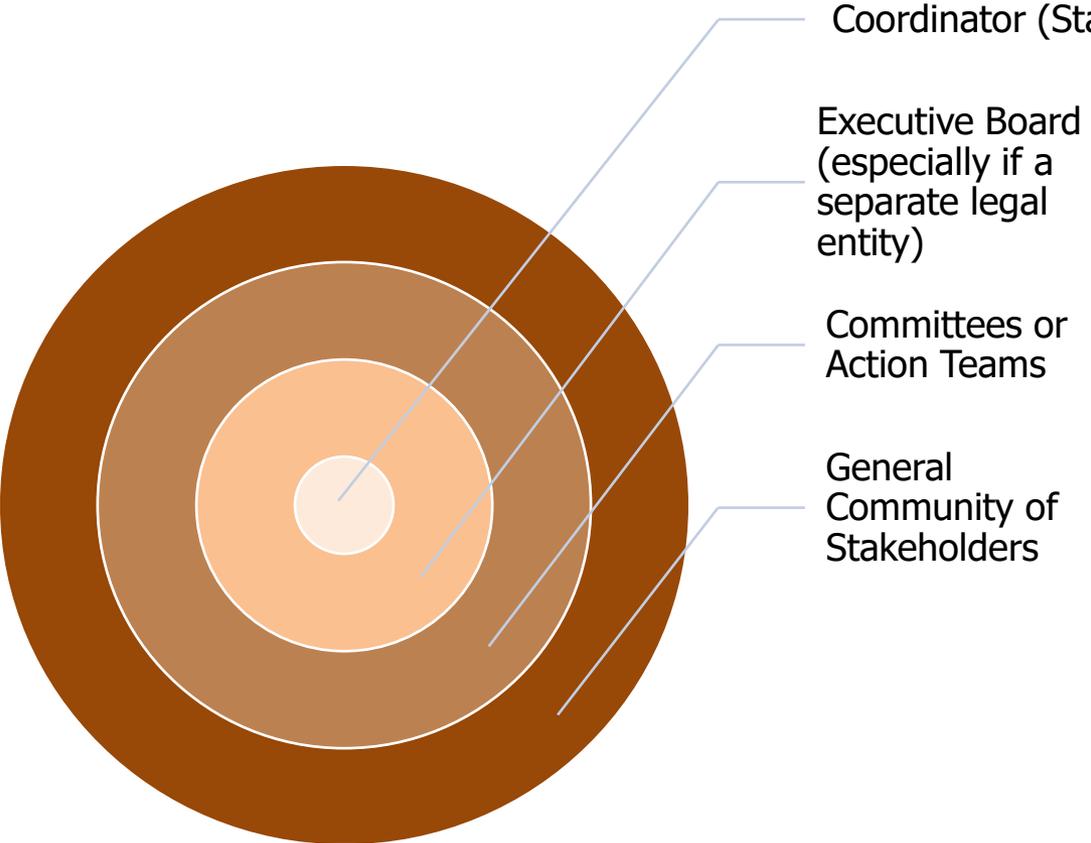
A larger group focused on oversight of the overall community health improvement effort, typically including key players in the community system.

## CORE TEAM

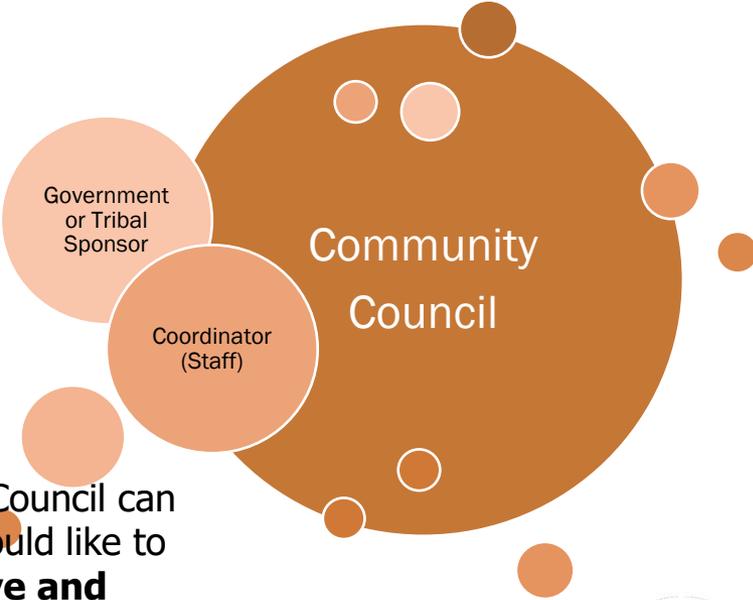
Smaller teams or task groups more focused on a specific aim. People may rotate on and off as needed. In some communities, this is a board of directors or similar group of people that have agreed to be accountable for the group's functioning.



# 4. More Structural Options for Health Councils



Be sure to create and communicate an organization chart as well as membership rosters of council, board, committees or teams.



These structures are options, and every Health Council can decide for themselves the structure that they would like to follow. **The important thing is that they have and follow a structure that works for them.**

# 4. Group Agreements: Fiscal Structure

**FISCAL SPONSOR:** refers to the practice of non-profit organizations offering their legal and tax-exempt status to groups engaged in activities related to the organization's missions. It typically involves a fee-based contractual arrangement between a project and an established non-profit.

**ADVANTAGES**  
speed, efficiency, convenience, necessity

**DISADVANTAGES**  
Are legally and financially responsible, so may try to tell you what to do and how, could be conflicts with their Board, may charge fees up to 40% (10% maximum from DOH)

**NON-PROFIT ORGANIZATION are tax exempt corporations:**

## ADVANTAGES

- can apply for tax exemption
- can apply for funds directly
- Independence, credibility
- may be able to get reduced cost or donated items

## DISADVANTAGES

- added complexity and regulations
- filing takes time and money
- may limit lobbying and advocacy
- may not be necessary
- regulations dictate scope of some activities, fundraising or audit requirements

**AFFILIATION WITH LOCAL GOVERNMENT ENTITY:**

## ADVANTAGES

- conduit for funding without having to create new legal entity
- may lend credibility

## DISADVANTAGES

- may be difficult to establish own identity; seen as arm of government
- may be bound by bureaucratic requirements
- May get swayed by elected leaders

# 4. Group Agreements Reflection Activity

- What type of person (skills, personality) might you get to facilitate these discussions around group agreements?
- Who from the community should be part of this process?  
*(Remember Health Equity and Inclusion!)*
- How will the resulting work be shared with community?
- What ways other than written could be used to communicate group agreements?



# 5. Build Skills

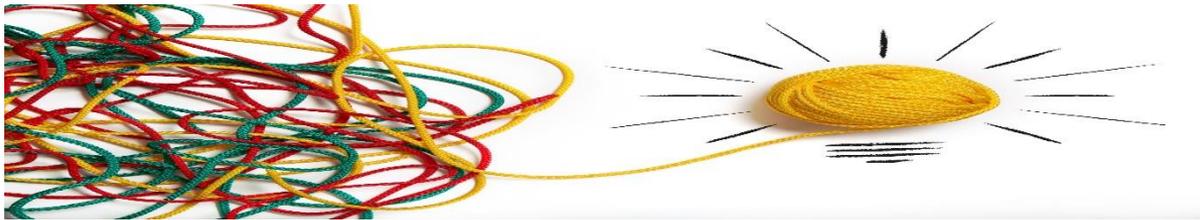
- ✓ Running an efficient, inclusive group requires attention to details like meeting facilitation, reporting, communications, financial management, follow-through on action items and clarity around roles and responsibilities.
- ✓ Capable leadership and coordination are key.
- ✓ Ongoing assessment of skills helps to plan for cross-training for all involved, which creates a culture of momentum and continuity.

- How do we ensure everyone who should be at the table IS at the table?
- Who takes the lead, keeping equity in mind, and how will they be supported?
- What do members need to learn and how will you help them do that?
- How will members raise and manage funds, as needed?
- How will members clarify and agree upon roles and responsibilities?

# 5. Build Skills: Responsibilities of the Health Council Coordinator

**COORDINATOR:** a person whose job is to organize events or activities and to negotiate with others in order to ensure they work together effectively.

1. Establish and continually build capacity with Health Council partners to include diverse membership.
2. Maintain consistent communication with community partners across multiple platforms.
3. Coordinate the community assessment process including health profile presentations
4. Coordinate the community prioritization and strategic planning process.
5. Coordinate the implementation and evaluation process.



# 5. Build Skills: Health Council Core Team Roles and Responsibility Options

## Chair or Council Coordinator

- The chair or council coordinator may preside at health council meetings.

## Vice Chairperson

- In case of the absence of the council coordinator, the vice chairperson may preside.

## Secretary

- The secretary/council coordinator should keep a record of all meeting of the health council, preserve all papers and transactions of the council and subcommittees, and see that notices are issued of all meetings.

## Treasurer

- The treasurer should meet monthly with the health council coordinator to review invoices, billings and other expenses related to health council business.

## Member at Large

- Role to be determined by health council. May make up larger Extended Team

The above roles are suggestions, but every Health Council can decide for themselves the structure that they would like to follow. **The important thing is that they have and follow a structure that works.**

# 5. Build Skills: Responsibilities of Other Health Council Members

- Reports from each committee could be provided to the Health Council on a monthly basis.
- Committees serve as the working arm of the Health Council and are responsible for membership, funding, and activities.
- Committees can be formed for as many priority work areas as is deemed necessary by the health council.
- Ideally Health Councils are structured so that functioning committees, made up of Health Council members, **do the work OUTSIDE of regularly scheduled meetings.**

# 5. Build Skills: Funding and Sustainability

## **Be creative in your approach!!**

- MCO's (Managed Care Organizations)
- Local Hospitals
- County and City partnerships
- Federal funds
- Grants
- Community gifts – private donors
- Philanthropic organizations
- NM Department of Health
  - Health Council funds
  - Programmatic funds



Recognize the importance of leveraging other funds (getting resources donated in-kind like space, equipment, or receiving in-kind matches) and diversifying the funding streams where Health Councils receive funds (for example: Robert Wood Johnson Foundation, Santa Fe Community Foundation, Con Alma Foundation, McCune Foundation United Way, and DOH funds).

# 5. Build Skills: Money Management Fundamentals

- **Be Transparent:** Demonstrate the health council has identified a need, planned an evidence-based activity, has implemented the intervention and is evaluating the outcomes. This all works to provide accountability in the eyes of your funding sources.
- **Be Ethical:** Funds should be spent exactly how a grant specified. Deliverables should be proof of services actually rendered.
- **Be Accurate:** Good bookkeeping skills go along way to building trust in community. Best practice is to have more than one person handling finances and to report to larger group at least monthly.
- **Be Preventive:** Before a crisis, create and publish and follow the fiscal policies of the group to prevent financial risk and harm.



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# 5. Building Skills Reflection Activity

As institutional knowledge, capacity and memory are important to maintain over time,  
**how might training and skills acquired by some key members be tracked over time and new people trained/mentored to ensure redundancy and sustained momentum?**

How might a health council handle the situation of a toxic or unproductive member or staff?

# What's next?

- Please fill out the training record provided to you and submit to your Health Promotion Team.
- The next training modules in this series will take a deeper dive into other aspects of the CHIP process and define in greater detail what is meant by each item. Please review these.
- Consider what capacities used in this process your health council needs to improve. What support do you need? Feel free to reach out and ask!

