

**Border Health ¡Si!  
Special Action Group  
Technical Meeting  
December 11, 2000**

Dean Fish, County Extension Director, welcomed the guests and asked each to introduce themselves. Marilyn Johnson, Family and Youth Agent, discussed why each guest was invited and their role in the Special Action Group. She invited the attendees to join in making the community a more healthy place.

**Jill de Zapien** commented on the broad representation of community groups at this meeting. About a year ago, Washington legislators attached an amendment to a bill to bring resources to the US/Mexico border focusing on chronic disease and prevention. Money was being put into the border for immigration and other issues, but not health promotion. A little over 1 million was given to the border area (through the College of Public Health) to look at chronic disease. This initiative has linkages with Texas. The Southwest Center for Community Health Promotion (SWCCHP) Board decided to focus on diabetes education and prevention, based on comments at the January 2000 meeting in Rio Rico.

General prevalence rate for diabetes is 16% in Santa Cruz County for adults over 20 (3 times the national incidence). 25% incidence for adults over 45 in this area. Money would focus on diabetes prevention in border communities (Santa Cruz and Yuma). Money would come through CDC. It took them a year to figure out how to get money to Uof A.. The College of Public Health came to the Mariposa Clinic in Nogales and together they came up with the Border Health Si! Program.

The College of Public Health developed an initiative that would have some common elements for both Yuma and Santa Cruz. CDC has realized that they need to start by building community capacity and evaluating public policy in local communities. This would have more long term positive results than previous programs. Money is guaranteed for 1 year, but CDC feels that more will be needed for this project. The core group has decided that we do not need to reinvent the wheel, but build on existing program base. Looking at connection between Mariposa and Carondolet.

In diabetes, most successful intervention is with promotoras. Good collaboration in Nogales is based on this. Patient intervention with two promotoras has proven to be very effective. There are existing programs that exist with providers to help those with diabetes. Mariposa will be a model. The Rural Health Office is also involved. We have learned that when a family is involved, success in disease recovery was much greater. Family needs to be involved. How do we help family members in health promotion and things that they can do for themselves? In the community, walking and nutrition clubs would be started. At school, there is not a strong emphasis on physical fitness. The School Health Index brings together a committee within the school and looks at all things to make the school a healthy place to learn. SHI is nonjudgmental and looks at ways to improve health in school communities. SEAHEC will carry out SHI at five schools this year. It looks at the reality of how schools are working. All subsets are up and running. None are to operate in isolation. All ID opportunities to change in our community. Douglas has looked at adjusting budget for building a strong community (parks and rec.).

**Joel Meister:** 1 month ago site visit by CDC. Told Joel that this would be a national model. This project looks at several components that evaluate disease in a comprehensive way. The second part is the special action group. Diabetes is a very difficult disease to promote prevention, because the causes are basic lifestyles. Diabetes is a good case study for border areas. Health education programs are generally too narrow for diabetes prevention. Diabetes prevention programs need a broad based community approach. Asks people to change basic aspects of how they lead their lives. *SAG Group responsibilities:* Communication is one assignment. Leadership development is a big issue in our community. The same

people take the lead on everything. New leaders are not recruited and put in leadership position. Grant sources were not available for this. Tagged on to the Border health SAG to develop local leaders. ID potentials leaders in your own organization. Membership of this group includes existing leaders and front-line people. Mixed group, but needs leadership to participate in this group. The third aspect is to look at policy issues that help or hinder chronic disease prevention. Issues in SCC deal with sustainability. (Short term funding for long term problems) CDC sees this as three year project as national model. How do you integrate service better? Diet, physical activity, health care, treatment, follow up, etc. We do not have resources to perform follow up. Integrate prevention, treatment to follow up.

**Jill:**

Opportunity to influence the direction of the COPH. Each component has a contact with the faculty to facilitate. **Karen Halverson:** discussed the SHI and five schools that will get diabetes prevention, physical activity and nutrition info. Dialysis center in Nogales is most used in the smallest community in Az. Join families from prevention to treatment to follow up. January will start the 5 SHI process.

**Gwen Gallegos** (Carondolet and Holy Cross):Talked about treatment and how they treated the person, not the disease. Glad the program will continue. **Marilynn Johnson:**Talked about facilitating meetings and leadership development. College of Puibluc Health and College of Agriculture and Life Sciences partnership.

**Beth Daly:** How much is the grant? A little over 1 million - 25% indirect cost. SCC and Yuma will get about 250,000 for this year. How will the Chamber get involved? Issues about community concerns brought to forefront. Walking. How do local supermarkets advertise their food? Can we as community do things that do not have direct ties with health care, but have to do with a healthy community.

**Manny Ruiz:** PSA with youth about health issues, FPAA vegetable promotion. Children programs are effective. More meetings need a quieter place, distracting to pay attention.

**Joel:** Individual health problems can't be solved individually anymore. Charge is to come up with effective strategies for comprehensive, community-based approaches to chronic disease prevention and sustaining good programs. Think globally and act locally. Health insurance big issue. Prop 204 raised ACCHS level to federal poverty level. This group can have a tremendous impact on policies that help in health promotion.

Group decided to meet 3<sup>rd</sup> Wednesday of each month from 12-2. The next meeting will be at the United Church Village.