

## Podcast Interview Transcript

Jill Guernsey de Zapien and Carol Huddleston

In each volume of *Progress in Community Health Partnerships: Research, Education, and Action*, the editors select one article for our Beyond the Manuscript podcast interview with the authors. Beyond the Manuscript provides authors with the opportunity to tell listeners what they would want to know about the project beyond what went into the final manuscript. Beyond the Manuscript podcasts are available for download on the journal's website ([http://www.press.jhu.edu/journals/progress\\_in\\_community\\_health\\_partnerships/multimedia.html](http://www.press.jhu.edu/journals/progress_in_community_health_partnerships/multimedia.html)). This Beyond the Manuscript podcast is with Professor Jill Guernsey de Zapien of the Mel and Enid Zuckerman College of Public Health at the University of Arizona and her community partner Carol Huddleston, authors of Building a successful community coalition-university partnership at the Arizona-Sonora border. Editorial Fellow Wendy Bennett conducted the interview. The following is an edited transcript of the Beyond the Manuscript podcast.

*Wendy Bennett:* This was a case study about a community-academic partnership that first started in 1997 when the community of Douglas, Arizona approached faculty at the University of Arizona to assist with a community survey to address diabetes, an identified community-health problem.

The manuscript tells the story of the long-term collaboration between the community and the university through 2006 as the coalition's goal shifted from organizational and program-oriented to developing the capacity to create nutritional policy changes in the local school district.— Jill and Carol – please introduce yourselves and give your role in the project.

*Jill Guernsey de Zapien:* I am the associate dean for community programs at the University of Arizona's College of Public Health. My role in the project was to facilitate the team of individuals from the university and other organizations that worked with the community to develop and implement the initial survey and then follow up on activities that came out of the survey.

*Carol Huddleston:* I am a Douglas community member, who approached the university to build a relationship. We asked them to help us with our community health problems in Douglas, and they were very responsive. I helped with the diabetes survey, and a community health survey. The rest is history, how we formed our relationship and began to work on all the projects.

*Wendy Bennett:* Let us begin by getting a better understanding of what the community and university relationship was like prior to 1997.

*Jill Guernsey de Zapien:* The University of Arizona, through its Rural Health Office that was part of the medical school already had a relationship with the Douglas community and our other border communities because of our strong focus on border health. However, most of the work done prior to 1997 focused on partnerships to recruit and retain health professionals in the community for the public and the private sector. Practitioners were recruited to the community mostly through the National Health Service Corps, and Douglas was designated as a medically underserved area.

*Jill Guernsey de Zapien:*

In addition to that, the University of Arizona partnered with the community on several bi-national health issues through the Rural Health Office that focused on environmental health and cancer, but we had never done a joint research project that had been proposed or implemented by the group of people that approached us at the time.

*Wendy Bennett:*

I would like to understand a little bit more about the community of Douglas, and in the background section, you describe Douglas as a community on the Arizona-Mexico border, with a population that's greater than 86% Latino. Can you speak more specifically about the challenges that the people of Douglas face with respect to health and access to care?

*Carol Huddleston:*

At the time of the survey, Douglas was designated as a medically underserved area by the federal government, and the hospital had gone through three different large private corporations and was consistently in the red. The only federal-aid community health center was in the rural area of Alfreda, which is 35 minutes travel time from Douglas, and because the area was a MUA designation, there were ebbs and flows of health professionals and service providers. The turnover rate was quite high.

*Wendy Bennett:*

What was done in your coalition that you developed to work through some of the issues that you've alluded to regarding cultural and language differences between community members as well as between the community and its academic partners?

*Jill Guernsey de Zapien:*

The coalition formation was originally facilitated by a local resident, i.e., Carol, who had been a school nurse for over 17 years prior to her retirement, and a university researcher and activist fluent in Spanish, and who had lived and worked in Mexico and the Arizona border region for over 30 years. The interviewers for this survey were all recruited from the community, and they were all bilingual and bicultural and long-term residents of the community. They participated in the development of the survey instrument, were active in forming the coalition as the survey was developed and implemented.

Cultural and language issues tended to deal more with understanding the broad diversity of the Douglas community. Most people think of a border community, "Okay, it's Latino. That's just who it is," but it's much more diverse than that. There are Mexican-Americans born and raised in Douglas who spoke Spanish and English but could not read or write in Spanish; Mexican-Americans who were born in Mexico with oral and written fluency in Spanish but limited written fluency in English; recently arrived immigrants from Mexico with oral and written fluency in Spanish; recently arrived immigrants from Mexico with no literacy skills; and then a small Anglo population, which included a mix of bilingual folks, non-Spanish speaking folks who had been in leadership positions in the community for over 20 years.

The real challenge was to level the playing field in terms of power differentials within the community itself of all of the different groups that I just mentioned as well as with the university and at the same time reach out and be inclusive to the diversity that I just described. I think the way we dealt with this was by being sure that the coalition really reflected that broad diversity and that broad mix of perspectives that were needed to be part of the dialogue.

*Wendy Bennett:*

In the methods section of the paper, you describe the formal evaluation process you did to evaluate the functioning of the partnership, Please talk about the rationale behind doing all of the evaluations?

- Jill Guernsey de Zapien:* Well, of course the number one rationale for evaluation is you want to know if what you are doing is making a difference. In our particular case, since we were very interested in how our coalition was doing, we actually selected three different instruments to use. One is referred to as the Wilder Inventory. We then also do informal critical reflections with the coalition, and then we did a more in-depth culture of health key-informant interviews throughout the community. We used three different instruments to really try to understand the impact that the coalition was having as well as the internal issues that would help the coalition to grow.
- Wendy Bennett:* How did you use the results to provide feedback and make changes to the way the coalition was functioning?
- Jill Guernsey de Zapien:* Since the Wilder Inventory really provided the coalition with an idea of its strengths and weaknesses internally, and what we found with that was the biggest weakness or challenge was really getting more resources, that information was fed right back into the coalition to discuss how we could move forward on that. The critical reflections were used for the coalition itself to get a sense over the past year – we did them yearly – as to what their accomplishments had been and use it as visionings for looking forward to the next year. The cultural of health, which gave us a sense of over a period of five years of time, what key informants in the community saw as the trends and shifts that were going on, it really helped to encourage the coalition to keep moving forward because they could get a sense of the shifts that were going on in the community, so it really reinforced that they are moving things in the direction that they wanted to go.
- Wendy Bennett:* You talked a little bit about the shifts within the community, and as a coalition, you also made a gradual shift to focus more on policy changes within the local schools, a shift from doing more programmatic type of work. Please discuss the impetus to change the focus of the coalition to creating policy change, and how you got all coalition members invested in this new goal.
- Carol Huddleston:* The impetus to move the policy came first from the university members in terms of describing the successes of the Border Health projects over in Yuma and Santa Cruz Counties in Arizona, and the university members encouraged the coalition members about moving beyond program develop to policy due to our own experience with policy coalitions in other communities. At the same time, the coalition members dabbled in policy around walking paths and changes in school curriculums and were anxious to do more, so it was easy to make a collective decision to move to the next level. The other challenge was choosing which policy issue to focus on.
- Wendy Bennett:* How did you do that? How did you decide which issue was most important to focus on?
- Carol Huddleston:* Well, the selection process involved several coalition meetings for brainstorming and discussion of burning issues. However, the coalition had front-and-center the results of the diabetes survey and the burden of the disease on the community and had already been chomping at the bit to get into the schools and move forward toward prevention policies. The priorities were not difficult to come to a consensus on.
- Wendy Bennett:* In addition to some of the headway you made regarding the policy changes, were there other outcomes of the partnership beyond what you describe in this manuscript, such as research studies or other projects?

*Jill Guernsey de Zapien:*

Absolutely. Through our Prevention Research Center here at the university, this partnership with the community really offered the opportunity to move way beyond just a prevalent survey and individual projects in the community to do a comprehensive diabetes program. We had a research project as a result of this that focused on patients, on patients with diabetes, families with members with diabetes for both diabetes prevention and control, general community intervention that focused on diabetes prevention. Then we reinforced the policy component of the coalition through our Prevention Research Center work.

We also invited members of this local coalition to sit on our community action board at the convention center, and several members of that local coalition served as the co-chairs of our community action board for the Prevention Center and are involved in the national network of community partnerships through the Prevention Research Centers at CDC.

We submitted other grants related to diabetes, and we have one particular program which has grown out of this whole effort called Pasos Adelante that is turning out to be really, really an important model for community-based diabetes prevention in general. We have been able to now use that curriculum and use that model and adapt it in other communities so that they can begin to do that.

*Wendy Bennett:*

The coalition has been in existence for a long time, as you describe in this manuscript, and what do you think the ingredients are for keeping it sustainable?

*Carol Huddleston:*

Well, with the leadership, trust, vision and the long-term commitment from all the members, and flexibility, empowerment among all the coalition members and past successes, it was all instrumental and is helping to sustain it. Furthermore, having the cooperative extension involved in the coalition activities were instrumental in its success. The cooperative extension is an integral part of the community.

*Wendy Bennett:*

What do you see as some of the next steps for the Douglas Special Action Group to tackle next?

*Carol Huddleston:*

Well, the SAG has regrouped and is looking toward providing health messages through a journalism grant, which is really exciting. We are just getting that finalized, but working with the schools, they apply for a – it's called a Stardust Newsroom Grant – with the Walter Cronkite School of Journalism and to help get the students involved in the high school journalism. That was also help dealing with better communication in the community to try to get the word out about good health, healthy diets and all kinds of stuff. The grant is target for large minority populations that do not have school newspapers or viable journalism programs.

This was – we got funding for that at our school, and that is very exciting. We just toured it last week, and they have this newsroom where they can tape all kinds of stuff and present it to the community and the students, and so that was very exciting.

We are making presentations to the new leadership in Douglas about our work, and we just got about a half-an-hour again, the SAG, Special Action Group, from meeting with the new school superintendent. We were anxious, since we have a new one, to establish a relationship, a working one, to help develop policies for those schools, and we were very pleased. He seemed very receptive. He understands a lot of this – how meaningful it is and that the schools are the place to help capture all the kids and make the difference in this community. We feel real good about that, so that's another way that we're certainly going to be having sustainability.

*Wendy Bennett:*

Thank you. What do you think the key aspects are of your work that is both generalizeable to other communities as well as unique about yours?

*Jill Guernsey de Zapien:*

Well, I think in terms of generalizeable, you can certainly say that community-university partnerships work when both partners, all partners value the ideas and the commitment that is coming from each individual organization. Secondly, I think these kinds of coalitions and partnerships they have to be long term. They cannot be just very short-term, specific-issue and then everybody goes their own way.

They're really – I think of them as initiatives that involve many different programs, many different areas of concern in the community where the umbrella is kind of helped, and people come to the table because of that commitment and that sense of being involved in long-term advocacy, and they know it's not going to change for tomorrow. I think that's really generalize-able to other communities.

I think the mechanism by equalizing the playing field for everyone and leveling that really brings empowerment to everybody. So everybody speaks up and gives their opinion. I'd really like to point out that in this coalition, it's not really a university-community partnership. It is more the university is one organization in a coalition of groups. The university is just another voice that is bringing their opinions, ideas, technical assistance to the table in the same way that every other agency is. That is important and generalizeable to other communities and changes the whole dynamic of what role the whole partnership can really have.

Patience. If we had been in this for the short haul, both Carol and I, we would have thrown in the towel a long time ago. It takes time to get, particularly policy things moving.

Understanding timing. Timing is really everything, as they always say in policy. Knowing when to act and when to hold back, and then recognizing your past successes. I think all of those are things that are generalize-able to other communities.

Carol, I think, would address the uniqueness.

*Carol Huddleston:*

I certainly agree with the above answers. Again, the involvement of the cooperative extension was critical to the coalition's success, and the equal partnerships, the university and community, respecting both groups' ideas at the table, involving long-term residents of the community invested in the project, and recognizing that the programs and the policy changes do not occur overnight. Even the new superintendent told us today he certainly wants to work with us, but we cannot expect anything to happen the first month of his first year. He really was good to work with, and we're excited about it.

*Wendy Bennett:*

Thank you. I would like to thank you both for your time and ask, are there any additional thoughts that we did not cover, too, that you would like to share before we finish up?

*Carol Huddleston:*

Yes, we would like to acknowledge all the community partners unable to participate or be a part of this interview. In addition, due to the nature of the publications, so many of the community members who were involved in the success of the project were not involved in the writing of this article, and we want to acknowledge their contribution to this work.