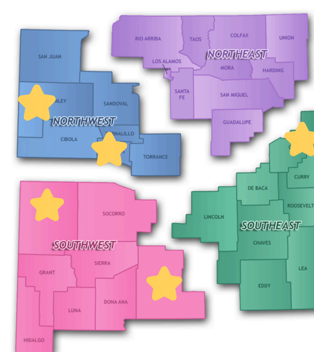
PC-BRIDGE Health Council Studio Summary

Overview

PC-BRIDGE, a hub of the NIH CARE for Health™ initiative, works to build research capacity in primary care clinics. On October 30, 2025, health council experts throughout New Mexico provided feedback on how the PC BRIDGE can best work with their respective communities with topics including relationship building, partnerships, community input, and trust. Experts also provided input on several previously conducted clinic listening sessions, specifically commenting on their overall thoughts, agreement, and disagreement with what the clinics told the PC Bridge team. Key insights from this session can highlight opportunities for successful research integration in rural primary care clinics. Stars on the map mark their approximate location.



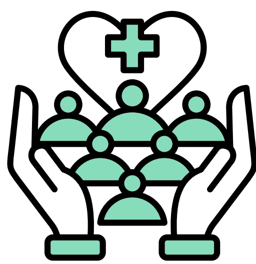
Relationship Building (Part 1)

Ideas on how PC Bridge can be a good community partner

** Indicates agreement*

- Flexibility. All rural communities have different needs that might not necessarily "fit" with a particular study.
- Patience. It's the "land of manana".
- Responsibility with data, specifically avoiding being exploitive or extractive with information.
- It's important to meet communities where they're at.
- Clinics are closing and there is a lack of services. Any type of health-related services that UNM could bring into the community would be greatly appreciated.
- UNM needs community buy-in with trusted individuals and groups.
  - Establishing relationships is paramount, especially for those who are not from these communities.
  - Communities are tight knit, and it can be hard for outsiders to become established.

What things could PC Bridge do to build and maintain trust within these communities?



- The UNM CE liaison maintains a good relationship with health councils *.
  - She has reached out to health council members about opportunities, attends health council meetings, and participates in community events. When running an event or promotion, she relays that information back to UNM. This strengthens the bond between UNM and the communities. Having a genuine connection such as this is a great way to build trust*.
- Communities are looking for follow-through*.
- One thing practiced in the birth worker community is to be holistic and intentional in creating a space. This could be childcare or just showing up with food. If possible, providing gas cards for people who must travel to participate.
  - Food works wonders*.

How can trust be re-established?

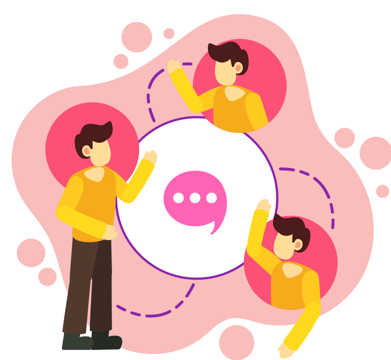
- Providing consistent services
  - Patients are concerned about whether they will see the same nurse or doctor every time they seek care. People do not want to repeat the same story, particularly the older population. They want consistency.
- Trust takes time.
  - This is true especially for outsiders. It takes time to learn, listen, and put a definition to what a good relationship is. It's about putting in the effort to go the extra mile and earn trust through investment.
- Building trust can be challenging in rural communities because personal and professional lives overlap, and a single negative event can destroy relationships that are hard to rebuild.

In what ways can we continue to get input from communities about PC BRIDGE and the projects we're supporting?

- Share CE liaison information. If there are any statistics or reports, share those with the community. Getting information back and forth is key. *
  - Getting input from the community means showing how you're using what you're collecting. Include information about progress and impact.
- Think about space and location.
  - Example: One expert does not get many people when hosting their own space, but when they host at bingo, there is a huge turnout. It's important to show up on other people's "turf".
- Have primary care staff be a part of the conversation (i.e., trusted medical person), not just health council members.
- Collaborate with community partners to collectively reach people that want to participate.
- Having participants contact UNM instead of going through a provider is effective.

What should we do to ensure we keep good relationships with communities in the long run?

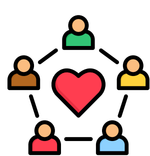
- Communicating and following up, consistency, sharing information back. Sometimes the information is taken, and people don't hear any feedback about what became of their participation or how it benefits the community.
  - Example: Within Indigenous communities, acknowledgement is important for kinship. Researchers must work with partners in the communities instead of speaking from the top down. It is crucial to be at the table and have an eye-to-eye approach.
- We get caught up in what is our "job" and what is not a part of our job.
  - Example: CE liaison's job was in an office, but she attends many events. Once someone takes this initiative, it's easier to reciprocate.

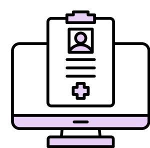


Can you think of any people or organizations that you have a relationship with and strategies to sustain them?

Examples of positive relationships:
- Relationships with county officials have been valuable. They came to the table not in the form of funding but in the form of support.
- Collaboration between local community-based clinics and the public health alliance is successful. This will lead to growth and "cross - pollinators" between clinics and public health. The goal is to approach health holistically, not just from one angle.
- If a health center has an event, we make sure there are people there who can help with events. Knowing everyone can rely on each other is huge for maintaining relationships.

Examples of negative relationships
- DOH is hard to work with. They "box us in" and make it hard to build relationships.





Thinking about our conversation, are we doing "it" right? Or how can we do "it" right?

- It is critical to get the word out to the community.
  - It's invaluable for people to know about opportunities, how they can benefit, and how they can participate.
- Headed in the right direction with community engagement.
  - When people hear UNM, they automatically think you're from Albuquerque and "you don't know what it's like for us out here". This is a hurdle, but meeting people where they're at and caring about what they're going through will be a huge help.
- Personal experience with health care system –
  - Disappointed with the type of care received.
  - Not seen as an individual, but instead someone who is supposed to fit a mold.
  - Patients develop mistrust in a system that does not want to hear them.

Reflections on Clinic Listening Sessions (Part 2)

Health priorities

- Lack of hospitals and birth centers.
- Women's health is an issue *.
- General access to care. People have to drive for hours and clinics are shutting down.
  - This is a huge problem, especially for the elderly.
  - Chronic issues with specialty care - seizure, asthma
- Lack of doctors. People go outside of the state or drive to Albuquerque.
  - Doctors leave because they are underpaid
  - Medical malpractice
  - Need to attract more local physicians.
- Funding cuts: Example: IHS is facing cuts, and a lot of staffing are contractors who are not from the community. Relationships are missing. There are gaps in communication and language barriers.
- It's hard to say what's most important because it's all important, and I there is no answer about how to fix it. It's a "domino effect".

Types of people who live in your community (including language(s) spoken and literacy needs)

- Low income and bilingual. People take children and grandchildren to act as translators.
- Literacy is a challenge, people run away from things that aren't "normal".
- People in the "gray area". They need support but don't qualify for many forms of support. Homelessness, housing insecurity, incarceration, and mental health are issues.
- Age – large population of 65 and older.
- The reliance on family and social networks *
  - Caregivers, single parents relying on relatives, transportation, coming into town to shop for supplies, childcare.
  - Living in multigenerational homes is common.
  - If there is no network to get to appointments, they don't go. If nobody can help people get treatment and be a safety blanket, their health and care decline.
  - Reliance on social networks or senior centers to navigate applying for social security.

How we can present research opportunities to your community?

- CE liaison presentations to health councils about research findings is effective. It's important that people can ask questions.
- Time during health council meetings for people to give presentations. *
- Social media, QR codes, radio adds translating it into Spanish and Navajo, working with community partners.
  - Facebook is popular. *

Contact Us

If you have any questions, please contact Jarod Peterman, PC-BRIDGE Senior Program Manager at:

JCPeterman@salud.unm.edu