Advancing Health in South Texas Engagement Series: *Engaging the Community Voice/Building the Patient-Centered Partnership*

Summary Report
February 2017

Methodist Healthcare Ministries
OF SOUTH TEXAS, INC.
"Serving Humanity to Honor God"

Health Resources in Action
Advancing Public Health and Medical Research

TABLE OF CONTENTS

INTRODUCTION AND BACKGROUND

In the fall of 2015, Methodist Healthcare Ministries was awarded the Eugene Washington PCORI (Patient-Centered Outcomes Research Institute) Engagement Award to implement a project titled *Advancing Health in South Texas Engagement Series.* Through this award Methodist Healthcare Ministries convened patients and key stakeholders across a 20-county area to develop a coordinated regional approach for patient-centered research and evaluation among university systems, academic institutions, managed care organizations (MCOs), and public health systems.

To this end of developing a coordinated regional approach, the *Advancing Health in South Texas Engagement Series* aimed to create a safe space to facilitate meaningful dialogue between people and institutional systems to ensure trusted relationships are formed, information is shared, and all voices are engaged in the planning and co-creating of solutions. The series also aimed to identify and adopt multi-sector strategies based on differentiated but aligned activities and a common framework. Methodist Healthcare Ministries partnered with Health Resources in Action (HRiA), a non-profit public health organization, to serve as the series facilitators to identify appropriate patient engagement models for the region.

The fourth session in the series, *Engaging the Community Voice aimed* to reengage end-users through facilitated "town-hall" discussions in order to share back findings from the convened sessions, ask for additional suggestions or clarifications, and discuss next steps in the process. Participants included: consumers, stakeholders, academic institutions, health advocacy groups, and health care providers. Here, findings from the three preceding engagement sessions, *What Matters to You? Knowledge Sharing Champions, and Engaging Health Payers* were presented to the group, followed by facilitated discussions to elicit feedback and suggestions for future planning processes.

Following the community town-hall meeting in McAllen, participants began the foundational planning process described as *Building the Patient-Centered Partnership.* This planning session engaged participants in a discussion to identify potential areas of collaborative research moving forward, as well as the specific strategies for developing and sustaining the collaborative partnership and effectively disseminating the research to key groups in the community.

The following reports provides a synthesis of these town-hall style discussions that were held in Corpus Christi, Laredo, and McAllen, TX, as well as the foundational planning process, highlighting commonalities and differences by geographic location where appropriate.

OVERVIEW OF APPROACH

Recruitment Strategy

The focus on thoughtful partnerships has been a cornerstone of Methodist Healthcare Ministries' strategy to encourage authentic engagement throughout the *Engagement Series*. Similar to the recruitment strategy used in the first three sessions, Methodist Healthcare Ministries reached out to trusted institutional partners to assist with the recruitment process. The effort for deliberate partnerships ensured that the appropriate stakeholders were engaged throughout this process.

From these conversations, Methodist Healthcare Ministries identified internal and external participants who attended previous *Engagement Series* sessions. Participants were invited to attend the ***Engaging the Community Voice*** sessions in the Coastal Bend, Laredo, or the Rio Grande Valley region, where the ***What Matters to You?*** focus groups were held. A combined total of 122 participants from the following counties attended: Cameron, Hidalgo, Jim Hogg, Jim Wells, Nueces, San Patricio and Webb. They were selected because they represented active researchers, patients/clients, community stakeholders, healthcare provide system and public policy makers in the region with a specialty on community engagement and patient-centered focus that influence outcomes of care. Individuals were personally contacted by high-touch phone calls facilitated by Methodist Healthcare Ministries.

Factors Influencing Health

Social Determinants

When discussing population health, it is important to recognize that multiple factors affect health and there is a dynamic relationship between people and their environments. The social determinants of health—defined as the conditions in which people are born, grow, live, work and age—are critical to consider when talking about health. That is, not only do people's genes and lifestyle behaviors affect their health, but health is also influenced by more upstream factors such as employment status and quality of housing stock. The social determinants of health framework, depicted in **Figure 1,** address the distribution of wellness and illness among a population—its patterns, origins, and implications.

While the qualitative data presented are often a snapshot of a population in time, the people represented by that data have lived their lives in ways that are constrained and enabled by economic circumstances, social context, and government policies. Building on this framework, the ***Advancing Health in South Texas Engagement Series*** utilizes qualitative findings to examine community-level influences, including social and economic factors that have an impact on health and health outcomes.
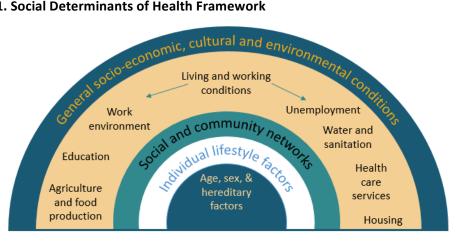
Figure 1. Social Determinants of Health Framework

Source: World Health Organization, Commission on the Social Determinants of Health, Towards a Conceptual Framework for Analysis and Action on the Social Determinants of Health, 2005. Graphic reformatted by Health Resources in Action

Health Equity

In addition to considering the social determinants of health, it is critical to understand how these characteristics disproportionately affect vulnerable populations. Health equity is defined as all people having the opportunity to "attain their full health potential" and entails focused societal efforts to address avoidable inequalities by equalizing conditions for health for all groups, especially for those who have experienced socioeconomic disadvantages or historical injustices. When examining the larger social and economic context of the population (e.g., upstream factors such as housing, employment status, racial or ethnic discrimination, the built environment, and neighborhood-level resources), a robust assessment should capture the disparities and inequities that exist for traditionally underserved groups. Thus, a health equity lens guided the ***Advancing Health in South Texas Engagement Series*** to ensure qualitative data comprised a range of social and economic indicators and were presented for specific population groups. Understanding factors that contribute to health patterns for these populations can facilitate the identification of data-informed and evidence-based strategies to provide all residents with the opportunity to live a healthy life.

Integration of Perspectives and Approaches

The strategy behind the *Engagement Series* was to identify the areas of synergy among unique but equally important stakeholders in regards to patient-centered research in the PCORI service area. The center of the Venn diagram concept, depicted in **Figure 2**, would be used to identify priority areas to leverage in future efforts among varying sectors, stakeholders, and/or areas of alignment.

Figure 2. *Engagement Series* **Venn Diagram: Areas of Alignment Between Varying Stakeholder Groups**

Overview

The fourth convened session of the Series, *Engaging the Community Voice (ECV)* aimed to reengage end-users of Methodist Healthcare Ministries-sponsored initiatives and programs—including consumers, stakeholders, academic institutions, health advocacy groups, health care providers, and payers--through facilitated "town-hall" discussions in order to ask for additional suggestions or clarifications, and discuss next steps in the process. During the 90-minute sessions held in Corpus Christi, Laredo, and McAllen in February 2017, findings from the three preceding engagement sessions were presented to the group, followed by facilitated discussions to elicit feedback and suggestions for future planning guiding by the following questions:

1. **What is missing** that you would want added and why?
2. **What do you like** about the information presented thus far?
3. **What would you change or clarify** about what has been presented?

Methods

As part of this process, every participant was also given an index card to solicit additional written feedback that may have not been discussed. In total, 122 participants were involved in the town-hall style discussions. The objectives for the day included the following:

- Provide a **high level summary** of the Patient Centered Outcomes Research Institute award - short-term, mid-term and long-term objectives. The overall goal of POCRI is to improve population health for the communities served.
- **Share the key themes** from the community focus groups, academic and payer sessions, and their implications for the resulting research, care, and education programs as well as the effective dissemination of the information
- **Engage end users**, such as consumers, caregivers, policy makers, and health advocacy groups, to discuss best-in-class strategies for research dissemination.

The following section summarizes the themes that emerged from this conversation—many of which strongly resonate with key themes from the *What Matters to You? Knowledge Sharing Champions,* and *Engaging Health Payers* sessions. The table that precedes the narrative represents a visual of crosscutting themes among town-hall discussions.

As previously discussed, the varying levels of readiness to discuss patient-centered research among stakeholder groups limited the discussion regarding specific research dissemination strategies than originally intended. Nonetheless, findings from these sessions provide valuable insight to the opportunities for each of these groups to address patient-centered research moving forward.

Session Findings and Key Themes

Promote Authentic Engagement and Reframe Research Agenda

Validating findings from the previous sessions, participants acknowledged the **complexities and challenges of authentic community engagement**; one challenge was being perceived as "*elitist*" by community members. Also noted was the importance of clarifying the different needs of **rural and urban areas**. As one participant shared, "*What we need in [rural areas] is nothing like what they need in Laredo [urban]. Our [rural] needs are very different and sadly, overlooked.*" This sentiment also came up in McAllen, TX, where one index card submission read, "*I wonder what the outcomes would've been if smaller colonias outside of the [Rio Grande] Valley were interviewed; I bet they never are.*"

A participant in Corpus Christi, TX also explained the importance of **considering cultural nuances** when framing discussions by avoiding language that overgeneralizes antiquated cultural norms -- for example, not assuming that all men operate from a "*machismo*" perspective, the concept associated with "a strong sense of masculine pride". Further, participants stressed the need for using language and terminology that was accessible, clear, and free of negative connotations (e.g., "patient" could connote one who is a passive recipient of information rather than an active participant in his/her own health).

In terms of engaging with research, participants emphasized the **importance of follow-up and rapport building** among providers and researchers; the need for face-to-face communication was seen as crucial for this process. Apart from face-to-face contact, town-hall participants suggested highlighting qualitative stories in marketing efforts in order to "*understand the person vs. aggregate data.*"

Consider a Mixed-methods Communication Strategy for Future Endeavors

Participants across geographies preferred a **mixed-method communication strategy** for health-related information. Focus group and town hall participants alike cited that **in-person** and **face-to-face interactions** were the preferred methods of disseminating research-related information—with the caveat that this information should come from trusted sources.

Modes of preferred written or oral communication also differed by municipalities, but **word-of-mouth** and the **Internet** were reported as the most trusted sources to receive health-related information. The next most frequently cited included **local radio, community events**, and **flyers**. Lastly, participants stressed the importance of **understanding the unique communities** being engaged before disseminating health-information and research opportunities.

A Focus on Prevention and Wellness

Similar to key findings in the previous sessions, *Engaging the Community Voice* town-hall participants overwhelming agreed that there are not enough resources allocated for **primary prevention** efforts on a systems-wide basis for initiatives such as smoking cessation, physical education in schools, and health literacy. As one interviewee observed, "*All of us should agree that P.E. needs to be a requirement in schools to make sure our kids are exercising.*" Participants suggested more parks, walkable communities, and expanded grocery stores in low-income or rural areas; they suggested building on existing healthy living initiatives in the community, but emphasized the need for **continuity** and **consistency** among wellness programs, which, due to funding cycles, many reported as lacking in the past. Enhanced information about prevention was also seen as

a need: as one community participant shared, *"getting information about resources should be easier than it is now."*

Further, finding new ways to deliver health care in underserved communities was also a common theme in conversations, especially in rural communities that reported challenges recruiting and retaining specialists. In Laredo, TX, for example, telemedicine was suggested as a possible strategy to bridge the gap in specialty care in provider-shortage areas that are more rural.

Addressing the Social Determinants of Health

An overarching theme among the town-hall meetings was **the importance of addressing key barriers**—poverty, access to care, transportation, and employment—also known as the social determinants of health—that prevent South Texas residents from achieving optimal health. This theme is consistent with findings from the three preceding convened sessions. Of the environmental factors mentioned, **poverty** and **increasing access to care** were most frequently cited as top barriers to improved health for low-income residents. Participants acknowledged the importance of considering environmental factors when thinking about population health across the region, yet there was overwhelming agreement that this was not currently the state's approach. This gap created future research opportunities to study the impacts of these social determinants on population health, shared academicians, which could build the case for a more upstream approach to health on a statewide basis.

Improved Health Care Access

Access to care was identified as a concern in all town-hall meetings. Similar to the first three sessions, the following barriers were identified: **lack of specialty providers—especially behavioral health—, challenges with health insurance coverage, navigating a complex health system, lack of coordinated care, and transportation.** Helping individuals obtain and understand health insurance, accessing behavioral health services, and participants identified increasing services for low-income individuals as high priorities. Further, many agreed that improved alignment and coordination was needed among the community, hospitals, local institutions, and health centers, citing that it was difficult to know what resources were available.

More Emphasis on Policy and Advocacy

Another theme that was prominent among groups was that more efforts are needed for **collaboration on systems-level and policy changes** at the state and local levels. More importantly, there is a need to contextualize the work being done at the state and federal level that impacts health payers', researchers, and providers' ability to think longitudinally in regards to population health.

Participants noted that policy changes come in varying shapes and sizes. Some use the idea of "Big P and Little p policy"; a Big P policy might be one that is at the state level through legislation, regulations, and taxes, while Little p policy are smaller initiatives—possibly at the local government, worksite policies/investments, and norms and standards that drive other action. A common discussion among participants was the need to leverage "Little p" initiatives and mobilize local organizations through grassroots efforts. As one participant shared, *"There is no policy change without advocacy; we should also be talking about how to mobilize the community moving forward."* These efforts should also engage local officials and health payers, shared participants. The table below synthesizes the cross cutting town-hall themes by geographic location **(Table 1)**.

Session Conclusions

Table 1. Town-Hall Responses to Data

Cross-Cutting Key Themes	Corpus Christi	Laredo	McAllen
Health Literacy: Culturally-relevant and accessible • Simplify terms • Demystify process • Treat community respectfully, not elitist • Use of language (e.g., the term patient connotes passive)	X	X	X
Communication: Utilize a mixed-methods communication strategy and reframe research agenda to include residents in planning and dissemination: • Face-to-face communication • Internet • Word-of-mouth • Advisory committees	X		X
Research: Reframe research to change community context and enhance continuity of care among providers and stakeholders	X		
Social Determinants of Health: Focus on "upstream" factors (e.g., poverty, employment, access to healthy food)	X	X	X
Urbanicity: Clarify urban vs rural needs—very different; small towns are "overlooked"	X	X	X
Sustainability: Programs lose traction when funding falls off—no consistency- still require follow up, navigation	X		X
Health Investments: Payer and MCO investment needed- in prevention, wellness, and in public health infrastructure	X	X	X
Best Practices: Learn from successful campaigns and models and replicate (e.g. Seattle smoking campaign)	X	X	
Recruitment: Need to attract and retain medical doctors and specialists		X	X
Policy and Advocacy: Mobilize for systems-level change locally and across the state. Policies mentioned: • Health Education K-12 • Maternal and child health • Reciprocity and reimbursement laws for provider recruitment	X	X	X

Overview

In the final afternoon planning session in McAllen following the community town-hall meeting, participants began the process of identifying the key elements of the *Collaborative Research Framework*, described as **Building the Patient-Centered Partnership,** which includes both the focus of the research, as well as the specific strategies for developing and sustaining the collaborative partnership and effectively disseminating the research to key groups in the community.

Methods

During this session, participants broke into different configurations of small work groups to answer questions about the content and shared metrics for the research; the components that would support collaboration, with a strong focus on authentic engagement; key criteria for selecting partners in the collaborative effort; potential "quick wins" that could be developed and achieved in the near term to sustain enthusiasm and momentum; and critical groups/individuals who should be at the table for the next stage of planning. The following section summarizes these key themes by topic area.

Session Findings and Key Themes

Key Themes: Content and Metrics

- **Chronic diseases and their risk factors—especially diabetes, obesity, heart disease, and cancer—** were reported as priority content areas to consider for a future collaborative research agenda. Participants were especially concerned about the perceived increase in childhood obesity. As one resident shared, *"more and more of our kids are overweight too; we should be focusing on what kids are eating at schools and at home."* Competing time commitments, the availability of accessible and affordable healthy food, and cultural norms were attributed as challenges to maintaining a healthy weight. Again, participants stressed a need for research-informed systems-level strategies to promote healthy eating and physical activity to reduce chronic illness in the community; examples of strategies included requirements for physical education in schools, healthy school lunch programs, and worksite wellness initiatives.

- In addition to looking at chronic diseases and their risk factors, participants also shared the **importance of access to healthy food** as a top concern. Many participants described multiple pockets of food deserts in the region that made access to healthy foods difficult. This problem, shared participants, was exacerbated by limited transportation options. Participants suggested that future research topic areas could explore successful models of rural mobile food outreach, and the impact of local farms supplying local markets with healthy food.

- **Mental health – which often co-occurs with substance abuse,** was identified as a top health issue in the community; especially noted was the lack of services to address these growing behavioral health issues*.* Participants described issues of anxiety, stress and substance abuse for adults—largely attributed to poverty—as the most common concerns. Session participants in both Laredo and McAllen explained the challenges of behavioral health services because of limited providers, reimbursement models for behavioral health, and stigma. Future research topics discussed included the intersection of poverty and mental health diagnoses, anti-poverty initiatives, and access to substance abuse treatment services that were culturally relevant.

- **The built environment—especially transportation, safe, walkable communities, and food access— were reported as areas to explore moving forward.** These key determinants of health were seen as impeding improved health, especially for low-income residents who live in areas with limited infrastructure. While individual challenges such as time constraints were mentioned as barriers to a healthy lifestyle, *structural challenges* such as living in a food desert and having limited access to sidewalks arose as a prominent theme among discussions for future research topic areas to explore.

Participants were asked to suggest possible indicators to include in future research endeavors. The table below shows topic area and indicators that were discussed during this session.

Topics	Indicators
Chronic Diseases and Risk Factors	- HbA1c, BMI - Rates of medication adherence - Utilization of Emergency Medical Services - Disease incidence and mortality
Access to Healthy Foods	Supermarkets per capita
Mental Health	None discussed
Built Environment	Public transportation routes

Key Themes: Components/Strategies that Support Collaboration, Communication, and Engagement
Groups also discussed what components or strategies would be essential to consider when crafting the collaborative framework. Among the most frequently cited, ensuring that partners had **shared visions and goals**, **clear expectations regarding roles and responsibilities, and a plan for sustainability** were most prominent. In line with findings from the previous sessions and town halls, participants also stressed the **importance of a neutral convener** to bring institutions together.

In terms of communication, session participants suggested monthly meetings or quarterly meetings where stakeholders could identify areas of collaboration and discuss needs and opportunities on an on-going basis. Community engagement would also be essential throughout this process, and **deliberate opportunities for engagement** should be created to support inclusion. Participants stressed the importance of not making community members feel "acted upon" or "experimented with" but rather meaningfully and substantively engaged in processes that are important to them. Specific suggestions included: **bilingual meetings, minimal use of acronyms and jargon, transportation support to and from meetings, childcare support, and community panels.**

Similar to the town-hall findings, participants stressed the need for **a mixed-methods communication strategy** to engage residents who were not involved in ongoing discussions of patient-centered research. Specifically, **in-person interactions, local radio, and community events** were the most frequently suggested ways to disseminate information and invite feedback. Participants expressed frustration over complicated jargon and acronyms and stressed the importance of considering literacy levels and terminology when disseminating health-related and research information. Providing a lay summary of study findings in both English and Spanish were strategies mentioned by focus group participants. Lastly, the importance of **follow-up and follow-**

through was discussed as a critical factor for building trust and maintaining effective relationships; those who are asked to provide information or input, or to participate in some way in a research study, should be informed of the results of their involvement.

Finally, it should be reiterated that throughout these conversations, **the importance of keeping systems-level strategies top-of-mind was seen as critical.** Specific suggestions included looking at current policy proposals and adding voice/weight at the local level through advocacy days; building advocacy capacity in the region through awareness and training; and using return on investment-based arguments for stakeholders such as health payers and academicians. Participants explained that the foundation for this work has already begun through various organizations throughout the region, and suggested collaborating and supporting those efforts so as to not "reinvent the wheel."

Specific strategies were discussed among participants throughout this session. The following table summarizes the components and strategies referenced.

Components	Strategy
Communication and Dissemination	• Create a communication and dissemination strategy through trusted community organizations • Decrease acronyms and research-specific jargon; accommodate language preference • Regular meetings with stakeholders
Policy and Advocacy	• Build advocacy capacity at the local level • Continuously reiterate the history of the research process (i.e., where have they been and where are they now?) • Increase knowledge of healthcare policies • Plan to re-align incentives to focus on prevention and wellness
Collaboration	• Plan to reduce competition among providers and institutions • Shared templates for partnership agreements • Regular convening both within sectors and across sectors • Sustainability planning

Key Themes: Partnership Inclusion Criteria (and who should be at the table)

Also discussed were partnership criteria to consider when moving forward with planning processes. Participants shared that **having similar target populations, aligned visions and goals, and strong credibility in the community** were among the most important when selecting potential partners for the collaborative research process. The need for a neutral convener to ensure that partners were held accountable was described as a critical, but currently unidentified, component to success. Lastly, there was discussion around the need to have diverse sectors represented in future partnerships. For example, participants discussed the benefits of having a mix of local institutions with established rapport, and corporate institutions with a wider reach, at the same table. As a note, there was a strong effort to recruit diverse sectors in these conversations, however, more can be done to engage entities that have not historically been involved in health and philanthropic initiatives. Specific stakeholders identified in this session included:

- Policy makers-local, regional, state
- Universities and Community Colleges
- County Health Departments
- Community Providers

- Legal counsel for organizations
- *Promotoras* and community health workers
- Medical schools and medical residents

Key Themes: Quick Wins

The ***Building the Patient-Centered Partnership*** session concluded with a discussion around possible "quick wins" to focus on when creating a shared research framework. **Strengthening and leveraging established partnerships** through frequent convened sessions and summits would be a quick-win to increase collaboration and communication. In terms of access to care, participants suggested leveraging mobile clinics to increase the reach of vulnerable populations or patients without established "medical-homes". Lastly, there are a variety of definitions and terms used when discussing community engagement, and **shared language—including definitions and defined processes and expectations—would be helpful moving forward.**

Session Conclusions

In order to strengthen the foundational work that has been established through the PCORI project, a potential next step is to re-engage academicians and researchers who participated in the ***Knowledge Sharing Champions*** session in order to further reflect on the outcomes of this report and to continue the process of outlining *a Collaborative Research Framework* and plan that would include all of the elements above, as well as more specific strategies around decision making structure and accountability, financial structure and incentives, sustainability and scalability, data sharing, and dissemination.

LIST OF APPENDICES

Appendix 1: Engaging the Community Voice Agenda

Methodist Healthcare Ministries: PCORI Engagement Series
Engaging the Community Voice
February 2017
Corpus Christi, Laredo, & McAllen, TX

Objectives:
1). Provide a high level summary of the Patient Centered Outcomes Research Institute award - short-term, mid-term and long-term objectives. The overall goal of POCRI is to improve population health for the communities served.
2). Share the key themes from the community focus groups, academic sessions, and their implications for the resulting research, care, and education programs as well as the effective dissemination of the information
3). Engage end users, such as consumers, caregivers, policy makers, and health advocacy groups, to discuss best-in-class strategies for research dissemination.

Time	Title	Discussion
7:30-8:00 am	Check in	-
8:00-8:15 am	Welcome/Introduction	Welcome
	Review Agenda, objectives & Overview	Review agenda & objectives Overview of Project and Roles of Stakeholders
8:15-8:45 am	Presentation of Data and Findings/Q&A	Review key themes from community based focus groups & Integrate with key themes and ideas from Knowledge Sharing Champions and Health Payer Session Q&A
8:45-9:15 am	Facilitated Large-Group Discussion	Facilitated Questions: 1. What do you like about the information presented thus far? 2. What would you change or clarify about what has been presented? 3. What is missing that you would want added and why?
9:15-9:30 am	Closing	Report Out Discuss Next Steps for Planning

Appendix 2: Engaging the Community Voice Participants

Corpus Christi, Texas

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Appendix 2: Engaging the Community Voice Participants
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Appendix 3: Building the Patient-Centered Partnership Agenda

Methodist Healthcare Ministries: PCORI Engagement Series
Building the Patient-Centered Partnership
February 2017
McAllen, TX

Time	Title	Discussion
9:00-9:15 am	Welcome/Introduction	Welcome
	Review Agenda, objectives & Overview	Review agenda & objectives *Overview of Project and Roles of Stakeholders*
9:15-9:45 am	Presentation of Data and Findings/Q&A	*Review key themes from community based focus groups & Integrate with key themes and ideas from Knowledge Sharing Champions and Health Payer Session* *Q&A*
9:45-10:30 am	Facilitated Large-Group Discussion	Ask large-group three questions and bring together to report out. 1. What do you like about the information presented thus far? 2. What would you change or clarify about what has been presented? 3. What is missing that you would want added and why?
11:15-11:45 am	Networking lunch	
11:45-12:30 pm	Synthesis on all the town-halls information	Recap information gathered throughout the 3 town-halls
12:30-1:30 pm	**Content Area and Metrics Discussion** 1) Which content areas and metrics should we focus on for collaborative patient centered research model? 2) What components are essential to support collaborative patient-centered research 3) What is the inclusion criteria needed to move forward with partnerships?	
1:30-1:45	**Break**	
1:45-2:15	**Building Consensus** 1. What is the current state of patient centered research, including challenges, enablers and opportunities? 2. What are possible strategies to address these?	
2:15-3:00 pm	**Large-Group Planning** 1. What are quick wins to work towards? 2. What is our long-term strategy to move agenda forward? 3. Who needs to be at the table?	
3:00-3:15pm	Report out	

Appendix 4: Building the Patient-Centered Partnership Participants

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Appendix 4: Key Differences and Commonalities Among Convened Sessions

Community Theme	Academicians Theme	Health Payers	Strategy	Working Statement
Priority Area: Chronic Diseases and Risk Factors				
• Socioeconomic and environmental factors negatively impact health	• Need for a focus on prevention vs. disease management	• Need for a focus on prevention and length of coverage	• Focus on prevention and "uphill" factors; cost containment and policy changes to incentivize prevention	➢ **Robust methods are critical** to our work and critical to improved health outcomes in population health.
• Cost and navigating health system are biggest challenges	• Need for community-driven research topics, but often limited by funding	• Need to focus on social determinants of health to show longitudinal benefits for HCP; struggle between short-term and long-term relevance	• Leverage *promotores* and navigators; establish common language and metrics; utilize philanthropic organizations to bridge "funding gap"	
Priority Area: Culturally Competent Care and Engagement				
• Critical to identify uniqueness of each community; authentic engagement builds trust	• Build "heart" in community **before** embarking in research (i.e. rapport building)	• Collaborate with trusted sources in community- insurers not the most trusted	• Community champions: find "initiator"; leverage community strengths: strong cultural ties & cohesion	➢ Through patient education, we engage patients to **own** their healthcare.
• Culturally-relevant health education is a critical need	• Forming community linkages between community, patients, and researchers can better inform care and programming	• Reaching out to academic institutions and health care providers to see what has worked in the past	• Focus on patient empowerment models	
Priority Area: Communicating Health Information				
• Perceptions of uncoordinated care and communication barriers	• Bring together multiple methods of research (process and outcome) and redefine research team	• Use healthcare providers as conduit to relay information	• Prefer a mixed method communication; face-to-face and word of mouth preferred	➢ We agree that **working collaboratively** among regional institutions could lead to better care outcomes and a better patient experience.
• Little awareness of research initiatives and clinical trials	• Need for improved communication *within* sector as well as in community; follow up	• Seek out ways to promote successful community initiatives to improve understanding of health payer presence	• Need for deliberate communications strategy to disseminate information that is mutually beneficial	

Appendix 5: Definition of Terms

Term	Detailed Description of Findings
Access to Care	Access to health care means having "the timely use of personal health services to achieve the best health outcomes". Attaining good access to care requires three discrete steps: Gaining entry into the health care system; getting access to sites of care where patients can receive needed services; paying for it.
Authentic Engagement	Both focus group participants and academics reported that authentic engagement is critical to bridging the gaps between researchers and community members. This includes genuinely taking into account the context, culture, and expectations of the region. Authentic engagement also includes continuously asking for feedback and incorporating community suggestions in future research endeavors.
Branding with Trusted Sources	The issue of branding, or the process involved in creating a unique image or message, was raised in the EHP session. Health payers agreed that consumers were less likely to read engagement materials that were branded with insurance logos. However, participants shared that by teaming up with trusted local institutions like community health centers, residents were more likely to trust the content if it was branded with trusted logos.
Increased Health Literacy	Although not explicitly defined as "health literacy" by community focus group participants, members did stress the importance of increasing the knowledge around health risks and behaviors in the region. Also stressed was the importance of focusing on prevention. Academics described this as building the capacity and awareness of community members to "own" their health.
Concerns about Health Care Costs	Focus group participants described the cost of health care being among the most challenging aspects to maintaining a healthy life. Decreasing the cost of care, said participants is critical to improving both access—and therefore health—in the future. Likewise, academics involved in the KSC session described addressing health care costs as an important result and justification for secure more funding for research initiatives. As they could show greater returns on investment of different initiatives, they could improve population health. Participants agreed that it is critical to include the discussion of health care costs within larger initiatives to improve population health, as it is a driving force among many stakeholders.
Continuity of Care	Continuity of care is concerned with quality of care over time. It is the process by which the patient and his/her physician9led care team are cooperatively involved in ongoing health care management toward the shared goal of high quality, cost9effective medical care.
Community Empowerment	Similar to authentic engagement, participants in both community sessions and KSC agreed that community members could be empowered to improve population health. Ways to do this include creating more community advisory boards, health coalitions, and collaborative communication strategies. Also noted was the opportunity to leverage technology in these efforts.
Culturally sensitive approaches	One strength noted in the focus group discussions did residents in the area share the strong cultural identity. Participants noted that taking these cultural nuances into account, specifically those in the predominantly Mexican-American community, would be critical moving forward.
Data Sets	Academicians noted the different data methods, indicators, and sources that were important to their work. Collectively, these were referred to as data sets.
Dissemination strategies	Dissemination is the targeted distribution of information and intervention materials to a specific public health or clinical practice audience.
Fee for service vs. pay for	Participants in the EHP session discussed the importance of finding the right balance between fee for service and pay for performance models. While there was agreement that focusing on

performance	prevention was critical to improving population health, EHP participants noted that the reimbursement process for these initiatives negatively impacted the bottom line for health payers. Fee for service incentivizes providers to increase the volume of transactions (visits, tests, procedures) pay for performance incentivizes providers to keep patients healthy (reduced readmissions, declining ED rates, increase in chronic disease self management, etc.).
Mixed methods	Mixed methods research is a methodology for conducting research that involves collecting, analyzing and integrating quantitative (e.g., experiments, surveys) and qualitative (e.g., focus groups, interviews) research. In terms of communication strategies, mixed-methods is defined as the integration of oral, written, and face-to-face interactions.
Mobilization strategy	Community mobilization is essentially a process for reaching out to and engaging different sectors of a community to create collaborative partnerships and strategies that focus on, and ultimately address, a pressing issue such as diabetes or preventive health.
Perceptions of healthcare quality	As discussed in the **What Matters to You?** and **Knowledge Sharing Champions** reports, there were varying levels of satisfaction regarding healthcare quality throughout this region. For purposes of synthesizing this theme in the Venn diagram, this was described as perceptions of healthcare quality.
Population Health	Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. The term is often seen in policy discussion, research, and in the name of new academic departments and institutes.
Relevant data for planning and evaluation	Both KSC and EHP sessions stressed the need for relevant data for all stakeholders. Participants recognized the need to compromise agendas to gather usable, accurate data to inform planning and evaluation of population health strategies.
Research agendas	A research agenda is a roadmap or framework that guides inquiry. A research agenda may be both global and specific. Ideally it is used to specify gaps in knowledge in a specific area and serves to guide the direction and development of new projects and research questions.
Rigorous methods	Conducting research by abiding to best practices in method selection (from appropriate fields) and high-quality research design and reporting of results to the academic community.
Short term relevance vs. long term	Health payers explained that the nature of health insurance is fleeting, with many members switching insurers in less than five years. For this reason, participants identified long-term planning for population health a significant challenge, as it is often counterintuitive with the short horizon of health payer structure.
Social determinants of health	The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.
Timelines	The term is used to describe the competing schedules of priorities for various stakeholders throughout the region. For example, health payers cited working on short-term timelines as it related to their bottom line, whereas academicians focused on long-term population health research (e.g. 1-3 years vs. 10 or more years).