



The Center for Community Health Development, Texas A&M Health Science Center, School of Rural Public Health

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# The State of the Region: Brazos Valley Health Status Assessment



The Summit Discussion Panel

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**O**n August 30, 2006, the Brazos Valley Health Partnership (BVHP) and the Center for Community Health Development (CCHD) hosted the 2006 Brazos Valley Health Summit to report the findings of the regional health status assessment and to highlight progress and accomplishments toward improving health across the region.

A similar summit following the first regional assessment was held in 2002 and resulted in the creation of the BVHP.

Nearly 200 people from across the seven-county region of the Brazos Valley attended to learn about the results of the Brazos Valley Health Status Assessment. The assessment consisted of secondary data analysis, input from 40 community discussion groups, and analysis from a mailed household survey (n=2,582). Dr. Jim Burdine, Director of CCHD, presented the assessment findings. The five key findings for the region were:

- Poor public transportation;
- High rates of overweight/obesity;
- Substantial unmet needs in

mental health;

- Poor access to specialty care; and
- Significant health disparities, particularly for minorities and rural residents.

Dr. Patrick Hughes, executive director of the Solano Coalition for Better Health in Solano County, California, was the luncheon keynote speaker. He provided an insightful and inspiring address to attendees about community collaboration. Dr. Hughes ended by reading the following quote:

*"Leaders are called to stand in that lonely place between the no longer and the not yet and intentionally make decisions that will bind, forge, move and create history. We are not called to be popular; we are*

*not called to be safe, we are not called to follow, we are the ones called to take risks, we are the ones called to change attitudes; to risk displeasures, we are the ones called to gamble our lives, for a better world."*

**Mary Lou Anderson,  
April 1970**

Following the keynote speaker, a panel representing Madison, Burleson, Leon, and Grimes Counties spoke of their experiences and how the BVHP has helped to develop community capacity, health resource commissions, and health resource centers in the rural counties of the Brazos Valley. The panel also entertained questions from the audience regarding the successes and challenges in their counties.

In light of the assessment findings, the BVHP Board has appointed three special commissions to develop

strategies for addressing obesity, mental health care access, and specialty care in the next few months. Please see the article on page 5 of this newsletter for details about the special commissions.

For more information about the 2006 Brazos Valley Health Status Assessment or for a copy of regional or county-specific findings, please contact the Center.

## Brazos Valley Health Status Assessment Sponsors

- Center for Community Health Development
- St. Joseph Regional Health Center
- College Station Medical Center
- Brazos Valley Community Action Agency
- Brazos Valley Council of Governments
- Trinity Medical Center

# Ken & Jim Discuss...

Ken McLeroy is Principal Investigator of the CCHD

Jim Burdine is Co-Principal Investigator and Director of the CCHD



## The Tragedy of the Commons<sup>1</sup>

*“Since Ken has so much to say about the topic, and being that he is an expert on the subject, I have relinquished my space to him for this edition. Look for a full page spread from me in our next newsletter.”*



**One of the frequently used metaphors to justify public health restrictions on the rights of individuals or organizations to act without regard to the interest of others and in ways that affect the risk of injury, disease, or death in the population is the Tragedy of the Commons.**

This tragedy was made famous by Garrett Hardin in a 1968 article in the *Journal Science* in which he describes what happened to the grazing lands held in common by members of rural villages in medieval England. The common village grazing lands were used to feed the cattle, sheep, and goats owned by individual families in the village. If each family only grazed one animal, the commons were able to be renewed each year; however, for most families it was in their interest to raise as many cattle, sheep and goats as possible. While the commons could support extra use by a few families, if everyone raised as many cattle, sheep and goats as possible, the number of animals quickly exceeded the ability of the commons to renew itself, and the commons became overgrazed, eroded and destroyed.

As a metaphor for the consequences of individuals acting in their short-term interests without concern for the interest of others, the Tragedy of the Commons has been used as a rationale for regulatory restrictions of various kinds, including environmental pollution. For example, in a completely open economic market it is to the advantage of companies to produce a product as cheaply as possible. In such

markets, voluntarily purchasing and installing pollution control equipment to protect air and water supplies may create a competitive disadvantage. Companies may ignore environmental protections unless required to do so, and as a result, common goods such as clean air and water are destroyed. Even if groups of companies were to voluntarily agree on the importance of environmental protections, individual companies could pursue competitive advantages by ignoring environmental issues. This is a variant of the free rider effect, where some companies get a free ride as a result of the action of others. Regulations requiring companies to maintain environmental quality may restore a level playing field with everyone held to the same standard while maintaining environmental protections.

The Tragedy of the Commons may be used not only as a rationale for clean air and water regulations, but for other public health interventions as well. For example, vaccinations against the major communicable diseases are not without risk. If a substantial proportion of the population is already vaccinated, it may be in an unprotected individual's interest not to be vaccinated, since the risk of

exposure to disease would be low. In order to assure that a large proportion of the population is vaccinated we have regulations requiring that children be vaccinated prior to enrollment in public schools. These regulations serve to increase vaccination rates and reduce the risk of 'free riders'. They also serve to protect the population by increasing herd immunity, rather than simply protecting the individual.

While the application of the Tragedy of the Commons is clear with regards to some health-related risks, such as vaccinations and threats to the water and air supply, it is less clear to what extent it may apply to chronic disease risk factors. The problem, of course, with the policy approaches suggested by the Tragedy of the Commons is the conflict with individual autonomy. That is, the usual interpretation of the Tragedy of the Commons is that it requires a policy approach for resolution, and thus presents a clear conflict between the public good and individual freedom. However, there are alternatives to the policy strategies suggested by the Tragedy, such as encouraging individuals to pay attention to the longer term consequences of their actions, and the importance of individual behaviors to the well-being of the community. For example, Thompson and

Stoutemyer (1991) used a number of strategies to provide a sample of California families with information on the importance and long-term consequences of water conservation, and the effectiveness of individual actions. They found a significant effect of their interventions on water consumption. Thus, the Tragedy of the Commons may provide support for voluntary approaches, rather than relying solely on public policy.

However, voluntary solutions are generally vulnerable to the problem of 'free riders', unless the public is made aware of the free rider problem and social pressures are brought to bear. For example, it has been argued that the English commons were not destroyed by individual members of the villages pursuing their own welfare – since there were strong social pressures to restrict the number of livestock grazed by each family. Rather, the commons were destroyed by large landowners taking over the common lands to increase wool production at the start of the industrial revolution. Irrespective of whether one uses voluntary or more coercive policy strategies to address problems associated with 'commons', it is clear that in both approaches, resolution of commons dilemmas requires that individuals recognize the importance of the community and collective interests.

Portions of this column were adapted from: Guttman N, Kegler M, and McLeroy K. (1996) *Health Promotion Paradoxes, Antinomies, and Comundrums. Health Education Research: Theory and Practice, 11(1):i-xii.* Hardin, G (December, 1968) *The Tragedy of the Commons. Science, 162:1243-1248.* Thompson S and Stoutemyer K. (1991) *Water Use as a Commons Dilemma: The Effects of Education that Focuses on Long Term Consequences and Individual Action. Environment and Behavior, 23:314-333.* For a more detailed discussion of the tragedy of the commons and other social dilemmas see: Kollock P. (1998) *Social Dilemmas: The Anatomy of Cooperation. Annual Review of Sociology, 24:183-214.*





# TxHAN Student Researchers Explore: The Availability of Healthy Fast Food and Grocery Options in Rural Brazos Valley

**The Texas Healthy Aging Research Network (TxHAN) Center is fortunate to have two masters of science in nutrition students from Texas A&M University working on their theses as part of the ongoing Brazos Valley Food Environment Project (BVFEP).**

Jennifer Creel was part of the initial team that identified all food stores and food service places in the six rural Brazos Valley counties. She recently completed her dietetic internship and will sit her for Registered Dietitian examination this fall. She developed an interest in the availability of healthy options, especially for individuals who have to rely on “away-from-home” food for many of their meals. The potential importance of this research was highlighted with the recent release of results from the Brazos Valley Health Status Assessment. The assessment found that 20% of more than 2,500 respondents eat fast food meals at least three times per week. Under the mentorship of her Thesis Committee Chair Dr. Sharkey (also Director of TxHAN), Jennifer developed an observational survey to collect data on a variety of factors related to fast food outlets. The survey captured broad descriptors of the food outlet such as store type, store hours, and availability of store seating as well as an assessment of menu items, identification of nutritional information, and preparation methods. In addition, information

was collected on the availability of healthier options for each of the menu items. To collect this data, Jennifer visited all (more than 100) fast food outlets in the six rural counties that were identified in the BVFEP.

**The assessment found that 20% of more than 2500 respondents eat fast food meals at least three times per week.**

Brenda Bustillos received her certification as a Registered Dietitian and works part-time as a nutritional consultant to several long-term care facilities in the Brazos Valley. She is interested in the availability of food items that enable individuals to meet the recommendations of the 2005 Dietary Guidelines for Americans. For many of the residents in rural parts of the Brazos Valley, grocery stores or supermarkets are not readily accessible. Instead, residents have to rely on other types of stores (e.g., convenience stores) for their daily grocery items. According to the recent Brazos Valley Health Status Assessment, significantly more

residents of the rural counties (compared with residents of Brazos County) said that access to healthful food was a serious problem. In order to document the availability of healthy food options in two of the rural counties, Brenda used a survey that she modified from the work of a former TxHAN student researcher, Erin Chambers. She collected data on the store environment, which included

store exterior, store interior, condition of the parking lot, availability of shopping carts, lighting, and cleanliness in the store. Food categories included fruit, vegetables, meat, dairy, fats, and grains. Over the last several years, the retail food environment has undergone changes that influence the type of stores that market food products. Since people can find grocery items in stores in addition to grocery stores and supermarkets, Brenda included convenience stores and discount stores in her study sample.

“We are excited about the research that Jennifer and Brenda conducted and how their results will help us better understand aspects of the food

availability in rural areas” stated Dr. Sharkey. The students plan to complete their theses in October and each plan to submit an article to a peer-reviewed journal for publication. Their projects have been aided from the initial funding for the BVFEP from the Center for Environmental and Rural Health Center Small Projects program, partial funding from the TxHAN, and from methodological assistance provided by John Prochaska, a SRPH Doctoral Research Assistant. Look for additional TxHAN research on the food environment, in the coming months both in the Brazos Valley and South Texas.



*Brenda conducting survey of availability of health food options*



*Jennifer determining availability of healthy fast food options*



### Area Agency on Aging



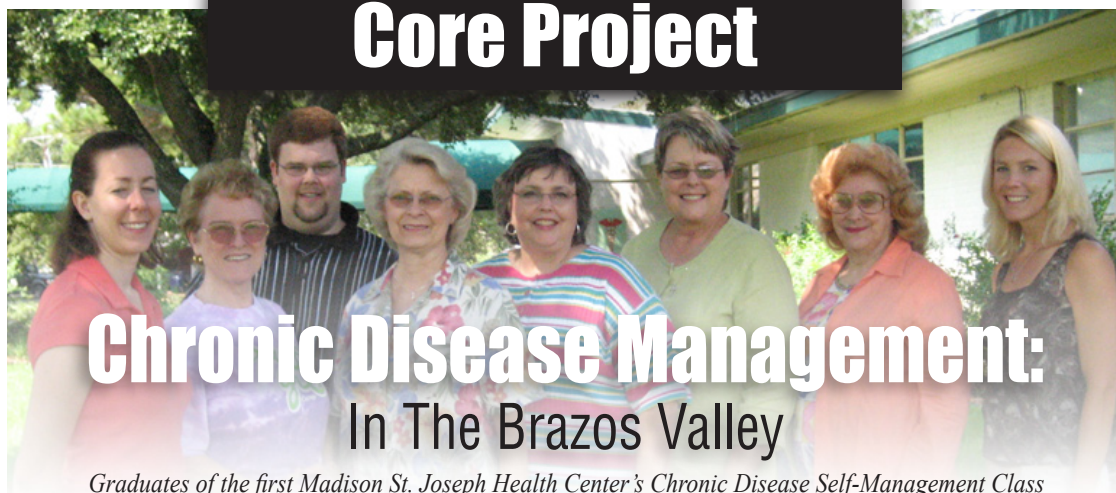
Dr. Ory and  
Mr. Gipson

**The Administration on Aging (AoA), in collaboration with The Atlantic Philanthropies, has announced the outcomes of their grant program to states to implement best practices for improving the health of older Americans.**

Texas' Department of Aging and Disability Services (DSHS) has been awarded one of sixteen grants under the "Empowering Older People to Take More Control of their Health through Evidence-Based Prevention Programs". A BVHP member, the Brazos Valley Area Agency on Aging, led by Mr. Ronnie Gipson, will coordinate efforts to implement evidence-based programming aimed at improving chronic disease management practices among older citizens across the seven-county region. In addition, the CCHD Research Core, led by Dr. Marcia Ory, will serve as the statewide evaluation agency of this initiative.

Chronic disease, including conditions such as arthritis, diabetes and heart disease, as well as disabilities resulting from injuries such as falls, account for seven out of every ten deaths, and more than three quarters of all health expenditures in the United States. "We hope that these proven programs will help improve the health and function of seniors in our region", stated Dr. Ory.

## Core Project



### Chronic Disease Management: In The Brazos Valley

*Graduates of the first Madison St. Joseph Health Center's Chronic Disease Self-Management Class*

**When you hear the term "chronic disease" what comes to your mind? In the beginning of the six week Living Well class at Madison St. Joseph Health Center what came to the participants' minds was: fatigue, frustration, pain, not able to do the things I want to do, depression, and being a burden on my family.**

When asking the same question at the end of the six week class you hear a different story: setting boundaries, not feeling guilty, acceptance, etc. Even though pain and fatigue were still mentioned, there was a sense of control over these symptoms.

What helped these individuals living with chronic conditions gain a sense of control was a chronic disease self-management class developed by Stanford University. Kerrie Hora with the Center for Community Health Development and Julie Lager from the Brazos Valley Community Action Agency attended training at Stanford University in June 2006 to become Master Trainers for this program. Being a Master Trainer allows them to lead classes for those with chronic disease(s) and also train lay leaders as future teachers. Topics covered in the six week class include: goal setting, dealing with depression, communication strategies, exercise and nutrition, and working with providers and the healthcare system.

The success of the class can be attributed to the group setting. A group of individuals with various

chronic conditions such as osteoarthritis, COPD, diabetes, and heart disease came together and discovered they are dealing with the same issues and were able to help one another along the way. Each week the participants made an action plan and chose accountability partners to contact during the week. Participants reported back to the group the following week if they were successful or not. Learning how to make an action plan is one of the core components of this class. It not only teaches them the specific way to make action oriented and realistic goals but it improves their self-efficacy. One woman in the class said, "I've known for a long time what I should be doing and I'm going to stop telling myself what I should do and just do it!" Another participant actually came because she wanted to help her husband with chronic disease and in the midst of the class realized that taking care of her chronic condition was a priority as well. There are stories from each of the participants and we have asked them to share these successes with their friends,

family, and doctors because nothing speaks louder than a personal success story.

It is the hope of the PRC Core that this class will become sustainable in Madison County and move into other counties as the personal success stories spread. The PRC Core has been working with Madison County for the past year in identifying what the clinical and community needs are for chronic disease management and implementing best practices within those settings. Based upon findings from two surveys and focused interviews with community and clinical partners, a self-management class was deemed necessary for the referral process. Due to the rural setting and the barrier of transportation a class was needed in the community. Continued work needs to be done in recruiting volunteer leaders for the class and integrating the class within the clinical referral system and getting support from the providers. Ideally, being referred to the class would be similar to receiving a prescription for medication in dealing with a chronic disease. Another class is anticipated to start in October 2006, if you are interested in becoming a leader or want to know more about the class please contact Kerrie Hora at: [klhora@srph.tamhsc.edu](mailto:klhora@srph.tamhsc.edu) or call (979) 458-1224.



### Laura McDaniel



**Ms. Laura McDaniel, MPH recently joined the Center for Community Health Development (CCHD) staff as the Community Partnership Manager for the Brazos Valley Health Partnership (BVHP) project.**

Laura will serve as a liaison between BVHP, CCHD, and the rural counties of the Brazos Valley. She will work to ensure that the resource centers in the rural counties are running efficiently and that each health resource commission has the support it needs to help sustain the centers. In addition, she will keep an ongoing relationship with each community, its members, and its local leaders. As Community Partnership Manager, Laura hopes to increase the publicity and support of each center within its community in order to enhance the breadth of services offered at each center. "I am excited about working in the rural counties, continuing to strengthen relationships, and assisting the communities in sustaining the resource center efforts," she stated.

Laura graduated with a master's of public health degree in May 2006 from the School of Rural Public Health (SRPH) with a focus in social and behavioral health. While at SRPH she worked as a graduate assistant for the BVHP. She also holds a bachelor of science degree from Texas A&M University in biomedical sciences.

## Special Commissions: Addressing Brazos Valley Health Concerns

**The Brazos Valley Health Partnership (BVHP) and the Center for Community Health Development (CCHD) recently co-hosted the Brazos Valley Health Summit where the results of the 2006 Brazos Valley Health Status Assessment were released.**

Attendees learned that the key regional findings included the following:

- Transportation continues to be the top ranked community issue for all counties in the Brazos Valley.
- Almost two-thirds of Brazos Valley residents are overweight or obese. Those who are overweight or obese reported substantially higher rates of chronic disease.
- Over half of the people who need specialty care in the Brazos Valley are unable to access the care that they need.
- Every county in the Brazos Valley is designated as a mental health professional shortage area.
- Significant disparities in health status and access to care exist for those living in rural areas, for those who are low income, and for racial/ethnic minorities.

At their September meeting, the BVHP Board created three special commissions to begin to deal with three of the five most prominent regional issues – obesity, mental health care access, and specialty care. Even though transportation is cited as the top concern of the region, the board did not create a special

commission because the Brazos Valley Council of Governments has recently convened a task group to develop a public transportation plan for the region. CCHD will facilitate each of the special commissions which will conduct a series of planning meetings beginning in late October and culminating in January 2007. Each commission will recommend to the BVHP Board a proposal concentrating on a certain aspect of each issue.

All of the commissions will follow a similar process as they try to develop a local strategy that will begin to address each issue. The first meeting will consist of a review of the assessment data, both regional and county-specific, regarding each topic. Once presented with this information, each group will discuss current and/or former local attempts to address the problem. Commission members will also have the opportunity to discuss "best practices" – models of successful programs or initiatives – from other communities that they may be familiar with and that might serve as a starting point for

customizing a model for the Brazos Valley. The meeting will conclude with the members documenting critical factors that may influence their efforts, such as local politics, public perception, and the history of past collaborative efforts targeting obesity, mental health, and specialty care. The goal of subsequent meetings will be to craft a proposal that will include a memorandum of understanding between all project partners and an evaluation plan.

Don Strickland, chairman of the health partnership acknowledges that the special commissions will be a key to meeting the goals of the partnership. "This is the next step in the process for us. We cannot lose the momentum we gained through the Brazos Valley Health Summit, which was an excellent opportunity to engage even more community members resulting in a broader perspective and, hopefully, a greater impact on the health of this region."



Don Strickland

**"This is the next step in the process for us."**



# South Texas

## Community Health Development: PROCESS in PROGRESS in South Texas

*San Carlos Community Health Partnership Meeting*

**A**s part of the proposed strategy for the Robert Wood Johnson Foundation funded IHOS (Integrated Health Outreach Systems) project in South Texas, project staff continue to lead the two community health partnerships in a community health development process.

The latest success of the two partnerships is the development of two strategic plans. The Alton Community Health Partnership met on Wednesday, September 20, 2006 and the San Carlos Community Health Partnership met on Friday, September 22, 2006. Both partnerships adopted the following recommendations presented by the task groups and advisory committees:

### Overall Partnership

1. Adopt a new partnership name.
2. The existing advisory committees will assume the additional functions/roles of a structure committee.

### Task Groups

#### Health

1. Develop a referral procedure for colonia residents to access needed services in an effort to establish medical homes.
2. Develop a strategy (family and community health advocacy program) where a promotora trained in case/care management

will be located in the colonias for residents seeking assistance in accessing needed services.

3. Organize health fairs every three months (starting in January 2007) that rotate through the different project colonias.

4. Develop a network consisting of medical and social service providers, an advisory committee member, and a health task group member to help develop a plan to improve access to health care services for colonia residents.

5. Develop a health care and social service provider directory to inform residents of available health and social service resources.

#### Environmental

1. Purchase dumpsters for the colonias from Hidalgo County and work with the County to develop a schedule for trash pick-up.
2. Develop a community monthly clean-up program for residents.
3. Build a community

playground and park.

#### Transportation

1. Develop a plan to make the IHOS van more accessible to colonia residents.
2. Develop a referral procedure for colonia residents to access needed services.
3. Develop a network consisting of transportation providers, an advisory committee member, and a transportation task group member to help develop a plan to improve access to transportation services for colonia residents.
4. Develop a transportation provider directory of available transportation resources for colonia residents.
5. Work with Hidalgo County to place traffic control signs in the colonias.
6. Build bus stops in the colonias for residents.



*Rebecca Wehrly presenting information at the meeting*

## Student Spotlight

### Rebecca Wehrly



**In July, Rebecca Wehrly began working at the South Texas Center in McAllen. Rebecca graduated from Dartmouth College in June 2006 where she majored in sociology and completed pre-med requirements.**

She received Dartmouth's Lewin Post-graduate Fellowship to spend a year working with the Integrated Health Outreach Systems Project (IHOS) and diabetes prevention and management intervention projects (with Drs. Ory, Sharkey, and Mier). In her first months in South Texas, Rebecca has learned about the school's projects and familiarized herself with the area. She accompanied promotores on outreach visits; attended promotora trainings; met with faculty in McAllen and College Station; and volunteered at Hope Clinic (a public non-profit clinic). She spent a week and a half at language school in Cuernavaca, Mexico to improve her Spanish speaking and comprehension. Rebecca is excited about the time she will spend in communities helping to implement projects to improve colonia residents' health. "Rebecca brings energy, enthusiasm, and a love for the community to our team, and she is an invaluable asset to us. We are excited to have her in the Valley for a year," said Julie St. John, South Texas Regional Director.

# Branching Out

## CCHD Alumni: Where are they now?

**The Center for Community Health Development (CCHD) was founded in 2001 under the direction of Dr. Jim Burdine.**

Even in the early months of program planning and development, he realized the great training potential the Center could have for students. Since 2001, the Center has had 39 students that have worked for the various projects and programs and has had 14 students complete practicums with Center projects and/or community partners. Some of the first students to work with the Center are pictured and highlighted in the following article.

Allison Browning worked with CCHD as a student worker while completing her bachelor's degrees in economics and Spanish at Texas A&M University. She graduated in 2004 and began working as an economist at the Federal Energy Regulatory Commission in the Office of Administrative Litigation in Washington, DC. Allison is currently pursuing a master's degree in economics at George Mason University.

Jay Jezierski, MPH, LP is currently working as the Community Outreach Director at the Lone Star Community Health Center, a federally qualified health center, in Conroe, TX. His primary job functions include community outreach, grant writing, grant management, and project management. Jay graduated with a master of public health degree from the School of Rural Public Health (SRPH) in 2003 and is currently working on his doctoral

degree in public health.

Julie St. John, MA, MPH completed her master of public health degree at SRPH in 2003. She currently serves as the South Texas Regional Director for CCHD overseeing the Center's work with a multi-year project funded by the Robert Wood Johnson Foundation. The project targets the communities known as Colonias located in Hidalgo County, TX to engage residents to improve health status through various strategies.

Sanu Somachandran, MPH was the first graduate assistant to work with the Center in 2001. She completed her master's in public health at SRPH in 2003 and worked for the Center before entering medical school. Sanu is currently in her third year of medical school at the Texas A&M Health Science Center College of Medicine.

Lt. Coleman Chandler, MPH received his master of public health degree from SRPH in 2003. Upon graduation, he enlisted in the United States Navy. Lt. Chandler is currently serving his country stationed in Iraq.

Students trained through CCHD go on to pursue a variety of roles from advancing their education and serving in the US military to working with communities or the Center in leadership roles. "The Center is proud of the many



*Photo from 2003 - (from left to right) Allison Browning, Jay Jezierski, Julie St. John, Sanu Somachandran, and Coleman Chandler*

students it has had the opportunity to train and the impact they are having in their current roles. We look forward to the future as our

commitment to providing a variety of training opportunities for students continues," stated Dr. Burdine.

### Training

#### TMF Health Quality Presentation

***On Friday, September 29, 2006 approximately 50 people representing hospitals, non-profit agencies, clinics, and the like joined together for a presentation and training presented by the TMF Health Quality Institute.***

Jim Turpin and Brenda Ortiz, both with TMF, presented information regarding the use of technology and communication with a great portion of the presentation focused on culture and medicine and the disparities facing many patients. TMF provided invaluable information and a host of resources for those in attendance. The services and resources provided by TMF are free of charge, including several

opportunities to receive continuing education credits. For more information about TMF please visit their website – [www.tmf.org](http://www.tmf.org).



*Attendees at the presentation*



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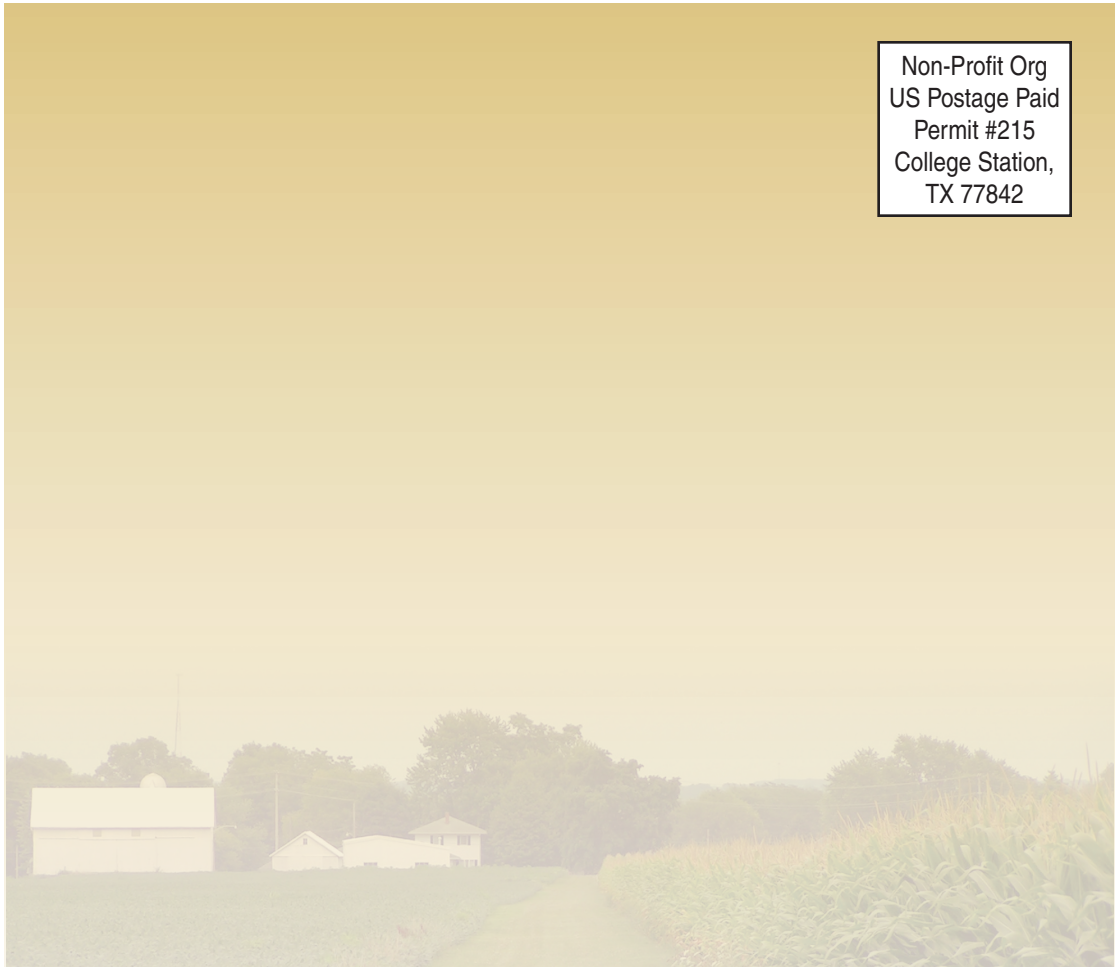
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## Membership

***One of the main goals of the Center for Community Health Development is to connect academics and their research with community health providers, their services, and their clients. In order to do this, we need the support of academic and community members.***

The benefits of CCHD membership include access to Special Interest Project (SIP) funding that is only available to the CDC's Prevention Research Centers, as well as access to the Brazos Valley Health Partnership for research opportunities. Members can also receive assistance with Center-related proposals, projects or activities; use the CCHD name and logo with documentation of Center-related activities; and will be

endorsed or sponsored by the Center for approved events and activities.

If you or your organization would like to apply to become a member or receive more information on membership requirements, please contact us. Applicants should submit a short Statement of Interest and a CV (academic researchers) or resume (all other individuals) to the Center.

## Services

***The Center for Community Health Development can be contracted to provide services, training, or technical assistance in the following areas:***

- Strategic Planning
- Operational Planning
- Leadership Development
- Research Design
- Survey Construction
- Coalition Development
- Assessment
- Evaluation