

the Institute for Integration of Medicine & Science presents the:

2023 IIMS

# COMMUNITY ENGAGEMENT SYMPOSIUM:

*Pathways towards Recovery, Empowerment,  
and Social Inclusion*



Saturday, December 2, 2023

The Neighborhood Place 3014 Rivas St, San Antonio, TX 78228



December 2, 2023

Dear Friends,

Welcome, and thank you for attending the 2023 Community Engagement Symposium: *Pathways towards Recovery, Empowerment and Social Inclusion*.

This year we look forward to (for those comfortable with it) the possibility of enjoying each other's presence to re-connect and collaborate for the benefit of our community.

We will also enjoy launching a new -- this time 7-year—cycle of our Clinical & Translational Science Award (CTSA) from the National Institutes of Health (NIH), during which we plan to expand and deepen our efforts to ensure that our work aligns with community priorities. Additionally, we hope to launch a shared commitment to Design Justice into our research and community work, a topic you will hear more about.

Our plenary speaker this year, Dr. Linda Cottler from the University of Florida is a leader in community engagement science. We are eager to hear her co-present with her longtime community partner, Dr. Irvin PeDro Cohen from the Local Initiatives Support Coalition (LISC) in Jacksonville, Florida. Additionally, you will listen to presentations from our local UTSA partners and rising UT Health SA scholars who have shown a strong commitment to learning and practicing community engagement. We look forward to spirited conversations with our presenters and in the Q and A's following the presentations.

Additionally, this year our team went through great efforts to respond to the requests of our community partners. We have switched over to a hybrid format (in-person and online). Also, we have also incorporated full-scale interpretation services for our (in-person and online) monolingual Spanish speakers.

After the Symposium, we would love to hear your reactions, suggestions, and ideas about acting on what you learned and your overall experience. Please be sure to complete an evaluation and if you are participating in-person, check out our activity wall located inside of the cafeteria.

I'll close with this quote (from Malcom X), "When 'I' is replaced by 'We' illness turns to wellness."

Sincerely,

*Robert Ferrer*

Robert L. Ferrer, MD, MPH  
Director of Community Engagement  
Dr. Mario E. Ramirez Distinguished Professorship  
Institute for Integration of Medicine & Science, UT Health San Antonio | [FerrerR@uthscsa.edu](mailto:FerrerR@uthscsa.edu)

# SYMPOSIUM HIGHLIGHTS

## Plenary Presenters

**Linda B. Cottler, PhD, MPH, FACE** – Dean's Professor of Epidemiology at the University of Florida, College of Public Health and Health Professions and the College of Medicine and Director of Community Engagement and research at the UF Clinical and Translational Science Institute

**Irvin PeDro Cohen, PhD, MBA** – Executive Director of Local Initiatives Support Corporation (LISC) in Jacksonville, FL.

## Topic

Scientific translation describes the process of taking research discoveries from basic laboratory science, clinical practice, and community into interventions for public health benefit. Community engagement is an important ingredient for the translation of research findings. This symposium will address how community-campus partnerships develop and engage for the successful conduct of research that leads to the translation of research discoveries for improved health and well-being.

## Audience

Community members, students, healthcare practitioners, and researchers interested in community-campus partnerships for health research.

## Goals

Our goals are to (1) 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 community members and researchers interested in community-campus partnerships.

## Zoom Meeting Information

in English	en español
Click here -> <a href="https://uthealthsa.zoom.us/j/94175862552?pwd=UEUzS3A4MGZKTovV2Rwbm1NOGFsdz09">https://uthealthsa.zoom.us/j/94175862552?pwd=UEUzS3A4MGZKTovV2Rwbm1NOGFsdz09</a> Passcode: Salud2023!	Haz clic aquí -> <a href="https://uthealthsa.zoom.us/j/99168573195?pwd=OHFIMIVLVG1XSmtuZE5XeGNIQk0xdz09">https://uthealthsa.zoom.us/j/99168573195?pwd=OHFIMIVLVG1XSmtuZE5XeGNIQk0xdz09</a> Clave: Salud2023!

# BACKGROUND

## What is Translational Science?

Translational research is a multidisciplinary form of science used to “translate and move” knowledge from basic bench science to patient-based applications, and then out into clinical practice for the enhancement of population health and well-being. People often refer to “T1,” “T2,” “T3,” and “T4” when talking about translating scientific findings. Each of these “T’s” or transitioning phases, is part of an important process as seen below. **Community Engagement (CE)** is vital for increasing the reach, effectiveness, uptake, implementation, and maintenance of clinical and translational research.

## About the Institute for Integration of Medicine and Science (IIMS)

The IIMS is the academic home for the Clinical and Translational Science Award (CTSA) granted to the UT Health San Antonio 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 UT Health San Antonio 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. 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 Certificate in Translational Science, Master of Science in Clinical Investigation, Translational Science PhD Program, TST Multidisciplinary Training Program, and K12 Mentored Career Development Program. IIMS Community Engagement provides infrastructure support for research to enhance community responsiveness, research relevance, scientific value, and public health impact.

# AGENDA

**Saturday, Dec. 2, 2023**

<b>Welcome and Opening Remarks</b>	<b>8:45am</b>
Robert Ferrer, MD, MPH - IIMS Community Engagement Director	
<b>Successes and Challenges in Community Engaged Research</b>	<b>9:00am</b>
<i>Barriers and Facilitators to Physical Activity among Blind and Vision Impaired Adults in Bexar County: A Needs Assessment</i>	
<ul style="list-style-type: none"><li>• Rene Perez, MEd – Vibrant Works</li><li>• Beatriz Morales Hernandez, BS– University of Texas at San Antonio</li><li>• Giselle Reinhardt Gillis, LMSW – Magdalene House of Austin</li><li>• Emily J. Nicklett, PhD – UTSA, College for Health, Community and Policy - Department of Social Work</li></ul>	
<i>Community Partners' Experiences with Conducting the Qualitative phase of a CBPR Mixed Methods Project: The Pearl Project</i>	
<ul style="list-style-type: none"><li>• Shirley Bass-Wright, MS, BA - My Sister's Keeper</li><li>• Bathsheba Davis, BA, CP - My Sister's Keeper</li><li>• Shirley Fennell, RNC, BSN, MSHP, PhD - My Sister's Keeper</li><li>• Gwendolyn Harris, CET - My Sister's Keeper</li><li>• Cheryl Hill, MBA, BBA – My Sister's Keeper</li><li>• Shanae Rhodes, AA, RN, BSN - UT Health San Antonio, School of Nursing, PhD Nursing Science Program</li></ul>	
<b>Plenary Presentation</b>	<b>10:30am</b>
Linda Cottler, PhD, MPH, FACE – University of Florida, College of Public Health and Health Professions and the College of Medicine	
Irvin PeDro Cohen, PhD, MBA – Local Initiatives Support Coalition (LISC) – Jacksonville, FL	
<b>Research Poster Fair and Lunch</b>	<b>12:00pm</b>
View online poster presentations at: <a href="https://flip.com/cde020aa">https://flip.com/cde020aa</a> Guest password: <b>Letmein2023!</b>	
<b>Community Engagement Hero Awards and Dessert Reception</b>	<b>1:00pm</b>
<ul style="list-style-type: none"><li>• Outstanding Student – Shanae Rhodes, RN, BSN</li><li>• Outstanding Community Partner – Shirley Fennell, RNC, BSN, MSHP, PhD</li><li>• Outstanding Research Partner – Kathryn Kanzler, PsyD</li><li>• Outstanding Community Health Improvement Project – Madelein Santibanez on behalf of Corazón Ministries</li><li>• Excellence in Community Leadership Award – San Antonio Mayor Ron Nirenberg</li></ul>	
<b>Lessons Learned and Closing Remarks</b>	<b>1:30pm</b>
<b>Adjournment</b>	<b>2:00pm</b>

# CONTINUING EDUCATION

## ■ CHES and CHW Continuing Education

Continuing education credit is available for Community Health Education Specialists (CES) and Community Health Workers (CHWs). [Please complete an evaluation here](#) after participating in this event. Please note that Zoom attendance records will be verified.

Maximum CHES CE units is 4.0. Maximum CHW CE units is 5.25.

# RESEARCH POSTER FAIR

## ■ In-person and Virtual

This year we opted to use a simplified research poster template to facilitate a better understanding of different research projects. In-person attendees, please take time during our lunch break to visit printed posters in the hallway.

Online participants, we are once again using Flipgrid – a free video discussion platform to share recorded poster presentations. Flipgrid works on most web browsers and mobile devices. We recommend Microsoft Edge or Google Chrome for the best web experience. View the online poster presentation recordings here:

<https://flip.com/cde020aa> Guest password: **Letmein2023!**

We encourage you to “like” or post a video response. If you wish to leave a text comment, you will need to register with Flipgrid. Video presentations will be available after the Community Engagement Symposium.



# SPEAKER BIOGRAPHIES

## Plenary Presenters



**Linda B. Cottler, PhD, MPH, FACE**, is the Dean's Professor of Epidemiology at the College of Public Health and Health Professions and the College of Medicine (2011-present) and former Senior Associate Dean for Research at the College of Public Health and Health Professions (2012-2022) at the University of Florida. Before moving to UF to become Founding Chair of the Department of Epidemiology (2011-2018), Dr. Cottler was at Washington University for 30 years, where she earned her PhD and developed a robust research program in addiction and community engagement science. She has been continuously funded by NIDA since 1989 and has received numerous contracts and grants from multiple Institutes. This research includes development of culturally reliable and valid measures for identifying substance use, abuse and dependence, along with psychiatric disorders and their risk factors; innovative methods for conducting national surveys of high-risk behaviors; and community based, peer-delivered interventions to change high risk behaviors and substance abuse. Her work has gained international focus as well, extending to Afghanistan, Australia, Haiti, India, Kenya, Taiwan, and Thailand.

Dr. Cottler's research has also focused on increasing health equity among underrepresented populations. She is Founding Director of HealthStreet — a community engagement program of the UF CTSA in which Community Health Workers assess health concerns and needs of community members and provide referrals to medical and social services and opportunities to participate in research. Cottler is Director of the Community Engagement for the UF Clinical and Translational Science Institute. She is also the current President of the Association for Clinical and Translational Science.

Dr. Cottler has served as PI of numerous studies to reduce high risk behaviors, the NFL study of retired players, and NMAPSS and SNAPs, to understand stimulant use among 10-17 year olds. She directs the NDEWS and PANDEMIC initiatives, and co-directs ABCD and All of Us initiatives, among others.



**Dr. Irvin PeDro Cohen** is the Executive Director of LISC (Local Initiatives Support Corporation) Jacksonville. Dr. Cohen is a Jacksonville, FL native and he received his bachelor's degree in Sociology from the University of North Florida, an MBA in Marketing from Pfeiffer University and a Doctorate in Organizational Leadership and Urban Education from Nova Southeastern University. His research is centered on the social well-being of the African American community (education, healthcare and economics) and particularly the role the African American church plays within that space.

Dr. Cohen serves on the advisory boards of the University of Florida's Clinical Translation Science Institute and Vanderbilt University's Recruitment Innovation Center, the Health Planning Council, Leadership Jax, IDEA Schools and Changing Homeless Coalition. He is a member of the Jacksonville Chapter NAACP, Kappa Alpha Psi Fraternity Incorporated and a member of Leadership Jax Class of 2014.

His blog can be read at [www.irvinpedrocohen.blogspot.com](http://www.irvinpedrocohen.blogspot.com).

## Local Presenters

### Welcome and Opening Remarks



**Robert Ferrer, MD, MPH** has been working as a family doctor, researcher, and public health advocate at UT Health San Antonio since 1997. He serves as the Director of Community Engagement at IIMS. His work focuses on improving primary care practice to be more responsive to the needs of disadvantaged populations as well as improving the conditions of daily life to support healthy living for everyone in our community. In 2018, Dr. Ferrer was elected to the National Academy of Medicine for his work in primary care and community health.

### Successes and Challenges in Community Engaged Research

#### *Barriers and Facilitators to Physical Activity among Blind and Vision Impaired Adults in Bexar County: A Needs Assessment*



**Rene S. Perez, MEd** is the Director of Independent Living Programs at Vibrant Works. In this role, Mr. Perez oversees all aspects of Independent Living Programs and is responsible for the execution of program grants and collaboration with community partners to strategically expand, grow, and improve services and programs for the blind and vision impaired community in Bexar County, Texas. Mr. Perez has a Master's in Education (Special Education focus), Graduate Certifications in Orientation Mobility and Nonprofit Management, and has experience as a Certified Orientation & Mobility Specialist. Rene is very active in the community and currently serves on several committees and boards of local nonprofit agencies in hopes of bringing awareness and advocating for those with disabilities.



**Beatriz Morales Hernandez, BS** completed her undergraduate training in Biology at UTSA in 2023. Having worked previously as a research assistant in the biology field, she is drawn to research and practice in the field of social work. Ms. Morales Hernandez has contributed to many aspects of this research, including the transcription and coding of qualitative interviews. She also led the translation of interview materials that will be administered to predominantly Spanish-speaking participants.





**Giselle Reinhardt Gillis, LMSW** is a Licensed Master Social Worker, Community Health Worker, and graduate of the University of Texas at San Antonio. Giselle is a resourceful, dedicated, social worker who strives to improve and enhance lives with a trauma-informed approach. She has experience in affordable housing, homelessness prevention, substance use disorders, and is currently working with human trafficking survivors to provide transformational supportive services. Giselle continues to dedicate her free time to social justice advocacy, conducts research on health disparities in south Texas and is writing a book that will serve to educate, heal, and empower sex trafficking survivors.



**Emily J. Nicklett, PhD, MSW** is an Associate Professor at the University of Texas San Antonio- College for Health, Community and Policy, where she teaches in the departments of Social Work and Public Health. Dr. Nicklett's expertise is in chronic disease self-management and healthy aging research. She is particularly interested in the intersections of disability and neighborhood context on opportunities for people to engage in health-promoting behaviors. Dr. Nicklett is also the Chair of the Aging and Public Health Section of the American Public Health Association (APHA). Prior to joining the UTSA faculty, Professor Nicklett was an Associate Professor at the University of Michigan School of Social Work.

### *Community Partners' Experiences with Conducting the Qualitative phase of a CBPR Mixed Methods Project: The Pearl Project*



**Shirley Bass-Wright, BA, MS** is tenured faculty, professor of Psychology, and past Director of Psychology in the Social and Behavioral Sciences Department at St. Philip's College in San Antonio, TX. Professor Bass-Wright has clinical and professional expertise in mental health and behavioral sciences. Her master's research focused on cultural sensitivity and therapeutic effectiveness. Professor Bass-Wright serves as the Advisor for My Sister's Keeper.



**Bathsheba Davis, BA, CP** is a Patient Service Advocate. Bathsheba remains an active participant in healthcare administration with aging seniors and elder rights. She spent her earlier career as a paralegal at two prestigious boutique law firms in NJ and NYC respectively. After the 911-Attacks, she wanted to explore other avenues and had a short stint teaching at Rutgers University's open class (history/law/religion). Embracing her gift of writing, she focused on grant writing, fundraisers and speaking engagements. She continues serving as Secretary for My Sister's Keeper.



**Shirley Fennell, RNC, BSN, MSHP, PhD** served as a retired Nurse Operation Officer for San Antonio State Living Center for over 40 years where she held various roles and responsibilities. She spent many years working on community mobilization through community partnerships for under-represented populations, including the homeless and incarcerated women. As a Christian counselor, Shirley provides counseling services, rehabilitation support, and advice. She is the co-writer of a published book, *Blended Learning*. She is currently in the process of publishing a second book titled *Healthcare Disparities of African American/Black Women* that was sparked by the healthcare disparities that her mother, Irene “Pearl” White, had experienced. Mother White’s experience is also the spark that started the flame for the Pearl Project. Shirley serves as

both the Project Lead for the Pearl Project and Treasurer for My Sister’s Keeper.



**Gwendolyn Harris, CET** is a retired Boeing-Quality Engineer who studied at Gwinnett Technical College. As an Engineer at The Boeing Company for 27 years, Gwendolyn worked with the Engineering Department improving quality, safety, and manufacturing processes in multiple areas to include Missile Defense and VIP Aircrafts. As a Collaborative Outreach Champion, Gwendolyn is committed and understands those who are in the shoes she once wore. She advocates for the community by facilitating and obtaining access to benefits, such as housing assistance, health care, social security, disability, and local assistance programs. She is a Disability and Veteran Care Provider.

She's active in her community church and participates in charity events. She has an endowment of writing inspirational Poems of Praise and Grace. Gwendolyn continues her service as the Community Outreach Champion for My Sister's Keeper.



**Cheryl Hill, BBA, MBA** has been self-employed for over 20 years. She has extensive knowledge as a licensed Realtor and Mortgage Originator with a plethora of experience as a Life and Health Advisor. She loves balancing her personal time between family and friends while maintaining a persistent, insatiable hunger for God’s Word. She is extremely passionate about spreading the Good News of salvation through Jesus Christ with a heart for outreach, including Bible ministry for those incarcerated and serving others in need. Cheryl also currently serves as Chair for My Sister’s Keeper.



**Shanae Rhodes, AA, BSN, RN** is a Registered Nurse specializing in adult care. As a PhD-in-Nursing Science candidate at UT Health San Antonio, Shanae’s interests are centered on collaborating with community members and various sectors to contribute towards community-engaged research that will influence policy to affect change for equitable healthcare. She has assisted on community-engaged projects with community leaders of urban and rural areas (e.g., Kingsville, Texas) and has been involved with My Sister’s Keeper since its inception. Shanae is committed to a career in community service and research that advocates for social justice for underserved and ethnically marginalized communities. Upon completion of her PhD, she will continue to cultivate meaningful partnerships with communities and conduct rigorous, culturally relevant research that will

shed light on the unique experiences of marginalized populations. Shanae serves as the Student Researcher for My Sister’s Keeper.

# 2023 COMMUNITY ENGAGEMENT HERO AWARDS

The IIMS Community Engagement Hero Awards recognizes individuals who have worked as part of a community–campus partnership built on a foundation of reciprocal learning and trust for the improved health and well-being of South Texas communities. This year's awardees are listed below.

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## ■ Outstanding Student Award

This award recognizes a student who has demonstrated exceptional commitment and follow-through as part of a community service-learning project or internship that has created a tangible benefit for a community and academic partnership.

**Awardee:** Shanae Rhodes, AA, RN, BSN – UT Health San Antonio, School of Nursing, Nursing Science Doctoral program



## ■ Outstanding Community Partner Awards

This award recognizes community members who have demonstrated exceptional leadership and devoted their time, talents, and expertise for improving their community's health and well-being.

**Awardee:** Shirley Fennell RNC, BSN, MSHP, PhD – My Sister's Keeper



## ■ Outstanding Research Partner Award

This award recognizes faculty who have demonstrated an exceptional commitment to collaboratively developing projects that promote leadership and shared learning while addressing community health concerns.

**Awardee:** Kathryn Kanzler, PsyD, ABBP – Baylor College of Medicine





## Outstanding Community Health Improvement Project

This award recognizes outstanding health improvement projects that address community-identified health concerns.

**Awardee:** Corazón Ministries - Madelein Santibanez



Madelein Santibanez

### Street Nursing with Corazón



Tina Rodriguez



Diana M Cavazos



Scott Dion



Corazon Harm Reduction Team

## Excellence in Community Leadership Award

The IIMS has reserved this special award for San Antonio Mayor Ron Nirenberg for his support of the recent Clinical Translational Science Award application submission and his leadership during the COVID-19 pandemic.

**Awardee:** Mayor Ron Nirenberg



## Abstracts (Poster and Podium Presentations)

### 1. The United States Prison Population Disparity on Drug Offenses; Condey Calhoun MS and Kaylee Perkins BA

Stigma is a public health issue that contributes to high rates of death, mental health disorders and incarceration for dependent populations. Approximately 244 thousand people were arrested and sentenced to either a state or federal prison in 2019 for a drug related crime. Over fifty percent of incarcerated individuals have an untreated substance use disorder (SUD) while imprisonment can lead to a much higher risk of overdose upon release and limiting future opportunities of higher education and employment. It was found that those who have a SUD and are treated in the criminal justice system, change their attitudes beliefs and behaviors toward substance use. Leading to decreased criminal activity post-incarceration as well as decreased drug use post-incarceration. Using online public databases peer reviewed articles and government websites, we gathered information about incarcerated individuals' as well as information about whether or not they had a substance use disorder and if they received treatment while incarcerated. We hypothesized that individuals who had a substance use disorder and were incarcerated would not receive treatment while in prison. Through the literature review we found that 65% of the United States prison population has an active SUD however, 38% of federal prisons throughout the United States do not have treatment programs for SUDs. It is critical that SUDs be treated as a public health matter rather than a crime to ensure that individuals receive the treatment needed.

### 2. Unlocking the Unexpected: CCL2's Surprising Role in Bladder Cancer Immunotherapy; Neelam Mukherjee, Niannian Ji, Zhen-Ju Shu, and Robert S. Svatek, Department of Urology University of Texas Health San Antonio (UTHSA)

Background: The tumor microenvironment is where tumors and immune cells interact, with chemokines and their receptors governing immune cell recruitment. While chemokines impact cancer growth in various tumors, their role in bladder cancer (BCa) remains unclear. CCL2 (C-C motif ligand 2), a prominent chemokine, facilitates immune cell trafficking by binding to CCR2. CCL2 has been linked to immunosuppressive monocyte recruitment in other cancers, leading to clinical trials testing anti-CCL2 therapies. Significance: BCa often begins as non-muscle-invasive tumors, offering potential for immunotherapy due to a high mutational load. However, frequent recurrence leads to costly and invasive examinations. Existing therapies, while promising, suffer from low response rates and a lack of response markers due to inadequate recruitment of anti-tumor immune cells. This study uncovers a novel chemokine-mediated immune cell recruitment pathway in BCa, with implications for new immunotherapies, either standalone or in combination with standard treatments. Methods: To explore CCL2 signaling, we used WT and CCL2-deficient mice (CCL2KO) exposed to the carcinogen BBN and challenged WT, CCL2KO, and CCR2KO mice (lacking the CCL2 receptor) with MB49 BCa cells. T cell adoptive transfer and depletion were employed to clarify T cells' role in CCL2's impact on BCa. The effects of intravesical recombinant CCL2 (rCCL2), alone or with gemcitabine, in BCa models were examined. We also assessed the influence of anti-CCL2 on BCa growth and studied the nitration of CCL2 in BCa. Findings: Surprisingly, CCL2KO and CCR2KO mice exhibited higher tumor incidence and growth in various BCa mouse models, contradicting expectations. T cell depletion nullified the protective effect, but it was restored with adoptive transfer of CCR2+ T cells into CCR2KO mice, showing enhanced T cell activation and tumor specificity. Anti-CCL2 treatment promoted BCa growth. Intravesical rCCL2, alone or with gemcitabine, reduced bladder tumor growth and enhanced survival in BCa-bearing mice. Bladder tumors were found to induce post-translational nitration of CCL2, inhibiting T cell recruitment, a phenomenon reversed by exogenous rCCL2. Chemical nitration of rCCL2 compromised its therapeutic efficacy, reducing bladder T-cell infiltration and increasing monocyte infiltration in BCa. Conclusions: The protective role of CCL2/CCR2 in BCa contradicts the existing paradigm, while post-translational nitration suppresses the T cell-mediated anti-tumor BCa axis.

### 3. RED de Promotoras/es del Sur de Tejas: "A safe place for promotoras/es"; Martha Castilla, Cynthia Castillo, Janie Escareno, Melissa Flores, Ludivina Hernandez, Annette Zavala Idar, Janna Lesser, Vicky Morales, Pamela Recto, Bonifacio Vega, Veronica Vela, and Jose Zapata Jr.

Background: The Promotoras/es who participated in our Spanish-language "COVID-19 Health Equity Project ECHO for CHWs" requested to continue meeting to continue the relationships they had built, the support for each other, and continue to share resources. In 2019, 64% of CHWs in Texas identified as Hispanic/Latino. 35.4% of the Texas population speaks a language other than English and of those individuals, 83.3% speak Spanish. Despite the large presence of Hispanic/Latino CHWs and Hispanic/Latinos in the U.S., and in Texas, research has been limited in not only documenting Hispanic/Latino CHWs translating health interventions into Spanish, but also limited in ensuring the translation is culturally and linguistically relevant to their communities. Significance: There is a scarcity of Spanish Language Programs for CHWs and Promotoras/es living and working in South Texas. By not recognizing the number of predominantly Spanish speaking CHWs/Promotoras/es in South Texas we



are ignoring an important population. Methods: The RED program provides the following: Interactive CHW curriculum modules that are CEU certified by DSHS and Apoyo (support and sharing of resources). To date, 48 CHWs have attended the program. The CHWs explained to us why Spanish language programming is important. A qualitative content analysis of the CHWs' reflections was performed. Findings: The qualitative analysis led to three main categories; Helpful to Self, Helpful to Community, and Historical Discrimination. Exemplars from each of the categories will be presented. For example, from the category Helpful to Self "I truly am thankful. Truthfully, I am enormously thankful that there are programs like these in Spanish because, although I understand English, I communicate better in Spanish, and I can give my opinion. I can give my opinions better in Spanish than in English." Conclusions: By acknowledging their contributions to their communities and providing an audience that truly listens we create a supportive environment, "a safe place" for their voices to be heard and affirmed.

#### **4. "I feel that you did this program just to help us to realize that we are worth it": A CHW Employment/Skills Training Program; Martha Castilla, Cynthia Castillo, Janie Escareno, Melissa Flores, Ludivina Hernandez, Annette Zavala Idar, Janna Lesser, Vicky Morales, Pamela Recto, Bonifacio Vega, Veronica Vela, and Jose Zapata Jr.**

Background: This pilot project was co-developed by our team to help newly certified CHWs navigate securing a CHW job as well as to create a CHW-specific resume. The purpose of this poster is to showcase the implementation process and the responses of the CHWs experience of being in the program. Significance: CHWs have the capacity both to facilitate individuals' self-reliance and empower communities to make meaningful changes by developing and implementing interventions, increasing health knowledge, and advocating for existing community strengths with their deep community connections. Methods: The workgroup structure includes two complementary components. The first component is the Employment/Skills Training and is made up of 5 sessions: 1) How do I prepare for the job I want, 2) Connecting for Jobs and Support, 3) Preparing for an Interview, 4) Negotiating Salary and Advocating for Oneself, and 5) Completing Resume and Feedback Session. The second component is 5 sessions of the Xinachtli Program. Findings: Pre and post questionnaire findings and narrative feedback will be presented. CHW narrative feedback included "I feel that you did this program just to help us to realize that we are worth it ... that our job means something for the community because sometimes, we don't feel like that .... We don't have a job in any-a real job, they don't call it. Because I clean houses, and sometimes, people feel that that's not a real job, but it is, that we don't have skills, but you made us realize that, yes, we do have skills. We can work, and we can make a change in the community too." and "I really love that there is this program that we can share and learn from each other ...I learned from this that I can talk with other persons about life, and these emotions, that is very important. We don't know sometimes how to communicate or how to share." Conclusions: The CHWs described how valuable it was to learn that their past experiences, especially volunteering for their communities and schools, allowed them to make a strong case for being a qualified applicant for a CHW position.

#### **5. Addressing Social Determinants of Health Disparities in San Antonio, Texas - A Project Blink Initiative; Andrew Reed MS2, James Garcia MS2, Cameron Mehmken MS2, Abdallah Maach MS2, and Rafael Montoya MS3**

Background: Project Blink is a community service initiative with aims of identifying and addressing the social determinants of health that affect our community. Our objective is to aid in alleviating these issues by connecting community members with available information and resources within local healthcare systems and community programs. Significance: Healthcare outcomes are significantly influenced by social determinants. The differences that exist within these social and environmental factors play a substantial role in creating disparities within both vision health and eye care. Our approach focuses on raising awareness of social risks, connecting community members with relevant resources, and reducing healthcare inequalities in vision health and eye care. Methods: Information was collected with surveys inquiring about the participants' zip-codes, age, race, ethnicity, personal and familial systemic and ocular conditions, and their plans on visiting an eye care professional. Each survey was designed to maintain anonymity. To further elaborate on potential barriers, we compared the information collected to the available data on census.gov. Findings: Forty-two community members completed the survey, representing 23 zip codes. Among the participants, 45.7% resided in zip codes with poverty rates above the national average (12 zip codes, n = 16). Additionally, 31.4% came from zip codes where 25% of the population reported High School or equivalent as their highest level of education (10 zip codes, n = 11), and 80% were from zip-codes where at least 10% of residents lack health insurance (19 zip codes, n = 28). Further, 14.29% of participants reported having eye conditions including glaucoma, cataracts, diabetic retinopathy, or macular degeneration, while 45.24% have a family member with at least one of these conditions. Conclusions: The results suggest that we are serving communities who would benefit from our initiative, including those facing financial and educational barriers, and those with medical histories that increase their risk of developing preventable eye conditions. Currently, we provide resources to assist with the financial aspects of eye care, including visits, glasses, and medications, and aim to provide additional resources for overall health.

**6. CHW Health Equity Workgroup Community Presentations; Martha Castilla, Cynthia Castillo, Janie Escareno, Melissa Flores, Ludivina Hernandez, Annette Zavala Idar, Janna Lesser, Vicky Morales, Andrea Osorio, Vanesa Ramirez, Pamela Recto, Bonifacio Vega, Veronica Vela, and Jose Zapata Jr.**

Background: As a part of our COVID-19 Project ECHO for CHWs we invite the CHWs living and working in South Texas to join a post-ECHO workgroup designed to collaboratively develop a COVID-19 and health equity presentation for their communities. The purpose of this poster is to showcase the CHWs' intrinsic abilities to collectively develop, implement, and evaluate their community presentations. Significance: CHWs have the capacity both to build individuals and empower communities to make meaningful changes by developing interventions, increasing health knowledge, and advocating for existing community strengths with their deep community connections. Methods: The workgroup structure includes two complementary components. The first component is the co-development of the curriculum, implementation, and evaluation. The weekly workgroups include the following sessions: Brainstorming, Choosing Topics, Creating Objectives, Lesson Planning, How to Make a PowerPoint, Presentation Development and Evaluation, and Presentation Finalization. Findings: Three cohorts of CHWs have completed the workgroup (n=25). A total of 24 presentations were made to date, reaching 110 community members. Conclusions: The community members actively participated during the presentations and shared personal experiences related to the topics. It gave the community members a chance to ask questions and gain clarity about topics relevant to their reality. In addition, community members spoke about how participating in these presentations made them feel less isolated. As the CHWs shared their experiences of presenting to their communities with their workgroup members, the group began to gain insight into different community perspectives across South Texas.

**7. A COVID-19 Health Equity Project ECHO to Support the Mental Health of Community Health Workers (CHWs); Pamela Recto, Martha Castilla, Cynthia Castillo, Janie Escareno, Melissa Flores, Ludivina Hernandez, Brenda Hoffman, Annette Zavala Idar, Janna Lesser, Vicky Morales, Andrea Osorio, Vanessa Ramirez, Pamela Recto, Bonifacio Vega, Veronica Vela, and Jose Zapata Jr.**

Background: Our team from ST-AHEC consisting of CHWs, nurses, and public health specialists developed and implemented a COVID-19 Health Equity Project ECHO Program to help support CHWs in their COVID-19 related work. Significance: Supporting the mental health of CHWs during the COVID-19 pandemic and its aftermath is imperative as it will contribute to the quality of their work and ensure more availability of CHWs to serve the community. The purpose of this poster presentation is to describe an explanatory mixed methods design study, evaluating the Project ECHO program as a mechanism for providing mental health support to CHWs. Methods: The first phase of the mixed methods study measured the differences in the CHWs' depressive symptoms and anxiety before and after attending the program using the CES-D and the STAI questionnaires. The findings from the pre- and post-surveys facilitated the development of the guiding questions for the qualitative phase of the study. The individual interviews explored how the program may have influenced the mental health of the CHWs. Findings: A total of 26 CHWs from two cohorts completed both the pre-test and post-test assessments via Redcap. A paired-samples t-test was calculated to compare pre-test and post-test means of the mental health measures, CES-D and STAI. The CES-D post-test mean (12.4) was lower than the pre-test mean (16.9) for the participants in both cohorts. These findings were statistically significant indicating that the mean score decreased from above the cutoff score (16 and above), indicating depressive symptomatology, to below the cutoff ( $p=.029$ ). The STAI trait anxiety post-test mean (35.7) decreased from the pre-test mean (39.6). These findings were statistically significant and showed a change from moderate to low anxiety ( $p=.026$ ). In their individual interviews the CHWs verbalized that the program was helpful in that it fostered a sense of community among the CHWs and provided encouragement and support. Additionally, the program provided important information about how to help their clients. Conclusions: The qualitative results support the quantitative findings as the CHWs explained that the program enabled them to acquire knowledge to better assist their clients and much needed support. Funded by NAC UT Health San Antonio

**8. Community Education: The Impact of Systemic Diseases on Eye Health and Preventative Measures; Dawson Danley, Kathleen Merritt, James Garcia**

BACKGROUND: Project Blink is a community service learning initiative focused on improving health literacy among community members regarding eye health and care. Studies have shown that health literacy is positively associated with better health outcomes. The purpose of this project is to bridge gaps in knowledge about ocular-related diseases, especially ones with the potential to harm vision. In line with this mission, two members of Project Blink volunteered to give an educational presentation at the Neighborhood Place, a community center in San Antonio. The goal of this outreach effort was to improve community understanding about systemic conditions affecting the eye. Systemic conditions like diabetes and hypertension can significantly affect one's vision and quality of life. Additionally, the National Eye Institute estimates that over 95% of diabetes-induced

blindness is preventable. By sharing how systemic diseases can affect the eyes and emphasizing the importance of early intervention, the presenters hoped to mitigate the development of life-altering ocular conditions. **METHODS:** In collaboration with the South Central Area Health Education Center, two of Project Blink's team members held a "Chat at the Quiosco" presentation discussing how common systemic diseases affect the eyes. This discussion centered on diabetes and hypertension, two conditions which frequently impact eye health. A quiz was distributed both before and after the educational component to better engage audience members and assess comprehension. Subsequently, the correct answer choices were discussed to address any misconceptions among the audience members. Following the presentation, differences between the matched pre- and post-surveys were analyzed. **RESULTS:** A total of 19 community members completed a matched pre- and post-survey with multiple-choice answers. The quiz consisted of 6 questions pertaining to information covered in the presentation. After analysis, the preliminary results showed that the number of correct responses improved by 16.67% for the first question, 33.33% for the second question, 6.25% for the third question, and 50% for the fourth question. The final two questions displayed no difference in the number of correct responses before and after the presentation. A Wilcoxon signed-rank test was also performed with inconclusive findings. **CONCLUSION:** This presentation succeeded in sharing critical information with community members about the effects of systemic conditions on the eyes. The increase in the number of correct responses to several quiz questions suggests that the audience's understanding of the topic improved. To continue these efforts, we plan to give this presentation again in the future and similarly collect surveys from the audience. Although the initial statistical analysis was inconclusive, we will be better able to determine the impact of our outreach after obtaining an adequate sample size. This educational outreach will help to improve community members' knowledge of eye health. Thus, our hope is that it will empower individuals to take steps to protect their vision.

**9. \*The Perceived Life Experiences of Black African Methodist Episcopal (AME) church members and their influences on health; Nia Lane-Nelson BSN RN; and Faculty Members: Janna Lesser PhD, Pamela Recto PhD**

**Background:** African Americans continue to experience poor health outcomes stemming from social determinants of health such as racism, racial segregation, economic suppression, and healthcare inequity. One valuable approach to improving African Americans' health has been to partner with faith-based organizations. Collaborating with faith-based organizations can also provide insight into understanding the perceived factors influencing the health of Black communities. This study aims to describe the perceived life experiences of Black AME church members and their influence on health. **Significance:** Health disparities continue to persist in the African American community. The proposed study will assist in understanding health disparities and disease patterns occurring within a specific Black community. The Life Course framework allows the focus to include social, economic, and environmental factors. **Methods:** In this qualitative descriptive study, 17 AME members (15 females, 2 males, aged 46-87 years) were interviewed individually through a virtual platform or telephone between June and September 2023. A semi-structured guide was used to conduct the interviews. Guiding questions were framed from key concepts of the sensitizing framework Life Course Theory (pathways or trajectories, early life experiences, critical or sensitive periods, cumulative impacts, and risk and protective factors). Qualitative content analysis was used to identify categories and subcategories from the transcribed interview data. **Findings:** The preliminary findings identified categories under the key concepts of Life Course Theory. In early life experiences, economic hardships were identified. In critical or sensitive periods, experiencing the loss of a beloved family member and educational achievement were themes identified. In cumulative impacts, persistent encounters with racial discrimination and the ongoing experience with fear and stress were themes identified. In examining protective and risk factors, support and engagement in the church, the varied forms of support during upbringing, friendships within the church community, support from both family and friends, and spiritual guidance and support were themes identified as protective factors. **Conclusion:** This dissertation study will lead directly into the development of an action research intervention in which members of this AME church will partner with the principal investigator to plan, implement, and evaluate our collaborative intervention. **Funding:** IIMS CE Pilot Grant

**10. \* "We have a better understanding of community engagement by working in the midst of it": Contributing to the science of engagement using the Nexus Community Engagement (CE) Assessment Tool; Shirley Fennell RNC BSN MSHP PhD, Cheryl Hill MBA, Bathsheba Davis BA CP, Shirley Bass Wright BA MS, Gwendolyn Harris CET, My Sister's Keeper, Shanae Rhodes BSN RN doctoral student UT Health San Antonio, and Faculty Adviser: Janna Lesser PhD RN FAAN UT Health San Antonio**

**Background:** The mental and physical health of women of color (WOC) continue to be negatively impacted by increasing health inequities. To address these persisting health issues, My Sister's Keeper (MSK) developed a virtual community focused on health and well-being for WOC. The MSK board serves as this project's community partner. The objective of this IIMS-funded study is to better understand the health-related needs of African American (AA)/Black women in the San Antonio and Dallas-

Fort Worth areas. This abstract will discuss the assessment of the MSK board members' understanding of CE. Significance: Despite the many documented benefits of CE research, there is still a need to contribute to the science of engagement through scientifically rigorous measurement of community engagement. Methods: The Nexus CE tool was used to collect data from each MSK board member at two points: prior to the initiation of this study (N=6) and after the completion of this study (N=5). The Nexus CE tool contains five domains with a total of 15 items. Each domain consists of a set of items that includes five choices on a continuum that range from doing community outreach to doing community engagement. Descriptive statistics were performed for the pre- and post-surveys. The data collected was used to compare the two sets of results and discuss and assess the "strengths and areas for professional growth, to glean lessons learned after the project, and to deepen the conversation about community engagement". Findings: The total mean for the pre-test survey was 3.4. The total mean for the post-test survey was 4.4. The pre-test scores indicate that the board members felt they were in between "beginning to talk about moving to CE" and "working toward CE". The post-test scores indicate that the board members felt they had moved between "working toward CE" and "doing CE". The findings of the post-survey discussion will be presented. Conclusions: Overall, the results of comparing the CE pre- and post-surveys demonstrated movement towards doing community engagement. The MSK board members believed that they acquired a more nuanced understanding of CE because they "were in the midst of it".

**11. \*PODIUM PRESENTATION: Community partners' experiences with conducting the qualitative phase of a CBPR, mixed methods project: The Pearl Project; Shirley Fennell RNC BSN MSHP PhD, Bathsheba Davis BA CP, Cheryl Hill MBA, Gwendolyn Harris CET, Shirley Bass Wright BA MS, My Sister's Keeper, Shanae Rhodes BSN RN doctoral student, UT Health San Antonio, Faculty Adviser: Janna Lesser PhD RN FAAN UT Health San Antonio**

Background: My Sister's Keeper (MSK) was developed to "empower women of color to have better health." In pursuance of their mission, the MSK board members have served as the community partner for the Pearl Project. Using CBPR principles, the objective of this IIMS-funded pilot study is to better understand the health-related needs of African American (AA)/Black women in the San Antonio (SA) and Dallas-Fort Worth (DFW) areas. This presentation focuses on the MSK board members' experiences as they prepared for, facilitated, and analyzed the narrative data from six focus group interviews. Significance: The power of CBPR is that it engages and integrates community members as full research partners in all phases of research, recognizes the equity and strengths of the community partners, and fosters co-learning. Engaging community partners throughout the process promotes more relevant science while providing a greater reach. Methods: Using a mixed methods design, the MSK board members first developed a community needs survey that was used to collect data from 175 AA/Black women in the targeted areas (Phase 1). After the survey data was analyzed, the MSK board members used the findings to develop guiding questions for Phase 2, the focus group interviews (N=31). The board members went through focus group facilitation training. Each member facilitated at least one focus group. The board members are collectively involved in the qualitative data analysis. Findings: After the conclusion of the focus group sessions, the MSK board members reflected on the challenges and highlights of their experiences as part of the research team. Some challenges identified were understanding the learning styles of other board members and building trust with one another. Some highlights included establishing trust with and feeling connected to the focus group participants due to similar experiences yet understanding that each participant has her own reality. Conclusions: The full participation of the MSK board members from the development of the focus group interview guide to the qualitative data analysis has demonstrated CBPR principles. From their involvement throughout the process, they were able to identify challenges as well as their strengths.

**12. Practicing Healthy Choices Through Community-Led Sessions; Raluca Popa MS2, Tommy Torres MS2, Kamal Safadi MS2, Mina Sadek MS2, James Yan MS2, Ruoxuan Su MS2, Divya Gunukula MS2, Harsh Madaik MS2, Hamsini Nathan DS2, Laila Alkassar MS2, Yunsha Ehtesham MS4, Nicolette Wickes OT2, Hannah Martinez, Areej Twait, Daniel Max Orta, Zain Hussain, Sameed Aijaz, Hrithik Patel, Azwa Fatima, Maaz Syed, Moez Akram, Mark Bushnell, Zoraiz Zia, Munawar Iqbal, Sabeen Abdullah, Aafreen Akhtar, Ariel Gomez MPH, Paula Winkler MEd, Robert Wood DrPH, Suhaib Haq MD, Valentina Godoy MD, Yajaira Johnson-Esparza PhD, Fozia Ali MD**

Background: The month of Ramadan marks a period of fasting every day from dawn to sunset for Muslim communities around the world. Due to fasting practices during Ramadan and the return to less strict practices after this month, implementing and maintaining healthy habits can be difficult, requiring support from community members and primary care physicians. Significance: The Healthy Choices Team engaged the community to promote healthy activities through community-led sessions on healthy cooking, physical activity, and mindfulness. Methods: Program participants completed pre- and post-surveys for each session, collected via Redcap. Survey questions covered demographics, barriers participants faced to maintaining healthy habits, and participant knowledge of topics such as nutrition, physical health, and mindfulness. The sessions were conducted once-monthly April-June 2023, either virtually via Zoom (Ramadan cooking session) or in-person (physical activity and



mindfulness sessions). Participants: Adults ages 18 and older residing in San Antonio, Texas. Participants were predominantly of South Asian ethnicity. Results: There were 34 participants total across the three sessions. For the mindfulness session, there were 13 pre-survey and 7 post-survey responses. Prior to the session, 85% of participants were familiar with the concept of mindfulness and 62% took time to be mindful every day. 62% of participants practiced mindful eating 'sometimes' and 'never,' while 38% practiced mindful eating 'often.' The most common barriers to mindfulness in daily life were work and stressors. All post-survey respondents felt more knowledgeable about mindful eating after the session and 71% were motivated to include mindful eating into their daily routines. Pre-intervention surveys from the cooking and physical activity sessions identified key challenges participants face in achieving their health goals. Some participants believed that cooking cultural food in a healthy way would require more time, and lack of childcare and places to exercise near their home prevented them from exercising. Conclusion: The project increased participant knowledge of mindfulness techniques and interest in incorporating mindful eating into their daily routine. The Healthy Choices Team will continue to engage with the community to improve health knowledge and habits.

**13. Healthy Choices Team Year 4 Wrap Up: Promoting Self-Efficacy Through Enriching Community Health Habits; Harsh Madaik MS2, Divya Gunukula MS2, Sahar Z. Ali MS3, Andrew Ni MS3, Claire Sundjaja MS3, Ariana Maleki MS3, Nasa Xu MS3, Aisha Ahmed MS3, Aileen Wang MS3, Mahnoor Liaqat MS4, Yunsha Ehtesham MS4, Zain Hussain, Daniel Max Orta, Sammar Dawy DS2, Nicolette Wickes OT2, Abigail Gatlin OT2, Moez Akram, Sameed Aijaz, Maaz Syed, Paula Winkler MEd, Ariel Gomez MPH, Robert Wood DrPH, Vanessa Sanchez MD, Erika Huddle MD, Neil Sood DO, Tapas Nuwal MD, Mariam Sabir MD, Yajaira Johnson-Esparza PhD, Subaib Haq MD, Alvin Estacio MS, Hannah Martinez, Nathan Chaing, Areej Twait, and Fozia Ali MD**

Background: In response to a needs assessment at El Bari Community Health Center that identified nutrition as the number one health priority, an interdisciplinary Healthy Choices Team (HCT) was created in 2019 in partnership with UT Health San Antonio. Objectives: Encourage self-efficacy in implementing healthy dietary and physical activity habits through community engagement and empowerment. Methods: In fall 2022, HCT ambassadors (alumni) recruited participants through fliers and a community WhatsApp group. Our program consisted of 9 engaging educational sessions on healthy living led by an interdisciplinary team in a hybrid format. Sessions were held biweekly Saturdays 2022-2023 from November 5th- February 12th, with attendance of 6/9 sessions required for graduation. A pre-survey was administered to assess knowledge on making healthy choices. Participants wrote SMART goals which were reviewed periodically to facilitate discussions about barriers. Additionally, session summaries and recipes were posted on a blog. Results: Healthy Choices Year 4 concluded with 11 participants meeting requirements for graduation and 59% of participants attending 4+ sessions. Pre-survey data from 18 new members and 16 returning members showed that reasons for joining included wanting to achieve a healthy weight (53%) and improve overall health (68%). While all 34 participants strongly agreed that physical fitness is important, only 11 described their lifestyle as active. We identified the most common barrier to physical activity as lack of time (65%). Additionally, 44% of new members stated they never track sodium intake and 33% never track sugar intake. In the post-survey, only 5% stated they never track sodium intake, and all track sugar intake at least sometimes. Conclusion: Hybrid sessions have fostered community engagement. Our goal is to provide members with the tools they need to maintain healthy behaviors and promote self-sufficiency. The longevity of the program is dependent on participants returning as ambassadors and using their experience to educate others.

**14. \*Wound Care by UT Street Nursing: A Mobile, Street-Based Community Partnership to Provide Wound Care to Unsheltered Individuals on the Streets of San Antonio Texas; Diana M. Cavazos PhD RN, Scott Dion, Tina Rodriguez MBA, and Madelein Santibanez**

Background: Homelessness remains a persistent social issue in our community, with individuals facing severe living conditions and limited access to healthcare. The UT Street Nursing program, in collaboration with Corazon San Antonio, was initiated to address this critical problem by delivering basic healthcare interventions while focusing on wound care for the homeless population. The research problem is to assess the program's impact on wound care outcomes, including healing rates, infection rates, and healthcare utilization. Our community-campus partnership is rooted in a shared commitment to improve healthcare access for marginalized populations, and it has evolved to develop and implement this Street Nursing initiative to continue to expand the areas we serve. Significance: The importance of this project is paramount. Unsheltered individuals often suffer from chronic wounds due to exposure, accidents, or unmet healthcare needs. Providing accessible and consistent wound care not only improves their quality of life but also prevents complications, infections, and costly emergency room visits. This program offers a humane and cost-effective solution to address a critical healthcare disparity and promotes the well-being and dignity of homeless individuals. Methods: Quantitatively, we are focused on tracking wound healing rates, infection rates, and healthcare



utilization for those seeking care through our program. Findings: The preliminary findings are encouraging. The number of individuals seeking wound care services through our program has increased and the healing rates are now being monitored closely. Conclusions: The main outcome of this project is an ongoing improvement in wound care outcomes for the homeless population through the UT Street Nursing program. These findings demonstrate the effectiveness of delivering healthcare directly to this marginalized community. Next steps involve expanding the program's reach, enhancing its sustainability, and continuing to assess and refine its impact on wound care outcomes. The project not only addresses an urgent public health concern but also sets a model for compassionate and community-centered healthcare initiatives, especially to nursing students and medical students who are frequently included in these interventions.

**15. \*Identifying the health needs of the aging population in a rural community; Alvin Estacio MS, Ariel Gomez MPH, Paula Winkler MEd, and Melissa Valerio PhD**

Background: In the U.S., the population of older adults is increasing at a faster rate in rural areas than in urban areas. Understanding the unique challenges that aging populations face is critical to inform public health initiatives. Since 2010, the Frio Translational Advisory Board (TAB) has brought together local community members and researchers to leverage key community partnerships to promote health initiatives throughout Frio County, a rural community in south Texas. The objective of this pilot project was to determine the top health concerns among older adults living in a rural community. Significance: This project advances the understanding of the health concerns experienced by older adults in rural Texas. This information will be vital in developing feasible health initiatives. A community-engaged approach will also foster current partnerships to address community health. Methods: Focus groups were conducted to gather in-depth information on the needs and experiences of older adults living in Frio County. Frio TAB members recruited local participants who were adults aged 60 years or older. Participants were asked to discuss various health and community-related topics. A survey was developed based on information learned from the focus groups. The survey was distributed at health fairs to determine community-level health and social needs. Findings: A total of 22 community members participated throughout three focus groups. Qualitative analysis primarily revealed that the availability of transportation and communication of health and social services are significant barriers in their community. Of the 34 participants who took the survey, the top source of health-related information was from their doctor (70.6%) and the top source of community news was from television (58.8%). However, in-person workshops or health fairs were indicated as the top preferred way to receive information from local resources and organizations (55.9%). The top three needs to make their community healthier were access to specialty care doctors (55.9%), a senior center (50.0%), and a food pantry (38.2%). Conclusions: Distribution of the survey at health fairs is still ongoing. However, preliminary results reveal strategies are needed to improve communication of local health and social services relevant to older adults living in Frio County.

**16. CHWs and Promotoras/es impact on intimate partner violence (IPV) awareness during the COVID-19 pandemic and beyond; Martha Castilla, Cynthia Castillo, Janie Escareño, Melissa Flores, Ludivina Hernandez, Annette Zavala Idar, Janna Lesser, Vicky Morales, Pamela Recto, Bonifacio Vega, Veronica Vela, and Jose Zapata Jr.**

Background: Rates of intimate partner violence (IPV) drastically escalated during the pandemic. In addition, many of the shelters that normally provided safe housing were closed during the pandemic. Even now, although many of the shelters are reopened, resources and services for families living with IPV and other forms of family violence are limited and continue to be challenging for people to navigate. Significance: It is critical that communities continue to be made aware of both the issue of IPV and other forms of family violence affecting all our communities. Individuals and families living with violence must be connected to valuable resources. These resources include shelters, legal advocates, crime victim liaisons, family crisis centers, children advocacy centers, and the legal system. Methods: This project began as a collaboration between Next Door Solutions to Domestic Violence in San Jose, California (a non-profit agency), Stanford University Emergency Services, and our AHEC program. The first phase included IPV and COVID-19 training for 30 CHWs in South Texas provided by Next Door Solutions. During the second phase (mapping), our cadre of 7 CHWs collected information related to services for IPV, DV, and child abuse throughout each of the AHEC regions. Janie Escareño developed and implemented the model that we used for phase three to bridge mapped resources to community members. These community events included a panel of representatives of the agencies providing these resources and local community members. Findings: To date, 169 community members, agency representatives, and students have attended a community event across all five AHEC regions. The CHWs were able to bridge resources to community members. Conclusions: These events provided a safe space for individuals to share experiences and learn about services available in their communities and how to access them. Through these events, the community members expressed confidence in breaking barriers to access or to navigate the resources.

**17. \*Addressing Employment Needs of People with Lived Experience of Mental Illness in Bexar County of Texas; Chinyu Wu PhD OTR, Anna Gray MEd, Janet Paleo, and Adriana Barbosa**

Background: Employment is a major life domain valued by society. People with mental illness want to engage in meaningful work, yet the unemployment rate among this population is about 70 - 90%. Unemployment remains a central social determinant of mental health for people with mental illness today. By collaborating with Prosumers International, a peer-operated organization home-grown in San Antonio for people with lived experience, this project aimed to address employment needs for people in Bexar County of Texas who have lived experience of mental health issues. The research question was: what facilitating factors and hindering factors of employment were encountered by people lived with mental illness? Significance: Texas was one of the states with the highest unemployment rate for people with mental health issues in the US. In 2020, unemployment rates for all residents in Bexar County increased from 3.1% before the COVID-19 pandemic to 7.5%. People of ethnic minorities and women experienced greater barriers to labor force participation. Although statistics were not reported, people with mental health issues were likely negatively impacted. Methods: To answer the research question, we conducted a photovoice study, a method of community-based participatory research (CBPR) involving handing a camera to participants to take photos about community issues. The SHOWED discussion guide was used to facilitate group discussions. A computer program, NVivo 14 was used to analyze qualitative data. Findings: Preliminary data analysis revealed several hindering factors of work participation, including anxiety, insomnia, homelessness, incarceration, and financial restraints. Participants identified several facilitating factors, including taking medications, staying healthy, having a pet, engaging in activities that make them happy, spiritual beliefs, permission to have fun, putting the past behind and knowing who we are, and being in the moment. Conclusions: Participants inspired and learned from each other on work participation. Alternative and newer forms of work participation are worthy of exploration. We are in the process of disseminating findings to increase awareness of the issue. We plan to form a community advisory group to outline a course of action to address unemployment needs.

**18. Engaging community through presentations on Advance Directives; Hannah Barrus, Avinash Kakulavar, Cory Kittleman, Jonathan Dao, Taewon Lee, Pratima Gangupantula, Catherine Anderson, Alejandra Garcia, Ninette Siby, Rhea Gogia, and Jason Morrow MD, PhD**

Advance directives are legal documents for patients to convey preferences about end-of-life care to physicians and loved ones in the case that they cannot speak for themselves. Patients with advance directives receive less intense end of life care, are less likely to die in the hospital, and decrease costs. However, only 46% of older patients have filled out an advance directive due to lack of time, knowledge, or comfort discussing the topic. The emphasis of the project is to give presentations informing participants of the choices they would make when filling out Advance Directives and empowering individuals to utilize healthcare resources available to them. Community outreach was done with help from Caring for the Caregivers and by cold-calling senior centers, caregiver support groups and city services in Bexar County. Presentation materials and delivery were edited and approved by Dr. Morrow and community partners. A majority of the presentations included caregivers of patients, Community Health Workers, and the geriatric population. Pre-and post-surveys are administered during the presentations with demographic and general questions to measure the opinions of the participants on advance directives. Across 5 presentations, 94 partially complete surveys were collected, with 40.4% of participants previously filling out an advance directive. Our results show a 5.15% rise in confidence completing an official document regarding wishes on end-of-life medical care. Pre-survey confidence was rated at 4.02 and post-survey confidence was 4.22, with 1 being not at all confident and 5 being the most confident. Respondents were also found to be 10.73% more likely to fill an advance directive in the next three months, with a pre-survey score of 3.42 and post-survey score of 3.79. Many respondents cited a lack of prioritization or a lack of thought into the matter as reasons for not previously completing an advance directive. These findings indicate an increased capability of our audience in filling advance directives following our presentation. Going forward we plan to continue giving presentations in the community to spread awareness and education about advance directives.

**19. Breaking Down Walls: Identifying Barriers to Accessible Healthcare; Cassandra Millan MS3 MPH, Mi Hong MS3 MPH, Raluca Popa MS2, Ruoxuan Su MS2, James Yan MS2, Yusra Wari MS1, Matthew Myers MS1, Tristan Strickland MS1, Laila Alkassar MS2, Kamal Safadi MS2, Yunsha Ehtesham MS4, Tommy Torres MS2, Mina Sadek MS2, Eesha Navaid, Maaha Rajput, Sameed Aijaz, Sabeen Abdullah, Aafreen Akhtar, Raheela Soomro, Shehla Zia, Linh Nguyen MD, Cristina Caro MD, Alexis Ramos MD, Yun Shi MD, Tatiana Cordova MD, Ariel Gomez MPH, Paula Winkler MEd, Suhaib Haq MD, and Fozia Ali MD**

Background: The El Bari community health fair extends health services and health education to local community members at no cost. Surveying the diverse population attending the event in the past has led to progressive health projects in response to the identified needs of the community. This study is a continued initiative to connect with community members to build an

accurate depiction of the community's current needs. Significance: The purpose of this study was to gather information directly from the local community to better understand their perception of the community's general health and individual barriers impeding health progress. By identifying these roadblocks future health initiatives can be personalized to support community needs. Methods: Qualitative health questionnaires were disseminated physically, and verbally as needed, to adult participants of the free El Bari community health fair. The health questionnaire assessed self-reported participant demographics, insurance, and primary care provider (PCP) status, self-perceived health status and health barriers, and perceived community health values. Participants were instructed to select three items of highest importance for both perceived community health values and self-perceived health barriers. Participants that spoke languages other than English were assisted by volunteer translators. Findings: A total of 105 health questionnaires were collected. The study population had an average age of 41.5 years with a majority being non-immigrant (57.7%), female (53.9%), college graduates (42.3%) with full-time employment (59.8%), health insurance (76.2%), and regular PCP visits (66.0%). 59.6% of respondents identified themselves to be in "good" general health. Nutrition (60.6%), mental health (58.6%), family healthcare (46.5%), and weight problems (45.5%) were selected as the most important health values to the community. The most significant self-perceived barriers to healthcare were time constraints (48.8%), no primary care provider (40.7%), and no insurance (38.4%). Conclusions: While a majority of community respondents viewed themselves to be in "good" health, time was identified as a significant personal health obstacle. Participants perceived diet and mental health as the primary focus of the community's health concerns.

## **20. Dental Practitioner Food Insecurity Knowledge and Practice; Rahma Mungia BDS MSc DDPHRCs, Kayla Garcia, Caitlin Sangdahl BS, Melanie Taverna RDH MSDH FADHA MAADH, Alexander Testa PhD MA MPP**

Food Insecurity (FI) is a household-level economic and social condition characterized by limited access to nutritious food. This study investigates dental practitioners' knowledge of food insecurity assessment and treatment in practices. A brief 5 question survey ("Quick Poll") on food insecurity was conducted through email and social media. Two email invitations were sent to all members: one in the network's monthly newsletter sent on July 21, 2023, and one as a follow-up email sent on July 31, 2023. The Quick Poll was open from July 21, 2023, until August 20, 2023. The page was opened 1,434 times, and a total of 332 practitioners responded. When queried about screening patients for food insecurity as part of their professional dental role, 30% agreed or strongly agreed [n=100], and 39% [n=129] reported that they were neutral, and 29% disagreed or strongly disagreed [n=99], highlighting that dental practitioners are divided on whether screening for FI should occur in dental practices/clinics. Sixty-eight percent [n=224] selected dental caries when asked what oral health issue was the most impacted by FI. Interestingly, more than half (53%, n=185) selected within the comfortable range (score of 1-4) when asked if they would be comfortable directing patients with FI to the appropriate resources. This study highlights that 61% [n=203] of dental practitioners surveyed would be very interested or somewhat interested in participating in a study about FI, and many reported that FI significantly impacts overall oral health. Therefore, a National Dental PBRN clinical study examining current dental management approaches and oral health outcomes in patients with food insecurity would be beneficial. Through an improved understanding of dental practitioners' perspectives on the role of food insecurity in professional dental practice, we hope to better understand how to integrate food insecurity screening with dental care and leverage dental care professionals to connect food-insecure patients with food assistance programs or services.

## **21. Enhancing Health Literacy for Better Eye Health in San Antonio, Texas - A Project Blink Initiative; Cameron Mehmken MS2, James Garcia MS2, Andrew Reed MS2, Abdallah Maach MS2, and Rafael Montoya BS**

Background: Project Blink is a community initiative focused on enhancing health literacy, educating individuals about prevalent systemic and ophthalmic conditions, and connecting community members with available resources for preventing numerous eye diseases. Our goal is to mitigate the development of preventable conditions that could significantly impact the quality of life of those within our communities. Significance: Health literacy is a cornerstone of high-quality care, improving individuals' lives, and streamlining the work of healthcare providers. Many patients lack crucial information on how to monitor their eye condition, respond to deteriorating vision, and access community-based support. This knowledge gap inhibits patients from taking an active role in their health. Methods: Participants were provided with a pre-survey directed at assessing their baseline knowledge relating to eye health. Our members then discussed healthcare topics of interest and distributed information on eye health and associated conditions. Subsequently, participants were requested to take an identical post-survey. Surveys were structured to maintain participant anonymity. A comparison of survey responses served as the basis for evaluating the effectiveness of our methods of communication. Findings: Forty-one community members completed the pre- and post-surveys. A Wilcoxon signed-rank test indicated significant improvements in community knowledge that diabetic retinopathy is the main cause of blindness in the United States (n=20, p<0.05), and the ability to distinguish eye conditions associated with diabetes (n=24, p<0.05) and those that are not (n=25, p<0.05). Furthermore, the Wilcoxon signed-rank test indicated significant improvements in community

understanding of the importance of early detection of diabetic retinopathy (n=30, p<0.05), and the recommended frequency of eye exams after the age of 40 (n=23, p<0.05), including if diagnosed with diabetes (n=21, p<0.05). Conclusions: The findings indicate that our educational approaches have proven effective in communicating eye-related health literacy information and suggest that we might be better at dispelling beliefs of inaccurate information. To address language barriers, we provide information in English, Spanish, and Arabic with plans to expand into Pashto and Urdu to further serve our community's diverse linguistic needs.

## **22. Understanding Communities: A Community Health Club Needs Assessment for Informed Interventions; Nicholas Baker, Jose Gaspar de Alba, Kawika Dipko, and Jason Rosenfeld DrPH MPH**

**Background:** In partnership with UT Health San Antonio, Community Health Clubs (CHCs) were established in 2017 in the Lower Rio Grande Valley (LRGV) as a sustainable model to improve health literacy and community engagement in LRGV communities. **Regular needs assessments** have been conducted to understand and identify community-specific needs for future health education. **Significance:** Latino communities have historically low rates of health literacy, attributed to lower rates of English proficiency, immigrant status, and lower levels of education. **1 CHCs** offer an effective, community-sensitive approach to increase health literacy in Latino communities. **Methods:** Club members were invited to participate in an in person needs assessment to understand current community health needs. It was conducted by UT Health San Antonio medical students and faculty with the assistance of local Community Health Workers. The needs assessment consisted of three components: a general needs evaluation, small-group systems mapping activity, and discussion on a plan of action. The initial evaluation consisted of a post-it note activity where participants wrote challenges to health in their community and placed them in a physical, mental or social category. Categories were discussed as a large group to identify a primary issue. Groups of 5-9 members then worked through a systems mapping activity in which they wrote the primary topic in the center of a poster, identified influencing factors surrounding the issue, and described relationships between the various components. A large-group evaluation followed with discussion centered on actions club members could take to address the primary issue. **Findings:** The needs assessment identified teen health as the primary concern among community members. Subtopics included communication between parents and children, the influence of technology and social media, bullying, and harmful substances. Identifying these issues sheds light on current challenges faced by the LRGV communities and serves as a foundation for targeted health education initiatives to address these concerns. **Conclusions:** The needs assessment pinpointed the issue of teen health within the LRGV communities. These findings underscore the importance of tailored health education initiatives. The collaborative efforts between community members, health workers, and educators signify a promising approach toward increasing health literacy.

## **23. A Scoping Review of Neuropsychiatric Symptoms in Post-acute Sequelae of SARS-CoV-2 (PASC) in Children; Ojasvie Agnihotri MPH, Nicholas Champagne-Aves BS, Mathivarshini Sivachidambaram BS, Kaitlin Waxler BA, Yolanda Crous MD, Monica Verduzco-Gutierrez MD, and Barbara Robles-Ramamurthy MD**

**Significance:** The objective of this scoping literature review is to describe the most frequently reported neuropsychiatric manifestations of Long-COVID in children and adolescents aged 0-21. The COVID-19 Pandemic has taken a large toll on youth mental health, therefore it is important to continually elucidate the long-term neuropsychiatric impact of the SARS-CoV-2 virus. **Methods:** PubMed was searched for original research studies published from January 1, 2019, to May 7, 2023 using keywords pertaining to the domains of "Neuropsychiatric outcomes", "child", "adolescent", and the PubMed pre-defined filter "Long COVID". Initial search yielded 195 results which were narrowed to 40 studies based on age criteria and the Long-COVID definition of new, recurring, or ongoing symptoms present at least 4 weeks after the diagnosis of COVID-19. Symptoms were categorized as neurological, cognitive, or psychiatric. The frequency of significant symptoms was analyzed using descriptive statistics. **Findings:** Neurological symptoms were most commonly found to be significant. Out of the 40 studies that we reviewed, 29 reported significant fatigue symptoms, 24 reported a significant prevalence of headache symptoms, and 16 reported significant dizziness symptoms. Cognitive and psychiatric manifestations were less frequently reported as significant. The most frequently reported cognitive manifestation of Long COVID was sleep difficulty, with 15 studies reporting a significant prevalence of insomnia or insomnia. Anxiety was the most frequently reported psychiatric manifestation of Long COVID, with 12 studies reporting significant findings. **Conclusion:** Symptoms of fatigue and headache were most commonly found to be significant in the literature. Studies found that older youth with symptomatic infections and neuropsychiatric comorbidities were more likely to demonstrate the neuropsychiatric sequelae of Long-COVID. Interestingly, multiple studies found similar rates of neuropsychiatric symptoms in groups that did not report COVID symptoms and those afflicted with Long COVID, indicating that social conditions of the pandemic may also play a crucial role. Limitations of the studies analyzed include lack of standardized definitions, selection, misclassification, loss of follow-up, and a high level of heterogeneity.



**24. What matters to South Texas communities impacted by dementia? A community-engaged project.; Sara Masoud PhD MPH, Joe Arciniega, Paula Barrera CHW, Thomas Brittain, Sarah Cadena, Angelica Davila MD, Juana Escareno MS BA CHWI, Belinda Flores RN BSc, Janna Lesser PhD RN FAAN, Juanita Lopez CHW, Karla Lopez Lorenzo BSc, Luis Luy BS, Mayra Mendoza, Cindy Robles, Letty Sanchez BS QDCP, Maxine Vieyra, Carole White PHD RN FAAN**

Background: South Texas represents the most counties with the highest prevalence of dementia, all of which are home to majority Hispanic and Latinos populations. Hispanic and Latinos are excluded from representation in dementia research, making up only a fraction of the participants in clinical trials. Significance: Aligning research with the experiences of Latino stakeholders is a critical step in addressing their exclusion from research. This community-engaged study sought to identify dementia care research priorities among Latinos in South Texas through a series of pláticas (conversations). Methods: A Steering Council (SC) of stakeholders including persons living with dementia, family caregivers, community health workers, and care professionals facilitated culturally specific engagement activities (pláticas) with Latino communities in South Texas. The pláticas informed the creation of a survey of research topics organized by four overarching themes: Awareness of dementia; Living with dementia; Caring for someone living with dementia; and Resources to support families impacted by dementia. Respondents were prompted to rank each research topic from 1 to 10 on level of importance (1 least importance-10 greatest importance). The survey was administered in English and Spanish stakeholders in South Texas. Findings: N=148 stakeholders completed the research prioritization survey. Within each theme, top priorities emerged: Raising awareness about dementia and brain health among Latinos (9.2), Finding ways the health care system can make it easier to get a timely diagnosis (9.4), Identifying non-pharmacological treatments for behavioral symptoms (9.3), and making sure families have information to plan their future care (9.2). Conclusion: Findings from this study support the alignment of research with the needs of communities disproportionately impacted by dementia. The community-engaged approach ensured the perspectives and leadership of key stakeholders were represented throughout the study.

**25. Bexar County Community Engagement Alliance (CEAL) Against COVID-19 Disparities: Understanding COVID-19 Perceptions in Rural and Underrepresented South Texas Communities; Laverne Etuk, Keelei Perrington, Alina S. Rizvi, Lydia Sumbel, Emily A. Torres, Maia E. Williams, Jasmine Rodriguez MPH, Ariel Gomez MPH, Alvin Estacio MPH, Paula Winkler MEd, Robert L. Ferrer MD MPH, Melissa Valerio, and Bexar County CEAL Community Partners**

Background: The SARS-CoV-2 pandemic has disproportionately affected racial/ethnic minorities and populations subject to poverty, residential crowding, and lower levels of education. Several communities already facing low financial resources, were experiencing challenges in managing and caring for their families and communities. As COVID-19 evolves, this project explores unique population barriers and strategies affecting vaccination uptake and the need for evidence-based COVID-19 messaging. Our project leverages alliances with community organizations serving areas most affected by COVID-19, providing technical assistance to enhance organizations' capacity to develop and diffuse messaging salient to their communities, while promoting linkages to vaccination and resources. Partners assisted with recruiting participants for surveys and focus groups assessing attitudes and behaviors relevant to protective behaviors and vaccinations. Methods: A total of 12 partnering community organizations extending over four different South Texas counties have participated in our working model of weekly Zoom meetings (from September 2020 to present) discussing the evolving pandemic conditions and community needs. Additionally, two cycles of CEAL (2020-2021 & 2022-2023) included distribution of 1856 "common surveys" to understand community behaviors and perspectives toward COVID-19, along with six rounds of focus groups with community members recruited by partner organizations. Results: Survey respondents reported considerable willingness to vaccinate; however, an analysis noted a low density of vaccination sites in areas with the highest COVID-19 morbidity. Focus groups identified vaccine and booster barriers related to technical challenges, socioeconomic status, and beliefs. Focus groups participants shared observations and experiences on the long-term health and socioeconomic community impact of COVID-19. Conclusion: Mitigating the COVID-19 pandemic requires interventions responsive to authentic community priorities and realities. The ongoing commitment of community partners in our CEAL leadership team demonstrates the potential for applying similar working models of community engagement to other public health challenges.

**26. \*Identifying Community-Clinical Linkage of a Primary Care Center Serving Low-Income Patients in Bexar County; Jasmine Rodriguez MPH, Ariel Gomez MPH, Alvin Estacio MPH, and Robert L. Ferrer MD MPH**

Background: Social Determinants of Health (SDoH) (e.g., discrimination, education, income) strongly influence the health status of individuals and their families. In Primary Care, where clinicians are trained to provide continuous, comprehensive care to patients, families, and communities, there is increasing recognition of the complexity and difficulty of treating patients impacted by SDOH. Patients with complex needs require support from healthcare providers and social programs to address socioeconomic barriers, improve their health status, and overall improve quality of life. The objectives of the project are: 1.



Identify relationships between a primary care clinic serving low-income patients and community organizations that work with underserved populations. 2. Establish the strength of relationships between a primary care clinic to community organizations. 3. Recognize brokers to community organizations. Methods: Focus groups and a ten-minute survey were conducted with Family Health Center (FHC) staff members (e.g., Social Workers, Case Managers, Community Health Workers) regularly tasked with referring patients to community organizations. Interviews were audio-recorded, transcribed, and will be analyzed with two coders. Findings: Findings of the survey indicated the top three organizations patients were referred to by FHC staff are: 1. Food Bank 2. Via Trans 3. City of San Antonio. Two coders reviewed focus group data, assigned codes and themes, and agreed on assignments. FHC staff members identified various and frequent gaps between internal and external referrals preventing patients to access needed resources. Conclusions: Understanding the relationships and referral systems between healthcare providers and community organizations can lead to opportunities to strengthen connections, improve access to resources, and lead towards a more equitable community. Furthermore, the project results will serve as pilot data for social network analysis between FHC and other community organizations, which will serve as a tool to guide decisions and explore avenues to improve patient access.

**27. The role of social support in reducing heavy drinking among alcohol-impaired drivers in a contingency management program; Tae-Joon Moon PhD, Nathalie Hill-Kapturczak PhD, Yuanyuan Liang PhD, John Roache PhD, Rick Lamb PhD, Charles Mathias, PhD, Donald Dougherty PhD**

Background: Social support is a protective factor to help people reduce excessive alcohol use and prevent relapse to heavy drinking. It is also critical to improve the treatment compliance and consequently the treatment outcomes. Significance: DWI is a serious and costly public health concern. Although about 6,000 people are arrested for DWI in Bexar County every year, treatment is not readily available for DWI offenders. Developing effective treatment options for DWI offenders is important to prevent recidivism. Methods: A total of 144 non-mandated (i.e., those without mandatory TAC monitoring) DWI arrestees under pretrial supervision participated in an 8-week contingency management program. Participants were randomly assigned to a CM (N=74) or a Control condition (N=70) and completed the 8-week intervention wearing an ankle monitor to assess transdermal alcohol concentration (TAC) for 8 weeks. CM participants received \$50/week when they met the contingency criteria (i.e., not exceeding a TAC of 0.02 g/dL during the previous week). Payments to Control group were yoked to CM group. The level of social support was measured using the Multidimensional Scale of Perceived Social Support. Findings: A multi-trajectory model identified three distinctive groups based on the level of social support (SS) across 8 weeks: Low SS group (N=37), Medium SS group (N=89), and High SS group (N=19). The results indicated that the probability of meeting the contingency criteria was significantly higher in High SS group within the CM condition (OR=1.48,  $p=0.08$ ). Specifically, while the probability of meeting contingency declined over time in Low and Medium SS group, it increased among High SS group showing 43 to 51 percent points difference compared to Medium SS group from week 7 to 8. There were no differences in predicting the probability of meeting the contingency between the three SS groups in Control condition. There were no significant differences in the source of social support (i.e., family, friends, significant other) in predicting the outcomes. Conclusion: These results suggest that maintaining a high level of social support is important to increase the effectiveness of treatment among alcohol-impaired drivers. Coupled with social support-focused treatments, clinicians and healthcare practitioners may achieve better treatment outcomes.

**28. \*Smokeless Tobacco Practitioner: A South Texas Oral Health Network and National Dental PBRN Short Survey; Rahma Mungia BDS MSc DDPHRCs, Jasleen Kaur, Caitlin Sangdahl BS, Jonathan Gelfond MD PhD, Melanie Taverna RDH MSDH FADHA MAADH, Moshtagh Farokhi DDS MPH**

Background: Smokeless tobacco (SLT) usage is a prevalent global public health concern associated with detrimental effects on oral and general health. Methods: The study employed a 34-question REDCap survey to collect data on participants' demographics, knowledge, attitudes, beliefs, and SLT practices, emphasizing REDCap's secure and user-friendly utility in researching Dental Practitioners' Attitudes and Behaviors toward Smokeless Tobacco. Results: In this survey, 95 clinicians, 55% female, 78% dentists, 54% with <20 years' experience, and 15% in FQHC. Results: In analyzing the dental practitioners' SLT cessation approach, the study found differing levels of engagement in the "5 A's" method: Asking (48% always), Advising (36% always), Assessing (28% always), Assisting (13% always), and Arranging (11% always). The research revealed a decline in adherence to these steps from "Ask" to "Arrange." Notably, no significant changes were found from "Ask" to "Advise" to "Assess" ( $p>.05$ ). However, significant decreases were observed in the transitions from "Assess" to "Assist" (from very often to sometimes  $p<.001$ ) and from "Assist" to "Arrange" (from sometimes to rarely,  $p<.001$ ). Additionally, the study identified a positive association between higher knowledge scores and the "Assess" ( $r=.22$ ,  $p=.04$ ) and "Assist" ( $r=.23$ ,  $p=.03$ ) steps in the SLT cessation process. When asked about types of smokeless tobacco products, 96% of participants knew about chewing tobacco (loose-leaf, plug, or twist), 89% were familiar with snuff (moist, dry, or in packets), and 92% recognized dip as a smokeless

tobacco option. However, cultural disparities exist, with only 18% aware of paan usage. Furthermore, 92% recognized the carcinogenic nature of smokeless tobacco, while only 15% considered it a safer smoking alternative. Experienced clinicians were more familiar with snuff but less with (gutkha areca nut) gan, halitosis, and cardiovascular disease effects. Dentists exhibited greater familiarity with gan than hygienists (37% vs. 5%,  $p=.005$ ) and with invasive squamous cell carcinoma (SCC) effects (57% vs. 97%,  $p=.005$ ). Generalists were more familiar with carcinoma in situ (CIS) (94% vs. 71%,  $p=.01$ ) than public health or specialist clinicians. Non-FHQ clinicians were also more familiar with CIS (93% vs. 64%,  $p=.008$ ). Conclusion: Findings indicate a need for dental provider readiness to address SLT intervention for their patient populations.

## **29. Health Literacy - A Tool for Addressing Healthcare Disparities in Primary Care Patients in Bexar County; Emily Lafitte BS, Nina Nguyen MS, Abigail Davis BS, Jasmine Rodriguez MPH, and Tharani Ravi MD**

**BACKGROUND:** A health literacy map created by UNC Chapel Hill demonstrates that the health literacy level in Bexar County is in the lowest national quartile. To identify patients needing additional assistance during clinical visits, Hadden and Kripalani (2019) recommend screening health literacy levels in patients during visits. A separate review looked at health literacy as a social determinant of health found several feasible interventions that could give patients more control over their health. **OBJECTIVE/ HYPOTHESIS:** The objective of the Health Literacy Project at the Robert B. Green Family Medicine Clinic (RBG) is to determine associations between specific gaps in health literacy and adverse health outcomes. We hypothesize that certain types of health illiteracy are associated with higher risk for emergency department (ED) utilization, hospital admissions, number of chronic medical conditions, and/or number of active prescriptions. **SIGNIFICANCE:** The project findings will raise awareness in providers of patients' health literacy needs and impact of in patients. Additionally, we expect this project to add significant findings to the current literature by identifying specific gaps in health literacy and guiding future targeted interventions. **METHODS:** Currently, our project is in progress. Our cross-sectional study identifies patients' health literacy levels through the BRIEF survey, a validated health literacy screening tool, and additional survey questions that target specific gaps in health literacy. Patients' medical charts are then reviewed for hospitalization history, ED visits, number of chronic conditions, and number of prescriptions in patients between the age of 18 and 65, at the Robert B. Green Family Medicine Clinic. **FINDINGS:** Currently, our research project is in its early phase of survey collection. We anticipate findings to determine the current health literacy status of RBG patients, along with associations between health literacy and adverse health outcomes. **CONCLUSIONS:** Healthcare is an ever-changing field, so it is crucial that patients are able to navigate the information they receive at their doctor's office. Effective identification of specific gaps in health literacy can serve as a marker for healthcare professionals at the RBG Clinic, and other clinics alike, to identify patients most at-risk and administer targeted interventions.

## **30. Identifying Our Strengths and Areas for Improvement in Health Education - A Project Blink Initiative; James Garcia MS2, Cameron Mehmken MS2, Abdallah Maach MS2, Andrew Reed MS2, Rafael Montoya MS3**

**Background:** Project Blink is a health literacy initiative that prioritizes serving our diverse community with intentionality. Our mission is to reduce the incidence of preventable conditions that could substantially affect the quality of life of those within our communities. **Significance:** Health literacy and healthcare outcomes are deeply affected by social determinants, which encompass a broad range of factors including socioeconomic status, education level, cultural background, and access to healthcare services. This analysis was conducted to shed light on the nuanced strengths and weaknesses in our approach to serving the community and disseminating health information. **Methods:** Survey data was collected from participating community members through both pre and post surveys regarding health literacy topics, and a short demographic questionnaire. A Wilcoxon signed-rank test was used to indicate significant improvements in community knowledge following each interaction. More specifically, this knowledge included information regarding eye conditions related to diabetes (Q1), the main cause of blindness in the United States (Q2), the importance of early detection of diabetic retinopathy (Q3), and recommended guidelines on the frequency of visiting eye care professionals after the age of 40 (Q4) and if diagnosed with diabetes (Q5). **Findings:** 42 demographic survey entries and 41 pre- and post-surveys was collected. A Wilcoxon signed-rank test indicated significant improvements in community knowledge regarding Q1- Q4 ( $n= 17$ ,  $p<0.05$ ), specifically by those who indicated that they plan to seek eye care within 1 year of the current date. A disparity in significance was notable regarding Q5 when comparing those who self-identified as Pakistani/Indian ( $n= 8$ ,  $p<0.05$ ) with those who self-identify as Caucasian ( $n= 11$ ,  $p<0.05$ ). Statistical significance was identified in every marker Q1 - Q5 with individuals between the ages of 1-18 ( $n= 9$ ,  $p<0.05$ ), 19-29 ( $n= 9$ ,  $p<0.05$ ), and 50-60 years old ( $n= 7$ ,  $p<0.05$ ). **Conclusions:** The effectiveness of our health literacy education methods is supported by the findings. Notably, disparities exist in conveying the need for yearly eye evaluations among those that self-identify as Pakistani/Indian and those planning to seek eye care within one year. We've also identified the need to enhance outreach to those self-identifying as African American.

**31. Community Outreach Clinics: A Place to Address Healthcare Attitudes and Barriers of Homeless Female Patients; Abigail Davis BS, Nina Nguyen MS, Raphaela Tchani BS, Tatiana Cordova MD**

Background: Women facing housing insecurity can be more susceptible to unplanned pregnancy and miscarriage. Adequate access to primary care can prevent or mitigate the negative impact of these events. Barriers to accessing care include fear of losing custody of a child, lack of transportation, and inability to refill prescriptions. UT Health has a student-run clinic at SAMMinistries, a transitional living center. The purpose of this project is to assess if the health attitudes of women currently experiencing housing insecurity improve with women-centered education classes. Significance: Increased health education can lead to improved health attitudes which results in more individuals seeking preventative health care. This can reduce unwanted pregnancy, preventable disease, and other modifiable risk factors that lead to poor health. Methods: We offered twelve classes to women (18-65 years old) living at SAMMinistries. The same survey was given before and after classes to assess participants' comfort levels with physicians and attitudes toward healthcare. We assigned numerical values to our Likert scale (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree) and calculated a p value using t tests to compare pre- and post-class scores for each question. The null hypothesis states the difference between pre- and post-class scores is insignificant. Findings: Out of 10 survey questions, 3 had statistically significant improvements on the Likert scale ( $p < 0.05$ ). Post-class, there was an improvement in patient-reported comfort discussing sensitive information, asking questions, and disagreeing with their doctor. Conclusions: A significant barrier to healthcare in underserved populations is mistrust, poor perception, and lack of accessibility. Our study showed improvements in 3 areas that can improve perception and mistrust. The one question with no change in score was, "It is easy for me to see a doctor." Moving forward, we can tailor classes to inform participants of federal grants and resources that ease access to healthcare. Limitations include a broad curriculum and small sample size. One of the hardest aspects was recruiting participants. Areas of further research include targeting the curriculum to specific areas of concern and providing more incentives for participating.

**32. Bingocize® in Nursing Homes: Lessons in Community Engagement; Bryan Bayles PhD, Dawn Weatherford PhD, Maria Santillan BS, William Blake Erikson PhD, John Smith PhD, Vijay Golla PhD MBBS, Texas A&M University-San Antonio**

This presentation highlights lessons learned in the ongoing implementation of a three-year multidisciplinary Bingocize® project that seeks to enhance quality of life and functional status among residents in Certified Nursing Facilities (CNFs) in Bexar and Atascosa counties, while providing opportunities for undergraduate students to develop skills, empathy, and a thorough understanding of complex issues related to aging and long-term care. According to Texas Health and Human Services, more than 1,800 nursing home residents die each year due to injuries sustained from falls. Many CNF residents lack social engagement and physical activity, which contributes to a decline in Activities of Daily Living (ADLs), cognition and functional performance, as well as a serious increase in fall risk. There is an urgent need for low-cost, easy-to-use, and enjoyable CNF activities capable of increasing measures of daily social engagement, improving functional health, and decreasing social isolation. Bingocize®, a strategic combination of bingo with gentle range-of-motion exercises, is a fun, evidence-based program shown to increase older adults' quality of life in community settings. Bingocize® sessions occur twice per week (45-60 minutes each) for at least 10 weeks. The primary goals of the project are 1) to train at least 48 CNF staff across 24 CNFs to implement Bingocize® consistently for 500 residents, while 2) facilitating strong community partnerships between staff, residents, faculty, and students from Texas A&M University-San Antonio. Participatory fieldwork, fidelity checks, student, resident, and staff focus groups, as well as administrative data on falls, ADLs, and social engagement inform implementation and outcomes. Agreements and/or are providing services to twelve CNFs, trained over twenty staff, and reached nine urban and rural zip codes. Eighteen undergraduate interns have been trained and more than 170 CNF residents have participated in Bingocize®. Fidelity checks have demonstrated excellent ability to actively engage CNF resident participation and adherence to program guidelines. Focus groups with students demonstrate high satisfaction and warm feelings about the program and strong self-efficacy to continue developing their caregiving skillsets. High turnover in staff (senior management and activities directors) at CNFs is an ongoing challenge, as is periodic scheduling difficulties due to periodic COVID outbreaks. Findings suggest some modifications of the original Bingocize® program and curriculum may need to occur to ensure maximum positive impact when moving from community-dwelling older adults to those in CNFs (e.g., enhanced emphasis/focus on lower limb activities given high rates of residents in wheelchairs).

**33. \*PODIUM PRESENTATION: Barriers and Facilitators to Physical Activity among Blind and Vision Impaired Adults in Bexar County: A Needs Assessment; Emily J. Nicklett, Julia Crowley, Rene Perez, Francisco Zepeda, Beatriz Morales-Hernandez, Giselle Reinhardt Gillis, Vanessa Fears, and Adelita Cantu**

Background: Diabetic retinopathy, a common complication of type 2 diabetes (T2D), is a leading cause of blindness and vision impairment among adults in the U.S. Successful management of T2D is critical for those with diabetic retinopathy to maintain their eyesight and reduce the risk of further diabetes-related vision loss and other complications. Significance: Those who are blind and vision impaired (BVI) likely face additional barriers to engaging in regular physical activity. The purpose of this needs assessment is to: (1) identify challenges and barriers related to physical activity that are specific to, or amplified for, BVI populations and (2) inform new strategies to address these barriers through client- and community-driven approaches. Methods: In a collaboration between Vibrant Works, the BVI community, and academic researchers, 18 questionnaires (with open- and closed-ended questions) were fielded to Vibrant Works clients January through March 2023 addressing the barriers and facilitators to diabetes self-management (including engaging in physical activity), particularly as they relate to blindness and vision loss. Closed-ended data were entered into a database and open-ended responses were recorded, transcribed, coded, integrated with quantitative data, and analyzed thematically. Findings: Participants identified barriers to engaging in physical activity, particularly as it relates to safety (fear of falling and injury), access and accessibility (neighborhood access, transportation), and resources (financial cost). Participants also identified facilitators to engaging in physical activity, including the incorporation of physical activity into habits and rituals, the activation of social and tangible sources of support, and adaptive aids and accessible device skills to compensate for sight loss. Participants also identified strategies that should be used for further physical activity promotion in home and community settings. The results of the assessment will be shared with Vibrant Works leadership and program staff to inform programs and services for clients. Conclusions: Factors that impose or address barriers for people with disabilities to engage in health-promoting and chronic disease self-management behaviors is a health equity concern. This community-engaged participatory needs assessment study will inform intervention strategies and future research about barriers and facilitators to physical activity among populations with disabilities, including those with blindness and vision impairment.

\*Indicates project funded by an IIMS Community Engagement Small Project Grant





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