

# PC-BRIDGE Community Listening Sessions Summary

## Overview

PC-BRIDGE, a hub of the NIH CARE for Health™ initiative, works to build research capacity in primary care clinics. From June through September 2025, the hub met with six clinics across all NM public health regions to understand their barriers and needs to participate in research. Key insights from these sessions can highlight opportunities for successful research integration in rural primary care clinics. Stars on the map mark their approximate location.



## What Community Members Shared

### Local and Clinic-Level Health Priorities

The clinics discussed a range of health priorities including:

- Asthma
- Autism
- Behavioral health
- Chronic disease
- General primary care
- Gestational diabetes
- Mental health and depression
- Nutrition
- Preeclampsia
- Prenatal care
- Prevention (i.e., discussion of planning and health before illness happens)
- Sexual health



### Prior Knowledge/Experience with Conducting Research in a Clinical Setting

Clinics had very limited to no experience conducting research. Five clinics had at least one employee with a low level of research knowledge and experience, while one clinic had no staff with research training or experience.

### Training Needs for Clinic Staff

All clinics expressed the need for structured training to conduct research within their clinic.

Research training needs to be tailored to the organization structure and priorities of each clinic.

- Some clinics were open to any structure of training, while others were concerned of training time commitments
- Two clinics wanted their staff to opt into participating in research-oriented training

#### Additional considerations

- Offering a “refresher” or basic training
- Staff availability
- Training should include how to serve specific rural populations and cultures



### Clinic-Identified Barriers to Achieving Health Priorities

- Staffing shortages
- Limited access to specialists
- Lack of continuity of care
- Limited appointment slots
- Access to care/prenatal care
- Time constraints for providers and patients
- Lack of primary care resources
- Limited health screening and surveillance
- Issues with online engagement
- UNMH's referral process
- Patient knowledge of self-assessments



### Sociodemographic Considerations

All clinics described their patient population as having low-income

- 85% of patients at two clinics are covered by Medicaid.
- 35% of patients at two clinics are from households earning less than 25,000.
- Education was included, with several clinics serving communities with a majority having a high school education.

### Language and Literacy Considerations

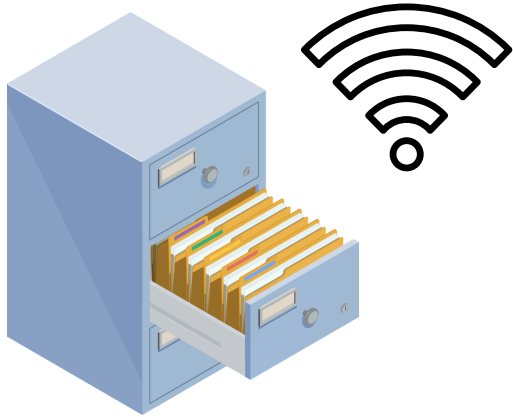
Clinics also discussed:

- Having a significant portion of the population as Spanish speaking
- Limited health literacy
- High need for patient education
- Need for translation resources (Spanish, Diné, other), despite Medicaid-supported translation services

Additional considerations include:

- Telehealth is feasible for most clinics
- Patient reliance on family members for help with transportation, translation, and support
- Need for consistent language support
- Culturally-sensitive care





## Clinic Logistics and Infrastructure for Research Activities

- Clinics vary in their ability to provide space, storage, and reliable internet for research.
- Scheduling flexibility differs, with some clinics requiring after-hours research activities.
- Several clinics rely on or are open to incorporating home visits into research.

## Strategies for Recruiting Patients

- Clinics shared strategies for recruitment specific to their community's needs including text, email, social media, word of mouth, pamphlets/information cards in English and Spanish.
- Discussions on what works best for the clinics should be had before a study is implemented.
- Recruitment constraints or considerations include needing to recruit after hours or during regular patient visits and that digital literacy and frequency of technology use in the community heavily influence whether phone or in-person communication is more effective than digital tools.



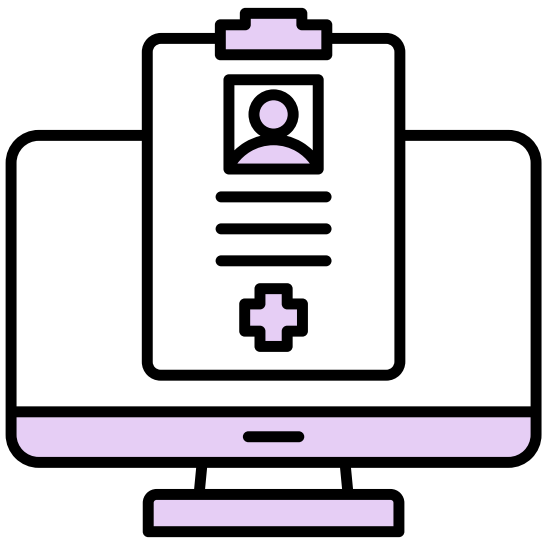
## Feasibility of EHR-Based Patient Identification and Secure Data Sharing

**Five clinics talked about having an EHR system they could use for research needs.**

- One currently has limited search capabilities and uncertain specificity that makes data retrieval challenging.
- One preferred not to utilize EHR for queries, instead wishing to utilize staff knowledge of clients to preserve patient relationships.
- Secure data sharing did not appear to be a concern with three clinics talking about having an IT team or designated tech person who can pull patient data or share it with UNM.

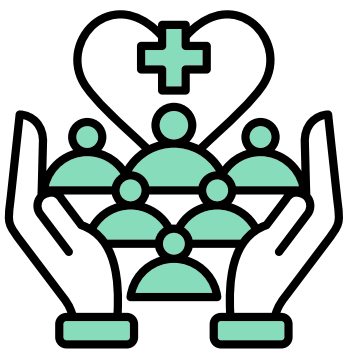
**Types of EHR systems include:**

- Midwife-based EHRs
- ClientCare
- Epic
- Athena health



## Clinic Research Readiness: Telehealth Capacity and Administrative Requirements

- Five clinics currently offer telehealth services; one noted this capability is still new.
- Clinics' approval to participate in studies may be complex as several clinics require external administrative approval or special permission before engaging in research.



## Clinic Resource Needs for Research Participation

All clinics highlighted staff shortages and the existing demand on clinical capacity and resources. To help integrate research, study budgets should include:

- Funding for additional staff or staff capacity to meet study time commitments
- Operational support
- Brief research training or refresher
- UNM resources or incentives for clinic staff (access to institutional subscriptions, services, or professional development)

## Contact Us

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

JCPeterman@salud.unm.edu

