

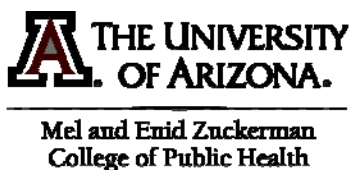
*Community Forums in Douglas, Nogales and Globe, Arizona*

**Voices from Our Rural and  
Border Communities:  
Food for Thought**



**January 2010**

*The Rural Health Professions Program: A Partnership of  
The University of Arizona, Mel and Enid Zuckerman College of Public Health  
and the Arizona Area Health Education Centers Program*



January 29, 2010

Greetings from all the faculty, academic professionals, staff and students who have participated in our service learning initiative over the past two years!.

The Mel and Enid Zuckerman College of Public Health Rural Health Professions Program is a partnership with the Arizona Area health Education Centers and provide resources to support service learning within our academic program. The Program has supported the development and implementation of new service learning courses as well as the integration of service learning into existing courses.

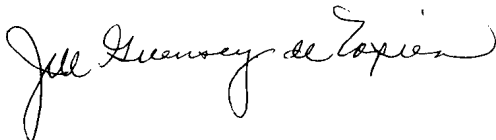
Over the past two years our faculty and academic professionals have developed and implemented week long intense service learning courses in our Arizona communities. Students and faculty are immersed in the community participating in service learning activities in partnership with community organizations and conducting individual and group critical reflections. As a culminating event of the service learning classes, the students conduct community forums. They also produce a summary of the issues discussed at the forum.

This report includes the summary reports and action items that resulted from forums in Douglas, Nogales, and Globe. As you are developing projects, papers, activities, etc. within the parameters of your course work, we hope that these documents may provide you with ideas and opportunities for connecting with the issues and concerns expressed in these communities.

Please feel free to contact me ([dezapien@email.arizona](mailto:dezapien@email.arizona)) or the participating faculty for each of the courses if you would like any additional information:

Douglas, Arizona	lead faculty: Cecilia Rosales ( <a href="mailto:crosales@email.arizona.edu">crosales@email.arizona.edu</a> )
Nogales, Arizona	lead faculty: Cecilia Rosales ( <a href="mailto:crosales@email.arizona.edu">crosales@email.arizona.edu</a> )
Globe, Arizona	lead faculty: Lynda Bergsma ( <a href="mailto:Lbergsma@email.arizona.edu">Lbergsma@email.arizona.edu</a> )

Thank you,



Jill Guernsey de Zapien  
Associate Dean for Community Programs

# **Nogales Community Health Forum**



# **Foro Comunitario de Salud Fronteriza**



## **Summary Report and Action Items**



**August 13, 2009**

**Forum Facilitated By:**

Anna Landau  
*MD/MPH student*

Lorenzo Gamboa  
*Mexican-American Studies student*

**Panel Members:**

Jesus Kataura  
*Co-chair Ambos Nogales Binational Health Council*

Jorge Alberto Michel  
*Co-chair Ambos Nogales Binational Health Council*

Susan Kunz  
*The Canyon Ranch Center for Prevention & Health Promotion*

Jill Guernsey de Zapien  
*UA College of Public Health*

Cecilia Rosales  
*Arizona delegation of the US-Mexico Border Health Commission*

**Special Thanks To:**

Samantha Sabo  
Theresa Foster  
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Jana Schleff  
Leo Martinez  
Perry Gast  
Erik Berg  
Sofia Grigera  
Abraham Deng-Ater  
Wendy O'Donnell

## **EXECUTIVE SUMMARY**

20 residents from both the US and Mexico sides of the Ambos Nogales area attended the Community Health Forum to share their opinions and experiences regarding health issues affecting the cross-border region in order to specifically identify those issues most vital to the community as well as to identify priorities in regards to health development. Residents and representatives from local community organizations presented their concerns to a panel of (local?) health professionals in order to guide the direction of their future work.

The forum was coordinated by a group of 12 graduate students from the University of Arizona College of Public Health. Through the Border Health Service Learning Institute, the students spent the week in Nogales, AZ and Sonora volunteering at and learning about local organizations centered around immigration and/or health for an intensive learning experience on border health. The experiences focused on three issues: migration, health and economic development. Organizations included Casas Saludables, the Nogales Community Food Bank, Mariposa Health Center, the Crossroads Mission, Border Patrol, La Asociacion de Promotoras de Nogales, Centro Hospital General, and more.

As a result of the forum, community members identified key issues and proposed the action items for the Ambos, Nogales region as follows:

### **Key Issues**

- Need for community resources/shelters for displaced and delinquent teens
- Need for the work of promotoras in Nogales, Mexico
- Water shortage and increasing water prices
- Recruitment and retention of rural health professionals
- Need for public transit services
- Connecting the community with services and events
- Lack of sexual assault services
- Connecting indigenous populations with rural promotoras
- Need for alternative medicine events
- Medical treatment of migrants
- Enrolling children for health insurance

### **Action Items**

1. Advocate for funding, stipends, and residency programs that bring health professionals to the rural Nogales area as well as funding for the SEAHEC programs.
2. Pursue collaboration between the University, AHEC centers, and the Board of Nursing to bring over Nurses from Mexico.
3. Advocate for clearer state resident classification for citizens who live in the border region.
4. Advocate for policy that facilitates better cross-border communication and sharing of evidence in regards to sexual assault cases that occur in Mexico but victims are residents of the U.S.
5. Advocate for policy that facilitates cross-border collaboration in regards to medical treatment of migrants before repatriation.

## FACTS FROM THE STUDENTS

- **6 MILLION** pounds of produce were donated last year to the community food bank in Nogales, AZ by the produce associations.
- **200** immunizations are given daily at the Centro Comunitario de Nogales, Sonora.
- **200** lunches are provided daily to repatriated immigrants Jesuit commission El Comedor de Nogales, Sonora

## COMMUNITY TESTIMONY

### 1. **Joyce Hubbard**—*Health Point*

Joyce is an active community member, a former public health nurse, and the previous director of public health nursing in Santa Cruz County. Joyce now administers IV therapy to people after they come home from the hospital. Joyce related the story of a teen girl she had recently encountered. The girl had been referred to Joyce by the main mentor of a community group called Teens Anonymous. The girl has a mother who lives across the line; she had all her belongings stolen from her; she spent time in juvenile detention; and she was recently placed with a foster family. The girl was not getting along with her foster parents and told Joyce that she didn't want to walk the streets all night. People have offered a room for the girl and a local domestic violence shelter offered a room for 10 days if it was not in use. Not wanting to refer the girl to anyone's home because of not knowing what her background was, Joyce was at a loss for community resources/shelters for the teen.

### 2. **Robert Guerrero**—*ADHS Office of Border Health*

On Oct 5<sup>th</sup>, the Bi-National Health Council of Nogales will be hosting the Border Bi-National Health Week. This is a border-wide event. Invitations will be extended to the US Secretary of Health, the Mexico Secretary of Health, and the Governors of both Arizona and Sonora. This will be a good opportunity for the new governor of Sonora to see the border health. In 2004 Nogales, Sonora hosted the bi-national health week. It is an honor that Nogales has been invited twice as many Border States would want this event in their city. Planning committee meetings take place every Friday. Contact Jose Kataura or Jorge Alberto Michel to participate.

### 3. **Gloria Rosas**—*Asociacion de Promotoras de Nogales*

Gloria has 12 years of experience as a promotora and currently works as a promotora for the Association which is a 2 year old, non-profit agency that provides services for disease prevention. The organization has a lot of programs and groups that gather together at the office and they are working hard. In Nogales, Mexico there is much need. The University students got a chance to work on the other side with the organization and saw the problems. The organization gives presentations and offers classes and now has a group that is training and empowering women in the colonias to be promotoras so they can also have services in the community centers. These women are supervised by the organization. An example of one of their programs is Happy Vacations which worked with 60 children at one time. In Nogales, AZ, the promotoras provide

monthly in-home services to pregnant women, help them attend their prenatal visits, and educate them on what to expect during and after pregnancy.

I hope you have the chance to visit me. The organization also offer classes for depression and have created teams that focus on diabetes education. The Asociacion is located at 125 E. Madison Street (sharing the building with Head Start) and they welcome visitors.

#### **4. Mireya Velasco—SEAHEC**

Mireya is a program coordinator at SEAHEC. Ever since she was a young girl, Mireya's concern has been the water. Mireya has memories from the 1970's of when the community had no water for a week and the National Guard had to bring water to her neighborhood. The news is currently reporting that the price of water is going to be increased two times what they pay now and this is a concern and does not seem fair when people are working hard to conserve their water.

#### **5. Gail Emrick—SEAHEC**

Gail expressed concerns in the areas of workforce development and the health workforce shortage of the county as well as the Ambos Nogales border region. One crises, is the difficulty of recruiting and retaining health professionals in the community health center and hospital. SEAHEC works with this challenge by working with the youth, encouraging high school students and getting them interested in health professions. Gail is concerned with creating funding and partnering organizations to create rural residency programs and stipends to bring professionals to this rural area since many of these programs are now being cut. Gail is asking that the University help with this issue by advocating for funding for these programs and promoting the residency practices in Nogales. The Inter-Professional Health Program and Border Health Service Institute are two programs that SEAHEC helps to support. These programs transform the students in the community. Gail would like to see these programs continue but needs help with the funding.

There is also the issue of nursing at the hospital. Nurses are recruited from as far away as the Philippines even though there are qualified nurses across the border who speak the same language as the people of the community. There is a consortium addressing the issue of curriculum with the board of nurses. Gail asks that the University get involved in a collaborative effort by reviewing that curriculum and putting pressure on the board of nurses. In addition, the AHEC centers need to address the issues of the language preparation of the nurses as this is one of the biggest barriers to passing the exam.

Another concern and frustration of Gail's has to do with the difficulty the Arizona Universities have in defining a resident of the border region a resident of the state. SEAHEC has a Future Health Care Leaders Program which works to develop a pipeline for young leaders in the community to be prepared and motivated to pursue health careers and then come back to serve the community. They recently had a success story, a student who received a full scholarship to pursue physics. The student began the enrollment process and was declared a non-resident of Arizona. She has a US passport, was born in Nogales, AZ and never lived in Mexico. It is a frustrating process for SEAHEC to encourage students and then be faced with these barriers. The border region has a problem with defining residency and Gail asks those representatives of the University present at the forum to work on the issue.

## **6. Judi Lopez—*Circles of Peace***

Judi works at Circles of Peace which is a domestic violence and treatment program. Judi's first issue is the lack of public transit services in the community to connect the borders and surrounding rural communities. Transportation is an essential privilege. Lack of public transportation creates a system of isolation. For domestic violence victims, if her husband is the only driver in the family, he will not offer to drive her to support programs. As families are extending in to other areas, this is also creating isolation through the loss of family support within the community and there is a need for these support groups

The second issue Judi brought up was that of how to get more people connected to the services provided in the community. Circles of Peace has speakers and workshops, but it is hard to get the people in the community to attend the events. They have tried newspaper and radio advertising, and word of mouth. So it is a challenge to connect the community to the workshops and places where their voices and concerns can be heard.

## **7. Lourdes Paez-Badii—*SEAHEC***

Lourdes is a program coordinator at SEAHEC. Lourdes has many issues within the community that she is passionate about but what is of most concern to her is the issue of sexual assault. There is a task force in Santa Cruz County but it has been a struggle to put this together and get all the agencies to join together against sexual assault. The task force was originally set up to address all the issues such as: no exams are done at the hospital and people have to go to Tucson; there are no victim advocates at the hospital; and there are no sexual assault nurse examiners in the county even though there is funding for this. What the task force needs is a system. They need collaboration from the hospital and clinics, they need all provider agencies to come to the table, and they need to have open lines of communication between all agencies.

Lourdes added to her concern about sexual assault that she hopes for a collaboration between AZ and Sonora but at this moment this is difficult because law enforcement is unable to do anything when the assault happens in Sonora. Lourdes asks for the assistance of the Bi-national Health Council to open up collaboration across the line.

## **8. Teresa Leal—*La Gente Hinto***

Teresa has been a promotora in the community for many years. Teresa currently works La Gente Hinto, a network from the Tohono O'dham Nation. They are trying to create a clinic for indigenous people in Magdalena and make connections with the promotoras in the rural areas. Teresa is asking for help from the Bi-national Council to develop those connections. Teresa would also like to set up a festival of alternative medicine (healers, massages, people that have shops that sell alternative medicines and food, ceremonies conducted by elders) in Nogales, Sonora as part of the Border Bi-national Health Week Event on October 5<sup>th</sup>. The goal of this festival would be to introduce the community to other pathways to health that can be provided in food and practice. Teresa hopes that this can be included in the October 5<sup>th</sup> event.

## **9. Mercedes Gameros—*Hospital General de Nogales, Sonora***

Mercedes works in the hospital. Mercedes is originally from Nyarit and came from a family that migrated all over Mexico and into the US. Mercedes has been working in the hospital for 13 years and has had the opportunity to see the impact of migration on health and how this has



changed over time. The injuries they saw went from traveling on trains, slipping and having amputations to then trying to jump the wall and breaking hands and ankles. As the wall has changed, so have the risks and injuries. Now they submit their bodies to the climate and temperatures that are too high. In addition, diabetes is brought on by stress and their kidneys fail. They cross with no security or safety and have vehicle accidents that leave them in vegetative state. All of this has created people with handicaps at a very high cost. Many migrants are returned to the border—some are too young, some remain on the border without receiving treatment, and some return home. Maybe the solution is not in our reach but Arizona has to resolve the short term impact before returning the migrants back to Sonora. Many go into dialysis at a very young age when they shouldn't and the cost placed on Mexico as a result is very high.

**10. Anna Quick**—*Carondolet Outreach*

Anna works on the collaboration boards of several community organizations including SEAHEC. Anna's concern is the numbers of uninsured children in the community. There is a plan in place to get the children insured by having a screening form in place in the school districts. She is working with the Mariposa clinic as well and they are handling the families that might be undocumented. Those families who identify as having no insurance are contacted. Anna has already called 140 families and talked to them about health insurance. The families have been thankful for the information on how to access healthcare.

## **PANELIST COMMENTS**

**Jesus Kataura**—*Co-chair Ambos Nogales Binational Health Council*

What Jesus heard from the community were issues about immigration, bi-national programs, water shortage, recruitment and retention of health professionals, public transit, sexual assault issues, an alternative medicine event, issues with migrants, and health insurance issues. There are many issues from health, economics, and other issues about immigration and migrants. All the issues cannot be addressed. The Ambos Nogales Bi-national Health Council is concentrating on the prevention of diabetes and obesity. The reason these issues were selected was because they were identified as a top priority based on workshops with multiple organizations. In collaboration with Sonora, Mariposa is offering a course that is already offered on the AZ side which is a 6 week program featuring 2 hour workshops that are focused on the development of diabetes. The next workshop begins in November.

**Jorge Alberto Michel**—*Co-chair Ambos Nogales Binational Health Council*

The Council is working with diabetes, obesity and also violence. At this time the Council is focused on organizing the 6<sup>th</sup> annual meeting of health which is focused on these three issues. They are working closely in preparation for the Bi-national Health Week event on Oct. 5<sup>th</sup>.

**Susan Kunz**—*Co-Chair of the Community Action Board for the The Canyon Ranch Center for Prevention & Health Promotion*

Their focus is on prevention and health promotion in the community to solve the community's own challenges. It is hard to suggest a solution to any of the problems when the common thread reflects a collective need to be stronger advocates and integrate to efforts for social and policy change. That is what many present already do for work and as volunteers. The board meets n

Tucson 4 times a year and Susan extends an invitation for anyone interested to attend the advisory action meeting to share ideas and strategies and work on collaborative projects.

**Jill Guernsey de Zapien**—*The UA College of Public Health*

The College of Public Health has only two resources: the students and the faculty, a staff of academic professionals. Public health is about improving the quality of life for all community members. Anything that impacts health is an issue for the field of public health and everything that was mentioned is a concern that falls under the umbrella of public health (i.e. transportation, sexual assault, etc.). The college does not have all the answers but it does have its resources, students. The students come wanting real world partnerships; they come because they care about the community. They are interested in the kinds of partnerships that the various organizations in Nogales can offer them. Jill stated that she will personally make sure the document produced from the forum is shared with the entire faculty at the College so that they will know what the issues are and can then share these with the students as internship opportunities. All students are required to complete a 270 hour culminating internship focused on real world public health issues and they can provide the people power to work on the issues brought up today. It is important that the resources come up on the referendums of 2010. All money might be lost so it is our role as public health professionals in the community to be out there front and center, to be advocates for these issues. About the student who was declared a non-resident, people need to get involved with the issue. It was probably not a legal decision that was made on that residency issue and it is something that may need to be brought up in a court case.

**Cecilia Rosales**—*Arizona delegation of the US-Mexico Border Health Commission*

The Border Health Commission was established in 1994 but did not come together until 2000. Ten states (four in the US and six in Mexico) formed this Commission. There are twenty-six members and the two commission chairs are the secretaries of health of both the US and Mexico. Cecilia also commits to sharing the document produced from the forum with the Border Health Commission. There is a priority setting process for the agenda that the Border Health Commission has established to receive input from members of the border communities. A community forum was held last year in Douglas and the concerns of the community were shared with the commission.

## **SUMMARY OF KEY ISSUES RAISED**

- Need for community resources/shelters for displaced and delinquent teens
- Need for the work of promotoras in Nogales, Mexico
- Water shortage and increasing water prices
- Recruitment and retention of rural health professionals
- Need for public transit services
- Connecting the community with services and events
- Lack of sexual assault services
- Connecting indigenous populations with rural promotoras
- Need for alternative medicine events
- Medical treatment of migrants
- Enrolling children for health insurance

## **SUMMARY OF ACTION ITEMS PROPOSED**

- Advocate for funding, stipends, and residency programs that bring health professionals to the rural Nogales area as well as funding for the SEAHEC programs.
- Pursue collaboration between the University, AHEC centers, and the Board of Nursing to bring over Nurses from Mexico.
- Advocate for clearer state resident classification for citizens who live in the border region.
- Advocate for policy that facilitates better cross-border communication and sharing of evidence in regards to sexual assault cases that occur in Mexico but victims are residents of the U.S.
- Advocate for policy that facilitates cross-border collaboration in regards to medical treatment of migrants before repatriation.

### **This event was sponsored by:**

The University of Arizona,  
Mel & Enid Zuckerman College of Public Health  
Border Health Service Learning Institute

# Douglas-Agua Prieta Community Health Forum



# Foro Comunitario de Salud Fronteriza de Douglas-Agua Prieta



## Summary Report and Action Items



**August 14, 2008**

Over 60 residents of Douglas, Arizona and Agua Prieta, Sonora and surrounding areas attended the Community Health Forum to share their opinions and experiences regarding the most important health issues affecting the cross-border region. Residents and representatives from local community organizations presented their concerns to a panel of local health professionals in order to guide the direction of their future work. The forum was coordinated by a group of graduate students from the University of Arizona who spent an intensive week in Douglas/Agua Prieta learning about border health and volunteering at local health-oriented organizations through the Border Health Service Learning Institute.

**Facilitated by:**

MPH Students Brian Smith & Cazandra Zaragoza

**Panel Members:**

Cecilia Rosales – U.S./Mexico Border Health Commission

Cesar Torres – Director, Sonora General Hospital

Evelyn Whitmer – University of Arizona Cooperative Extension

Lisa Staten – Canyon Ranch Center for Prevention and Health Promotion

## **SPEAKER SUMMARY**

### **1. Tom Carlson**

#### **Naco Wellness Initiative**

The Naco Wellness Initiative manages a migrant aid center at the Naco Port of Entry on the Arizona/Sonora border. The center has seen over 6,000 migrants since it opened in January. Carlson considers healthcare to be a crucial issue for migrants coming through the center. Carlson is currently collaborating with the government of Sonora as well as organizations such as Border Action Network and No More Deaths in order to improve services. One key issue that he emphasized was the separation of families in the deportation process, especially children affected by those separations.

### **2. Myrna Seiter**

#### **ADHS Border Health Office**

Seiter is an epidemiologist who tracks the spread of infectious diseases along the border. Seiter presented her findings that cases of infectious diseases such as West Nile Virus, Hep A, B, and C, dengue, and influenza are much lower in Cochise County compared to the rest of the state. Seiter also tracks infectious diseases in Sonora, with a focus on Agua Prieta. They collaborate with the Sonoran government to support health care workers who vaccinate those at risk of contamination from ground water. Seiter stressed that communication across the border is important in order to maintain a network to prevent the spread of infectious diseases on both sides.

### **3. Arturo Escalante**

#### **Substance Abuse Coalition for Cochise County**

Escalante works with the Mexican Consulate in collaboration with the Substance Abuse Coalition for Cochise County. He emphasized the importance of including mental health in any assessment of health and wellbeing on the border. Escalante works with youth around issues of substance abuse including alcohol, prescription medication, and illegal substances. Escalante stated that living on the border puts individuals at a higher risk for substance abuse. He stressed that they don't have many of the resources that most substance abuse programs do and depend on local partnerships. Their program does not inquire about immigration status; however, it does require AHCCCS, a government health care program that screens for legal papers. If the situation is life threatening, this requirement is waived. Escalante closed by emphasizing the need for more funding in the field of mental health.

### **4. Cesar Torres**

#### **Sonora General Hospital**

Torres, Director of the Sonora General Hospital, presented on the rising dengue problem in Sonora and the hospital's response following a local outbreak in Agua Prieta last year. A large mosquito population - due to the high altitude, increased rain, higher temperatures, and increased urbanization - makes them notably susceptible. They created Proyecto Patio Limpio (Project Clean Yard) to help teach the public about dengue as well as demonstrating how to clean yards of standing water where mosquitoes breed. Torres considers dengue a real threat and problem that both sides of the border must consider carefully.

## **5. Lourdes Fernandez**

### **Pasos Adelante**

Lourdes is one of 4 promotoras (Community Health Workers) working against diabetes through the program Pasos Adelante (Steps Forward). Pasos Adelante is a 12-week class teaching how to prevent and manage diabetes and high blood pressure. They promote healthy eating habits, exercise, and tools for preventing depression. Pasos Adelante has been active for 4 years and has data showing significant impacts in decreased cholesterol levels and weight loss. Already over 400 people have participated in the program, with 85% of participants being Spanish-speaking. This year is the last year of the existing grant funding for the program, so Lourdes is working with Southeast Arizona Medical Center to ensure that they can continue this important work.

## **6. Robin Falconer**

### **Cochise County Health Department**

Falconer is responsible for Prevention Services at the Cochise County Health Department. Falconer stated that Cochise County is the 7<sup>th</sup> largest county in the state with the population continuing to grow rapidly. The population has a high proportion of elderly people and is about 30% Hispanic. A major concern is the lack of health care coverage, with many elderly choosing to forego help due to the high cost of medical care. Given the diversity of the county, it is difficult to develop one single type of program for prevention. Prevention services provided through the Health Department include a teen pregnancy program, an active adult program, a community dietician, and an exercise specialist. Falconer stresses that they are lacking epidemiological expertise and would like to have collaboration with the University of Arizona to help overcome this obstacle. Other challenges include funding and quality staff.

## **7. Charles Flanagan**

### **Cochise College Correctional Education Division (CED)**

Flanagan works in occupational education for inmates in the prison system. This program has achieved a 34% reduction of recidivism in the 35,000 inmates under their supervision. Flanagan explained that in the prison system, inmates are covered under a form of universal healthcare. Most of the inmates cannot afford healthcare costs and do not seek it either before or after prison. Observing the effectiveness of universal healthcare in the prison system as well as in Europe, Flanagan expressed that he would like to see something similar in his community, and emphasized that it is worth the costs.

## **8. Susie Peru**

### **Coshise County Health Department**

Peru is the coordinator for the Bi-national Border Health Program. This program has focus areas in environmental health, maternal and child health, communicable diseases, mental health, chronic disease, and emergency preparedness. The committee's main priorities are obesity, protocols for epidemiology, data sharing, mental health issues and treatment centers, substance abuse, diabetes, and immunization conflicts. Due to lack of communication and poor documentation, Peru said that many children are getting double-vaccinated – once on each side of the border.

## **9. Ginger Ryan**

### **Chiricahua Community Health Center**

Ryan runs the only community health center in Douglas and affiliated medical and dental mobile clinics that travel throughout Cochise County. Ryan expressed alarm that for a community of 14,000 Douglas has 100+ children with significant and special healthcare needs including epilepsy, cerebral palsy, low birth weight, developmental delays, and mental retardation, including many children with multiple diagnoses. This extremely high proportion of special needs children raises questions about environmental contaminants. Ryan emphasized the need for research and advocacy regarding environmental exposure on the U.S.-Mexico border that is likely causing abnormally high rates of epilepsy, cerebral palsy, low birth weight, developmental delays, mental retardation, autism, and premature birth.

## **10. Rosie Jaramillo**

### **Domestic Violence Advocate**

Jaramillo advocates for better health treatment for survivors of domestic violence. Many individuals who experience domestic violence experience chronic pain but only receive ibuprofen from doctors. Jaramillo's program enables medical professionals to screen for domestic violence by educating doctors and nurses in domestic abuse identification, assessment, intervention, and referrals.

## **11. Sister Mary Kirkoff**

### **Douglas Special Action Group (SAG)**

Kirkoff spoke of her concerns for the environmental health of her community. She stressed that a healthy planet and a healthy ecosystem contribute to a healthy person. Kirkoff brought up concerns about the effects of destruction of local grasslands by mining and sweltering companies. Kirkoff sees a close relationship between the symptoms and illnesses in the community and environmental contaminants caused by industry.

## **12. Dr. Alvarez**

### **President, Colegio Medico**

Dr. Alvarez, President of the Colegio Medico in Sonora, explained their participation in public health projects in both border cities. He indicated 3 important areas in need or more funding: health promotion, prevention, and inspections. Dr. Alvarez stressed that there must be communication across these areas including dialogue among local health experts and authorities for there to be progress.

## **13. Leah Dodge**

### **Douglas Food Bank**

Dodge described how the Food Bank works and what services they provide to the community. Established in 1979, the Food Bank was developed to save food being thrown out by supermarkets and instead distributes it to the needy. The Food Bank receives daily donations from local supermarkets, emergency food boxes from Pima, private donations from individuals, and supplies from federal government agencies such as FEMA. Dodge pointed out that due to the state of the current economy, donations have gone down from all sectors. The bank provides fresh produce to a population that usually lacks these items from their diet. The bank also provides nutritional education and a community-wide diabetes prevention campaign, all of which



are funded through grants. There are no restrictions on eligibility except that emergency food boxes are only for residents of Douglas. Recently there have been debates in the community that Agua Prieta should have their own food bank to help serve everyone in crisis on a regular basis.

#### **14. Celia Villicaña**

##### **Women's Economic Advancement Cooperative**

Villicaña is a member of a piñata cooperative in Agua Prieta, which consists of 5 women who participate in order to economically support themselves without leaving their children. The cooperative is sponsored by the local Methodist Church that also runs a community clinic on-site. The clinic is free and provides medication, an OBGYN, general practitioners, nurses, and a dentist. According to Villicaña, anyone can be seen as long as a doctor is present.

#### **15. Beverly Jackson**

##### **Nutrition Program, Douglas Unified School District**

Jackson directs a child nutrition program that serves over a thousand breakfasts a day at schools where no meals are served. The program intentionally provides a more nutritious and healthier menu by prioritizing low-fat and whole grain items. Now the students use this nutritional information to help influence their families in making healthier food choices when cooking. The program also developed a wellness program where parents, administrators, and students make policies that promote healthy eating. She said that 80% of the students in the school system are from low-income families.

#### **16. Oscar de la Torre**

##### **Mexican Consulate**

De la Torre addressed the importance of cross-border sharing of medical documents, especially vaccine reports that can be easily transferred. Children who live on both sides of the border are often vaccinated twice, which has become a waste of resources. The consulate provides programs related to prevention, especially targeting Mexican immigrants because so many of those that are undocumented don't have access to healthcare in Arizona. They also work to insure that deported migrants receive adequate care, usually upon repatriation at the Agua Prieta port of entry.

## **SUMMARY OF KEY ISSUES RAISED**

- Lack of access to care for repatriated migrants;
- The need for policy that streamlines cross-border communication between health departments, especially regarding the spread of infectious disease;
- More funding needed for mental health programs in the region;
- The risk of Dengue and importance of public education to prevent it
- The rate of diabetes in border communities;
- The need for continued funding for Pasos Adelante diabetes program;
- Lack of epidemiological expertise at Cochise County Health Department;
- Repeat immunizations in Mexico and U.S. due to poor communication;
- Excess of special needs children indicates possible environmental factors;
- Involving medical professionals in helping domestic violence victims;
- Environmental contaminants from nearby mining and smelting companies;
- The need for a separate Food Bank in Agua Prieta;
- Quality of nutrition in meal programs for low-income children;
- And the need for better sharing of medical documents across the border, and policies that facilitate that smoothly.

## **SUMMARY OF ACTION ITEMS PROPOSED**

- Pursue collaboration between Cochise County Health Department and U of A College of Public Health students in epidemiology to fill the gap;
- Advocate for policy that facilitates better cross-border communication and sharing of documents, especially regarding immunizations;
- Examine the possibility of an environmental assessment to locate causes of high rate of special needs children on the border; Examine links to local mining and smelting operations;
- And examine the possibility of a separate Agua Prieta Food Bank and, if feasible, create plan and timeline for opening one.

### **This event was sponsored by:**

The Canyon Ranch Center for Prevention and Health Promotion - University of Arizona,  
Mel and Enid Zuckerman College of Public Health

The U.S./Mexico Border Health Commission Arizona Outreach Office

Cochise County Northeast Sonora Binational Council



# **Globe-Miami Community Health Forum**

## **Summary Report and Action Items**



**August 19, 2009**

## **INTRODUCTION**

On the evening of August 19, 2009, approximately 35 residents of Gila County attended a Community Health Forum hosted by eight students from the University of Arizona Mel and Enid Zuckerman College of Public Health. A six-member panel representing a wide range of public health-related organizations heard verbal testimony from 18 community members. Recurrent themes from the evening included:

- the need for improved eldercare and end of life services
- the difficulty of recruiting and retaining a skilled healthcare workforce in the area
- the need for increased educational and recreational opportunities for area youth
- the need for more collaboration between the communities in Gila County and those on the San Carlos Apache Reservation

After the community testimony, each panelist responded. Panelists emphasized the need for increasing communication and collaboration between the reservation and the other communities, increasing healthcare workforce development, and growing partnerships between the University and communities in Gila County.

### **Facilitated by:**

Students of the Rural Health Service Learning Course  
The University of Arizona  
Mel and Enid Zuckerman College of Public Health (MEZCOPH)  
and  
Eastern Arizona Area Health Education Centers  
Rural Health Professions Program

### **Panel Members:**

Jill Guernsey de Zapien – Associate Dean for Community Programs, MEZCOPH  
Gary Hart, PhD – Director, Rural Health Office, MEZCOPH  
Linda Clark, CDE – IHS San Carlos Hospital  
David Fletcher – Director, Gila County Dept of Health and Community Services  
Kathy Kitcheyan – Director, San Carlos Dept of Health and Human Services  
Velda Jones – Program Manager, San Carlos Older Adult Center

## **COMMUNITY MEMBER TESTIMONIES**

### **1. Pat Yarger**

#### **Committee Representative, Southern Gila County Economic Development Corporation Committee on Quality of Elder Care**

Through recruitment, promoting, and talking, some of the things necessary to address elder quality of life are beginning to come to the area. This includes senior housing and assisted living, with the hope that it will include adult day care and hospice, which had previously had a presence but left the area. Globe has a number of elder adults in the area, and end of life should be approached with dignity. This issue does not just affect Globe but San Carlos as well. Many people have aging parents to look after, and they need to have the means, such as respite care, to do that. Many working people leave the community looking for resources to help them care for aging parents with dignity because there are no resources here to help them care for their older parents and still maintain employment. Although some of the issues are being addressed with some success, there is still a long way to go.

### **2. Fernando Shipley**

#### **Mayor of Globe, AZ**

Mr. Shipley is both the mayor of Globe and a board member of the Cobre Valley Community Hospital, and until recently, he was board president. His concern was with recruitment of qualified health professionals and doctors into the area, as doctors and surgeons are difficult to recruit into small communities. He supported the concept of a “grow your own” workforce for qualified professionals, citing the successful nursing program with the Gila County Community College and the fire cadet academy. They would like to start a police academy as well. These development programs should give hope to young people that they can stay in the community and find employment. When they leave, it is a “disservice” to the community and to themselves.

### **3. Jim Aragon**

#### **Technology Coordinator, San Carlos School District**

Mr. Aragon is a lifelong resident of Globe-Miami, and he is currently a caregiver to his mother and a medical patient himself. He compared the healthcare issue to education. The schools currently collect student demographic information and send it to the Arizona Department of Education. There is an opportunity for a similar medical health information system to be developed where patient data can be gathered and sent to a central processing point for sharing between patients and doctors, using available technology. There is stimulus funding for grassroots development to look at these types of projects.

### **4. Jung Kim**

#### **Globe Resident, Registered Nurse**

Ms. Kim has lived in San Carlos and currently lives in Globe. She works for Velda Jones [speaker /panelist] and volunteers by teaching exercise at the San Carlos Older Adult Center and the Globe Wellness Center. She is an active RN. She discussed the circular philosophy of chi gong and the economy. In Western philosophy, we see things as a straight line. In Asian and Native American culture, things are circular. She read a Black Elk quote: “Have you noticed that everything an Indian does is in a circle? That is because the power of the world is done in a circle.” Kim also volunteers with the Apache Fair Trade Co-op and helps one of the Apache

churches to sell handmade Apache arts and crafts. She lamented the need for e-Marketing of these goods to encourage economic development, circulate money, and stimulate the economy. “If you buy crafts that Apache people make, that money comes back to Globe; you are not spending, you are circulating”.

#### **5. Child in Globe (read by facilitator)**

##### **Resident of Globe, AZ**

This child could not convince his parents to come to the forum, but felt it was important to raise the issue of a park in Miami that butts up to a dry creek bed with no wall. He pointed out that children who lose a ball in the creek bed could injure themselves by falling in.

#### **6. Miles (read by facilitator)**

##### **Resident of Pinal Mountain, Lake Roosevelt Area**

Miles presented a document to the panel concerning the issue of Agent Orange in the Lake Roosevelt area.

#### **7. Fernando Shipley**

##### **Mayor of Globe, AZ**

The mayor shared the concerns of an adolescent who spoke with him before the forum about the skate park. The young adult expressed an opinion that the skate park is boring, and that the equipment needs to be updated.

#### **8. Carolyn Haro**

##### **Manager, Gila County Health Department**

Ms. Haro explained that the Gila County Department of Health and Community Services is beginning to perform a “knock down drag out” needs assessment of all communities in Gila County using a tool called the MAPP process: Mobilizing for Action through Planning and Partnerships, which looks at the public health system as a whole, not only the health department. The process looks at the how the system works together, where the gaps in services are, as well as where things could be working better together. The information from this forum can go into the MAPP process. They will be looking at health statistics, community dynamics, community perceptions, forces of change, and doing a gap and assets analysis. This is just the beginning of the process. She invited the community to participate in this evolutionary process to come up with a collective vision for the future.

#### **9. Roberta Patten**

##### **Health Career Counselor, San Carlos Health Department**

Ms. Patten stated that the San Carlos Apache Reservation faces many complex issues, new diseases emerging, and “abuse of not only our own selves and our health, but abuse of the land and abuse of mind”. She asked what the community is doing as a team to address those issues that exist for everyone in the county. Collaboration may exist, but if it does “it is not visible to normal people like me,” she said. Ms. Patten would like to see collaboration between Miami, San Carlos, and Globe, with the assistance of the UA. She spoke to the personal motivation she would feel if the issues were addressed.

**10. Neal Jensen****CEO, Cobre Valley Community Hospital**

Mr. Jensen reiterated the Mayor's concern about recruiting and retaining a skilled workforce for all hospital positions, not just doctors. He stressed the need to "grow your own" nurses, radiology, physical therapists, pharmaceutical technicians, and lab techs. The hospital currently partners with local colleges in Gila County and Phoenix so that nursing, radiology, lab, physical therapy, physician assistants, and pharmaceutical students may receive clinical instruction in the community. He stated that local talent provides a higher quality of care because they know the community. He thanked EAHEC and the Rural Health Office's Rural Hospital Flexibility Program for recognizing the needs of the hospital and the rural community as well as helping the hospital with "strategic issues that affect our long term viability." In response to an earlier statement by Jim Aragon (3), he noted that electronic information systems are already being implemented in the Cobre Valley Hospital. The hospital requested stimulus funds and the hospital board has already budgeted for proactively working on a community-wide information system.

**11. Christine Rocha****Gila County Division of Health and Community Services,  
Tobacco Free Environments Program**

Ms. Roach thanked the Cobre Valley Community Hospital for implementing a smoke-free campus policy. There has been a history of smoke-free campuses in schools and now the hospital. She would like to see another large campus like the Gila Pueblo Community College "take the challenge and become smoke-free".

**12. Tyler Kent****Reporter, The Silver Belt Newspaper**

Mr. Kent noted the lack of athletic activities in the community for young adults. He praised the hire of a new recreation manager and the organization of a softball tournament for Labor Day, indicating that he felt the county is moving in the right direction.

**13. Paula Horn****Gila County Division of Health and Community Services**

Concerning teens, Gila County is number two in the state for teen pregnancy, and there are no funding sources to address this issue. The county does a teen outreach program, limited to juvenile justice teens, that she felt needed to be implemented throughout the entire community.

**14. Written Concern (read by facilitator)**

An anonymous citizen expressed concern over healthcare for the uninsured that are above income levels to qualify for AHCCS. She also noted that Gila County is the only county in Arizona that does not provide women access to the Well Woman's Health Check program. The citizen was concerned that this is abuse of the AHCCCS system.

### **15. Written Concern (read by facilitator)**

#### **Young Adult, Gila County**

This anonymous statement came from a young adult, who was concerned that there is a need for appropriate places for young adults 18 to 20 years of age to socialize. The county has provided a skate park for teens to use. The young adult noted that the sports complex and new recreation site are appreciated, but that the soccer field is poorly maintained. The citizen also brought up the issue of public health education in high school settings, especially in regard to the HINI virus. High school students are not aware of sanitation factors to keep themselves from contracting the virus.

### **16. Name Withheld**

#### **Translator, San Carlos Apache Reservation**

This member of the San Carlos Apache Tribe (SCAT) raised many concerns, including the lack of collaboration between the county and the reservation. She asked what is being done for (recruiting) health professionals, citing a need for people to go into health careers. There is a need for handicapped facilities for students at the San Carlos High School. She asked if the University of Arizona, Indian Health Services, or Gila County have scholarships or education programs for students entering the health professions.

### **17. Jeri Byrne**

#### **Director, Eastern Arizona Area Health Education Centers (EAHEC)**

Responding to the question from the translator from the SCAT, Ms. Byrne noted that although EAHEC does not have scholarships, it has programs geared for students throughout Gila and the neighboring counties, such as HOSA (Health Occupation Students of America) at the high schools including San Carlos. EAHEC provides many opportunities for students that have decided to go into a health profession and invests in supporting those who have made such a decision. She agreed that “growing your own” is the best. They have a staff member who is “skilled in finding grants and scholarships” for students who are serious about going into health professions. EAHEC encourages students to attend Arizona schools. A student from Gila County received the Gates Millennium Scholarship with full funding for medical school, and his present plans include returning to the community to practice. EAHEC also brings in current health science students to show them that working in rural areas is not isolating and “we have wonderful rich resources here.”

### **18. Jim Aragon**

#### **Technology Coordinator, San Carlos School System**

Mr. Aragon stated that school districts are in need of school nurses. The CDC has issued guidelines relating to vaccinations against the H1N1 virus for school districts. He suggested investigating the development of a home virus test for families to save time and effort, and increasing communications with health professionals.

### **19. Sarah Bernstein**

#### **Local Merchant, Globe**

Referring to engaging children in healthy activities and improving elder quality of life, Ms. Bernstein stated that she sees “two ends of the spectrums in communities that could really benefit from one another and sometimes it’s just maybe an issue of bridging the gap.” With the



high rate of retirees and a large percentage of working parents in this community, she suggested starting a mentoring program with older adults and children where they could interact. Rules, regulations, and lack of funding sometimes make it hard to unite the talents and treasures in the community, but “it’s just a matter of maybe looking at the capacity or the structures we already have in place and maybe putting a little twist on it” that would “lead to a sense of wellness for all.”

## **PANELIST RESPONSES**

### **Jill De Zapien, MEZCOPH**

Ms. De Zapien thanked the audience for speaking to the issues and strengths of the community in this event: “There isn’t an issues that you brought up that isn’t a part of public health.” She noted that there were comments around the economy, and “there is nothing that impacts the health of a community more than a stalled economy.” She described the partnerships that the MEZCOPH has throughout the state with the AHECs. She hoped partnerships would develop between MEZCOPH and communities throughout Arizona. She stated that the role that service-learning students play is moving university faculty toward addressing the issues raised at community forums. Common funding supports both “grow your own” workforce development and university student service-learning experiences that promote health-related practice in rural areas. Each has a common goal of meeting critical public health needs. Information sharing is important between the university and communities.

### **Gary Hart, PhD, Rural Health Office/MEZCOPH**

Dr. Hart briefly explained the function of the Rural Health Office (RHO), its role in “growing your own” workforce, and the value of such a workforce. He addressed the concerns of quality and scope in rural health care practice. He praised rural providers and critical access hospitals. The assistance of the RHO with grant writing was offered. He brought up the crisis in primary care providers at a national level, which impacts communities at a local level. He stated that this community forum is “an example of us trying to facilitate that – help your community, help our students, and get more folks into rural communities.”

### **Linda Clark, CDE, San Carlos IHS Hospital**

Ms. Clark commented on the “overall well being” in the community and “how we look at health period.” She remarked upon her personal concern about the health of the community’s children, what they are eating, what they are being fed in school, and safe places for physical activities. She pointed out the need for more health care professionals, especially in light of the new Indian Health Service hospital opening in three years, and the importance of “training and retaining home grown.” She noted that the substance abuse issue had not been brought up, but considers it a “big” issue among youth. She supported possible initiatives surrounding intergenerational activities that would improve elder quality of life which “would be nice, focusing again on our health.”

### **David Fletcher, Gila County Dept of Health and Community Services (GCDHCS)**

Mr. Fletcher thanked the audience, the panelists, and the UA faculty and students for their time. He commented that “our staff who worked closely with you probably learned as much from you as I hope you learned from us.” The GCDHCS is “the best kept secret in Gila County, when it

does it's job right" he said, referring to successful preventive measures and surveillance. Grant writing in the office has had some success, notably, funding for testing for blood lead levels in children, as local housing stock was likely painted using lead-based paint. The reason for the lack of a Well Woman Health Check program was explained and further investigation into bringing the program to the region was promised. The GCDHCS has a commitment to a "grow your own" program to expand the health care workforce.

### **Kathy Kitcheyan, San Carlos DHHS**

Ms. Kitcheyan greeted the audience first in her native tongue. She presented unemployment, teen pregnancy, and dropout rates for the reservation. She described some of the 13 programs in the San Carlos DHHS. Her program managers have been told that "this is about education, it's about prevention, and it's about intervention." The Apache concept of family was shared, relating to the impact that "every and all" issues brought up during this forum have had on her family. "What happens in Globe happens in San Carlos" but "it affects us 10 times more" she said.. Her commitment to education as the way out of poverty to a better quality of life led to her desire for parents and grandparents to challenge children "a bit more." By using the example of casino proceeds benefiting the Globe- Miami area, the philosophy of the circle in health and economy was reinforced by Ms. Kitcheyan. The behavioral health program at the reservation is an award-winning collaboration with the IHS hospital. She noted the problem that the IHS hospital "has never been funded at full capacity" and runs out of money mid-year. Health education was discussed, with several examples such as the recently held youth education and women's wellness conferences. A cancer conference, addressing Agent Orange concerns, is being developed. Mentioned were a few of the activities conducted by the San Carlos DHHS on the reservation: pesticide application for control of Rocky Mountain Spotted Fever, spay/neuter clinics, rabies vaccinations, suicide prevention task force, motor vehicle injury task force, elder abuse task force, and methamphetamine abuse step coalition. These are "valuable committees that work hard in the interest of prevention, intervention, and trying to provide better health care for our people." Ms. Kitcheyan closed with a thank you to all participants and expressed a desire to continue to work together.

### **Velda Jones, San Carlos Older Adult Center**

Ms. Jones thanked the UA and the students. She commented that the issues of hospice, respite care, nursing homes, and assisted living also exist on the reservation. She spoke about personal losses to "rampant" drug and alcohol abuse. She expressed her appreciation that "everyone was here to share their concerns, share their issues, so we can try to collaborate" and have a "stronger bond to work with the fabric of our entire community." She related a personal story about feeling part of a closer Globe-Miami community when she was growing up. That was when "there wasn't really a boundary line" and that should be a goal to "strive for the betterment of everybody and not just look at ourselves as separate communities."

## **SUMMARY**

### **Key Issues Raised (how community perceives their health and quality of life concerns)**

- Elder end of life quality and care: respite care, care homes, skilled care, hospice
- Difficulty in recruiting and retaining skilled health care workers in a rural community
- Shared focus on “grow your own” health care workforce
- Implementation and use of electronic medical information systems
- Lack of recreation/socialization options for teenagers and young adults
- Teen pregnancy and substance abuse
- Need for collaboration between Globe, Miami, and San Carlos communities on common issues
- Education and scholarship opportunities for San Carlos youth
- Need for more H1N1 virus education, anti-smoking, pregnancy prevention, and hygiene outreach (“health education”) for students

### **Action Items Proposed**

- Increase and maintain the communication and collaboration begun between the San Carlos Apache Reservation and the other communities of Gila County
- Strengthen partnerships between University of Arizona faculty/students and community organizations in both Gila County and the San Carlos Apache Reservation
- Address health care workforce recruitment, retention, and “growing our own” development
- Investigate the possibility of bringing Well Woman Health Check to Gila County residents
- Pursue elder care and quality of life options, including opportunities for intergenerational activities

### **Community Resources and Assets**

- Desire to collaborate between San Carlos and the county
- Recognition of need for elder quality of life by many individuals and organizations
- Grant writing expertise that can be shared is available
- Educational and supportive opportunities for students (high school and beyond) interested in health care and related fields are available
- “Our people are our best resources”
- Cadre of people committed to developing a healthy community

### **This event was sponsored by:**

Gila County Division of Health & Community Service

The Eastern Arizona Area Health Education Center

The University of Arizona Mel and Enid Zuckerman College of Public Health

Arizona Rural Health Office