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*Blair, R.G., Kozel, C.T., Hubbell, A.P., Watson, K.N. / Californian Journal of Health Promotion 2016, Volume 14, Issue 3, 1-11.*

# Social Justice in the Borderlands: How Agenda-setting Theory Might Be Used to Reduce Health Disparities along the U.S./Mexico Border

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## Abstract

**Background and Purpose**: Along the U.S./Mexico border, poverty, unemployment, and no to low access to health care is the norm. A primary goal of this article was to discuss a framework based on agenda-setting theory to aid community members in getting relevant health care issues on the community "agenda." To accomplish this, we aimed to better understand the demographics of influential people, or agenda-setters, in the area. **Methods**: We identified and interviewed 30 agenda-setters in communities on both sides of the U.S./ Mexico border. Health promotion agenda-setting (HPA-S) theories guided our study, and primarily qualitative research methods were utilized to analyzed transcripts taken from individual interviews with. **Results:** Participants indicated that community members can best advocate for health care resources by creating a shared vision among community members prior to asking for resources- by understanding the priorities of those holding the purse-strings, by framing the community wants within the bounds of those priorities, and by fostering strategic partnerships with influential agenda-setters in their communities. **Conclusion**: Through application of this framework, community members can increase their social justice by becoming better able to advocate for and obtain needed health care resources.

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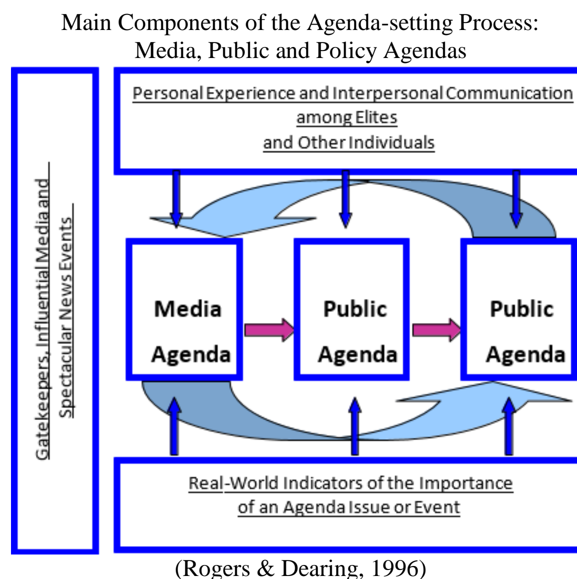
*Keywords: agenda-setting theory, social justice, community practice, border area*

## Introduction

The U.S.-Mexico border encompasses an area of 2,000 miles, from the Gulf of Mexico to the Pacific Ocean; and spans four U.S. states: Texas, New Mexico, Arizona, California, and six Mexican states, 48 U.S. and 80 Mexican "municipios," or counties; and extends 100 kilometers (62 miles) from the international boundary, both north into the United States and south into Mexico (National Rural Health Association policy brief, 2010). The Paso Del Norte Region of the U.S.-Mexico border covers about 250 miles and is presented in Figure 1.
Many health disparities exist along the U.S.-Mexico border region, for example, maternal and child health, injury prevention, human security, and mental health (Border health -- women's health, USA, 2016; Bastidu, Brown, & Pagan, 2008). This region also experiences

**Figure 1.**

Main Components of the Agenda-setting Process: Media, Public and Policy Agendas




(Rogers & Dearing, 1996)

complicated barriers to accessing health and preventative care that are directly related to socioeconomic disparities, linguistic and cultural barriers, low population density, and lack of insurance (United States/Mexico Border Health Commission, 2010).

Currently, 26.7% of adults in the border region lacked health insurance compared to 16.7% of adults in the total U.S. population (Border health - women's health USA, 2016). Along El Paso County, 27.4% of residents lacked health insurance, while 46.4% of Hispanic El Paso County residents lacked health insurance (Anders, 2011). Adding to the difficulty, health insurance coverage premiums and health costs in U.S. counties along the U.S.–Mexico border are determined by national and statewide price structures. Rather than being discounted to take the border resident's low income into account, costs are higher than in the rest of the United States (Bastidu, Brown, & Pagan, 2008).

The Hispanic population along the U.S.-Mexico border experience higher rates of chronic diseases including tuberculosis, diabetes, hepatitis, asthma, and obesity (Anders, 2011). According to Anders (2011), "It will take a U.S.-Mexico border specific solution to address the Hispanic Health Disparities with this unique population and environment," (p. 1).

To address health disparities from the perspective of social justice, the current study outlines an agenda-setting strategy for advancing social justice, specifically Health Promotion Agenda-Setting (HPA-S), where even the most vulnerable gain greater access to needed resources. A primary goal of this study is to create a framework based on agenda-setting theory, which can aid community members in getting relevant health care issues on the community "agenda." It is designed to demonstrate how agenda-setting theories can be applied to understanding the demographics of agenda-setters within the U.S.-Mexico Border region; as well as analyze and develop strategies for promoting social justice with regard to health care disparities from interviews with prominent community members or agenda-setters.

To date, limited research exist as to how theories of agenda-setting might serve as a remedy for health care disparities. Another goal of this research was to determine the characteristics or demographic attributes of community agenda-setters in order to better identify those who set the agenda for a community and to gain advice for strategies of system change from these agenda-setters. To accomplish the research, we attempted to add to the results from a previous New Mexico HPA-S study where numerous HPA-S factors emerged, including agenda-setter characteristics, design factors, and mechanism factors which are described further in the methods section (Kozel et al., 2003).

**Social Justice and Agenda-Setting**

Bell (1997) defines social justice as the "full and equal participation of all groups in a society that is mutually shaped to meet their needs. It includes a vision of society, in which the distribution of resources is equitable and all members are physically and psychologically safe and secure (p. 3). Our perspective is that social justice is the effort to give voice to those who do not typically participate in resource decisions such that they can join in the conversations regarding change.

Theories of agenda-setting address the ongoing competition among issues to gain the attention of the media, public, and policy professionals (Dearing and Rogers, 1996). An agenda is a "set of issues communicated in a hierarchy of importance at any point in time" (Dearing & Rogers, 1996, p. 2); the greater the perceived importance of the issue, the higher its place on the agenda. What the media displays as important influences viewers, readers, and listeners and impacts the issues that are discussed, thereby gaining importance on the public agenda (Cohen, 1963; Dearing & Rogers, 1996). If an issue is perceived as "salient" and receives extensive coverage by the media, it is likely that audience members will think more about that issue than one that is not as frequently covered, and in turn influence what policy makers consider (Dearing & Rogers, 1996; Dunaway et al. 2010).

Health Promotion Agenda-Setting (HPA-S), a subset of agenda setting theories, "is about how health issues move through agendas to the point that they become actionable by policymakers," (Albalawi & Sixsmith, 2015, p. 3). HPA-S shifts the focus from individual risk behavior change to the adoption of innovative health policies designed to advance social justice by promoting the public's health (Albalawi & Sixsmith, 2015). HPA-S uses interrelationships of the media, public, and policy agendas to explore and try to determine how health issues move to the forefront of policymakers' actions (Farmer & Kozel, 2005).

**Figure 2.**

U.S./Mexico Border along Paso del Norte Region

Patterson (2010)

## Current Study

This study was designed to foster greater social justice by identifying individuals who are considered to be the agenda-setters from both sides of the border, interviewing them, and listening to their suggestions and proposed strategies for obtaining greater social justice, especially health care resources. This research, part of the Healthy Border 2010 project, was funded by the Paso del Norte Health Foundation (PDNHF); and addresses health policy making and health issues on both sides of the U.S.-Mexico border.

To try to integrate regional health concerns, border health experts created a document called Healthy Border 2010 (U.S.-Mexico Border Health Commission, 2003). This served as an agenda for health promotion and disease prevention in both nations. A primary goal of Healthy Border 2010 was to eliminate health disparities in this region (U.S.-Mexico Border Health Commission, 2010). In the current study, Healthy Border 2010 provided a framework where agenda-setters were identified and interviewed.

This research study was exploratory because public health studies to date have not clearly specified solutions to advance social justice in a bi-national region that address health inequities along a unique area such as the U.S.-Mexico border. The project's research objectives were threefold:

1) To collect preliminary information in order to identify and report characteristics and attributes of border health agenda-setters;
2) To identify and report design factors of the border health agenda-setting;
3) To identify the strategies and processes in advancing community development that effectively specify and prioritize border health issues and sustained advocacy, for policy driven change.

## Methods

### Study Design

Our study by the Center for Border Health Research of the Paso del Norte Health Foundation was non-experimental, exploratory, and used a cross-sectional approach. The research consisted of face-to-face interviews with agenda-setters to gain a better understanding of the agenda-setting process for healthy border 2010 from the perspectives of mass media, the community, and policy leaders.

### Participants

The study brought together a team of bi-national scholars from different disciplines, plus numerous graduate and undergraduate research assistants. The disciplines represented on the research team were health education, public health, and public health communication from the U.S. border region universities and Mexico. As a team we selected a sample of ten (33.3%) media representatives (e.g., reporters and news editors) nine (30%) public leaders (e.g.,

community development leaders, health policy advocates, professors, physicians), and 11 (36.7%) policy makers (e.g., government leaders, officials, and representatives). Ten (33.3%) were female, and 20 (66/7%) were male. Nineteen (63.34%) were Hispanic, ten (33.33%) were Anglo, and one (3.33%) was African-American. Several other questions regarding participants' background were also asked during the interviews.

Participants were selected after being identified as influential community leaders who helped shape HPA-S for Healthy Border 2010 within the Paso del Norte Region. A three-stage snowball sampling methodology was used to gain access to these individuals (Kotz & Johnson, 1988; Van Meter, 1990).

In the first stage, ten individuals from the Las Cruces, New Mexico area were identified as probable agenda-setters, and were individually interviewed face-to-face in Las Cruces, El Paso or in Ciudad Juárez. Individuals were selected according to their HPA-S involvement and role(s) in addressing border health issues. Following the first stage of completed interviews in Las Cruces; in the second and third stage, research collaborators with the help of investigators, identified and interviewed 20 individuals, 10 from El Paso and 10 from Juárez, with characteristics similar to those found in the first stage.

**Conceptual Framework**

The two primary aims of the interviews were to gain information about the characteristics of the participants; and to analyze participant responses to the 6th question in the interview script. Responses to this question were categorized into either design or mechanism factors. "Design factors" was the label we gave to strategic planning elements and methodology principles which can be used as part of the agenda-setting process. Design factors included how the problem is defined, how the issue is framed, and knowing when and how to bring up the issue.

"Mechanism factors" was the label used to denote the strategies that can be used to promote system-level change. This included macro-level practices aimed at influencing organizational, social, and political systems and processes. Mechanism factors are different than design factors, in that they require an understanding of the political and decision making processes that are not readily apparent but have great impact on policy development. For example, if one were building a house, the design factors would be the actual plans for the construction, whereas the mechanism factors would be an understanding of the policies surrounding building so that building permits and inspections could be obtained.

**Measures**

Qualitative research in the form of interviews was the main focus of the research. The interviews addressed Health Promotion Agenda-Setting; and the primary goal was to identify strategies that foster social justice, as well as issues that often block social justice in this particular geographic area. Six topics or questions were addressed. The first five topics/questions spoke to participant demographics as well as their interest and experience in border health issues. The 6th topic addressed social justice and health equity in this region, and was the primary focus of our research. Data analysis consisted of categorizing participant responses to this topic. Prompts were also used as part of the interviews. Findings from two previous studies on agenda-setting (Kozel et.al., 1995; and Kozel et.al., 2003) influenced the questions asked to participants. Additionally, interview questions were intentionally limited to include agenda-setting components derived from the New Mexico HPA-S study. The following six topics were addressed with each participant:

1. Level of agenda-setter's involvement
2. Perceived importance of characteristic, design, and mechanism factors
3. Types of sectors (organizations/ affiliations) engaged by agenda-setters that provided support for advocacy and policy development
4. How agenda-setters became interested in border health issues
5. The leadership roles and practices used by the agenda-setters in advancing border

health issues.

6. Suggestions of activities, specifically, "Please suggest a couple of activities for better fostering and maintaining social justice (how the issues fit into the current or emerging socially acceptable limits of health equity)."

### Procedures

All interview scheduling, interviews, and materials (including cover letters, informed consent, and interview guides) were presented in English and/or Spanish, according to respondents' preferences. A digital voice recorder was used during the face-to-face interviews, with consent from the participant. Data analysis included transcribing words from the interviewees verbatim followed by extracting, coding, and quantifying common strategies that emerged in the interviews.

An interview protocol, approved by the Institutional Review Board of the New Mexico State University for human subjects' protection, guided data collection. Participants were informed verbally and in writing of the purpose, potential benefits, and efforts to protect their confidentiality at the time they were invited to participate. They were also advised that they could choose not to answer any questions, and/or discontinue their participation at any time. For confidentiality purposes the participants' names were coded and did not appear on the interview guide.

### Analyses

Data analysis included transcribing words from the interviewees verbatim, followed by extracting, coding, and quantifying common themes that emerged in the interviews. Three MPH student Graduate Research Assistants (GRAs) assisted with the analyses, one to complete the transcriptions, another to code the common themes, and a third to quantify common themes. The PI, and CoPIs reviewed the results for final edits. The primary investigator maintained all data in a secured and locked location; once the research was completed, all tapes and the master key of subject names were destroyed.

## Results

### Characteristic Factors of Participants

Questions 1-5 of the interview addressed this topic. HPA-S participants had major differences in background characteristics compared to the general New Mexico population with regard to ethnicity, gender, educational level, years in local residence, and greater wealth or net accumulated resources. The respondents' demographic characteristic factors are presented in Table 1. Our sample was highly educated with only 1 (3.3%) individual having only a high school degree. Eleven (36.7%) participants reported having a college degree and 18 (60%) had completed a graduate degree.

Participants described themselves as being above the 50$^{th}$ percentile in accumulated net resources, with 12 (40%) being in the top 10$^{th}$ percentile, 11 (36.7%) within in the top 25$^{th}$ percentile, and 7 (23.3%) in the top 50$^{th}$ percentile. In terms of age, 2 (6.7%) were in the 36-40-year age range; 6 (20%) were ages 41-45 years; 6 (20%) were 46-50 years; 4 (13%) were 51-55 years; 3 (10%) were 56-60 years; 2 (6.7%) were 61-65 years; 3 (10%) were 66-70 years; and 4 (13.3%) were 71 years or older.
Most participants self-identified as having worked in agenda-setting for U.S.-Mexico Border health issues for 10 years or more. One (3.3%) person responded as not knowing how long they had worked in this area; 2 (6.7%) had done this for less than 5 years; 5 (16.7%) had done this for 10-15 years; 6 (20%) had done this for 16-20 years; and 16, the majority, (53.3%) had done this for more than 20 years.

In regard to how long participants had lived in the area: 3 (10%) stated that they had lived in the area for more than 1 year but less than 5 years; 3 (10%) had been there for between 10-15 years; and 24 (80%) participants had been in the area for more than 15 years.

The majority of the participants were male ($n$ = 20, 66.7%). Finally, when asked what role they played as an agenda-setter, 9 (30%) described themselves as a mass media agenda-setter; 9 (30%) as a public agenda-setter; and 12 (40%)

as a policy agenda-setter. In summary, our sample was highly educated, older, wealthy had lived in the area for a significant amount of time, and had demonstrated agenda-setting leadership roles and practices as a media, policy, or public agenda-setter.

Previous research on health promotion agenda-setting provided some guidelines in developing the study, see Table 2. However, as participants answered questions, without input from interviewers, various themes emerged. Some of these themes had been hypothesized from previous research, yet others were unique. The following summarizes these themes.

**Characteristic Factors for Social Justice**

Perhaps because participants had been selected due to their probable agenda-setter status, seven out of 26 of them (27%) suggested considering characteristic factors for better fostering and maintaining social justice. For example, one participant suggested we "develop an issue champion from the community, someone who makes things happen." Another noted the importance of identifying and working with "leaders demonstrating commitment to social justice."

**Design and Mechanism Factors**

As previously noted, participants were interviewed regarding six topics. The sixth topic, "Please suggest a couple of activities for better fostering and maintaining social justice," addressed participant perceptions of how health care equity could be increased in this region. Regarding this topic, 26 out of the 30 participants responded (87%). From their answers, two kinds of qualitative factors emerged as important for advancing successful HPA-S for Healthy Border 2010: Design factors, and Mechanism factors.

**Design Factors**

Nine out of 26 participants (35%) suggested design factors. Three important design factors included the abilities to: (1) Approach and work with others in developing strategic partnerships and network development. As an example, a participant noted: "You've got to go with your supporting forces, not go with your restraining forces. Don't bring attention to your restraining forces. Don't empower them. Empower your supporting forces." (2) Clearly identify the problem and create an innovative alternative solution. Another participant noted this example: "The American society has a #1 motivation for profit. The challenge is how to motivate people to understand it is fair. . . improving the needs of people. A key is in the end everyone will profit." And (3) convey information with simple and clear wording. To this end, one participant noted: "Use successful and clear testimonials in media"

Additionally, as issues are prioritized, community members need to frame those issues in the most persuasive way possible to those holding the purse strings. One suggestion from an interviewee was to come up with a storyline of how specific people from the community have been affected by a specific problem, and to suggest options that might serve as a remedy. For example, if the issue is diabetes, a respondent stated, "You can seek out a family affected by diabetes and see what it is they're doing that's their success." Alternatively, another noted, "If the issue is alcoholism there is more impact if we frame it in terms of the accidents that are caused by drinking. If we report on cirrhosis or cause of alcoholism, people will ignore it. But if I write about those that are wounded, with fractures, etc., this will impact more. It's like we have to create more drama."

**Mechanism Factors**

Twenty-two out of 26 participants (85%) suggested mechanism factors as important in furthering health care equity in the border region. As noted previously, mechanism factors were factors designed to bring about system-level change. All of the following mechanism factors were suggested.

**Continued Strategic Partnering with Political Leaders.** Ten out of 26 participants addressed this topic. This was noted as a way to keep the community engaged in the policy change process. This included maintaining salience of the specific issues and fostering a "bottom up"

**Table 1.**

Demographic Characteristics of Respondents

| Variable | | N | % |
|---|---|---|---|
| Gender | | | |
| | Female | 10 | 33.3 |
| | Male | 20 | 66.7 |
| Level of Education | | | |
| | Up to high school degree | 3 | 10.0 |
| | College Degree | 9 | 30.0 |
| | Graduate Degree | 18 | 60.0 |
| Ethnicity | | | |
| | African American | 1 | 3.3 |
| | Anglo American | 10 | 33.3 |
| | Hispanic Americans | 19 | 63.3 |
| Age | | | |
| | 40 yrs. and under | 2 | 6.7 |
| | 41-45 yrs. | 6 | 20.0 |
| | 46-50 yrs. | 6 | 20.0 |
| | 51-55 yrs. | 4 | 13.3 |
| | 56 yrs. and over | 12 | 40.0 |
| Agenda-setting Experience | | | |
| | Less than 5 yrs. | 1 | 3.3 |
| | 5-9 yrs. | 2 | 6.7 |
| | 10-15 yrs. | 5 | 16.7 |
| | 16-20 yrs. | 6 | 20.0 |
| | Greater than 20 yrs. | 16 | 53.3 |
| Years in Local Area | | | |
| | More the 1 year, less than 5 yrs. | 3 | 10.0 |
| | More than 5 yrs., less than 10 yrs. | 0 | 0.0 |
| | More than 10 yrs., less than 15 yrs. | 3 | 10.0 |
| | More than 15 yrs. | 24 | 80.0 |
| Net Accumulated Resources | | | |
| | Top 50% | 7 | 23.3 |
| | Top 25% | 11 | 36.7 |
| | Top 10% | 12 | 40.0 |

**Table 2.**

Agenda-Setting Concepts and Applications

| Concept | Application |
|---|---|
| Problem Identification | Advocate with agenda-setters including community leaders, groups and organizations to define and prioritize issues. |
| Alternative Solution(s) Development | Advocate with agenda-setters including community leaders and organizations to define problems as no longer acceptable and prioritize acceptable solutions. |
| Pre-decision Influence | Use mechanism factors to influence strategic pre-decision systems and processes to prevent predetermined agendas. |
| Media Agenda-setting | Work with media professionals to identify and understand their roles, needs and decision process for selecting and reporting news. |
| Public Agenda-setting | Work with strategic partnerships and media entities to build, foster, and advocate the public agenda for important health issue solutions. |
| Policy Agenda-setting | Liaison with agenda-setters including community leaders and policymakers to sustain the importance of health issue solutions on the media and public agenda. |
| Framing | Position unacceptable problems and acceptable solutions to the media and public, using factors to foster a shared vision leading to acceptance vs. exclusion |

Adapted from Finnegan & Viswanath (2008). Communication Theory and Health Behavior Change: The Media Studies Framework. In Glanz, K., Rimer, B. and Viswanath, K. (Eds.). *Health Behavior and Health Education: Theory, Research and Practice, 4th edition. (375-376.).* San Francisco, CA: Jossey-Bass.

and a "top down" "shared vision" for policy development. As a participant stated, "You're not going to compel anybody to action unless they have a shared vision about what needs to be done. You have to get the Governors, the Senators, the Mayors, community leaders …with translators if necessary…in the same room, and talk about what needs to be prioritized and what their commitments are to getting it done."

**Engaging the Community**. Fifteen out of 26 participants noted this topic during interviews. Enlisting representatives from various subgroups within the community was suggested as an important step in engaging the whole community. However, according to one participant, "Make sure all the players are on the same page as far your goals...If everyone comes in with their different wants and desires and people are unwilling to compromise, nothing will get done." Another respondent stated, "There needs to be a very, very clear starting point as far as what our prioritized issues are."

**Listening to and Hearing Community Members.** Ten out of 26 participants addressed this topic. This was suggested as a necessary step to understanding the community. One respondent noted, "Dialogs and communication is the important thing. It's one thing to email people or to phone people. It's something else to actually sit around a table like this and discuss and brainstorm." Another respondent noted, "Meetings can serve as a vehicle for educating the public about particular issues." Another noted, "If the people manage the meetings in a very efficient way with a more relaxed atmosphere and they respect time of the people at the meeting, you get the sense that you are really achieving things in every single meeting. There has to be meetings based on particular issues, but organizations and community members have to follow up with the people who are elected in office."

**Maintaining Salience.** Ten out of 26 participants indicated this topic. To maintain salience, respondents noted: "you have to continually keep it in the forefront." "You need a covered wagon effect, you have to keep surrounding the issue, just don't let it go." Another indicated, "Constant. That is, not do a onetime event and then forget about it...And diffusion, consistency in the actions that are taken by the Commission."

Another suggestion for maintaining salience was "to identify a potential champion…in a particular school board for example…then we start feeding him information…calling him…what we are doing as a team is we are molding a champion; we are molding a true champion for a health issue." "Salience includes communication, promotion; all this has to be done constantly, without letting your guard down."

In addressing salience, media participants noted that it is important to "…really know your elected officials…identify one who is astutely attended to social justice, work with them.

Those who are committed should be the ones to support." In working with the media a respondent stated, "before every legislative session, to meet with the areas state senators and representatives who represent this area and discuss with them bills they plan to introduce regarding border health, and use that as a springboard to story development, story ideas. I think it should be a win, win, win situation."

**Bottom Up and Top Down**. Sixteen out of 26 participants noted this topic. Regarding social justice, one respondent noted, "Social injustice is mostly promoted in governmental institutions. The further removed one is from the problem, the less likely one is to fully understand it." This reflects the tendency of elected officials to ignore many of the social justice issues of the poor, hence the need for the poor to increase their capacity to voice their concerns. As an example of ignoring social justice, a respondent noted, "Despite the fact that the statistics are growing rapidly for diabetes mellitus and heart disease, we see no efforts or actions on the part of the authorities to contain the growth." Another respondent noted, "A key is in the end everyone will profit."

To increase social justice and system-level change, we need to improve our ability of

voicing the concerns of those without a clear voice. For example, once "we started to publicize the causes of death of residents in Juarez, the health officials in the state started to keep these statistics."

**Local Solutions**. Eight out of 26 participants addressed this final topic. Regarding locally developed solutions, a respondent noted, "I feel that the first is to share the reality that we have on each side. Even though we might suffer from the same health problem, the circumstances are very different." The same respondent shared: "In the center you hear me, you listen to me, but you don't understand me. They aren't interested in what happens to us here. The vision that our capitols have was created very far from what happens in a border city. They don't understand the border." Hence the need for politicians to visit the down-trodden areas they represent and to listen and collaborate with local residents.

## Discussion

Our research, as well as previous research, demonstrates the importance of working within a community to affect meaningful and sustainable change in a health care system. We talked to those who lead the agenda, the agenda-setters, to gain an understanding of their characteristics, design, and mechanism factors, according to HPA-S. With this information, our next step is to provide this information to those grassroots organizations along the border region to help them in their change efforts.

The crucial link between agenda-setting and the process of successfully establishing effective legislation, policy and programs was the focus of this research. Our research builds on the HPA-S findings and supports the idea that HPA-S provides practitioners and community members applications to improve macro level policy development and adoption (Kozel et al., 2003).
The agenda-setting approach enhances the ability to compete for attention from mass media, public leaders, and policy makers in order to improve public policy and more importantly, influence resource allocation (Kozel et al., 2003). Agenda-setting strives to focus attention on the innovation, diffusion, and adoption of change processes to move the issue to the critical mass stage of adoption (Kozel, et. al., 2006). Its strategies, methods, and systems facilitate the ability to be included in the "pre-decision" agenda and greatly enhance the probability of expanding social justice and policy formulation.

As noted previously, responses regarding social justice and health equity fit under three categories, 27% identified demographic factors; 35% noted design factors; and 85% pointed out mechanism factors. The importance of addressing mechanism factors or system-level change was the dominant theme among participants.

Despite the necessity of system-level change, noting how many participants indicated each of the three factors, underscores the significance of using all three factors for a successful agenda-setting approach. Hence, applying the HPA-S characteristic, design, and mechanism factors will increase the probability of not only getting at the policy making "table" earlier, but making it increasingly possible to stay at the table by providing tools for stating ones agenda in such a way that it bubbles to the top of the agenda hierarchy (Kozel et al., 2006).

According to Barberio (2014), those with extraordinary political or social standing, may have the resources or clout to have their wishes count for more with decision makers (p. 102). Our research indicated that those with the most accumulated resources, who are highly educated, have lived in the community for extended periods of time, and have numerous years of experience in influencing the agenda-setting process, can most effectively act as agenda-setters. As these influential people are identified within the mass media, public and policy agenda areas, and strategic partnerships are developed, they can greatly tip the balance and increase the chance of getting to the agenda-setting table and bringing about social change.

Findings from our study suggest that practitioners can most effectively work with community members by helping them to both

prioritize their issues and develop a shared vision of their health care wants. Once priorities are set, community members can be encouraged to frame those wants in persuasive ways such as a story line of how they have been affected and what might serve as a remedy. There needs to be time to brainstorm how the story regarding the challenge being faced can most persuasively be told to the media and others in order to garner their support. Most often, to give the story a face, those most affected by the issue, should be the ones to share it with the media.

### Limitations

Our research was directed by the goals of Healthy Border 2010, to eliminate health disparities along the border region. However, our research had several limitations. It reflected on the older goals of Healthy Border 2010 rather than the newer goals of Healthy Border 2020; it was exploratory rather than experimental; and subjects were not randomly selected. Hence, readers should be cautious about generalizing any of our findings.

Another limitation was the number of participants. Although access to agenda-setters can be challenging and 30 participants was the goal of the current study, more work needs to be done in the border region, on both sides of the border as in this study, and more influential individuals' opinions and ways of thinking need to be explored in order to have more comprehensive and generalizable findings. The current study is a first step in that direction.

## Conclusion

In the classic musical "The Music Man" the opening scene includes the statement: "But he doesn't know the territory." An important goal of this study was to increase understanding of the territory of policy development, and provide community practitioners more effective tools for getting to the agenda-setting table and making policy changes. Our research was directed by the goals of Healthy Border 2010, to eliminate health disparities along the border region. Healthy Border 2020 expanded on the goals of the Healthy Border 2010 to: Achieve health equity, eliminate disparities, and improve the health of all groups. Despite these lofty goals, limited research currently exists that supports the development of sustainable strategies to eliminate health disparities along the border region.

Our research addresses how the principles of agenda-setting may help reduce these disparities in the U.S.-Mexico border region. Findings suggest that the multifaceted role of the practitioner includes: bringing different facets of the community together to facilitate dialogue; gaining an understanding of the social justice issues community members want addressed; helping prioritize the issues into a shared vision among community members; and working collaboratively with them on how to strategically frame their shared vision to fit the needs of those holding the purse strings.

In addition to addressing health disparities along the border, the agenda-setting process may also serve as an effective model for prioritizing community, state, national and international health promotion innovations. The next steps needed are to actually apply these principles with communities along the border region, and assess their impact on health care disparities.

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