

**United States Department of Health and Human Services
Health Resources and Services Administration
Office of Rural Health Policy
U.S.-Mexico Border Health Care Initiative**

**Improving Knowledge Transfer among Health Researchers and Decisionmakers at
the Border: An Expert Meeting**

Meeting Report

**June 26, 2007
Dallas, Texas**



This meeting was supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy under contract number GS23F0087S and HSH250200716118P. Please note that comments and recommendations from the Workgroup Meetings are not officially endorsed by HRSA.

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Executive Summary

This expert meeting sought to identify ways to improve the translation and dissemination of border health research produced in the United States so as to maximize its use by decisionmakers in health policy and practice. As part of its work to improve access to health care along the border between the United States and Mexico, the Health Resources and Services Administration (HRSA) seeks to promote the use of evidence-based programs and the best available data and information in planning and providing population-based and personal health care services. In this context, the term “knowledge transfer” refers to range of activities designed to link research to policy and improve the likelihood that policymakers and practitioners will make evidence-informed decisions.

While not unique to the border area, the challenges of linking research to policy in this regional are clearly evident. The report of the 2002 Border Health Research Agenda Council Meeting declared that “fragmentation of efforts and lack of communication mechanisms were identified as the two biggest problems affecting binational cooperation for health.”¹ Participants at the HRSA Border Health Summit conducted in August 2006 observed that while the number and variety of research studies continues to grow, it appears that the knowledge created through these investigations rarely gets translated into meaningful messages and disseminated effectively to policymakers, program administrators, and practitioners. “We know better than we do,” was a consistent theme.

This invitational meeting brought together representatives from government agencies and foundations that fund research, leading researchers and university officials, health policymakers, program administrators, and health care providers to examine their experience and discuss ways to improve the flow of research-based knowledge among stakeholders at the border. The meeting agenda and participant list are included in Appendices I and II, respectively.

¹ Pan American Health Organization. Border Health Research Agenda Council Meeting Report. Report of a meeting conducted February 7-8, 2002 in Edinburg, Texas, by the Pan American Health Organization and the University of Texas, Pan American (UT Panam).

1. Introduction

Steven Smith, Senior Advisor to the Administrator, HRSA

Mr. Smith spoke about the importance of translating research into practice, as part of HRSA's broader efforts to reduce health disparities and improve access to health care services. Feedback from the HRSA Border Health Summit in August 2006 revealed that participants were encouraged by the wealth of information presented, but were troubled that the research was rarely translated into better health outcomes. HRSA has had promising success in applying health services research findings to the field of organ donation, where targeted studies about "best practices" contributed to important policy changes that increased the number of successful organ donations. Similarly, Smith said that HRSA hopes to support local leaders along the U.S.-Mexico border in using research to improve the delivery and use of health services.

2. Framework for Assessing Efforts to Link Research to Action

Daniel Champion, AcademyHealth

The meeting agenda was structured around a framework for assessing knowledge transfer activities that is being used by the World Health Organization (WHO). Developed by John Lavis, Ph.D., of McMaster University and colleagues, the framework is described in a recent WHO Bulletin article that participants received in advance of the meeting, along with a worksheet they could use to reflect upon their own experiences with research transfers along the U.S.-Mexico border.² Mr. Champion presented the framework as outlined below.

Challenges in linking research to policy:

1. Research competes with numerous other factors in the policy-making process;
2. Research is not valued as an information input by some policymakers;
3. Research often is not relevant to policy priorities;
4. Research often is not easy to use. It is not communicated effectively and/or is not available when policymakers need it in a form that they can use;
5. Policymakers lack mechanisms to prompt them to use research in policymaking;
6. Few forums exist where researchers and policymakers can discuss policy challenges.

By addressing these challenges, researchers, policymakers, and foundations can help ensure that policy decisions are more informed by the evidence. The WHO framework outlines four steps to overcome knowledge transfer barriers:

- 1) Assessing the general climate for linking research to policy
 - To what extent do universities and research funders support researchers' efforts to disseminate their findings and help policymakers understand and apply them?
- 2) The production of research

² Lavis, John et al. Assessing County-level Efforts to Link Research to Action. Bulletin of the World Health Organization 2006; 84:620-628.

- Do research funders take policymakers' needs into account when setting priorities for future research?
- Are systematic reviews being conducted, so as to synthesize key research findings in priority areas for policymakers?

3) Knowledge translation and dissemination

- **“Push” efforts** include activities to summarize and deliver research findings to policymakers. Are research producers identifying actionable messages, fine-tuning messages for different user groups, delivering findings through credible channels, and teaching researchers how to communicate their findings?
- **“User Pull” efforts** involve policymakers and health professionals “reaching in” to the research world in order to inform their decisions. How effective are policymakers at acquiring, assessing, and applying research? Do they hire analytic staff, use research findings when making decisions, and participate in skill-development programs to hone their use of data and research?
- **Efforts to facilitate “User Pull”** are activities initiated by research producers to make it easier for policymakers to find and use research. For example, is there an electronic “one-stop shopping” source for optimally packaged high-quality reviews? Are findings actively distributed, such as through media coverage?
- **Exchange Efforts** include meaningful partnerships between researchers and policymakers. Are there policy conferences that discuss recent research findings or learning networks to facilitate on-going exchanges?

4) Approaches to Evaluation

- Rigorous evaluations of efforts to link research to action are needed. To what extent are these kinds of studies being funded and are all types of key stakeholders participating in these evaluations?

3. The Production and Use of Health Research along the Border

- *Jose Manuel De La Rosa, M.D., U.S.-Mexico Border Health Commission Member and Vice Dean, Texas Tech University El Paso School of Medicine.*
- *Howard J. Eng, Dr.PH, Assistant Professor, University of Arizona*
- *Martha Medrano, M.D., M.P.H., Director, Medical Hispanic Center of Excellence, University of Texas Health Science Center at San Antonio*
- *Maria Teresa Cerqueira, M.D., Pan American Health Organization*

Dr. Manuel de la Rosa spoke about the factors that determine which research studies impact health policy and practices. He noted that a study's academic rigor and conclusions, both of which are critical foci for the research community, do not affect policy decisionmakers as much as political climate and packaging techniques. He also stressed that researchers should take an active role in health improvement by engaging in responsible research methodologies. For example, a 1997 Hepatitis A study conducted along the Texas border involved the vaccination of the populations studied. Dr. Manuel de la Rosa concluded that academics must be trained so that they can use their research to

help drive policy agendas and improve the health of the communities that they study. The research community should also reach out to the communities studied, to inform them of the value of research and encourage their participation.

Dr. Eng presented the preliminary results of an ongoing survey study, which seeks to address the lack of border health research information. His survey assesses the dominant research areas, types, locations, sources of funding, collaborations, and publication types. From the survey results, Dr. Eng has found that the top 5 research areas reported are Access to Care, Diabetes, Cancer, Maternal and Child Health, and Infectious Diseases. These areas are all funded primarily by the Federal Government. Academic institutional collaboration, both domestic and international, has emerged as a widespread trend. It is also worth noting that, when asked about the border health research needs, 54 percent of respondents indicated increased funding; only 15.4 percent called for higher collaboration and communication efforts. Once the study is completed, Dr. Eng plans to publish the results in a peer review journal and on the Southwest Border Rural Health Research Center Web-site.

Following Dr. Eng's presentation, a few meeting participants offered comments. One suggestion was to explore whether the dominant research areas were determined by community needs or by funding sources. Another was to analyze the survey data by geographical subdivisions, given the widespread differences within the border area. The participants agreed that the term "border health researcher" should be defined – did the study select researchers according to their research focus or according to the location of their home institution? Finally, one participant noted that the existing Institutional Review Board (IRB) regulations discourage cross-border research collaboration; researchers must obtain separate IRBs from each participating institution in order to conduct cross-border studies.

Dr. Medrano pointed to the importance of research dissemination, using her experience with the U.S. - Mexico Border Center of Excellence Consortium as an example. Having noted the need for increased communication and collaboration within the border health research community, Dr. Medrano oversaw the creation of a database which compiled approximately 453 current research programs and projects on the U.S.- Mexico border. This database has since been incorporated into the Pan American Health Organization Virtual Library. Dr. Medrano feels that online libraries and research databases can act as an intermediary between the researcher and the policy-maker, increasing the overall accessibility of Best Practices and model program designs. Such tools also facilitate knowledge management amongst researchers in the field, allowing for more collaboration and better targeted studies. The Consortium's *Sharing Model Curriculum Guidebook* will be distributed during the Consortium's annual forum in Tucson AZ (August 13 and 14, 2007).

Dr. Cerqueira described how the Pan American Health Organization has sought to facilitate collaboration and the practical application of research. She stated, "it is important that researchers go beyond simply describing a problem and start offering real solutions." Dr. Cerqueira finds that the practical application of research to policy problems is hampered by research funding silos. She called for platforms to integrate

information, so that social, environmental, and agricultural research could inform health studies. She also pointed out that data is collected differently on both sides of the border, which often hinders binational collaboration. Finally, to hasten the incorporation of research into policy, Dr. Cerqueira feels that the border research community should be more proactive and strengthen the sharing of information using online resources such as the border virtual health library that PAHO is supporting. This library is not merely a depository for information, but actively involves and reaches out to inform a variety of different border health stakeholders and to encourage the sharing of research findings. PAHO/WHO is also developing a global network of people and institutions to encourage the use of research to strengthen evidence based policy and practice, known as EVIPNet.

4. Knowledge Transfers from the Perspective of Policymakers

Elizabeth Duke, Ph.D., HRSA Administrator

Dr. Duke began by reiterating her personal commitment, and that of the HRSA, to improving health along the U.S.-Mexico Border. She explained that Federal agencies like HRSA view research as a tool to help inform internal decisions, such as the allocation of funds to support research in special focus areas like oral health or diabetes. The information sought could either be an open-ended question, or substantive confirmation of a health trend that is already generally suspected.

HRSA uses research for three different ends. First, best practices research informs how HRSA will implement programs and activities mandated by Congress, hopefully minimizing effort duplication. Second, research that documents health trends is critical to justifying the establishment of new programs. For example, HRSA's anti-bullying campaign would not exist had substantial research not demonstrated the connection between bullying and criminal involvement. Finally, bold research lays the foundation for agenda shifts and changes in governmental policy. Public servants spend much time and energy focused on day-to-day implementation; HRSA's strategic commitment to research serves as a built-in reevaluation of the Administration's overall direction and goals.

Dr. Duke's advice to researchers seeking to interact with policy decisionmakers is to pay close attention to information packaging. "There is a bias in the Federal service towards the practical, and an unwillingness to talk about theory or methodology. It is extremely important that researchers learn to talk in an arena other than their own." She recommended simplifying the vocabulary and reducing the content to its bare necessities. She also noted that Federal Government is a large apparatus that is slow to change; persistence and leadership are critical.

5. Workgroups: Ideas for Improving Knowledge Transfer along the Border

During the second half of the meeting, participants formed small groups to discuss possible approaches to improve research-policy linkages. Because this meeting sought to build on pre-existing work, the prompts for discussion was based on the WHO framework described in section two. These prompts are available in the meeting agenda in Appendix I. Participants were divided into four workgroups, based on the four border health research domains identified during the 2002 Border Health Research Agenda Council Meeting. The four workgroup themes were: (1) Environmental Health, (2)

Disease Control and Prevention, (3) Health Services, and (4) Health, Society, and Development. Please refer to Appendix III for the workgroup minutes.

6. Cross-cutting Themes and Opportunities

A number of cross-cutting themes emerged from the workgroup deliberations, as listed below.

- The workgroups were unsure of **how to best package and channel research information** for border health stakeholders. Border communities, researchers, and policymakers collect their information from different sources and attribute credibility to different information sources. Participants were particularly unsure of how to successfully disseminate information to the media and legislative staffers, intermediaries and information filters that separate researchers from elected officials. The participants concluded that researchers needed basic skills training to learn how to effectively communicate with policymakers.
- Similarly, some participants questioned whether policymakers and their intermediaries could not receive **training to become more effective users of research**; many cannot assess research quality and therefore base policies on weak data. Such training programs could be sponsored by Federal government, States, or foundations and could target policymakers along the border.
- Researchers **remain objective and unbiased** even while actively disseminating research findings. Several participants warned that the research community could not become full-fledged advocates or lobbyists without losing credibility or committing an ethical infraction.
- Some suggested that **border health needs a champion** who could function as a centralized and objective intermediary between researchers and policymakers and draw attention and resources to border health. Well versed in the language of both groups, such a body could compile border research and actively disseminate it to key decision makers. Perhaps the U.S. Mexico Border Health Commission could develop a liaison function to help link research to policy? The U.S. Commission on Social Determinants of Health was cited as an example of a body that seeks to transfer information on social determinants of health to policymakers.
- Many noted that **those who fund research** can play an important role in shaping policy changes, both by focusing on policymakers' priority issues when determining the research agenda and by improving knowledge transfers. For example, research funders could encourage researcher collaboration, direct researchers to study topics that are immediately applicable to interventions, and "jump-start" researcher-policymaker communication by supporting research dissemination activities.
- Federal agencies are the driving force for most border research. Unfortunately, funding silos and disparate implementation requirements often hinder cross-sector studies into the underlying causes of border issues. Meeting participants called for **better coordination and collaboration between the different Federal agencies'** border initiatives.

- Even though the premise of this meeting was to help U.S. policymakers and researchers focus on domestic knowledge transfer methods, some participants expressed concern that **Mexican partners** were not invited to the meeting. They noted that any profound changes in border health will require the collaboration of both nations. Nonetheless, the participants agreed that some unilateral work is needed.

7. Possible Next Steps and Concluding Comments

1. Convene representatives from Federal agencies involved with border issues to assess their priorities for health-related research and approaches for research dissemination. Understanding the priorities of Federal agencies would help identify where further research agenda-setting activities (i.e., scoping reviews) and/or research syntheses may be needed. Bringing together lead staff from various Federal agencies may also reveal opportunities to collaborate across agencies, share data, avoid duplication, and use federal resources more efficiently. More clearly articulating Federal priorities in this area may help reduce some of the confusion expressed by several participants at the expert meeting about federal research projects and help other research funders (e.g., states, foundations) target their resources more effectively.

Possible Approach: We could utilize the existing inter-agency workgroup as a mechanism for organizing such a conference. Possible participants might include: HRSA, CDC, AHRQ, CMS, EPA, Dept. of Homeland Security, Dept. of Agriculture, Dept. of Labor, and Dept. of Justice.

2. Develop research agendas targeting priority thematic areas, possibly in partnership with other Federal agencies and research funders. Each research agenda would map the literature so as to clarify boundaries and definitions, identify gaps in evidence, and identify areas where systematic reviews of the existing literature may be useful. These research agendas would help research funders identify the most relevant issues to study within priority thematic areas.

Possible approach: HRSA would take the lead in identifying priority thematic areas where policymakers need the most help, possibly by asking leading policymakers and HRSA grantees about their most pressing needs over the next few years. This would include Federal agency officials, the U.S.-Mexico Border Health Commission, State border health offices, State offices of rural health, county officials, etc.

3. Provide skill-development programs/resources for users of border research. By participating in skill-development programs, HRSA grantees and other State and local officials would improve their ability to readily access, understand, and use research findings in decision making. Currently, there are no federally-sponsored skill development programs in place for this audience.

Possible approach: Provide training sessions at relevant HRSA-sponsored all-grantee meetings, at U.S.-Mexico Border Health Association meetings, and/or as stand-alone workshops. Programs and materials developed for border health audiences could also be used for HRSA's stakeholders in other parts of the country. Primary audiences would include border health offices, State offices of rural health, CHC/FQHC leaders,

and other HRSA grantees. Secondary audiences could include State and local health departments, State legislators and county commissioners on health related committees, and planning agencies.

Appendix I

Meeting Agenda

- 7:00 – 8:00 Breakfast & Registration
- 8:00 – 8:30 **1. Welcome & Introductions**
- *Steve Smith, Senior Advisor to the Administrator, Health Resources and Services Administration*
 - *Marcia K. Brand, Ph.D., Associate Administrator, Office of Rural Health Policy*
- 8:30 – 9:30 **2. Knowledge Transfer Framework**
- The core principles of knowledge transfer will be reviewed and discussed.
- *Daniel Campion, AcademyHealth*
- 9:30 – 9:45 Break
- 9:45 – 11:15 **3. Perspectives on Border Health Research**
- Panelists will offer their perspectives on the production and use of research related to health care along the border from the perspectives of the U.S.-Mexico Border Health Commission, the Border Centers of Excellence Program, the Pan American Health Organization, and a recent survey of researchers.
- *Jose Manuel De La Rosa, M.D., Regional Dean, Texas Tech University*
 - *Martha Medrano, M.D., M.P.H., Director, Medical Hispanic Center of Excellence, University of Texas Health Science Center at San Antonio*
 - *Howard J. Eng, Dr.P.H., Assistant Professor, University of Arizona*
 - *Maria Teresa Cerqueira, M.D., Pan American Health Organization*
- 11:15 - 11:45 **4. Discussion of General Climate for Linking Research to Action**
- *Elizabeth Duke, Ph.D., HRSA Administrator*
 - *Daniel Campion, AcademyHealth*
- 11:45 – 12:30 Lunch Break
- 12:30 – 2:15 **5. Towards a Solution: Breakout Sessions by Research Domain**
- Participants will form small groups related to particular research domains to discuss possible approaches for overcoming the barriers identified earlier. The four domains include: 1. Disease control and prevention, 2. Environmental health, 3. Health services delivery and workforce, 4. Health, society and development. Possible discussion questions are:
- Who should be the primary target audience for this domain of research?

- What kinds of decisions are they confronting where research would be useful?
- To what extent are research findings available to address these questions?
- What approaches have you found most useful for disseminating research findings to this audience and getting them to use it?
- What opportunities exist for improving the exchanges between researchers and decision-makers?
- Is there a need for developing a research agenda in this area?

2:15 – 2:30 Break

2:30 – 3:15 **6. Pooling the Findings**
Participants will reconvene and hear summary reports from each small group.

3:15 – 4:15 **7. Discussion and Identification of Cross-cutting Themes and Opportunities**
- *Facilitated discussion*

4:15 – 4:30 **8. Possible Next Steps and Concluding Comments**
- *Marcia K. Brand, Ph.D., Associate Administrator, Office of Rural Health Policy*

4:30 Adjourn

Appendix II

Participant List

<p>Hector Balcazar, Ph.D., M.S. Regional Dean/Professor University of Texas-School of Public Health El Paso Regional Campus 1100 North Stanton, Suite 100 El Paso, TX 79902 Phone: (915) 747-8507 Fax: (915) 747-8512 Email: hbalcazar@utep.edu</p>	<p>Joy Campbell U.S. Environmental Protection Agency 1445 Ross Avenue Dallas, TX 75202 Phone: (214) 665-8036 Email: campbell.joy@epa.gov</p>
<p>Daniel M. Champion, M.B.A. Director AcademyHealth 1801 K Street, NW Suite 701-L Washington, DC 20006 Phone: (202) 292-6700 Fax: (202) 292-6800 Email: Daniel.Campion@academyhealth.org</p>	<p>Frank Cantu, B.B.A., M.P.A. Field Director Health Resources and Services Administration ORHP/DBH 1301 Young Street Dallas, TX 75202 Phone: (214) 767-3171 Fax: (214) 767-0404 Email: fcantu@hrsa.gov</p>
<p>Theresa Cruz, C.P.A. Director Office of Rural Community Affairs Austin, TX 78701 Phone: (512) 936-6719 Fax: (512) 936-6776 Email: tcruz@orca.state.tx.us</p>	<p>Maria Cerqueira, Ph.D., M.Sc., B.S., Chief Border Health Office Panamerican Health Organization World Health Organization 5400 Suncrest Drive, Suite C4 El Paso, TX 79912 Phone: (512) 845-5950, ext. 12 Fax: (512) 845-4361 Email: cerqueim@fep.paho.org</p>
<p>Erin Daley, B.A. University of Texas at Austin 1200 Barton Hills Drive, #148 Austin, TX 78704 Phone: (803) 546-7991 Email: erinedaley3@yahoo.com</p>	<p>Jose de la Rosa, M.D., M.P.H. Associate Dean/Professor of Pediatrics Texas Tech University Health Sciences Center School of Medicine at El Paso, Texas Office of Founding Dean 4800 Alberta Avenue El Paso, TX 79905 Phone: (915) 545-6510, ext. 222 Fax: (915) 545-6521 Email: jmanuel.delarosa@ttuhsc.edu</p>

<p>Thomas Donohoe, M.B.A. Director UCLA PAETC 10880 Wilshire Boulevard Suite 1800 Los Angeles, CA 90024 Phone: (310) 794-8276 Fax: (310) 794-6097 Email: donohoe@ucla.edu</p>	<p>Elizabeth M. Duke, Ph.D. Administrator Health Resources and Services Administration Immediate Office of the Administrator Dept. of Health and Human Services 5600 Fishers Lane, Room 14-05 Rockville, MD 20857 Phone: (301) 443-2216 Fax: (301) 443-1246 Email: BDuke@hrsa.gov</p>
<p>Ronald Dutton, Ph.D. Director Texas Department of State Health Services Office of Border Health 1100 West 49th Street Austin, TX 78756 Phone: (512) 458-7675 Email: rj.dutton@dshs.state.tx.us</p>	<p>Howard Eng, Ph.D. Assistant Professor Mel and Enid Zuckerman College of Public Health Rural Health Office Community, Environment and Policy P.O. Box 245177 1295 North Martin Avenue Tucson, AZ 85724 Phone: (520) 626-5840 Fax: (520) 626-8009 Email: hjeng@email.arizona.edu</p>
<p>Miguel Escobedo, M.D. Quarantine Medical Officer CDC El Paso Quarantine Station Global Migration and Quarantine 700 East San Antonio Avenue El Paso, TX 79901 Phone: (915) 533-3568 Fax: (915) 351-2438 Email: mxe8@cdc.gov</p>	<p>Margarita Figueroa Gonzalez, M.D., M.P.H. Health Resources and Services Administration ORHP/DBH 1301 Young Street Dallas, TX 75202 Phone: (214) 767-3171 Fax: (214) 767-0404 Email: mfiguero@hrsa.gov</p>
<p>Antonio Furino, Ph.D. Associate Director Center for Health Workforce Studies UT Health Science Center at San Antonio 7703 Floyd Curl Drive, MSC 7907 San Antonio, TX 78229 Phone: (210) 567-3168 Fax: (210) 56-3168 Email: penaj@uthscsa.edu</p>	<p>Hector Gonzalez, M.D., M.P.H. Director of Health City of Laredo Health Department 2600 Cedar Avenue Laredo, TX 78040 Phone: (956) 795-4901 Fax: (956) 726-2632 Email: hgonzalez@ci.laredo.tx.us</p>

<p>Robert Guerrero, M.B.A. Chief Arizona Department of Health Services Public Health Services Office of Border Health 440 East Broadway, Suite 300 Tucson, AZ 85711 Phone: (520) 770-3110 Fax: (520) 770-3307 guerrer@azdhs.gov</p>	<p>Alison Hughes, M.P.A. Director RHO Flex Program MEZCOPH University of Arizona 1295 North Martin Avenue Tucson, AZ 85724 Phone: (520) 626-6253 Fax: (520) 626-3101 Email: ahughes@u.arizona.edu</p>
<p>Harvey Licht, M.S. Director Primary Care/Rural Health Office Health Systems Bureau New Mexico Department of Health 300 San Mateo NE, Suite 900 Albuquerque, NM 87108 Phone: (505) 841-5869 Fax: (505) 841-5885 Email: Harvey.licht@state.nm.us</p>	<p>Alma Martinez-Jimenez, M.S. University of Texas at San Antonio Institute of Demographic and Socioeconomic Research One UTSA Circle San Antonio, TX 78249 Phone: (210) 458-6084 Email: alma.martinez@utsa.edu</p>
<p>Lisa McAdams, M.D., M.P.H. Medical Officer Centers for Medicare and Medicaid Services Consortium for Quality Improvement and Survey and Certification Operations 1301 Young Street, Room 833 Dallas, TX 75202 Phone: (214) 767-6456 Fax: (214) 767-6454 Email: lisa.mcadams@cms.hhs.gov</p>	<p>Joseph McCormick, M.D. Regional Dean UT Houston Health Science Center at Houston School of Public Health Brownsville Campus 80 Fort Brown, SPH Building, Room N. 200 Brownsville, TX 78520 Phone: (956) 882-5166 Fax: (956) 882-5152 Email: joseph.b.mccormick@utb.edu</p>
<p>Martha Medrano, M.D., M.P.H. Director The University Health Science Center of San Antonio The Office of the Dean Medical Hispanic Center of Excellence 7703 Floyd Curl Drive San Antonio, TX 78229 Phone: (210) 567-0963 Fax: (210) 567-0974 Email: medranom@authscsa.edu</p>	<p>Michael Meit, M.A., M.P.H. Senior Research Scientist National Opinion Research Center Health Policy and Evaluation 7500 Old Georgetown Road, Suite 620 Bethesda, MD 20814 Phone: (301) 951-5076 Fax: (301) 951-5082 Email: meit-michael@norc.org</p>

<p>Michelle Mellen, B.S. Health Resources and Services Administration ORHP/DBH 1301 Young Street, Room 1014 Dallas, TX 75202 Phone: (214) 767-3070 Fax: (214) 767-0404 Email: mmellen@hrsa.gov</p>	<p>Jacob Nevarez, M.S. Environmental Health Epidemiologist New Mexico Department of Health Office of Border Health 1170 North Solano, Suite L Las Cruces, NM 88001 Phone: (505) 528-5152 Email: Jacob.nevarez@state.nm.us</p>
<p>Larry Olsen, Ph.D. Associate Dean New Mexico State University College of Health and Social Services 1335 International Mall, MSC 3446 P.O. Box 30001 Las Cruces, NM 88003 Phone: (505) 646-2064 Fax: (505) 646-6166 Email: lolsen@nmsu.edu</p>	<p>Patti Patterson, M.D., M.P.H. Vice President Texas Tech University Health Sciences Center Rural and Community Health 3601 Fourth Street, MS 6232 Lubbock, TX 79430 Phone: (806) 743-1338 Fax: (806) 743-4510 Email: patti.patterson@ttuhsc.edu</p>
<p>Ann Pauli, C.P.A., M.B.A. President/CEO Paso del Norte Health Foundation 1100 North Stanton Street, Suite 510 El Paso, TX 79902 Phone: (915) 544-7636 Fax: (915) 544-7713 Email: ssoto@pdnhf.org</p>	<p>Nelda Perez, B.A., M.A. Environmental Protection Specialist Environmental Protection Agency Office of Environmental Justice and Tribal Affairs 1445 Ross Avenue Dallas, TX 75202 Phone: (214) 665-2209 Fax: (214) 665-6684 Email: perez.nelda@epa.gov</p>
<p>Rebeca Ramos, M.A. Executive Director U.S. Mexico Border Health Association 5400 Suncrest - 5C El Paso, TX 79912 Phone: (915) 833-6450 Email: rebeca@utep.edu</p>	<p>Dan Reyna General Manager US Section, Border Health Commission Office of Global Health Affairs Health and Human Services 201 East Main Drive, Suite 1616 El Paso, TX 79901 Phone: (915) 532-1006 Fax: (915) 532-1697 Email: dan.reyna@hhs.gov</p>

<p>Elizabeth Rezai-zadeh, M.P.H. Public Health Advisor Health Resources and Services Administration/ORHP Department of Health and Human Services 5600 Fishers Lane, Room 9A-55 Rockville, MD 20857 Phone: (301) 443-4107 Fax: (301) 443-2803 Email: erezai@hrsa.gov</p>	<p>Alfonso Rodriguez-Lainz Chief Scientist California Office of Binational Border Health California Department of Health Services Prevention Services 5353 Mission Center Road, Suite 215 San Diego, CA 92108 Phone: (619) 688-0178 Fax: (619) 688-0281 Email: arodrigu@dhs.gov</p>
<p>Lilia Salazar Border Health Officer Health Resources and Services Administration ORHP/DBH 1301 Young Street, Suite 1014 Dallas, TX 75202 Phone: (214) 767-3073 Fax: (214) 767-0404 Email: lsalazar@hrsa.gov</p>	<p>Carmen Sanchez-Vargas, M.D., M.P.H., M.Sc. CDC Liaison to the USMBHC Coordinating Office of Global Health 201 East Main Drive, Suite 1616 El Paso, TX 79901 Phone: (915) 532-1006 Fax: (915) 532-1697 Email: czs4@cdc.gov</p>
<p>Paula Selzer Asthma and Children's Environmental Health U.S. Environmental Protection Agency Region 6 1445 Ross Avenue, 6PD-T Dallas, TX 75202-2733 Phone: (214) 665-6663 Fax: (214) 665-6762 Email: selzer.paula@epa.gov</p>	<p>Steven Shelton, M.B.A. Assistant Vice President Community Outreach East Texas AHEC 301 University Boulevard, Rt. 1056 Galveston, TX 77555 Phone: (409) 772-7884 Fax: (409) 772-7886 Email: steve.shelton@utmb.edu</p>
<p>Stephen R. Smith Senior Advisor Health Resources and Services Administration Office of the Administrator Department of Health and Human Services 5600 Fishers Lane Rockville, MD 20857 Phone: (301) 443-2194 Fax: (301) 443-1246 Email: ssmith3@hrsa.gov</p>	<p>Hugo Vilchis, M.D., M.P.H. Director and Associate Professor New Mexico State University Border Epidemiology Center P.O. Box 30001, MSC 3BEC Las Cruces, NM 88003 Phone: (505) 646-3057 Fax: (505) 646-8131 Email: hvilchis@nmsu.edu/~bec</p>

<p>Gina Weber, M.P.A. U.S. Mexico Border Coordinator U.S. Environmental Protection Agency 1445 Ross Avenue, Suite 1200 Dallas, TX 75202 Phone: (214) 665-6787 Fax: (214) 665-7263 Email: weber.gina@epa.gov</p>	<p>Erma Woodard Special Assistant Health Resources and Services Administration ORHP/DBH 1301 Young Street, 10th Floor Dallas TX 75202 Phone: (817) 791-0183 Fax: (214) 767-0404 Email: ewoodard@hrsa.gov</p>
<p>Maria Luisa Zuniga, Ph.D. UCSD Family and Preventive Medicine 9500 Gilman Drive, Department 0927 La Jolla, CA 92093 Phone: (619) 681-0689 Email: mzuniga@ucsd.edu</p>	<p>Miguel Zuniga Director Texas A&M Health Science Center/South Texas Center McAllen 2101 South McColl Road McAllen, Texas 78503 Phone: (956) 668-6311 Fax: (956) 668-6301 Email: mzuniga@tamhsc.edu</p>

Appendix III

(1)

Environmental Health Workgroup

Present: R.J. Dutton (Facilitator), Gina Weber (Recorder), Larry Olsen, Elizabeth Rezai-Zadeh, Alfonso Rodriguez, Paula Selzer, Joy Campbell, Jacob Nevarez, and Hugo Vilchis.

1. Identifying Stakeholders

EPA, HHS, U.S. Department of Agriculture, Foundation (Paso del Norte, California Endowment, Meadows, etc.), NIH, Congressional Delegation, states, locals, private sector, and NGO's. Intermediaries include policy centers, USMBHC, USMBHA, PAHO and NGOs.

Who are the users? Policymakers, such as legislatures, elected officials, agencies, health departments, U.S.-Mexico Border Health Commission, County Commissioners, and Congress.

Who are the producers? Universities, Department of Health, community organizations, and hospitals.

2. Production of Research

What could be done to improve the relevance of research in this domain area?

The principle function of Research Faculty is to perform research studies, irrespective of the needs of the community. Who decides what the priorities are?

- All the stakeholders need to come together
- Communities need to be asked
- What is the impact of the research?
- What happens to the research?
- We want to use the knowledge

How to improve?

- Value in the kind of publications
- Make information more relevant
- Funding needs to come from the institutions as well. Funding up front for needs that are known to exist.
- The users need to be investing on their own.
- Have policymakers be engaged in the development of the research,
- Supporting community based research.

- Academic versus community based should be equalized.
- Focused on how universities operate in the community.
- Researchers need to interface with the users of the research.
- What are the specific issues of the border? What makes an issue a border issue?
- Use of systematic reviews. Understanding what it means. Solutions.
- Scientific base needs to be interpreted.
- Communities want transparency in the results.
- Community feels that researchers need them, but only to “use” them.
- Identify gaps in information.

3. Knowledge Transfer Mechanisms

- Transfer technical skills to layman’s terms.
- Integrity and transparency in research and results.
- More communication with legislators on the border. How to assist them with information they need to make decision. Be proactive in asking them what they need.
- Statistical versus practical - need to publish issues that are applicable.
- Impact policymakers to invest in the border.
- Capacity building.
- Community responsibility:
 - Academics need research done, and communities feel that they get the information and then leave with no follow up or information.
 - Responsibility with the community.
 - Transfer knowledge to the community. Give them their own responsibility.
 - Agency funding needs to make those a requirement for funding.
 - Evidence based work.
 - Developing local leadership.
 - What information and how to use it to make decisions.
- Use more MAP-IT (Mobilize, Assess, Plan, Implement, and Track) as an example. MAP-IT is a CDC Program for community health promotion.
- Promotion model (knowledge transfer model).
- Social Marketing/health promotion use common message to solve issues.

≡Side Discussions not on the outline, but relevant to the assigned task:

Discussion regarding the definition of the border among the participants. Participants discussed what is the border? Geography, binational, and relevant border research that can be done anywhere else or just at the border?

What is an example of a successful program? Such as Border 2012 Program led by the EPA. Define what is border health as opposed to health in general. Transparency and integrity as key issues in the border.

(2)

Disease Control and Prevention Workgroup

Present: Dr. Patti Patterson (Facilitator), Tom Donohoe (recorder), Dr. Miguel Escobedo, Dr. Margarita Figueroa-Gonzalez, Mr. Robert Guerrero, Ms. Alizon Hughes, Dr. Joseph McCormick, Dr. Carmen Sanchez-Vargas, Dr. Maria Luisa Zuniga, Mr. Thomas Pack.

Themes throughout discussion:

U.S. border providers tell us in needs assessments (and conversations, work, etc) whatever we do we need to involve their Mexican counterparts, but HRSA legislative authority prohibits it. Changing this inability, or moving toward more binational work, would be beneficial to U.S. providers.

Other Federal agencies, including but not limited to the CDC, need to be more organized and responsive to border health research needs and issues. It's not just a HRSA issue and coordination on the border at the Federal level between agencies seems to be lacking. Coordination would have many benefits, including possible translational research.

We need to align resources (that serve different areas) at the border

- Federal funds are like the children's serving plates with dividers (so the food can't touch). So panflu can't touch AIDS can't touch infectious, etc.
- Allow more flexibility in using funds and stop reinventing the wheel

Funding and programs are siloed. Teen pregnancy, substance abuse, childhood obesity. All have common roots. All are behaviors that are trying to fill a void. Kids more likely to be obese if abused, etc. But we treat programs differently. We need to make programs come together that focus on people and these roots (ie, adverse childhood experiences). If we don't look at things comprehensively, it's like fulfilling the definition of insanity...

How can we move toward "institutionalization of cross-border inclusivity" in infectious disease? Where are our colleagues from Mexico?

- One thought: funding might come from bioterrorism (where joining forces has clear benefits and attention/resources currently exist).

Conversation about **stakeholders**:

- Communities in general (groups, schools, faith-based, families, binational—wasn't prevalent in materials sent out)
- Providers (for profit, nonprofit, new HMOs, etc)
- Federal government
 - Funds

- State government
- Local government
- Tribal
- Binational sewn through everything we're doing
 - Diplomatically, you have to be careful when showing data on a problem the Mexican side may be downplaying
 - Binational collaboration is important, but there's a lot we can do unilaterally on this side.
 - We have our own share of politics and problems
 - You may not be successful at getting Mexican counterparts to participate.
- Schools
- Business/industry (need to link with their goals...discussion of need for immigrant labor despite anti-immigrant paradox)
 - HMOs/ins
 - Agriculture
 - Chamber of commerce
- Faith-based
- Social groups
 - Rotary
 - ULAC
 - Lion's
- Law enforcement (INS, local...)
- Government (Fed, State, local...Need to work with legislators *through their staffers*)
- Providers
 - For profit/non profit hospitals
 - CHCs
 - Social service agencies

Border doesn't stop at the border (Migration is often the issue and it is national)

- Colonias on the border get money, colonias not on the border don't
- Idea of the "Border Impact Zones."

What can be done to improve the relevance of research in this domain area?

- Lack of collaboration and coordination in funding and leadership
- Focus on border and health disparities
- Need to correct misinformation (terrorism and immigration link, migrants arrive with health needs and this damages economy, etc) and research unintended consequences of laws/proposed laws (i.e., even if a law is not passed some immigrants may not seek health services given their new perceptions)
- What's different? What separates these disparities from other disparities?
- Not funded to collaborate – sometimes even punished – though collaboration is a growing trend in, for example, NIH grants

- Need to involve community to make research relevant.
- Coordination of Federal agencies/funding, with specific funding going to collaborative efforts (CDC, SAMHSA, HRSA, etc)
- Funding should also emphasize sustainability, especially if project is delivering health resources
- Research should be translational/transorganizational (NIA, USDA, HRSA, SAMHSA, NIDA, EPA, NIH, etc)
- Needs to be proactive (rather than reacting to current ‘immigration’ other perceived ‘crisis’)
- Needs to help answer question “How do we take what we know/learned and make it work at the community level?”
- Need to emphasize benefits to funders, national, communities (lowered costs, better health, etc)
- Need to anticipate giving information back to stakeholders through official and unofficial dissemination strategies (i.e., one-page preliminary data summaries for staffers (or maps, pictures, story telling...), and other crafted messages for specific audiences. Radio might be best for immigrant pops, for example. Such campaigns could be evaluated for effectiveness.)

(3)

Health Services Group Meeting

Present: Harvey Licht (Facilitator), Michael Meit (Recorder), Mrs Theresa Cruz, Dr. Jose de la Rosa, Dr. Howard Eng, Dr. Antonio Furino, Ms. Alma Martinez-Jimenez, Dr. Lisa McAdams, Mr. Steve Shelton, Ms. Nina Meigs

I. The Who.

- Stakeholders: Program administrators, policymakers, legislators (elected officials at all levels), health-related organizational leaders (associations, cancer society, etc), appointed agency heads (not elected), health care provider organizations, other researchers, funding agencies, advocacy groups, universities and educational groups, community residents, private citizens, hospitals.

Who are the most important audiences for border health research?

- (1) **Legislators** (elected),
- (2) **Provider leaders** (corporate, people who make decisions about how the system works),
- (3) **Funding agencies** (whether government or not, because money drives how research works)
- (4) **Government agencies** (depends on how think of funding agencies, sometimes they come to us, sometimes we go to them)
- (5) **Advocacy groups**. Not necessarily health organizations; also organizations such as AARP, for example.

“It all comes back to the funding, the money allocated drives the agenda.” But the other researchers are important too. There’s no money in rural health research, but we have been able to leverage other funds to use to address rural issues. While it would be nice, there doesn’t have to be a designated border ‘pot.’ - Harvey Licht

What’s the information seeking behavior of these groups? Where do you think a key elected official would get their information? Where do they get their agenda, their view of the world, how do they know something’s a problem? Web sources, human sources, organizational sources, printed sources? Should we send them information, or go through a special intermediary (published, human etc.)?

- **State Agencies that deal with the issues**
- **Individuals/constituents** - The number of voters who contact an elected official has a very strong impact. Because they only see the importance of the issue from the perspective of the person who brings it to their attention
- **Special interest groups** - could be health providers, specialty organizations. The stakeholder has a level of credibility.
- **Content experts**

- **Media**
- **Association of State legislator** – peers
- **Special Inquiry or directives**

“Our elected officials are only as good as the information they have to work with.”
-Unknown

How do legislators balance credibility vs. importance?

- “Granted, people are elected because have strong views. Researchers need to know their audience, who they’re going to take their information to. Some politicians are more open to veering from the party stance. The researcher needs to know the individual, not just the legislator as a class of people.”
- Unknown

Let’s look at the provider organizations. Where do they get their information?

- **Health related organizations**
- **Citizens**
- **Universities**

“I’m amazed how many professional organizations don’t use their own data”.
-Unknown

Where do Government Agencies and Funding groups get their information?

- **Internal** - Staff telling them what is important. There are lots of internal data sources.

“It is interesting that we haven’t mentioned journals. These various stakeholders don’t review the literature. Most information comes from a limited set of channels, mediated by a group of individuals.”
-Unknown

We have Policy makers and Information producers. There’s the stuff provided, and there’s the requests/inquiries made. Can you think of one or two cases, where information was effectively transmitted to one of those key policy makers? Information about the existence of a problem, or an intervention.

- “We identified a lack of physicians in El Paso, so we built a Medical School. We gathered data, bombarded multiple sources of information with the data, and consistently presented that as the solution to the problem of health profession shortage, and economic impact, and several other problems. What finally did it was that we presented our solution as a response to several different problems, and we used brute force.” – Dr. Manuel J. de la Rosa

- **Economic Impact** and job creation are top interests for legislators, so it is helpful to relate your measure to these interests.
- Nonetheless, **consider ethical issues**. Research should be done to answer a question. Is your research being influenced in order to substantiate a desired outcome? Influencing policy sets up a delicate line, when you're no longer a researcher. Policy-makers may then question your credibility and your data, if they're experienced. Make sure your information has not been tainted by the bias.

We've talked about Who, about what kind of information comes at them, the variety of ways they seek information, and how we can communicate what we do to them. The bottom line: What would we recommend as information producers?

- So much comes from **staff members**. Do something nice for them such as a dissemination or a briefing package, aimed at the staff of key legislatures.
- **Build a personal relationship, and you become a resource to them**. You need a sponsor to get a meeting. You can build on a relationship that you establish.
- **Help them to be effective research consumers, to assess the quality of research**. One of our problems is that these studies say going one direction, then one studies differs. That study may have flaws.
- Include a **dissemination plan** as part of the research process.
- The **rural health round tables** that used to be held were effective. Interested folks would come to these; they served as an educational tool with a robust interchange of information.
- **Create a US Mexico Health Commission that actually is housed in Washington, as a quasi-federal agency**, with a separate appropriation from congress, as was originally envisioned. Instead it became a subsection of Office of Global Health Affairs. The Appalachian Regional Commission may be a model. It defined a region and, described the issues within that region. This was a major contribution to help shape policy. While the US-Mexico Border Region is recognized, the difference is that ARC is a free-standing government agency whose mission is to draw attention and resources to that region. At the very least, there should be a Washington liaison office working to build relationships
- **Reorganize HRSA's regions to create a "region 11"** that includes only the border states. Focus on area as an organizational entity.
- **Centralize border resources**. Create a "carve-out" of HRSA's activities, in terms of research and entities. Not taking away anyone's dollars, but centralizing across all interventions and research.
- **Recognize that the border is bi-national/tri-national**. To separate it out to see states just north of the line is insufficient acknowledgement. It is really hard to have a border meeting without our colleagues from Mexico. It doesn't do justice to the whole thing.
- **Demonstrate to other states why this is important to them** from a financial aspect. Cite that drug-resistant TB guy. That's the reality of the world that we live in. The border states are more affected, but must create compelling interest among others.

To summarize, expansion of Border Health Commission function to include research and, more importantly, to compile that information and make it available through a new structure to key decisionmakers at State and Federal level. This would be followed by a consolidation and reorganization of federal program resources to help target those resources to the specific needs identified across the border.

(4)

Health, Society & Development Workgroup

Present: Dr. Hector Balcazar (Facilitator), Ms. Erin Daley (Recorder), Ms. Michell Mellen, Dr. Maria Elena Ruiz, Ms. Lisa Cacari Stone, Mrs. Lilia Salazar, Ms. Rebecca Ramos, Dr. Maria Cerqueira

General Climate for Linking Research to Policy

Stakeholders

In looking at health, society and development with relationship to border health research knowledge transfer, the range of stakeholders is very broad, ranging from those at all levels of government to individual civil society organizations as well as collaborative bodies. At the Federal level, the Department of Health and Human Services (DHHS) and its composite agencies, such as HRSA, CDC, NIH, ACF and others are stakeholders in this effort as are agencies without an exclusive focus on health such as the Department of Agriculture, Department of Homeland Security, USAID and the Environmental Protection Agency. Additionally, Federal and local legislators, local governments at the city, county and State level, civil society organizations, universities and other collaborative groups such as the state Primary Care Associations and the National Governors Association all have a stake in this work. We need to determine what the interest of each stakeholder is and how they want to be involved and it may be useful to map the interests and efforts of different stakeholders. Since September 11, 2001, the increased policy focus on homeland security has brought in new stakeholders and there is a need for multisectoral play. Additionally there may be a mismatch of who the community considers stakeholders and who researchers may see as stakeholders. The community really needs to be brought into the process so that we are working together as equal partners.

Production of Research

The production of research is highly dependent upon funding opportunities and thus, there is a lot of politics that goes into what gets funded for research. There are also biases related to gender and culture that affect which research gets funded and even what research gets disseminated (via publication in a peer-reviewed journal). There is also a tendency to want to continue on the same path that we've always been on in terms of funding the same types of organizations. For example, scholars working in non-academic settings may be less likely to receive funding for research as they are seen as less capable. Additionally, there is a tendency to continue funding the same broad research areas as well. For example, the community of stakeholders in the infectious disease agenda is stronger than in other areas, so trying to shift to funding more research related to chronic diseases and socio-determinants of health can lead to a lot of resistance.

Conducting a systematic review of what research has been done on the border may not answer the questions we really need to answer. In many areas, there has not been enough research in order to conduct a systematic review. We cannot just be limited to

metanalysis, but also need to consider community anecdotes that represent promising ideas. We also need to make bold changes in the way research is conducted and the theoretical models we use. Some specific recommendations on how to move forward follow:

- Look directly at the funding sources to get data on research production. For example, studying how much DHHS funding is going into research related to the border.
- Promote research that can be directly applied to interventions. For example, we know that there is a current shortage of Hispanic health workers, even in many border areas with a high percentage of Hispanic residents. We need to make the link between this knowledge and real possibilities to increase the health care workforce.
- Utilize less traditional qualitative research methods. For example, you can reach people in El Paso / Juarez by talking to people while they are riding the bus or sitting in a plaza.
- Promote research that is framed from a social justice perspective and can lead to social change by:
 - Basing funding priorities on the issues identified as being of importance by the community.
 - Researching the root causes of the problems, even if this is difficult given the political climate.
 - Considering the effect of our research on the communities. Many times research labeled as Community Based Participatory Research still ends up being one-sided in which the researchers do not leave anything behind and the community is not empowered.
 - Studying assets and resiliencies in the communities instead of focusing exclusively on risks and deficits.

Knowledge Transfer Activities

The process of transferring knowledge is twofold. First, one must convert data into information and then take information and make it into knowledge. Power is one of the most important factors in how information is relayed. We advocate a more reciprocal term to describe the relationship between researchers and policy-makers and will speak of “knowledge exchange” instead of “knowledge transfer,” as the latter term implies that one side has all the knowledge and it is sent in one direction. It is not just one side “pushing” or the other side “pulling,” but instead we should view this as a circular process.

The traditional thinking has been that the physicians are the most appropriate to conduct research and communicate its results. However, there are people in many other areas that should be engaged and have unique talents to contribute to the process. This should really be a multidisciplinary effort.

Recommendations for possible future action include:

- Disseminate research through mechanisms that are already in existence. For example, the Robert Wood Johnson Foundation is currently funding the U.S. Commission on Social Determinants of Health, a commission aimed at transferring information on social determinants of health to policymakers.

- Work with media professionals to turn peer-reviewed publications into press releases for local papers so that the information gets into the mainstream media.
- Identify possible high profile champions who may want to advocate for border issues so that the issues receive more attention.
- Create a media award to celebrate and encourage good reporting.
- Contact networks such as governor networks or legislator networks to better understand how they use information and then evaluate how that matches what we produce.
- Create ongoing opportunities for knowledge dissemination and to bring together stakeholders.

Workgroup Conclusions

Our border is looked at around the world as an example and there is a lot of capacity on the border in terms of people. However, the border area ranks as the lowest in the country with respect to many different health measures. The border States need to publicize this issue and emphasize the issues that are unique to the border. We need to look beyond just how knowledge is produced to see how it is exchanged as well. As researchers, we also need to look for other paradigms outside of the framework of silos that we have been looking at. It is important to think outside of the box and not just develop more of the same and we must include all the relevant players. We should continue to build on the binational work that was recently done at the U.S.-Mexico Border Health Commission meeting in Monterrey, Mexico in October 2006 as well as other binational work that has been done in other venues in order to remain in constant conversation with our colleagues in Mexico as the issues are truly binational.