

Managing and Sustaining Programs

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Catalyzing Trans-disciplinary Regional Partnerships
to Eliminate Cancer Health Disparities

Cancer Health Disparities Summit 2007

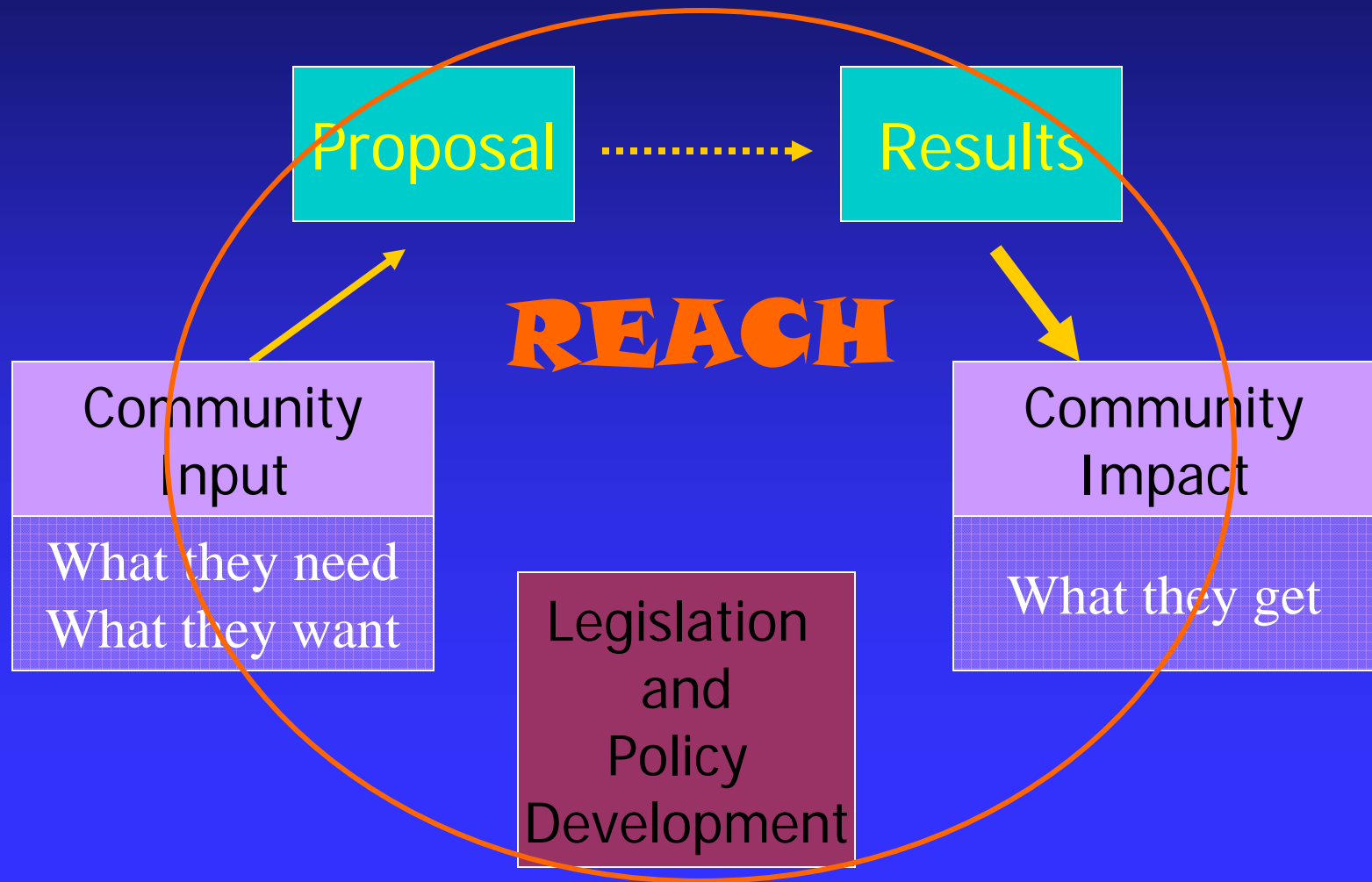
Bethesda, MD

July 16, 2007

Overview

- REACH, the core element
- Managing Programs
- Sustaining Programs
- Challenges
- An example
- Conclusion

Sustainability, the big challenge



Managing and Sustaining Collaborative Projects

1. Strategic Planning
2. Commitment
3. Leadership
4. Collaboration
5. Outreach
6. Community Participation
7. Legislation and Policy Development

1. Strategic Planning

- Design and implementation of a program
 - ◆ Funding
 - ◆ Staff
 - ◆ Training
- Community support of program
 - ◆ Community leaders
 - ◆ General population
- Community Prioritization of Cancer
- Legislation and Policy Development

2. Commitment

- Institutional commitment
 - ◆ MOA / MOU
 - ◆ Link program goals to institutional goals
 - ◆ Stakeholders on decision making boards
- Resources
 - ◆ Infrastructure, FTEs, time, Economic
- Relationship
 - ◆ With your partners
 - ◆ **With the community**

3. Strong Leadership

- Art of negotiation
- Ability to manage to a goal
- Knowledge of the culture and environment of partner institutions

Shared vision

4. Collaboration

Build Trust and Confidence

- Use a participatory and consensus based management approach
- Be sensible to political and institutional team dynamics
- Understand the motivation to participate of each partner
- Develop and maintain good communication
- Frequent, easy and convenient collaboration

Build Common Goals

Build Sense of Ownership

5. Outreach

- Focus on several levels (educate)
 - ◆ Project members → encourage and sustain participation
 - ◆ Middle management and internal targets → ensure continuous support
 - ◆ Elected officials → maintain the momentum of the project
 - ◆ Grass roots organizations → lobby on the program behalf
 - ◆ Community → use the program
 - ◆ Legislators and decision makers → Policy development

6. Community Participation

- We need to know:
 - ◆ who they are
 - ◆ what they need and what they want
- We need to understand:
 - ◆ Their knowledge of the issue
 - ◆ Their beliefs and their behaviors
- We need to learn:
 - ◆ To communicate with them
 - ◆ To engage the community and maintain their participation

The 6 R's of Participation*

■ Recognition

- ◆ Awards ◆ dinners ◆ thank-you-letters ◆ public recognition ◆ highlighting contributions

■ Respect

- ◆ Meet needs of members ◆ acknowledge and celebrate cultural differences

■ Role

- ◆ Provide opportunities for involvement ◆ share power ◆ share decision making

* We Did it Ourselves. Sierra Health Foundation, 2000

The 6 R's of Participation*

■ Relationship

- ◆ Provide opportunities for involvement and networking

■ Reward

- ◆ Regularly assess whether members' needs are being met
- ◆ respond to each individual's self-interest

■ Results

- ◆ Create small wins
- ◆ demonstrate progress towards goals
- ◆ celebrate success
- ◆ make results visible in the community

* We Did it Ourselves. Sierra Health Foundation, 2000

Challenges

- Evaluation
 - ◆ Alternative metrics
- Data
 - ◆ Collection, sharing
- Sustainability
 - ◆ Resources, policy development
- Deliver the service
 - ◆ To the poor and underserved

The Doña Ana County case

- Identification of a need
- Collaborative participation (DAC Alliance)
- Priority setting
- Engagement of elected officials
- Creation of a County Health Department
- Needs assessment
- Healthy People plan
- Baseline Data (MIS)
- Interventions
 - ◆ Collaboration with Mexico for Dx & Tx

Doña Ana, NM -- Baseline data for Healthy Gerte/ Healthy Border 2010

Indicators	2001		2010 Goals		Year	
	U.S.	NM	U.S.	NM	Use	Rate
1. Reduce by 25% the population lacking access to primary care provider <small>(Agency baseline: Number of persons with health insurance needed)</small>	11.8	23.5	b	4.0	17.6	b
3. Reduce cervical cancer death rate by 30% <small>(Agency baseline: Number of PAP's, number of PAP's, number of PAP's patients with abnormal P...)</small>	2.8	1.8	TFD	2.0	1.5	*
4. Reduce deaths due to diabetes by 10% <small>(Agency baseline: Number of deaths due to diabetes, number of deaths, number of diabetes patients, not reported)</small>	25.0	27.5	36.0	22.5	24.8	32.4
5. Reduce hospitalizations caused by diabetes by 25% <small>(Agency baseline: Number of hospitalizations due to diabetes, number of visits to ED, number of ER visits per diabetic patient)</small>	19.8	12.1	9.9	17.3	9.5	7.4
9. Reduce HIV incidence by 50% <small>(Agency baseline: Number of patients HIV, number of educational activities and number of participants)</small>	a	7.3	10.9	-	3.7	5.5
9. Achieve 90% immunization coverage in children aged 19-36 months <small>(Agency baseline: Number of children 19-36 months immunized, number of children 19-36 months by immunization)</small>	72.8	65.0	61.7	90.0	90.0	90.0
10a. Reduce incidence of Hepatitis A by 50% <small>(Agency baseline: number of patients with HepA)</small>	4.9	3.8	5.7	4.5	1.9	2.9
10b. Reduce incidence of Hepatitis B by 50% <small>(Agency baseline: number of patients with HepB)</small>	2.9	7.9	8.6	2.4	4.0	4.3
11. Reduce incidence of Tuberculosis by 50% <small>(Agency baseline: number of patients with TB)</small>	6.0	2.5	3.4	1.0	1.3	1.7
16. Increase percent of women beginning prenatal care in 1 st trimester to 80% <small>(Agency baseline: number of pregnant women, number of pregnant women receiving first prenatal care by pregnancy month)</small>	83.0	65.3	68.0	90.0	85.0	85.0
17. Reduce pregnancy rate in adolescents 15-17 years old by 35 percent <small>(Agency baseline: Number of pregnant teens, number of adolescent pregnancies, number of adolescents not pregnant)</small>	48.7	39.1	48.5	43.0	43.9	32.5
19. Increase percent of people using oral health care system annually to 75% <small>(Agency baseline: number of people using oral health care, number of people referred to oral health care)</small>	--	--	--	56.0	--	--
21. Reduce the proportion of Adults who are obese by 15% <small>(Agency baseline: number of obese persons, number of educational interventions, number of obese persons not treated)</small>	20.1	19.3	b	15.0	16.4	b

Healthy Border/Healthy Gente, a bi-national initiative of the US-Mexico Border

Doña Ana, NM ~ Baseline data for Healthy Gente/ He

Indicators	2000			2010 Goals		
	U.S.	NM	Doña Ana County	U.S.	NM	Doña Ana County
1. Reduce by 25% the population lacking access to primary care provider	11.8	23.5	b	4.0	17.6	b
3. Reduce cervical cancer death rate by 30% (Agency baseline: Number of PAPs, number of PAP +, number of PAP + patients with treatment)	2.8	1.8	TFO	2.0	1.5	*
4. Reduce deaths due to diabetes by 10% (Agency baseline: Number of blood glucose screening, number of diabetes patients identified, number of diabetes	25.0	27.5	36.0	22.5	24.8	32.4

Conclusion

- Managing Projects
 - ◆ Commitment
 - ◆ Leadership
 - ◆ Collaboration
 - ◆ Marketing (outreach)

Conclusion

- Sustainability core element → REACH
 - ◆ Research
 - ◆ Education
 - ◆ And
 - ◆ Community
 - ◆ Health

Policy Development and
Community Participation

Thank you

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