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

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Collaborative Health:

Senator Cornyn told of BVHP's Success

On April 18, 2006, the Brazos Valley Health Partnership was proud to welcome U. S. Senator John Cornyn to an executive briefing on the successes the BVHP has achieved in closing the gap between health care in urban and rural areas.

Over 65 people attended the meeting and listened to a panel of BVHP members speak about the importance of the partnership. The panel was moderated by Mr. Reed Edmundson, CEO of Burleson and Madison St. Joseph Health Centers and included speakers such as Hon. Mike Sutherland, Mr. Eric Todd, Mr. Albert Ramirez, Hon. Pam Finke, Ms. Kerrie Hora, Dr. James Morgan, and Dr. Jim Burdine. According to Mr. Don Strickland, Chairman of the BVHP, the goal was to show Senator Cornyn that "this type of program can work." Dr. Jim Burdine, Director of the Center for Community Health Development echoed Mr. Strickland's statement: "The point is not to ask for money. The point is that we have a model that has been working for four years."

Senator Cornyn was pleased to hear this message and was enthusiastic about the progress made by the Partnership. Writing in his Texas Times Weekly, Senator Cornyn stated, "Government has a vital role to fulfill. But increasing government is not necessarily the answer to every situation – particularly when it comes to the need for attentive, preventive and efficient health care in under-served areas." He applauded the progress of the BVHP which has been able to open community health resource centers in Grimes, Madison, Burleson, and Leon Counties. As plans continue for additional centers in Washington, Robertson, and Brazos Counties, Senator Cornyn expressed a desire for this program and its neighborly spirit to spread through America, and become as vibrant as it is among the neighbors in the Brazos Valley.

CONTENTS

Kerrie Hora (left), Project Manager of the Center's Core Research Project, discusses diabetes prevention with Senator and Mrs. Cornyn (right) and Mrs. Sandy Edwards. (left)

"The point is not to ask for money. The point is that we have a model that has been working for four years."

Ken & Jim Discuss...

...The Paradox of Prevention

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

One way of understanding the current emphasis within public health on preventing chronic disease is to examine the changes in causes of death that have occurred during the 1900's. Prior to the 1930's, the leading causes of death in the United States were infectious diseases, for example pneumonia, tuberculosis, and diarrheal related diseases. The groups most affected by these infectious diseases were the very young (children less than five years of age) and women of childbearing age. Life expectancy at birth was relatively low, 47.3 years in 1900.

By 1940, the U.S. had witnessed a dramatic change in causes of death from infectious to chronic diseases, with the leading causes of death becoming heart disease, cancer, stroke, and injuries. Largely because of the decline in mortality among infants and children, life expectancy at birth increased dramatically to 75 years in 1987 and 77.6 years today.

Despite advances in medical care and health services, most researchers attribute the vast majority (80-90 percent) of increased life expectancy to improvements in living conditions, including housing, nutrition, working conditions, and basic public health measures such as sanitation and water and food supply. With fewer children dying, the birth rate declined from an average of 3.1 children per woman of childbearing age in the 1930's to 2.2 children per woman of childbearing age in 1988.

Resulting from these changes has been an increase in the elderly population. In 1900, 4.1% (3.1 million) of the U.S. population was over 65 years of age, but this increased to almost 13.2% (13.1 million) by 2000. Since the prevalence of chronic diseases increases with age, we have witnessed a dramatic increase in the number of individuals with chronic diseases, even though the risk of mortality from certain diseases has declined over the past 30 years.

Spending for medical care in the U.S. has similarly risen much faster than other sectors of the economy. In 1929 for example, we spent approximately 3.5% of all goods and services produced in the United States on health care ($29 per person). By 1987, we were spending 11.1% ($2000 per person) of the gross domestic product on health care; and in 2006 we are spending more than 14% of the gross domestic product on health care ($5000 per person). Thus, the goals of preventing chronic disease include not only reducing the individual and societal burden of suffering and death from chronic diseases, but also reducing health care expenditures.

So, based on what Ken has said, we should focus all of our efforts on the prevention of chronic disease, right? Well, nothing is as straightforward or as easy as we might like. One of the challenges to community-based prevention research and practice is that some of our "professional" assumptions have little validity in the real world. For example, we invest significant resources in pursuit of the elusive "high risk" individuals or populations so we can "intervene" in their lives and help avoid some disease or condition. But that may be a significant misapplication of effort and resources. Geoffrey Rose described this challenge as the "paradox of prevention" which occurs when "a large number of people at a small risk may give rise to more cases of disease than the small number at a high risk."

Rose made the argument using data on the rates of Down's syndrome births. The risk of a woman giving birth to a child with Down's syndrome increases dramatically with age (almost 50 times higher at age 45 than under 30). However, when you look at the absolute number of children born with Down's syndrome, more than 50% are to women in the under 30 age group. Similar arguments can be made for conditions such as cholesterol and hypertension as they relate to cardiovascular disease, unprotected sex and AIDS, and others.

Rose's paradox raises the question about where we invest our energies. Conventional prevention thinking has focused on the small group with the big risk. But if we think in terms of overall impact – the greatest number of folks likely to develop disease as a result of that risk – perhaps a much smaller change in behavior achieved in a much larger population is the more cost-effective strategy.

The paradox further confuses the issue when we consider the impact of unintended consequences and ethical implications. If we use the small risk/big population strategy, many we ask to make changes are doing so unnecessarily. Do we have an ethical obligation to reveal this information? What does that do to our credibility?

Rose's paradox of prevention illustrates the importance of broad community-based interventions for chronic diseases, particularly when a risk factor is broadly distributed in a population (such as hypertension, cholesterol, sedentary life styles, etc.). However, when risk is concentrated or clustered in a segment of the population, such as youth violence, then high risk approaches may be most appropriate.

Lower Rio Grande Food Environment Project

In addition to our work in the Brazos Valley, the TxHAN is focusing efforts on understanding the influence of the community food environment – accessibility of food stores and availability/affordability of healthful foods – on food choice and healthy eating in the colonias of Hidalgo County.

This project (Dr. Sharkey, PI), in response to Food Assistance and Nutrition Research Innovative Grants Program, is funded through the Southern Rural Development Center, in partnership with the Economic Research Service, U.S. Department of Agriculture. We additionally have a community partner – the Integrated Health Outreach System (IHOS) which is funded through the Robert Wood Johnson Foundation and under the local direction of Mr. Aurelio Martinez. Our first task was to locate and identify all types of available food outlets, such as grocery stores, convenience stores, mobile and fixed specialty markets, restaurants, and fast-food locations for future mapping and research.

The overall colonia environment encompasses many characteristics, such as highways, proximity to parks, places of worship, community centers, public transportation, availability of food stores, access to social services and health care, and access to clean water and sewer services. Colonias have been identified as substandard housing areas with inadequate roads and/or drainage, which often are physically and legally isolated from neighboring towns. In this project, we are focusing on the availability of food outlets to residents in three rural clusters of colonias, identified as San Carlos, Alton, and Los Ebanos/Paradiso. Additional projects of the TxHAN will focus on other aspects of the community environment.

In the first part of our research, we are identifying all food outlets. The identification process includes the collection of an exact location (latitude and longitude) using a tablet PC-based and camera-based Global Positioning System (GPS) and capturing a picture of the individual food store. These data will be used with Geographic Information Systems (GIS) technology to geospatially map food stores in relation to colonias and to each other.

It became apparent from the beginning that there was a type of food outlet in some colonias that defied normal classification. These are small food businesses or micro-enterprises that are secondary to another business or residence, and include snack stands, taco stands, raspas (snow-cone) stands, fruit and vegetable stands, and mobile snack vans. Some home businesses sell fast food items (such as tacos, hot-dogs and hamburgers), or even sell "hot food" plates (such as enchiladas, barbacoa, burritos, and gorditas) on certain days of the week. Once school was out for the day, mobile snack trucks and ice cream push carts were observed "marketing" to their customers. Subsequent activities will focus on understanding the roles of these "family" businesses in usual food intake for colonia residents and in providing family income for these entrepreneurs. Integral to this project has been the advice and assistance from IHOS promotoras.

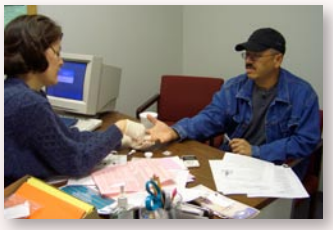
It became apparent from the beginning that there was a type of food outlet in some colonias that defied normal classification.

In the second part of our research, we have begun a systematic approach to identify and map individual colonias and document colonia characteristics, such as the condition of the roads (paved or not paved), street connectivity, the number of dogs loose on the streets or stray dogs present, physical disorder (i.e., trash, graffiti, abandoned automobiles), presence of play areas and religious organizations, and the variety and amount of different types of housing in each colonia (i.e., mobile homes, wood frame, brick/cinderblock, or "other" types of homes).

Ultimately, our work will be integrated with the work of IHOS to develop community-based strategies for access to resources for the prevention and management of health conditions among a growing population of at-risk children and adults who reside in the colonias of South Texas.

Spotlight

Trinity Medical Center



A diabetes patient is educated by a health care provider at Trinity Medical Center)

We are pleased to announce that Trinity Medical Center in Brenham, Texas has been recognized as a diabetes self-management education program by the American Diabetes Association.

Melissa Haussecker, the Director of Marketing, Wellness and Occupational Health, is a member of the BVHP on behalf of Trinity Medical Center voluntary process that approves education programs that have met National Standards. All approved education programs cover the following topics: the diabetes disease process, nutritional management, physical activity, medications, and monitoring, preventing, detecting and treating acute complications and chronic conditions. The Standards are designed to be flexible enough to be applicable in any health care setting, from physicians' offices and HMOs to clinics and hospitals.

The Trinity Wellness Center staff realized the need for the program when they began receiving requests from patients as far away as Conroe. A great asset of becoming recognized is that many health insurance plans and Medicare cover the cost of the education programs.

For more information on ADA recognition please go to www.diabetes.org or to speak with Trinity Medical Center staff call 888-909-9355.

Core Project

Diabetes and the Research Core:

An Emphasis on Self-Management Education

Patient self-management support is a central theme to the chronic care model, a framework adopted by the Research Core to address issues surrounding chronic care disease prevention and management.[1] Self-management support emphasizes the central role that patients have in managing their care and can take the form of educational resources, skills training, and psychosocial support.[2] The Research Core, working with our community partners, is currently developing ways to increase self-management support in Madison County in eastern Brazos Valley.

An initial project is the development of a touch screen computer-based diabetes self-management education program. A touch-screen computer will be installed in the Madisonville Health Resource Center and will contain diabetes education modules, including a description of diabetes, healthy foods, and the importance of physical activity. The Core Team (Drs. Bolin and Ory), along with Kerrie Hora and Taffy Fulton have begun the process of developing the content for the modules. Participants who utilize the diabetes management training will be provided with a current diabetes assessment to give to their health care provider at their next visit, hopefully providing decision support when determining treatment course of action.

Another exciting project under development is a peer directed community-based class aimed at improving individual self-management of diabetes. Core project team member Kerrie Hora is attending facilitator training for the Chronic Disease Self-Management Program developed by Kate Lorig at the Stanford School of Medicine. Upon completing this training, she will be able to train lay leaders and health care professionals to host chronic disease self-management classes in the community. Working with our partners, including Mr. Eric Todd, Administrator of Health Services for the Brazos Valley Community Action Agency, and Mr. Reed Edmundson, CEO of Burleson and Madison St. Joseph Health Centers, we will be able to provide knowledge and hands-on experience on the best practices of self-managing diabetes in Madison County and other rural counties in the Brazos Valley.

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

In all, this is a very rewarding time for the Research Core. We have developed critical relationships, are beginning to identify diabetes management and prevention approaches, and are moving toward making these approaches a reality within these communities. Most important, however, is that we are developing these approaches alongside our community partners, who will ultimately ensure the sustainability of these programs.

1. Wagner EH. (1998) *Chronic disease management: What will it take to improve care for chronic illness? Effective Clinical Practice,* 1:2-4.
2. Barr, V., Robinson, S., Marin-Link, B., et al. (2003). *The expanded chronic care model: an integration of concepts and strategies form population health promotion and the chronic care model. Hospital Quarterly,* 7(1): 73-82.

BVHP

BVHP:
Working Toward Incorporation

The Brazos Valley Health Partnership (BVHP) is taking a significant step to position the organization as a key player in regional health care by incorporating the partnership as a non-profit entity.

Since its inception in 2002, the BVHP has evolved from an informal group of interested stakeholders to a nineteen-member board that oversees the planning and progress of BVHP's goals and objectives. Along with the board, the general membership of BVHP works through committees and task groups to achieve the partnership's goals. While this structure has served the group well in their initial endeavors, BVHP board members acknowledge that the organization could make a greater impact through incorporation.

The primary objectives for incorporating BVHP are:

1. To further advance BVHP as a visible, legitimate and neutral entity that can provide leadership and support in the design and implementation of community-based initiatives to improve health status and increase access to care; and

2. To create a formal organizational structure that can leverage its membership's resources against local, state, federal and private funding in an effort to establish locally customized, sustainable health care solutions.

Board Chairman Don Strickland attributes the board members' support for incorporation to the organization's past accomplishments. "The fact of the matter is, because we have already achieved some success as a group, we felt like the timing was right to take advantage of the momentum that we have gained and move quickly to the next level. All along, we have insisted that our work was about a long-term commitment to the Brazos Valley and before we have completely exhausted our seed money, we need to have a stable financial infrastructure in place that will allow for us to use our community resources to attract additional funding opportunities – whether that is through grants, donations or local contributions."

BVHP will begin to focus on the first of its two incorporation objectives when the partnership, along with CCHD, hosts the Brazos Valley Health Summit on August 30th. The intent of the summit will be to release the findings of the 2006 Brazos Valley Health Status Assessment and to initiate regional planning activities to address issues identified in the report. Community leaders including local elected officials, health care and social services providers, directors of community-based organizations, educators, and the general public from the seven-county region will all be invited to participate in this event which will be facilitated by BVHP leadership and CCHD faculty and staff. Through this one-day summit, attendees will have the opportunity to influence the prioritization of regional health care initiatives that are adopted in BVHP's 2007-08 strategic planning process. BVHP leadership anticipates completing the groundwork for the incorporation process by the end of the summer and hopes that the non-profit status will be granted before the end of 2007. In the interim, Strickland says the partnership will continue to plan for the future as they wait. As Strickland stated, "We still have a lot of work to do between now and then."

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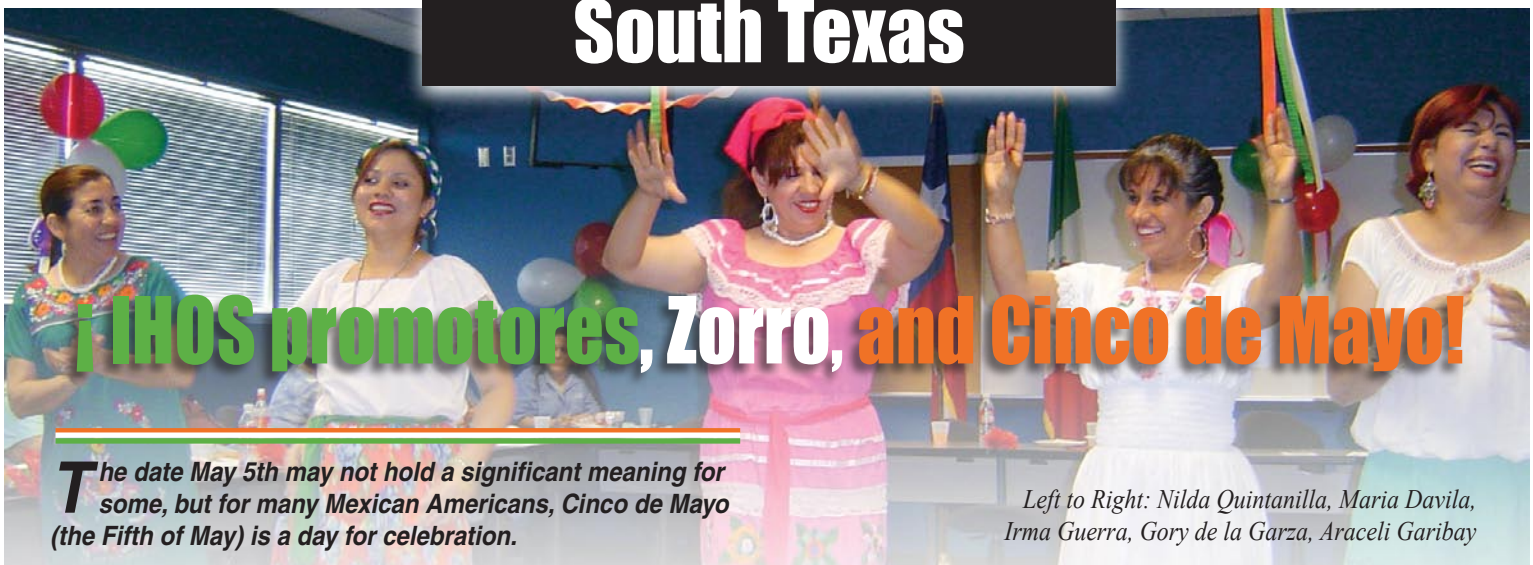
Student Awards

John Prochaska

John Prochaska, Doctoral Student at the School of Rural Public Health and Graduate Research Assistant for the Center for Community Health Development, recently received an Honorable Mention from the American Public Health Association for his work on diabetes prevention and management in association with the Center's Research Core project.

"Exciting progress to date includes developing strong collaborative partnerships with community representatives that enables the joint development of various activities such as a train-the-trainer chronic disease management class, an interactive touch-screen educational program, and new office practice designs that can spread programs and services in the rural areas surrounding Bryan-College Station," Mr. Prochaska said. The Award for Student Excellence in Public Health Practice recognizes student comprehension, application and growth regarding public health practice, and encourages faculty and students to address the "how" and "why" regarding their interpretation of public health practice and the achievement of practice. Mr. Prochaska competed against 33 other public health students nationwide.



¡ IHOS promotores, Zorro, and Cinco de Mayo!

The date May 5th may not hold a significant meaning for some, but for many Mexican Americans, Cinco de Mayo (the Fifth of May) is a day for celebration.

Left to Right: Nilda Quintanilla, Maria Davila, Irma Guerra, Gory de la Garza, Araceli Garibay

This day honors the victory of the Mexicans over the French army at the Battle of Puebla in 1862. Mexico had finally gained independence from Spain in 1810 and had undergone numerous political takeovers and wars – including the Mexican-American War (1846-1848) and the Mexican Civil War of 1858 – which left the country with heavy debts to nations who were demanding payment, such as Spain, England, and France. Eager to build its empire, France established leadership in Mexico by installing Archduke Maximilian of Austria, a relative of Napoleon, as ruler of Mexico when Mexico stopped making loan payments. France invaded Mexico's Gulf coast and began marching to Mexico City. The U.S. was fighting its own Civil War and was unable to offer assistance. In route to Mexico City, the French encountered strong resistance at the Mexican forts of Loreto and Guadalupe. Mexican General Ignacio Zaragoza Seguin led a small, inadequately armed militia of 4,500 in stopping and defeating a well-equipped French army of 6,500. This halted France's invasion of Mexico temporarily and was a victorious moment for Mexican patriots. This victory marks today's celebration of Cinco de Mayo that is observed not only in Mexico, but also in U.S. areas with a significant Mexican population.

Today, Cinco de Mayo is known as a celebration of Mexican culture, cuisine, music, and customs unique to Mexico. This past Cinco de Mayo of 2006, 30-40 staff, faculty, and guests of the Integrated Health Outreach System (IHOS) project, South Texas Center (STC), Health Science Center, and School of Rural Public Health celebrated in grand style at the STC in McAllen. Several attendees dressed in festive, cultural costumes. "It was very nice to see our colleagues dress up in Mexican costumes and jewelry" said McAllen promotora, Nilda Quintanilla.

Participants visited, ate, and played games. Aracely Garibay, a promotora from McAllen declared, "The celebration of Cinco de Mayo was great, and I enjoyed the games and food."

In addition to the food and games, the fiesta had a surprise visitor who was the hit of the festivities. Alberto Trevino, a long time friend and advocate for promotores (current employee of Willacy County School District), dressed as Zorro and gave a sincere, heart-warming speech about the work and life of a promotora. SRPH faculty member Nelda Mier stated, "It was a wonderful event. It brought everyone together and it was an interesting thing to have Alberto Trevino here as Zorro to gave a speech. It's very important not to forget our roots." TxHAN director Joe Sharkey similarly stated, "I was touched by the comments made by Zorro that each of the promotores was Zorro. I really enjoyed the celebration and seeing how close knit the group is."

In closing, attendees of this first Cinco de Mayo fiesta sponsored and organized by IHOS project staff had a marvelous time spent with colleagues and friends – remembering, celebrating, honoring, and reliving past and current victories and stepping stones. Nos vemos el próximo Cinco de Mayo. ¡Hasta luego!

Left to right: Aurelio Martinez, Zorro (Alberto Trevino) Janie Mejia

Back row, left to right: Aracely Garibay, Irma Guerra, Maria Davila, Maria Ortiz. Front row, left to right: Nilda Quintanilla, Olga Castilleja.

***Left** Front row, left to right: Nilda Quintanilla, Olga Castilleja.*

Training

CCHD and CSHD: Partners in Training

The Center for Community Health Development partnered once again with the Center for the Study of Health Disparities to host the Funding Seminar that was so well-received in 2005.

On April 28th, the two centers offered the training seminar at the School of Rural Public Health. The seminar consisted of two parts – logic modeling and grantwriting (identifying funders and writing successful proposals). A total of seventeen people, including students, community partners, and health professionals completed the one day training event.

The next training seminar will be held in the fall. To receive email announcements about upcoming training events or to request past training materials, please send your name and email address to cchd@srph.tamhsc.edu.

A Director of Training has been hired to oversee and coordinate the Center's training and educational objectives. Ms. Amber Schickedanz, (Pictured above) MPH most recently worked as the Operation Manager with the BVHP before shifting her responsibilities to focus on the Center's training objectives.

Branching Out

Two Faculty Join CCHD

On February 17, 2006, the Board voted to accept two new faculty members to the Center for Community Health Development. The Center welcomes Dr. Marlynn L. May and Dr. Antonio A. René and the insights they will bring to the Center's research program.

Dr. Marlynn L. May, Associate Professor in the Department of Social and Behavioral Health at the School of Rural Public Health, holds a joint Ph.D. in sociology and social ethics from the University of California, Berkeley. He is the Principal Investigator of "*Empowering Communities Through Knowledge - Transforming Knowledge into Action,*" a demonstration community-based participatory research project funded by the *Paso del Norte Foundation*, and has been published in *Environmental Health Perspectives, Rural Voices, and the American Journal of Public Health.*

Dr. Antonio R. René is the Assistant Dean for Academic Affairs at the School of Rural Public Health and also serves as an Associate Professor in the Department of Epidemiology. He earned a Ph.D. in Community Health Sciences at the University of Texas School of Public Health and has been named as an Outstanding Faculty Member and Advisor or Teacher of the Year nominee from several institutions. Dr. René's work has been published in several journals, including *Obesity Reviews, the Journal of the American Osteopathic Association*, and *Texas Medicine.*

Rural Emergency

Monica Wendel, Center Associate Director

Three minutes. That's how long it took the EMTs to show up.

"*And we'd have been here faster if he'd have had his shoes on when we got the call.*"

Anyone involved in research or practice involving rural health understands the challenges with access to health services for rural residents. I was sitting in a community meeting in Somerville, Texas, a small town about 25 miles from College Station. Local residents were discussing the impact of not having local health care providers, when I started feeling "weird." Being 7 months pregnant at the time, feeling "weird" was not a good thing. After debating whether to interrupt the meeting to ask for help or just wait it out and risk passing out on the floor of the senior center, I asked if anyone present was a nurse. Everyone in the meeting immediately jumped up and assumed I was in labor; fortunately, that was not the case. And fortunately, the EMS station was right behind the senior center. The two EMTs had me on a gurney in three minutes and to the hospital in Bryan in 30.

When I had time to think about what had happened, I was so thankful that I had been in a place that happened to have rural EMS (and that what I was experiencing was not really serious). But then, I thought, what about all the people who live in rural places without EMS? And what about the situations they experience that are serious? This brief experience forced me to remember that, while I don't live in a rural community, what I do – what we do – helps communities find ways to address their health needs and impacts real people who do live in rural communities.

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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