

U.S. - MEXICO BORDER CENTERS OF EXCELLENCE CONSORTIUM

“Community-Based Programs to Create a Community-Responsive Health Professions Workforce”

Forum Proceedings
July 14-15, 2008
Albuquerque, New Mexico

December 2009

U.S. Department of Health and Human Services
Health Resources and Services Administration



AGENDA

MONDAY, JULY 14, 2008

- 7:30-8:00 Continental Breakfast and Meeting Registration
- 8:00-8:15 Opening Remarks: Donna Monk, Bureau of Health Professions, Health Resources and Services Administration (HRSA)
- 8:15-8:30 Welcome: William Wiese, MD, Director, University of New Mexico (UNM) Health Sciences Center Institute for Public Health
- 8:30- 9:00 History & Context for Consortium: Martha Medrano, MD, University of Texas Health Science Center at San Antonio (UTHSCSA)
- 9:00-10:00 Keynote Speaker: “Finding Opportunity in a Changing Health Care Landscape” - Edward O’Neil, PhD, MPA, FAAN, University of California (UC), San Francisco
- 10:00-10:15 Break
- 10:15-11:30 Panel Discussion: “Innovative Community-Based Programs”
The purpose of this panel is to showcase an innovative community-based program in each of the Consortium states.
Moderator: Ana Maria Lopez, MD, University of Arizona (UA)
Panel Presenters:
AZ — Carol Quillman Galper, EdD, CHES, Director, UA College of Medicine Commitment to Underserved People Program
CA — Maria Luisa Zuniga, PhD, Co-Director, UC, San Diego Hispanic Serving Health Professions Schools Scholarship Program
NM — Arthur Kaufman, MD, UNM HSC Vice President for Community Health, Director, Community-Based Health Extension Program
TX — Claudia S. Miller, MD, UTHSCSA School of Medicine, U.S.-Mexico Border Health Scholars Program, Environmental Program, South Texas Environmental Education and Research (STEER) Program.
- 11:30-12:15 Speaker: “Community-Based Participatory Research—a Dialogue” - Alexis Kaminsky, PhD
The purpose of this skill-building session is to help participants learn practical skills in engaging communities, including building effective common language and understanding for data collection and evaluation, ways to communicate data, and defining data in context.
- 12:15-1:30 Lunch - Networking (Kokopelli Room)

MONDAY, JULY 14, 2008 - continued

1:30-2:45 Panel Discussion: “Community-Based Programs – Area Health Education Centers”

The purpose of this panel is to describe educational, community-based, experiential programs, which have been designed and are coordinated by an Area Health Education Center (AHEC) in each Consortium state.

Moderator: Kathy Flores, MD, UC, San Francisco-Fresno

Panel Presenters:

AZ — Don Proulx, BS, BA, MEd, Associate Director, AZ AHEC Program

CA — Kendra Brandstein, MPH, MSW, Director, San Diego Border Area AHEC and Community Benefits

NM — Benjamín Jáquez, MS, Director, Southern AHEC, Las Cruces, NM

TX — Steven Shelton, MBA, Director, East Texas AHEC, Galveston, TX

2:50-4:15 Panel Discussion: “Service Learning in Community Health Care Settings, Creating and Developing a Student Voice”

The purpose of this panel is to give voice to student community-based program experiences, especially as these build professional and leadership skills.

Moderator: Andru Ziwasiwon, MD (Topahkal Family Medicine Clinic, Albuquerque)

Panel Presenters:

AZ — Cazandra Zaragoza, Medical Student, UA

Kristin Nobrega, Pharmacy Student, UA

Whitney Shields, Pharmacy Student, UA

Health Literacy Programs

CA — Ann Griego, Medical Student, UC, San Francisco

Blanca Tapia, Medical Student, UC, Irvine

Jamie McGuire, Medical Student, UC, Irvine

PRIME Program

NM — Julio Romero, Pre-Medical Student, UNM

Panel Coordinator and Moderator:

Persephine Becenti, Pre-Nursing Student, Central New Mexico College

Topahkal Family Medicine Clinic

TX — Olga Rodriguez, Pharmacy Student, University of Texas at El Paso/UT Austin Cooperative Pharmacy Program

Celina Beltran, Resident, Texas Tech University School of Medicine

National Network of Latin American Medical & Pharmacy Students

MONDAY, JULY 14, 2008 - continued

- 4:15-4:30 Break (Room set up for State Meetings)
- 4:30-5:30 Individual State Meetings
(Discussion questions; laptops, flipcharts/markers provided--* See Below)
- 4:30-5:30 Concurrent Student Meeting
- 6:00-8:30 Buffet Dinner and Regional Foundations Exhibitor Reception - Kokopelli Room

TUESDAY, JULY 15, 2008

- 7:45-8:15 Continental Breakfast
- 8:15-9:00 "Health Literacy and Community Engagement"
Speaker: Yolanda Partida, DPA, MPA, MSW, BA. UCSF, Fresno
- 9:00-10:45 Panel Discussion: "Demonstration Projects in Health Literacy and Community Engagement"
The purpose of this panel is to showcase model projects, and their design, implementation, and evaluation in each of the Consortium states.
Moderator: Joyce Palmer, Texas Tech University School of Medicine
AZ — Martha Lindsey, MLS, MA, BSW, Director, Community Outreach and Education Program, UA Library Sciences. "Health Literacy Project"
CA — Zaidee Stavely, Reporter and Associate Producer, "Linea Abierta" on "Radio Bilingue"
NM — Maria Otero, National Cancer Institute, "Cancer 101--Cancer Health Literacy in the Border Area"
TX — Oralia Bazaldua, PharmD, UTHSCSA
- 10:45-11:00 Break (Room set up for State Meetings)
- 11:00 -12:00 Individual State Meetings
- 12:00-12:30 Martha Medrano, MD---**Conclusion & Forum Adjournment**

U.S. – Mexico Border COE Consortium

“Community-Based Programs to Create a Community-Responsive Health Professions Workforce”

Opening Remarks

Donna Monk, Public Health Analyst, Health Resources and Services Administration, Bureau of Health Professions

Ms. Monk is a Public Health Analyst with the Health Resources and Services Administration, Bureau of Health Professions. She has been an employee of the Department of Health and Human Services for 22 years and has served in the Office of the Assistant Secretary for Health and the Program Support Center. She joined the Health Resources and Services Administration (HRSA) in February 1998 and has served as a Human Resource Specialist and a Project Officer for the Centers of Excellence and Health Careers Opportunity grant programs, and currently serves as a Project Officer in the Division of Student Loans and Scholarships. Since September 2005, she has served as the Project Officer for the Centers of Excellence U.S.-Mexico Border Health Consortium. She has worked with the Consortium in the development of the U.S.-Mexico Border Health Researchers Database, Model Curriculum Guidebook, and Community Service Directory.



I would like to welcome each of you to the 5th Annual Centers of Excellence U.S.-Mexico Border Health Forum here in Albuquerque, New Mexico. I am here today representing the Health Resources and Services Administration and the Bureau of Health Professions. Also representing HRSA is Michelle Mellen from the HRSA Office of Border Health from our Dallas Regional Office. Unfortunately, Dr. Elizabeth Duke, HRSA's Administrator, and Dr. Marcia Brand, Associate Administrator, Bureau of Health Professions, could not be in attendance due to prior commitments. However, Dr. Duke has prepared welcoming remarks that she asked that I share with you today. I will read them now. At this time I want to take a moment to thank Dr. Martha Medrano, Project Officer, and all the Consortium members for their passion, dedication, and contributions that clearly demonstrate their commitment to reaching the underserved populations along our border states. I would also like to give a special thanks to Dr. Alexis Padilla and Pam Devoe from the University of New Mexico Health Sciences Center for handling the logistical arrangements and making this conference possible. Thank you and enjoy the conference.

U.S. – Mexico Border COE Consortium

“Community-Based Programs to Create a Community-Responsive Health Professions Workforce”

Welcome

William Wiese, MD, Director, UNM HSC Institute for Public Health

Dr. Wiese is Director of the Institute for Public Health at the University of New Mexico Health Sciences Center. He is also Associate Director of the new Robert Wood Johnson Foundation Center for Health Policy at UNM and Professor of Family and Community Medicine. A member of the faculty at UNM since 1971, he has been involved in many initiatives centered around community medicine, primary care, preventive medicine, and public health. The last included time away from UNM from 1996 to 2001 to be with state government, including three years as director of the Public Health Division in the NM Department of Health.



After welcoming participants, Dr. Wiese’s opening remarks described major community health education-oriented initiatives taking place at the UNM HSC. In terms of supporting the development of the health workforce in New Mexico, the UNM School of Medicine has for many years been involved with training medical students in community health care settings. UNM medical students are trained in clinical skills and patient encounters in clinical practice from the first year of medical school, and complete an eight-week clinical immersion experience the summer following their first year. An innovative collaborative project is the Health Extension Rural Offices (HEROs), which links community health needs with UNM HSC resources. This is a collaborative effort with New Mexico State University’s Cooperative Extension Program, the NM Department of Health (via County Health Councils), the UNM SOM, the UNM Clinical Pharmacy program, and the Southern Area Health Education Center (SoAHEC). Each HERO site located in an underserved area of NM will have a designated health extension agent. This program is being implemented in 2008. The Institute for Public Health has been actively involved with immunization and other service projects in the U.S.-Mexico border area. Finally, UNM hosts the Robert Wood Johnson Foundation Health Policy Institute, which is dedicated to increasing the number of Hispanic and Native American doctoral-level health policy experts in the social sciences, e.g., sociology, economics, political science, anthropology, and psychology, through health policy training that includes community-based health policy research and experiential leadership development learning contexts.

U.S. – Mexico Border COE Consortium

“Community-Based Programs to Create a Community-Responsive Health Professions Workforce”

History and Context of Consortium

Martha Medrano, MD, MPH, University of Texas Health Science Center at San Antonio

Dr. Medrano is the Associate Dean of Continuing Medical Education and Director of the Medical Hispanic Center of Excellence at the University of Texas Health Science Center at San Antonio. Dr. Medrano has an interest in teaching medical students, and other health professions students, about differences in cultural health beliefs. She has assisted in the development of cultural competence teaching materials, case vignettes and case simulation. Dr. Medrano has partnered with the UTHSCSA Department of Family and Community Medicine to create a Medical Spanish course for second-year medical students and a Spanish-Speaking-Only patient rotation for senior students.



Good morning, everybody. Hope everyone is doing well. You know it's really wonderful to come back to the Consortium. I look forward to it every year because of the energy, the dedication, and the determination that we have within this group called the U.S.-Mexico Border Center of Excellence Consortium. I think I am given more credit than is due for the success of the Consortium. This is, in fact, a collaboration of a number of talented individuals around the room who really have worked very hard to move forward our agenda and strategic plan.

The core values and beliefs of the Consortium are communication, coordination, and collaboration. I firmly believe that for groups to be successful, they must have core values that drive them and move them forward to any initiatives working as a group, as a team. This is actually the 5th Annual Consortium, and you would think, since our Hispanic Center of Excellence and Centers of Excellence (COEs) are no longer funded by the Health Resources and Services Administration, that we would not be standing in front of you today. But because of the commitment and dedication of our institutions, we have continued in our work to impact health professions workforce capacity on the U.S.-Mexico border. And that is our Consortium's main purpose. Around that main purpose we first met to develop a strategic plan, because we were very aware that workforce issues impact access to quality health care for our communities within the U.S.-Mexico border region.

We focused first on health professions workforce in direct health services. We explored the gaps and needs of those health professions shortage areas and what we could do as COEs to really address those particular issues. But addressing direct health services workforce was not enough. We needed to look at health research workforce capacity to really understand the kinds of current research activities to move us forward in understanding the health disparities on the U.S.-Mexico border. Health disparities exist all over the United States. But at the U.S. Mexico border region, in any indicator for health, there are greater disparities, and therefore we needed to address research

workforce capacity. And we were so fortunate to work with the Pan American Health Organization, which has catalogued the researchers and research projects information we collected into its Virtual Library. This would allow collaboration, communication, and coordination, not only between investigators interested in border health research, but among researchers nationally and around the world.

Then we turned our efforts to community service learning and built a model curriculum guide book. We felt this was very important because we were very aware that after training our health profession students, they weren't returning to our communities. And we felt the way to keep them tied to our communities, and to come back and serve, was through Community Service Learning. We also felt that Community Engagement was so important in building that workforce capacity that we continue that theme today and this year. "Community-Based Programs to Create Community-Responsive Health Professional Workforce" is the theme for this year. And in the spirit of keeping connected to our communities and of teaching our students the importance of being the future community leaders, we invited a large number of our students to participate and help us in our strategic plan as we move forward as a U.S.-Mexico Border Consortium.

This year the sub-themes are community engagement, community service learning, and health literacy. In the opening remarks, we highlight how language is important in providing high-quality access to care for our communities. But we understand that it is not just an issue of language, but also an issue of health literacy. That is why we felt it important to have a panel specifically dedicated to health literacy. Community-based Community Participatory Research is vital to address health disparities on the U.S.-Mexico border.

In summary, health education is something no one can take away from us or our communities. That is what the U.S.-Mexico Border Centers of Excellence Consortium is about. Our goal is to build a well-educated, highly-qualified health professions workforce that continues to engage with our communities, so that we make sure these professionals come back.

U.S. – Mexico Border COE Consortium

“Community-Based Programs to Create a Community-Responsive Health Professions Workforce”

Keynote Speaker: “Finding Opportunity in a Changing Health Care Landscape”

Edward O’Neil, PhD, MPA, FAAN, University of California, San Francisco

Edward O’Neil is a Professor in the Departments of Family and Community Medicine, Preventive and Restorative Dental Sciences, and Social and Behavioral Sciences (School of Nursing) at the University of California, San Francisco. He also serves as Director of the Center for the Health Professions, a research, advocacy, and training institute that he created. The Center helps health care professionals, health professions schools, care delivery organizations, and public policy makers understand the challenges and opportunities of educating and managing a health care workforce capable of improving the health and well-being of people and their communities.

The Center for the Health Professions houses a number of initiatives that are designed to understand and address the issues facing health care and health professionals. The Center’s programs include the Pew Scholars Programs in the Biomedical Sciences, the Robert Wood Johnson Executive Nurse Fellows Program, the California Health Care Foundation’s Health Care Leadership Program, the Integrated Nurse Leadership Program, the Pharmacy Leadership Institute, the Health Workforce Tracking Collaborative, the LEADing Organizational Change Program, and the Clinic Leadership Initiative.

Dr. O’Neil served as the Executive Director of the Pew Health Professions Commission from 1989 through 1999; the Commission was a nationally recognized advocacy group focused on reform in health workforce issues. He has published numerous articles, chapters, and books on this and other work. He is or has served as a consultant to the World Health Organization, Government of New Zealand, Rockefeller Foundation, Pew Charitable Trusts, W.K. Kellogg Foundation, Fetzer Institute, Robert Wood Johnson Foundation, and California Health Care Foundation, as well as a number of federal, state and institutional agencies. He holds Bachelor’s and Master’s degrees from the University of Alabama and a Master of Public Administration degree and a Doctorate in History from Syracuse University. In addition he has received honorary degrees from New York Medical College, the Western University of Health Sciences and two other universities. In 2003 he was elected to an honorary Fellowship in the American Academy of Nursing.



“The changing health care environment will create considerable dislocation in the coming years. These changes will also drive new opportunities for change into the system. Practitioners, organizations, delivery systems, and schools that understand and master these changes will be able to successfully promote new strategies to achieve their vision. Issues related to the growing diversity of the U.S. population,

cultural competence of health care, and the disparity of health care outcomes will be more successfully addressed as they understand and leverage off of these changes.

“This presentation will examine the changes and give examples of how the range of diversity and health issues might be advantaged by them.”

U.S. – Mexico Border COE Consortium

“Community-Based Programs to Create a Community-Responsive Health Professions Workforce”

Panel Discussion: “Innovative Community-Based Programs”

Representatives of Border States:

Carol Quillman Galper, EdD, CHES, Director, University of Arizona COM Commitment to Underserved People Program

Maria Luisa Zuniga, PhD, Co-Director, UCSD Hispanic Serving Health Professions Schools Scholarship Program

Arthur Kaufman, MD, UNM HSC Vice President for Community Health, Director, Community-Based Health Extension Program

Claudia Miller, MD, MPH, Director, South Texas Environmental Education and Research Center

Carol Quillman Galper, EdD

Dr. Carol Galper is Assistant Dean for Medical Student Education, Community Health Education, and Assistant Professor of Family and Community Medicine at the University of Arizona College of Medicine. She received her BA in Sociology from the University of Arizona and went on to earn her MEd in Health Education with a minor in Higher Education at the same institution. She then pursued an EdD in Educational Leadership and minored in both Higher Education and Public Health at the University of Arizona.

Dr. Galper is a Certified Health Education Specialist (CHES) and has provided AIDS and HIV training education to health professionals throughout the state of Arizona. Having received a grant from the Centers for Disease Control and Prevention, she planned and coordinated HIV/AIDS education programs for Pima County in Arizona. She has presented in many different states on topics such as “HIV testing,” “Meth mouth, oral piercings and other issues,” and “Arizona’s Rural Health Professions Program: Where are we now?” She is a Board member of the Tucson Gay, Lesbian, Bisexual, and Transgender Community Center, the National Rural Health Association, the Rural Medical Educators Association, and the American Public Health Association. Dr. Quillman Galper has been nominated for many awards, including the Outstanding Service Award of HIV-AIDS by the Arizona Department of Health Services in 1988. Her dedication to educate rural communities and health professionals has left a great impact in Arizona and in many other communities around the nation.

María Luisa Zúñiga, PhD

Dr. María Luisa Zúñiga is an Assistant Professor and Epidemiologist in the Division of International Health and Cross-Cultural Medicine at the University of California, San Diego School of Medicine. She holds a secondary appointment in the UCSD Division of

Community Pediatrics and serves as Core Faculty for the UCSD/SDSU Joint Doctoral Programs in Global Health and Health Behavior.

She completed her master's degree in International Relations and Pacific Studies at UCSD in 1992 with an emphasis on public policy and health. She completed her doctoral degree in Public Health/Epidemiology in 1999 through the UCSD/SDSU Joint Doctoral Program in Public Health/Epidemiology. She specializes in behavioral health and access to care in Latino populations living with HIV as well as access to care in the U.S.-Mexico border region.

Dr. Zúñiga applies principles of Community-Based Participatory Research (CBPR) in her work to collaborate with community-based agencies and clinics in the development of research studies that are meaningful and culturally relevant to the communities she serves. She mentors medical students and residents in application of CBPR and delivery of culturally effective care. Dr. Zúñiga also teaches principles of CBPR in her service as core faculty in the UCSD Faculty Development Program "Serving the Underserved."

Specific areas of health research in which she focuses include HIV/AIDS, HIV-related stigma, and HIV-transmitting risk behaviors, including HIV prevention in high-risk youth; access to health care for persons who migrate between Latin America and the United States; and health issues relevant to persons living in the U.S.-Mexico border region, including binational health care access and utilization. Currently Dr. Zúñiga is conducting a study to improve understanding of barriers to participation in clinical trials for Latino populations living with HIV/AIDS. She is Co-Director of the UCSD Hispanic Serving Health Professions Schools Scholarship Program to provide training in border health research and HIV to Hispanic students and health professionals who are in the early stages of their careers as researchers or academic scientists.

Arthur Kaufman, MD

Dr. Arthur Kaufman is Vice President for Community Health at the University of New Mexico Health Sciences Center and Professor in the UNM SOM Department of Family and Community Medicine. Dr. Kaufman received his MD at the State University of New York Downstate Medical Center in 1969.

Since 1982 Dr. Kaufman has been with UNM, where he has played key roles such as Director of the Division of Family Medicine, Department of Family, Community and Emergency Medicine; Acting Assistant Dean for Graduate Medical Education; Director of the Health of the Public Program; Director of the WHO Collaborating Center for the Dissemination of Community-Oriented, Problem-Based Education; and Chair of the Department of Family and Community Medicine. In 1999 Dr. Kaufman was elected Secretary General of the Network Toward Unity for Health, which he has continuously served in an international leadership role that will extend for at least 10 years.

Dr. Kaufman's publications are numerous and multifaceted. Among his awards are the NM Distinguished Public Service Award, presented by NMDPSA Committee in 2007; the "Five-Star Doctor" in the World, presented by the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA), also in 2007; the Humanism in Medicine Award at the UNM SOM in 2001, presented by the Association of American Medical Colleges; and the "Family Physician of the Year," bestowed by the American Academy of Family Physicians-New Mexico in 2000.

Claudia Miller, MD, MS

Claudia Miller, MD, MS, is a tenured Professor in Environmental and Occupational Medicine, Assistant Dean for the MD/MPH Program, and Vice Chair of the Department of Family and Community Medicine at the University of Texas Health Science Center at San Antonio (UTHSCSA). She is also Founder and Director of the South Texas Environmental Education and Research (STEER) Program, the only medical school curriculum to offer hands-on, experiential training in environmental health, public health, and international health at the U.S.-Mexico border. STEER has been the recipient of national and state awards for excellence in environmental and medical training.

Dr. Miller co-authored a landmark report for the state of New Jersey on chemical susceptibility, for which the state received the World Health Organization's Macedo award, and a professionally acclaimed book, *Chemical Exposures: Low Levels and High Stakes* (2nd edition, John Wiley and Sons, Inc., New York, 1998). She has authored or co-authored numerous book chapters and peer-reviewed publications on the health effects of low-level chemical exposures.

Her federal appointments include the National Advisory Committee on Occupational Safety and Health, the Department of Veterans Affairs Persian Gulf Expert Scientific Committee, and the National Toxicology Program Board of Scientific Counselors. She has served as consultant to the chief-of-staff of the Houston VA for its Persian Gulf Regional Referral Center, and as an advisor to the Texas Department of Health, the Environmental Protection Agency, the Agency for Toxic Substances and Disease Registry, and the Canadian, German, Japanese, and Swedish governments. During her sabbatical year, she served as special consultant to the Deputy Director of the National Institute of Environmental Health Sciences (NIEHS/NIH). She has organized and chaired two NIH meetings on chemical intolerance, one in Tokyo that focused on the need for and use of environmentally controlled hospital units for research, the other on Toxicant-Induced Loss of Tolerance, the disease mechanism she first described in 1996.

Board-certified in Allergy/Immunology and Internal Medicine, Dr. Miller received her medical degree from UTHSCSA, completed her internship and residency at Brackenridge Hospital in Austin, Texas, and her fellowship at UTHSCSA. She received her BA in molecular biology from the University of Wisconsin in Madison and MS in environmental health from the University of California-Berkeley School of Public Health.



The purpose of this panel is to showcase an innovative community-based program in each of the Consortium states.

U.S. – Mexico Border COE Consortium

“Community-Based Programs to Create a Community-Responsive Health Professions Workforce”

Plenary Speaker: “Community-Based Participatory Research—a Dialogue”

Alexis Kaminsky, PhD

Alexis Kaminsky, PhD, is Research Assistant Professor at the University of New Mexico’s College of Pharmacy and has extensive practitioner and scholarly experience in the field of program evaluation. Dr. Kaminsky is affiliated with the Ethics Institute and has been a member of the Human Research Review Committee at the University of New Mexico Health Sciences Center. Along with the Institute’s Ethics Certificate, Dr. Kaminsky teaches the research ethics course required for the NIH Minority Access Research Training Grant at the UNM HSC. The course, “Introduction and Guide to the Ethical Conduct of Research,” targets upper-level undergraduates in biology and biochemistry as well as graduate students in biomedical sciences. It is offered in the spring semester for three credits. A Cornell graduate, Dr. Kaminsky has taught at Stanford University, was a Teaching Fellow of “Conduct of Inquiry” at the California Institute for Integral Studies in San Francisco and has been with UNM since 2001. She has been a recipient of the Virginia Cutler Fellowship, the Serby-Gildea Scholarship, and the Human Ecology Alumni Association Graduate Award. Her articles have been published in scholarly periodicals such as “Academic Medicine,” “Ethics and Behavior,” and “New Directions in Program Evaluation.”



The purpose of this skill-building session is to help participants learn practical skills in engaging communities, including building effective common language and understanding for data collection and evaluation, ways to communicate data, and defining data in context.

U.S. – Mexico Border COE Consortium
**“Community-Based Programs to Create a Community-Responsive
Health Professions Workforce”**

Panel Discussion: “Community-Based Programs – Area Health Education Centers”

Representatives of Border States:

Don Proulx, BS, BA, MEd, Associate Director, Arizona AHEC Program, AZ

Kendra Brandstein, MPH, MSW, Director, San Diego Border Area AHEC, CA

Benjamín Jácquez, MS, Director, Southern AHEC, Las Cruces, NM

Steven Shelton, MBA, Director, East Texas AHEC Program, Galveston, TX

Don Proulx, BS, BA, MEd

With the University of Arizona, Don Proulx has served as the Director of the Arizona Border Health Education and Training Centers (HETCs) program. HETC training is included for community health workers, known as *promotores*. *Promotores* are integral members of the health care team who are effective in delivering border health outreach services. In Arizona, they are included in interdisciplinary health professions student teams. Cross-border and binational programs are included in the work of the HETCs to address health disparities and access to health care issues unique to the U.S.-Mexico border region. Mr. Proulx currently serves as Associate Director (since 1992) of the Arizona Area Health Education Centers (AHEC) Program, and he is the Principal Investigator and Co-Director (2004 through 2008) of a Community Health Worker National Education Collaborative, funded by the Fund for the Improvement of Postsecondary Education (FIPSE) of the U.S. Department of Education. (See www.chw-nec.org.)

From 1998 through 2002, Don was the PI and Director of an Arizona AHEC Program initiative known as “Project Jump Start.” This was also funded by FIPSE to support curriculum reform and the national dissemination of a model for “core competency-based, college credit-bearing, basic entry-level certificate educational programming for CHWs.” The project emphasized broad collaboration and participation by four rural-serving community colleges, three rurally based AHECs, and multiple community-based employers of community health workers, *promotores*, and Native American tribal community health representatives (CHRs) in Arizona. A “Core Curriculum Guidebook for A Community Health Worker Basic Certificate Program” was published in 2002 for broad national dissemination of the lessons learned in Project Jump Start. This guidebook shares recommended core curriculum teaching modules resulting from the project. The project, most importantly, invited CHWs from all across Arizona to be the experienced contributing voice for curriculum and instructional delivery developments. CHWs, themselves, were the principal first-line evaluators of the curriculum, and they

essentially taught the community college faculty “what to teach and how to responsively deliver it,” so that “it” was culturally appropriate to the unique character and educational attainment levels of the typical CHW adult learner.

Don is a higher education and medical microbiology graduate of the University of Arizona. The emphasis of Don’s graduate work in higher education is in curriculum and instruction. Mr. Proulx has served the Arizona AHEC program since 1989 both as a founding center (AHEC) Director and as the Arizona AHEC Program Associate Director. He has published many articles and has given many national symposia, workshop, and conference presentations since 1972.

Don served as Instructional Dean and District Director for all the Health Sciences (Nursing and Allied Health) Programs with Pima Community College in Tucson for 15 years (1970-85). He was Field Director, stationed at UT-Pan American University in Edinburg, Texas, for Project HOPE’s Southwest Mexican Border Health Workforce Development Program from 1985 to 1988. This program collaborated with nine institutions of higher education along the Mexican border region from Texas to California. The project developed, implemented, and evaluated some 13 accredited programs in nursing and allied health disciplines, including community health workers/*promotores*. The Project HOPE (Health Opportunity for People Everywhere) initiative provided recruitment, retention, and placement services for border-area Hispanic/Latino students indigenous to the U.S.-Mexican border neighborhoods; the project emphasized improved representation by border-area minority and disadvantaged people in the delivery of health and human services.

Kendra Brandstein, MPH, MSW

As a lifelong ambition, Kendra has a desire to empathize with a variety of cultural perspectives and rectify the disparities in health services, which has culminated in her work experiences during the last several years. Kendra combines her knowledge and experience in the field of Public Health and Social Work with a behavioral health emphasis. As of Spring 2008, Kendra has completed course work for UCSD/SDSU’s Joint Doctoral Program in Behavioral Health Sciences. She has many years working with local and international health promotion programs as well as extensive experience in the design and implementation of community-based health programs that serve a diversity of cultures and issues. Since 1995, Kendra has been directing community health worker/*promotora*, youth pipeline and health professions programs with the immigrant and refugee communities of San Diego and along the U.S.-Mexico border.

Since November 2002, Kendra has served as Director of Community Benefits and The San Diego Border Area Health Education Center at Scripps Mercy Hospital Chula Vista. Kendra is responsible for the development and management of community health and outreach programs/services that enhance the overall health of the community in the South Bay. The principal program activities at Scripps include the San Diego Area Health Education Center (AHEC), California Border Healthy Start Project, Breast Health Outreach and Education Program, and Scripps Chula Vista Well-Being Center and its associated programs.

Benjamín Jácquez, MS

Mr. Jacquez is the Director of the Southern Area Health Education Center (SoAHEC) based on the New Mexico State University main campus in Las Cruces. SoAHEC has provided health career awareness training and programs to minority and disadvantaged public school students for more than 20 years. Before joining the SoAHEC staff, Benjamín accumulated 12 years of community outreach and administrative experience working with government organizations at the federal, state, and municipal levels as well as in the non-profit sector in a variety of community-driven projects in the U.S.-Mexico border region. A native of Southern New Mexico, he earned Bachelor's and Master's degrees in Family and Consumer Science from New Mexico State University.

SoAHEC trains community members in Southern New Mexico in order to strengthen health professional recruitment and retention efforts in rural areas of New Mexico. SoAHEC's community outreach work has received significant recognition. Specifically, SoAHEC's Home Safety Program was recognized as a "Border Model of Excellence" by the U.S.-Mexico Border Health Commission in 2003-2004 as a culturally appropriate community training model. This program trains "*promotoras de salud*" to work with families in their homes, to assess and improve home environments in order to create healthier homes. Data from the program have been collected and analyzed, and the results have been disseminated in a variety of peer-reviewed journals. SoAHEC continues to develop programs in environmental health, diabetes/obesity prevention, health literacy, and health career awareness, and will be disseminating findings from this work to contribute to the professional literature.

Steven Shelton, MBA

Steven R. Shelton is Assistant Vice President for Community Outreach at the University of Texas Medical Branch at Galveston. He combines more than 30 years of experience as a primary health care physician assistant, health professions educator, and administrator of programs such as the East Texas Area Health Education Center (AHEC) to improve the health of individuals and communities. Mr. Shelton's interests and expertise include an in-depth understanding of health workforce development issues, local health system challenges and opportunities, health literacy, and the needs of both rural and metropolitan underserved populations. His work includes activities to promote a deeper understanding of the psychosocial and economic root causes of health disparities as a means to address the need for better health for all through principles of equity and social justice. He is active in community service, and has served in numerous leadership roles at the regional, state, and national levels. He is an alumnus of Angelo State University and the UT Medical Branch, and holds a Master of Business Administration degree from the University of Houston-Clear Lake.



The purpose of this panel is to describe educational, community-based, experiential programs that have been designed and are coordinated by an Area Health Education Center (AHEC) in each Consortium state.

U.S. – Mexico Border COE Consortium

**“Community-Based Programs to Create a Community-Responsive
Health Professions Workforce”**

**Panel Discussion: “Service Learning in Community Health Care Settings,
Creating and Developing a Student Voice”**

Student Representatives

Cazandra Zaragoza, Medical Student, University of Arizona

Kristin Nobrega, Pharmacy Student, University of Arizona

Whitney Shields, Pharmacy Student, University of Arizona

Ann Griego, Medical Student, University of California, San Francisco

Blanca Tapia, Medical Student, University of California, Irvine

Jamie McGuire, Medical Student, University of California, Irvine

Julio Romero, Pre-Medical Student, University of New Mexico

Persephine Becenti, Pre-Nursing Student, Central New Mexico College

*Olga Rodriguez, Pharmacy Student, University of Texas at El Paso/UT Austin Cooperative
Pharmacy Program*

Celina Beltran, MD, Resident, Texas Tech University School of Medicine



The purpose of this panel is to give voice to student community-based program experiences, especially as these build professional and leadership skills.

U.S. – Mexico Border COE Consortium

“Community-Based Programs to Create a Community-Responsive Health Professions Workforce”

Plenary Speaker: “Health Literacy and Community Engagement.”

Yolanda Partida, DPA, MPA, MSW, BA, UCSF, Fresno

Dr. Yolanda Partida is National Program Director of *Hablamos Juntos*. *Hablamos Juntos*, which means "we speak together," is a project funded by the [Robert Wood Johnson Foundation](#) and administered by the [UCSF - Fresno Center for Medical Education and Research](#), a branch of the [UCSF School of Medicine](#).

Dr. Partida has broad experience in public and private health administration and private consulting, public/teaching and private hospital administration, and public policy and public health administration.

As Deputy Director of Community Health for the San Diego County Health and Human Services Agency, Dr. Partida was responsible for overseeing more than 800 employees and administering a \$137 million budget for a variety of personal and public health programs, including a private-sector delivery network for indigent health. Because of the county's proximity to Mexico and unique public health challenges, she worked with public health officials in Mexico to implement cross-border public health strategies for a binational community of nearly 5 million people.

Working as Deputy Director for the Fresno County Health Services Agency, Dr. Partida was responsible for county-operated, hospital-based clinics and decentralized community health centers that served ethnically diverse urban and rural populations. In a prior role as Assistant Hospital Administrator for Valley Medical Center, Fresno, she worked with a local community college to develop a hospital-based Interpreter Training Program to improve interpreter services in this busy public hospital. Her focus on interpreter development helped identify culturally insensitive organizational practices and the importance of training staff on how to use interpreters.

As Director of Social Services at Valley Children's Hospital in Fresno, Dr. Partida was involved with redefining hospital policies and practices to deal with a large influx of Southeast Asian refugees. Her department received a distinguished service award from the Laos Family Council.

Dr. Partida received a Doctorate in Public Administration from the University of Southern California, a Master in Public Administration from the University of San Francisco, and a Master of Social Work and Bachelor of Arts from California State University in Fresno. She is a member of an Institute of Medicine Roundtable on Health Literacy and formerly served on a committee to study effective health communication and behavioral change strategies for culturally and demographically divergent populations. She is also the founder and Executive Director for The Partida Group, a Latina-owned, health policy, research, and management consulting firm specializing in diverse populations.



The diversity of peoples, cultures, and languages in the United States continues to grow and evolve. This places new demands on health care providers and administrators who must overcome myriad cultural and linguistic barriers to communicate clearly with their patients about increasingly complex tests, therapies, insurance products, and care delivery systems. Drawing on lessons learned from demonstrations located in 10 states and research in developing practical tools for improving the quality of health translations, *Hablamos Juntos* Director Yolanda Partida talked about the importance of using the lens of culture and language and engaging in transformational activism to create broader and more far-reaching solutions and health care systems that are responsive to diverse patient populations. The idea of promoting transformational change arises from a basic observation: communication in health care, in any language, is *more than words*, and culture and language matter deeply.

This nation is in the midst of an irreversible global cultural and economic revolution that is making the American culture more diverse and less amenable to current approaches to communications. The rising tide of limited English speakers and our fast-growing diverse communities are rooted in larger economic and political shifts taking place around the globe. These trends are not reversible – they are in fact accelerating. We cannot begin to address the demand for health systems to adapt and adjust to their changing patient base at the point of an encounter. As important as the development of practical tools is, the experience of front-line health organizations points to a need for more far-reaching solutions and transformational activism. Culture and language matter – in health care communication and how we think about solutions to health literacy, language barriers, and so on. Solutions to language barriers cannot be just about interpreters and translated materials. Bold transformative strategies leading to real change are needed. Transformational activism taken up by passionate change agents within our health care organizations, using the lens of culture and language to redefine solutions, is shifting emphasis from tools to systemic change. It is taking on policy by policy, practice by practice, program by program to transform today's health care system to be more responsive to today's and tomorrow's diverse populations. Concerted communitywide efforts – those engaging public health and health care delivery systems, local education systems, the media, and health care consumers – are also needed to improve how consumers get health information and to build basic capabilities among health care professionals to care for diverse patient populations. People and time investments are needed to develop basic capabilities to work within diversity, and to grow linguistic competencies, broadly.

Effective solutions require bold national strategies. As a nation we are faced with a defining moment, and as before in times of great uncertainty, our nation's leaders and Congress need to take bold action, making again a sizable national investment to create new national competencies needed for the multilingual world in which we live. It is now time to invest in growing foreign languages and to engage in principled language planning, understanding heritage languages as a vital national resource that need to be protected and strengthened and investing in growing multilingualism. We need to take up the Call to Action proposed by leaders from government, industry, academia, and

language associations at the 2004 First National Language Conference¹: to make National Foreign Language Capabilities a national priority, envisioning “a future in which the United States enhances its global leadership through increased proficiency in foreign languages and understanding of and respect for the cultures of the world.”

¹ Call to Action for National Foreign Language Capabilities published February 2005. Accessed on National Language Conference Web site. http://www.nlconference.org/docs/White_Paper.pdf 3/23/2008 11:06 PM

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U.S. – Mexico Border COE Consortium

“Community-Based Programs to Create a Community-Responsive Health Professions Workforce”

Panel Discussion: “Demonstration Projects in Health Literacy and Community Engagement”

Representatives of Border States:

*Martha Lindsey, MLS, MA, BSW, Director, Community Outreach and Education Program
University of Arizona Library Sciences, “Health Literacy Project”*

Zaidee Staveley, Reporter and Associate Producer, “Linea Abierta” on “Radio Bilingue”

Maria Otero, National Cancer Institute, “Cancer 101--Cancer Health Literacy in the Border Area.”

Oralia Bazaldua, PharmD, University of Texas Health Science Center at San Antonio

Martha Lindsey, MLS, MA, BSW

Ms. Lindsey described the “Health Literacy Project” – service learning for pharmacy students using the environment to motivate people to learn about health.

Low literacy affects more than 90 million adults in the United States. At best, they can perform undemanding and everyday literacy activities and recognize printed words on a fourth- and fifth-grade level. The problem is more pronounced for the elderly and for people who speak English as a second language. People with low health literacy are unlikely to be able to comprehend health-related instructions or educate themselves with health information, which are characteristically written above the eighth-grade reading level. Suggestions for writing health-related materials are not definitive, ranging from grade five to grade eight. Quality client education requires use of either educational materials appropriate for the measured reading level of clients or alternatives to written material. The National Workgroup on Health and Literacy recommends that pharmacists and student pharmacists be educated about how to effectively communicate medication information to patients with inadequate functional health literacy.

The project described is an elective class for pharmacy students in which students explore the problem of low health literacy and practice good health communication skills in the classrooms and public events of the outreach core of the Southwest Environmental Health Sciences Center. The course work is designed around the topics of health communication, health literacy, and environmental public health, which studies how the environment influences human health and disease, such as communicable disease and environmental contamination. Using this context motivates students to learn more about health. This year was an experimental class, the evaluation of which included data from a focus group of the participants, formal evaluation of the materials developed, and feedback from the teachers who hosted the students. The basis of the project is a biopsychosocial model of health literacy, which takes into account the physical, emotional, social, and educational aspects of patients, while informing health

providers about effectively selecting or creating health information materials to meet the needs of all patients.

Zaidee Stavely

Zaidee Stavely is reporter and associate producer of the daily national news show “Linea Abierta” on “Radio Bilingüe,” the national Latino public radio network in the United States. She has won several awards for excellence in reporting, including a James A. Weschler Memorial Award in 2006 for a radio documentary on indigenous Otomi immigrants in New York, and special recognition from the ASCAP Deems Taylor Awards for music reporting on a street musician in Mexico City. Her feature stories on environmental justice and health at Radio Bilingüe have included an in-depth investigative story on an abandoned fertilizer factory's contamination of groundwater in the Central Valley town of Arvin, the health effects of immigration raids on a small town in Fresno County, and ongoing coverage of farmworker families organizing for more protection against pesticide drift. She has a Master's degree from the Columbia University Graduate School of Journalism, and she previously worked as a journalist for national and international publications in Mexico City.

Maria Otero

Maria Otero is the Partnership Program Coordinator for the National Cancer Institute Cancer Information Service, Rocky Mountain Region, and Health Educator for the UNM Cancer Center. Based at the University of New Mexico Cancer Research and Treatment Center, she works with statewide partners to build capacity to reach minority and medically underserved populations, offering expertise in areas such as program planning, education and coalition building. As a trained public health educator, Maria has been involved in tobacco control, cancer prevention and teen pregnancy prevention for the past 15 years with minority populations in southern and northern New Mexico. Maria helps community partners to implement culturally sensitive and culturally relevant programs, emphasizing development and inclusion of language-appropriate educational materials.

Cancer 101 – A Cancer Education & Training Program is an educational resource tool designed to provide basic information about cancer. Developed in 2002, the curriculum is the result of collaboration between the Northwest Portland Area Indian Health Board, Spirit of EAGLES (SoE), and the National Cancer Institute's Cancer Information Service-Northwest Region (NCI-CIS), which share a common mission to reduce the burden of cancer through education and awareness. *Cancer 101* trainings provide participants an opportunity to increase their knowledge about cancer, from diagnosis through end-of-life issues, and to disseminate what they have learned to others within their families, organizations, and communities.

The popularity and widespread dissemination of the resource has created the need to develop a guide for adapting *Cancer 101* for use with other populations. To this end, NCI-CIS formed a national workgroup to bring cultural and professional expertise to formulate adaptation guidelines that take cultural relevance, literacy, and other important issues into consideration when adapting this cancer resource. Workgroup members bring the experience of having partnered with various programs to adapt, implement and evaluate *Cancer 101* trainings for targeted audiences. Symposium participants will gain awareness of the *Cancer 101* curriculum, learn about two specific

adaptations for Hispanic and African-American populations, and gain an understanding of the adaptation guidelines.

Oralia Bazaldua, PharmD

Oralia V. Bazaldua, PharmD, is Board Certified in Pharmacotherapy and is a Fellow of the American College of Clinical Pharmacy. She is an Associate Professor at the University of Texas Health Science Center at San Antonio in the Department of Family and Community Medicine. She completed a specialty residency in primary care at the University Of Colorado College of Pharmacy and Kaiser Permanente. Current responsibilities include teaching family medicine residents and pharmacy students. She provides clinical care through pharmacotherapy consult clinics and conducts research in appropriate medication use and health literacy. She is co-founder of The San Antonio Health Literacy Initiative. Dr. Bazaldua actively provides awareness to other health professionals about working with patients with low health literacy and has been invited to speak in national meetings on this topic.



The purpose of this panel is to showcase model projects, their design, implementation, and evaluation in each of the Consortium states.

U.S. – Mexico Border COE Consortium

“Community-Based Programs to Create a Community-Responsive Health Professions Workforce”

Conclusion and Forum Adjournment:

Martha Medrano, MD, MPH, University of Texas Health Science Center at San Antonio

I was asked to make some closing remarks. Let me say that, like every year, the Forum has been a great success. A large part of the success of the Forum is the participation, the passion, and the spirit that comes from doing what's right for our communities. I want to acknowledge the hard work of the Consortium Core members. Without their dedication throughout the year to help conceptualize what will take place during the Forum, nothing would happen. Remember that it's not one individual, it's always a community.

I just wanted to share a couple of thoughts with you. Yolanda Partida used a phrase this morning that I think really captures it all: “transformational activism.” She spoke of transformational activism, transformational advocacy. But you know, I think that is what we began to think about, to talk about last year, and the word transformation very much was a part of our conversation last year, when we were talking about community service learning. Those components of transformational activism include social justice, policy, issues, and political action. Transformational activism also includes issues centered around self-reflection and self-assessment. Self-reflection, self-assessment, challenges us to look at our own personal values and beliefs, and how those values and beliefs are congruent with our current institutional values and beliefs. When we find incongruencies in these values and beliefs, what do we do with those? Individual and institutional values and beliefs are drivers of what we do. I heard in conversations during the Forum and in presentations, particularly Ed O'Neil's keynote address, that those drivers are sometimes economic. We need to ask: economic gain for whom? When we do this self-reflection, this self-assessment of what drives us, of what gives us passion, it is, in fact, what's right for the community. Doing right by our communities and making sure that there are continued opportunities, not only for education, but also for being able to empower those communities, follows what our grandparents did for us.

My family came over during the Mexican Revolution of 1910. Interestingly enough, we are going to celebrate the 100th year since the Mexican Revolution in a couple of years. But the reason my family members came was to allow all of their offspring to have those opportunities for education and for economic advancement. That is so much of what drives me and what drives the values and beliefs of our family. And I am not alone. Everyone in this room has those same drivers, as well, in doing what is right and giving back above and beyond our family members to our communities. Communication, collaboration, and coordination are the U.S.-Mexico Border Consortium's core values and beliefs. In listening to those gathered here, I also heard that it's going to be important for us to create a voice, a larger voice than what we have had in the past. We must strive not to conform to those voices that are trying to be louder, that are driven by economic issues that, in fact, do not want to be and are not in the best interest of our communities. With that, I want for each one of you to think about what transformational activism is going to mean for you in the next year before we come together for our Forum in 2009.

U.S. – Mexico Border COE Consortium

“Community-Based Programs to Create a Community-Responsive Health Professions Workforce”

Facilitator: Ana María López, MD, MPH, FACP, Associate Dean, Outreach and Multicultural Affairs, College of Medicine, University of Arizona

Recorder: Jennifer Potter, MA, Administrative Associate, Arizona Cancer Center, University of Arizona

Names of Participants:

Cecilia Rosales, Associate Professor, College of Public Health, University of Arizona

Oscar Beita, MD, Assistant Director, Outreach and Multicultural Affairs, College of Medicine, University of Arizona

Robert Guerrero, MBA, Arizona Department of Health Services - Border Health

Donald Proulx, BS, BA, Medical Director, Community Health Worker-National Education Associate Director for Arizona Area Health Education Centers\University of Arizona

Elizabeth McNamee, MPH, FACHE, Associate Director, Community Development - St. Luke's Health Initiatives, Phoenix

Martha Lindsey, MLS, MA, BSW, Director, Community Outreach and Education Program, College of Pharmacy, University of Arizona

Cazandra Zaragoza, Pre-Medical, (Non-Degree-Seeking) Graduate Student, College of Medicine, University of Arizona

Whitney Shields, Pharmacy Student, College of Pharmacy, University of Arizona

Kristin Nobrega, Pharmacy Student, College of Pharmacy, University of Arizona

Michelle Mellen, HRSA, Dallas Region

Guiding questions for discussion:

We're saying that community-based programs have the potential to create a community-responsive health professions workforce. What does this mean?

Day 1 State Meeting (Monday, July 14, 2008 – 4:30 – 5:30 p.m.)

1. In what ways does community-based training change student attitudes?
Each member of the group provides one example of student attitude change.
2. How can university-based educators and community-based practitioners collaborate? Each member of the group provides one example of collaboration, successful or unsuccessful.

Day 2 State Meeting (Tuesday, July 15, 2008 – 11:00 a.m. – 12:00 noon)

1. Describe one “aha” moment that you experienced during this Forum.
2. Describe one action item that you will undertake in response to this Forum.
3. Next year’s Consortium project will be public/private partnerships. Please provide one idea on how best to approach this topic prior to or during the Forum in 2009.

SUMMARY:

The participants discussed individual interests and goals for the Consortium before addressing the questions presented by the Forum. Dr. Lopez stated that she wants to bring the state synergy to the national level and believes that Arizona can reach that level. Some of the goals were to see AHEC represented in future goals for the Consortium, to have the Office of Border Health fit in with the Consortium Community Service projects, to have an open dialogue on border issues networking with the Office of Outreach and Multicultural Affairs at the University of Arizona, to see service learning on both sides of the border, to see St. Luke’s community-based programs involved, and to develop opportunities for public partnering.

It was agreed that experience is critical to education and that there is a need for communication between what the students bring and what the academicians bring. The multidisciplinary approach presented by the College of Pharmacy students on the panel was discussed as an opportunity to match people with partners and as an opportunity for students to practice what they learn. Community-based training has a great impact in changing student attitudes in many ways. One of the examples discussed was a border policy class taught through a partnership with the Border Health Office and the Mexico Commission. The policy needed was researched and analyzed and a presentation produced as a final exam. A change in attitude was shown as the class came to life for the students. The students made presentations to representatives from each of the ten border states, and it was transforming for the students. Action items were assigned to be real-life, real-policy issues – not just “a homework assignment,” not just academic.

When university-based educators collaborate with community-based practitioners, it takes the class out of the classroom and into the community. It gives back to the community and presents real-life problems and real-life experiences. Students can be matched with partners who share the same community interests.

Someone mentioned a classroom with 13 native languages represented and many of the students wondering about pre-health. Teachers explored whether a partnership with the university would work. The students became totally engaged – learning went from academic to engagement and enhanced the teacher’s classroom. Participants experienced a sense of empowerment. The university now receives recognition and the students gain from the partnership. Role models are presented and it fosters an “I can” attitude. It is a win-win situation, although it is hard to assess and quantify the successfulness of these partnerships.

The question was raised: When doesn’t community education influence the students? A member explained that it took years for community family medicine to let AHEC be involved. By definition, community-based education influences the students. For that to happen, leaders needed to know “from where students hail” and what their expectations

might be. Then it could be determined what opportunities the University of Arizona/AHEC could create to give students continuity in their studies. The medical model and the community model needed to be brought together as a partnership. This takes time and sometimes there is the difficulty of limited resources. The libraries can be brought in as a gathering place, but an investment and commitment needs to be made to the community. Community-based training does make an impact on the student's future.

The group's goal was to develop good practices and learn how to evaluate the outcome. The three students in the group gave their views on community-based training and the importance of partnership. The pharmacy student mentioned how she enjoyed the opportunity to do what she had been learning for three years. It allowed her to use her learning in real life. It gave her a sense of value. Another MPH student candidate mentioned the importance of community service. A grant she had worked on required service learning. She believes it should be an undergraduate requirement. It builds awareness and helps students from losing sight of their goal (first stated in the pre-med curriculum.) Some stated that, as a land grant university, UA should incorporate service learning from the beginning. Students need to link with community service organizations. Michelle Mellen from HRSA stated that all Texas students need to do community service work to graduate from high school (80-120 hours). Ways to engage students in the community were discussed, including health fairs and engaging parents.

The student panel at the Forum was an "aha" moment for all. It was the first time such a panel had been included, and the students provided a lot of insight into various topics. Ideas for mentorship arose from their participation. Ideas for Mexico/Tribal Nation conferences – and across-the-border partnerships – developed. AHEC Director Don Proulx stated that they should engage counterparts in Mexico and provide them with support. They should be aware that Sonora, Mexico, has binational health conferences and they should participate.

The group should collaborate with the trilateral council in Tucson, and also utilize resources of the Office of Outreach and Multicultural Affairs. They should share information.

Another aha moment was the participation of Oralia Bazaldua as a speaker. Her presentation on appropriate medication use and health literacy increased awareness of medications and life-threatening issues. The different regulations on medications between Mexico and the United States present a problem in the border states. This raises questions on how to address the issue.

The focus on environmental health was also an aha moment. Everyone was pleased to see that so many people are involved in environmental health.

A participant asked who else besides Latinos are feeling the health literacy issues.

Several action items were discussed and are to be followed up in response to the Forum. Information for the upcoming Health Conference in Hermosillo, Mexico, in October was to be forwarded to the group. Collaboration was suggested with SICR (Southwest Institute Center for Research), which has a large disparities grant. HRSA's representative mentioned having all necessary paperwork on the HRSA Disparity Collaborative to work with Community Health Centers so as not to reinvent the wheel. The group expressed interest in working with Marti Lindsey, Director, Community Outreach and Education Program, College of Pharmacy, University of Arizona, on a

Health Literacy Initiative for Arizona (like San Antonio's). Members also expressed interest in the AZ Hospital Initiative (a medical safety initiative).

Many ideas came forth on how to approach the topic of public/private partnerships for the 2009 Forum.

- The foundations should be involved.
- The U.S.-Mexico Border Philanthropy Partnership should be contacted to participate (www.borderpartnership.org). This is a partnership of 19 border foundations and 12 funding partners.
- The Gates Foundation and state libraries should be contacted to participate.
- The tribes and nations should be invited to participate. (Jane Gray, Ken Pucha, Fred Hubbard and John Lewis were contact names provided.)
- The *promotoras* and community college and tribal college librarian groups should be involved.

The participants agreed that it was a great Conference!

U.S. – Mexico Border COE Consortium

“Community-Based Programs to Create a Community-Responsive Health Professions Workforce”

Facilitators:

Sandra Daley, MD, University of California, San Diego

Katherine A. Flores, MD, University of California, San Francisco - Fresno

Recorder:

Bertha A. Dominguez, MS, University of California, San Francisco - Fresno

Names of Participants:

Kendra Brandstein, MPH, San Diego Border Area Health Education Center

Sandra Daley, MD, University of California, San Diego

Bertha A. Dominguez, MS, University of California, San Francisco - Fresno

Katherine A. Flores, MD, University of California, San Francisco - Fresno

Fernando Mendoza, MD, Stanford University

Michelle Mellen, Bureau of Health Professions, Health Resources and Services Administration

Donna Monk, Bureau of Health Professions, Health Resources and Services Administration

Yolanda Partida, DPA, Hablamos Juntos

Jose Rea, University of California, Irvine

Zaidee Staveley, Radio Bilingue

Elizabeth Wilson, MD, University of California, San Francisco

Guiding questions for discussion:

Day 1 State Meeting (Monday, July 14, 2008, 4:30 – 5:30 p.m.)

- 1. In what ways does community training change student attitudes? Each member of the group provides one example of student attitude change.**

Each member provided a story or example of how community training has changed his or her respective students' attitudes. The areas of change were categorized as 1) clinical; 2) advocacy; and 3) research and leadership.

When placed in clinical settings, student attitudes change when their training provides them with an understanding of the roles of other health professionals and the role of community in the health care team. They are able to observe the stressors involved and the coping skills developed to handle such situations. They also recognize health professionals who are much like them, from the same background and experiences, and they begin to see themselves as capable. In addition, students' attitudes change when they interact with others not like them, whether these others are health professionals or patients. The students develop a sense of empathy and understanding. In their role as clinicians, students begin to see themselves as advocates and connect how their influence to change patient care is primed. Students recognize how they can use their role to advocate for change.

Students' attitudes change when they recognize that data and evaluation are critical in assessing outcomes and see how they can apply this information toward change. In doing so, students begin to see themselves as researchers and leaders.

A dichotomy approach versus a continued approach of training and education remains. In clinical settings, students observe their role models and learn what kind of physician they do and do not want to be.

2. How can university-based educators and community-based practitioners collaborate? Each member of the group provides one example of collaboration, successful or unsuccessful.

Most members provided an example of how university-based educators and community-based practitioners can collaborate. Examples stated included the recognition of preceptors or mentors through CME credit, teaching observation evaluation, professional development stipends for student projects, and participatory research opportunities. The committee agreed that there is a need to create network and resource centers so that students and faculty can collaborate in each institution and between institutions.

Communities can set the research agenda for junior faculty and students by the university establishing long-standing relations within the community, thus engaging the community to direct the research because it is of benefit to its members.

Day 2 State Meeting (Tuesday, July 15, 2008, 11:00 a.m. – 12:00 noon)

1. Describe one aha moment that you experienced during this Forum.

- Include our Mexican counterparts in our discussions;
- Radio Bilingue demonstrated the importance of media as a teaching opportunity for our students;
- Dr. Ed O'Neil's message that we need to do things in a new way not tied to funding; and,

- The importance of providing a structured curriculum for: 1) leadership training, including advocacy skills, and 2) community-based and service learning skills for students and faculty

2. Describe one action item that you will undertake in response to this Forum.

- Leadership as a focus of our statewide meeting

3. Next year's Consortium project will be about public/private partnerships. Please provide one idea on how best to approach this topic prior to or during the Forum in 2009.

- Scholarly journal Web-based research on service learning; community health worker program evaluation, research, and descriptions; and use of technology for cross-border teaching, learning and information sharing
- For our next statewide meeting, we will plan on inviting non-university partners (foundations) to discuss how we can collaboratively approach the training of our future health care leaders with a focus on our immigrant communities.

U.S. – Mexico Border COE Consortium

“Community-Based Programs to Create a Community-Responsive Health Professions Workforce”

Facilitator: Alexis Padilla, PhD, University of New Mexico School of Medicine

Recorder: Pamela DeVoe, MA, University of New Mexico School of Medicine

Names of Participants:

Benjamín Jáquez, MS, Southern Area Health Education Center, Las Cruces

Michelle Mellon, HRSA Regional Programs Office, Dallas

Diane Rivera, Con Alma Foundation, Santa Fe

Pat Sanchez, Santa Fe Community Clinic, Women’s Health Services

Leslie Scarborough, PA, University of New Mexico, Center for Disaster Medicine

Justina Trott, MD, Santa Fe Community Clinic, Women’s Health Services

NM State Meeting, July 14, 2008

Opportunities for community training had transformational effects for several group participants. One person was trained in a large East Coast city, but had the opportunity for a multidisciplinary rural clerkship in Truchas, NM. As a medical student, she joined other medical, nursing, and pharmacy students on the clerkship. This practitioner suggests that we “need to support students’ attitudes.” She said she felt out of place in medical school but felt at home on this clerkship. Students feel more freedom outside the medical school, talking with people directly. This practitioner regularly hosts students and residents for community rotations.

A participant recommended that students and residents be encouraged to watch relevant movies for a sense of how people live. For instance, “Salt of the Earth,” “Milagro Beanfield War,” “What the Garcia Girls Did on Their Summer Vacation,” and “Under the Same Moon” provide that context.

Our group mostly focused on the potential and processes involved in collaboration, and the qualities and characteristics of building relationships with the many different kinds of communities available to us. Difficulty forging relationships with communities, both outside and inside the university, can be related to time availability and shared interests, but process control is also a factor.

Community-based Participatory Research (CBPR) was seen as a good model for forging university-community partnerships and as an example of a funding source. Through this CBPR process, people have ownership in developing collaborative efforts. Funding was seen as an important element of building relationships over time. Especially when grants are involved, relationships are sometimes compromised when funding is applied for but not granted. It was considered better to try and foster relationships regardless of potential for funding, as “contractual relationships can get in the way.” A genuine relationship must be built over time, with the give and take that is natural and necessary to the process. This often jeopardizes the beginnings of a relationship that had been started but was still fragile, but was then not developed

because of lack of funding. Partnerships can't be grant driven – they have to be relationship driven.

Sometimes there is hesitancy to move from the university into a community setting; this was seen as being at least partly due to university efforts to maintain control. Foundation funding might change this dynamic a bit by moving financial control out of the university, and at the same time might help community members feel more ownership. Paseo del Norte and Con Alma were cited as examples of foundations with an interest in building community partnerships, especially in terms of health care access and training for health professions.

An example of collaboration was a project to teach teachers about Internet use. In this instance, teachers and schools were affiliated with the Bureau of Indian Affairs (BIA), and so funding for the project also came from the BIA. In this project, a network grew over 12 years among the teachers, BIA institutions and three universities. In this case, it was the need to communicate regarding teachers' efforts to learn the Internet that built a sustainable network. Another example is a Con Alma Foundation and Robert Wood Johnson Health Foundation collaboration on an Albuquerque high school cluster program, "Project Diversity," to develop a nursing pipeline with middle and high school students. "Especially for students who are often looked over, this program will inspire students to stay and work here," a participant stated.

NM State Meeting, July 15, 2008

Participants:

Alexis Padilla, Pam DeVoe, Pat Sanchez, Ben Jácquez
Donna Monk, HRSA

Wayne Powell, University of New Mexico, VP for Community Health Office

Julie Brockmeyer, nurse practitioner student, UNM Emergency Medicine Department

Group members mentioned several take-home ideas or issues from the Forum:

Taking a literacy approach to hospital signage is a good concept. When trying to direct people around the hospital, instead of stationing interpreters, good signage holds lots of promise. This is especially true since so many languages, including sign language, are spoken or used in the border area. A dilemma for interpreters is that while there is a need for certification as a medical interpreter, the service has to be provided free of charge under ADA and Medicare. In addition, while there is a certification for medical Spanish, general Spanish speaking is deemed "good enough" for non-medical interpretation.

On the issue of health access, an emergency room health worker talked about people using the emergency room as their primary care provider. There is an obvious lack of access to health care among people without insurance or adequate insurance, as well as among undocumented people and the fear that goes along with that status.

There is an interest in cross-cultural service learning opportunities for health students. UTEP (UT El Paso) has a research program that sends students to Mexico, and UC, San Diego has a similar program. There are problems with cross-national programs, though. For instance, the second largest income in Mexico comes from families sending money home from the U.S. As far as migration issues, Mexico has a federal system, so state and local governments have little say in policy. Non-governmental

organizations (NGOs) in Mexico are not formally recognized and the funding comes from foreign sources, and problems can arise because of these complications. In terms of placing students, who would these students be and how would they get here from Mexico? Border control is very oppressive now. Increased paperwork is required, including a well-defined reason for the visit, and there must be a government-to-government invitation — a federal-to-federal government process. The trans-border approach is open and transparent for trade goods but not humans. The North American Free Trade Agreement (NAFTA) is designed for business, but it may be open for revision with Mexico and the U.S.-Mexico border health issues in mind. This is a system problem. Developing Mexican partners for service learning student opportunities is very complicated. The radio show profiled at the Forum bypassed this whole process and speaks straight to the people of Mexico. Community-based programming means talking to community members in their own language, in terminology that they understand.

Selective Recommendations:

- More providers should have been included in the Forum, especially those from La Familia for First Choice (Community Health Centers in NM).
- In terms of outreach to improve literacy, once the connection is made, there is an obligation to get people properly screened for disease and then to offer services for those who screen positive.
- Our Consortium group should take best practices and recommendations to the national level by developing workshops on service learning. Not many others are doing what the Consortium has been able to do, so others might be able to gain from our experiences.
- *Promotoras* are not reimbursed by insurance companies, so the clinics employing them must pay directly. This group could work toward incremental change to bring in some reimbursement for *Promotoras*. We can do more to improve our payer and extender system, and we could do more with extenders, especially since this extension of services won't happen from physicians.
- It is better to work on changing the health care system. “Do we continue to patch the health system by trying to get folks into the broken system, rather than changing the system to match people?” a participant asked.

Ideas for next Forum:

- Hold the Forum but do it as a teleconference also, then wire in other communities. That way people could stay local but contribute and benefit from the meeting.
- Invite policy makers, especially those with an interest in health and organizations impacted by lack of access, such as chambers of commerce, etc. Start to mix content of the agenda and attendees.
- Focus on the border impact area. Immigration and its effect on the whole country, trade groups, chambers of commerce — all have issues with undocumented people. The impact covers the health sector, but also public and private companies in the U.S. and Mexico.
- Discuss workforce issues in terms of health and business, reflecting national systemic issues.
- Public/private partnerships are a good focus for sustainability.

U.S. – Mexico Border COE Consortium

“Community-Based Programs to Create a Community-Responsive Health Professions Workforce”

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Recorder: Jerry Alva, BA, University of Texas Medical Branch

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Guiding questions:

- 1. In what ways does community training change student attitudes? Each member of the group provides one example of student attitude change.**

- 2. How can university-based education and community-based practitioners collaborate? Each member of the group provides one example of collaboration, successful or unsuccessful.**
- 3. Describe an aha moment you experienced during this Forum.**
- 4. Describe one action item that you will undertake in response to this Forum.**
- 5. Next year's Consortium project will be about public/private partnerships. Please provide one idea on how best to approach this topic prior to or during Forum 2009.**

The list of questions provided a great deal of discussion and ideas for the next chapter in the Consortium mission. Participants commented on the feeling of reinvigoration about the mission of the organization. A key sentiment that arose from the discussion is the belief that the current health care system is centered around the physician, and therefore the community health workers' invaluable assistance in the training of health profession students is often ignored.

Students are critical to the continued development of "learning in service" opportunities. Students who are exposed to community health care early on are connected to the environment. This allows the students to go back to their communities and serve as role models for other students moving up the pipeline and to share their altruistic goals. At times during students' training, they begin to view patients as cases rather than human beings; community engagement reminds them they are human. This real-world experience also reminds them why they are pursuing a health-oriented profession. Providing students with experiences is not enough. Community-based health care must provide them an opportunity to engage in a dialogue with community leaders and participate in leadership positions so they can develop the skills to succeed. Thus, engaging students in decision making is essential to continued development of programs and the success of community-based organizations. In essence, providing students with the opportunity creates a sense of their responsibility to their community's future leaders. This creates service leaders who understand issues of social justice, self-determination, passion for community, public health, and social determinants of health, and how these impact the overall well-being of the community. It is also important to understand what inspires those special student leaders.

Interdisciplinary curriculums are essential to the development of more community-based partnerships. Students are central to the continued development of interdisciplinary learning opportunities. In fact, students who are exposed to other health profession students learn about working as a team and making changes in their attitudes about their colleagues. This may result in changes within their respective school curriculums. The current system is a silo-based system with limited to no interaction amongst health centers. Formalizing a community service learning project would only allow for more growth in the area of partnerships. Seeking scholarship funding for students who would participate in the community-service learning would only increase the number of participants, therefore making a difference in their lives and the people they serve. Recommendations were made to consider presenting on the topic during a meeting of the Association of American Medical Colleges (AAMC).

Bringing institutions to the discussion is vital to the continued development of community-based programs. Preventative care that is promoted through the programs may result in cost savings. Qualitative and quantitative research, which provides

bottom-line figures on cost-saving initiatives, is fundamental to more institutional involvement.

To have a successful collaboration of university-based educators and community-based practitioners, our programs must manage the community assets and not over-saturate the community with various programs. Although the idea has been around for years, the time to take action is now. Medical education priorities are changing, in particular with the increased emphasis on multidisciplinary programs and system-based practices that will allow for the development of a curriculum that supports the movement to service-based learning in the communities and inter-professional education.

The resistance of some medical schools to community outreach is a major challenge. There are also barriers due to “town and gown” issues in which community practitioners and academic physicians are suspicious of each others’ agendas. However, student education can serve as a bridge because both community preceptors and the students mutually benefit from the training and educational experience. Community-based practitioners/providers who could benefit from these preceptor experiences range from physician assistants and nurse practitioners to orthopedic surgeons. Some highly specialized professionals value their community roles and participation. This may be in part how they view the world, and the importance of social justice and the common good along with their values and core beliefs.

Participants said their “aha” moment during the Forum came during Dr. O’Neil’s presentation, which was about advocating for community around issues related to social justice and saving home-case management. In advocating, it would be important to tailor the message to each institution’s interest. Another reflection was the renewed idea that our students want to be actively engaged. This is an opportunity to teach leadership to our future service leaders. This allows opportunities for critical thinking and independent learning. A participant commented that while San Antonio was well represented, it might be helpful to have students from all the institutions present, as well as students from multiple disciplines and multiple levels (high school to residency). Examples of meetings that included students from multiple levels and disciplines were a Research Colloquium, which involved programs from Texas Tech and the University of Texas at El Paso, and the National Student Research Forum at Galveston. In both of these activities, there are “student drivers” in developing the agenda.

Recommendations:

- Develop scholarships to bring students to future Forums
- Develop a leadership curriculum for the MD/MPH Program
- Emphasize interdisciplinary curriculums, which are essential to the development of more community-based partnerships
- Assure that community service learning programs allow for inter-professional interactions between and within student groups
- Create bridges with community-based practitioners and providers for student programs
- Increase our sensitivity to our collaborations with the community to assure that we are respectful and do not over-saturate it with student activities

U.S. – Mexico Border COE Consortium

“Community-Based Programs to Create a Community-Responsive Health Professions Workforce”

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Topic for discussion:

How can students be involved next year?

- Engage more students in the Conference
 - Include more male students on the Student Panel
 - Ask advisors to help recruit
 - Inform various student organizations of the Conference
 - Offer a student discount rate; students can help raise funds for the Conference
 - Have clear goals for student participation
- Have an interactive breakout session where students can learn tangible skills such as:
 - How to engage the community
 - How to weigh community representatives' suggestions
 - How to build leadership skills such as public speaking and team building (Forum workshops recommended)

- Have more opportunities to network
 - Would like to learn more from each other and from faculty regarding uncomfortable situations
 - Would like to see presentations from student-run clinics
 - Would like to learn about career possibilities

Additional suggestions for next year:

- Students enjoyed the interdisciplinary presentations. Please keep this; it was good to see what it means to work as a team.
- Would like more interactive sessions. Have an off-site activity such as visiting clinics or organizations to see what happens locally.
- Offer more video clips and various mediums for presenting material
- Would like more time for the student panel – maybe break it into two days.
- Start the Conference with a mixer