

Celebrating Our Success



The Center for Community Health Development

2001-2014

Celebrating Our Past

The Center for Community Health Development (CCHD) was established in 2001 at the Texas A&M School of Public Health (SPH) to provide the school with the infrastructure to foster research, service, and education dedicated to improving population health status in predominantly rural and underserved communities. To achieve this goal, the Center employs a community health development approach of organizing community partnerships that engage in assessment, planning, implementation, and evaluation activities aimed at addressing local health care needs through locally designed solutions. While the Center has worked with numerous communities over the last thirteen years, the Brazos Valley region in the eastern part of Central Texas and the South Texas region in the lower Rio Grande Valley have partnered with the Center since its inception to lead a variety of successful community health improvement initiatives.

The early success of the Center provided a strong foundation for securing Prevention Research Center (PRC) funding from the Centers for Disease Control and Prevention (CDC) from 2004-2014. As one of 37 schools of public health or schools of medicine designated as a PRC, the Center has been in a unique position to expand its organizational capacity to include a core team of faculty and staff focused on improving population health using community health development strategies to conduct community-engaged prevention research. Core faculty and staff assembled under the Center has grown to include research and practice expertise in physical activity, healthy aging, evidence-based programming, evaluation, training, health communication, community engagement, the utilization and training of community health workers - also called promotoras, and technical assistance for both community and academic partners. PRC funding also increased the Center's ability to recruit 35 affiliated faculty members from multiple academic institutions representing a variety of disciplines who partnered with core PRC faculty on projects such as developing and implementing evidence-based programming geared toward chronic disease prevention and management; changing the built environment to encourage physical activity; piloting healthy aging interventions; increasing the availability, access, and affordability of healthy foods; geocaching as an option for increasing physical activity; introducing stand-biased desks in classrooms to combat obesity; extending behavioral health counseling to rural communities via telehealth; and using a community health development model to increase access to care in rural communities.

Over the years, the Center has made significant contributions to the field of public health, impacted communities through both research and service, and aided in training the next generation of public health professionals. From 2001 through fiscal year 2014, the Center has acquired over \$42 million in sponsored research funding, service grants, training fees, sponsorships, and technical assistance contracts. Center faculty and staff have published 239 articles in peer-reviewed journals such the American Journal of Public Health, Journal of Family & Community Health, and Texas Public Health Association Journal, authored 22 book chapters, and edited the Rural Populations and Health textbook published in 2012. The Center's academic-community partnerships have impacted thousands of people across the state through expanding access to care, evidence-based programming, pilot interventions, the provision of mental health counseling, and the training of community health workers through our National Community Health Worker Training Center. With a commitment to providing the future public health workforce with practical experience, the Center has trained 174 undergraduate, master's and doctoral level students by offering "hands-on" opportunities to participate in research, data collection, assessment, evaluation, program planning, partnership development, presentations at professional conferences, and co-authorship of manuscripts for publication in peer-reviewed journals. As the Center faculty and staff look forward to the future, the Center's priorities of research, service, and education that positively impact community health will remain at the forefront.

CCHD's Principal Investigators

Dr. Kenneth R. McLeroy



Dr. Kenneth McLeroy holds a B.S. in Psychology/Sociology from the University of Houston, a M.S. in Social Psychology from the University of Oklahoma, and a Ph.D. in Public Health from the University of North Carolina at Chapel Hill. In 2004, while serving as a Professor at the School of Public Health, Dr. McLeroy assumed the role of Principal Investigator of CCHD. There are several broad themes that run throughout Dr. McLeroy's professional career, including: 1) an interest in social ecology and its application to health promotion and public health practice; 2) a commitment to community-based interventions and practice; and 3) program evaluation strategies and models. As

Principal Investigator of the center, Dr. McLeroy provides conceptual and administrative leadership for most center-level research and evaluation projects and also mentors multiple staff members as they continue their education.

Dr. James N. Burdine



Dr. Jim Burdine received a B.S. in Health Sciences from San Fernando Valley State College, a M.P.H. from California State University, Northridge, and a Dr.P.H. from the University of North Carolina at Chapel Hill. In 2001, Dr. Burdine came to the School of Public Health at Texas A&M to establish the Community Health Development Program (CHDP). Soon after, the program received funding as a Prevention Research Center and in 2004 was designated as the Center for Community Health Development (CCHD).

Dr. Burdine's experience in community health development led to several research projects in the Brazos Valley area as well as South Texas. Additionally, his extensive knowledge of community health assessments has enabled the Center to conduct multiple assessments across the state. In 2012, Dr. Burdine became Associate Dean for Public Health Practice and while his activities have expanded beyond the Center, he continues to serve as the Center's Co-Principal Investigator and is a vital leader of CCHD.

COMMUNITY ENGAGEMENT

Partnering with Communities to Improve Health

Solving local health issues requires local involvement to ensure that solutions are appropriate, relevant, and adopted by the community. With a mission to work collaboratively with communities to build their capacity to address their health needs by their own designs, engaging communities throughout the process of assessment, planning, implementation, and evaluation of community improvement initiatives is essential to the Center for Community Health Development's work. Although the Center has worked in many communities since 2001, the Center's longest standing community-academic partnership has been the Brazos Valley Health Partnership (BVHP).

As the Center was formed in late 2001, a commitment was made to work "in its own backyard" to positively impact population health. While not limiting the Center's geographic scope, Center director Dr. Jim Burdine noted that "working closely with our neighbors, literally, will keep us aware of the personal nature of community health development and help us minimize the "academic effect" of studying rather than working with communities." Key community stakeholders quickly embraced the opportunity to partner with the Center to address local health solutions. By February 2002, the Center had launched a seven-county regional health status assessment funded by the School of Public Health, local health care providers, and the regional council of governments. These funders and other community partners provided guidance, promotional support, and facility space throughout the process of conducting the extensive assessment which included a survey, community discussion groups, and an analysis of secondary data.

Assessment findings were presented to the Brazos Valley community over a two-day health summit. By the close of the summit, attendees had formed the Brazos Valley Health Partnership (BVHP) as an open forum to plan and develop initiatives to address local health care issues as identified by local residents through the assessment. The BVHP, which consisted of representatives from thirty health and social services providers, documented their mission "to improve health status and increase access to care in the seven-county Brazos Valley region through the collaboration of services and creation of local partnerships". Over the next year, the BVHP would work with CCHD and local rural communities to facilitate the implementation of local health resource centers in rural counties to extend access to care.

The BVHP and CCHD solidified their collaboration when the CDC designated and funded CCHD as a Prevention Research Center (PRC) in 2004. BVHP was recognized as CCHD's community advisory board, representing the community's interest in setting the Center's research and training agendas, jointly designing and conducting community-based participatory research, and providing representation on the CDC's National Community Committee. As a PRC, the Center leveraged its resources and expertise to contribute ongoing technical assistance in Brazos Valley communities that were building upon their capacity to meet their local health care challenges. Together, CCHD faculty and staff, BVHP board members, local health resource commissions, health care providers, and non-profits have secured over 3.5 million in research and service funding that have directly impacted residents of the Brazos Valley.



The BVHP Board of Directors in 2012 - From left to right: Ms. Camilla Viator, Ms. Pam Finke, Mr. Britt Allen, Ms. Donna Danford, Mr. Albert Ramirez, Mr. Dean Player, Ms. Vicky Jackson and Hon. Mike Sutherland

**July
2002**

BVHP formed in an effort to address local issues presented at the at the first Brazos Valley Health Summit

**October
2002**

Task groups of the BVHP decide on health resource center model as the BVHP's first initiative

**September
2003**

BVHP awarded a Healthy Community Access Program (HCAP) grant (\$2.1 million) to support creation of HRCs

**November
2003**

Madison Health Resource Center opens in Madisonville

**June
2004**

Burleson Health Resource Center opens in Caldwell

**July - August
2004**

BVHP creates a board to oversee HCAP activities and to develop a strategic plan

**May
2005**

Burleson County and Leon County formally appoint their County Health Resource Commissions

**July
2005**

Grimes County Health Resource Center opens in Navasota and Leon County Health Resource Center opens in Centerville

**February
2006**

Grimes County Commissioners' Court formally appoint their County Health Resource Commission

**March
2006**

2nd Burleson Health Resource Center opens in Somerville

**May
2006**

Madison County Commissioners' Court formally appoint their County Health Resource Commission

**January
2007**

BVHP Board vote to reorganize as a non-profit

2009

BVHP becomes a non-profit organization

Assessing the Health of the Communities

Over the years, CCHD has conducted several population health status assessments on behalf of communities across the state. These assessments are designed to measure the health of residents in a community and identify the factors that contribute to their health and well-being. There are multiple benefits of these assessments including shared knowledge to residents on their community's health, communication to local health systems regarding the needs of their residents as well as providing common priorities to the communities that would guide collaboration.

Community health assessments conducted by CCHD consist of three components: a household survey, community discussion groups, and secondary data. Household surveys are distributed at random to residents who have previously agreed to participate. Community discussion groups are similar to town hall meetings and are held throughout the assessment location. These discussion groups allow for the collection of community information that cannot be collected through the household survey. Finally, the collected data is analyzed and compared to reliable, secondary data from a variety of credible local, state, and federal sources including the Texas Department of State Health Services and the United States Census.

The first assessment conducted by CCHD was in 2002 of the seven county region of Brazos Valley (BV). CCHD leveraged its resources with local sponsorship from the Brazos Valley Council of Governments, Brazos County Health Department, College Station Medical Center, St. Joseph Regional Health Center, Madison St. Joseph Health Center and the Texas A&M Health Science Center School of Rural Public Health. The assessment consisted of three components: a household survey, community discussion groups, and readily available, reliable secondary data. Following the collection and analysis of assessment data, the Center presented the key findings during a two-day health summit to community residents, health service providers and government officials. During the health summit, community stakeholders formed a collaborative partnership that came to be known as the Brazos Valley Health Partnership (BVHP). The BVHP used the assessment data to identify and address health disparities in their rural communities, with their first initiative being the development of health resource centers in their area.

During the following years, the Center conducted a BV health assessment every four years. The BV assessments in 2006 and 2010 mirrored the first assessment's three component process and presentation of key findings at health summits.

The 2006 assessment found that lack of transportation and access to specialty care were top ranked community issues for Brazos Valley counties. In response to this issue, Leon County developed the Leon Health Access Network, which increased transportation for Leon County residents and also improved access to mental health services through telehealth technology. Additionally, Burleson County expanded their local free transportation system.

Findings from the 2010 assessment showed that lack of mental health services continued to be an issue across the Brazos Valley. In an effort to provide mental health services to more Brazos County residents, the telehealth program expanded into Madison County through the Madison Outreach & Service through Telehealth (MOST) Network. Additionally, Madison County hosted free, monthly educational programs with topics to address health issues that were noted in the assessment such as, aging, obesity, fall prevention, and chronic disease management.

In conjunction with the Texas 1115 Medicaid Waiver and the 2012 formation of the Regional Health Partnership 17, the 2013 assessment included the Brazos Valley as well as the counties of Montgomery and Walker. The 2013 assessment found that transportation continued to be a top ranked issue. Additionally, obesity and related chronic diseases, lack of mental health services and resources for the aging population were highlighted as community issues. Recognizing the need for mental health services in rural communities, telehealth services continued to expand and in 2013 the Telehealth Counseling Clinic was formalized in an effort to reduce the mental health disparity. Additionally, the Texas A&M Evidence-Based Programs continued to expand and provide health prevention resources and trainings in regard to chronic disease self-management and improving activity levels and preventing falls in older adults. Findings from the 2013 assessment are still under review by researchers planning to address local issues.

In addition to the Brazos Valley assessments, the Center has also conducted a regional health assessment in South Texas (2003) as well as other single-county assessments in Tarrant County (2009), Waller County (2009) and Austin County (2014).



Data from each of these assessments have been used by local hospitals, health resource commissions, and several health and social services groups to support their strategic planning and grant writing efforts. Since the first health assessment in 2002, CCHD has utilized the data to assist organizations and communities in securing funding over \$3.5 million, for various health related projects.

Improving Access to Care through Health Resource Centers

In response to the findings of the 2002 Brazos Valley Health Status Assessment, the Brazos Valley Health Partnership's (BVHP) first initiative was dedicated to improving access to care in rural communities. At that time, slightly more than forty percent of the seven-county region's population lived in the six rural counties but about ninety percent of health care and ancillary services were only offered in the centrally located county that included the cities of Bryan and College Station. Distance to care, ranging from twenty-five to seventy-five miles for rural Brazos Valley residents, was found to be a barrier to care. Compounding the situation was the lack of consistent and affordable public transportation for those who had limited means of transportation, if any.

Within months of the release of the assessment findings, the BVHP's task groups jointly put forth a "one-shop stop" model to extend services to rural communities through locally supported facilities referred to as health resource centers. Through local partnerships, the BVHP identified local facilities where health care and ancillary service providers could affordably co-locate with the local community partners picking up all or most of the typical overhead costs. With local commitment in place, BVHP and CCHD identified regional health and social services providers who were willing to expand their services to the rural health resource centers in Madisonville (Madison Health Resource Center); Centerville (Leon Health Resource Center; Navasota (Grimes Health Resource Center); and Caldwell and Somerville, (Burlison Health Resource Centers). Donated facility space included suites in professional buildings near critical access hospitals, a local school district building, a building on the campus of a critical access hospital, and a community-owned building near a local senior center.

BVHP members worked in conjunction with CCHD to finalize the health resource center model and to secure funding to support the development of the health resource centers and a volunteer-based transportation program to transport local residents to health related destinations. The health resource center model consisted of five core components which included information and referral services, general case management services, a medication assistance program, a volunteer-based transportation program, and the ability to connect remotely to services in the regional hub via telehealth. Beyond the core services, each resource center's staff and advisory board would work to secure agreements with service providers that would address each community's unique needs. A three-year federal Healthy Community Access Program grant provided seed funding for the rural communities willing to commit to providing long-term support and local management of their local health resource centers. Throughout the development and growth of the resource centers, CCHD remained key partners providing technical assistance in strategic and operational planning and implementation, financial management, and resource development.

Eleven years since the opening of the first center, each of the health resource centers continue to thrive through the support of community-provider partnerships. Each center's community advisory board has transitioned into county-appointed "health resource commissions" who are charged with the oversight of the resource centers and the ongoing development of health resources within their community. Funding and in-kind support for each center varies by community, but each resource center is staffed by a locally supported executive director and office manager who manage the daily operations of the center and promote all of the health resource center services throughout the community. From inception through September 2014, the five health resource centers have provided over 86,000 service encounters and 47,000 rides.



Diabetes Prevention & Management in the Brazos Valley

The Center's Core Project from 2004-2009 sought to improve the health of rural and underserved populations through better implementation, dissemination and sustainability of clinical and community diabetes prevention and management. In 2005, nearly 21 million people in the nation were living with diabetes and associated costs were climbing towards \$140 billion dollars¹. With these statistics, CCHD recognized the need to provide residents with guidelines for diabetes prevention and management.

The Diabetes Prevention and Management Project (DPMP) was led by Dr. Marcia Ory, an expert in health promotion and aging; Dr. Jane Bolin, an expert in chronic disease management; Ms. Kerrie Hora, a health educator; Dr. Joseph Sharkey; Dr. Nelda Mier; and a technical advisory committee of local, state, and national representatives. The goals of the project were to learn what guidelines were already being used, what barriers prevent guideline utilization and what strategies would be most effective in improving guideline implementation in rural communities.

After initial assessments of the diabetes problem and existing resources in the Brazos Valley, the team discovered that the most important need was patient education for self-management of their disease. This resulted in the development of several projects aimed at educating and providing resources for individuals with chronic diseases.

An initial project was the development of a touch screen computer-based diabetes self-management education program that was installed at the Madisonville Health Resource Center. The "kiosk" contained diabetes education modules, including a description of diabetes, healthy foods, and the importance of physical activity.

An additional project was a peer directed community-based class aimed at improving individual self-management of diabetes. Topics of the class included goal setting, dealing with depression, communication strategies, exercise and nutrition, and working with providers and the healthcare system. The classes provided a setting where individuals with various chronic conditions such as osteoarthritis, chronic obstructive pulmonary disease, diabetes, and heart disease could come together and find support from other people that were experiencing the same issues.

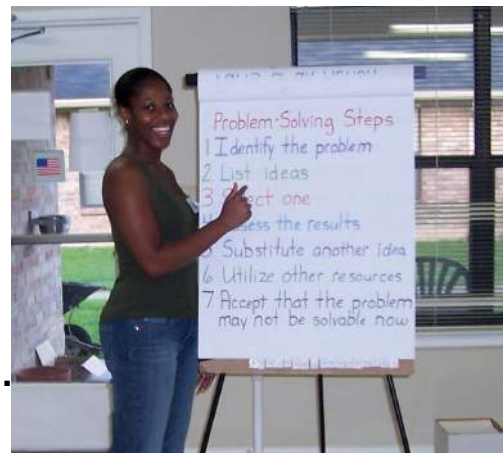
Type 2 diabetes is closely associated with obesity, thus a healthy and balanced diet is an important factor in the prevention of the disease. In an effort to assist community organizations in implementing nutrition projects, the DPMP team released a call for proposals entitled "Healthy Communities Mini Grants" in May 2008. Two organizations, the Brazos Valley Community Action Agency (BVCAA) and the Christian Community Services Center (CCC) in Grimes County, were funded \$3000 each to conduct nutrition projects. The BVCAA utilized their funds to host five healthy eating focus groups within the area. The CCC used funds to support Planting Seeds for a Healthy Future, a project that strives to provide a sustainable food source for needy individuals in the area by planting a 1,100 square foot community garden.



Dr. Marcia Ory



Dr. Jane Bolin



¹ http://ndep.nih.gov/media/2005_National_Diabetes_Fact_Sheet.pdf?redirect=true

CORE PROJECTS

Promoting Healthy Food Environments in Rural and Underserved Communities



“These convenient stores expose families to a larger assortment of snack foods and sugar-sweetened beverages, neither of which contributes to a healthy diet.”



Dr. Joseph Sharkey

Access to healthful foods and beverages that make up a balanced diet has a great influence on an individual's health. For “functionally” rural colonias along the Texas-Mexico border in the Lower Rio Grande Valley, there is limited access to supermarkets

with healthier food options and transportation to the larger retail food stores can be problematic. As a result, children and adults are more apt to shop at nearby convenience stores or from mobile food vendors that market snack foods in colonia neighborhoods. Recognizing this issue, the Center's Core Project from 2009-2013 sought to improve accessibility and availability of healthy foods for two large areas in the Texas border region in Hidalgo County.

Led by Dr. Joseph Sharkey, the project examined access to retail food stores, food shopping habits, and nutrients available in household food supplies among Mexican-origin families in the region. Data were collected in 2010-2012 by promotora-researchers who conducted Spanish-language interviews with residents in their homes regarding their household food supply and experiences with household, adult, and child food insecurity; determined residents' spatial distance to supermarkets, grocery stores, convenience stores and dollar stores; and conducted in-store assessments of healthier and less-healthy foods and beverages marketed to area residents.

The study found that convenience stores are the key influence on available nutrients accessible to colonia households at the Texas border. Residents were more likely to shop at convenience stores due to easy access – proximity from their home and the higher number of convenience stores in comparison to supermarkets. These convenience stores expose families to a larger assortment of snack foods and sugar-sweetened beverages, neither of which contributes to a healthy diet.

CORE RESEARCH

Using Community Health Development to Increase Physical Activity

Findings from the 2010 Brazos Valley Health Status Assessment indicated that 68% of Brazos Valley residents surveyed were overweight or obese. In addition, 59% of residents reported that they had not participated in any physical activity over the last month.

Based on this data, the Brazos Valley Health Partnership, CCHD's community advisory board, chose to address the issue by increasing local options to be physically active. BVHP worked in conjunction with CCHD to develop a project aimed at creating or expanding physical activity options in rural Brazos Valley communities. During this process, the Center was also able to study how communities organize, develop resources, and build their capacity to address local health concerns. This effort emerged as the Physical Activity and Community Engagement (PACE) Project. Each participating county formed their own workgroups to develop and implement initiatives specific to their community.

GRIMES COUNTY

The Grimes County PACE Workgroup began by inventorying existing physical activity resources and determining activity programs that would best benefit their community. By partnering with the Progressive Center, Texas A&M Evidence-Based Programs, and Grimes St. Joseph Health Center, they facilitated the implementation of "Texercise" classes which aim to improve overall health and increase mobility in older adults. Additionally, the workgroup linked exercise programs with venues within the communities by utilizing the facilities of local churches and Navasota Independent School District to offer Zumba and "Healthy Living" classes.



LEON COUNTY

Leon County's Workgroup formed a project to increase physical activity in the community by spreading awareness about geocaching – a high tech treasure hunt that uses GPS-enabled devices to locate hidden treasures or "caches." The county hosted a kickoff event, the "Cache Dash", at Fort Boggy State Park and 38 people of all ages participated. Following the kickoff event, a six-week geocaching competition across the county was held.



MADISON COUNTY

The Madison County PACE Workgroup decided on two goals to meet through the project: build exercise stations in a community park and increase the number of exercise opportunities available for seniors. The workgroup partnered with Restoration Community Gardens and the City of Madisonville to raise funds for the new exercise stations which will be installed later this year. To provide



fitness activities for seniors, the workgroup teamed up with North Zulch Senior Center and the Texas A&M Evidence-Based Programs to offer "A Matter of Balance" to prevent falls amongst older adults.



Geocaching for Exercise and Activity Research (GEAR) Study

Geocaching is a high-tech treasure hunt that uses a global positioning system (GPS) to locate hidden “caches” or treasures. The exergame has been in existence since May 2000 and has grown into a worldwide phenomenon with over 2.3 million active caches and 9 million participants. Geocaching is primarily a recreational activity and is also commonly referred to as a way to promote healthy lifestyles; however, no research had been conducted to establish such merit.

In 2012, CCHD partnered with Texas Parks and Wildlife and Groundspeak, Inc., the founder of geocaching.com, to conduct the first research study that explored the physical activity benefits of geocaching. Dr. Kenneth McLeroy, Principal Investigator, and Dr. Whitney Garney, Co-Principal Investigator, worked collaboratively throughout the innovative three-year study. In October 2012, the study started recruiting individuals throughout the nation through an announcement on Geocaching.com. Within one day, the study had 1,000 registered participants and was forced to close study recruitment due to the extremely high interest. Participants received a pedometer via mail and were asked to log their steps on a monthly basis over the next year.

As the project wrapped up and findings were consolidated, the study concluded that participating geocachers walked an average of ten miles per month and averaged 72 geocaching trips per year. Additionally, GEAR participants geocached at a moderate physical activity level for an average of 134 minutes per week, a mere 16 minutes less than the Centers for Disease Control and Prevention recommendation of 150 minutes of physical activity each week. Groundspeak, Inc. is using these findings to promote geocaching as a way to be physically active among their participants.

Currently, Drs. Garney and McLeroy are working on developing an ecological model describing participation in exergames. This model will be used to better understand the mechanisms that contribute to individuals participating in exergames for physical activity. In the future it can be applied to help promotion projects that want to engage individuals in fun ways to be physically active.



Geocachers walked an average of 10 miles per month



Participants who frequently geocached were 1.4 times more likely to meet Centers for Disease Control and Prevention recommendations for physical activity compared to non-geocachers



Special Interest Projects

As one of 37 PRCs across the nation, CCHD was eligible to apply for CDC's competitive special interest project (SIP) funding. The SIP funding supports supplemental health promotion and disease prevention research projects that 1) focus on the major causes of death and disability, 2) improve public health practice within communities, and 3) cultivate effective state and local public health programs. During the 2009-2014 funding cycle, CCHD was awarded with funding for five SIP projects: Texas Border Nutrition and Obesity Policy Research and Evaluation Network (TxBNOPREN); Texas Healthy Aging Network (TxHAN); Communities of Texas Cancer • Activity • Research • Education • Support (CTxCARES), Policies, Programs, and Partners for Fall Prevention (PPFP) and Falls Evaluation and Technical Assistance (FETA).

Texas Border Nutrition and Obesity Policy Research and Evaluation Network (TxBNOPREN)

The TxBNOPREN Collaborating Center, led by Dr. Joseph Sharkey, was a collaboration of multidisciplinary investigators from the Texas A&M Health Science Center, Texas A&M University, and Texas A&M AgriLife Extension along with numerous state, regional, and local partners. The TxBNOPREN engaged in activities with the larger national network to respond to issues related to the identification of policies that affect improved access and availability to healthy foods; identification of determinants of policy adoption throughout the food system; research on policy implementation in rural and deprived areas; and direct and indirect outcomes of policy implementation.

In addition to working with the larger national NOPREN, members of TxBNOPREN worked on a pilot project with colonias in South Texas to gain insight and feedback on aspects of policy change that influence children's access to healthy foods.

The TxBNOPREN pilot project involved leveraging activities around existing work in access, availability, and affordability of foods in traditional and nontraditional food stores. The project focused specifically on what type of guidance could be provided within these food stores to best enable low-income families to make the most nutritious food choices. During the project, TxBNOPREN members identified all food stores in areas of the colonias along the South Texas border, conducted 610 surveys to assess community nutrition issues in South Texas and found that 75% of colonia's residents lacked access to nutritional foods. Furthermore, TxBNOPREN documented all in-store marketing of foods and beverages in South Texas convenience stores and dollar stores. After collecting data on the availability and selection of beverages and snack foods in convenience stores in South Texas, the TxBNOPREN team found that children in this area had high intakes of added sugars, fat, and total calories.

In order to make healthy foods more readily available to adults and children living in the colonias, the TxBNOPREN team worked with community coalitions to consider several approaches to creating a fixed and/or mobile produce market. Surveys and interviews of potential vendors and families were conducted for to determine best practices and recruitment for the program concluded in 2014. Community Health Workers/promotores were utilized to educate vendors and residents on the process, implementation and sustainability of different types of programs. Work on the fixed and/or mobile food market approach is still underway.



Special Interest Projects

Texas Healthy Aging Network

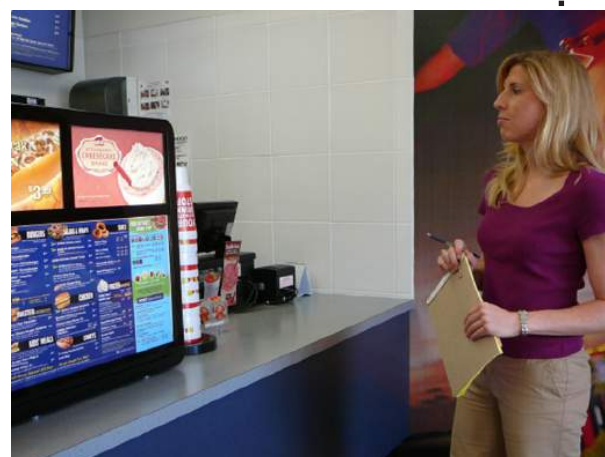
With funding from the Centers for Disease Control and Prevention (CDC) in 2004, the Texas Healthy Aging Research Network (TxHAN) Collaborating Center joined the Healthy Aging Research Network (HAN) to identify and address policy, systems, and environmental approaches to healthy aging. The HAN includes funded collaborating centers, affiliate centers, and numerous state and national collaborators.

The mission of the nation-wide HAN is to better understand the determinants of healthy aging in older adult populations; to identify interventions that promote healthy aging; and to assist in the translation of such research into sustainable community-based programs throughout the nation. HAN operates through topic-focused workgroups, project subgroups and ad hoc committees. Over time these workgroups change in accordance with current and emerging CDC priorities and the current five core workgroups are: 1) Environmental and Policy Change, 2) Health, Aging and Technology, 3) Healthy Brain 4) Mobility, and 5) Nutrition.

The TxHAN works with local, county, state and Federal partners to help communicate prevention research findings to community-level health providers. According to TxHAN Director, Dr. Joseph Sharkey, “We can improve the health and functioning of older adults by providing a mechanism to identify, implement, and evaluate and translate best practices.”

Since 2004, TxHAN has received funding for a variety of research projects to contribute to the nation-wide research of the HAN core workgroups. For one TxHAN project, focus groups were conducted with older adults to better understand the perceptions of older adults around lifestyle behaviors that facilitate maintaining a healthy brain. Focus groups were held in five rural Brazos Valley communities and with physicians in Temple and College Station. Additionally, Dr. Sharkey and CCHD staff member, Ms. Julie St. John, conducted four focus groups with older adults in two clusters of colonias in the Lower Rio Grande Valley. These focus groups provided valuable insight into the context in which older adults think about keeping their memory and cognitive health as they age.

Additional research projects aimed at understanding accessibility and availability of healthful foods. The Brazos Valley Food Environment Project (BVFEP) used Global Positioning Systems to identify and locate all food stores and food service places in the six rural Brazos Valley counties. In-store audits were conducted to determine availability and prices of food items. Additionally, the project examined healthy food options available at fast food chains and stores. A second research project, the Colonias Food Environment Project, mirrored the BVFEP methodology in a large area of Hidalgo County in south Texas.



Special Interest Projects

Communities of Texas - Cancer • Activity • Research • Education • Support (CTxCARES)

Led by Dr. Marcia Ory and Ms. Debra Kellstedt, CTxCARES is one of ten Cancer Prevention and Control Research Network members funded as a Special Interest Project from 2009-2015 through the Centers for Disease Control and Prevention (CDC). CTxCARES consists of a collaboration between the Texas A&M Health Science Center School of Public Health, Texas A&M AgriLife Extension, and Baylor Scott & White Healthcare.

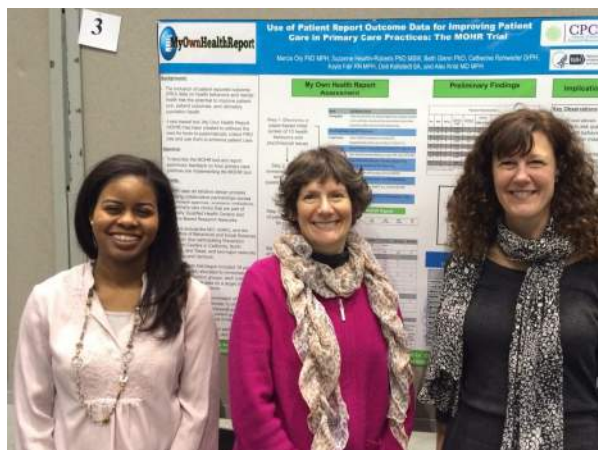


Aimed at accelerating the adoption of cancer prevention and control programs in Central Texas communities and beyond, CTxCARES has worked with partners to implement a number of successful projects. One such accomplishment was the development of a mini grant program to provide small grants to organizations in the Brazos Valley area to establish local projects that utilize recommended CDC strategies for promoting physical activity. The project funded five Brazos Valley and Temple organizations including The Children's Museum of the Brazos Valley, The Brazos Valley Community Action Agency (BVCAA), Leon County AgriLife Extension, and the Parks and Recreation Departments of both the City of Navasota, and the City of Temple.

The CEO Cancer Gold Standard accreditation process, through CTxCARES, brought awareness and worksite wellness focused on fighting cancer to the Texas A&M School of Public Health, and the opportunity to implement and disseminate evidence-based cancer prevention strategies broadly through a CEO Cancer Gold Standard Guidebook—a tool developed to aid other organizations in becoming accredited.

Other activities during the past five years ranged from working with AgriLife Extension to implement statewide programs, like Friend to Friend and Health Express Talks; partnering with Baylor Scott & White to deliver evidence-based programs adapted to cancer patients, like Fit and Strong and the Chronic Disease Self-Management Program; and working with various other community and university partners to develop and test mobile health tools (iCanFit and the AYA Healthy Survivorship App) for cancer survivors of all ages.

Finally, the CTxCARES team recently assumed administrative leadership of the Brazos Valley Obesity Prevention Network (BVOPN). CTxCARES looks forward to continuing collaborating efforts aimed at making the Brazos Valley and the state of Texas a healthier place to live. More information can be found at www.CTx CARES.com.



Special Interest Projects

Policies, Programs and Partners for Falls Prevention



The Policies, Programs and Partners for Falls Prevention (PPFP) was a collaborative effort between the Program on Healthy Aging, led by Dr. Marcia Ory, and the University of North Carolina Schools of Medicine and Public Health. PPFP aimed to identify more effective public health strategies for reducing falls, fall-related injuries, and fall-related rates of emergency room visits among the growing population of seniors.

In Texas, the project partnered with the CCHD National Community Health Worker Training Center to develop falls prevention training modules for community health workers. The modules are now available in-person and online and in Spanish or English. The online courses have also reached community health workers nation-wide and to date, 136 have registered for the training modules online, with 71 of those individuals having already completed the course.

In North Carolina, the project conducted face-to-face trainings of “Balance Partners” who are paired with an older adult to provide assistance and education on falls prevention. Additionally, online trainings of the Otago Exercise Program were provided to physical therapists. The Otago Exercise Program was designed specifically to prevent falls in older adults and by taking the training, the physical therapists are now able to incorporate the Otago program into their teachings.

Furthermore, both partners of PPFP disseminated falls prevention information to over 40 State Falls Prevention Coalitions and jointly provided in-depth technical assistance to the state coalitions in Hawaii, New Hampshire, North Carolina, and Texas.

As falls in older adults continues to be a present issue, the Program on Healthy Aging plans to promote the falls prevention modules and are discussing the possibility of incorporating this training into the Texas A&M Evidence Based Programs resources. Recently, the University of North Carolina received a grant in which they plan to expand upon the PPFP project with the continuation of the Otago trainings.

Falls Evaluation and Technical Assistance (FETA) Team

A 3-year grant was awarded to Texas A&M in September 2011 to evaluate three State Fall Prevention Projects (SFPP) in Oregon, Colorado, and New York. The Texas A&M team, led by Marcia Ory, was named the Falls Evaluation and Technical Assistance (FETA) Team and worked collaboratively with the Centers for Disease Control (CDC) Injury Prevention Staff and State Fall Prevention Program leads to evaluate the impact of four state fall prevention programs.

Over the course of the SFPP project, the FETA Team developed an evaluation plan that identified short- and long-term goals and objectives for the multi-state, multi-level intervention. The evaluation plan was formalized with an emphasis on developing the infrastructure required to implement the fall prevention programs and collect data for evaluating each program's impact.

While the four programs had different approaches and intended audiences, they all shared the common goal of preventing falls among older adults. Stepping On and Tai Chi: Moving for Better Balance (TCMBB), are both evidence-based, group-facilitated community fall prevention programs consisting of physical activities for older adults. Otago is an evidence-based program, originally developed in New Zealand that is delivered by a physical therapist to an older adult in their own home. The last fall prevention program, Stopping Elderly Accidents, Deaths & Injuries (STEADI), is a toolkit created by the CDC for healthcare providers that includes basic information for falls screening, treatment, and referral.

Prior to full-scale implementation of the fall prevention programs, a pilot phase of took place to facilitate the testing of evaluation materials and processes. Over the course of the pilot period, 956 older adults were reached through the two community programs (419 for Stepping On and 537 participants for TCMBB). Published results confirm that these two community programs improved falls efficacy as well as functional performance. Additionally, approximately 100 physical therapists completed the Otago webinar training in the three states combined and 27 older adults were enrolled in the Otago database. For STEADI, 15 clinical engagement and education sessions were completed during the pilot phase and 65 baseline questionnaires collected from participating physicians.

During the third year of the project (the full implementation phase), the data collection for the community programs was streamlined and the focus shifted to collecting Electronic Health Record data from healthcare practices who were implementing STEADI. Working with colleagues at The University of North Carolina and The University of Georgia, Texas A&M investigators will continue working with the CDC state grantees on further dissemination of these evidence-based fall prevention programs.

CCHD's National Community Health Worker Training Center

A Community Health Worker (CHW) is a trusted member of the community, with a close understanding of the ethnicity, language, socio-economic status, and life experiences of the community they serve. Primarily, a CHW connects individuals in their community to needed health care and social services. CHWs can work in health care systems, with community organizations, or as volunteers to expand knowledge and access to available health resources. There are many roles that CHWs may fulfill, including: health educator, outreach worker, patient advocate, case manager, translator, community development facilitator, researcher, and liaison between residents and health services systems.

Recognizing the importance of utilizing a liaison to reach underserved communities in South Texas, the Center's regional office in the Lower Rio Grande Valley developed the Community Health Worker Resource Center in 2008. The resource center sought to train CHWs from across the country, offering a broad range of curricula and continuing education courses.

CHW certification in Texas includes twenty contact hours of training in the Texas Department of State Health Services recognized eight core competencies: communication, interpersonal skills, service coordination, capacity building, advocacy, teaching, organization, and knowledge. Continuing Education Units (CEUs) can be of varying lengths and include training in numerous topics including community organizing, facilitation, leadership, and population and disease specific subjects. In 2010, CCHD's CHW training program became certified as a Department of State Health Services (DSHS) CHW/Promotora Training Program, making it a state-certified CHW and CHW Instructor training center. Shortly after, the Texas A&M University Office of General Counsel approved the resource center's name change to the National Community Health Worker Training Center (NCHWTC), which positioned the training center for nationwide expansion.

Currently, the NCHWTC is one of few training centers that offers online courses and in-person classes in both English and Spanish. Additionally, the NCHWTC is also one of the few training centers that offer "self-paced" online courses allowing busy individuals to complete the course as they have time and is the only training center to offer this self-paced, online format in Spanish. These online courses also assist in expanding the center's national presence by increasing access to CHWs across the country who are unable or do not have access to in-person classes.

To date, the center has provided 68,000 hours of training to more than 1,800 CHWs, including 20,000+ DSHS-certified training hours to 1,400+ CHWs. In addition to training, the NCHWTC has expertise in evaluation, curriculum development, CHW program development, and other forms of technical assistance.

As the training center continues to grow, we plan to strengthen existing partners as well as develop new partners within the Texas A&M Health Science Center. Currently, the NCHWTC is working with the Southwest Rural Health Research Center (SWRHRC), directed by Dr. Jane Bolin, to re-certify the SWRHRC Community Health Workers. The NCHWTC is also providing CHW certifications to individuals within the Nursing Quality and Safety Collaborative at the Texas A&M Health Science Center School of Nursing as part of the Medicaid 1115 Waiver. Most recently, the training center partnered with Dr. Marcia Ory, Regents Professor at the School of Public Health, on a grant received by the Texas A&M AgriLife Extension Service. The project aims to reduce obesity in the South Texas county of Hidalgo and will utilize the NCHWTC and its community health workers to reach underserved populations. The NCHWTC plans to continue exploring opportunities to incorporate community health workers in research projects.



Education to Promote Improved Cancer Outcomes

Over 300 certified Community Health Workers (CHWs) live and work in the Lower Rio Grande Valley (LRGV), a four county region in south Texas. Members of CCHD have trained and worked with CHWs in the LRGV since 2001. Several factors make CHWs an effective strategy for working in this region, including health disparities within the area and barriers related to cultural differences between residents and health service providers.

As a response to a common concern expressed by CHWs in the LRGV – the lack of cancer education and assistance available to LRGV residents – CCHD staff created the Education to Promote Improved Cancer Outcomes (EPICO) Project.

In July 2011, the Cancer Prevention and Research Institute of Texas (CPRIT) awarded CCHD a grant to fund the two-year EPICO project. EPICO utilized promotores (CHWs) to educate at-risk residents living in the LRGV about cancer prevention, treatment, and healthy survivorship for colorectal, breast and cervical cancers.

The Center first hired six individuals to serve as the EPICO promotores who then completed a CHW Instructor certification course, focus group training, and a continuing education workshop on tailored messaging. With this specialized training, the EPICO team of promotores then worked with the CCHD project team, researchers, and field experts to develop nine bilingual, culturally competent training modules on cancer prevention, detection, treatment, and survivorship. The training materials were adapted for use with CHWs and with community residents.

The CHWs used these modules to educate LRGV residents and other area promotores on colorectal, breast, and cervical cancers. In the second year of the project, the EPICO CHWs traveled to six other metropolitan areas in Texas to deliver cancer education messages to CHWs in San Antonio, Laredo, El Paso, Lubbock, Dallas/Fort Worth, and Houston. By educating CHWs and providing them with the necessary tools and materials to disseminate cancer education messages in their own communities, EPICO's train-the-trainer approach expanded the reach and sustainability of the project across the state.

Altogether, 761 promotores and 4,360 residents received these training modules between 2011 and 2013. Analysis of EPICO pre-tests, post-tests, and training evaluations indicates that knowledge about cancer prevention, detection, treatment, and survivorship improved in the LRGV region for all three cancers. In addition to gaining knowledge, both residents and CHWs expressed intentions to change health behaviors as a result of attending an EPICO training. Importantly, trust in the promotores' messages correlated to participants' increased knowledge, as well as their intentions to make healthier lifestyle choices.

The EPICO project successfully disseminated cancer prevention, treatment, and survivorship messages by relying on the natural strengths of promotores' relationships with their own communities. In this way, the project highlights and reinforces the effectiveness of the CHW model.



“As a response to a common concern expressed by Community Health Workers in the Lower Rio Grande Valley - the lack of cancer education and assistance available to Lower Rio Grande Valley residents - CCHD staff created the Education to Promote Improved Cancer Outcomes Project.”



Improving Access to Care in Rural Communities through the Telehealth Counseling Clinic

Recent surveys conducted in the Brazos Valley have indicated that two persistent concerns in regard to health have been access to mental health services and lack of transportation. Dr. Carly McCord, Clinical Director of the Telehealth Counseling Clinic (TCC), notes that “telehealth counseling is a much needed solution for Brazos Valley mental health needs...by utilizing video conference technology and doctoral students in the Texas A&M Counseling Psychology program, the TCC is able to overcome these two common barriers to treatment.”



“telehealth counseling is a much needed solution for Brazos Valley mental health needs... by utilizing video conference technology and doctoral students in the Texas A&M Counseling Psychology program, the TCC is able to overcome these two common barriers to treatment.”

The clinic evolved from an ongoing collaboration between a group of community stakeholders, representatives of several health care and social service agencies, and the Center for Community Health Development. The group identified resources to develop the clinical infrastructure and then partnered with the faculty and students in the American Psychological Association – accredited Texas A&M University Counseling Psychology doctoral program – as an avenue for the expansion of mental health counseling in rural communities.

Since its inception, the TCC has aimed to increase access to and provision of mental health services for indigent and low income residents throughout the Brazos Valley. The clinic does so by providing telehealth counseling and assessment services to underserved populations via videoconferencing technology to remote clinics located throughout the Brazos Valley.

In 2009, the first remote site opened in Leon County in the city of Centerville. After this pilot site proved to be much success, the clinic pursued expansion to other counties in the area.

In 2012, the clinic partnered with Madison County on the Madison Outreach and Service through Telehealth (MOST) Network to provide services to Madisonville residents. The MOST Network consisted of organizational members from Madison County, the Madison County Health Resource Commission, CCHD, the Counseling and Assessment Clinic (CAC), the Brazos Valley Council on Alcohol and Substance Abuse (BVCASA), and St. Joseph Madison Health Center. The project worked towards improving access to mental health and substance abuse services by offering those services through telehealth. By adapting the successful telehealth program from the pilot site, residents were able to visit the Madison Health Resource Center where CAC and BVCASA provided intake, assessment, screening, counseling, referral, and education through telehealth video connection.

Additionally, the clinic added three new sites in Brenham, Bryan and Navasota in 2013 with services now being provided to five of the seven counties in the Brazos Valley.



The clinic’s counseling services are available to adolescents and adults in English or Spanish and include therapy sessions for a variety of presenting concerns including depression, anxiety, trauma, and addiction and substance abuse.

In 2014 alone, the clinic provided just over 1,000 counseling sessions to rural residents who would otherwise not be able to receive the services they need.

Using Standing Desks to Fight Childhood Obesity



Obesity within younger generations has increased substantially in the past 30 years, with rates more than doubling for childhood obesity and quadrupling for adolescent obesity (Ogden, Carroll, Kit & Flegal, 2014; National Center for Health Statistics, 2011). Unfortunately, overweight and obese youth are also likely to become overweight and obese adults.

Dr. Mark Benden, Associate Professor in the Environmental and Occupational Health Department, spent a good deal of his career in the private sector developing ways of helping office workers be healthier and more productive. One strategy was utilizing a standing desk to build core strength and increase passive calorie burn. What he found was that the average office worker standing 2 to 3 hours per day would burn the equivalent of 20 pounds of calories in a year! With these findings, Dr.

Benden and his team began to explore ways of translating this standing desk strategy to combat childhood obesity.

Most programs targeting childhood obesity aim to change eating habits or increase physical activity during school or outside of school. Standing desks can be used in public schools, institutions that reach a vast majority of children, without costing a school any instructional time. This complements other efforts and may offset other behaviors that we have a harder time influencing, such as what a child eats after school.

In 2009, Dr. Benden received financial support from the United Way of the Brazos Valley to pilot a project to use standing desks in two classrooms at a local elementary school. The project, Dynamic Classrooms to Fight Childhood Obesity, aimed to examine the effect of standing throughout the day on caloric expenditure in the children.

The preliminary findings were encouraging, noting that the students in the standing classrooms chose to stand most of the time, instead of sitting in the provided stool, and were burning more calories than the kids who were sitting. Additionally, the heavier students were burning an even higher percentage of calories. As a bonus, the research team also discovered from talking to teachers that the desks improved attention and behavior for the kids who were standing.

As the standing desk project gained more attention and support from teachers, administrators, funders and policy-makers, Dr. Benden received a \$400,000 grant from the National Institute of Health (NIH) for a research project which focused on improving the design of the desk and stool for comfort and functionality in the classroom. With support from CCHD, additional funding was awarded to Dr. Benden's company Stand2Learn in the form of a Small Business Innovation in Research (SBIR) award amounting to \$450,000 over a two year period.

With the increasing popularity of standing desks amongst schools and large businesses across America, Dr. Benden continues to conduct research investigating the effect of standing desks on health and productivity in both children and adults.

