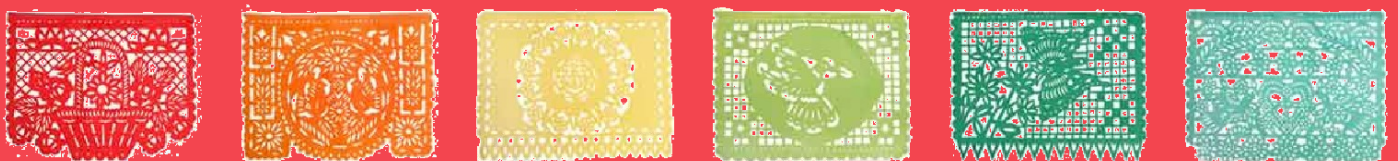


New Mexico
Border Health Research Workgroup

**INITIATE
CHANGE.**

A Summary Report 2012



In partnership with New Mexico CARES Health Disparities Center—University of New Mexico



AN OPPORTUNITY TO LEARN FROM EACH OTHER

Thank you for participating and making the August 2012 **New Mexico Border Health Research Workgroup** meeting a great success!

We commend you for your participation and commitment to developing strong working relationships to conduct research that benefits the health of New Mexico's border communities, children and families.

Since January, you identified several creative and concrete steps for developing health research activities and projects that engage and meet the needs of the surrounding communities. Please see the attached summary notes which highlight key ideas, some of which focused in investing in our young people and mentoring them in doing research projects that have a positive impact on the health and well-being of our communities.

We thank you for your dedicated leadership and look forward to working on the next steps with you. Truly, **INITIATING CHANGE!**

Respectfully,

NM CARES Health Disparities Center

Community Engagement Core

Lisa Cacari-Stone, DrPH; CEC Director

Nina Wallerstein, DrPh; CEC Co-Director

Clarence Hogue, BA, Program Manager

Nora Chavez, BA, Hispanic Community Liaison

Lucinda Cowboy, BS, Tribal Community Liaison

Liana Hussein, BA, Graduate Assistant



Initiate Change: New Mexico's Border Region

Purpose: To identify and discuss health equity/health disparity research priorities for collaborative grants development aimed at addressing conditions in New Mexico's border region (i.e. hypertension, obesity, diabetes, mental health/substance abuse).

Expectations- The group compiled a list of expectations for the day and some participants also shared their reason for being present

January 20, 2012

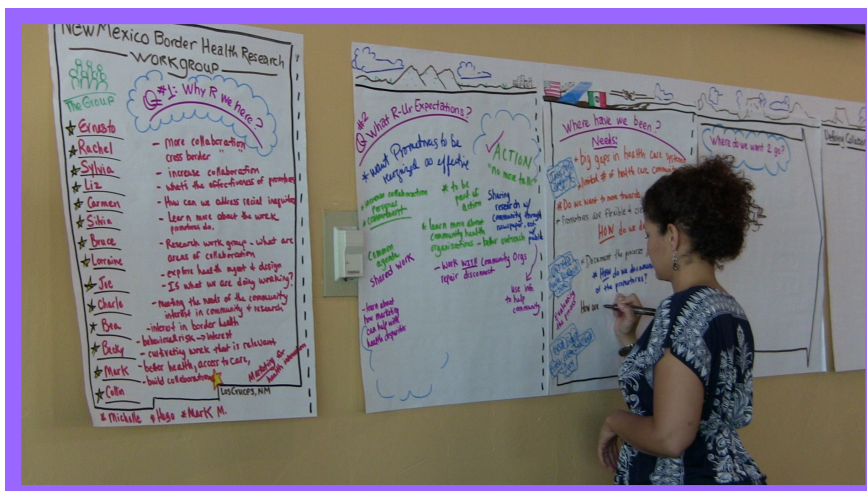
- Solving health disparities and that we can have a plan of action of our dialogue
- Researching how to change marketing environments to promote healthier choices- looking to gain understanding of what research is occurring here and how we can fit in and help.
- To learn more about what is happening here and the research currently being conducted in the Border Area
- To learn from everyone here today to better understand complexities and also to bring perspective of the beauty and resiliency of the border area and its communities
- Intentionally moved to NM to work in the border area

August 15, 2012

- We have done research for past 20 years on little and big projects, they've studied us so much but we never get anything reports/results back. .
- We want to see more border health research & collaboration, on US & Mexican side
- We want to increase our collaboration w/ NMSU & other communities along the border region, look at effectiveness

of our *Promotora* Model.

- To consolidate efforts & learning and collaboration with other counties, the "HOW" we can build and truly address racial inequalities, **address community action.**
- I'm here to learn more on what you are doing...try to relate as a professional, increasing collaboration, information exchange to link to **meaningful** outcomes.
- Want to see action-no more talk-concrete steps . . . what to do next and we actually do them!
- It's important to have commitment, **we come to meetings but to some degree we need personal commitment** & it has to be for this kind of work. . . Inequities, there has to be personal commitment
- Develop a common agenda; take priorities from organizations we work with, strategic directions & narrow down to a set of things we can demonstrate, whittle things down to what we can work on that has systems development, whatever we choose as a group then take action as a group
- I want to let the community participants know you have a university that is willing to help! We have dropped the ball in sharing with you...we have faculty that can help, it meets their needs.



“My interest is to help our community to have better health... develop ways to have better access to health care . . . and develop a bi-national approach.”

Hugo Vilchis,

Border EPI & Environmental Health Center



Initiate Change:

Working Together: From Principles To Practice

In discussing developing border research opportunities and priorities that could address health disparities, the group discussed the following questions:

- What strengths do you bring to the table?
- What do you gain in working together?

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- Fresh/New Perspectives
 - Survey (telephone, web)
 - Reflexivity
 - Reflectivity
 - Group Facilitation
 - Uniqueness; different networks
 - Funding/Resources
 - Tracking Research
 - Available facilities
 - Budget
 - Design Experience- Evaluation Instrument
 - Data Analysis Assistance
 - Program Evaluation
 - Intervention Research Experience
 - Network opportunities
 - Collection of data
 - What are research interests- create effective partnerships
 - Expand availability of community, friendly information
 - Mapping of programs
 - Identify health concerns across programs
 - Integrate disciplines for research goal id/ development (ex: bring in epidemiologists)
 - Brainstorm with Communities
 - Embrace community language, present information so it is easily understood
 - Ask the right questions- Work from beginning to integrate community and other disciplines



“How do we make a program that is actually going to deliver something?”

Joe Gladstone,

New Mexico State University

Initiate Change:

Develop Terms & Conditions of Agreements

To do my/our best work around research, what terms/conditions need to exist between the university and border community-region?

- MOU – make it clear between each group and what the commitment will look like, but will also have informal discussion.
- Sub contract – need to look at terms, what do the Promotora get, in terms of NM/Mexico border. We need to develop IRB process like the Navajo, MOU will be great.
- Dialogue between institutions and “communities”- What are the mutual benefits?
- People in communities don’t understand funding- need grant or have money from different source. Assumption that NMSU is tax funded that there is always funding, but there’s none.
- Make sure needs drive the work not funding!
- What does community mean? Providers, random of commitment, what is the community that you serve, what is the community you are committed to? Community is always changing. Border region, geographical. Define big areas of interest, we need to come up with these agreements.
- Community Based organization or residents (Hatch, etc.) different MOU with the group we work with
- Who is typically called on to do Health Disparity research? NMSU, health center, Promotoras, Dona Ana - mutual benefits
- Challenge is to make it precise- as CBPR becomes institutionalized, resolution is to recognize- in working in the research process
- Shared interest areas – to be more effective at planning, to have the ability to fund
- Support and find resources for Promotoras as they are the link for the community
- Needs to drive the work – not funding
- Medical tourism – working with desperate communities, not having Access to resources
- Determine what areas of capacity would improve research relationships and drive progress
- Statewide initiative of what is the community health workers – there is a statewide debate as the first step (referring to Promotoras)

“We rely on email so much, it’s so meaningful when we can all come together and make those personal connections around our joint border work.”

*Dr. Bruce De San Filippo, Memorial Medical Center;
Border Health Commissioner*





Initiate Change:

Identifying Research Priorities & Partnerships

The group discussed their own areas of interest and how that might fit in with border area priorities. The group also discussed what facilitators and assets are present in the border area to move towards conducting community engaged research and what some next steps for the group assembled for this discussion might take. The following are key points taken from each area of discussion:

Border Area Researcher Priorities:

- Obesity
- Diabetes
- Knowledge and Attitudes:
- Mental Health
- Substance Abuse
- Alcohol/Tobacco
- Teen Pregnancy

Border Area Community Priorities:

- Food/Housing
- Jobs
- Depression (Link with Economics)

Participants Areas of Interest:

- Impact- Health Care, bringing money to social issues
- Protective Factors of Population
- Help with organizing
- Small business
- Survey research center

First aid training, increase provider capacity

- Translation: evidence – community & research-policy change
- New Models Care- integrated behavioral health outcomes
- Networks Promotora
- Impact – multidisciplinary
- Summer Program – Culture and Identity

Facilitators to Community Engaged Research

- Social Justice
- Define roles and goals
- Equal participation
- Communication
- Working together
- Build organic relationships
- Mutual respect
- Planning
- Build trust
- Understand community values
- Involvement
- Commitment

Border Area Community Assets

- Geo-mapping: NMSU, DACHHS, HMS
- HMS Promotora model – health and social support



Initiate Change:

Developing an Action Plan

Participants reported varying levels of experience around

- Data collection, data entry
- CBPR/Community Engaged Projects
- Research- General

A number of participants also reported having no previous experience in the area of community engaged or health disparity research and also reported that they are eager to begin their involvement in this area of research.

NEXT STEPS – The group identified several areas of concern and interest.

- Looking at health disparity – its education and jobs, need career development and making the link, lack of research with that direct link.
- Community – social determinants of health, universities struggle and look at mission and social justice or not effective social justice to access to education, food and housing, indicators, they mobilize to make change.
- Funders, looking at policy and environmental changes, implement changes among policy and environmental. Researchers can assist to develop policies with the communities. Evidence is needed. Educate the community members for example of filling out the surveys, educate

researchers and communities and educate also the providers.

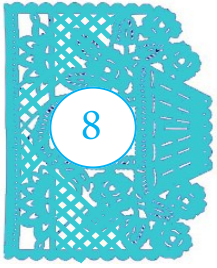
- Make collaboration in outreach of implementation (translational) – there are a lot of research and also do the research at the ground level in Dona Ana, don't know where the research is, go to the next step and to do implementation, maybe do a Summit to share research. County also has done research.
- Having a provider is not enough, but need a collaboration of others with behavioral health, nurse, health educators to impact and make a difference. Do you address it globally? Need collaboration and innovation. Need data to show that it's going to work.
- Promotoras all in the same place to increase access, how do you research and build on that and look at the outcome and evaluate and reduce the cost.

The training was seen by participants as providing support to their own research efforts through the networking that was encouraged throughout the day. Many participants also emphasized that beyond meeting new researchers in the community, networking allowed them to gain a better understanding of what type of research was occurring in the Border Area. Overall an appreciation of how collaboration was promoted in the training was noted as being a support for research in the border area community.

“We need to arrive at a common agenda . . . take priorities from organizations we work with, . . . and narrow down to a set of things we can demonstrate . . . whittle things down to what we can work on that has systems development, whatever we choose as a group then take action as a group.”

Charles Afero, Hidalgo Medical Center





Initiate Change:

Promotoras de Salud: Pool Support & Find Resources for Promotoras—*as they are the link for the community!*

As part of the August 2012 gathering, the participants were asked to identify priority areas in terms of next steps, resources and opportunities available. Comments covered those previously identified in the January 2012 gathering as well as current areas of interest around disparities for the border area. Using the “all on the wall” activity, they prioritized areas of interest.

Research actions:

- Identify Promotoras job functions, workforce skills, possible certification and the unintended consequences of doing so.
- Analyze sustainability beyond funding of their work such as cost analysis.
- Address social/direct marketing
- Develop common metrics and indicators; transparent guidelines, data use and dissemination.

RESOURCES:

- Skilled and experienced Promotoras.
- Research funding summaries, marketing to policy makers

and to communities.

- Partnering resource access, pragmatic application of research resources; get on mailing list for different agencies, changing policies with those centers and also centers in Mexico.
- Partnering academics, local state federal entities, building evidence based in both US and Mexico.

Opportunities:

- For capacity building, continuing education, develop clearing house for placements for students.
- Sustainability beyond funding, how are those proved, cost analysis social direct marketing, geo-coding to address racial inequities to focus on funding, partnership collaborations

The group agreed that the main focus was on the work conducted by Promotoras and agreed that this should be their overall priority.

“With Promotoras we don't look at one disease area, we also look at the social determinants, evaluating their effectiveness.”

Sylvia Sapien, Director,

Promotoras Program,

La Clínica de Familia Alliance



Initiate Change: Documenting the Process

The group stated that with big gaps in the health care system and the limited number of health care workers, Promotoras should be their main area of focus. Promotoras are seen as being flexible and creative in working within the healthcare system. The question arose around how to document the work of Promotoras.

- Develop a medical model around regional Promotoras
- Continue meeting to focus on areas of expertise and resources available.
- Research previous Promotora work to help develop guidelines such as data sharing, IRBs, etc.
- Convene again around the top two areas of interest
- Collaborate across state line (Texas) to utilize

resources in region.

- Develop group effort with other Promotoras within the region to pull together efforts.

The group agreed that they want the Promotoras to be recognized as effective. This can be achieved by:

- Increasing collaboration
- Recognizing their personal commitment.
- Recognize that they are part of “action” that needs to occur
- The healthcare system needs to learn more about community health organizations and the effectiveness of Promotoras in the community and repair the disconnect.
- Publicize the role/work of Promotoras



“I’m here because we do want to see more border health research & collaboration, on US & Mexican side.”

*Liz Castro-Gutierrez,
Office of Border Health*

Call to Action:

The August 2012 meeting of the NM Border Health Research Workgroup agreed to reconvene in mid-fall.

The group will come together with an identified list of resources to begin the process of developing a working model for Promotoras.

These resources will include:

- The National Promotoras Initiative
- Capacity building and cross-training incorporating the Leaders Across Borders programs for public health professionals.
- Border Binational Health Week to promote sustainable partnerships and begin publicizing the work of Promotoras
- Identify and develop stronger working relationships with NMSU, UNM, and UTEP and state leaders; begin power-mapping.
- Develop a list of connections with medical professionals, hospitals, universities, etc., inter- and intra-state for strategic targeting.
- Review and report on El Paso's major strategic planning effort around Promotoras which targets all the issues addressed today. Combine ours with those already identified as a process to move forward.
- Concentrate on capacity building and cross training of Promotoras.



Participants: January & August Meetings

Alison McGough-Madueña	UNM NM CARES Health Disparities Center
Beatriz Favela*	Southern Area Health Education Center
Bruce Sanfilippo	MMC
Carmen Maynes*	Hidalgo Medical Services
Charles Afero	Hidalgo Medical Services
Clarence Hogue	UNM NM CARES Health Disparities Center
Collin Payne*	NMSU- College of Business
Dr. Daniel Armistead	La Clinica de Familia, Inc.
Dr. Hugo Vilchis*	NMSU Border Epidemiology & Environmental Health Center
Dr. John Andazola	
Dr. Suzan Martínez	La Clinica de Familia, Inc.
de Gonzalez	
Eirian Coronado	MCH EPI/PRAMS, NM DOH
Enrique Mata	Paseo del Norte Foundation
Ernesto Stolpe	La Clinica de Familia Alliance
Frank Cantu	HRSA
Jamie Michael	Dona Ana County-Health and Human Servs
Jeanette Mata	UNM Graduate Student
Jenny Torres	Dona Ana County Health and Human Servs
Joaquin Baca	UNM Health Sciences Center
Joe Gladstone	NMSU
K'Dawn Jackson	Hidalgo Medical Services
Liana Quinn-Hussein	UNM NM CARES Health Disparities Center
Linda Sumers	NMSU-Nursing
Lisa Cacari-Stone	UNM NM CARES Health Disparities Center
Lizabeth Gutierrez	NM Dept. of Health Outreach Office Coordinator
Lorraine Navarette	HHS
Mark Kittleson*	NMSU-Public Health Services
Mark Moffett	UNM
Marnie Nixon	UNM Health Extension Rural Office (HERO)
Michael Young	NMSU- College of Health and Social Services, SW Institute for Health Disparity Research
Michelle Vessel	PAC HHS
Nora Chavez	UNM NM CARES Health Disparities Center
Patricia Rodríguez	UNM Dept of Psychology/RWJF Center for Health Policy
Paul Gutierrez	NMSU College of Agriculture
Rachel Kutcher	Hidalgo Medical Services Resource Development Director Center for Health Innovation
Rebecca Palacios	NMSU
Roberta Richardson	Institute for Health Disparities Research
Sean Bruna-Lewis	UNM Dept of Anthropology/RWJF Center for Health Policy
Silvia Sierra	Dona Ana County Health & Human Services
Suan Wilger	Hidalgo Medical Services
Susan Kunz	Platicamos Salud Mariposa Community Health Center
Sylvia Sapein	La Clinica de Familia Alliance
Veronica Salcido-Harding	UNM, SOM Office of Diversity
Wanda Borges	NMSU-Nursing
Yajaira Pena-Esparza	UNM Dept of Psychology/RWJF Center for Health Policy

*denotes participation at both meetings



Comments

“I did not know what to expect but I learned a lot & made strong connections with other communities & stakeholders. “

“Great meeting today- we now have concrete results/outcomes”

“I did not know what to expect & I came away with good action items.”

“Today’s training was beyond my expectations. I liked seeing different representation.”

“Networks created in the training can be very helpful in my own research in the community.”

“The best part of today was learning about the priorities/ interests/ needs of my local partners- even in my own office. I can immediately address with literature review materials I have on hand.”

“Training was very informative & small group interaction was possible.”

