

COMMUNITY VOICES

An Interview of Tim Dodge



The Guadalupe Community Health Council (GCHC) of New Mexico and the University of New Mexico have a successful community–university partnership. The council has a key role in educating family practice residents and nurse practitioner students who rotate through their rural community. Tim Dodge, a local businessman with vision and networking skills, played a significant role in creating the partnership. The following is an edited, abridged version of my two telephone conversations with Mr Dodge.

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How did you get involved in the partnership between your community and the University of New Mexico?

I come from the small community of Santa Rosa in Guadalupe County in New Mexico. Years ago the county started a health planning council. In 1997 the University of New Mexico wanted to work with our community as part of the Graduate Medical and Nursing Education Community Partnership Program funded by the Kellogg Foundation. The council decided they needed a formal organization. They chose me as the administrator.

One of the first things I did was establish the council as a private nonprofit organization with a board of directors. That enabled us to seek funding apart from the Kellogg Foundation. Now that the Kellogg funding is over, that has made it possible to sustain our programs.

The health council was (and still is) made up of the general public as well as people within the country who provide services to the public. The council has

representatives from every agency in Guadalupe County, including managers from the local hospital, emergency medical technicians, people from public health, school administrators, teachers, business leaders, and local officials. It also includes outside resources, such as the University of New Mexico.

We put together a community chart. Every month we had a board of directors meeting and a general council meeting. We were trying to get everyone on the same page, so we asked people to talk about what their agencies were doing to affect different health care issues and how everyone could participate.

We surveyed the community and found out what the members of the community thought their needs were. We analysed the data and found that domestic violence and the abuse of drugs and alcohol were big issues. So was teenage pregnancy. We prioritized what we wanted to start working on and what the residents and nurse practitioner students would do.

Our community health council formed subcommittees for each of the issues. (For example there was a subcommittee for domestic violence.) Members of the board of directors chaired these committees and found local people who could help with these various health issues. When the family practice residents and nurse practice students started coming to Santa Rosa, we had them sit on the subcommittees.

The residents started coming down here four days a week for four weeks. They spent 50% of their time in the clinic and in the emergency room at the hospital. The other 50% of their time, they worked on community projects.

The NPs [nurse practitioner students] came down here only when there was a preceptor. They spent about 75% of their time in the clinical setting and 25% in the community. They were here five days a week on eight-week long rotations. NPs and residents did pretty much the same things. Sometimes we got them to work together.

You mentioned that the nurse practitioner students and residents sat on subcommittees. Could you say more about that as well as their other community activities?

I gave them direction based on the community needs that we had identified in the surveys. For example, I scheduled them to attend the weekly meetings of the domestic violence group. Domestic violence is a multifaceted issue, so the group included people from district courts, from the police, a family practice doc, one of the nurses from the emergency room, and a public health nurse. We talked about how these different agencies could help battered people seek help. We set up protocols and procedures for each of the groups, including law enforcement. One of the residents helped develop clinical protocols. Another one worked on a grant. As residents and nurse practitioners came to Santa Rosa for four weeks or so, they would work on whatever was going on at that time. We found it was helpful to have their outside perspectives.

Our survey had identified health issues related to youth, so we put together a youth health council in the schools. The residents and NPs were part of this. The youth identified their own issues and had their own meetings. They also worked with the health council in the second survey of the community. One of the outcomes from that survey was the decision to start a peer mediation program. The youth hired people to train them to mediate conflicts.

Another outcome of that survey was the decision to address the alcohol problem. Almost half of the youths in the community reported having used alcohol in the last month. More than half of the students said they drank and then drove or they drove with someone who had been drinking. So students worked with school officials, a family practice resident, a nurse practitioner and parents in a project called “Every 15 Minutes”. It’s based on the fact that every 15 minutes someone in the US is killed in an alcohol-related accident. The resident and nurse practitioner wrote the grant, and the project was funded.

During one school day, every 15 minutes either a priest or a nun went into the classroom with a law enforcement officer and reported that a person had just been killed in an accident. Then a person dressed as the Grim Reaper took a student from the class. When the student returned to the classroom, his face was painted white, and he couldn’t talk for the rest of the day. We did that to about 20 kids.

Then we had a mock accident set up in front of the school. The fire department came and extracted kids from the vehicle. We even had a funeral for the “deceased” student. The event was powerful. People forgot that it wasn’t real.

In the evening at a motel the students talked about what it was like to go through these experiences and how these “deaths” affect the whole community. They had some games and a skit.

The “Every 15 Minute Program” had a big impact. It took place right before prom night and graduation, a time when there are usually several alcohol-related accidents. That year we didn’t have any alcohol-related accidents. Other schools around the state have done the same thing now, but our kids are very proud because they were the first ones to do it.

They have a right to be proud. That’s terrific. What other activities were the residents and NPs involved in?

A school-based clinic. Kids who are in sports get annual physicals, but there was a big population of students who weren’t getting annual checkups, probably because their parents didn’t have insurance or weren’t aware of a special New Mexico medicaid program for kids. The residents and NPs worked with the school nurse in doing the physicals. They reached the whole population, including kids who hadn’t been seen before. They also helped eligible students get enrolled in the medicare program.

Residents also participated in a radio talk show program we called “Just for the Health of It”. The residents and I would go to the station every Thursday

and do a talk for 15 minutes. They could chose a topic based on the needs and priorities of community, such as smoking cessation. The residents could do it the way they wanted. For example, they could invite people to call in. After that they would go back to the health council office and write up their program and put it into an article that would get published in the local newspaper. We kept a book of the published articles so new residents can see what topics have been done.

I think that doing this program helped residents see alternative ways of delivering health care. They weren't just sitting in the clinic every day seeing one person at a time. In 15 minutes they could affect 1000 people instead of just one. They were reaching the whole community because this is the one radio station that people can hear clearly. During the day, if you walk into almost any business, you can hear this station in the background. After residents speak on the radio, people come up to them and ask them questions about the topic.

I also scheduled the residents and NPs to talk to the freshmen high school health classes. This included high schools in other rural communities.

What I scheduled for the residents and NPs depended a little on what time of year they were here. In the summer, for example, they helped train the lifeguards. We have 18 natural lakes, but the lifeguards didn't have the training they need. The residents helped develop a water safety program, and they did weekly in-services on CPR and other topics. They also made sure that the lifeguards had a good protocol and that their equipment was in order. One of the NPs worked with the resident doctor to write our first successful public health mini-grant, which helped fund the student health council, the peer mediation program, and the lifeguard program.

Working with the family practice residents was a great experience because they have so many different skills. Generalists like them have more to offer in a community than specialists.

What was it like working with NPs?

I really liked working with them. They are more kicked back and patient and don't have the God syndrome.

You were getting new residents and nurse practitioner students every few weeks. How did you plug them into the community projects?

Residents and NPs can easily step in and out of projects because people in the community drive the projects.

Most health professions students aren't accustomed to having community leaders plan their schedules and curricula. How did they react?

Some of the residents said, "This work is giving us a good feeling for communities, but why do we have to do all of these things? We have community projects we have to do back at the university before we graduate." I'd say, "You're not doing all of the work. You're participating in everything

that's going on. That can give you ideas about what you can do when you get back to the Albuquerque." In fact, one of the residents went back and started a radio talk show at the university.

Almost every resident would say, "Why do I have to go talk in the schools? I'm not here to do that. I'm a family practice resident. I should be working in the clinic." I'd say, "This is one of your 13 rotations. You are spending time in the rural clinical setting, but you are also getting the community's perspective. You're seeing what challenges are out here and how you can spend a little more time being civic minded and not being so clinic and hospital-driven."

Residents would also say, "Why do I have to give talks in the schools? I wasn't taught how to lecture in medical school." I'd say, "If you didn't learn it in college or medical school, you're going to be taught to do it here."

I think that the residents who complained about lecturing were afraid. That was especially true when they had to talk with a mixed classroom of boys and girls about sexuality. But teenage pregnancy is one of our biggest issues, so someone needs to talk with the students. Kids aren't going to open up to the health teacher who they see every day, but they do talk about everything with the residents.

Once they did the lectures, the residents told me that talking with the students was the most exciting and best experience they had in our community. I had several of them tell me that if they had to do it all over again, they would chose to do more school lectures.

Through teaching, public speaking, participation in shaping community programs, and so on, it sounds like you're helping to equip the learners for leadership roles in their future communities.

We think that's important.

You clearly were serving as a teacher to the residents and NPs. Are there others in the community who also serve as their teachers?

As the residents and nurse practitioner students worked on the different multidisciplinary task forces, like the domestic violence committee, they had an opportunity to learn from different community members. They could talk about domestic violence with the district attorney. Sometimes law enforcement people were at the meeting, so the residents and nurse practitioner students could learn about how the law inhibited the process at times. Today the residents and NPs are continuing to learn from community members.

Were you and others involved in evaluating the residents and nurse practitioner students?

The physician that the residents worked with and I sent in monthly evaluations to the residency program. Also the university sent the resident a form so they could evaluate the program. The same kind of thing was true for the nurse practitioner students. Evaluations were also requested of the

community members who worked with the various residents and nurse practitioners.

Was the council involved in generating the evaluation tools?

Yes, the university came up with a list of questions and asked us what we thought of it. We told them what we thought was pertinent and added a few things. Then they sent us the final form that included our ideas.

What is your advice to communities that are already working with schools in the health professions or want to do so in the future?

Be as detailed in your planning as possible. The residents are extraordinary, driven people. Keep them busy with worthwhile activities. If you don't keep them busy, they're going to start losing interest, and they won't be as involved as they could be. The busier you keep them, the more success you're going to have.

What about working with nurse practitioners?

You also need to keep them busy. They have worked hard to be where they are, and they have goals they want to work on. When you're working with professional people like nurse practitioners and residents, you have to be structured and professional. You have to be sure that things are going to run smoothly. You can't waste their time.

What was it like to work with the university?

Wonderful. The university was an excellent partner not only in the projects we were working on together, but when I had needs and questions regarding other community projects, I could call the university and get help.

Sandra McCollum is an expert networker. Networking and staying in communication with everyone is important. Networking can get you some of the things you need when you're trying to build programs.

What did you need from the university to do your work with them in the community?

I needed the buy-in of the staff of the school in terms of what we were doing with the residents. That legitimized what we asked the residents to do. Once I showed the university that I could keep those residents happy and give them meaningful experiences, I kept the university's buy-in.

If a university is trying to reach out to a community like yours, how do they know who to work with in the community?

The best way is to start getting into the community. Talk with the different providers and people who are working with the community. In almost every community in the country, there are health planning councils, maternal-child

councils, or other councils. Listen to the people on these councils. Find out what they've already done.

Your community council had fiscal control of your part of the educational program. The university divided their grant monies into four parts and gave themselves and the three communities they were working with one-fourth of the grant money. How important is that?

The biggest benefit was that we could really get things done, and we were able to leverage other money. For example, we got some domestic violence funding because we had to be able to match the funds they gave us. We also had experience working with a grant so that has made it easier for us to get and administer other grants.

It sounds like you were truly partners with the university.
That's right.

Most programs run into some difficulties. Did you?

Dealing with the state and federal bureaucracy and trying to get funding to run different programs drove me nuts. I hadn't worked in the public sector. I own my own business. I can't believe the waste that goes on in state and federal agencies.

When I worked with Kellogg we were able to get a lot more done per dollar and serve more people than was possible with government funding. Kellogg is incredible. They step back and let you do their own thing.

Were there any problems between the university and community?

I never really saw any problems. The university was always real flexible and supported anything we did, as long as we were doing our work. That's the way it should be.

A lot of universities come in with their own agendas and try to lay these agendas on the community without listening to the community. Was there any of that?

Art [Kaufman] and Sandra [McCollum] were real open to letting the community guide the direction of the program. They supported the program and pretty much gave us the reins.

Would you advise other universities that are trying to reach out to the community to do something similar?

Yes. I served as the community liaison—the person that is in between the community and the university. If the community wanted to propose something to the university, I took that proposal to the university. If the university wanted something done, like the evaluations of the residents, then I would take that to the community. I was working on both sides, trying to accomplish what was important to both sides.

Do you think it's helpful to have a person in the kind of position you were in? A liaison or point person to whom both the university and the community can turn?

I can see where conflicts can arise if you don't have someone who is a liaison. For example, in order to justify its funding, the university needs to have the evaluations done. If you don't have someone who can make sure these things happen, problems can start.

What has happened to the programs now that the Kellogg funding has stopped?

I think we have sustained everything that the health planning council felt it was important to sustain.

You mentioned that the NP students didn't always have a preceptor. What's happening with that situation?

One of the students decided to practice here, so now we can provide supervision on a regular basis. Nursing students come here off and on.

I know you are no longer the administrator of the health council, but do you continue to be involved in the community?

I'm no longer with the health council as an employee, but I'm still on the board of directors for our hospital, and I'm currently involved in starting a Crime Stoppers Program.

You have made, and are continuing to make, important contributions to your community and to health care in general. Thanks for sharing some of your experiences.