



Development of a Border Health Rotation in a Family Medicine Residency

Danielle Fitzsimmons-Pattison MD
 Mary Alice Scott PhD
 John Andazola MD
 Laura Parajon MD

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Learning Objectives:

- Apply concepts of global health in a local setting.
- Identify key collaborators that may be able to assist in your planning.
- Strategize ways to promote advocacy and health promotion among residents.

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Where We Are Located

42 miles (68 km) northwest of El Paso, Texas
 41 miles (66 km) north of the Mexican border at Sunland Park.

- Within the **border region** designated by the La Paz agreement.
- Predominantly rural
- High rates of uninsured
- Surrounded by Colonias
- Has some similarities to other borders but also unique aspects




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How the Rotation Got Started

Influx of asylum seekers

- 2014: Large numbers of unaccompanied minors
 - Catholic diocese steps in to help
 - Residents/faculty volunteer time
- 2017: Larger numbers of families seeking asylum
 - Hundreds start being bussed into communities
- 2019: Funding for curricular development through DOH

Coordinated effort

- Religious organizations, collaboration of community organizations
- Help shelter feed and clothe and help asylum seekers find transport to their final destination

Border health rotation started to support asylum care/education

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The vans kept coming: Easter marks anniversary of asylum-seeker crisis in Las Cruces

Algernon D'Ammassa Las Cruces Sun-News
 Published 6:05 a.m. MT Apr. 12, 2020 | Updated 9:12 a.m. MT Apr. 12, 2020



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Challenges to Providing Medical Care

- Limited community providers able to volunteer
- Buses arriving on no set schedule
- Need for interpretation to expand pool of providers
- Stress on residency program
- Challenges to standardization
- Lack of provider training specific to asylum seeker care
- Bias towards asylum seekers



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Training of Providers



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Finding Solutions

Program adjustments to help residents/faculty participate

- Innovation for administrative barriers
- Make time spent serving this community count

Developing hub and spoke model
 Reached out to local academic institutions for interpreters
 Developed training for volunteers, mirrored residency development
 Multi-sector partnerships: DOH, Universities, Hospitals, Churches, etc.

Other programs are willing to help by sending residents.

- Offered the border health rotation.

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Border Health Rotation: Our Goals

- To develop a socially accountable response to an urgent community need
- To provide care to a vulnerable population
- To create a meaningful opportunity to learn about caring for this vulnerable and transient population
- To help develop an understanding of the needs of existing communities in this area



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Creating a Curriculum

- Recognized the need for educational structure to complement care residents were providing to asylum seekers
- Defined important topics that should be included
- Aligned curricular components with ACGME Family Medicine Milestones
- Identified activities/resources
- Recognized the need for time for reflection when reviewing complex situations

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Journal Assignments

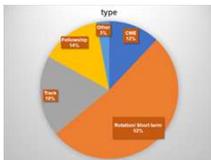
Activity 1: Border Health Background
Activity 2: Current asylum situation
Activity 3: Bias
Activity 4: Ethical consideration
Activity 5: Trauma informed care and Mental Health in the border region
Activity 6: The future journey
Activity 7: Envisioning solutions for border communities
Final Activity: Moving Forward

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2018 Border Health Fellowship Interest Survey

Preferred time frames



Key Topics Identified by Respondents

- Advocacy
- Health systems
- Region specific conditions
- Ethics of cross-cultural work
- Language training

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Adjustments Made to Curriculum Based on Survey

- Advocacy and ethics were reinforced
- Added additional education on region specific conditions
- Working on adding more education on health systems
- Exploring what language training is feasible within a short-term rotation



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Our Partners

- Southern New Mexico Family Medicine Residency Program
- Hospitality Coalition
- NM Department of Health (DOH)
- Medical Reserve Corps (MRC)
- Office of Emergency Management
- Texas Tech: Pediatric border rotation shared experiences
- UNM: Office for Community Health and Dept. of Family and Community Medicine

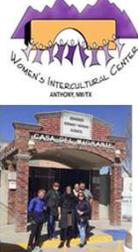


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Identify Community Opportunities

- DOH Programs: PrEP clinic, CHW meetings, Harm reduction training
- Border Servant Corps
- Asylum seeker shelters
- County health council and community meetings
- Casa del Migrante (Ciudad Juárez)
- Windshield tours



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Social Accountability: *Residencies Responding to Community Need Vs. Communities Responding to Resident Needs*

- Return on investment for state
- Creative collaboration to respond to local and national crisis
- Improve access to care for asylum seekers
- Decreased hospital admissions/burden on ED
- Improved health equity
- Social accountability

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Changing Environment

Differs from other rotations

Challenges have included

- Metering and Migrant Protection Protocol (Remain in Mexico)
- COVID -19 and shutting off of borders



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Lessons Learned

- Our model is flexible but does require frequent updating to keep relevant
- Rotation requires innovative and solution-driven mindset
- Keeping up relationships in challenging and changing environments
- Feedback reinforced our initial thoughts that time for reflections is very important



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Discussion/Workshop

- What are the needs that need to be addressed in your community?
- Can you identify partnerships, key players?
- How can your program be socially accountable in providing for needs?

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References

1. Rowthorn, Virginia JD; Baltimore MD "Global/Local: What Does It Mean for Global Health Educators and How Do We Do It?" *Annals of Global Health* 2015; vol 81 No 5 p 594-601
2. New Mexico Department of Health: Office of Border Health <https://nmhealth.org/about/asd/ohs/obhl/>
3. US-Mexico Border Health Commission "Healthy Border 2020: A Prevention and Health Promotion Initiative" 2015 Handout
4. HUD exchange: Colonias History <https://www.hudexchange.info/cdbg-colonias/colonias-history/>
5. National Rural Health Policy brief "Addressing the health care needs of the US-Mexico Border Region" 2010.

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