EXPLORING FRONTIERS AT THE UNITED STATES-MEXICO BORDER: HEALTH LITERACY COMMUNICATION IN THE U.S.-MEXICO BORDER REGION OF NEW MEXICO AND COORDINATING THE SUMMER 2012 FRONTIER PROGRAM FIELD TRIP IN LAS CRUCES, NEW MEXICO

by

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submitted in partial fulfillment of the requirements for the degree

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Abstract

The New Mexico Department of Health (NM DOH) Office of Border Health in Las Cruces, New Mexico, conducted a survey in the summer months of 2012 concerning information about access to healthcare within the Hispanic population in their jurisdiction. The NM DOH Office of Border Health was interested in directing their resources to improve outreach to the Hispanic population that they serve. During my internship with the NM DOH Office of Border Health I contributed to this project. I created a survey instrument, aided in its translation to Spanish, compiled “goody bags” to use as incentives and distribute to participants, conducted the survey in various locations in Doña Ana County, input data into the Epi Info™ computer program used at the NM DOH Office of Border Health, and helped to interpret results.

The second part of my field experience culminated during the week of Monday, June 18, 2012 through Saturday, June 23, 2012, when the Frontier Program hosted an experiential learning field trip that brought students, faculty and staff from different universities across the United States to the Las Cruces, New Mexico area and the Santa Teresa Border Crossing. I assisted the Frontier Program Coordinator in Las Cruces, New Mexico, with planning the logistical aspects of the portion of the field trip in Las Cruces through visiting locations and meeting with key people at the Santa Teresa Border Crossing, J.H. Rose Logistics, LLC, New Mexico State University, and at La Posta de Mesilla historic Mexican restaurant.

This report summarizes my experiences working with both the NM DOH Office of Border Health and the Frontier Program while in Las Cruces, New Mexico. I also outline, provide, and explain the materials created for each of these projects.
Table of Contents

Summary.................................................................................................................................................. iii
Table of Contents ................................................................................................................................... iv
List of Figures ......................................................................................................................................... v

Chapter 1 – Field Experience Scope of Work......................................................................................... 1
  Introduction to the Scope of Work........................................................................................................... 1
  Introduction to the US-Mexico Border and Its Health Status ............................................................... 2
  Introduction to the Frontier Program...................................................................................................... 5

Chapter 2 – Learning Objectives.......................................................................................................... 7
  Activities Performed: New Mexico Department of Health Office of Border Health ......................... 7
  Products Developed: New Mexico Department of Health Office of Border Health ....................... 7
  Activities Performed: Frontier Program ............................................................................................... 8
  Products Developed: Frontier Program ............................................................................................... 10

Chapter 3: Field Experience and Culminating Project........................................................................ 11
  New Mexico Department of Health Office of Border Health ............................................................... 11
  Data Analysis ....................................................................................................................................... 14
  Results and Data ................................................................................................................................. 15
  Interpretation and Discussion .............................................................................................................. 23

Chapter 4 Conclusion and Knowledge Gained .................................................................................... 26

Acknowledgements ............................................................................................................................... 28

References ............................................................................................................................................. 29

Appendix A - Health Literacy Guided Interview Instrument – English............................................. 30
Appendix B - Health Literacy Guided Interview Instrument – Spanish............................................. 35
Appendix C - Healthcare Service Provider Questionnaire .................................................................. 40
Appendix D - Frontier Field Trip Agenda Poster .................................................................................. 42
Appendix E - Frontier June 20th 2012 Itinerary .................................................................................. 43
Appendix F - Frontier Field Trip Week Itinerary .................................................................................. 45
List of Figures

Figure 1.1: The US-Mexico Border Region ................................................................. 2
Figure 3.1: Participation Goody Bags ............................................................... 13
Figure 3.2: Language Preference ....................................................................... 15
Figure 3.3: Radio Listening .................................................................................. 15
Figure 3.4: Radio Station Language Preference .................................................. 15
Figure 3.5: US vs. Mexico Radio Stations ............................................................. 16
Figure 3.6: Television Watching ......................................................................... 16
Figure 3.7: Television Station Language Preference ........................................... 17
Figure 3.8: Television Reception ......................................................................... 17
Figure 3.9: House Phone/Land Line ................................................................. 18
Figure 3.10: Cell Phone Ownership .................................................................... 18
Figure 3.11: Texting Use of Cell Phones ............................................................ 18
Figure 3.12: Internet on the Cell Phone ............................................................. 18
Figure 3.13: Internet Usage ................................................................................. 19
Figure 3.14: Facebook Usage ............................................................................. 19
Figure 3.15: Health Website Use ........................................................................ 19
Figure 3.16: Specific Health Website Use ............................................................. 19
Figure 3.17: Newspaper Reading ...................................................................... 20
Figure 3.18: Flyers in the Community ................................................................. 20
Figure 3.19: Billboards Visibility ...................................................................... 20
Figure 3.20: Knowledge of Promotor/a ............................................................... 21
Figure 3.21: Visited by Promotor/a ................................................................. 21
Figure 3.22: Health Announcements in Newspaper ............................................ 22
Figure 3.23: Health Announcements on Radio .................................................... 22
Figure 3.24: Health Announcements on Television ............................................ 22
Figure 3.25: Obtainment of Health Care Information ....................................... 22
Chapter 1: Field Experience Scope of Work

Introduction to the Scope of Work

During the summer months of 2012, I had the unique experience of integrating many aspects of public health. I traveled from Kansas State University in Manhattan, Kansas, to Las Cruces, New Mexico. During my time in Las Cruces, I was able to participate in a project with the New Mexico Department of Health Office of Border Health (NMDOH OBH), help coordinate the logistics of a Frontier Program Field Trip working in conjunction with Kansas State University and New Mexico State University, and spend time at a local dairy with a practicing veterinarian caring for over 10,000 dairy cows. These unique experiences combined to show the multi-faceted applications of public health practice and the many aspects in which one can be involved in the promotion of public health.

The main goal of the time spent with the New Mexico Department of Health Office of Border Health was to demonstrate the government aspect and challenges of working with public health issues. As stated in the Field Experience Form for this project, the main goal is to better understand how to target health information messages and direct accordingly the Department’s resources to discrete demographic groups consisting of specific constituent groups among Mexican heritage communities in the U.S.-Mexico Border Region of New Mexico.

The main goal of the time spent with the Frontier Program was to work with Michael Bursum, the New Mexico State University Frontier Coordinator at the time. I was to help provide support for logistical planning of the Frontier Program Field Trip and to meet and coordinate with the people, departments, and businesses with which the group would be meeting. This experience provided the opportunity to gain experience in coordinating large groups of students and provide enriching learning opportunities that involved the trade-security dynamic, international border security, animal health, and immigration policy and issues.
The time spent with Dr. Allison Stout at a local dairy was to fulfill a mentorship requirement for the Kansas State University College of Veterinary Medicine. One day per week was spent shadowing the veterinarian at the local dairy as well as when he went out on farm calls. Animal health and human health are intimately related and issues such as the transfer of brucellosis were discussed. There was also interaction with the immigrant and commuting Mexican population through working with the employees at the dairy. This experience provided insight into the border population and how dynamic the flow between countries in a border region can be.

Through these very different opportunities, which together comprised my culminating field experience, I was able to explore many aspects of public health in a unique geographical and socio-economic area. My field experience encompasses a number of public health disciplines that were explored through the challenges at the U.S.-Mexico border.

**Introduction to the US-Mexico Border and Health Status**

This United States-Mexico Border region is the area encompassing 62.5 miles north and 62.5 miles south of the international boundary between the United States and Mexico.

![Figure 1.1: The US-Mexico Border Region](http://www.borderhealth.org/border_region.php)
as shown in Figure 1.1. According to the United States – México Border Health Commission, the border region,

...stretches approximately 2,000 miles from the southern tip of Texas to California. The population of this expanse of land is estimated to be approximately 13 million. This population is expected to double by the year 2025. The combined population of Texas, New Mexico, Arizona and California is 61,637,146 (2000 Census). The estimated combined population of the six Mexican border states in 1990 was 12,246,991. Two of the ten fastest growing metropolitan areas in the United States - Laredo and McAllen - are located on the Texas-Mexico border. Additionally, there are 154 Native American tribes, totaling 881,070, living in the four U.S. border states. In the actual border region, there are approximately 25 Native American Nations. (United States – México Border Health Commission 1)

Essentially, from these statistics, we need to understand that this is an incredibly diverse area that is growing extremely fast. Further complicating our study of this region is that the populations from either side of the international border may be in a constant state of fluctuation, moving back and forth between the two nations.

Occasionally, members of the Hispanic population are reluctant to work with government employees in the United States due to their immigration status. This is another unique feature of working in the border region for there is a higher likelihood within the population that one will encounter an undocumented immigrant. The term alien is defined by the U.S. Citizenship and Immigration Services as “Any person not a citizen or national of the United States,” (U.S. Citizenship and Immigration Services). The Internal Revenue Service of the United States Government defines an illegal alien as “also known as an ‘Undocumented Alien,’ is an alien who has entered the United States illegally and is deportable if apprehended, or an alien who entered the United States legally but who has fallen "out of status" and is
deportable,” (IRS). During the summer experience with the New Mexico Department of Health Office of Border Health in the border region, immigration status was never discussed with survey respondents to protect the participants’ identities and allow a more open discussion without fear of reporting or retribution.

During my time on the dairy farm with Dr. Allison Stout, I spoke with a male dairy employee. My conversation with him really highlighted the circumstances that many border families can face. In Spanish, the worker explained that he was a citizen of the United States but that his wife was not. Originally the couple had been living in the United States together, but as the wife had overstayed the period of time allowed visitors in the United States, she was deported to Mexico when encountered by government officials. She had not been allowed to return to the United States as penalty for having broken the law. The couple was now living on the Mexican side of the border, and this man was crossing the international border and traveling the 35 miles into the United States to work at the dairy each day. This is not a unique situation by any means but illustrates the cross-border challenges faced not only by health officials working with this population but also faced by individual family units.

When exploring the area of health care regarding the border population, the United States – México Border Health Commission states that,

[a]ccording to the U.S. Health Resources and Services Administration, if the border region were to be made the 51st state, the U.S.-Mexico border region would: rank last in access to health care; [rank] second in death rates due to hepatitis; [rank] third in deaths related to diabetes; [rank] last in per capita income; [rank] first in the numbers of school children living in poverty; and [rank] first in the numbers of children who are uninsured. (United States – México Border Health Commission 2)
These relatively high rates of disease along with lack of access to health care present a unique challenge to agencies such as the New Mexico Department of Health Office of Border Health. This is one of the reasons that the NMDOH OBH finds it necessary to collect information regarding the Hispanic population’s access to information on health care so that they can better direct their funding.

There have been a small number of studies conducted to investigate the health literacy among adults and children specific to the border region (Penaranda et al, Seid et al.) and a small number of studies investigating incorporating health literacy into English as a Second Language (ESL) programs (Soto Más et al., Mein et al.). Health literacy, according to the U.S. Department of Health and Human Services, is defined by the Patient Protection and Affordable Care Act of 2010, Title V as “the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions,” (U.S. Dept of Health and Human Services). One aspect of health literacy as described previously is “the capacity to obtain basic health information and services,” (U.S. Dept of Health and Human Services). This is the aspect which we have focused on for this study with the NMDOH OBH. To date, there have been no other specific studies on how the mainly Hispanic population obtains the information necessary to access health care services.

Introduction to the Frontier Program

The Frontier Program defines itself as “an interdisciplinary program for the historical studies of border security, food security, and trade policy” (Frontier Field Guide 1). This program is comprised of undergraduate students, graduate students, distance education students, faculty and staff who approach their scholarship from multiple disciplinary viewpoints and appreciate the interdisciplinary challenges that we face in the world today. This program provides opportunities for scholars from different disciplines within the university setting to meet, share ideas and encourage broadened academic horizons. The Frontier Program further provides scholars the opportunities to engage in experiential learning
activities in the form of field trips or retreats. Overall, the Frontier Program values and promotes the scholarly process and values sustained reflection, creativity, critical thinking and attention to detail.

I became involved in the Frontier Program in the fall semester of 2011. From that point I attended bi-weekly meetings of scholars, presentations from faculty, staff, and visitors to the Program, and experiential learning field trips to places such as an independent food testing laboratory and facility, the Kansas State Olathe Campus, a restaurant that sources local produce and goods, and the Clendening History of Medicine Library at the University of Kansas, as well as other places and institutions. The Frontier Program provided an outlet to meet scholars of other disciplines whose path may not have crossed with mine within the College of Veterinary Medicine. The horizon of what was possible for a veterinarian venturing into food security, border security and trade policy had been drastically expanded.
Chapter 2: Learning Objectives

The learning objectives as outlined in my Field Experience Form include developing an appreciation for the challenges faced by public health departments responsible for surveying ethnically diverse constituent groups, identifying the challenges facing public health messaging efforts in Hispanic communities, and becoming competent in the use of research methods, including but not limited to focus groups.

Activities Performed: New Mexico Department of Health Office of Border Health

As stated in my Field Experience Form, activities performed should include an assessment and inventory of all health media related materials currently being used specifically among Mexican heritage communities living in the border region. The conduction of interviews with individuals and through focus groups within border region should be used in order to better understand where and how these individuals within the community are receiving health information and messages. Lastly, there should be the development of an analysis of communication pathways and effective strategies deemed most effective in disseminating public health messages that impact constituent groups among Mexican heritage communities in the U.S.-Mexico Border Region of New Mexico. All of these stated activities were performed within the time constraints of working with the NM DOH Office of Border Health.

Products Developed: New Mexico Department of Health Office of Border Health

As stated in my Field Experience Form, the anticipated products included identification of the most popular and effective media for communication with targeted constituent groups (e.g., by age cohorts, children, teens, parents, etc.). An analysis of information collected through media inventory and the interviewing process was to be performed. And lastly, a proposal for a communication strategy for
each of the targeted constituent groups, identifying the most effective media and communication pathways for reaching these groups by public health theme was to be created.

Although the products yielded from my time at the NM DOH Office of Border Health were useful and informative, they did not exactly match up to what we anticipated that the products may be. Through my work we identified the most popular media for communication with the targeted constituent groups, but did not develop a way to analyze which would be most effective. Analysis of the information collected through the media inventory and the interviewing process was conducted by the NM DOH Office of Border Health in the way that they deemed informative and relevant for their uses. No proposal for a communication strategy for each of the targeted constituent groups was created due to the lack of true analysis of which would be most effective.

The products developed included a Guided Survey Instrument in English (Appendix A) and a Guided Survey Instrument in Spanish (Appendix B), as well as a Healthcare Service Provider Questionnaire (Appendix C). Both versions of the Guided Survey Instrument will be addressed later in this report, but the Healthcare Service Provider Questionnaire will not be addressed. We created the questionnaire and visited multiple healthcare sites and spoke with many healthcare service providers, but the information collected was used by the NM DOH Office of Border Health for their own information and reference and was not analyzed as part of the field experience.

**Activities Performed: Frontier Program**

During my time working with Michael Bursum for the Frontier Program, I worked to help coordinate the summer 2012 experiential learning field trip to Las Cruces, New Mexico and the United States-Mexico border. During this field trip students and faculty visited the New Mexico State University campus, the Port of Santa Teresa at the international border of the United States and Mexico, and J.H. Rose Logistics, LLC at the Port of Santa Teresa. Prior to the arrival of the students and faculty for this learning
experience, Michael Bursum and I toured each of these locations and met with key facilitators with whom the group would be touring during our official visit. We also visited key sites such as La Posta, the historic Mexican restaurant in Mesilla, New Mexico where we would be meeting as a group for dinner the evening of Wednesday, June 20, 2012.

At the Port of Santa Teresa we met with Marcos Herrera, the International Logistics Manager for the New Mexico Border Authority. Mr. Herrera was involved in a Frontier experiential learning field trip in 2009 and was excited to again be invited to participate and, through him, we were able to coordinate all official visits. We arranged that the group would meet with him for an introduction to the border, meet Customs and Border Protection (CBP) officials, tour the point of inspection facilities for all foot and vehicular traffic, meet with officials at the Santa Teresa cattle crossing, and tour the facilities used for all livestock crossing the border. We received a brief overview of all services provided on the American side at the Port of Entry including pedestrian traffic, Mexican immigration services, U.S. immigration services, permanent vehicle exports, temporary vehicle export permits, non-commercial traffic, commercial traffic, livestock, and customs brokers (New Mexico Border Authority).

After the tour of the Port of Santa Teresa we coordinated a visit to the J.H. Rose Logistics, LLC business. This logistics business is a multi-faceted third-party (3PL) logistics company providing transportation, warehousing, and distribution services for their customers. J.H. Rose Logistics, LLC has thirteen offices across the entire United States (J.H. Rose Logistics, LLC). During the official visit with the Frontier Program group of students, faculty and staff, we met with Mr. James Robinson, President of J.H. Rose Logistics, LLC and Mr. Jerry Pacheco with the New Mexico Small Business Development Center Network International Business Accelerator Program. They provided us with a tour of the warehouse facilities at the corporate office which illustrated the complexity of coordinating efforts between manufacturers and retailers or consumers.
La Posta de Mesilla is a Mexican restaurant that has been operating in Mesilla, New Mexico since 1939. The building was undergoing an addition/renovation during our initial visit with the employees. We were able to tour their facility and choose a dining room appropriate for a group of 30 persons so that we could accommodate students, faculty, and invited guests such as Marco Herrera of the New Mexico Border Authority, James Robinson of J.H. Rose, Jerry Pacheco of the New Mexico Small Business Development Center, as well as Mr. Jeff Witte, Secretary of Agriculture of the State of New Mexico.

**Products Developed: Frontier Program**

The successful culmination of our efforts was realized during the Frontier Program Summer 2012 Experiential Learning Field Trip. A record number of students travelling from Manhattan, Kansas and Atlanta, Georgia as well as those already in Las Cruces met in Breland Hall on the New Mexico State University campus on the morning of Wednesday, June 20, 2012 for an introduction to the campus and Las Cruces, New Mexico. The agenda poster for the events of Wednesday, June 20 can be found in Appendix D as well as the “Frontier June 20th 2012 Itinerary” in Appendix E and the “Frontier Field Trip Week Itinerary” in Appendix F.
Chapter 3: Field Experience and Culminating Project

New Mexico Department of Health Office of Border Health

During my time with the NM DOH Office of Border Health, I developed an appreciation for the challenges that a public health official working for the government must face. Approval for travel, safety of personnel involved, and project planning and approval all take time to coordinate. During my 11 weeks in New Mexico I enjoyed working with the NM DOH Office of Border Health, even though the day-to-day work did not always go as planned. Even so, I believe that I gained invaluable academic and life experiences and the benefit from the public health field experience is immense.

On my first day in Las Cruces on Monday, May 14th, 2012 I met with Paul Dulin, the Director of the Office of Border Health, and discussed the direction of the health literacy uptake survey that we had discussed over the phone prior to my arrival. He provided me with some resources on the U.S.-Mexico Border Region and pointed me in the direction of where we needed the health literacy uptake survey to go. I provided him with some additional paperwork for K-State and we discussed the Institutional Agreement that needed to be approved by the New Mexico Secretary of Health. I also submitted my information for a background check as required by the New Mexico State government. I did not have an office space at this point in time and left that initial meeting with some reading materials to go through and the information that I should be able to work in an office at the NM DOH Office of Border Health within a few days.

After this initial meeting we were met with some challenges that created time constraints for our project. It was during these first few weeks in New Mexico that I worked with Michael Bursum, Steve Toburen and Justin Kastner to coordinate the Frontier experiential learning field trip. I also made contact with Dr. Allison Stout and started the requirements to fulfill the cattle mentorship credit for the KSU CVM.
After fulfilling my requirements with the Frontier Program, I returned to the NM DOH Office of Border Health. I was given an office space in which to work, a computer, and a NM government e-mail address. Paul Dulin and I started developing the guided survey instruments that we would use to conduct interviews regarding health literacy uptake. I researched the area and local TV and radio stations using the internet and the phone book for Dona Ana County. I also met with Chris Minnick, the Regional Public Health Information Officer to ascertain the routes of communication that the NM DOH Office of Border Health had been utilizing to reach the public. After assembling the necessary information, Paul Dulin and I developed a 43 question survey exploring where people in the Dona Ana county area get their information about access to healthcare and what TV stations, radio stations, which newspapers and local magazines they read, and other forms of media they use or recognize which may be used for the purpose of better directing the funds of the department to reach the targeted populace. A copy of the finished survey can be found in Appendix 1.

We created a preliminary translation of the English survey into Spanish at the NM DOH Office of Border Health through collaborative efforts. We then sent the survey to the official translation services at the state capital in Santa Fe and received the official Spanish version with corrections and more appropriate jargon with which to reach the target population.

The surveys were conducted in person by me or by one of three Office of Border Health employees familiar with this project. A copy of the English survey is attached in Appendix A and a copy of the Spanish survey is attached in Appendix B. The surveys asked some general identifying information (such as age, gender, birthplace, etc.) but were completely anonymous so as not to infringe upon the personal privacy of those participating. We provided each participant with a “goody bag” to thank them for their time and participation. The surveys were conducted in five different locations including a health fair at the Pro Ranch grocery store in Las Cruces, NM on July 14 (36 surveys), Jim’s Supermarket grocery
store in Hatch, NM on July 16 (36 surveys), the Peddler’s Pavilion flea market in Las Cruces, NM on July 13 (18 surveys), the Las Cruces Department of Health Offices in Las Cruces, NM on July 17 and 19 (64 surveys), and the Anthony Department of Health Offices in Anthony, NM on July 20 and 24 (46 surveys). We approached each participant and asked if they would like to participate in the anonymous survey and that they would receive a free gift from the Department of Health after their participation. We asked if they would prefer to do the survey in English or Spanish and continued accordingly in the language of choice.

The goody bag consisted of a rotation of different items including a State of New Mexico Department of Health Caring for New Mexico miniature first aid kit, a graphic novel produced and printed by the NM DOH Office of Border Health entitled “No More Excuses: One Family’s Struggle with Obesity and Diabetes” in English or in Spanish (“¡Ya No Hay Pretexos!: La Lucha de una Familia Contra la Obesidad y la Diabetes”), a comic book produced by the NM DOH Office of Border Health entitled “Mary and the Junk Food Eaters” (“Maria y Sus Amigos los Come Chatarra”) in both English and Spanish, a handout flyer about the dangers of lead when cooking with traditional pottery, a hand-held cardboard fan, a handout on the importance of childhood vaccination in English or Spanish, a jump rope, an alligator clip picture frame, or a red and white plastic pill box.
Data Analysis

To analyze the data collected through the survey instrument, the NM DOH Office of Border Health chose to use a program called Epi Info™. This is a computer program created by and available through the Centers of Disease Control and Prevention (CDC). The Epi Info™ program is ideal for use by public health workers because it can...

...easily used in places with limited network connectivity or limited resources for commercial software and professional IT support. Epi Info™ is flexible, scalable, and free while enabling data collection, advanced statistical analyses, and geographic information system (GIS) mapping capability. (Centers of Disease Control and Prevention)

The survey instrument was manually created in the Epi Info™ program Version 3.5.4 setting all data entry forms to mimic the English version of the survey instrument. Answers from the Spanish version of the survey instrument were translated prior to entry into the Epi Info™ program. All data and answers were manually entered into the survey instrument according to the number of the survey (surveys were numbered 1 to 200 based on order of when the survey was conducted). A copy of the Epi Info™ program and the data set along with the physical surveys on paper were then sent to Katharine Perez-Lockett, MPH, the BIDS Officer/Epidemiologist for the NM DOH Office of Border Health. She conducted the data analysis based on her training with the Epi Info™ program and then returned a Microsoft Excel spreadsheet containing selected questions from the “Health Literacy Communication in the U.S.-Mexico Border Region of New Mexico.”
Results and Data

Based on the answers provided by the 200 survey respondents, Katharine Perez-Lockett provided information from selected questions. Starting at the beginning of the survey, we asked participants about their language preferences. We expected that the majority of those surveyed would prefer to receive information in Spanish due to the predominance of participants identifying as part of the Hispanic population. We found that the majority of participants (60%) would prefer to receive their information in English with the remainder of surveys participants equally divided between preferring Spanish and receiving information in both languages (Figure 3.2).

Next we explored radio as a means of communication. We asked participants if they regularly

Which radio station do you listen to the most?

<table>
<thead>
<tr>
<th>Number of respondents</th>
<th>129</th>
<th>116</th>
</tr>
</thead>
<tbody>
<tr>
<td>English-speaking station</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanish-speaking station</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: some respondents chose more than one answer

Figure 3.4
listened to the radio. We found that the majority of participants (88%) do (Figure 3.3). We asked which radio station the participants listened to the most based on a list of radio stations that I had created during my research. Upon analysis, they were divided into English-speaking stations and Spanish-speaking stations (Figure 3.4). Many respondents chose more than one radio station that they listened to regularly, so these multiple responses were included in the analysis. Next, we determined what percentage of those Spanish-speaking stations was broadcast from Juarez, Mexico versus those Spanish-speaking stations that were broadcast from the United States either being broadcast from Las Cruces, New Mexico and surrounding areas or from El Paso, Texas and surrounding areas (Figure 3.5).

Following exploring the radio, we pursued the television viewing habits of the participants. We found that a large majority (88%) of the participants watch television (Figure 3.6). Just as with the radio stations, we asked participants which television stations they watched the most based on a list of local stations that I had created during my research and fill-in-the-blank responses for the largest channels (e.g. Nickelodeon, ESPN, Discovery, etc.). Upon analysis, again the television stations were divided into English-speaking stations and Spanish-speaking stations (Figure 3.7). Many respondents chose more than one television station and these multiple responses were included in the analysis. We then asked how
the survey participants received their television stations; whether it be through satellite, cable (e.g. Comcast, Time Warner), or through an antenna/converter box. Responses were more or less divided between the three options for receiving television stations (Figure 3.8).

Figure 3.7

Which TV station do you watch the most?

![Bar chart showing number of respondents for English and Spanish-speaking TV stations.](image)

Note: some respondents chose more than one answer

Figure 3.8

How do you receive your television stations?

![Bar chart showing percentage of respondents for satellite, cable, and antenna.](image)
Next we questioned respondents on their phone usage. We asked if they had a house phone/land line and whether they had a cell phone. Only 35% of the participants stated that they have a house phone/land line (Figure 3.9) while 85% of participants stated that they have a cell phone (Figure 3.10). We then explored the extent to which they used their cell phone to obtain information by first asking the participants if they used texting on their cell phones finding a majority of 66% did use texting (Figure 3.11). Next we asked if the participants accessed the internet from their cell phones (Figure 3.12). We then used that as introduction to questions about internet usage.

We asked participants if they accessed the internet at all (Figure 3.13), if they had an email address, and from where they accessed the internet if they did so (e.g. the library, at home, from Wi-Fi...
hotspots, etc.). We also asked how often they used the internet, but many of these questions were not included in the analysis of selected questions. One of the things that the NM DOH Office of Border Health was interested in exploring was whether the targeted population used specific websites in their searches for information on access to healthcare (Figure 3.15). We found that the majority (72%) did not cite specific websites, and that out of those that did, Web MD and Google were the most referenced with 17 respondents citing each of the two websites.

**Figure 3.13**

**Do you use the internet?**

- Yes: 61%
- No: 39%

**Figure 3.14**

**Do you use Facebook?**

- Yes: 46%
- No: 54%

**Figure 3.15**

**Do you go to specific websites for health information?**

- Yes: 28%
- No: 72%

**Figure 3.16**

**Which specific websites do you go to for health information?**

- Other: 22
- WebMD: 17
- Google: 17

Note: Some respondents chose more than one answer.
Next we focused on reading material available within the community. We found that a majority of respondents read the newspaper (Figure 3.17). We specifically cited multiple local newspapers in both English and Spanish and participants were encouraged to note which of these they read. We also asked how often the read the newspaper. Neither of these questions were part of the select questions analyzed by the NM DOH Office of Border Health. We then asked if the participants saw or read flyers that are available in the community (Figure 3.18). A majority (77%) of respondents stated that they did see or read these flyers. We also asked participants about their awareness of public postings in general published in the form of billboards along the highway (Figure 3.19) and advertisements on the sides of city buses. We found that the majority of the targeted population was aware of these postings and stated that they read these materials. We also asked participants if they had received any information about health or health care in the mail whether on its own as a mailer or as part of a utility bill. This information was not part of the selected questions analyzed by the NM DOH.
We asked participants if they have ever met or have known of a promotor/promotora or community health worker in their community (Figure 3.20). These are people who are normal citizens of the community trained by health departments or clinics specifically to help other community members with their health care needs. We also inquired whether the participants have ever been visited by a promotor/promotora. Of the 200 respondents, only a quarter (23%) knew of a promotor/promotora and only 10% of those 200 participants had ever been visited by a promotor/promotora (Figure 3.21).

We then delved into health-specific information that the targeted population may have noted within the community. We asked the participants if they have ever heard any health announcements on the radio (the population was split down the middle), if they have ever heard or seen any health announcements on the television (59% of the participants answered in the affirmative), or if they have ever seen any health announcements in the newspapers (Figure 3.23).
Have you ever heard any announcements about health on the radio?

- Yes: 54%
- No: 46%

Have you ever seen any announcements in the newspaper?

- Yes: 29%
- No: 71%

Have you ever heard any announcements about health on television?

- Yes: 59%
- No: 41%

How do you get health education info?

- My doctor: 98
- Community Health Center: 36
- My mother, father, grandmother or relative: 31
- WIC*: 30
- Department of Health: 26
- School: 20
- Health Fair: 10
- Word of mouth: 12
- Magazines: 18
- Flyers: 10
- Neighbors: 9
- Promotoras: 8
- Newspapers: 7
- Hospital: 5
- Billboards: 3
- Natural Healers: 1

* Women, Infants and Children programs

Note: Some respondents chose more than one answer.
Interpretation and Discussion

The manner in which the Health Literacy Uptake survey was created and conducted suited the needs and used the resources available at the NM DOH Office of Border Health during the specified period of time. Working within the time constraints of the project, we were able to conduct the cross-sectional survey on a convenience sample within the targeted population. Many factors affected the convenience sample we used to conduct the surveys. Some of these factors included the participants’ reaction to the interviewer (whether the interviewer was of Hispanic ethnicity or non-Hispanic ethnicity), the willingness of the participant to take the survey based on location (waiting room vs. grocery store vs. health fair vs. flea market), and the inherent qualities of the process as a guided survey versus a self-report questionnaire. A single difference in any of these factors may have altered the responses of the individual.

Due to the time constraints of the project, no controls were put in place to account for the greater population outside of our non-random convenience sample. Therefore, the information collected may not be representative of the entire population of the targeted constituent group and may have low external validity. We can make assumptions based on the data that we have collected, but cannot state these assumptions as fact. In the survey conducted by Eribeth Penaranda, MD et al., the researchers used a Spanish language tool called the Short Assessment of Health Literacy for Spanish Adults (SAHLSA-50) to aid in their assessment of health literacy in a border region, (Penaranda et al.). While a tool such as the SAHLSA-50 would not be applicable for gathering data about access to information about healthcare, the NM DOH Office of Border Health could benefit in future surveys by using a standardized tool to obtain a concrete measurement of certain survey results. Both this study and the one conducted by Penaranda et al. were conducted using a convenience sample which further could be improved upon by using a randomized sampling technique within the entire targeted population.
The data and selected questions that the New Mexico Department of Health Office of Border Health was able to analyze gives general directions in which way to direct their funding for advertisements and information regarding healthcare. It appears that one of the biggest avenues for growth would be within the Promotor/Promotora program that is already in place in many health care facilities and systems in the area. Only a quarter of the targeted population (23%) know of Promotors/Promotoras, and even fewer (only 10%) have ever been visited by or spoken with one of these trained community members.

Based on these specific survey results, we also see a majority of the targeted population (65%) read the newspaper, but very few of these people (29%) have seen any advertisements or health announcements in the newspaper. With the ability to reach over half of the participants in the survey through the medium of newspaper, the NM DOH Office of Border Health may do well to expand their presence in the newspaper through advertisements or bulletins. The effectiveness of such advertisements would need to be ascertained in a different study at a future point in time.

One of the other ways in that the NM DOH Office of Border Health may benefit from more narrowly directed resources may be to buy more space on billboards in the community and publish advertisements and announcements through this public medium. With 88% of the participants reading billboards, the NM DOH Office of Border Health may be successful and have a large return on any funding spent on these resources. Another very effective way to reach this targeted population may be to publish and post more flyers or notices within the community as 77% of the participants took note of or read these publications. Just as with the suggestion to advertise in the newspaper, we cannot determine whether advertisement campaigns via this media would be meaningful and effective within the population based solely on the results from the data collected from this study. Further investigation is warranted for all of these suggestions.
These areas are the ones in which we have noted the strongest trends and which we can hope to influence through more specific directing of resources available through the NM DOH Office of Border Health. Although we see around half of the population listening to and/or watching Mexican-origin radio stations and television stations, I am not aware that the NM DOH Office of Border Health has a budget to advertise in an international capacity at this time. One of the true challenges of working with a border population is the variety of resources available to the population in regards to information available from two different nations and in this geographic area on the United States side of the border, two different states (both New Mexico and Texas).

This survey that we created was an interesting pilot survey and provides a platform from which to develop the next survey. The NM DOH Office of Border Health may want to direct their resources for the next survey to find where the target population would like to find and consider convenient to find their information on access to health care. The NM DOH Office of Border Health may also do well to run cross-analyses to determine which age groups or genders, for example, are more likely to be reached by which means of communications, i.e. newspaper advertisements, flyers in the community, etc. to help further target these diverse groups. Lastly, for the next survey that the NM DOH Office of Border Health is able to conduct, a randomized sampling of the targeted population would be beneficial to obtain results more representative of the entire population.
Chapter 4 Conclusion and Knowledge Gained

From this interdisciplinary and multifaceted experience, I have learned about many aspects of the public health domain. I experienced the day-to-day mechanics of working within a government institution, I learned about population health in a dynamic international region, I enjoyed learning about a new city and acting as tour guide, and I have valued the connections created during networking opportunities through the Frontier program during my time in Las Cruces. Further, through my work with the NM DOH Office of Border Health I am fully aware of the time and effort it takes to create and execute a survey within a targeted population.

Due to my coursework through the Master of Public Health Program at Kansas State University, I was prepared to go out into the field and work within a Department of Health. Courses such as Administration of Healthcare Organizations and Social and Behavioral Bases of Public Health gave me the basic building blocks and working knowledge to be an effective member of the team within the Department of Health and approach the targeted population in an educated light. Courses such as my varied epidemiology courses have helped me recognize the best practices for surveying a target population and have helped be to recognize the limitations of the survey and the select data that was analyzed. Further, courses such as the Introduction to Biostatistics course aided in my assessment of the data analysis provided by the NM DOH Office of Border Health as well. The analysis provided by the NM DOH Office of Border Health was a compilation of data based on the questions with the strongest and most relevant responses.

During my time in Las Cruces, New Mexico, I learned about a culturally unique area of the United States of America with a unique flow to everyday life. Healthcare, trade, and the agricultural industry all operate differently in this dynamic region of our country. The knowledge and experience gained dur-
ing this field experience will benefit me greatly in my career as our interactions with healthcare, trade and the agricultural industry continue to expand on a global scale.
Acknowledgements

I would like to thank my major professor, Justin Kastner, Ph.D., for all of his guidance throughout the learning and writing process. He believes deeply in, and encourages the scholar within us all. I am grateful to be one of the many students he has influenced and guided throughout my time in the Kansas State University College of Veterinary Medicine.

I would like to thank my committee members Abby Nutsch, Ph.D. and Jason Ackleson, Ph.D. for their help and guidance while arranging, conducting, and completing my field experience and throughout the writing process.

I would also like to thank everyone in Las Cruces, New Mexico for their help and support throughout this process: Paul Dulin, M.S. and the entire staff at the New Mexico Department of Health Office of Border Health, especially Katharine Perez-Lockett, M.P.H. for her many hours spent working with the data from our survey; Michael Bursum for instructing me in how to coordinate large groups of people; and Walt and Toni Roof for opening their home to me for an entire summer and acting as my surrogate family.

Also, I would like to thank Steve Toburen for all of his acts of helpfulness over the past three years. I have appreciated all the software downloaded onto my computer, school rental vans obtained, wonderfully detailed itineraries created, and general good conversation that he has provided throughout this project.


Health Literacy Communication in the U.S.-Mexico Border Region of New Mexico
Office of Border Health, New Mexico Department of Health
Jennifer Engel (Student Intern)

Guided Interview Questions
Buenos días / tardes. Yo soy Jennifer Engel. Soy estudiante de salud pública en la universidad y estoy llevando a cabo un estudio sobre la manera como los residentes en los condados de Doña Ana y Luna reciben mensajes sobre la salud. ¿Me permite unos 10 minutos de su tiempo para hacerle algunas preguntas que me ayude en mi estudio? No voy a pedir su nombre, ni otros datos personales. Toda la información es confidencial. Por su participación, le voy a dar un obsequio. ¿Me permite hacerle a la entrevista?

1.) Gender: ___ Female ___ Male
2.) Age: ___ 12-17 ___ 18-25 ___ 26-35 ___ 36-50 ___ 51-64 ___ ≥65
3.) Where were you born? _____________________ State ____________________ Country
4.) Where do you now live ____________Town ____________ County?
5.) How long have you lived at this location ______ Months or Years?
6.) Do you prefer to receive information in ___ Spanish or ___ English or ___ both?

7.) Do you listen to the radio? ___ Yes ___ No
8.) Which station do you listen to the most? [Circle all that apply]
   a.) KELP 89.3 (El Paso)
   b.) KMBN 89.7 “Moody Radio”
   c.) KRWG 90.7 NPR
   d.) KVER 91.1 Radio Manantial
   e.) KINT 93.9 José
   f.) KDEM 94.3 “The Mix” (Deming)
   g.) KYSE 94.7 El Gato
   h.) KHEY 96.3 K-Hey Country
   i.) KBNS 97.5 La Que Buena
   j.) XHPX 98.3 Exa
   k.) KKVS 98.7 “La Gran D”
   l.) KXPZ 99.5 the Rocket
   m.) KVLC “101.1 Gold”
   n.) KPRR 102.1 Power 102
   o.) KHQT 103 Hot
   p.) XHEM 103.5 Planeta (Juarez)
   q.) KGRM 103.9 104 the Country Station
   r.) XHTO 104.3 Hit FM
   s.) KMVR 104.9 Magic 105
   t.) XHNZ 107.5 La Zeta
   u.) KSNM 570
   v.) KOTS 1230 Country (Deming)
   w.) KOBE 1450 the “B”
x.) Others: ________________________________

9.) What time of day do you listen?
   a.) Morning ___
   b.) Noon ___
   c.) Afternoon ___
   d.) Evenings/Nighttime ___

10.) Do you watch television? ___ Yes   ___ No

11.) How do you receive your television stations:
     _____ Antenna (Converter Box) _____ Cable (Comcast, Time Warner) _____ Netflix
     _____ Satellite _____ Dish Network _____ Direct TV
     _____ Other [name of service]___________________

12.) Which local station do you watch the most?
   a.) KINT-TV Channel 26, El Paso (Univision)
   b.) XEJ-TV Canal 5, Juarez (Galavision)
   c.) CNN en Español (by cable; see cable access)
   d.) XEPM-TV Channel 2, Juarez (Televisa)
   e.) XHCJE-TV Channel 11, Juarez (Azteca Trece)
   f.) XHCJH Channel 20, Juarez (Azteca Siete)
   g.) XHJCI-TV Channel 32, Juarez (El Canal de las Estrellas, Televisa)
   h.) XHJUB-TV Channel 56, Juarez (Canal 5, Televisa)
   i.) KTSM-TV Channel 9, El Paso (NBC)
   j.) KRWG TV22 Las Cruces (PBS)
   k.) KVIA-TV Channel 7, El Paso (ABC)
   l.) KFOX-TV Channel 14 El Paso (FOX)
   m.) KDBC-TV Channel 4, El Paso (CBS)
   n.) KOAT TV Channel 7 (Albuquerque)
   o.) KOB-TV Channel 4 (Albuquerque)
   p.) Telemundo
   q.) PSA Channel

13.) What time of day do you watch?
   a.) morning
b.) noon
c.) afternoon
d.) evenings
e.) night time

14.) Do you have a cell phone? ___ Yes ____ No
15.) Do you use texting on your cell phone? ___ Yes ____ No
16.) Do you use the Internet on your cell phone? ___ Yes ____ No

17.) Do you use the internet? ___ Yes ____ No
18.) Do you have an e-mail address? ___ Yes ____ No
19.) Where do you use a computer and Internet?
   _____ At Home _____ At School _____ University _____ Library _____ At a neighbor’s home
   _____ Friend/relative’s home _____ Smart Phone/Cell Phone/iPad
   _____ At work _____ Wifi in restaurant
20.) How often do you use the internet?
   a.) Everyday
   b.) A few times per week
   c.) Once a week
   d.) Every other week
   e.) Once a month
   f.) Never
21.) Do you use ___ Facebook or ___ MySpace or other social media page (Which) _____________?
22.) Do you use Twitter? ___ Yes ____ No
23.) Do you go to specific websites for health information? _____ Yes _____ No If so, which? ______

24.) Do you have a house phone/ land line? ___ Yes ____ No

25.) Do you read fotonovelas? ___ Yes ___ No What kind? _____________________________
26.) Do you read comic books? ___ Yes ___ No What kind? _____________________________
27.) Do you read the newspaper? ___ Yes ____ No
28.) Which newspaper do you read the most?
a.) Las Cruces Sun News
b.) Deming Headlight
c.) El Paso Times
d.) El Diario de Juarez
e.) El Diarrio de El Paso
f.) Hatch Citizen
g.) Tu Latina
h.) Healthy U
i.) Other: _________________________________________

29.) How often do you read the newspaper?
   a.) Everyday
   b.) A few times per week
   c.) Once a week
   d.) Every other week
   e.) Once a month
   f.) Never

30.) Do you see or read posters that are posted in your community? ___ Yes   ____ No

31.) What kind of information do you read on posters? ________________________________

32.) Do you see or read flyers that are available in your community? ___ Yes   ___ No

33.) What kind of information do you read on flyers? ________________________________

34.) Do you ever read billboards that along streets and highways? ___ Yes   ____ No

35.) What kind of information do you read on billboards? _______________________________

36.) Have you ever seen a health advertisement posted on city buses in the community? ___Yes ___ No

37.) Have you received information about health or health care in the mail? ___ Yes _____ No

38.) Have you received information about public health or health care with your water or utilities bill? ___ Yes _____ No

39.) Do you know of a Promotora (Community Health Worker) in your community?

40.) Have you ever been visited by a Promotora in your community? ___ Yes _____ No
41.) What type of information did the Promotora speak to you about?
______________________________________________________________

42.) How do you get health education information about your health and healthcare?

_____ My Doctor _____ Community Health Center (which) _____ Promotoras _____ Newspapers
_____ Department of Health _____ WIC _____ Hospital _____ School _____ Magazines
_____ My mother, father, grandmother or a relative _____ Health Fair _____ Natural Healers
_____ Flyers _____ Billboards _____ Neighbors _____ Word of mouth

43.) Have you ever heard any announcements about health on the _____ radio, _____ television, in the
_____ newspaper, etc.?

Thank you for participating in this study. I greatly appreciate it and you have helped me very much. Please accept this gift for participating.
Buenos días / tardes. Yo soy Jennifer Engel. Soy estudiante universitaria de salud pública y estoy llevando a cabo un estudio sobre la manera como los residentes en los condados de Doña Ana y Luna reciben mensajes sobre la salud. ¿Me permite unos 10 minutos de su tiempo para hacerle algunas preguntas que me ayude en mi estudio? No voy a pedir su nombre, ni otros datos personales. Toda la información es confidencial. Por su participación, le voy a dar un obsequio. ¿Me permite hacerle a la entrevista?

1.) Sexo: __ Femenino  __ Masculino
2.) Edad: ___ 12-17 ___ 18-25 ___ 26-35 ___ 36-50 ___ 51-64 ___ ≥65
3.) ¿Dónde nació? ___________________________ Estado ___________________________ País
4.) ¿Dónde vive ahora? ___________________________pueblo, ciudad ___________________________ condado
5.) ¿Cuánto tiempo ha vivido usted en este lugar? ______ meses o años
6.) ¿Prefiere recibir información de salud en ___ español, en ___ inglés, o en ambos idiomas?

7.) ¿Oye usted la radio? ___ Sí     ___ No
8.) ¿Cuál estación escucha usted más? [Circule todo lo que corresponda]
   a.) KELP 89.3 (El Paso)               n.) KPRR 102.1 Power 102
   b.) KMBN 89.7 “Moody Radio”               o.) KHQT 103 Hot
   c.) KRWG 90.7 NPR                        p.) XHEM 103.5 Planeta (Juarez)
   d.) KVER 91.1 Radio Manantial           q.) KGRT 103.9 104 the Country Station
   e.) KINT 93.9 José                    r.) XHTO 104.3 Hit FM
   f.) KDEM 94.3 “The Mix” (Deming)        s.) KMVR 104.9 Magic 105
   g.) KYSE 94.7 El Gato                  t.) XHNZ 107.5 La Zeta
   h.) KHEY 96.3 K-Hey Country           u.) KSNM 570
   i.) KBNS 97.5 La Que Buena          v.) KOTS 1230 Country (Deming)
   j.) XHPX 98.3 Exa                     w.) KOBK 1450 the “B”
   k.) KKVS 97.7 “La Gran D”           
   l.) KXPZ 99.5 the Rocket
   m.) KVLC “101.1 Gold”
x.) Otras: ____________________________

9.) ¿Durante qué horas las escucha?
   a.) En la mañana ___
   b.) Al mediodía ___
   c.) En la tarde ___
   d.) En la noche ___

10.) ¿Ve usted televisión? ___ Sí ___ No

11.) ¿Cómo recibe usted sus estaciones de televisión?:
    _____ Cable (Comcast, Time Warner)   _____ con Antena (Convertidor)
    _____ Satélite   _____ Dish Network   _____ Direct TV   _____ Netflix
    _____ Otro [nombre del servicio] _____________

12.) ¿Cuál estación local ve con más frecuencia? [Circule todo lo que corresponda]
    a.) KINT-TV Canal 26, El Paso (Univisión)
    b.) XEJ-TV Canal 5, Juárez (Galavisión)
    c.) CNN en Español (por cable; vea acceso al cable)
    d.) XEPM-TV Canal 2, Juárez (Televisa)
    e.) XHCJE-TV Canal 11, Juárez (Azteca Trece)
    f.) XHCJH Canal 20, Juárez (Azteca Siete)
    g.) XHJCI-TV Canal 32, Juárez (El Canal de las Estrellas, Televisa)
    h.) XHJUB-TV Canal 56, Juárez (Canal 5, Televisa)
    i.) KTSM-TV Canal 9, El Paso (NBC)
    j.) KRWG TV Canal 22 Las Cruces (PBS)
    k.) KVIA-TV Canal 7, El Paso (ABC)
    l.) KFOX-TV Canal 14 El Paso (FOX)
    m.) KDBC-TV Canal 4, El Paso (CBS)
    n.) KOAT TV Canal 7 (Albuquerque)
    o.) KOB-TV Canal 4 (Albuquerque)
    p.) Telemundo
    q.) PSA Canal
13.) ¿A qué hora del día ve usted televisión?
   a.) en la mañana
   b.) a mediodía
   c.) en la tarde
   e.) en la noche

14.) ¿Tiene usted un teléfono celular? ___ Sí   ____ No
15.) ¿Escribe mensajes de texto en su celular? ___ Sí   ____ No
16.) ¿Usa el Internet en su celular? ___ Sí   ____ No

17.) ¿Usa usted el internet? ___ Sí   ____ No
18.) ¿Usa correo electrónico? ___ Sí   ____ No
19.) ¿Dónde usa usted una computadora y el Internet?
   ____ En la casa _____ En la escuela ___ En la Universidad _____ En la biblioteca
   _____ En la casa de un amigo o pariente ____ En mi teléfono “eSmart”/En mi celular/iPad
   ____ En la casa de un vecino _____ En el trabajo ____ Wifi en un restaurante

20.) ¿Qué tan frecuentemente usa el Internet?
   a.) Todos los días
   b.) Varias veces por semana
   c.) Una vez a la semana
   d.) Cada quince días
   e.) Una vez al mes
   f.) Nunca

21.) ¿Usa las redes sociales? ___ ¿Facebook, o ___ MySpace u otras páginas? (¿Cuáles?)
    __________________________________________

22.) ¿Usa Twitter? ___ Sí   ____ No

23.) ¿Visita a sitios particulares para información sobre salud pública o cuidados médicos?
    ___ Sí   ____ No

24.) ¿Tiene usted un teléfono (no celular) en casa? ___ Sí   ____ No

25.) ¿Lee fotonovelas? ___ Sí   ____ No  ¿Qué tipo? __________________________
26.) ¿Lee usted libros cómicos o caricaturas? ___ Sí ___ No  ¿Qué tipo? _______________________
27.) ¿Lee el periódico o revistas de noticias locales? ___ Sí ___ No
28.) ¿Cuál periódico lee más?
   a.) Las Cruces Sun News
   b.) Deming Headlight
   c.) El Paso Times
   d.) El Diario de Juárez
   e.) El Diario de El Paso
   f.) Hatch Citizen
   g.) Tu Latina
   h.) Healthy U
   i.) Otro: ______________________
29.) ¿Con cuánta frecuencia lee usted el periódico?
   a.) Todos los días
   b.) Varias veces por semana
   c.) Una vez a la semana
   d.) Cada quince días
   e.) Una vez al mes
   f.) Nunca
30.) ¿Ve o lee los anuncios de los eventos de su comunidad? ___ Sí ___ No
31.) ¿Qué tipo de información lee usted en los anuncios? ______________________
32.) ¿Ve o lee los volantes? ___ Sí ___ No
33.) ¿Qué tipo de información lee en esos volantes? ______________________
34.) ¿Alguna vez lee usted la información que hay en los anuncios/billboards/panorámicos que están a los lados de las calles o las carreteras? ___ Sí ___ No
35.) ¿Qué clase de información lee usted en esos anuncios en la carretera? ______________________
36.) ¿Ve o lee los anuncios de información sobre salud pública o cuidados médicos en los camiones? ___ Sí ___ No
37.) ¿Ha recibido información acerca de los mensajes para mejorar su salud o de cuidados médicos en el correo? ___Sí___ No

38.) ¿Ha recibido información sobre salud pública o cuidados médicos en los biles/utilidades? ___ Sí ___ No

39.) ¿Conoce usted una Promotora de Salud en su comunidad? ___ Sí ___ No

40.) ¿Lo ha visitado alguna vez una Promotora en su comunidad? ___ Sí ___ No

41.) ¿Qué tipo de información o consejo le dio la Promotora?
_________________________________________________________
_________________________________________________________

42.) ¿Cómo recibe usted información educativa de salud y los cuidados de salud?
_____ Mi doctor _____ El centro comunitario de salud (¿Cuál?) _____ Promotoras
_____ Del Departamento de Salud _____ WIC _____ Hospital _____ Escuela _____ Periódicos
_____ My mamá, mi papá, mi abuelita o algún pariente _____ Revistas _____ Feria de Salud
_____ Medicina alternativa _____ Volantes _____ Anuncios en la carretera _____ Vecinos
_____ La Iglesia _____ Me dijo un amigo _____ Miembro de la familia _____ u otro ______________

43.) ¿Ha oído o visto usted alguna vez un anuncio sobre la salud en la ___ radio, ____ televisión, en el ___ periódico, etc.?

Muchas gracias por participar en este estudio. Su cooperación ha sido de gran ayuda. *Por favor acepte este regalito por su participación.*
My name is Jennifer Engel and I am a Master’s of Public Health student at Kansas State University. I am working towards my Field Experience requirements for the Master’s program with Paul Dulin from the Department of Health Office of Border Health. For this Field Experience I am doing a survey on Health Literacy Uptake in the Doña Ana and Luna county area. I am focusing on the Hispanic residents in the border counties, of primarily Mexican-heritage population, in assessing how they access information related to health literacy and education. I have a few questions about your organization and how you target the Mexican-heritage population that would utilize your services. This assessment includes a survey of individual community members to ask how they access information, as well as interviews with selected health services providers that operate in the border counties of Doña Ana and Luna.

1.) How does your organization serve the Hispanic, primarily Mexican-heritage, population in your community?

2.) Do you specifically target this particular cohort in your marketing and health promotion and educational activities?

3.) How much of your health outreach and promotion activities are targeted to this cohort?

4.) Do you use certain media resources (e.g. television, radio, printed ads, etc.) to reach the Mexican-heritage population?

5.) Do you use any social media such as Facebook, Twitter, or other tools, such as cell phones (texting, robo-calls, reverse 411/911)?

6.) Do you use flyers, pamphlets, posters, billboards or similar printed materials as tools in promotion and education? What media do you use?

7.) Do you reach out to individuals, families and/or communities using community health workers (i.e., Promotoras)? If so, how do you use them?

8.) Do you differentiate your strategies for health literacy promotion and education in terms of chronic diseases versus infectious diseases? Please explain how these strategies and tools (media, use of Promotoras, etc.) are different.

9.) Do you differentiate your health literacy promotion and educational outreach by age groups, gender, ethnicity, and/or income levels? If so, how are these strategies and tools differentiated?

10.) What other healthcare organizations serve this cohort in your community?
11.) Does your organization access information, media and/or tools from the Department of Health? If so, please describe what you access, where you get it, and what it is used for.

12.) What types of information, media and/or tools would you like to access from the Department of Health? Please be specific.

13.) Is there anything else special and/or effective that your organization does to reach this group of people?

14.) What would you say is the most effective means of imparting health literacy to the Hispanic, primarily Mexican-heritage, population in your community?

Thank you for your assistance. Would you like a copy of the report on this study once I finalize it?
Wednesday, June 20, 2012 Frontier Field Trip Itinerary

7:30 a.m. – Meet in lobby of hotel and depart for the NMSU campus (There is no free breakfast at this hotel but the Café España located within the hotel serves breakfast - There is also a Village Inn which opens at 5:30 a.m., and a Starbucks about a 7 to 8 minute walk away)

8:00 a.m. – Welcome (Drs. Ackleson and Kastner) Breland Hall 179, NMSU Campus

8:10-8:30 a.m. – Introduction to the border and the “trade-security dynamic” (Dr. Ackleson) Breland Hall 179, NMSU Campus

8:30 a.m. – Interactive workshop regarding the value of “nuanced thinking” (Dr. Kastner) Breland Hall 179, NMSU Campus

9:00 a.m. – end and transition to conference in Corbett Auditorium, NMSU Campus, including brief tour of the NMSU Campus, led by NMSU’s Frontier program coordinator, Michael Bursum

9:30 a.m. to 11:00 a.m. – Attend the Immigration Policy and Human Rights: Perspectives from Border Communities conference where Dr. Jason Ackleson, co-director of the Frontier program, will be speaking, Corbett Auditorium, NMSU Campus

11:00 a.m. to 11:45 a.m. – Lunch at the Corbett Auditorium/Student Union food court, then walk back to Breland Hall, NMSU Campus

12:00 p.m. – Depart Breland Hall for the Santa Teresa, New Mexico port of entry, and cattle crossing

1:00 p.m. to 3:45 p.m. – Tour Santa Teresa port of entry and cattle crossing, the FDA lab, and meet with border officials (http://www.nmborder.com/santa_teresa.html and http://www.nmborder.com/livestock.html) to: 1) observe the food inspection process and see a working FDA lab; 2) see how CBP inspects commercial imports and exports; 3) Discuss with officials the current border security situation and security at the Port; and 4) meet with officials from the cattle crossing and discuss food protection controls and procedures utilized on both sides of the border.

3:55 p.m. – depart for J.H. Rose Logistics, LLC.

4:00 p.m. to 6:00 p.m. – Private meeting at J.H. Rose Logistics, LLC. This is a third-party (3PL) logistics company committed to providing innovative services to their customers. They have the capacity, financial stability, knowledge and resources to handle transportation and distribution needs. We will be meeting with the president of the company along with Jerry Pachecho, who works with the New Mexico Small Business Development Centers Network as the person in charge of the International Business Accelerator program. The International Business Accelera-
tor is a one-stop shop of resources for New Mexican businesses and individuals wishing to introduce their product or service into the global market. Mr. Pachecho is also very well informed on NAFTA and the maquiladora operations at the border.

6:00 p.m. – Depart for Las Cruces

7:00 p.m. to 8:30 p.m. – Frontier sponsored dinner at La Posta, Winery Room (http://www.laposta-de-mesilla.com/index.html) in Mesilla, NM
June 18-23 2012 *Frontier* Field Trip To Las Cruces, New Mexico

**Itinerary**

**Plans in brief:**

For NCFPD-affiliated students:

For those based outside the K-State campus and not located at NMSU, you should plan to fly into El Paso, Texas on the afternoon of Tuesday, June 19. The plan is to coordinate flights so that everyone arrives at the airport within a 2 hour window. Arrangements will be made for a rental vehicle for everyone to travel in from El Paso to the hotel in Las Cruces.

For KSU-based students:

K-Staters will plan to take motor pool vehicles from Manhattan to Las Cruces and back. The plan in brief will be to depart Manhattan on Monday, June 18, and arrive in Las Cruces, New Mexico no later than Tuesday evening, June 19. We will depart back to Manhattan on Thursday, June 21, and should arrive back in Manhattan sometime the evening of Saturday, June 23.

A detailed itinerary of the trip follows.

**Itinerary:**

**Monday, June 18**

5:30 a.m. – K-Staters meet by loading dock on west side of Coles Hall (please arrive early)

6:00 a.m. – Depart Manhattan for Salida, Colorado (6 hours, 18 minutes driving time)

7:00 a.m. – Possible stop in Salina to pick up Amy Sents

12:30 p.m. – Stop for lunch in Limon, Colorado

1:30 p.m. – Depart Limon, Colorado for the Royal Gorge Bridge and Park (2 hours, 50 minutes driving time)

4:30 p.m. – Arrive at the Royal George Bridge and Park (allow 2 hours for sightseeing, photos, etc. – There is a cost of $26.00 for a ticket to enter the park area - [http://www.royalgorgebridge.com/](http://www.royalgorgebridge.com/))

6:30 p.m. – Depart Royal George Bridge and Park for Salida, Colorado (just over 1 hour driving time)


Monday evening is open for everyone to do whatever they would like to do. There are a number of places to eat dinner within walking distance from the hotel including KFC, Taco Bell, Pizza Hut, Burger King, Quincy’s, Backroads Grill, Wallbangers Sports Bar and Grill, Subway, Fiesta Mexicana, etc.
**Tuesday, June 19**

6:00 a.m. – Meet in the hotel lobby (hotel has a free hot breakfast starting at 6:00 a.m.)

6:30 a.m. – Depart Salida for the Great Sand Dunes National Park & Preserve (2 hours driving time)

8:30 a.m. – Arrive at the Great Sand Dunes National Park & Preserve (spend up to 2 hours sightseeing - [http://www.nps.gov/grsa/index.htm](http://www.nps.gov/grsa/index.htm))

10:30 a.m. – Depart Great Sand Dunes National Park & Preserve for Espanola, New Mexico (3 hours driving time. This will be a long drive with a late lunch. Stop along the way for drinks and a snack.)

1:30 p.m. – Stop for lunch in Espanola, New Mexico

2:30 p.m. – Depart Espanola for Las Cruces, New Mexico (5 hours driving time)

7:30 p.m. – Arrive in Las Cruces, New Mexico (check into Hotel Encanto in Las Cruces - [http://www.hotelencanto.com/](http://www.hotelencanto.com/))

Tuesday evening will be open to do what you would like. There is a restaurant in the hotel called the Café España. There are also a number of other places to eat within walking distance from the hotel including Red Lobster, Golden Corral, KFC, Applebee’s, Tiffany’s pizza, Sbarro, Chick-fil-A, McAlister’s Deli, Buffalo Wild Wings, Chili’s, Whataburger, etc. The Mesilla Valley Mall is also located right across the street.

**Tuesday Travel Notes:** In order to get into Las Cruces earlier in the evening, we may only spend an hour at the Great Sand Dunes National Park & Preserve.

**Wednesday, June 20**

7:30 a.m. – Meet in lobby of hotel and depart for the NMSU campus (There is no free breakfast at this hotel but the Café España located within the hotel serves breakfast - There is also a Village Inn which opens at 5:30 a.m., and a Starbucks about a 7 to 8 minute walk away)

8:00 a.m. – Arrive at Breland Hall room 179 on the NMSU campus for a short introduction and skill development workshop, followed by a brief tour of the NMSU campus, led by NMSU’s Frontier program coordinator, Michael Bursum, on our way to Corbett Auditorium

9:30 a.m. to 11:00 a.m. – Attend the *Immigration Policy and Human Rights: Perspectives from Border Communities* conference where Dr. Jason Ackleson, co-director of the Frontier program, will be speaking

11:00 a.m. to 11:45 a.m. – Lunch at the Corbett Auditorium/Student Union food court, then walk back to Breland Hall

12:00 p.m. – Depart Breland Hall for the Santa Teresa, New Mexico port of entry, and cattle crossing
1:00 p.m. to 3:45 p.m. – Tour Santa Teresa port of entry and cattle crossing, the FDA lab, and meet with border officials (http://www.nmborder.com/santa_teresa.html and http://www.nmborder.com/livestock.html)

4:00 p.m. to 6:00 p.m. – Tour of private logistics facilities including Tyco Inc.

6:00 p.m. – Depart for Las Cruces

7:00 p.m. to 8:30 p.m. – Frontier sponsored dinner at La Posta (http://www.laposta-de-mesilla.com/index.html)

Thursday, June 21

6:00 a.m. – Meet in lobby of hotel to travel to the White Sands National Monument (There is no free breakfast at this hotel but the Café España serves breakfast - There is also a Village Inn and a Starbucks about a 7 to 10 minute walk away)

6:30 a.m. – Depart for White Sands National Monument (1 hour driving time)

7:30 a.m. – Arrive at White Sands National Monument and Visitors Center (allow an hour for sightseeing/walking in the dunes http://www.nps.gov/whsa/index.htm)

8:30 a.m. – Depart White Sands National Monument for Roswell, New Mexico (3 hours driving time)

11:30 p.m. – Stop for lunch in Roswell, New Mexico (We will not have time for sightseeing due to the length of drive from Las Cruces, New Mexico to Altus, Oklahoma, but at least we will all be able to say we were there. I suggest eating at the Golden Corral which is a buffet and should be fairly quick to get into and out of. Reasonably priced I might add as well.)

12:30 p.m. – Depart Roswell, New Mexico, for Altus, Oklahoma (8 hours driving time)

8:30 p.m. – Arrive at La Quinta Inn & Suites Lawton, in Lawton, Oklahoma (http://www.lq.com/lq/properties/propertyProfile.do?propId=6172)

Friday, June 22

7:30 a.m. – Meet in lobby of hotel to travel to Hobart, Oklahoma for meetings and tour of General Tommy Franks Leadership Institute and Museum (hotel has a free hot breakfast)

8:00 a.m. – Depart for Hobart, OK

9:15 a.m. – Arrive in Hobart and General Tommy Franks Leadership Institute and Museum (http://www.tommyfranksmuseum.org/)

9:30 a.m. to 10:15 a.m. – Tour of the Kiowa County Historical Museum & Pioneer Teaching Facility

10:15 a.m. to 11:45 a.m. – Tour of the General Tommy Franks Leadership Institute & Museum

12:00 p.m. to 1:30 p.m. – Lunch at Casa Mae Mexican Restaurant

1:30 p.m. to 2:30 p.m. – Louis Sims (Former Secret Service Agent and Interpol Chief of American Operations)
2:30 p.m. to 3:30 p.m. – Warren Martin (16 year veteran of starting and facilitating NGO’s in Pakistan, Egypt, and Latin America)

3:30 p.m. to 4:30 p.m. – Archive Documentation Sampling and Q&A

4:30 p.m. to 5:00 p.m. – Open discussion time if needed

**Saturday, June 23**

7:00 a.m. – Meet in lobby of hotel (hotel has a free hot breakfast)

7:30 a.m. – Depart Lawton, Oklahoma for Manhattan (7 to 8 hours travel time including stop for lunch. Suggested stop at Blackwell, Oklahoma for lunch)

4:00 p.m. – Arrive back in Manhattan