

# 2015 IIMS Community Engagement Symposium:



***Developing and Enhancing  
Collaborations for the  
Translation of Research***

Saturday, May 2, 2015 at

The University of Texas Health Science  
Center at San Antonio • Greehey Academic  
and Research Campus • 8403 Floyd Curl  
Drive • San Antonio, Texas 78229

*Made possible with funds from the Clinical and Translational Science Award*



April 21, 2015

Dear Friend,

Thank you attending the 2015 Community Engagement Symposium: Developing and Enhancing Collaborations for the Translation of Research.

The more people involved in improving the health of our community, the better the chance that we will succeed. We hope that after attending you will walk away with a clearer understanding of how science is turned into information and activities that improve health. We also hope that you will become more familiar with the different types of research projects and programs that you and your community could help design, carry out, and share with others.

At this symposium, you will meet a wide array of people including representatives from the Translational Advisory Boards, Practice-Based Research Networks, and the UTHSCSA community. We encourage you to explore available opportunities, introduce yourself, and ask questions. Let us know what you think is important. We hope you will meet potential partners for future collaborations to address the problems that matter to you.

If you are already engaged in improving community health, you will have an opportunity to present your programs or activities to others during the poster fair.

We hope that the Symposium will offer you actionable information, new partnerships, and a vision of the way forward to a healthier community.

Sincerely,



Robert Ferrer, MD, MPH  
Director of Community Engagement  
Institute for the Integration of Medicine & Science  
Dr. John M. Smith, Jr. Professor of Family & Community Medicine  
University of Texas Health Science Center at San Antonio









## OVERVIEW AND BACKGROUND

### SYMPOSIUM HIGHLIGHTS

**Keynote Speaker:** Jonathan N. Tobin, PhD, CEO President/CEO – Clinical Directors Network, Inc., Co-Director for Community Engaged Research and Adjunct Professor – The Rockefeller University, and Professor, Dept. of Epidemiology & Population Health – Albert Einstein College of Medicine of Yeshiva University

**Topic:** Translational science describes how research discoveries are translated from basic science, to clinical practice, to public health benefit. This symposium addresses methods for developing and enhancing community and academic collaborations for the translation of research.

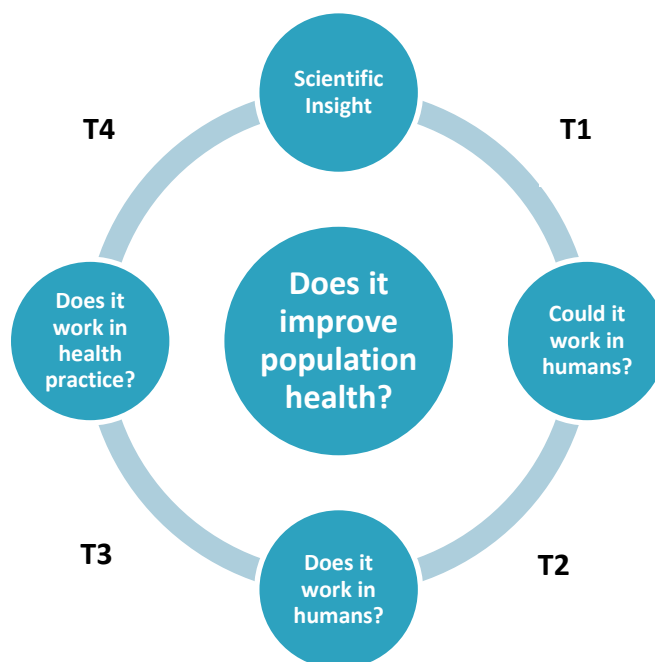
**Goal:** To share examples and perceptions of how community and academic collaborations can be used as a strategy for the translation of research

**Conference Objectives:** (1) to showcase current projects (within different phases of the translational spectrum) for possible future collaborations; (2) to identify methods for engaging the community in all phases of research; and (3) to build the capacity of the community and academics to engage in authentic collaborations.

**Audience:** Community groups (i.e., Translational Advisory Boards, Practice-Based Research Networks) and researcher faculty/staff/trainees who presently work together, or wish to do so in the future.

## WHAT IS TRANSLATIONAL SCIENCE?

Translational research is a multidisciplinary form of science used to “translate and move” knowledge from basic science discovery, to patient-based applications, and then out into clinical practice for the enhancement of population health and well-being. When speaking of translational science, people often refer to T1, T2, T3, and T4. Each of these translational steps fits in a cycle as seen below.



## ABOUT THE INSTITUTE FOR INTEGRATION OF MEDICINE AND SCIENCE

The Institute for Integration of Medicine and Science (IIMS) is the academic home for the Clinical and Translational Science Award (CTSA) granted to the University of Texas Health Science Center at San Antonio (UTHSCSA) and its partner organizations by the National Institutes of Health (NIH). The mission of the IIMS is to integrate clinical and translational research and career development across all UTHSCSA schools and among our diverse public and private partners in South Texas. Clinical research studies are conducted with the participation and collaboration of human volunteers. Translational research studies move basic science discovery to patient-based applications and then out into clinical practice with the ultimate goal of human health improvement. IIMS program areas include Clinical Research Units, Pilot Projects, Technology and Drug Discovery, Biostatistics and Study Design, Biomedical Informatics, Regulatory Support, and Community Engagement. In addition, IIMS education, training, and career development activities include the Master of Science in Clinical Investigation, Translational Science PhD Program, and KL2 Mentored Career Development Program. For more information about the IIMS please go to <https://iims.uthscsa.edu/>.



## ABOUT THE IIMS COMMUNITY ENGAGEMENT TEAM

The IIMS Community Engagement Team provides infrastructure support for research to enhance community responsiveness, research relevance, scientific value, and public health impact. Our team is comprised of several partners, each who specialize in working collaboratively with researchers as well as community members, local agencies and health providers. Together, we translate research findings from basic science, to clinical practice, to public health benefit while providing community input to researchers to assure relevance to our populations.



The Community Engagement Research Center (CERC) is housed at the UT School of Public Health- San Antonio Regional Campus and is led by Melissa A. Valerio, PhD MPH. The CERC works closely with Translational Advisory Boards and other community agencies by providing technical and research support. Together, they develop, implement, and disseminate research and assessment projects that are focused on community-identified priorities. Together the CERC and TABs develop feasible and relevant solutions that engage community members and practitioners, people who historically have not been an integral part of the scientific discovery process.



The South Central Area Health Education Center (SC-AHEC) directed by Paula Winkler, MEd develops the capacity and leadership of communities via Translational Advisory Boards (TABs). Currently there are TABs located in Atascosa, Bexar, Comal, Frio, Gillespie, Guadalupe, and Karnes Counties. TABs are composed of local community members who are committed to improving the health of their community by serving as a bridge between their communities and UTHSCSA to build research partnerships and disseminate findings from “bench to bedside to community”. The TABs work closely with the CERC and other UTHSCSA researchers on community health initiatives such as education/training, research/assessment, and dissemination and communication.



The Resource Center for Practice Based Research Networks (PBRN) led by Sandra K. Burge, PhD facilitates opportunities for collaboration between community health providers and UTHSCSA. PBRNs are used as real world laboratories that allow providers to engage in research from their very own practices. The PBRN Resource Center is comprised of several PBRNs including the Residency Research Network of Texas (RRNet), South Texas Oral Health Network (STOHN), South Texas Psychiatric Network, and the South Texas Ambulatory Research Network (STARNet). In addition it works closely with the National Dental PBRN.





The Center for Research to Advance Community Health (ReACH), directed by Barbara J Turner, MD, MEd, MACP, works to promote the health of South Texas residents, especially its majority Hispanic population, through health disparities and health services research.

ReACH brings together researchers from diverse disciplines and community partners to evaluate quality of care and implement culturally appropriate models of health care to improve health outcomes. On its community outreach initiatives, ReACH partners with the SC-AHEC, academic health care providers from UT Medicine, UTSA, and University Health System as well as its community advisory board, the Alliance.



Kathleen Stevens, EdD, RN, ANEF, FAAN, directs the interprofessional Improvement Science Research Network (ISRN), which in 2009 became the country's first national research network on care delivery improvement. ISRN aims to accelerate the development and dissemination of interprofessional improvement science in a systems context across multiple hospital sites. It comprises over 200 hospital partners with a mission to advance implementation science applied to health care quality and safety. The work of the ISRN can be categorized as: Coordination and transitions of care, high-performing clinical microsystem approaches to improvement, evidence-based quality improvement and best practices, and learning organizations and cultures of quality and safety.

## CAMPUS MAP













## PROGRAM OVERVIEW

### AGENDA

TIMES, ACTIVITIES AND SPEAKERS	LOCATION
8:00am - 9:00am <b>REGISTRATION, BREAKFAST, AND POSTER SETUP</b>	GCCRI Lobby
9:00am - 9:20am <b>WELCOME AND OVERVIEW</b> <b>Speaker:</b> Robert Ferrer, MD MPH	GCCRI <b>Auditorium</b> <b>2.160</b>
9:20am - 10:00am <b>COMMUNITY PANEL: WHO IS THE COMMUNITY AND WHAT ARE THEY DOING?</b> <b>Description:</b> Learn about community member experiences with different projects that they have helped to plan and implement. <b>Speakers:</b> 1) Translational Advisory Boards and Paula Winkler, MEd 2) Practice-Based Research Networks and Sandra K. Burge, PhD	GCCRI <b>Auditorium</b> <b>2.160</b>
10:00am - 10:15am <b>IIMS BACKGROUND AND COMMUNITY ENGAGEMENT FUNDING OPPORTUNITY</b> <b>Description:</b> Learn about what the IIMS is, and what we have to offer to those interested in developing community-academic collaborations for health research. <b>Speaker:</b> Robert Clark, MD MACP	GCCRI <b>Auditorium</b> <b>2.160</b>
10:15am – 11:15am <b>POSTER FAIR</b> <b>Description:</b> View posters submitted by community members and researchers on various health topics. Talk to the poster authors and learn how they developed their projects or programs.	GCCRI Lobby
11:15am - 12:15pm <b>PLENARY SPEAKER PRESENTATION</b> <b>Description:</b> Listen to Dr. Tobin speak about his experience developing projects that engage underserved communities and address the translation of research findings for important public health problems. <b>Speaker:</b> Jonathan N. Tobin, PhD	GCCRI <b>Auditorium</b> <b>2.160</b>

**TIMES, ACTIVITIES AND SPEAKERS**

**LOCATION**

12:15pm - 1:00pm

**LUNCH AND NETWORKING**

**Description:** Grab some lunch and take your time to network and to get to know other attendees.

**GCCRI Lounge**

1:00pm - 1:15pm

**BREAK**

**Description:** Please make your way over to the South Texas Research Facility (located next to the Greehey Cancer Care Research Institute Building) for the next activity.

1:15pm – 2:30pm

**HEALTH SPECIFIC TOPIC BREAKOUT SESSIONS**

**STRF**

**Description:** Recent research will be presented during the four concurrent sessions. Then there will be discussions between community members, health practitioners, and researchers about how they are affected by the topics discussed and possible ways to help move research from basic science, to clinical practice, to public health benefit.

Topic	Lead Discussant	Facilitators	
Alzheimer's	Donald R. Royall Jr., MD	Paula Winkler, MEd	<b>STRF 1.102.00</b>
MRSA	Christopher Frei, PharmD MSc	Walter Calmbach, MD MPH	<b>STRF 3.300.31</b>
Chronic Pain	Kenneth Hargreaves, DDS PhD	Melissa A. Valerio, PhD MPH	<b>STRF 3.300.03</b>
Immunization	Anthony J. Infante, MD PhD	Sandra K. Burge, PhD	<b>STRF 3.300.02</b>

2:30pm - 3:00pm

**LESSONS LEARNED AND NEXT STEPS**

**STRF**

**Description:** Listen to the lessons learned of community and academic representatives and possible next steps for developing and sustaining future collaborations.

**Boardroom  
1.102**

**Facilitator:** Sandra K. Burge, PhD



## WELCOME AND OVERVIEW

**Speaker:** Robert L. Ferrer, MD, MPH

**Bio:** Dr. Ferrer is the Dr. John M. Smith, Jr. Professor and Vice Chair for Research in the Department of Family and Community Medicine at UTHSCSA. Dr. Ferrer is a practicing family physician with research interests at the interface of primary care and public health. He directs the Community Engagement group for UTHSCSA's CTSA and the School of Medicine's MD/MPH dual degree program. Dr. Ferrer is active in community health initiatives, including the Mayor's Fitness Council, the Bexar County Health Collaborative, and partnerships with the San Antonio Metropolitan Health District.



## WHO IS THE COMMUNITY AND WHAT ARE THEY DOING?

**Speakers:** Translational Advisory Board Members and Paula Winkler, MEd

**Bio:** Translational Advisory Boards (TABs) are groups of community members, committed to improving the health of their community, and who, through active involvement, bring research partnerships and findings from "bench to bedside to community". TABs achieve their mission by: developing agendas for community health research; partnering with researchers to develop and refine health research protocols in the community; participating in data collection and analysis; communication and dissemination of findings; seeking sustainable resources for health initiatives and programs; facilitating community health research partnerships. There are TABs, located in, Bexar, Comal, Frio, Guadalupe, Gillespie, and Karnes Counties.

Ms. Winkler is the Director of South Central Area Health Education Center (AHEC). She has over 30 years of experience developing linkages between academic programs and community-based health initiatives. The AHEC works closely with each TAB to foster practice improvement initiatives and to increase opportunities for translational research to reach community members.



**Speakers:** Practice-Based Research Network Members and Sandra K. Burge, PhD

**Bio:** Practice-based Research Networks are organizations comprised of community clinicians doing research to: 1) expand the science base of clinical care through studies conducted in their local clinic setting; 2) answer research questions generated by community clinicians; and 3) better understand health issues in community clinical settings. PBRNs have been described by the Institute of Medicine as a promising laboratory for transforming the relationship between academic researchers and community clinicians. The PBRN Center at the UTHSCSA serves as the operational base for developing new and supporting existing PBRNs in South Texas. Currently, the IIMS works with the Residency Research Network (RRNet), the South Texas Ambulatory Research Network (STARNet), the South Texas Psychiatry Research Network, and the South Texas Oral Health Network (STOHN).

Dr. Burge is a social scientist and a tenured professor in the Department of Family and Community Medicine at UTHSCSA. For 25 years, Dr. Burge has taught behavioral science to family medicine residents, focusing on doctor-patient communication, patient-centered care, and motivating healthy behaviors. Her research interests include prevention of family violence, substance abuse, and practice-based research in primary care. She is founder and Director of the RRNet, a group of eleven family medicine residency programs located in ten cities, including three on the Texas-Mexico border. She is also the Director of the UTHSCSA Resource Center for Practice-based Research Networks in the Institute for Integration of Medicine and Science, which provides infrastructure support for six practice-based research networks.



## IIMS BACKGROUND AND COMMUNITY ENGAGEMENT FUNDING OPPORTUNITY

**Speaker:** Robert Clark, MD, MACP

**Bio:** Dr. Clark is Professor and former Chair of Medicine at the UTHSCSA. Since 2006, he has served as Assistant Vice President for Clinical Research and Director of the IIMS. He attended medical school at Columbia University and completed internal medicine and infectious diseases training at Columbia, the University of Washington, and the NIH. Dr. Clark's research focuses on mechanisms of the inflammatory response and host defenses against infection, as well as the role of inflammation and oxidative stress in aging and neurodegenerative diseases. He has also contributed to research that has defined human genetic and immune factors that determine susceptibility to HIV and response to therapy in HIV/AIDS patients. He sees patients and teaches in his specialty area of Infectious Diseases.



## THE POWER OF NETWORKS: BUILDING A LEARNING HEALTHCARE SYSTEM WITH PRACTICE-BASED RESEARCH NETWORKS

**Speaker: Jonathan N. Tobin, PhD**

Dr. Tobin is the director of CDNetwork, a NYC-based practice-based research network (PBRN) dedicated to improving clinical outcomes for low income and medically underserved communities by creating community-academic partnerships around research, education/training and service. Dr. Tobin, a cardiovascular epidemiologist, holds the rank of Professor in the Department of Epidemiology and Population Health at Albert Einstein College of Medicine of Yeshiva University, and he is the Co-Director for Community-Engaged Research and also an Adjunct Professor in the Allen and Frances Adler Laboratory of Blood and Vascular Biology and the Center for Clinical and Translational Science ([www.rockefeller.edu/ccts](http://www.rockefeller.edu/ccts)) at The Rockefeller University. Dr.



Tobin has served as Principal or Co-Principal Investigator for studies related to pregnancy, behavior, stress, clinical preventive services, cardiovascular disease, cancer and HIV/AIDS, all designed to study translating research into practice for the elimination of health disparities and the improvement of public health.

Dr. Tobin serves on the Governing or Scientific Review Boards of a number of foundations (Public Health Association of New York City, Langeloth Foundation, Campbell Foundation) and on the editorial boards of several journals as a board member (*Progress in Community Health Partnerships*) and as a scientific reviewer (*Annals of Family Medicine*, *Health Psychology*, *American Journal of Public Health*). Under Dr. Tobin's leadership at CDN, over 200 Community Health Centers, 1000 physicians and over 65,000 patients have been recruited into clinical trials and observational studies and nearly 800 CME-accredited free online courses have been produced for clinicians who practice in medically underserved communities.



## HEALTH-SPECIFIC TOPIC BREAKOUT SESSIONS

**Description:** The goal of these is to inform participants of how their current projects or programs may be enhanced by working in a community-academic collaboration. To do so we will:

1. Share examples of current research related to community-identified health priorities
2. Discuss how the priority issues have affected local communities and practices
3. Recognize the assets and capacities participants possess for developing “best research practices” to address the issues
4. Discuss how research may be better delivered to the community and practices
5. Brainstorm possible roles for future community-engaged research activities

**Topic:** Alzheimer’s Disease

**Lead Discussant:** Donald R. Royall, Jr, MD

Dr. Royall is a tenured professor and Chief of the Division of Aging and Geriatric Psychiatry at UTHSCSA. He graduated from medical school at the UT Health Science Center in Houston, and completed training in both internal medicine and psychiatry at the Johns Hopkins Hospital. He is primarily interested in the cognitive correlates of functional status, executive function, the Default Mode Network (DMN), and their importance to dementia case-finding. Dr. Royall has special expertise in psychometric test development, longitudinal studies, aging, geriatric depression, vascular dementia, Alzheimer’s and Lewy Body disease. He is well placed to tackle translational projects with cross appointments in several departments, and experience in clinical trials, longitudinal epidemiological studies, autopsy studies, research imaging, autonomic physiology, and psychometrics.



**Topic:** MRSA

**Lead Discussant:** Christopher R. Frei, PharmD, MSc, BCPS, FCCP

Dr. Frei is Division Head of the Pharmacotherapy Division, College of Pharmacy, The University of Texas at Austin and Director of the Pharmacotherapy Education and Research Center, School of Medicine at the UTHSCSA. Dr. Frei completed two degrees, a residency, and a post-doc at the UT Austin and the UT Health Science Center. Dr. Frei is a Board Certified Pharmacotherapy Specialist who studies clinically important infectious diseases, including pneumonia, skin and soft tissue infections, and HIV. He is particularly interested in emerging antibiotic resistance among Gram-positive bacteria including *Staphylococcus aureus*.



**Topic:** Chronic Pain

**Lead Discussant:** Kenneth Hargreaves, DDS PhD

Dr. Hargreaves received his BA in neurobiology from the University of California at Berkeley in 1977, his DDS from Georgetown University in Washington DC in 1983, and his PhD in Physiology from the Uniformed Services University of the Health Sciences in Bethesda, Maryland in 1986. Primary research interests are in the areas of pain and inflammation. His research team has published more than 160 papers. His ongoing basic research includes studies on mechanisms of inflammatory pain and pharmacological regulation of peripheral nociceptors, while current clinical trials are evaluating peripheral pain mechanisms in endodontic patients, as well as post-burn patients.



Dr. Hargreaves is currently Professor and Chair of the Department of Endodontics, and Professor in the Department of Pharmacology, Department of Physiology, and Department of Surgery at UTHSCSA. He also maintains a private practice limited to endodontics.

**Topic:** Immunization

**Lead Discussant:** Anthony Infante, MD PhD

Dr. Infante is a clinician-scientist who is focused on understanding the immune system in health and disease and applying that understanding to the care of patients with immune-mediated diseases. His early career research yielded seminal observations on antibody structure, T cell receptor characterization, and antigen presentation. His mid-career contributions involved the role of T cells in autoimmune diseases, especially myasthenia gravis, including strategies for antigen-specific therapies. Recently, his focus has shifted to understanding primary immune deficiencies, auto-inflammatory syndromes and rheumatologic disorders. He and his colleagues have recently characterized a number of interesting patients and families with immune-mediated diseases and are using new methods to characterize the molecular and cellular bases underlying these conditions.



## COMMUNITY ENGAGEMENT FUNDING OPPORTUNITY

### Community Engagement Small Project Grant

**Proposal Deadline: Monday, June 29, 2015**

#### Overview

The IIMS is seeking proposals for one-year community engagement small project grants. Our goal is to promote, develop, and expand community-researcher partnerships for the translation of science from basic discovery, to clinical practice, to public health benefit. The project funds can be used to develop new projects or expand current projects in one or more of these areas:

1. Community-engaged research or assessment
2. Education and/or training
3. Dissemination or communication of research results, program features, or policy implications

The IIMS Community Health Advisory Board (CHAB) and the Community Engagement Team will support the community-academic partnership by providing guidance during planning/implementation, analysis, and dissemination as needed.

#### Eligibility

Community-researcher partnerships who have worked together for one or more years will be given special consideration. Existing partnerships are encouraged, but not required.

“Community Partners” include, but are not limited to:

- Translational Advisory Boards
- Practice-Based Research Networks
- Other community agencies, including community health centers, schools, county health departments, social service agencies, and local non-profits.

“Researchers” can be defined as Faculty or Students who work or study at:

- UTHSCSA
- UT School of Public Health – San Antonio Regional Campus
- University of Texas at San Antonio

#### Proposal topics

Proposals topics are unrestricted. However, proposals for community-based initiatives, including those involving Practice-Based Research Networks, health outcomes research, epidemiology, and public health research are encouraged. Projects that address the focus areas and goals identified in the 2014 Bexar County Community Health Improvement Plan will receive special consideration. However, this consideration will not exclude applications focusing their work in other surrounding South Texas counties.



### Submission, terms, and conditions

Applications can be found at <https://iims.uthscsa.edu/>. Contact Elisabeth De La Rosa at 210.562.4087 or at [delarosae@uthscsa.edu](mailto:delarosae@uthscsa.edu) if you have questions.

*All awardees will be required to present a poster at the 2016 IIMS Community Engagement Symposium.* Awardees are strongly encouraged to share details of their project at regional or national conferences, and/or in professional journals.

### Funding expectations

We anticipate that up to \$20,000 will be available to fund approximately 4-6 proposals, depending on currently pending sources of support.

### Budget and financial policies

The maximum budget award is \$5,000; however, proposals with smaller budgets will be considered.

### Awardee responsibilities

The community academic partnership is required to:

- Abide by NIH rules and regulations
- Abide by IIMS-CTSA and CTSA partner policies and procedures
- Provide demographic information as required before expenditures can be authorized
- Submit complete and timely progress reports
- Acknowledge support from the IIMS in all project-related publications and reports

## POSTER ABSTRACTS

### #1: *Using Molecular Structure to Design a Pan-specific Schistosomiasis Drug*

**Type:** Basic Laboratory Science

**Poster Authors:** Alex Taylor – UTHSCSA, Xiaohang Cao – UTHSCSA , Timothy J.C. Anderson-Texas Biomedical Research Institute, Stanton F. McHardy - University of Texas at San Antonio, Philip T. LoVerde – UTHSCSA , P. John Hart - UTHSCSA

**Background:** Schistosomes, commonly known as the blood fluke, infect an estimated 200 million people worldwide in 76 countries. The parasite is acquired from an intermediate freshwater snail host found mainly in Asia, Africa, and South America. Schistosomiasis, the chronic illness resulting from schistosome infection, is classified by the World Health Organization as a neglected tropical disease. Of the three main human blood fluke species, *Schistosoma mansoni* and *S. haematobium* together account for >99% of schistosomiasis cases worldwide with *S. japonicum* causing the remainder.

**Methods/Results:** Genetic linkage mapping identified a sulfotransferase as the activating agent for the antischistosomal pro-drug oxamniquine in *S. mansoni*. Only *S. mansoni* is sensitive to oxamniquine therapy but the drug is no longer in use because of the availability of praziquantel, a treatment that is effective against all three schistosome species. However, the observation of partial resistance to praziquantel monotherapy underscores the need for alternative drugs. Sulfotransferase orthologs in *S. haematobium* and *S. japonicum* possess >50% sequence identity to the activating *S. mansoni* sulfotransferase (SmSULT). Our previous work, using X-ray crystallography to determine the molecular structure, revealed SmSULT is a 3'-phosphoadenosine-5'-phosphosulfate (PAPS)-dependent sulfotransferase and illuminated the mode of oxamniquine binding in the enzyme active site. We recently determined the structure of the *S. haematobium* sulfotransferase (ShSULT) alone and in complex with oxamniquine. Despite its inefficacy against *S. haematobium*, oxamniquine is observed bound in the central cavity of ShSULT.

**Conclusions:** This unexpected finding that the ShSULT active site can accommodate oxamniquine lends support to the idea of designing oxamniquine derivatives to treat infection caused by all species of blood fluke. Survival assays now available for each *Schistosoma* species are currently in use for identifying candidate oxamniquine derivative drugs.

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**#2: Bexar Translational Advisory Board - Focused on Access to Care**

**Type:** Practice-Centered or Patient-Oriented

**Poster Authors:** Raquel Salinas – HEB Pharmacy, Manuel Angel Oscos-Sanchez - UTHSCSA, Steven Sano - American Red Cross, Dianna Morganti - San Antonio Public Library, Fozia Ali UTHSCSA Family Medicine Residency Program, LeRoy Knodel - UT College of Pharmacy/UTHSCSA

**Background:** The Bexar TAB is a project of the Community Engagement Function of the CTSA and developed through the South Central Area Health Education Center and the UT School of Public Health San Antonio Regional Campus.

**Method:** Charged with the goal of establishing Community-Based Participatory Research in Bexar County, the TAB members selected the Edgewood census tract as the target area and partnered with Las Promotoras de la Buena Vida to develop a community health assessment effort in that community.

**Results:** Our results showed that access to care was the top priority of the community that should be addressed.

**Conclusion:** In our poster we will showcase our results and our work with family medicine residents to focus our access interests within a patient-centered environment that will have impact on Edgewood patient families and many others.



### **#3: A Structured and Combined Yoga Asana & Pranayama Intervention for Post-Treatment Breast Cancer Survivors**

**Type:** Community-based Research or Assessment

**Poster Authors:** Nydia Darby - Nydia's Yoga Therapy Studio, Daniel C. Hughes, PhD - Institute for Health Promotion Research UTHSCSA, Terri Boggess, PhD - St. Mary's University, Amelie G. Ramirez, DrPH - Institute for Health Promotion Research UTHSCSA

**Background:** The effect that yoga movement and breathing practices used as an intervention have on breast cancer survivors physical and mental functioning and quality of life. The physical and mental benefits for properly designed exercise for post-treatment breast cancer survivors continue to be documented, including reduced risk for recurrence and improved quality of life. Yoga asana has been practiced for centuries, and has proven to have many physical and mental benefits for consistent practitioners. However, few yoga programs have been designed specifically for post-treatment breast cancer survivors.

**Method:** A structured Hatha yoga program was developed specifically for this study. The program took into account the potential limitations of limb movement, higher body fatness, and lower aerobic and strength conditioning characteristic of post-treatment breast cancer survivors. The protocol was developed by a licensed physical therapist, also a certified and experienced yoga instructor. The protocol and sequencing of postures were designed with a great deal of specificity to guarantee that the subjects would receive the same instructions and perform the same routine, regardless of the instructor or class attended. The instructor-led yoga classes were taught at six different times each week so that each participant could attend a minimum of three classes a week. Participants received an audio CD and booklet containing the detailed yoga program with photographs and instructions that could be used at home when they were unable to attend class.

**Results:** Participation resulted in both significant physical and mental functioning as evidenced by scores on physical functioning tests and scoring on the Medical Outcomes Short Form – SF-36® Survey. Participant lost % body fat, (-3.00%,  $p = .001$ ); increased sit to stand leg strength repetitions, (+2.05 reps,  $p = .003$ ); forward reach, (+3.59 cm,  $p = .01$ ); and, right arm sagittal range of motion (ROM), (+6.50°,  $p = .05$ ); and, aggregate score on Mental Component Scale (MCS) of the Medical Outcomes Short Form 36® scale (+7.3,  $p = .005$ ).

**Conclusions:** Here we report on the methodology of a yoga asana program specifically designed for post-treatment breast cancer survivors. The program as described has proven to be safe and effective for this population resulting in significantly improved physical and mental functioning. This program as designed should be tested expanded and researched for effectiveness with other cancer survivor populations. Components of this program have been utilized over the years at Nydia's Yoga Therapy Studio for a variety of populations. Variations of this program can be adapted to meet the needs of diverse populations that would benefit from deriving positive health benefits from participation in a gentle and modified yoga asana practice.

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**#4: AHEC/ReACH Alliance: Promoting Dialogue, Understanding and Action for Community Health Improvement**

**Type:** Community-Based Research or Assessment

**Poster Authors:** Paula Winkler – South Central Area Health Education Center, Paula Johnson - Kuper Realty, Kathy Shield - Metro Health, Markham Brown – US Air Force, Rebecca Grey - MS Society, and Maggie Thompson-YMCA

**Background:** Chronic Non Cancer Pain has been the focus of the Alliance since inception, June 2012. The group was established as the advisory arm of the newly developed Research to Advance Community Health (ReACH) Center; Dr. Barbara Turner is the ReACH Executive Director.

**Methods:** We began our research by establishing the question: What infrastructure elements need to be in place in order to create a sustainable program to support primary care providers who care for patients suffering from chronic non-cancer lower back pain in Bexar County?

**Results:** After much study of the treatment of chronic pain in practice settings, it was found that local physicians have few tools to offer patients for chronic pain management other than prescriptions, usually narcotic based. The Alliance took on the task of developing a toolkit of items that physicians and other health providers could access that for their patients. Included in the toolkit will be presentations that can be used in community meetings and events that raise the awareness of the pervasive nature of opioids and its devastating effects on families and communities.

**Conclusion:** It's not as easy as it seems, however, to develop such a toolkit and we will showcase our journey, our results and our future directions in this project.

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**#5: Karnes County Chronic Pain Initiative - Our PCORI experience**

**Type:** Community-Based Research or Assessment

**Poster Authors:** Meagen Dennison - Karnes County AgriLife Extension, Vi Malone - Karnes City Government, Dwayne Villanueva – Karnes County Sheriff’s Department, Betty Plant - Runge Library, Maria Mohr – Community Volunteer, Jessica Stemmerding - Longterm Care Rehab

**Background:** For patient-centered outcomes research (PCOR) to address health care decision-making effectively and authentically, patients and caregivers must serve as stakeholders.

**Method:** The PCORI Methodology Committee’s Report prioritized research on methods to engage patients, especially from hard-to-reach or underserved groups.

**Result:** Rural Karnes County, in partnership with the ReACH Center at UTHSCSA was selected as a location where purposive sampling method was operationalized. Our topic is non-cancer chronic pain. We set out to recruit 65 community stakeholders to address the question: What types of services and programs can the community develop to improve the function and live of people with chronic pain in Karnes County?

**Conclusion:** Our poster will showcase our work thus far and our future direction as we work to sustain the lessons learned from this project.



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**#6: *Unlocking Better Health Outcomes: Disease Knowledge and Motivation***

**Type:** Patient-Centered or Patient-Oriented

**Poster Authors:** Ronya Green – Methodist Hospital of Dallas, Sandra K. Burge – UTHSCSA, Sarah Holder – Baylor Family Medicine Residency at Garland, Colleen Dolan - UTHSCSA, and Nina Torkelson - Valley Baptist Family Medicine Practice

**Background:** Many patients with chronic disease are resistant to making changes that would improve their health status and functioning. Our objective is to examine the correlations between patients' understanding of their disease, their readiness to self-manage their disease, their self-management behaviors (adherence and activation), and their disease outcomes.

**Methods:** This is a cross sectional design study performed at 9 family medicine residency programs in Texas. The sample size includes 409 adult patients with diabetes or hypertension. During a routine visit, patients were surveyed regarding knowledge of their diagnosis, health literacy, motivation, medication adherence, and patient activation. The outcome measures were drawn from medical records: diastolic and systolic blood pressure, most recent A1C, and body mass index. Multilevel linear and logistic regression analyses determined the relationship between predictor variables and disease outcomes.

**Results:** Of 409 patients, 57% had diabetes and 43% had hypertension. Most were female (60%) and Hispanic (59%). Among all patients, 14% had normal BMI and 82% had normal blood pressure. Among patients with diabetes, 33% had A1c less than 7. In a linear regression of 402 patients, younger age, lower education, female gender, white non-Hispanic ethnicity, lower precontemplation (lower denial), and higher importance (higher motivation) were significant predictors of BMI. In a logistic regression of 400 patients, younger age, lower knowledge, higher importance (higher motivation), and use of a statin predicted high blood pressure. In a linear regression of 211 subjects with diabetes, younger age, nonwhite race/ethnicity, and insulin use predicted higher A1c.

**Conclusion:** Even when controlling for demographic characteristics, patients' knowledge of their disease and motivation predicted BMI and blood pressure outcomes. Older patients showed better outcomes. Disease knowledge and motivation are key to patient self-management. Identifying sources of patients' resistance to self-management will inform clinicians' interventions to enhance health outcomes in patients with chronic disease.

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**#7: *Frio County Translational Advisory Board: Putting a Face to Community-Based Research in Rural South Texas***

**Type:** Community-Based Research or Assessment

**Poster Authors:** Michael Thompson – Frio Regional Hospital, Jaime Lopez - Frio County AgriLife Extension, Sandra Trevino – Methodist Healthcare Ministries, Thomas Winter - St. Peter Lutheran Church, Margie Villanueva - Community Volunteer, Paula Winkler - South Central AHEC, UTHSCSA

**Background:** The Frio County Translational Advisory Board was founded in 2009 as a representative body which aims to improve community health through the facilitation of community based participatory research education and outreach activities in partnership with UTHSCSA. We were brought together through the CTSA Community Engagement Core Function of UTHSCSA with a goal of establishing a research agenda in Frio County that will help our community stakeholders connect our health improvement initiatives with evidence based information. We are a volunteer group composed of health providers, pastors, community volunteers, local business representatives, local and state government officials, educators and public health personnel.

**Method:** We meet monthly to discuss health priorities that our community has the most concern to address.

**Results:** Our top priority is diabetes prevention and management, but as with any community, the other topics on the list are compelling and the list is long.

**Conclusions:** As a group we work with researchers to collect data, report research findings to the community, facilitate community health research partnerships and seek sustainable resources for our work.

**#8: *What motivates patients to believe self-care of their disease is important? What motivates patients to believe self-care of their disease is important?***

**Authors:** Rex Hermansen – UTHSCSA, Sandra K. Burge, Ph.D. – UTHSCSA, Jerry Kizerian, Ph.D. – UTHSCSA

**Type:** Practice-Centered or Patient-Oriented

**Background:** Multiple studies have investigated the relationship between patients' stages of behavior change and health outcomes such as A1c and BMI. In this study, we examined predictors of stages of behavior change, including patients' demographic characteristics, literacy, and clinical indicators of health.

**Methods:** This cross-sectional study took place at eight outpatient clinics in the Residency Research Network of Texas. The sample included 431 adult patients with hypertension, type II diabetes, or both. Patients completed a 60-question survey related to their disease. Investigators combined survey items to create composite scores for Stages of Change (Precontemplation, Contemplation, Action) and Importance, which served as outcome variables for 4 linear regressions. Predictors included patient demographics, health literacy, knowledge of their disease, BMI, blood pressure, A1c and subjective health status.

**Results:** Of 431 people, 60% were women and 54% were Hispanic, with an average of 57 years. Patients with high Precontemplation scores were White with lower knowledge, lower health literacy, better subjective health, and lower BMI. Patients with high Contemplation scores had higher education, higher BMI, and worse general health. Patients with high Action scores had higher health literacy, better subjective health, and higher blood pressure. Patients with high Importance scores tended to be nonwhite with higher BMI, higher knowledge, and better overall health.

**Conclusion:** Having a health problem appears to be key in motivating people. Patients with a high degree of Precontemplation felt healthy and had a lower BMI; perhaps they felt no need to change. In contrast, patients with high Contemplation scores felt less healthy and had a higher BMI; those with a high degree of action had higher blood pressure. Patients' understanding of their disease was also associated with stages of change. Low knowledge and literacy predicted Precontemplation scores, while higher knowledge/ literacy/education predicted Contemplation, Action, and Importance.



**#9: *Partners for a Healthy Community and Environment (PaCE) Project: Exploring Health Literacy, Attitudes, and Behaviors Associated with Environmental Health in the Eagle Ford Shale***

**Type:** Community-Based Research or Assessment

**Poster Authors:** Marisol Alvarado – UTSPH-SARC, Taylor Mackay - UTSPH-SARC, Elisabeth De La Rosa-IIMS, Kristina Whitworth - UTSPH-SARC, Melissa Valerio - UTSPH-SARC, and Frio County Translational Board Members

**Background:** Partners for a Healthy Community and Environment (PaCE) is a community engagement pilot project conducted with community partners in Frio, Karnes and Atascosa Counties focused on environmental health and community needs. Given the rapid increase of unconventional oil and gas development in the Eagle Ford Shale area, it is important to identify community perceptions and knowledge of related environmental health issues. We also identified health needs and health literacy in the community sample.

**Methods:** During 2014-2015, we conducted a cross-sectional survey among a convenience sample of 162 adults over 18 years in Frio, Karnes, and Atascosa counties. The survey included information about: demographics, the 4-Item BRIEF measure of health literacy, water use, knowledge and perceptions regarding unconventional oil and gas drilling, and environmental health.

**Results:** The median age of respondents was 50 (interquartile Range (IQR) =35, 60), 40.7% were male, and 61.1% were Hispanic. Overall, 68.7% of participants had adequate health literacy, 21.0% marginal and 10.3% inadequate, though scores varied by county. Across the BRIEF, we found the lowest scores for the question related to confidence in filling out medical forms. The most common diagnosed health conditions reported were high blood pressure (36.6%), arthritis (28.1%), and diabetes (22.2%). Air (36.8%) and water (47.2%) quality were the most common reported environmental concerns while respiratory complications (27.6%) and cancer (26.3%) were the most common reported health concerns. The primary reported source of drinking water was city water, however, participants noted multiple sources that included well and store bought water. Although a majority of participants (85%) had heard of fracking, only a little over 50% felt they understood the process of fracking. About a third of the population indicated no knowledge of fracking effects on health. Self-reported health literacy was higher than expected although specific tasks may be more difficult in the sample – pointing to the need for targeted interventions/programs. Approximately 30% of participants had marginal or inadequate health literacy, similar to the estimates in the United States. Although preliminary data indicate a perception of fracking-related water contamination, most of the participants report drinking city water. Overall, knowledge of fracking and its impact on health was low.

**Conclusions:** Next steps include obtaining community-level quantitative exposure measurements and working with partners to design messages and programs to increase environmental health literacy.

## **#10: *Engaging Family Medicine Residency Practices in Research: The Residency Research Network of Texas***

**Type:** Practice-Centered or Patient-Oriented

**Poster Authors:** Colleen Dolan- UTHSCSA and Sandra Burge, PhD - UTHSCSA

**Background:** The Residency Research Network of Texas (RRNET) is a collaboration of family medicine residency programs that began in 1997 and has been funded through the Clinical Translation Science Award since 2008. RRNET is geographically diverse and includes training programs in South Texas (Corpus Christi, Harlingen, McAllen, Edinburg) Central Texas (Austin, San Antonio), North Texas (Dallas, Fort Worth, Garland) and West Texas (Lubbock), and it includes about 100 family physician faculty and 300 family medicine residents who see 300,000 outpatient visits each year. The mission of RRNET is to improve family physicians' interest and skills in research and to find answers to clinical questions that are relevant to family medicine patient populations in Texas. Most RRNET research can be described as Health Services Research.

**Methods:** Each residency program in RRNET appoints one faculty member to the RRNET Steering Committee. The steering committee meets biannually and communicates regularly via conference call. They aim to conduct one or two projects each year. In the summer, the network prioritizes the area for study; in the fall, the research team develops the research question and study protocol; in the winter, medical student research assistants are recruited, IRB proposals are submitted, and small grants applications are completed. In late spring, medical students travel to each RRNET site and implement the studies. Data analysis occurs over the summer, and findings are disseminated to national conferences and medical journals over the next year.

**Results:** RRNET topics have included: Complementary and Alternative Medicine Use; Patients' Firearm Safety; Diabetes Quality of Care; Medication Adherence; Low Back Pain and Opioid Use; Cost and Efficiencies in Family Practice; Fair Payment for Family Physicians; Opportunities for Healthy Behaviors; Patients' Preferences for Communication Technology; Complexity of Family Practice; and Referral Patterns. RRNET has published 15 journal articles, presented 45 papers and posters at national conferences, and won 11 awards for their work.

**Conclusions:** Since 1998, the RRNET collaboration has completed several studies to answer questions arising from our residency practices. With involvement of experienced UTHSCSA researchers, residency faculty, medical students, clinic staff, family medicine residents and patients, RRNET has examined issues that matter to family physicians.

## #12: *Facebook as a Resource for Informal Caregivers of Dementia Patients*

**Type:** Practice-Centered or Patient-Oriented

**Poster Authors:** Sara Noble, Sandra Sanchez-Reilly, and Jeanette Ross - GEC/GRECC, South Texas Veterans Health System/UTHSCSA

**Background:** The Internet is a widely used resource for caregivers seeking support to ease the burden of care. This study aims to describe Facebook usage as a resource for informal caregivers of dementia patients.

**Methods** Facebook searches were conducted for the terms *dementia*, *Alzheimer's*, and *Lewy Body*,+/- modifiers *caregiver* and *support*. The top 150 results for each term search were quantitatively and qualitatively analyzed based on: type (Page vs. Group), reach (likes or members), most frequent member age group, frequency of posts, owner, and support function(s) provided between January--June 2014.

**Results:** 308 pages and 66 groups were analyzed. Significant findings include: 1) Median (M) and interquartile range (IQR) for reach of Pages (M 719,IQR 306---1639 likes) vs Groups (M163, IQR 79---595 members),  $p<0.001$ ;and 2)Median and interquartile range for number of posts in the previous month on Pages (M 14,IQR 3---26)vs. Groups (M39, IQR18---48), $p<0.001$ . Support functions were categorized into eight functional domains. Mean number of support functions performed by Pages (5.2functions) vs. Groups (2.6functions) was significant,  $p<0.001$ .Proportion of Pages (P) vs. Groups (G) that provided support functions varied by category social support (P85%, G 74%); caregiver skills (P 72%, G62%); advocacy (P92%, G 52%),  $p<0.001$ ;news/research (P 75%, G 23%),  $p<0.001$ ; inspiration (P 61%, G 18%),  $p<0.001$ ; fundraising (P 59%, G 15%),  $p<0.001$ ; in--person event promotion (P 59%, G 9%),  $p<0.001$ ; and live web/radio chat promotion (P 13%, G 5%),  $p<0.05$ .Distribution of owner type among Pages vs. Groups was significant,  $p<0.001$ , with non---profit organizations (P 50%, G 5%) , $p<0.001$ , and individual community members (P18%, G 92%),  $p<0.001$ , owning the majority of Facebook resources.

**Conclusions:** While individual Pages have a wider reach, perform a broader range of support functions, and are organized and supported by formal organizations, Groups offer more personalized caregiver support, are more active in posts/level of activity, and typically organized by individual community members. Clinicians should be aware of the broad range of Facebook support functions for caregivers and the significant difference in nature of caregiver support offered by Page vs. Group resources.



## #12: *STARNet: The South Texas Ambulatory Research Network*

**Type:** Practice-Centered or Patient-Oriented

**Poster Authors:** Walter Calmbach – UTHSCSA/ South Texas Ambulatory Research Network and Alejandro Machuca – UTHSCSA/ South Texas Ambulatory Research Network

**Abstract:** STARNet (the South Texas Ambulatory Research Network) is a practice-based research network (PBRN) composed of 40 primary care practices in South Texas. The member physicians of STARNet collaborate with the UT Health Science Center in an ongoing way, assessing "real world" problems in the setting where most patients receive their medical care, the primary care clinic. STARNet's mission is to conduct and disseminate practice-based research that results in new knowledge and improves the health of patients and communities in South Texas. Our goal is to move research out of the tertiary care academic center and place it in the midst of the community, at neighborhood medical practices in which busy primary care physicians struggle with common medical problems every day. STARNet is governed by a Board of Directors, comprised of 8 primary care physicians from the community. The Board sets STARNet research priorities, and develops strategic goals for the network. Physician members of STARNet meet twice a year to review current and upcoming STARNet projects. STARNet priorities are also guided by a Patient Advisory Roundtable. This panel of patients, recommended by their primary care physician, meets quarterly to review current and proposed STARNet projects, evaluate potential surveys, advise on patient recruitment, and suggest dissemination strategies. STARNet routinely collaborates on projects with the American Academy of Family Physicians (AAFP) National Research Network (NRN). STARNet is a member of the Distributed Ambulatory Research & Therapeutics Network (DARTNet) a "meta-network" of 12 local or regional PBRN's that collaborate on research projects. STARNet is also a member of MOSAIC, yet another "meta-network" of local and regional PBRN's, united in a "PBRN Center of Excellence" funded by the Agency for Healthcare Research & Quality (AHRQ). Finally, STARNet is collaborating with the Univ. of Alabama at Birmingham, helping them develop a practice-friendly study examining the risks and benefits of "drug holidays" for older women on oral bisphosphonates. Previous STARNet projects include: a. Determinants of Exercise in the Elderly [NIA]; b. Reducing Cardiovascular Risk Factors in Diabetics [NIDDK]; c. Support for Self-Care in Pandemic Flu [AHRQ]; d. Detecting CA-MRSA in Primary Care Practices; and e. Accelerating the Pace of Change in Practice-Based Research Network the Clinical Informatics Collaborative [ARRA]. Current STARNet projects include: 1. Teaching Motivational Interviewing Skills to Physicians and Staff [CPRIT]; and 2. Improving Evidence-based Primary Care for Chronic Kidney Disease [NIDDK].

**#13: *Children and Teens with Recurrent Upper Respiratory Infections and Impaired Pneumococcal Polysaccharide Responsiveness; Clinical and Serologic Response to the 23-Valent Polysaccharide Pneumococcal Vaccine (Pneumovax®). Revisiting an old ally***

**Type:** Practice-Centered or Patient-Oriented

**Poster Authors:** Jaime Estrada - UTHSCSA, Maria Najera - UTHSCSA, Natalie Dumont - UTHSCSA, and Anthony J. Infante- UTHSCSA

**Background/Methods:** In this retrospective, descriptive study, we report the clinical and serological response to PVC23 in 72 children and teens seen in a community private practice pediatric subspecialty clinic for evaluation of recurrent upper respiratory infections, who had evidence of pneumococcal antibody deficiency with normal immunoglobulin levels, IgG subclasses and responses to protein antigens.

**Results:** Forty-five (63%) of these patients had received PCV7 as part of their immunization schedule. Administration of PVC23 benefited 69 of the 72 patients (96%) with resolution of the infections in most cases including the 27 patients (37%) who did not receive PCV7. The positive clinical effect was most evident during the first 6 months after administration of PVC23. In 60 patients (83%) the clinical response was associated with a protective antibody response according to established criteria while 12 patients had a positive clinical response despite nonprotective serology. Pneumococci frequently causing otitis media include serotypes 6B, 14, 19A and 23F, which are the same serotypes found to have developed resistance to antibiotics in the United States and elsewhere. These serotypes are included in the PVC23, which may explain the positive clinical and serological responses seen in our patients. Eleven per cent (5/72) of our patients had clinical improvement after PVC23 despite nonprotective serology while 3 patients (7%) had no apparent clinical response to PVC23 despite protective serology. The infections in these patients may have been due to pneumococcal serotypes other than the 12 to 14 that we were able to measure.

**Conclusions:** We conclude that PVC23 is a useful adjunct in the management of children and teens with recurrent upper respiratory infections in the community practice setting.

**#14: Identifying Barriers to HPV Immunization in Family Health Care Center**

**Type:** Practice-Centered or Patient-Oriented

**Poster Authors:** Fozia Ali - UTHSCSA, Amy Singer - UTHSCSA, Patricia Laccina - UTHSCSA, Robert Wood - UTHSCSA, Daisy Morales Campos - UTHSCSA, and Sonal Sathe – UTSPH-SARC

**Background:** Human Papillomavirus (HPV) is the most common sexually transmitted infection in the United States. Of the more than 100 strains of HPV currently accounted for, over 40 strains cause cancer (i.e., cervical, oral, anal, vulvar, vaginal or penile.) The HPV vaccination became available for females in 2006 and for males in 2011. Both the bivalent (16, 18) and quadrivalent (6, 11, 16, 18) vaccinations are available in the US and recommended to be given at age 11-12. Studies show the vaccine can half teen HPV infection rates. Despite this, HPV immunization rates remain below desired levels. The purpose of this study is to identify barriers to HPV immunization in a family medicine resident training outpatient clinic. We partnered with the Bexar County TAB. We disseminate our information to the TAB so community stakeholders can implement community-based information sharing.

**Methods:** A longitudinal study design was used. Patient charts were reviewed from The Family Health Center (FHC), a family medicine residency training clinic in a low income, minority section of San Antonio, Texas. Randomly selected charts of patients between ages of 11-26 were reviewed. Physicians were also surveyed for perceived barriers related to HPV vaccination.

**Results:** Of all patient charts surveyed, 57.3% of children had not finished the HPV vaccination series. Most were 13 years old or under. Males had lower rates of completion than females. African-Americans and Asians were noted to have the lowest rate of completion of HPV vaccination. CHIP recipients had the lowest rate of completion at. Physician survey data showed a significant feeling that ensuring completion of the series was a major barrier (80%), followed by infrequent office visits (67.5%). Additionally, though many physicians felt that the HPV vaccine was an opportunity to discuss general sexual health with both males and females, these numbers were not as high as comfort level in talking to patients about sexuality.

**Conclusions:** Our findings are consistent with prior research, which shows that those less likely to complete the HPV vaccinations are underinsured adolescents, children of parents with strong religious beliefs, and women living in poverty. Also, nationwide, immunization rates for males are lower than for females.



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**#15: Comal County Translational Advisory Board: Partners in Community Research**

**Type:** Community-Based Research or Assessment

**Poster Authors:** Susan Bell - Comal County TAB, Gwen Mills - Comal County Public Health Department, Awilda Ramos MD- New Braunfels Pediatric Associates, Chris Douglas- Communities in Schools, Nancy Pappas –The Institute for Public Health Research, and Michelle Truchess –Methodist Healthcare Ministries

**Background:** The Comal TAB was established in 2009 as a project of the South Central AHEC and the CTSA Community Engagement Core Function of UTHSCSA.

**Methods:** As a TAB, we have followed the Public Health Model of Assessment, Intervention Development and Assurance to establish our health research initiatives in Comal County.

**Results:** We will showcase our findings, our programs and next steps in this poster as well as discuss the lessons learned about Community Based Participatory Research (CBPR).

**Conclusions:** The Public Health Model has served as a useful tool for planning and implementing projects.

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**#16: *A Qualitative Report of Women's Life Experiences as Participants in Partner Violence Research***

**Type:** Practice-Centered or Patient-Oriented

**Poster Authors:** Sandra Burge - UTHSCSA, Johanna Becho - UTHSCSA, Erin Foster - UTHSCSA, Diandrea Garza - UTHSCSA, Robert Wood - UTHSCSA, Robert L. Ferrer - UTHSCSA, David Katerndahl - UTHSCSA

**Background:** The study of intimate partner violence (IPV) can have an influence on research participants, as they reflect on their own life experiences. In the context of a quantitative, longitudinal study of IPV, 42 women qualitatively described their life experiences during their 12 weeks on the study. Our aim was to examine the impact of study participation, and enrich our quantitative findings.

**Methods:** Qualitative interviews analysis. Two hundred female patients participated from six primary care clinics, age 18-64 years old, living with a male partner for  $\geq 6$  months, and experiencing verbal or physical abuse within the past 30 days. Participants completed a baseline questionnaire and, for 12 weeks, made daily calls to an automated telephone survey which assessed stressors and IPV. A weekly phone call to a researcher assessed safety and adverse life events. At end-of-study, researchers interviewed 42 participants about their experiences during the study. Interviews were transcribed and analyzed using qualitative methods.

**Results:** Six major qualitative themes emerged from the exit interviews: (1) Life Context: Participants described their personal histories as a couple and as individuals, and their relationships with their partners and other family members. (2) Stress: The environment was plagued with financial problems, alcohol abuse, family conflict, illness, and loss. (3) Abuse ranged from name-calling to intimidation to physical abuse. (4) Coping: Women reported varying ways they coped with acute violent events and the chronic problem of abuse. (5) The Impact of the Study was generally positive, with women reporting new insights and behavior changes. (6) Logistics: Women reported on their safety, their ability to complete the daily surveys, and provided feedback to the investigators.

**Conclusions:** Participation on the study caused no increased safety risk to these women, and may have provided benefit in the form of insight, emotional support, and access to resources.

### ***#17: The Psychiatric Practice-Based Research Network (PBRN) of the IIMS: Update and implications for Translational Science***

**Type:** Practice-Centered or Patient-Oriented

**Poster Authors:** Cervando Martínez, MD - South Texas Psychiatry PBRN/UTHSCSA and Alejandro Machuca – South Texas Psychiatry PBRN /UTHSCSA

**Background:** The South Texas Psychiatric PBRN is an organization of community clinicians who collaborate together with UTHSCSA researchers to answer meaningful questions that will improve practice and patient care. The Network is composed of 72 individual Psychiatrist located in and around South Texas. PBRNs have been recognized as excellent tools for conducting a variety of research activities in primary care (1,2). In psychiatry, PBRNs have been proposed as potential platforms for mental health services research (3). They can be designed to answer practice-based questions and interests such as types of patient symptomatology, clinician use of different treatment measures, practice characteristics (demographics, insurance status, etc.), treatment compliance and others.

**Methods:** The STX PSYCH PBRN operates in an egalitarian method where ideas are presented to the group by other Psychiatric PBRN members and through discussion projects are developed and designed overtime. The Psychiatric PBRN holds a total of 6 meetings a year with quarterly All-Member meetings and Bi-annual Executive Committee meetings. The meetings allow for open forums about the real world clinical issues. The meetings also serve as a chance to review current research findings and implications in the field. The STX PSYCH PBRN has a unique ability to focus on questions and issues that are directly related to the members' clinical experiences. This allows for a quick and effective method of investigating these topics and being able to translate the data collected into meaningful information that our members can then use to improve their own patients' care.

**Results:** The STC+X PSYCH PBRN has worked in collaboration with the PBRN Resource Center to conduct the following studies:

- Study #1 – Negative Reactions – Simple card study to examine the occurrence of a “negative reaction” to patients in daily practice in order to gauge network member commitment and network functionality.
- Study #2 – Difficult Patients – Simple card study to investigate the prevalence of “difficult patients” experienced by their psychiatrist and to assess the association of difficulty with physical and mental disorder, functional impairment, health care utilization, and satisfaction with medical care.
- Study #3 – SSRI and Alcohol Study
- Study # 4 – Polypharmacy Decision Making - A study to examine the rational and decision making process for the justification of use of polypharmacy among STX PSYCH psychiatrists

**Conclusions:** In conclusion, participation in the STX PSYCH PBRN has proven to be successful in the development, design, implementation and execution of clinically relevant studies of interest to network members and to the community we serve. By addressing these clinical psychiatric issues the member psychiatrist have been able to improve their practice and the overall wellbeing of their patient population.

**#18: *The burden of hearing loss among the military community: Initial findings of the Department of Defense Epidemiologic and Economic Burden of Hearing Loss Study (DEEBoHLS)***

**Poster Authors:** Hari Sagiraju – UTSPH-SARC, Jose A Betancourt UTSPH-SARC, Kristina W Whitworth - UTSPH-SARC, David Tucker - Geneva Foundation, Hassant Alamgir - UTSPH-SARC , David Gimeno- UTSPH-SARC

**Background:** Military has been an important part of San Antonio's community and economy, with people serving at the bases, the family members who support them, and the veterans who have settled in San Antonio, all being an integral part of the military community's fabric. Hearing loss (HL) is one of the top service connected disabilities for US Veterans and is an immense economic burden for both Department of Defense (DoD) & Veterans Affairs. Hence defining and quantifying the substantial risk of the new onset HL related to military service is critical. DEEBoHLS is a unique and novel ongoing collaborative effort between the DoD Hearing Center of Excellence and The University of Texas School of Public Health San Antonio. It was established to examine the incidence of service-related hearing impairment and noise-induced hearing injury (HINIHI) among active duty members in the U.S. military.

**Methods:** We obtained data from the Military Health System Data Repository for active duty armed forces (excluding National Guard and Reserve) members aged 15 and older for fiscal years (FY) 2007 to 2012. We estimated incidence (i.e., any new case in a FY) rates per 1,000 people based on ICD-9 codes from clinical encounters, both from direct (i.e., DoD) and indirect (i.e., TRICARE) providers. The at-risk force was based on the Defense Manpower Data Center (DMDC) aggregates.

**Results:** Demographics of the sample remained unchanged over the study period. Initial unadjusted rates showed incidence rates of 35/1,000 cases per year during the study period. Overall HINIHI incidence decreased. The ICD-9 codes contributing the most to the overall burden were sensorineural hearing loss (SNHL) (14/1,000) and tinnitus (16/1,000). The incidence rates were the highest in the Army, senior officers, males and older members. During the study period, tinnitus incidence increased while SNHL incidence appears stable. HINIHI incidence decreased for Army and Air Force but the rates almost doubled among marines along with an increase in tinnitus and SNHL incidence.

**Conclusion:** This is the first comprehensive estimate of the current burden of hearing impairment and noise-induced hearing injury among active duty Armed Forces. Future estimates of adjusted rates and DMDC individual data are needed to confirm these preliminary findings as well as obtaining estimates by occupation and based on audiograms.



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**#19: *Community Reintegration: A Needs Assessment of Iraq and Afghanistan Veterans in San Antonio, Texas***

**Type:** Community-Based Research or Assessment

**Poster Authors:** Ruth Morris – UTHSCSA and Mary Jo Pugh – UTHSCSA

**Background:** Successful reintegration should enable Veterans to engage more fully and productively in life, including family, work, and community. The purpose of this study is to determine the community reintegration needs, barriers, and facilitators of Iraq and Afghanistan service members, Veterans, and family members who are transitioning back to civilian life using key informant interviews, focus groups, and a survey in order to guide future program planning and research. The secondary purpose of this study is to identify needs, concerns, and perceptions related to working with, hiring, and other issues regarding reintegration into the community of Veterans leaving military service.

**Methods:** This needs assessment, uses both quantitative and qualitative measures to collect and identify themes and priorities regarding community reintegration for our population. Participants in the key informant interviews and focus groups include individuals who have been identified by study staff and through snowball referrals as critical community leaders, healthcare professionals, stakeholders, military personal, veteran patients, and family members/caregivers. An anonymous survey is being administered to veterans and their family members through community outreach presentations and snowball referrals. Survey data will be analyzed for descriptive statistics with SPSS. Collected results from the key informant interview and focus groups will be analyzed for qualitative description using NVivo software.

**Results:** The analysis of this project is still currently being conducted; a full report of findings will be presented at the time of conference. Collected data from the completed needs assessment in San Antonio, Texas will be compared to national findings regarding the community reintegration experiences and identified needs of Iraq and Afghanistan Veteran, including emergent themes and priorities from the various stakeholder groups such as healthcare providers, employers, community groups, Veterans, and family members. The identified areas of this needs assessment will be used to inform future research and program planning to better the quality of life and health outcomes of Veterans and their families. Recommendations for future research will be determined at project completion.

**Conclusions:** Reintegration of Veterans impacts individuals, families, employers, and many systems within a community, with numerous public health implications, making the findings of this needs assessment and its applicability relevant nationwide. Furthermore, this project demonstrates translational research that engages the targeted population in the research process.

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**#20: *Is Overweight or Obesity Associated with Advanced Liver Disease among Hispanics with Chronic HCV?***

**Type:** Patient-Centered or Patient-Focused

**Poster Authors:** Barbara J. Turner UTHSCSA, Barbara S. Taylor – UTHSCSA, Joshua Hanson – UTHSCSA, Yuanyuan Liang – UTHSCSA, Jasdeep K Sandhu – UTHSCSA

**Background:** A systematic review has reported that Hispanics have a more aggressive course for all types of chronic liver disease. Chronic Hepatitis C virus (HCV) infection may be more advanced at diagnosis in Hispanics. A convenience sample of chronic HCV patients in Los Angeles found that Hispanics were more likely to have a higher fibrosis stage and faster progression that may have been due to a higher prevalence of steatosis compared with non-Hispanic whites.

**Methods:** Never screened baby boomers admitted to a San Antonio safety-net hospital from 12/1/2012 to 9/30/2014 and screened with anti-HCV antibody (anti-HCV) and reflex HCV RNA. Persons with newly diagnosed chronic HCV infection (HCV RNA positive) were followed through 12/10/2014 for evaluation of liver disease including laboratory tests and imaging (liver ultrasound and/or CT scan). Reports were independently reviewed by 2 clinicians for evidence of likely cirrhosis or hepatocellular carcinoma (HCC).

**Results:** Hispanics in this cohort had four times greater odds of having significant fibrosis on non-invasive testing than non-Hispanics

**Conclusion:** The strong association between Hispanic ethnicity and fibrosis was not changed with adjustment for other risk factors that may be in the causal pathway of liver fibrosis such as heavy BMI, DM, and alcohol use. These factors have multiplicative effects on the odds of significant fibrosis such that a Hispanic patient with a BMI of 30 and diabetes has adjusted odds of significant fibrosis that are over 35 times greater than a non-Hispanic white with a BMI of 24 and no diabetes.

**#21: Prevalence of Molar-Incisor Hypomineralization in South Texas**

**Type:** Practice-Centered or Patient-Oriented

**Poster Authors:** Yong-Hee P. Chun - UTHSCSA, María José Cervantes Méndez – UTHSCSA, Shahad Abudawood – UTHSCSA, John P. Hatch – UTHSCSA

**Background:** Molar-incisor hypomineralization (MIH) is a failure in the mineralization of dental enamel manifesting in demarcated discolorations, a porous surface or disintegration of enamel. The compromised enamel is more prone to caries and mechanical instability requiring extensive attention by the dentist. The prevalence of MIH ranges worldwide from 5 to 20% in children between 6 and 14 years. However, evidence of this manifestation in the United States is not available. Due to the lack of awareness among dentists in the United States, MIH is currently undiagnosed or misdiagnosed and poses an unrecognized challenge for clinicians during diagnosis, treatment and prevention.

**Method:** This poster reports preliminary data from a larger research project which is currently underway. In a cross-sectional design, patients receiving initial or semiannual dental exams were included. Patients were recruited from dental practices through the South Texas Oral Health Network (STOHN) and three clinics affiliated with the Pediatric Dentistry Postgraduate program at UTHSCSA. Demographic information was obtained using a survey. During the exam, permanent teeth were examined and scored for MIH on a scale from 0 to 4 using criteria defined by the European Academy of Pediatric Dentistry. All participating dentists were trained and calibrated.

**Results:** Exams of 346 children were analyzed for this preliminary report. The study population consisted of 179 girls and 167 boys. Hispanics were represented at 84% and non-Hispanics at 15.6%. The overall prevalence of MIH on permanent molars and incisors was 34.4% in the study population. MIH had a prevalence of 38.5% in girls, compared to 29.9% in boys. Molars and maxillary teeth were more frequently affected than incisors and mandibular teeth.

**Conclusions:** The preliminary results of this study suggest that children between 6 to 14 years old in South Texas are frequently affected by MIH. The prevalence of MIH in South Texas children was found to be comparable but at the higher end when compared to data reported in similar studies in other countries. The dental practice-based research network (DPBRN) might be a suitable approach to obtain data on the prevalence of MIH for the entire United States.

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**#22: *Bridging Community Dental Practitioners to Research***

**Type:** Patient Centered or Patient-Oriented

**Poster Authors:** Colleen Dolan – UTHSCSA, Rahma Mungia - UTHSCSA, and Thomas Oates-UTHSCSA

**Background:** Dental practice-based research networks (PBRNs) are a consortia of practices committed to supporting research projects aimed at improving clinical care. The South Texas Oral Health Network (STOHN), affiliated with the University of Texas Health Science Center in San Antonio, was established through the Clinical Translational Science Award funded by the National Institutes of Health in May 2008.

**Methods:** STOHN provides a centralized university-based infrastructure, a link to research resources, and an engine to move projects forward. This infrastructure allows dental practitioners and faculty to easily participate actively in research, which leads to collaborative community partnerships.

**Results:** Participation in a PBRN provides investigative experience for dental practitioners as they contribute to the evidence base for dental practice, and it returns the information gained from the network back to the practices with the goal of improving the quality of care.

**Conclusion:** STOHN's 59 members are very committed to participating in research activities and have contributed to research at each stage of its development. The network has published articles on study results in respected journals, and we continue to build new studies and explore new areas of research within oral health and patient care. This poster outlines an approach to building a research network, and it provides examples of clinical achievements from the dental practice-based research.



### **#23: DNA Methylation Screening of Primary Prostate Tumors Identifies *SRD5A2* and *CYP11A1* as Candidate Markers for Assessing Risk of Biochemical Recurrence**

**Type:** Patient-Centered or Patient-Oriented

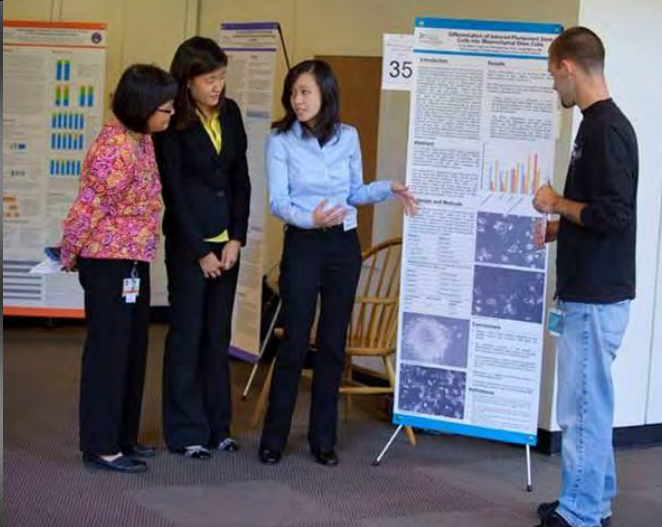
**Poster Authors:** Aaron M. Horning - UTHSCSA, Julius A. Awe – Manitoba, Chiou-Miin Wang - UTHSCSA, Joseph Liu - UTHSCSA, Zhao La - UTHSCSA, Vickie Yao Wang - UTHSCSA, Rohit R. Jadhav - UTHSCSA, Anna D. Louie - UTHSCSA, Chun-Lin Lin - UTHSCSA, Jeff Saranchuk – Manitoba, Darrel Drachenberg – Manitoba, Tad Krocak – Manitoba, Yidong Chen - UTHSCSA, Victor X. Jin - UTHSCSA, Sherry L. Abboud-Werner - UTHSCSA, Robin J. Leach - UTHSCSA, Javior Hernández - UTHSCSA, Ian M. Thompson - UTHSCSA, Chun-Liang Chen - UTHSCSA, Sabine Mai – Manitoba, and Tim Hui-Ming Huang - UTHSCSA

**BACKGROUND:** Prostate Cancer is the second highest leading cause of cancer-related deaths among American men. Once tumors within the prostate reach the T2 stage (tumors are confined to ½ of the prostate gland with no extravastion) the tumor may either remain indolent or become aggressive. Invasive prostate biopsies may involve unintended harmful consequences to the patient and may over- or under- diagnose a patients disease. Altered DNA methylation in CpG islands of gene promoters has been implicated in prostate cancer (PCa) progression and can be used to predict disease outcome. In this study, we determine whether methylation changes of androgen biosynthesis pathway (ABP)-related genes in patients' plasma cell-free DNA (cfDNA) can serve as prognostic markers for biochemical recurrence (BCR).

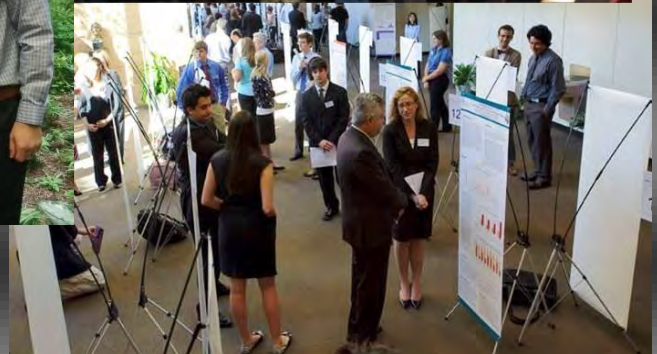
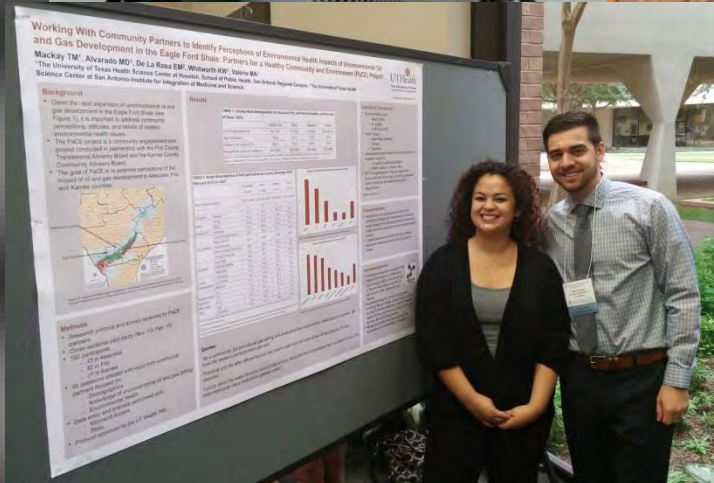
**METHODS:** Methyl-binding domain capture sequencing (MBDCap-seq) was used to identify differentially methylated regions (DMRs) in primary tumors of patients who subsequently developed BCR or not, respectively. Methylation pyrosequencing of candidate loci was validated in cfDNA samples of 86 PCa patients taken at and/or post-radical prostatectomy (RP) using univariate and multivariate prediction analyses.

**RESULTS:** Putative DMRs in 13 of 30 ABP-related genes were found between tumors of BCR ( $n=12$ ) versus no evidence of disease (NED)( $n=15$ ). *In silico* analysis of The Cancer Genome Atlas data confirmed increased DNA methylation of two loci - *SRD5A2* and *CYP11A1*, which also correlated with their decreased expression, in tumors with subsequent BCR development. Their aberrant cfDNA methylation was also associated with detectable levels of PSA taken after patients' post-RP. Multivariate analysis of the change in cfDNA methylation at all of CpG sites measured along with patient's treatment history predicted if a patient will develop BCR with 77.5% overall accuracy.

**CONCLUSIONS:** Overall, increased DNA methylation of *SRD5A2* and *CYP11A1* related to androgen biosynthesis functions may play a role in BCR after patients' RP. The correlation between aberrant cfDNA methylation and detectable PSA in post-RP further suggests their utility as predictive markers for PCa recurrence.







## ACKNOWLEDGEMENTS

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