

Turning Research into Practice: Key Strategies for Developing a Shared Vision Approach for Health Education Advocacy

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Abstract

Public health studies thus far have not identified methods toward developing a shared vision to reduce health disparities in a unique area such as the U.S./Mexico border region. **Purpose:** To identify strategies to foster a shared vision among those in the media, the public, and policy arenas to help reduce health disparities in the U.S.- Mexico border. **Methods:** The Healthy Border 2010 research project included qualitative structured face-to-face interviews with ten individuals, each from Las Cruces, NM, El Paso, TX, and Cd. Juarez, Chih, Mexico, for a total of 30 interviewees from the media, the public and policy affiliations. Participants were identified and selected from the population of agenda-setters in the Paso Del Norte region. A snowball sample was used for studying the sometimes “hidden” population of border region agenda-setters. Data-analysis included extraction, coding, and quantifying of common themes from a transcription of interviews. **Findings:** Most participants (93%) suggested a systems level approach is required. The second most suggested strategy with 63% of participant support was sensitizing border leaders of the reality of issues in the area. Participants (46%) also suggested networking and media advocacy (40%) strategies as more important than the inclusion of priority audience (23%) or the proper allocation of resources (23%). **Conclusion:** In review of many current border health issues, there are significant gaps where a clear, shared vision is yet to emerge. When a common vision is well developed in a group or population, that is when genuine cooperative actions foster health policy development.

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Keywords: Health disparities, agenda setting, border health, health promotion advocacy, and policy development

Introduction

The establishment of health promotion policy and the resolution of important health issues are often part of an advocacy process, emphasizing the important role political influencers play in the development of health policy (Kozel, et al., 2003). Decision makers take action primarily on issues that are at the top of the policy agenda (Kozel, et al., 2006). In health promotion policy development, different variables such as a “shared vision,” impact how agenda-setters (i.e. news reporters, editors from the media sector, physicians, professors, health policy advocates, and practitioners from the public arena, government officials, and representatives from the policy sector) choose which health issues are

important to take action toward. Health education and public health promotion take root in politics (Kozel, et al., 2006).

Unfortunately, in review of many major current border health issues, there are significant gaps where a clear, shared vision is yet to emerge. For example, this is evident in injury prevention, human security, and mental health. The goal of the present study was to have those who are considered the agenda setters from both sides of the border suggest strategies that are needed to foster a functioning shared vision about the Healthy Border 2010 project funded by the Paso del Norte Health Foundation (PDNHF). This project focuses on health policy making and health issues on both sides of the U.S.-Mexico

border. To try to integrate regional health concerns, border health experts created a document called Healthy Border 2010 (U.S.-Mexico Border Health Commission, 2003). This was to serve as an agenda for health promotion and disease prevention in both nations. It identifies key health issues of significance and establishes ten-year objectives defined and interpreted differently by each country based on local, State, and national planning and implementation activities. The overall goals of Healthy Border 2010 are to improve the quality of life, increase the years of healthy living, and eliminate health disparities (U.S.-Mexico Border Health Commission, 2003).

U.S.-Mexico Border

The U.S.- Mexico border covers an area of 2,000 miles spanning four U.S. and six Mexican states, 48 U.S. and 80 Mexican “municipios,” or counties, and extends 100 kilometers (62 miles) from the international boundary, both north into the United States and south into Mexico (Bureau of Primary Health Care, 2009). The U.S.-Mexico border area currently has a combined population of approximately 13 million people, and is projected to double by the year 2020 (Homedes & Ugalde, 2003; United States-Mexico Border Health Commission, 2003). The Paso Del Norte Region of the U.S.- Mexico border covers about 250 miles and is presented in Figure 1.

Figure 1



The U.S./Mexico border region experiences complicated barriers to accessing health and preventative care that are directly related to socioeconomic factors, linguistic and cultural barriers, low population density, and lack of insurance (United States Mexico Border Health Commission, 2010). Deeply rooted barriers such as complex regulatory and political systems along with environmental challenges help feed the existing health disparities in the area (United States-Mexico Border Health Commission, 2010). According to the U.S. Census Bureau and the U.S. Department of Health and Human Services, poverty rates among adults are higher on the border than the U.S. as a whole (15.8% and 13.2% respectively), and women on the border are more likely to live even further below the federal poverty level (18%) (Bureau of Primary Health Care, 2003; U.S. Census Bureau, 2009). These unique issues faced by its population, and the impact of those issues on the interrelated cultural and economic ties of the region, makes the U.S. - Mexico border an important area for study.

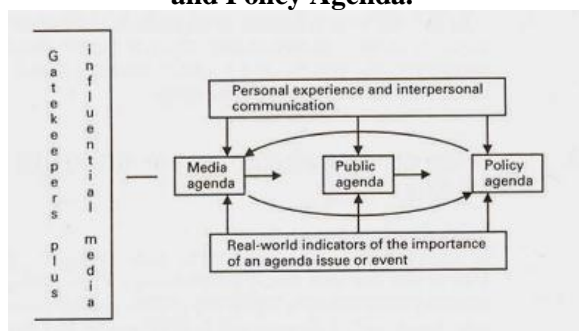
Agenda Setting

An agenda is a “set of issues communicated in a hierarchy of importance at any point in time” (Dearing & Rogers, 1996, p. 2). The agenda-setting process is the “approach where the media agenda, public agenda, and policy agenda interrelate among themselves” (Dearing & Rogers, 1996, p. 5; Kozel, et al., 2003). Agenda setting addresses the ongoing competition among issues to gain the attention of media, public and policy professionals (Dearing & Rogers, 1996; Kozel, et al., 2006). What the media displays as important, influences viewers, readers, and listeners and impacts the issues that are discussed, thereby gaining importance on the public agenda (Dearing & Rogers, 1996; Kozel, et al., 2006). The policy agenda “is of key importance because it represents an outcome of activity and influence on the media and public agenda” (Dearing & Rogers, 1996, p. 72). In the agenda setting model in Figure 2, the media agenda, the public agenda, and policy agenda’s interrelation is shown in the center. Personal experiences and interpersonal communication can influence any one of the agendas at any given time by cueing individuals to action by the

help or delay of the gatekeepers, i.e. those who decide what issues are newsworthy or salient for newspapers, etc., of influential media. Real world indicators have some influence on the three agendas but not nearly as much as that from factors previously mentioned. In the same area of agenda setting, the process that focuses on how health promotion and public health policy agendas are set and influenced is Health Promotion Agenda - Setting (HPA-S) (Kozel, et al., 2003; Kozel, et al., 2006).

Figure 2

The Agenda-Setting Process: Media, Public and Policy Agenda.



*Source: Dearing, J.W., Rogers, E.M. *Communication Concepts 6: Agenda-Setting*. Thousand Oaks, CA: Sage Publications: 1996: 5.

Health Promotion Agenda-Setting

Health promotion issues tend to be controversial and at times contain conflicting viewpoints. To advance health policy development, an issue must not only become an important problem, but a shared problem, in the community- affecting the media, public, and policy agendas (Kozel, et al., 2006). Understanding the HPA-S process can greatly assist Health Education and Promotion practitioners by providing an approach to innovative advocacy for improving health policy formulation and adoption (Kozel, et al., 2006). Agenda setting and health promotion agenda setting alike involve several variables, one being a shared vision that allow successful utilization of the process to help reduce health disparities and influence health policy.

Shared Vision

The agreement of a common purpose and mutual commitment to a larger vision, or dream with genuine collaborative intentions for action, is the definition of a shared vision. Appropriate use of this strategy can provide health education and promotion practitioners and policy makers with the potential to effectively improve public health leadership for advancing health promotion policy and advocacy among the U.S. / Mexico border. As a participant stated, “You’re not going to compel anybody to action unless they have a shared vision about what needs to be done. You have to get the Governors, the Senators, the Mayors...with translators if necessary...in the same room, and talk about what needs to be prioritized and what their commitments are to getting it done.”

Methods

Design

This research study was exploratory because public health studies to date have not clearly defined solutions to successfully establishing a shared vision in a bi-national region to address health disparities along a unique area such as the U.S.-Mexico border. Qualitative and quantitative data collection methods were used to carry out the objectives for this small section of the study, identifying strategies to successfully develop a shared vision, and issues that often blocks this process in this particular geographic area. The Health Promotion Agenda-Setting (HPA-S) interview guide developed by the investigator and collaborators incorporated six demographic, 38 structured and six open-ended questions. As this article focuses on Agenda Setting, and more specifically Health Promotion Agenda Setting, the findings reported here are from only one of the open ended interview questions: Please suggest a couple of activities for better development of a shared vision.” Prompts were used as part of the structured interview.

Sample

A snowball sample provided the means for studying the normally “hidden” population of policy influencers such as media leaders, policy

makers, etc. who are considered to be the agenda-setters of the Paso Del Norte Region. This sample was comprised of 30 interviewees who were part of the larger the Healthy Border 2010 research project. Ten individuals each from Las Cruces, NM; El Paso, TX; and Cd. Juarez, Chih, Mexico participated in structured face-to-face interviews. It was requested that each respondent suggest the names of three individuals who influence policy development for the media, the public or policy agenda. This hidden population will be followed up with in a subsequent arm of the Health Border 2010 project.

To better understand the process of developing a shared vision we selected a sample of, ten (33.3%) media representatives (e.g., reporters and news editors) nine (30%) public leaders (e.g., community opinion leaders, health policy advocates, professors, physicians), and 11 (36.7%) policy makers (e.g., government leaders, officials, and representatives). Ten (33.3%) were female, and 20 (66.7%) were male. 19 (63.34%) were Hispanic, ten (33.33%) were Anglo, and one (3.33%) African-American. We found that we had a highly educated, experienced, and regional sample with a majority being above the 25th percentile in accumulated net resources (an indication of affluence), having greater than 20 years of agenda-setting experience, and living more than 15 years more in local area.

Data Collection and Analysis

A digital voice recorder was used during the interviews with consent from the participant to allow for transcription during the analysis phase. Data analysis included transcribing words from the interviewees verbatim followed by extracting, coding, and quantifying common strategies that emerged in the interviews to orchestrate a shared vision.

Results

These results or strategies are some that are suppose to be unique for the Paso Del Norte region. Although on average, literature on agenda-setting may not match to the importance of any of these strategies as being most or least

important on how to create a well developed a shared vision, our participants suggested strategies in their own opinion on what is most important to establish a functioning shared vision in this border area.

The results (see table 1) are ranked from greatest to least important according to the interviews with our participants. It was found, that to create a shared vision in order reduce health disparities and address important health issues in the border area, fusion of policy leaders with deeper respect and cooperation with each other is perceived to be in much greater need (93%) than proper allocation of resources (23%), the inclusion of target people (23%), or any of the other strategies suggested. The second most important strategy, after fusion or collaboration of policy leaders, was sensitizing border leaders on the reality of health issues. Two-thirds of participants (63%) suggested this was important and very appropriate (see table 1). A strong example was, "...brought up the issue of violence against women in Juarez, and they said it was not in their place to help in that issue..."

Although the idea for establishing a better network and communication (46%) was suggested more often than for stronger media advocacy (40%), these activities are some that go hand in hand. To sensitize border health leaders and set all three agendas, information must be widely available and shared between health experts, the media, and policy leaders (networking and communication). An important measure of the ability to promote change in health policy is how effective it is to get health issues on all three agendas (Wallack, Dorfman, Jernigan, & Themba, 1993). The media's capacity to set the public agenda and increase power to the voices and views of political discussion makes the media imperative participants in social change of any kind (Wallack, et al., 1993).

Discussion

The U.S.-Mexico border is a unique area with major health disparities and issues. In two very different countries and three different cities with extremely distinct and complex political

atmospheres, it would be thought that to develop a functioning shared vision would be tremendously difficult. Although it may be, agenda-setters of both sides of the border, who have influence on health promotion policy formulation, gave their own strategies on how to foster the process of agenda setting, setting policy, and how these strategies can be used to develop a shared vision in a bi-national area such as the U.S.- Mexico border. This is what makes these findings so valuable. To guide the public's attention on disease as a personal problem to health as a social issue is necessary, and setting the agendas are what is very valuable in the process (Wallack, et al., 1993).

The themes found in the data analysis were similar to that of the U.S.-Mexico Border Health Commission findings being a systems-level approach is required, that is, re-organization of processes and most importantly, establishing fusion and cooperation among border policy makers for health policy development at the governmental level.

Although shared vision is only one factor in the process of agenda-setting or Health Promotion Agenda-Setting (HPA-S), it serves as the

foundation for integrating all three agendas- the media, public, and policy agendas. Shared vision provides an impetus for establishing health policy using HPA-S.

As public health agenda setters work together more closely, the political and health issues that underly health problems become clearer (Wallack, et al., 1993). In the Paso Del Norte region, once this begins to take place, along with the strategies presented, problems underlying border health issues will become exposed allowing for agenda setters to focus on those problems and create a functioning shared vision to resolve border health issues.

This research, like earlier research, continues to identify the key challenge in HPA-S as clarifying a common purpose and obtaining a shared commitment to a larger vision that produces genuine cooperative actions for health promotion policy development (Kozel et al., 2003). Garnering the skill to strengthen the voice of public health in the U.S.-Mexico border area to mirror public health goals and standards can be advanced with the strategies presented here.

Table 1
Common Themes for Health Education Practitioners, Leaders and Advocates

Common Strategies for Border Leaders	Examples of Participant Responses	N
More respect, fusion, collaboration and accurate cultural representation of communities	<ul style="list-style-type: none"> • “Making commitments in meetings, and respecting them.” • “Empowerment of the people and those in the health departments. Health professionals are very limited in their actions because of complex politics in the department itself or in the government. Support is needed from all the states to be able to change the law in Chihuahua.” • “More cooperation and collaboration...with city and county people working together with state legislators more often.” 	28 (93%)
Straightening out priorities, have a consensus, and commit correct political action among border	<ul style="list-style-type: none"> • “In a bi-national meeting that took place in Santa Fe, there were about 100 mothers waiting in protest about inaction toward the violence against women (at the time, there were 300 hundred women dead).” • “In a meeting with a government representative, I brought up the issue of the violence against women in Juarez, they said it was not their place to help in that issue...320 women dead and nobody cares.” 	19 (63%)

leaders	<ul style="list-style-type: none"> • “We had been working on border health publication, and went through it for editing, cholera had been added as one of the priorities. How did cholera get in there? This health issue was not written in the Healthy Border 2010 set of priorities! It’s not even an issue here! The document was unaccepted, even boycotted by the Secretary of Health for a year and a half. Major delays.” 	
Networking, continuous communication and dialogue, information sharing and sharing of technology/community in decision making process	<ul style="list-style-type: none"> • “On an environmental research team, we had to set environmental indicators, but we had no information. We had also been on a time crunch, and we really were going to set indicators on no information gathered. How could we do that? That is inappropriate.” • “CEO’s need to foster partnerships...they don’t necessarily allow the staff the time to build these partnerships at the field level or at the managerial level. So CEO and board commitment to partnerships would be a way of establishing shared visions.” • “First of all, giving us the authority to share information. Through all channels, political, diplomatic so that we establish confidence in the information.” 	14 (46%)
Persistent media advocacy from health education practitioners and advocates for media coverage, issue positioning, and reality awareness	<ul style="list-style-type: none"> • “You have to get the voters and constituents from the respective district constantly to be on each member of office. That’s political pressure.” • “A greater fostering of the understanding of the larger issues in the community. I don’t think people fully understand exactly what their facing in this community.” • “One activity is sharing of knowledge of reality, because we need to know the reality of both sides (of the border) and not just numbers, but that of daily life here.” 	12 (40%)
Inclusion of priority audience (community residents on both sides of the border and medical community) in decision making process	<ul style="list-style-type: none"> • “Community education on the Healthy Border 2010 agenda. I don’t think there has been enough of that.” • “Have more targeted meetings, not where you have everyone come in, but the target group to make it important to them. Put it on their specific agenda.” • “You are not going to compel anybody to action unless there’s a shared vision about what needs to be done. You have to get the local leaders and the local shakers and movers in the same room at the same time to talk about what needs to be done.” 	7 (23%)
Proper allocation of resources such as funding	<ul style="list-style-type: none"> • “Put back resources where they were lost...we lost about \$250,000 out of border health through cuts...money needs to be put back...needs to be adequately funded.” • “Get the two nations more involved in the health care issue on the border. Because we have been giving funds to other things; 9-11, homeland security.” • “...provide them with how its going to make their lives better, financially, educationally and health-wise.” 	7 (23%)

When a well developed shared vision is in place in a group, or more importantly, in a population, it is when action begins to take place to

accomplish a common goal. An ancient example could be that of building a city of pyramids that included a city sewer system, as did the Aztecs

thousands of years ago; an entire population helped build monstrous structures with a drainage system because of a common belief in a common purpose. Another more modern example would be when the Hawaii chapter of Mothers Against Drunk Driving (MADD) fought and won to address a gap in a drunk driving law (the deletion of the “implied consent” provision) that they worked hard to get passed with the “implied consent” provision included. To address the deletion of the implied consent, MADD organized the community to come together with a shared vision with a goal

of pressuring city representatives to fix the gap in the law. Through these and many more examples, it is shown that in order to address health issues, the population in question must have the same goal and vision in mind.

What is critical now, is the application of these strategies by health practitioners, advocates, and border leaders to influence agenda-setters in order to foster a shared vision to reduce health disparities and health issues in the Paso del Norte region.

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