New Mexico Alliance of Health Councils 2026



County & Tribal Health Councils for a Healthy & Thriving NM

(HB 137)

Legislative Indian Affairs Committee
11/12/2026

01 103 HC Jobs Secured

02 Addressing 18 Priorities

03 To Date: Serving Over 800,725.00 New Mexicans

04 SB3 Implementation as key regional partners

43 Trusted Health Hubs

- Local representation
- Local health hubs
- Local & state coordination
- Stronger public health
- Emergency prepareness

Community Rooted

- Community health assessments & prioritizing
- Community driven solutions
- Measurable & meaningful impact

Bridging Gaps in Services

- Link from state to local
- Navigational /Coordination
- Collaborations for bridging gaps in services
- Serving communities locally

SB3 Implementation Partner

- Supported 13 regions with community engagement
- eSIM Workshops
- 60% Tribal leadership engagement for SB3

The New Mexico Alliance of Health Councils gives sincere gratitude for the opportunity to live and work here on ancestral and unceded lands that have been cared for by our state's original peoples of the Apache Nations, Pueblos, and the Navajo Nation. We honor and respect the Indigenous cultures, traditions, languages, and the rich contributions that continue to shape New Mexico.

Together, we acknowledge the history and impact of genocide, dispossession, colonization, and ongoing systemic inequities on Indigenous communities. As a collective, we commit ourselves to working toward justice and reconciliation, dismantling inequitable systems, and standing in solidarity and respecting relationships with Indigenous peoples.

The Alliance affirms Indigenous sovereignty, self-determination, and self-governance of New Mexico's Tribes, Pueblos, and Nations. In offering this Land Acknowledgment, we encourage everyone to reflect on their own relationship to the original peoples and traditional lands of New Mexico and take concrete actions to dismantle systems of oppression, where Indigenous peoples are honored, celebrated and empowered.

Land Acknowledgement

NEW MEXICO ALLIANCE OF HEALTH COUNCILS

new mexico ALLIANCE of Health Councils
MOBILIZING COMMUNITIES FOR HEALTH

The Alliance is a 501c3 nonprofit organization, sole service provider and backbone organization to all County & Tribal Health Councils since 2011. Providing capacity building, professional development, systems advocacy, and public health sector collaboration.

Core Services Include:

1. **Advocacy and Policy**
2. Statewide Systems Collaboration for Collective Impact
3. Professional Development
4. Tailored Trainings & Peer Learning
5. Network & Collaboration
6. Resource Library & Toolkits
7. Online Digital Hub
8. Technical Assistance
9. Streamline Communications
10. Marketing & Communications
11. Capacity Building
12. Grant Sourcing & Grant Application
13. **SHARENM.org access to 14K resources**
14. Tribal Outreach and Liaisoning
15. Annual Gatherings: PHD & SWM
16. Community Collaborative Forum



The Alliance serves all 33 Counties and currently 10 Tribal Health Councils and works in close collaboration with the NM Department of Health, Regional Health Promotion team, for a healthy and thriving New Mexico.

33 COUNTY AND 10 TRIBAL HEALTH COUNCILS

WHO THEY ARE:

County & Tribal Health Councils were established in 1991 by the New Mexico legislature, originally under Maternal and Child Care Act. The function of Health Councils was reaffirmed in **2019 by the County and Tribal Health Councils Act (HB 137)**.

THERE ARE...

33 COUNTY HEALTH COUNCILS

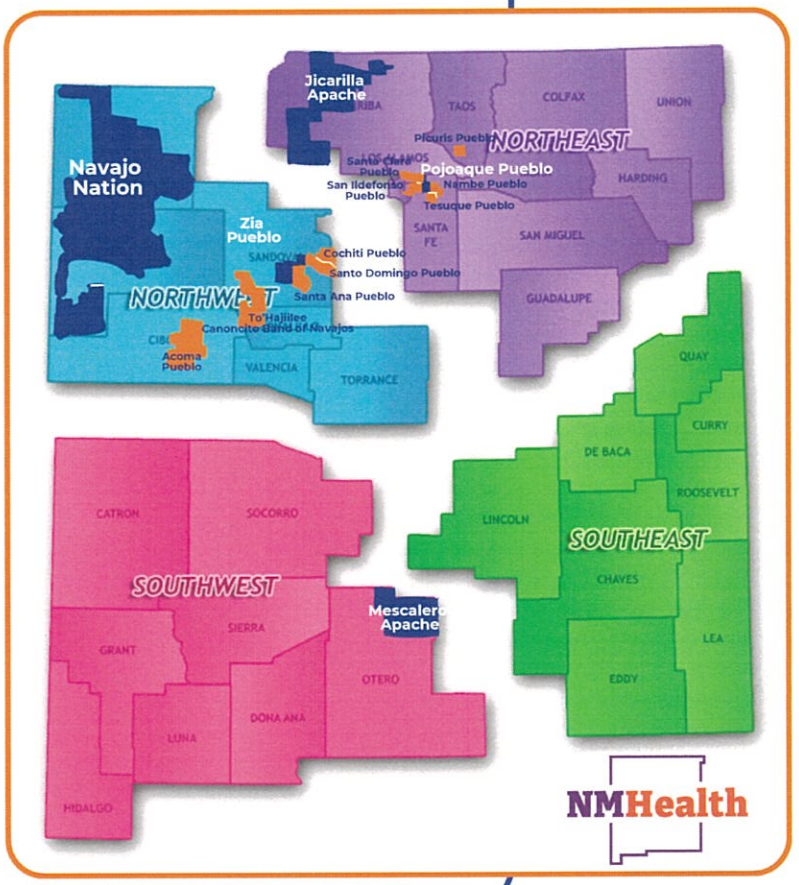
&

10 TRIBAL HEALTH COUNCILS

IN NEW MEXICO

Tribal Health Councils

- Pueblo of Acoma
- Pueblo of Cochiti
- Pueblo of Nambe
- Pueblo of Picuris
- Pueblo of San Ildefonso
- Pueblo of Santa Ana
- Pueblo of Santa Clara
- Pueblo of Santo Domingo
- Pueblo of Tesuque
- Canoncito Band of Navajos



NMAHC CONTINUES TO FOSTER STRONG RELATIONS WITH THE ALL PUEBLO COUNCIL OF GOVERNORS AND TRIBAL LEADERSHIP (NAVAJO NATION AND APACHE NATIONS)

NM COUNTY & TRIBAL HEALTH COUNCILS:
A CRITICAL FUNCTION OF PUBLIC HEALTH FOR A HEALTHY & THRIVING NEW MEXICO



01

WHO ARE HEALTH COUNCILS

- Local diverse representation, **rural, Tribal, urban and underserved** communities
- Trusted community-**health hubs**, intimate knowledge of the barriers we face
- The lifeline for New Mexicans, **emergency response** efforts during Covid19
- Key partner in **SB3 implementation** process; community voices informs the regional plans and the Alliance supporting **Tribal engagement**
- **Public health education** (Covid19, Measles, RECA, Cancer Screenings, etc.)
- Access to **rural care** through CMO and DOH mobile units (when available)

02

WHAT HEALTH COUNCILS DO

- Lead community health assessments, prioritization, local solutions
- Works in concert with NMDOH on CHA, CHIP, SHIP and PHAB NM accreditation
- Lead public health education, prevention, intervention, and advocacy
- Care coordination and navigational support for accessing essential services
- Multi-sector collaboration for bridging gaps in access to services
- Emergency response efforts, during Covid19, served over 399K New Mexicans
- Emergency preparedness, extreme weather, fires, floods, evacuation and relief
- SB3 legislation implementation, community voice to inform regional plans

03

WHY RECURRING OPTIMAL FUNDING IS CRITICAL

- Ensures **local public health** capacity, operations, staffing, programs, services
- Strengthens public health infrastructure at both, local and **systemic level**
- Amplifies community voice for informing public health policies in service of NM
- Strengthens Tribal engagement, collaboration and liaising
- Ensures **new Tribal Health Councils**, in support of Tribes, Pueblos and Nations
- Leverages multi-sector collaboration for **bridging gaps** in services
- Enhances public health for improving population health and wellbeing

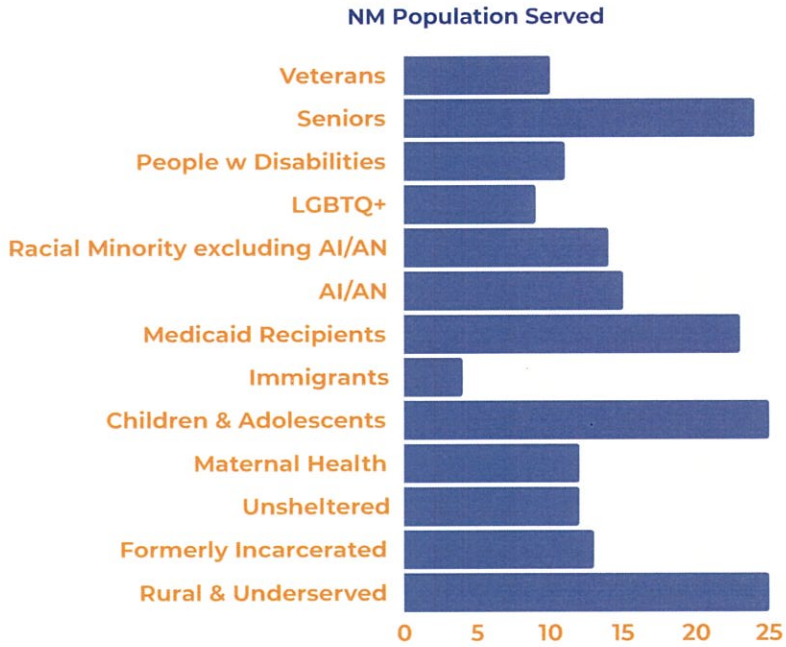
HEALTH COUNCILS: A CRITICAL FUNCTION OF PUBLIC HEALTH NM

2019 New Mexico's County and Tribal Health Councils Act **House Bill 137**

Health councils are mandated to convene public health partners and community members to identify community needs and priorities; evaluate the community's system of care with an equity approach; coordinate public health education, access to services, prevention and intervention efforts, and engage in advocacy efforts to improve community health. Health Councils are the representation of local communities and a strong voice for health equity.

1. Conduct **county or tribal assessments,** and inventory of health resources and services
2. Identify **health priorities** determined through community-based planning
3. Identify **resources and implementation of strategies** to address health priorities
4. Monitor **health care programs and services** to identify gaps, capacity, and reduce duplication
5. **Collaborate** with other entities to develop programs, networks, partnerships, and coalitions to bridge gaps
6. **Advise the board in its jurisdiction** and other entities regarding policies that affect health
7. **Facilitate communication** among local jurisdictions, state agencies, and other entities
8. Identification of **additional public and private resources** to improve health

*** HCs multi-disciplinary work has evolved and expanded since 2019, including navigational services and emergency response efforts (extreme weather)



Data source: NMAHC SFY2026

HEALTH COUNCIL GOVERNANCE STRUCTURE & NETWORK:

Health Councils focus on centering community members and engaging multi-sector key partners to collaborate in addressing gaps in services for meeting community health needs. Each Health Council operates according to their Health Councils' governance structure, bylaws, or guidelines. Health Councils' members/ network are made up of 5 types of public health partners and community members.

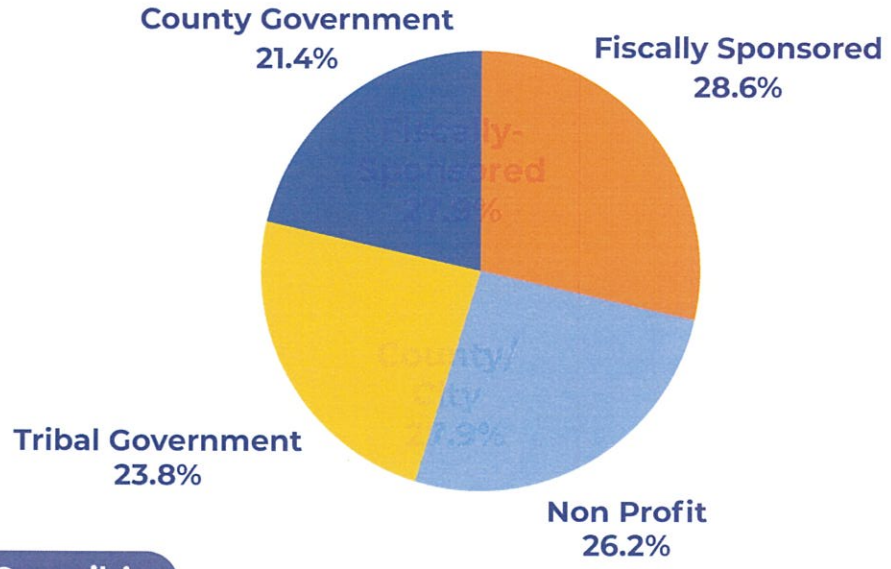
103+ Statewide paid staff, SFY2026: Health Councils Coordinators
(50% FTE 50% PTE)

230	Statewide health Council Volunteers (capacity support)
37	Statewide Certified Community Health Workers (CHWs) Paid
23	Statewide Certified Community Health Representatives (CHRs) Paid
107	Statewide Healthcare Providers statewide engaged with Health Councils
12	Statewide Health Council Navigation Support Staff (Paid)

DATA SOURCE: ALLIANCE SFY26
COLLECTED FROM ANNUAL COMPREHENSIVE SURVEY

Health Councils' Membership Statewide: 5,010+

As of SFY2026: County & Tribal Health Councils' Governance Structure.



DATA SOURCE: NM DEP OF HEALTH, HEALTH PROMOTION
COLLECTED FROM SFY25 HEALTH COUNCIL IMPACT SURVEY

HEALTH COUNCILS ALIGNED WITH EXECUTIVE BRANCH, LEGISLATIVE PRIORITIES, AND PUBLIC HEALTH PARTNERS FOR IMPROVING HEALTH

IN A CENTRALIZED PUBLIC HEALTH SYSTEM, HEALTH COUNCILS ARE THE CRITICAL LOCAL HEALTH HUBS

NMDOH MISSION	NMDOH GOALS	KEY COMPONENTS
Promote Health and Well-Being	Expand Equitable Access for all New Mexicans	State Health Assessment
Improve Health Outcomes	Improve Health Status for all New Mexicans	State Health Improvement Plan
Ensure Health Equity	Ensure Safety in NM Health Care Environment	Public Health Accreditation Board
Visit NM Health Website https://www.nmhealth.org/	Support services for staff	Quality Improvement

NM GOVERNOR

- UNIVERSAL CHILDCARE
- HEALTHCARE
- EDUCATION
- PUBLIC SAFETY
- AFFORDABILITY
- WORKFORCE / JOBS
- CRIME AND VIOLENCE

NM HEALTH CARE AUTHORITY

GOAL: ACHIEVE HEALTH EQUITY: BY ADDRESSING POVERTY, DISCRIMINATION, AND LACK OF RESOURCES

- MEDICAID SERVICES
- FOOD IS MEDICINE RX
- BEHAVIORAL HEALTH SERVICES
- SERVE AS EXTENTION TO FIELD OFFICES
- HC NAVIGATIONAL SUPPORT

SB3 SYSTEMS COLLABORATION

SB3 BEHAVIORAL HEALTH REFORM & INVESTMENT ACT OF 2025

- TRIBAL ENGAGEMENT
- COMMUNITY ENGAGEMENT
- MULTI-SECTOR PARTNER ENGAGEMENT
- eSIM & COMMUNITY LISTENING SESSIONS
- BEHAVIORAL HEALTH PROGRAMMING



HEALTH COUNICLS' KEY ROLE AND PARNTERSHIP IN SUPPORT OF THE STATE HEALTH IMPROVEMENT PLAN (SHIP) FOR NM

HEALTH COUNCILS' CHA + CHIP PROCESS IN COLLABORATION WITH NMADOH. CHIPs INFORM THE STATEWIDE HEALTH PLAN, LED BY NMDOH.

LINK TO SHIP SUMMARY FY24-FY26
https://www.nmhealth.org/publication/view/plan/5311/

CONVENE: Community Representation

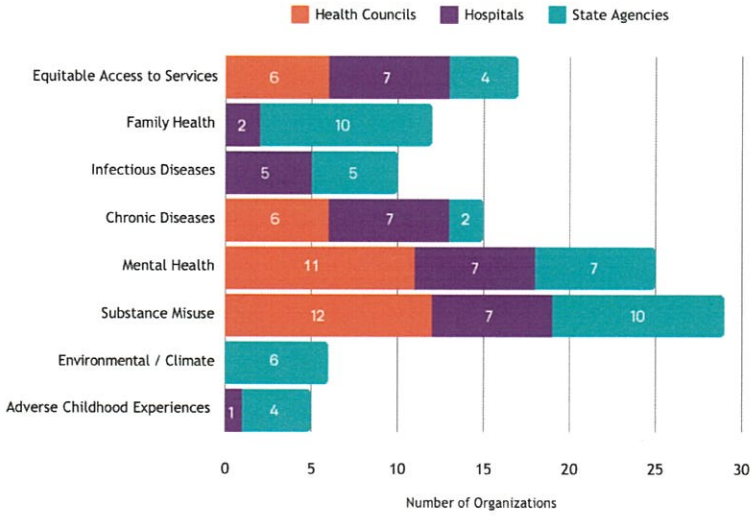
ASSESSMENT: Community Health Assessment

CHIP: Health Plan, Prioritizing and Implementing

COLLABORATION: Multi-sector collaborations and partnerships

IMPLEMENT: DATA + EVAL HEALTH COUNCILS REPORT TO NMDOH FY2





That's the goal of the State Health Improvement Plan, part of a long-term, systematic effort, is to **address public health problems based on the results of community health assessment activities, epidemiological data, and the community health improvement process.** The purpose of the SHIP is to:

- Identify key health priorities
- Describe strategic collaborations among multi sector stakeholders that will improve the population's health by focusing on community-based priorities

COUNTY & TRIBAL HEALTH COUNCIL CHIP PRIORITIES STATEWIDE & BY REGIONS **SFY2026** (42 HCS JULY 2025 - JUNE 2026)

49%

13%
Behavioral Health Prevention
Including Mental Health and Substance Use Disorders
6 Health Councils

21%
Mental Health & Suicide Prevention
10 Health Councils

15%
Substance Use Disoreders & Misuse
7 Health Councils

13%
Access to Primary Health Care Services
6 Health Councils

2%
Violence Prevention and Elder Care
2 Health Councils

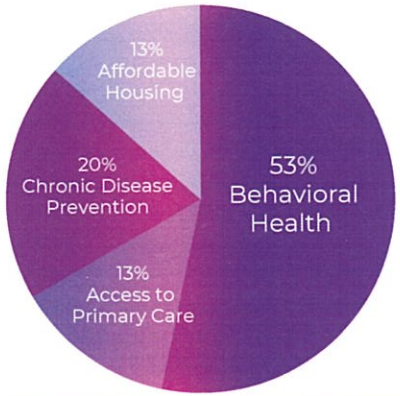
11%
Chronic Disease Prevention
5 Health Councils

6%
Access to Healthy & Nutritious Foods
3 Health Councils

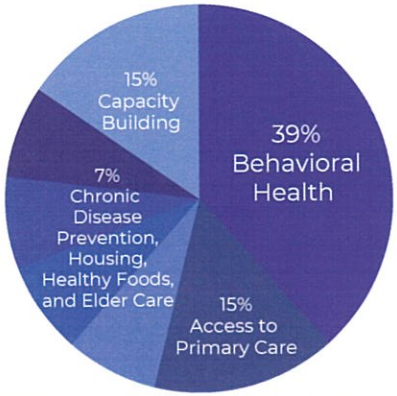
6%
Access to Affordable Housing
3 Health Councils

11%
Capacity Building & Org Development
5 Health Councils

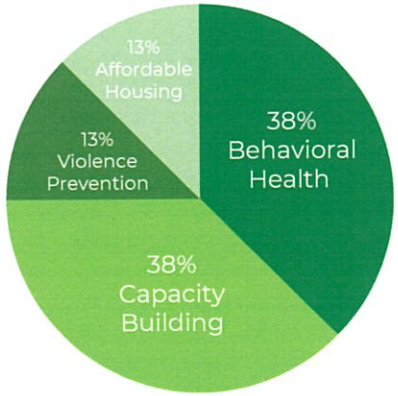
Northeast



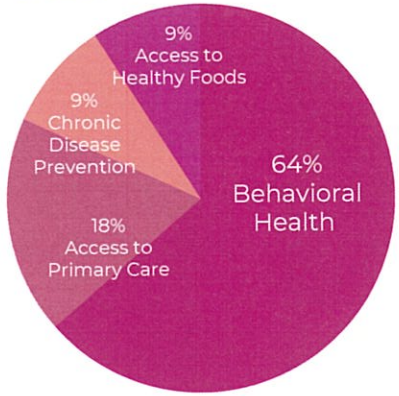
Northwest



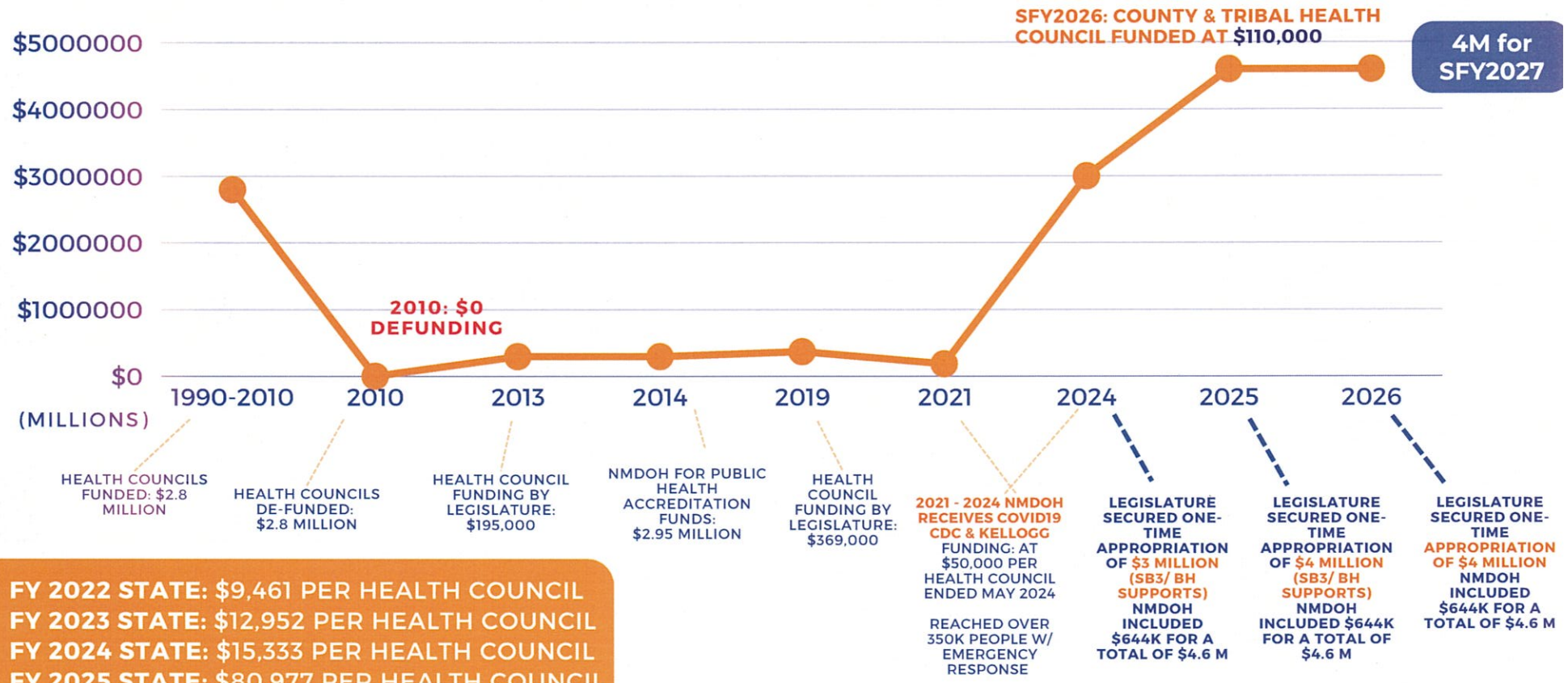
Southeast



Southwest



NM COUNTY & TRIBAL HEALTH COUNCILS: FUNDING HISTORY
NMDOH: ADMINISTRATOR OF HEALTH COUNCIL STATE FUNDS



- **FY 2022 STATE:** $9,461 PER HEALTH COUNCIL
- **FY 2023 STATE:** $12,952 PER HEALTH COUNCIL
- **FY 2024 STATE:** $15,333 PER HEALTH COUNCIL
- **FY 2025 STATE:** $80,977 PER HEALTH COUNCIL
- **FY 2026 STATE: $70,789 - $110,789** (RANGE)
- **FY 2027 STATE: $110,000 (SUSTAINED)**

**Funding delays impacts Health Councils' momentum and meaningful work. In 2026, 3-6 month turnaround time to execute DOH and HC contracts and PO. Some Health Councils are still waiting for their action plans to be approved, delaying funding (7 months).*

SFY2027 COUNTY & TRIBAL HEALTH COUNCIL SOW PRIORITIES: $4M STATE FUNDS AND $644K NMDOH FUNDS: $4.6M

The SFY2027 scope of work does not exceed $106,052

- **Section 1: Report on Health Council operations.**
  - Submission of New Mexico Department of Health (NMDOH) **Monthly Report**
  - Submission of: **Organizational structure documents** (i.e., Bylaws, Organizational Chart, etc.), Fiscal Year 2027 Staffing Plan, Health Council Member Roster, Updated Health Council Factsheet, Monthly Health Council meeting minutes and/or agendas
  - Set schedule with the Health Promotion Team (HPT) and **attend regular monthly technical assistance meetings**
- **Section 2: Health Council Engagement and Community Health Improvement Plans (CHIP)**
  - **Update and revise CHIP Plan** as needed for the fiscal year and complete quarterly CHIP progress report
  - **Educate and engage local government and community** in the work and activities of the Health Council. Including hosting a community wide engagement forum to discuss the work of the Health Council
  - Completion of the yearly **Health Council Impact Survey.**
- **Section 3: Health Council Work on Initiatives to address Social Determinants of Health**
  - **Continue chosen initiatives from FY26 Scope of Work.** Initiatives include the following: Paths to Health, mobile units, tobacco misuse prevention, harm reduction, suicide prevention trainings, SBIRT, 988, gunlocks, MOUD, or "Other" Behavioral Health Council identified initiatives.
- **Section 4: Health Council Project to address priority in Community Health Improvement Plan (CHIP) or an existing community project focused on improving community health and well-being with the objective of reducing Health Disparities.**

SFY2026 COUNTY & TRIBAL HEALTH COUNCIL SOW PRIORITIES: $4M STATE FUNDS AND $644K NMDOH FUNDS: $4.6M

$70,789 - $110,789

(If a full workload of $40,000 is selected from addendum A for section 3)

Scope of Work

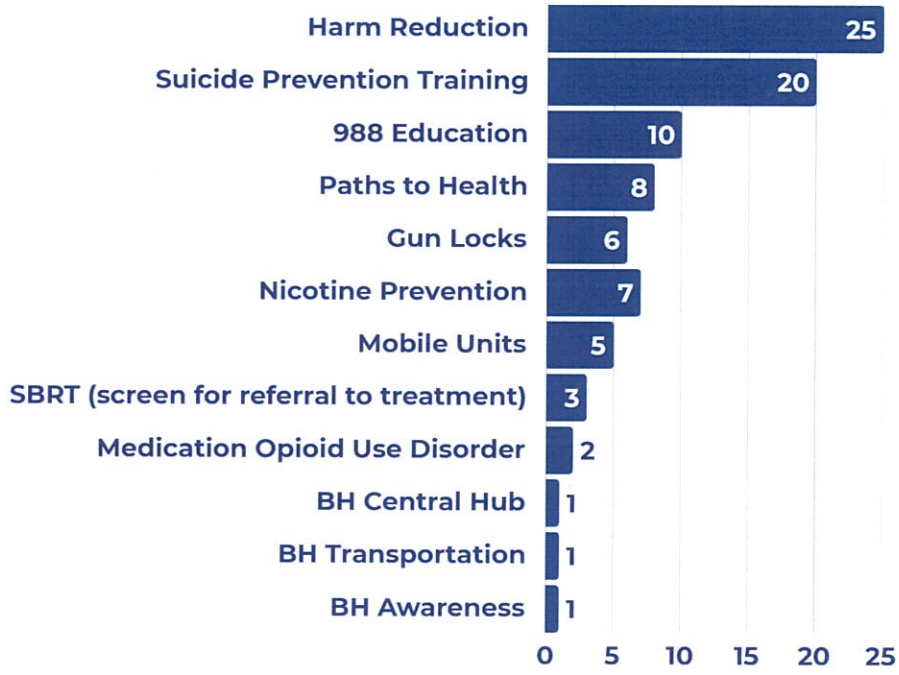
- Section 1: Health Council Operations, Capacity, Admin
- Section 2: Health Council Partnership & Collaboration for Behavioral Health
- Section 3: Health Council Work on addressing Behavioral Health Supports (education, prevention, intervention)
- Section 4: Health Council Engagement and Community Health Improvement Plans (CHA, CHIPs and SHIP)

Health Councils SB3 Engagement

- Ensuring a health council representative **participates in the SB3** behavioral health regional stakeholder planning committee process (Judicial District)
- Participate **in Regional Planning Meetings** (Listening Sessions & Workshops) in their BH region
- Be a **community resource and educator** regarding the Behavioral Health Reform and Investment Act
- Ensuring **key community partners are informed of and invited to Regional Planning Meetings**, particularly those without an affiliation with AOC, HCA, or DOH
- **Work with the "accountable entity"** in your BH region

Behavioral Health Supports (selected services):

Health Councils' Behavioral Health Supports Selections (per DOH SOW), including all 3 Tiers: implementation, promotion, and facilitation.



SFY2026 REPORTING: HEALTH COUNCILS SUBMITTED QUARTERLY REPORTS TO NM DEPARTMENT OF HEALTH

HEALTH COUNCILS' SFY2026 CHALLENGES & OPPORTUNITIES

new mexico ALLIANCE of Health Councils
MOBILIZING COMMUNITIES FOR HEALTH

Health Councils' Sustainability & Capacity

- Recurring optimal funding to leverage this critical function of public health across 13 key priority areas, in concert with NMDOH
- Recurring optimal funding for new Tribal Health Councils and increase 30% turnover
- DOH & HCs to co-curate SOW in response to community needs/ priorities in real time

Narcan Distribution & Trainings

- Limited available Narcan supply statewide
- Distribution and communication challenges
- Training challenges due to bureaucracy
- Stigma with accessing trainings and Narcan
- Administrative and procurement challenges with state partners

NMDOH Mobile Units Key Findings

- Included in the BH activities in SFY2026 SOW
- Lack of staffing as a primary barrier to accessing / scheduling NMDOH mobile units
- Delayed responses from NMDOH when requesting access to mobile units
- Developed educational materials to connect residents access CMOs/ DOH services

SBIRT Trainings Highlights

- SBIRT trainings, 1 of _8_ Behavioral Health support activity options in the SFY2026 HC/ DOH SOW
- DOH is applying for an NHI SBIRT grant to increase this resource, Health Councils will be key partners
- NMAHC is supporting this effort with a letter of support.

988 Corollary with Suicide decrease by 19%

- 988 community trainings and promotions increase
- Liability concern at local and state level, concerns have been brought to 988 lead at BHD
- Delayed delivery of 988 promotional materials impacting local community outreach and awareness efforts

NMDOH Paths 2 Health Key Findings

- Limited access to certified training is a major implementation barrier
- DOH staff turnover creates significant disruption to program implementation and delivery
- Difficulty identifying the appropriate contact, and challenges coordinating training opportunities

SFY2026 *Health Councils Impact Data*

Behavioral Health Programming

NARCAN
Training and Distribution

1,953 Kits Distributed
190 Training Hosted
3,360 Individuals Trained

SBIRT
Screening, Brief Intervention, and Referral to Treatment

82 SBIRT Materials
1 Training Hosted
18 Providers Trained

988 Crisis Line
Education and Promotion

22,400 988 Materials
95 Trainings Hosted
5,518 Individuals Trained

Tobacco Use Prevention

30,478 Tobacco Materials
82 Trainings Hosted
2,561 Individuals Trained

Behavioral Health Programming

Suicide Prevention

121 Training Hosted
2,428 Individuals Trained
HCs host a variety of suicide prevention efforts

Gun Locks
(Violence Prevention)

5,403 Gunlocks Hosted
7 Training Hosted
42 Individuals Trained

Behavioral Health Promotion

78 BH Events Hosted
2,241 Individuals Served
2,603 Veterans Served

Housing Accessibility

126 Individuals Served
$35,000 for Unhoused Support (thanks for a partnership with Unsenda)

SFY2026 *Health Councils Impact Data*

CHIP (Community Health Improvement Priorities)

Paths To Health
(Chronic Disease Prevention & Management)

28 Training Hosted
121 Individuals Trained
Ongoing distribution of DOH materials

NMDOH Mobile Units & Transportation

10 DOH Mobile Events
114 Individuals Served
7,813 Transportation Trips for Community

Healthy and Nutritious Food Accessibility

924 Households Served
2,824 Boxes
145 Grocery Cards Distributed
500 LBS of Food Distriuted

Access to Primary Care

2,692 Served by HC Referral Systems
107 Served by Telehealth Services
15,715 Health Promotion Materials
990 Health Promotion Events
10,617 People Reached at HP Events
656 Elder Needs Addressed

CHIP (Community Health Improvement Priorities) # of Health Councils per CHIP

26 HCs
Behavioral Health (Including MH/SUDs)

13 HCs
Social Determinants of Health (SDOH)

24 HCs
Access to Healthcare (12) **& Chronic Disease Prevention** (12)

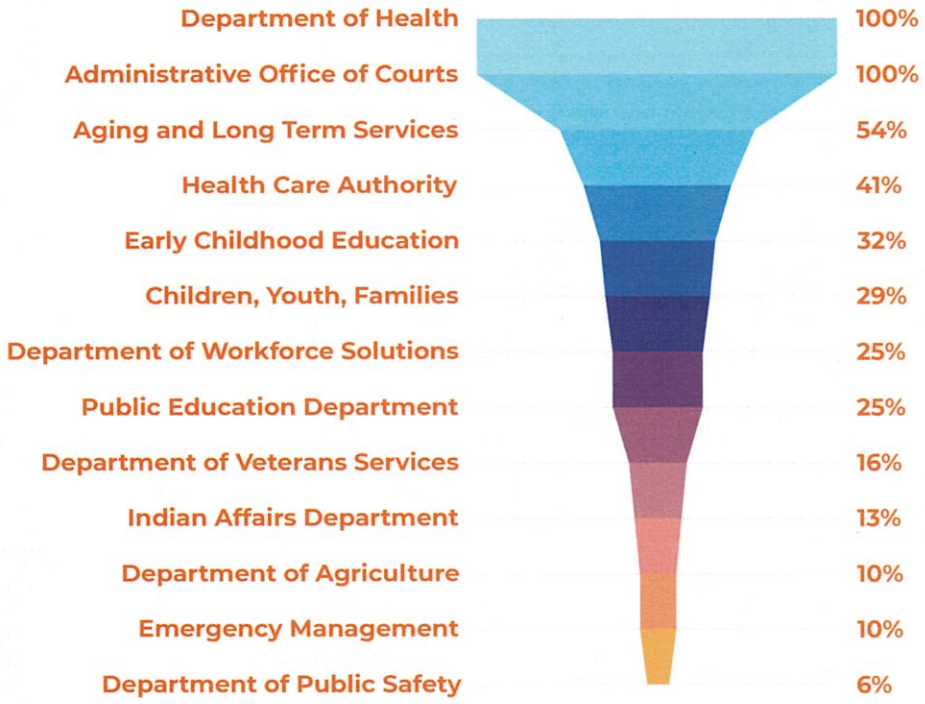
5 HCs
Elder & Aging Care

4 HCs
Healthy & Nutritous Food

4 HCs
Violence (3%) **Prevention & Housing** (3%)

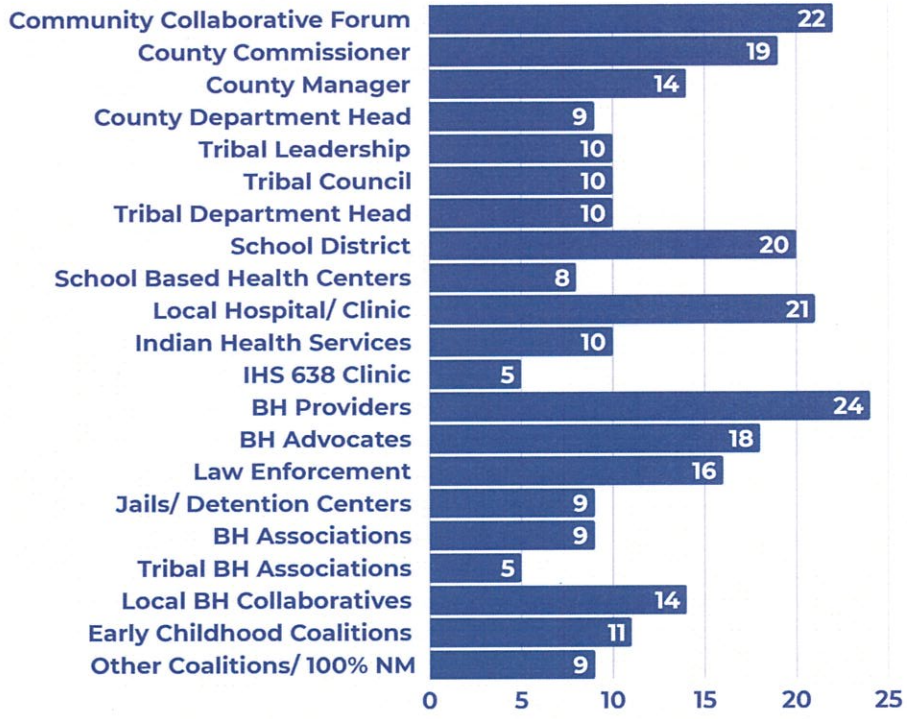
NM COUNTY & TRIBAL HEALTH COUNCILS MULTI-SECTOR PARTNERSHIPS REPORTED IN FY2025 IMPACT SURVEY

State Agency Partnerships



DATA SOURCE: ALLIANCE SFY26
COLLECTED FROM ANNUAL COMPREHENSIVE SURVEY

Local Government & Multi-Sector Collaborations



DATA SOURCE: ALLIANCE SFY26
COLLECTED FROM ANNUAL COMPREHENSIVE SURVEY

HEALTH COUNCIL INCREMENTAL FUNDING (SFY2028)

HC Funding Request

$10M for 49 HCs

*Incremental Increase

Per Health Council

$200,000.00

*Per Health Council

New Tribal Health Councils

6 New Tribal Health Councils

***Pueblos of Zuni, Zia, Taos, Pojoaque, and Navajo Nation and Mescalero Apache Nation**

SFY2028 INCREMENTAL INCREASE (Average: $200,000.00): Ensure sustainability, staff retention, continuity of programs and services, and funding for establishing new Tribal Health Councils. Factor IDC Rates.

Optimal Funding can leverage Health Councils' capacity and operations for improving population health and wellbeing.

New Mexico's County & Tribal Health Councils: Average for Optimal Funding Level Needed

$ 538,166.67
Per Health Council

DATA SOURCE: ALLIANCE SFY26: *COLLECTED FROM ANNUAL COMPREHENSIVE SURVEY*

Optimal Funding to ensure Health Councils have increased capacity and operations for:

- ***Community outreach and engagement (including SB3 implementation)***
- ***Public health education*** *in concert with state agencies*
- ***Prevention and intervention*** *in Behavioral Health and meeting community health priorities*
- *Leveraging* ***local and statewide collaborations*** *to increase coordination of access to critical and essential services for communities across the state*
- ***Emergency response efforts*** *for local communities*
- ***Coordination to primary care/ rural healthcare*** *with mobile clinics and other partners*
- ***Navigational support/ services for medicaid and medicare*** *recipients*
- *Addressing social determinants of health and* ***advancing health equity***
- *Annual community health assessments, prioritizing and implementation in support of PHAB*

NM COUNTY & TRIBAL HEALTH COUNCILS HB137

$ 10M RECURRING BASE FUNDING REQUEST FOR NEW MEXICO's COUNTY & TRIBAL HEALTH COUNCILS (SFY2028)

The New Mexico Alliance of Health Councils is advocating for the **sustainable funding for New Mexico's County & Tribal Health Councils,** per HB137, including funds for its sole service provider and new Tribal Health Councils.

Funding request of $10 million, will allow funding for new Tribal partnerships.

- To sustain New Mexico's **County & Tribal Health Councils'** staffing, capacity, operations, administration, coordination, collaboration, services and programming costs to fulfill their role and functions in service of communities statewide. This level of funding will leverage this critical infrastructure of public health in concert with NMDOH in improving population health.
- $1M will fund a sole service provider to support Health Councils' capacity building, systems collaboration, networking, research and policy, tailored technical assistance, and professional development and training.

During SFY2027, Health Councils were funded at an average of $110,000

Currently, SFY2027:

- Thanks to HB75 co-sponsors and Legislative support, Health Councils statewide received a **one-time appropriation of $4 million** to fund Health Councils behavioral health supports in relation to SB3 and CHIP priorities, averaging at **$110,000** per Health Council, which includes NMDOH funding at $15,000 per Health Council.
- **Securing 103** Health Council Coordinator positions for one fiscal year, sustaining this critical function of public health in concert with NMDOH, in service of communities throughout New Mexico.

NM ALLIANCE OF HEALTH COUNCILS *United for a healthy & thriving NM*

96 Tribal Partners including Tribal Representation (services, programs, and Tribal Health Councils) gathered on **April 13th, 2026** in Santa Fe
Hosted by Tribal Health Councils and NMAHC

7 Tribal Key Priorities:

- Crisis Intervention and Suicide Prevention
- Substance Misuse and Harm Reduction
- Maternal Health and Mental Wellness and
- Youth Mental Health Prevention Programs
- Trauma and Grief Support and Services
- Social Determinants of Health, particular attention to housing
  - Particularly for parents in recovery, housing is critical
- Youth and Senior Programs: For bridging generational gaps, mental health, cultural and wisdom sharing

2 Main Recommendations (complete report available):

- Ensure funding levels are equitable for Native communities
- Ongoing Tribal consultation with regards to SB3 framework and data sovereignty and representation

1. **Behavioral Health Capacity Building with Dr. Cloud, SB3 Exec Comm**
2. **BHRIA/ SB3 Technical Assistance with Dr. Ross and Ms. Sacoman**
3. **Tribal engagement with BRIAH/ SB3 with Santa Clara Pueblo THC**
4. **Overview of BRHIA/ SB3 with NM AOC**

NM ALLIANCE OF HEALTH COUNCILS *United for a healthy & thriving NM*

SOLE SERVICE PROVIDER TO ALL COUNTY & TRIBAL HEALTH COUNCILS

Alliance's Mission:

The New Mexico Alliance of Health Councils (The Alliance) is a 501c3 nonprofit visionary and innovative organization that supports and advocates for New Mexico's County and Tribal Health Councils, and community partners**.**

Our mission is to improve the **health of all New Mexicans by strengthening New Mexico's Health Councils capacity**, advocating for health equity, and providing a strong voice for community and public health. We achieve this through community planning, cross-sector collaboration, public policy work, and system development.

The Alliance fosters collaboration, values equity and inclusion, practices respect, and cultivates a collective voice on community-based priorities and issues that champion a healthier New Mexico.



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1. **ShareNM.org has served over 500,000 New Mexicans to date and fulfilling over 200+ navigational inquiries annually**
2. **Advocacy Efforts: Enlisted Legislative support to sustain the work of Health Councils (11M to date)**
3. **Technical Assistance: Fulfilling an average of 275 individual T/A request annually across 11 services**
4. **Professional Development & Training: Across 9 SME trainings, with HC attendance averaging at 35**
5. **Community Collaborative Forum: Bringing over 1,500 multi-sector partners, exploring alignment through collaboration for collective impact**