

In With the New:

CCHD Gets Upgrade in Physical and Cyber Space

In January, 2006, the Center for Community Health Development made progress in two important areas. First, the Center moved into its new location in the School of Rural Public Health building on the campus of Texas A&M University. Ground was officially broken for the buildings on September 15, 2004, and construction was completed just over a year later in December 2005.



The School now occupies a three-building complex on the corner of University Drive and Adriance Road. The complex houses space dedicated to offices, classrooms, and laboratories for School of Rural Public Health faculty, staff, and students. According to Jim Burdine, Center Director and Co-PI, "Because the Center has grown so rapidly, we have had faculty, staff, and students working in three different locations. Having them all under one roof is going to greatly increase our productivity and sense of 'team.'" The buildings provide 91,000 square

feet of new space to the School, and the plans allow for expansion. The Center has its own dedicated suite, as well as additional offices for project staff and graduate students. The Center also unveiled its new website in January. Working with Wired Ranch, a local web design company in College Station, the CCHD constructed a website that will function as an important part of the Center's communication plan. "Having a user-friendly and informative website is critical for communication with the diverse audiences of the Center," said Burdine. He continued, "Community partners, researchers

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at other institutions, and even our own staff can learn about projects, activities, and accomplishments in one place." To help facilitate easy navigation, the website has pages dedicated to each of the Center's key areas: infrastructure, evaluation, research, training, community collaboration, and communication. The pages will inform readers about current projects-in-progress at the Center; provide health resources for students, researchers, and public health professionals; list the Center's products and publications; and

will also provide an electronic archive of the Center's newsletter. Monica Wendel, Center Associate Director, also stressed the importance of the webpage. "Because the Center is active in areas beyond the Brazos Valley, including the South Texas border region, connectivity is important as we coordinate all of our activities. The website is another way for us to keep people informed," she said. Please visit our new web page at the following address: <http://www.srph.tamhsc.edu/centers/cchd>.

"Having a user-friendly and informative website is critical for communication with the diverse audiences of the Center."



Ken & Jim Discuss...

... Community Health Development

Ken McLeroy is Principal Investigator of the CCHD.

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



During the late 1970's, several publications appeared which emphasized the importance of primary prevention in reducing the increasing burden to society of chronic and man made diseases, particularly heart disease, cancer, stroke, and injuries. Three of the better known reports during this era were the Lalone report on *New Perspectives on the Health of Canadians* (1974), John Knowles' report on *Doing Better and Feeling Worse: Health in the United States* (1977), and the U.S. report on *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention* (1979).

These publications served to mobilize Federal agencies, particularly the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC), to begin strengthening health promotion and disease prevention efforts. Noteworthy among these efforts was the creation of the Prevention Research Centers (PRC) program by CDC in 1984.

The first 3 Prevention Research Centers were funded in 1986 at the University of Washington, the University of North Carolina at Chapel Hill, and the University of Texas at Houston. By 1996, the number of centers had increased to 14, and by 2005, there were 33 funded centers.

While the initial purpose of the PRC program was to strengthen prevention research activities in schools of public health, the PRC program was successively expanded to include other health science center partners (medicine, nursing, dentistry, etc.) in prevention research activities. By 2004, the center programs had become

community-based, focused upon partnerships with communities and community agencies, with a heavy reliance on community-based participatory research (CBPR) as one of the core research strategies.

This strengthened orientation of PRCs toward community and community-based prevention research activities is a natural fit with the community health development focus of CCHD. That is, the Center is committed to working with community partners in the Brazos Valley and in South Texas to (1) identify health issues and concerns; (2) bring local, state, regional, and national resources to bear on ameliorating health problems; (3) strengthen ties among community partners, agencies, and the School of Rural Public Health; and (4) build community capacity to address unmet health and human needs. Moreover, the Center is committed to learning from our research and practice experiences and communicating lessons learned back to our local and professional communities.

In discussions of our PRC or our projects at CCHD, it is not uncommon to be asked the question, "So just what is community health development?" This is one of those questions, however, that easily turns into at least a 90 minute lecture if not an entire graduate course, so this introduction, while informative, will be fairly superficial and very brief.

Community development is a broad term applied to the practices and academic disciplines of civic leaders, activists, involved citizens and professionals that improve various aspects of local communities. In general, it is a process by which a community identifies its needs, develops an agenda with goals and objectives, and then builds the capacity to plan and take actions that address the identified needs. As a theory and strategy guiding professional activities, it has long been employed by social workers, nurses, public health educators, community psychologists, and agricultural extension workers.

Community health development is an approach that has two significant characteristics. First, it recognizes that as a professional applying community development strategies, the skill comes in knowing how to "mix and phase" various and diverse points of view. Second, it is an approach that focuses on the specific outcome of health improvement which differentiates it from other community development activities.

A number of core principles underlie the community health development approach. Perhaps most importantly, the community must be involved at all stages of

the process. Practitioners should recognize a broad definition of health, and the goal of all development efforts should go beyond simply meetings the needs of a community. Rather, community health development seeks to improve community health status. Further, community health development takes time and resources. Organizations and individuals in the community should help support the health development process, but no single organization can, or should be expected to, support the project in its entirety. Both the community and the professionals involved in community health development should take into account the unique characteristics of the community that are revealed by the assessment. Finally, communities and professionals must keep in mind that the development of local capacity for health status improvement and the ability to sustain that capacity are critical to improving a community's health status.

True to the spirit of community health development, the CCHD works hard to keep these principles in our minds, plans, and activities. Their application and refinement in a variety of community contexts and settings is our fundamental mission.

Preparing Professionals: A Model for Public Health Education

The experiences students are exposed to at the School of Rural Public Health (SRPH) can best be summed up as an “active learning environment.” By using the common see one, teach one, do one method, students leave the School with a well-rounded education and skill set enabling them to work in a variety of public health settings.

See One

SRPH is unique in that it is the only institution of public health that has a concentration on rural, underserved areas. Students at SRPH are given the opportunity to study public health through a vast number of classes as well as through hands-on experiences. The School offers master’s degrees, doctoral degrees, and certificates in special interest areas of public health. Flexibility in class scheduling such as evening courses and the availability of distance education in several locations around the state enable a variety of students, with varying experiences and interests, to pursue degrees in public health.

John Prochaska, MPH and current DrPH Candidate, has been a student at SRPH for almost four years and feels that the opportunities in the classroom setting are invaluable to his overall learning experience. Prochaska stated, “The wealth of learning and experiences I have had can be attributed to the opportunity to learn and work with experts in public health in a variety of settings, both in the classroom and in the communities.” Overall, he feels the blend of courses and field experiences is ideal and provides invaluable opportunities for mentoring from public health professionals.

Do One

Students are encouraged to be in real communities, working with real people to enhance their learning experiences while at SRPH. The Center for Community Health Development is one such example of how students are mentored and given countless opportunities to explore how public health affects communities.

Students with the Center have been able to integrate themselves into a variety of communities around the Brazos Valley through the Brazos Valley Health Partnership (BVHP). Students working with the BVHP have helped to develop 5 health resource centers in four counties and have worked hand-in-hand with front line public health professionals and local leaders to aid in the creation of local health advisory boards or commissions to oversee the long-term sustainability of those centers. Laura McDaniel, MPH Candidate, related her experiences with the Center to being a professional and not “just a student with just another job.” McDaniel stated, “Having the opportunity to be a part of a community and learn how that community works has enabled me to grow professionally and given me the ability to better relate classroom learning to real world experiences.”

Teach One

Students are in a variety of situations, both in the communities in which they live and the communities in which they work, where the opportunity to teach someone about public health arises. From meeting facilitation and presentations, to translating data and taking time to talk to people, the Center’s students are impacting the lives of many.

One such example is Rachel Kostecka, MPH student, working in Madison County to assist seniors with the Medicare Part D transition. Kostecka has had numerous clients refer to her as a “blessing” or “real keeper” and express heartfelt thanks through words and letters. “My classroom experiences have only reinforced the fact that public health professionals act as a liaison between patients or clients, with little or no knowledge of the healthcare infrastructure and the public health infrastructure itself,” stated Kostecka. She further explained, “The overarching theme that could best describe my educational and work related experiences is: Sometimes you are the teacher to persons who thirst for knowledge, but you must remember that you are always a student and must learn from every experience and encounter.”



The Center for Community Health Development had three students that presented their research at the American Public Health Association’s 133rd Annual Meeting and Exposition held in December in Philadelphia, Pennsylvania.

Nella Mupier, MPH Candidate, presented “A Service Learning Model for Graduate Training”, detailing her experiences as a graduate assistant with the Center. Stacy Maines, MPH Candidate, had a poster presentation, “Impact of technology on access to care and utilization capacity”, discussing telehealth technology and its potential in the rural areas. John Prochaska, MPH and DrPH Candidate (pictured above, right with TxHAN director Joe Sharkey, left, and PRC Core Project director Marcia Ory), was given the Retirement Research Foundation Masters Student Research Award from the Gerontological Health Section for his abstract entitled, “Community-based survey of rural older adults to determine fruit and vegetable consumption.” Prochaska’s research objective was to determine the daily intakes of fruits and vegetables in a random sample of older adults in six rural Texas counties.

The Center actively supports and encourages student involvement in APHA and various other conferences throughout the year.

Core Project

Taking on Diabetes Through Assessment and Collaboration

During the past quarter, the PRC Diabetes Prevention and Management Project has been extremely active. Most of the activity has focused on three areas: determining the impact of diabetes in Brazos County; engaging community leaders, clinicians, and students in their activities; and devoting time to projects regarding diet, physical activity, and diabetes prevention and management.

First, in order to get a broader view of the impact of diabetes within the county, the Project is examining 2003 Texas hospital discharge data provided by the Texas Department of Health Statistics. According to Jane Bolin, Co-PI of the Core Project, "The evidence indicates to us that diabetes is indeed a major health problem." She further stated, "Nearly 9% of hospitalizations in the Brazos Valley Region are related to diabetes." Brazos County in particular shows much higher rates of hospitalizations related to diabetes when compared to other counties. This is likely related to the fact that St. Joseph Regional Medical Center is headquartered in Brazos County and provides acute and intensive care.

The 211 call data similarly confirms the need for diabetes support. Kerrie Hora, Project Manager, stated, "We found that many charitable nonprofit, indigent and community health resources, for example St. Vincent de Paul, County Indigent Health Care, B-CS Community Health Center, Health for All, and the Salvation Army, are called upon for prescription and

medical equipment assistance." The Project's survey of St. Joseph Regional Health Center professional staff also demonstrated that diabetes is a prevalent disease in the area. Over half of the survey respondents reported that at least 20% of their patients had diabetes. Further, over a third of the staff reported that 40% or more of their diabetes patients had trouble managing their disease. This data indicates to the researchers that diabetes is a disease that affects the health and the finances of Brazos County residents and deserves significant attention.

Additionally, the Project has begun to engage various groups into their community health development approach to diabetes management and prevention. First, they have been working to establish relationships with community leaders and clinical practices in Madisonville and attended Madison Health Resource Center Advisory Board meetings. Second, the Project plans to involve public health students in their activities by pairing them with communities or clinical

settings to work on assessment, providing feedback, and implementation design.

Finally, the Project is concerned with the opportunities to improve diet and increase activity of adults in the region. Teaming up with the TxHAN, the Project is conducting a survey of places in Brazos County where adults can be physically active or purchase healthy foods. Further, the School of Rural Public Health's Active for Life® program was recently recognized by the Archstone Foundation as one of the innovative health promotion programs. Marcia Ory, PI of the Core Project, said this is important because they "can share knowledge of how to encourage adults in the Brazos Valley to initiate and maintain healthier lifestyles." Additionally, Ory stated that the Project received a small grant from the Dell Foundation which will enable them to place a computer in the Madisonville Health Resource Center and develop an appropriate health education activity devoted to diabetes prevention and management. The Project believes that linking community and clinical strategies around diabetes prevention and management is ideal for the Brazos Valley. They will rely on work by Wagner (1998), Bodenheimer, Wagner, and Grumbach (2002), and Wagner, Austin, and Davis (2001) for possible models of their future interventions.



*Dr. Marcia Ory,
Principal Investigator
of the core project.*

**"Nearly 9% of
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Don Strickland: A Leader in Community Collaboration



“When you think about it, really, we have come a long way since those first meetings in 2001. There have been some challenges over the years, but I think that we are in a position to just flourish now,” Don Strickland proudly reflects.

He should know. After all, Strickland was one of the first regional community leaders that expressed an interest in developing a regional health care partnership when approached by the Center for Community Health Development (CCHD) in 2001. A former mayor of a small rural community in the Brazos Valley, Strickland was quickly nominated as the “convener” of the meetings that would ultimately result in the creation of the Brazos Valley Health Partnership. The verbal commitment from attendees of the first ever CCHD-sponsored regional Health Summit held in the summer of 2002 was all that was needed to launch the new

partnership, now referred to as BVHP. Strickland took to heart the mission statement that would be the foundation of BVHP: “The mission of the Brazos Valley Health Partnership is to improve health status and access to care in the seven-county region of the Brazos Valley through the collaboration of services and the creation of local partnerships.”

BVHP Chair, Don Strickland (left) and BVHP Vice Chair, Dr. James Morgan (right) receive Center membership certificates from Jim Burdine (center)



Since 2002, Strickland’s leadership has transformed the BVHP from an informal gathering of interested stakeholders to a regionally recognized organization consisting of a twenty-three member board and a general membership that represents all seven Brazos Valley counties, as well as over thirty health and social service agencies, educational institutions and faith-based organizations. Once BVHP by-laws were approved in 2004, BVHP members unanimously chose Strickland to serve as the partnership’s first chairman. As he nears the end of his two-year term, he looks forward to “kicking off” the strategic planning process for 2006-2008, and he is clearly pleased with the progress made as a result of the first BVHP Strategic Plan which was adopted by the BVHP Board in 2005. “You know, we could have never come this far without the leadership of the Center for Community Health Development. It is because of the staff, students and faculty that our plans become a reality. And each of the communities has put a tremendous amount of time, resources and energy into developing the health resource centers that allow for us to coordinate information and services locally.”

Never one to waste a lot of time on “what-ifs”, Strickland takes most things in stride but is never content with just meeting last years’ goals. He feels that, “If there is still one person who cannot obtain healthcare, then we are not yet finished.” BVHP partnership members agree. They know that he will spend countless hours preparing for meetings, following up with community partnerships and developing a good rapport with BVHP staff members. Reed Edmundson, administrator of the Burleson St. Joseph Health Center, has worked with Strickland for a number of years in Strickland’s capacity as a Burleson County Hospital District board member. According to Edmundson, “Don Strickland has been a highly involved civic leader for many years, committed to the entire Brazos Valley region, not just the city of Somerville and Burleson County. Yet, he has really stepped up for us all through his leadership of the BVHP.”

Always looking ahead, Strickland declares that “2006 will be the best year yet for the Brazos Valley Health Partnership.” With his infectious optimism, anyone listening to him would be hard pressed to disagree.

“2006 will be the best year yet for the Brazos Valley Health Partnership.”

Michael R. J. Felix



Michael's career in public health began in the early 70's as the Executive Director of a two-county Drug and Alcohol Treatment and Prevention Program in Pennsylvania. Since that time, he served as a facilitator, strategist, and officer on various health improvement programs in Pennsylvania.

From 1993-2001, Michael was CEO of Felix, Burdine and Associates – a nationally recognized Community and Population Health Management and Research firm – where he and Dr. Jim Burdine developed the general model currently being used by the Center For Community Health Development.

Michael's involvement in Texas public health projects began in 2001 when he helped to organize and facilitate the first stages of the Brazos Valley Health Partnership. Michael has also served as a team member on the RWJF-funded *colonias* project for over four years. Finally, he serves as a facilitator for the Rio Grande Valley Health Services District Indigent Care Program's roll-out strategy.

Michael has authored or participated in numerous publications and presentations over his 30-year career, and he is dedicated to the creation of community-based, universally accessible care for all U.S. residents.

South Texas

Progress Through Partnership



*Alton colonia promotores:
back row left to right: Ana Villarreal,
Irma Guerra, Brigida Martinez,
Aracely Garibay, Nilda Quintanilla
front: Olga Castilleja*

The Integrated Health Outreach System (IHOS) project redeived expansion funding from the Robert Wood Johnson Foundation and is focusing activities on two main areas: staff development and community partnership formation.

Regarding staff development, Aurelio Martinez, South Texas Regional Director for the Center, is interviewing and hiring additional staff, including: *promotores*, van drivers, *promotora* coordinators, and an administrative assistant. These activities will allow all of the *promotores* to be housed in one agency – a notable change from Phase One of the project. In addition, Martinez and team members Michael Felix and Julie St. John are conducting a series of on-going trainings and dialogues with the *promotores*. The most recent two-day training session centered on community health development-based meeting facilitation and management. During this training, project staff also developed an action plan for the next four months.

The IHOS project has also focused their energy on partnership formation. Thus far, partnerships have been established in both the Alton and San Carlos *colonias* through a comprehensive community organizing strategy called the "Partnership Approach." Community members were recruited by the *promotores* to participate in partnership committees and to elect local leaders as chair persons. According to Martinez, "The *promotores* are facilitating the partnerships in the planning, adoption, and application of a comprehensive health plan while implementing a structure for decision making." To begin their activities, the partnerships have selected two key issues. First, a local transportation strategy will be planned and implemented by

the residents to support existing community services. The partnerships have also decided to conduct a comprehensive community-based health screening strategy in co-operation with the Hidalgo-Starr Medical Society that will be implemented in April of this year.

In addition, IHOS project staff members are working with local hospitals and the Rio Grande Valley Health Services District to plan, implement, and evaluate a demonstration project that would feature the *promotores* as community-based linkages for residents and community services.

Project staff members are also working with Dr. Jose Pagan at UT-Pan American who is an RWJ Fellow on a long-term business model for continuing the project post-funding as well as for replication and dissemination of the project's activities.

Branching Out

Four Faculty Join CCHD

On December 9, 2005, the Board unanimously voted to accept four new faculty members to the Center for Community Health Development. The Center would like to welcome Drs. Chanam Lee, Catherine J. McNeal, Susan Rodiek, and James Varni and welcome their valuable experience.



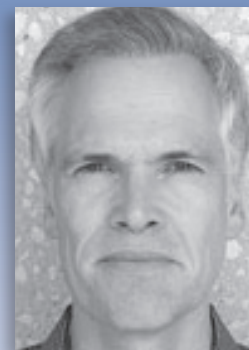
Dr. Chanam Lee is an Assistant Professor in the Department of Landscape Architecture and Urban Planning at Texas A&M University. Lee is interested in urban design and physical planning, urban form and non-motorized transportation, physical activity, and public health. She has been published in journals such as the *American Journal of Health Promotion* and the *Annals of Epidemiology*, and is the Principal Investigator on a project to design a master-planned community in a 6,000 acre coastal property in Texas. She will incorporate research findings regarding healthy and active living communities into the design and test both the financial and health outcomes of the community.



Dr. Catherine J. McNeal is currently the Co-Director of Scott & White Children's Cardiovascular Health Clinic in Temple, TX. After receiving her Ph.D. and M.D. at Texas A&M, McNeal did her residency at Scott & White and has been an active member on various committees and in professional organizations. Recently, her work has been published in the *International Journal of Mass Spectrometry*, the *Annals of Clinical Biochemistry*, and *Electrophoresis*. McNeal also is the Principal Investigator on six currently funded research projects, with research support provided, among others, by the American Health Association, Scott & White Research Foundation, and the School of Rural Public Health.



Dr. Susan Rodiek is an Assistant Professor in the Department of Architecture and is also the Associate Director of the Center for Health Systems and Design at Texas A&M. Rodiek brings both professional and academic experience to CCHD, having worked as a landscape and architecture designer as well as a professor. Several of her research projects are supported by the National Institute of Aging which is a division of the NIH, and her work appears in such journals as *Journal of Housing for the Elderly*, *Alzheimer's Care Quarterly: Innovations in Care*, and *Journal of Landscape and Urban Planning*.



Dr. James W. Varni received his Ph.D. in psychology from the University of California in Los Angeles. He has since become a Professor in the Department of Landscape Architecture and Urban Planning, as well as a Professor in the Department of Pediatrics and an Adjunct Professor in the Department of Psychology at Texas A&M University. His publication credits include journals such as *Quality of Life Research*, *Developmental Medicine and Child Neurology*, and *Health and Quality of Life Outcomes*. Varni also serves as Co-Investigator on five currently-funded research projects.

Training

CBPR Training Extends Reach

On October 28, 2005, the Center for the Study of Health Disparities and the Center for Community Health Development teamed up to hold a training seminar in CBPR

Over thirty-five people attended the seminar, including students from Texas A&M and the School of Rural Public Health, officials from the Texas Department of State Health Services, local public health professionals, as well as Bryan-College Station community members. The one-day event addressed topics related to Community-Based Participatory Research (CBPR), such as the history and principles of CBPR, establishing and maintaining CBPR partnerships, and CBPR Model Programs.

Burleson County Judge Mike Sutherland was a guest speaker at the seminar, and he discussed his successful collaboration with the Brazos Valley Health Partnership as a real-world example of CBPR.

The two centers look forward to collaborating in the future on more training seminars for the community. To receive e-mail announcements of upcoming seminars, please send your name and e-mail address to cchd@srph.tamhsc.edu.

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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