

*The Institute for Integration of Medicine & Science
proudly presents the*

2024

COMMUNITY ENGAGEMENT SYMPOSIUM:

Building Trust and Amplifying Voices to Advance
the Science of Community Engagement for Health



Saturday, December 7, 2024 | 8:30am - 2:00pm

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

December 7, 2024

Dear Friends,

Welcome to the 10th Annual Community Engagement Symposium! This year, we are excited to shine a spotlight on the transformative power of collaboration as we prioritize Building Trust and Amplifying Voices to Advance the Science of Community Engagement for Health. Together, we celebrate the incredible potential that emerges when communities and academic institutions join forces to address the pressing challenges in health and well-being.

In today's rapidly evolving world, the urgency to build trust in research has never been greater. For research to truly serve the people, it must reflect their realities, respect their voices, and respond to their needs. Trust is the foundation that bridges the gap between researchers and the communities they aim to support. Without it, progress stalls. With it, we unlock the potential to co-create solutions that are impactful, inclusive, and sustainable. As we gather today, let us seize this opportunity to deepen connections and inspire one another to forge authentic partnerships that stand the test of time.

Our goal for this year's symposium is to spark meaningful conversations and foster new ideas on how we can strengthen community-campus partnerships. Through an engaging agenda of presentations, a poster session, and networking opportunities, we aim to explore ways to:

1. Create spaces for sharing diverse perspectives, experiences, and priorities.
2. Build and sustain trust through active participation and mutual respect.
3. Promote equity and inclusiveness, ensuring that all voices have a seat at the decision-making table.
4. Disseminate findings that empower communities and drive meaningful change.

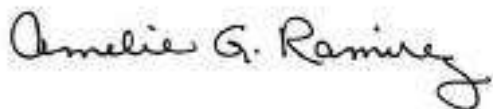
Today, you are surrounded by an incredible mix of community members, researchers, healthcare professionals, and students, all united by a shared passion for advancing community engagement. You'll hear inspiring stories from individuals and teams—local and national—who represent what is possible when we collaborate with intention and purpose. Let's embrace this time together to learn, connect, and reimagine the future of health research through the lens of community engagement.

Thank you for being here and for your commitment to building trust, amplifying voices, and making a difference. We look forward to engaging conversations and transformative moments throughout the day. Let's get started!

Sincerely,



Rebecca T. Jones, PhD
Director, Community and Stakeholder Engagement, Institute for the Integration of Medicine and Science
Assistant Director, Mays Cancer Center, Community Outreach and Engagement
Assistant Director, Institute for Health Promotion Research



Amelie G. Ramirez, DrPH
IIMS Principle Investigator and Element Lead – Community & Stakeholder Engagement and Training & Outreach
Professor and Chair, Department of Population Health Sciences
Associate Director, Mays Cancer Center Community Outreach & Engagement
Director, Institute for Health Promotion Research

SYMPOSIUM HIGHLIGHTS:

■ Plenary Presenters

Sergio Aguilar-Gaxiola, MD, PhD - Professor of Clinical Internal Medicine.

Founder and Director, Center for Reducing Health Disparities.

Director for the Community Engagement Program - Clinical and Translational Sciences Center at UC Davis Health

Debra Oto-Kent, MPH - Founder, Executive Director, Health Education Council.

■ 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 & Aims:

Our goal is to engage the community, faculty, and students in conversations about health research, building capacity for community-campus partnerships, showcasing current projects, and fostering future collaborations. To achieve this, the CE Symposium will support the following aims:

1. Providing platforms and resources for sharing diverse community perspectives, experiences, and priorities.
2. Fostering trust building, leading with cultural humility, and facilitating active community participation for sustainable and meaningful partnerships.
3. Prioritizing equity and inclusivity to ensure that all partners have an equal voice in decision making process.
4. Sharing information and disseminating findings for empowering communities.

BACKGROUND:

■ What is Translational Science?

Translational science is a field dedicated to creating scientific and operational innovations that address persistent challenges in the translational research pipeline. These innovations span scientific, operational, financial, and administrative domains, transforming research processes to make them faster, more efficient, and more impactful.

Translation refers to the process of converting observations from the laboratory, clinic, and community into practical interventions that enhance individual and public health. These interventions can include diagnostics, therapies, medical procedures, and behavioral strategies. The stages of translation are often described as “T1,” “T2,” “T3,” and “T4,” each representing a critical phase in this continuum.

Community and stakeholder engagement (CSE) plays a crucial role in this process by improving the reach, effectiveness, adoption, implementation, and sustainability of clinical and translational research efforts.



■ 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. IIMS CSE provides infrastructure support for research to enhance community responsiveness, research relevance, scientific value, and public health impact.

AGENDA:

■ **Saturday, December 7, 2024**

Welcome and Opening Remarks

8:30am

Rebecca Jones, PhD - IIMS Community & Stakeholder Engagement Director

Conference Orientation and Essentials

8:45am

Elisabeth de la Rosa - IIMS Community & Stakeholder Engagement Manager

Successes and Challenges in Community Engaged Research

Team 1: Applications of Design Justice in a Neighborhood Safety Community-Based Participatory Research Project

9:00am

- Elisabeth de la Rosa, MS, CHW - IIMS Community & Stakeholder Engagement
- Martha Castilla, CHW-I - Edgewood ISD Families for Community Safety
- Stella Camacho - Edgewood ISD Families for Community Safety
- Marisa Villarreal, CHW - Asociación de Coahuilenses and EISD Families for Community Safety

Team 2: Uniting for Health: The Bexar County CEAL's Role in Addressing Community Health Challenges

9:35am

- Jasmine Rodriguez, MPH, UT Health, Department of Family & Community Medicine
- Tharani Ravi, MD - UT Health, Department of Family & Community Medicine
- Ludivina Hernandez, CHW-I - South Central Area Health Education Center
- Corin Reyes, BSN, RN - YWCA San Antonio

Team 3: Establishing Community Health Clubs for Improved Confianza (Confidence, Trust) and Health Literacy

10:10am

- Jason Rosenfeld, DrPH - Health Confianza at UT Health San Antonio
- Mia K. Vento - Health Confianza at UT Health San Antonio
- Santos Barrientes - Health Confianza at UT Health San Antonio
- Nancy Parrilla - Fuerza Unida
- Rosa Bernal Zapata - Fuerza Unida

Plenary Presentation: <i>Meaningful Community Engagement: Listening, Building Trust, and Creating Trustworthiness are Front and Center</i>	10:45am
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- Sergio Aguilar-Gaxiola, MD, PhD - University of California Davis Health
- Debra Oto-Kent, MPH - Health Education Council

Research Poster Fair and Lunch	12:15pm
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2024 Community Engagement Hero Awards Program:	1:30pm
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- *Outstanding Student:* Jasmine Rodriguez, MPH
- *Outstanding Community Partner:* Juana Escareno, MS, CHW-I, CHW
- *Outstanding Researcher:* Bertha Flores, PhD, APRN, WHNP BC
- *Outstanding Community Health Improvement Project:* The Nosotros Promotores Program

Rita Pendergast
Eustolia Santos
Maricela López

Jacqueline Casas
Raúl Treviño
Zulma Tovar

Ricardo Madrid
Amelia Medrano
Carolina Schlenker

Lessons Learned and Closing Remarks	2:00pm
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Adjournment	2:15pm
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SYMPOSIUM ACTIVITIES

■ Community Wall Activity

Take a few minutes to participate and share your thoughts. Take a marker and blank conversation bubble to write down your insights and stick it on the wall. This activity is located on the left side of the cafetorium.

■ Continuing Education

Certificates of attendance are available for attendees. These certificates can be used for continuing education units for Community Health Workers. Please complete an evaluation [HERE](#) after participating in this event to receive a certificate.

■ Research Poster Fair

A research poster fair is an event where researchers present their projects through posters displayed in a shared space. Each poster summarizes key aspects of a study, including its objectives, methods, results, and conclusions. Attendees can walk around, view the posters, and engage with presenters, asking questions to learn more about the research. It's an interactive way to showcase work, exchange ideas, and network with others in the field. During the lunch break, please take time to connect with others and explore the diverse health research projects.

SPEAKER BIOGRAPHIES:

Plenary Presenters:



Sergio Aguilar-Gaxiola, MD, PhD, is a Professor of Clinical Internal Medicine at the School of Medicine, University of California, Davis. He is the Founding Director of the Center for Reducing Health Disparities at UC Davis Health and the Director of the Community Engagement Program of the UCD Clinical Translational Science Center (CTSC). He is currently a member of the NIH/National Advisory Council of the NIH National Center for Advancing Translational Sciences (NCATS), a member of the National Advisory Council of the Substance Abuse and Mental Health Administration (SAMHSA) - Center for Mental Health Services (CMHS). He is also a member of the boards of the California Health Care Foundation, Physicians for a Healthy California, and the Public Health Institute. He is a national and international expert on health and mental health comorbidities on diverse populations and community-driven solutions to advancing health/mental health equity. For the last 3

decades, he has held several World Health Organization (WHO) and Pan American Health Organization (PAHO) advisory board and consulting appointments and is currently a member of the Executive Committee of WHO's World Mental Health Survey Consortium (WMH) and its Coordinator for Latin America overseeing population-based national surveys of Mexico, Colombia, Peru, and Argentina, a regional survey to Brazil, and two surveys of the city of Medellin, Colombia.

Dr. Aguilar-Gaxiola's applied and translational research program has focused on identifying unmet health and mental health needs and associated risk and protective factors to better meet population health in underserved populations. He and his team are committed to co-developing, implementing, evaluating, and disseminating innovative models of health/mental health service delivery where patients are at (where they live, work, and congregate). He is the author of over 210 publications. Since April 2019, Dr. Aguilar-Gaxiola has been co-chair of the Steering Committee of the National Academy of Medicine (NAM) Assessing Meaningful Community Engagement in Health and Healthcare. He co-chaired the Principles of Community Engagement (PCE), 2nd edition published in 2011 by the CDC/NIH-CTSA and led its Spanish translation and is the associate editor and co-author of 5 chapters of the forthcoming PCE, 3rd edition.



Debra Oto-Kent, MPH, is the Founder and Executive Director of the Health Education Council, a nonprofit organization committed to improving health outcomes in under-served communities. For 33 years since its founding in 1991, the Health Education Council has worked at the forefront of cross-sector collaboration to create innovative, model programs promoting community well-being. In 2016, the organization received an Innovation Award from the California Department of Public Health and has been awarded a Nonprofit of the Year recognition by the California Legislature in 2016, 2021, and 2023 for its work in engaging residents to reduce health disparities in the Sacramento region.

Ms. Oto-Kent serves on a variety of boards, and committees of local and statewide health related and research organizations, and has been recognized for her contributions such as the Sacramento Bee Top 20 AAPI Change Maker Award, 2024, Sacramento Kings Community Impact Award, 2024, Al Geiger Memorial Award for Community Service, Sacramento Metro Chamber of Commerce, 2020, the Placer County Putting Kids First Award, 2017, Unsung Hero Award, and Outstanding Service and Advocacy Award, Martin Luther King Celebration, Greater Sacramento Region, 2010, to name a few. She has written and presented extensively on her primary areas of expertise - coalition building among diverse stakeholders; community engagement and improving the public's health with an emphasis on reducing health disparities in low-income communities and diverse ethnic populations. Ms. Oto-Kent authored two children's books, Finding Your Connecting Place in 2023 and A Park for Everyone in 2022. The books tell stories of working with HEC to improve mental health and inspiring children to make their community a healthier place.

Local Presenters:

Welcome and Opening Remarks



Rebecca Jones, PhD, MS is the Director for Community & Stakeholder Engagement at the Institute for Integration of Medicine & Science at UT Health San Antonio. She holds a doctorate in Applied Demography from the School of Public Policy at UTSA. She also holds an MS degree in Health and Kinesiology, with an emphasis in community health and biostatistics and a BS in Kinesiology with an emphasis in physiology from UTSA. She has over 10 years of experience in program evaluation, research design, and statistical analyses. Her areas of focus include health systems research, health disparities, and structural determinants of health.

Successes and Challenges in Community Engaged Research

Team 1: Application of Design Justice in a Neighborhood Safety Community Based Participatory Research Project



Martha Castilla, CHWI, has lived, worshiped, and worked in the Edgewood Independent School District (EISD) area for most of her life. She is passionate about building community through resident leadership, fostering trust, and bridging resource gaps, with her greatest reward being helping families thrive. As the founding Executive Director of the Edgewood Family Network (EFN), Ms. Castilla led efforts to support families with basic needs, health, education, employment, financial literacy, and homeownership. EFN trained community leaders, many of whom were once recipients of its services, to share their experiences and empower others. She developed the Promotores De Buena Vida model to train resident leaders and create a movement for community leadership, earning CHW certification alongside 35 women. Since then, she has trained promotoras throughout South Texas. Ms. Castilla co-founded Heart for the Neighborhood, a nonprofit supporting isolated seniors, and co-developed Promotores en Presencia Viva with UT Health San Antonio to strengthen patient care through home visits and community connections. She is also an active member of the EISD Families for Community Safety Committee, promoting safety and well-being in her community. She is serving her second term as EISD School Board President and is a Senior CHW Instructor with the South Texas Area Health Education Center (AHEC) Program.



Elisabeth M. de la Rosa, MS, CHW is the IIMS Community & Stakeholder Engagement Research Operations Manager. She is a seasoned leader in fostering community-academic research partnerships for health initiatives, leveraging nearly 25 years of experience in research coordination and program development at UT Health San Antonio. Based in San Antonio she manages pre- and post-award activities for the Community Engagement Small Projects Grants Program. She has organized Community Engagement Symposia for over a decade, emphasizing trust-building and impactful health research, and co-leads an annual Public Health Camp to expand workforce capacity among high school students. Trained in sociology and Texas-certified Community Health Worker, Elisabeth's personal ties to South Texas and her family's roots in southern Mexico inform her empathetic and effective approach to community health. She has worked with international NGOs, UC Berkeley researchers, and NIOSH at the CDC, focusing on maternal, sexual, and occupational health. Currently, as a second-year Translational Science PhD student, she integrates Design Justice principles into community-engaged research. A first-generation college graduate, Elisabeth is committed to advancing health equity and impactful collaboration.



Marisa Villarreal, CHW has worked as a promotora de salud and as a state-certified Community Health Worker for over 20 years. She was originally part of the historical Edgewood Family Network of promotoras de salud. During this time, she contributed to community education projects focused on domestic violence, breast cancer detection, treatment, and prevention, as well as family planning. Deeply committed to the well-being and health of the people she serves, Marisa also leads the Asociación de Coahuilenses, collaborating with the state government of Coahuila, Mexico, to support Coahuilense communities through various assistance programs. She is also an active member of the EISD Families for Community Safety committee, where she works to promote safety and well-being in her local community.



Stella Camacho is a former member of the EISD School Board. A graduate of John F. Kennedy High School and long-time resident of EISD, she holds a Bachelor's degree in Business Accounting from the University of Phoenix. After a 20-year career in banking, she became a freelance bookkeeper and tax preparer, assisting small businesses and individuals with accounting and tax services. Her flexible career has allowed her to volunteer extensively at her sons' schools over the past seven years, serving as a PTA member, Parent Ambassador, Elementary PTA President, EISD PTA Council Secretary, and member of the District Educational Improvement Council (DEIC). She is an active member of the EISD Families for Community Safety committee, dedicated to fostering safety and well-being in her community. Mrs. Camacho's volunteer work has strengthened her admiration for EISD and its role in fostering community pride.

Team 2: Uniting for Health: The Bexar County CEAL's Role in Addressing Community Health Challenges



Tharani Ravi, MD is an Associate Professor at UT Health San Antonio's Family Medicine Residency Program who has served as the Principal Investigator of the Bexar (Community Engagement Alliance (CEAL) project since November 2023. She attended medical school at University of Texas Southwestern in Dallas and completed her residency in Family Medicine at UT Health San Antonio. Inspired by her love of teaching, she stayed on with the residency program to join as faculty. Through Dr. Ravi's dedication to both education and patient care, she teaches and mentors clinicians in training, provides compassionate care to underserved communities, and works towards improving the quality of care delivered to patients. She has been recognized for her teaching by the Texas Academy of Family Physicians.



Corin Reyes, BSN is a lifelong San Antonio resident and third-generation military veteran, began her medical career in the U.S. Air Force as a clinical lab technician. After a medical retirement, she pursued nursing, earning her LVN, ADN, and BSN. With over 15 years of nursing experience in primary care, pediatrics, geriatrics, and neurotrauma intensive care, she later transitioned to healthcare informatics and quality management at Aetna (now CVS Health). Motivated by the COVID-19 pandemic and social inequities, Corin shifted to community health, earning a Social Determinants of Health certificate from Michigan State University. She now leads the Health Equity Program at YWCA San Antonio, managing CHWs and a training program for low-income Latina women. Fluent in English and Spanish, Corin holds certifications in Mental Health First Aid, DE&I, and ACE Interface Training. She co-founded "Naturally You," a wellness expo for women of color, and is pursuing an MSN-FNP at South University. Corin is also a proud mother of two daughters, inspiring them to create positive change.



Jasmine Rodriguez, MPH is a Research Operations Manager and UT Health San Antonio and DrPH student at UT Health Houston. For the past decade she has worked on numerous projects focused on understanding chronic conditions and the impact they have on vulnerable communities. She has worked side by side with communities to improve disease management and prevention. As San Antonio native, she not only has a professional but personal passion to see her community thrive.



Ludivina Hernandez is a Community Outreach Coordinator, CHW/Promotora, and CHW Instructor serving underserved communities in San Antonio's Edgewood area and South Texas. As a liaison with the South Central Area Health Education Center (AHEC) she utilizes community engagement approaches to address community health needs. Since 2014, Ludy has been a member of the Bexar Translational Advisory Board (TAB), aligning with CHW principles to improve physical, social, and mental health. Currently based at the Neighborhood Place Center on San Antonio's Westside, she collaborates with UT Health San Antonio and University Hospital to provide community-identified health education. As a delegate for the CEAL Project, Ludy shares resources on chronic illnesses and combats COVID-19 misinformation through her work with local Catholic parishes. She also organizes initiatives on mental well-being, healthy cooking, and disease management. A long-time member of the Grandparents Raising Grandchildren Support Group, Ludy has supported its programming for over 20 years.

Team 3: Establishing Community Health Clubs for Improved Confianza (Confidence, Trust) and Health Literacy



Dr. Jason Rosenfeld is a public health professional with over 20 years of experience designing, implementing and evaluating international and domestic community health education and behavior change programs. Dr. Rosenfeld is currently Associate Professor of Medicine at UT Health San Antonio and serves in leadership positions for local, national and international organizations, including the executive committee of the San Antonio Mayor's Fitness Council, Governing Council of the Texas Public Health Association, and member of the Consortium of Universities for Global Health's Global Operations Committee. Dr. Rosenfeld currently serves as Chief of the Internal Medicine Section for Community Health, Director of the Health Confianza health literacy project, and Director of the South Texas Community Health Worker Workforce Preparedness Collaborative.



Mia K. Vento is the Program Manager for Health Confianza, a nationally recognized non-profit public health initiative dedicated to improving health literacy. Originally from Hawaii and driven by personal and professional encounters with systemic health challenges across the US and abroad, Mia's journey into public health has been uniquely shaped by her interdisciplinary education and experiences in pre-k- through graduate-level teaching and community-focused health research. Her commitment to addressing health disparities is fueled by her lived understanding of barriers faced by diverse populations and her advocacy for inclusive, community-driven approaches. Mia channels her personal health experiences, including living with Long COVID, to drive progress and inspire transformative, culturally aware healthcare engagement.



Santos Barrientes is a certified community health worker and community health worker instructor with over 20 year of experience advocating for communities across Bexar County. Santos a San Antonio-native, uses his own experiences to connect to the people he serves and his professional networks to bring resources that they could not otherwise easily access. In three years, Barrientes has helped the Health Confianza team launch 40 Community Health Clubs in underserved areas in San Antonio, serving as both a facilitator and club mentor. He is pursuing an MPH at the UT Health San Antonio School of Public Health.



Nancy Parrilla has over 30 years of experience working with nonprofits, gaining valuable insight along the way. As the Chief Financial Officer at Fuerza Unida, she is deeply committed to the organization's mission and goals. She has been a strong advocate for the Health Confianza project and currently leads its meetings. Nancy remains dedicated to volunteering, raising awareness, and supporting local small businesses.



Rosa Bernal Zapata retired from the Edgewood ISD after 35 years of service as a teacher, consultant, Principal, and Director of Special Education. In 2012, she started volunteering with Fuerza Unida with the Youth Program. Currently, she volunteers and works part-time with Fuerza Unida, which will assist with clerical and the Youth Program. I am also involved with the Pan American League, Downs Syndrome Association, San Antonio Area Retired Teachers Association, San Antonio Area Association for Bilingual Education, Hispana Unidas, and the Edgewood Education Foundation.

2024 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 improved health and well-being of South Texas communities. This year's awardees are listed below.

■ 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: Jasmine Rodriguez, MPH
UTHealth Houston -School of Public Health - DrPH Program



■ Outstanding Community Partner Award:

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: Juana Escareno, MS, CHW-I
Lower Rio Grande Area Health Education Center (AHEC)



■ Outstanding Researcher Award:

This award recognizes a researcher 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: Bertha “Penny” Flores, PhD, APRN, WHNP-BC
UT Health San Antonio - School of Nursing, Associate Professor



■ Outstanding Community Health Improvement Project:

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: Nosotros Promotores Program

- Rita Pendergast
- Eustolia Santos
- Maricela López
- Jacqueline Casas
- Raúl Treviño
- Zulma Tovar
- Ricardo Madrid
- Amelia Medrano
- Carolina Schlenker



ABSTRACTS: POSTER PRESENTATIONS

1. *Mujeres con Confianza: Using reproductive health education to empower medically underserved women; Melissa Nino M.Ed, Rossie Chavez, Bianca Pegan, Nora Silva MPA, Virginia Mika PHD MPH*

Background: One out of ten women have Polycystic ovary syndrome (PCOS), endometriosis, or uterine fibroids. Mujeres Con Confianza (MCC) is an educational program created by University Health to increase awareness while sparking dialogue between women and their health care providers to reduce time to diagnosis. The aim of this study is to estimate the gain in knowledge associated with MCC. Significance: The Mujeres con Confianza (MCC) education is important because many times women pass off symptoms as being "normal", possess limited knowledge of their anatomy and these conditions. Lastly, women may not perceive themselves as being at risk. The Mujeres con Confianza educational program aims to increase awareness which in turn, we hope will decrease time to diagnosis. Methods: This prospective study uses a pre-post survey design to quantify the gain in knowledge concerning the three conditions of focus following participating in the MCC program. Potential participants' ages 18-45 residing in Bexar County were identified through community-based outreach or the CareLink membership database at University Health. The sessions were available in multiple formats (English or Spanish, one-on-one or group settings, both in person and virtually) to provide diverse opportunities for participation. The pre- and post- surveys quantified key, essential health literacy components for each condition. Results: Between June 2023 and January 2024, 232 women received education on at least one of the conditions, with 154 completing the program covering all three topics. Based on the pre- and post- survey scores, knowledge about PCOS has increased by 28.5%, endometriosis by 23%, and uterine fibroids by 16%. Conclusion: Implementing the Mujeres Con Confianza program successfully improves participants' knowledge of the three conditions of focus. Further investigation will attempt to link these changes in knowledge to decreased time to diagnosis.

2. *Don't throw technology at it! A case for low tech outreach for application submissions during the Medicaid Unwinding; Rosanna Dominguez MBA, Nora Silva MPA, Virginia Mika PhD MPH*

Background: The December 2022 federal legislation ending the requirement to continue Medicaid coverage through the Public Health Emergency (PHE) prompted an increased need for Medicaid renewal application submissions during a period called 'The Unwinding'. Connecting Kids to Coverage (CKC) assisted families and pregnant individuals with Medicaid application submissions. CKC utilized several outreach methods to reach underserved individuals during this period. The purpose of this study is to evaluate successful methods of communication that lead to application submissions during the Medicaid unwinding. Significance: The project emphasized the review of community communication methods and their relevance. Families could become more digitally engaged in the future. Methods: In 2016, University Health, Bexar County's safety-net health system was awarded the Connecting Kids to Coverage grant. The CKC team, currently on its third awarded grant cycle, deployed several strategies to implement outreach. A website and social media platforms were used to reach out to families digitally. Community partners and internal programs also referred eligible families with children aged 0 to 18 and pregnant individuals. Collaborations of this type lead to phone call outreach.

These outreach strategies lead to Medicaid application submissions with positive results during the Unwinding time period. Findings: Between May 2023 and January 2024, CKC submitted 2302 applications and enrolled 1616 clients, via phone call outreach with internal and external partnerships. Conversely, during this same period CKC submitted 24 applications from digital outreach and enrolled 10 individuals. The phone call outreach yielded 59% of all submissions while digital outreach accounted for only 0.006% of all submissions. Conclusions: Utilizing a low tech approach via phone calls will continue to enhance outreach services and lead to improved rates of application submissions.

3. The Mental Health Consequences of COVID-19 on a Sample of Health Professions Students: A Mixed Methods Study; Jose Zapata Jr MSS CHW, Annette Zavala-Idar BBM CHW, Pamela Recto PhD RN, Janna Lesser PhD RN FAAN

Background: The COVID-19 pandemic has generated an unprecedented challenge with substantial consequences for multiple national infrastructures, including higher education and healthcare. This research project was created to assess and examine how the COVID-19 pandemic may have impacted the mental health of a sample of health professions students (HPS) using an explanatory sequential mixed-methods design. Significance: HPS faced compounded COVID-19-related stressors that distanced them from their anticipated professions, including amended course structures, experimental online requirements, social isolation, and reduced student-faculty and/or student-patient interlinkages. However, the COVID-19 pandemic may also have provided a unique opportunity to understand the challenges and perceptions of students trained in the health professions. Methods: This study used an explanatory sequential mixed method design that involved two phases, a quantitative and a qualitative phase. Participants included 41 HPS enrolled in a co-curricular interprofessional education (IPE) program. Quantitative measures included the CES-D scale, PSS scale, and the GAD scale. For the qualitative phase, the researchers utilized qualitative content analysis to examine the interview data. Findings: The HPS explained that fear of acquiring COVID-19, transmitting the virus to loved ones, and dying as a result of the disease negatively influenced their mental health. The HPS revealed that there were some beneficial outcomes resulting from the pandemic, including the strengthening of family bonds and the cultivation of resiliency. Conclusions: The global community will be bearing the negative consequences of the COVID-19 pandemic for years to come. Many of the HPS in this study seemed to have experienced post-traumatic stress, secondary traumatic stress, and burnout. HPS represent the next generation of the healthcare workforce, therefore it is critical that there is an invested interest in their mental health. It is imperative to ensure that the current and next generations of healthcare professionals are equipped with the knowledge and support to foster an environment conducive to optimizing their mental health. This epitomizes the significance of supporting the mental well-being of healthcare workers, as it will endow them with the skills and abilities to cope, thus, increase their effectiveness to provide better care.

4. Partnering to Develop a New CAregiver ReportED and Weighted (CARED) Outcome Measure for Dementia; Sara Masoud PhD MPH, Ayse Kuspinar PhD MSc, Eunjung Na PhD MSc, Dale Dauphinee CM MD FRCPC FCAHS, Susan Macaulay BA, Nancy Mayo PhD PT

Background: It is estimated that 733,040 people in Canada and 6.7 million in the United States are living with dementia. Family caregivers of people living with dementia possess unique knowledge about the person they care for and direct experience about the progression of dementia. Yet, there are currently no caregiver reported outcome measures that incorporate the preferences of caregivers when evaluating the impact of dementia.

Significance: Our ongoing study aims to co-design a measure that incorporates family caregivers' preferences when evaluating dementia impact. By including family caregiver's perspectives, the ability of researchers, policy makers, and health care professionals to make decisions about the effectiveness of treatments will be enhanced. In this study, family caregivers have been actively engaged as co-researchers, playing a key role in the design, implementation, and interpretation of the findings. **Methods:** To conduct this study with key stakeholder input, we established a multi-institutional community-academic partnership that includes guidance from family caregivers of persons living with dementia. This study aimed to develop items for a new CAregiver ReportED and weighted (CARED) outcome measure for dementia in English, Spanish and French. To identify relevant topics for CARED, caregivers were asked to complete a survey in which they highlighted the behaviors of their care recipients that they found to be most distressing. Upon identifying topics through natural language processing (BERTopic), a series of language harmonizing workshops were facilitated to develop CARED in these three languages. Psychometric testing is currently being conducted at the time of this submission. **Findings:** Caregiver co-researchers (N=2) were engaged through a series of working sessions to interpret survey findings and develop items. From the analysis of behaviors identified by respondents (N=102), a total of 22 topics emerged. Caregiver co-researchers were further engaged in integrating these topics into CARED. Two language harmonizing sessions were conducted with the study team and caregiver co-researchers to ensure that translations captured the intended meaning of each item. **Conclusions:** The inclusion of key stakeholders as members of the study team was critical in the successful development of CARED in three languages. Next steps are to conduct psychometric testing of CARED.

5. Avanzando Caminos (Leading Pathways): the Hispanic/Latino Cancer Survivorship Cohort Study; Amelia G Ramirez DrPH, Patricia Chalela DrPH, Derek Rodriguez PhD, Ysabel Rose Lew BS, Victoria Garza BA, Natalie Rodriguez MS, Britney Ortiz BS, Juan C. Nevarez Ramos BA, Jacqueline Cardenas BS, Janette Ramirez MS, Jason Osonma BS, Daniel Ruben Flores BS, Stephanie Rowan PhD, Dorothy Long-Parma MD, Yidong Chen PhD, Chen-Pin Wang PhD, Enrique Diaz-Duque MD, Edgar Munoz MS, Luz Garcini PhD, Dolores Perdomo PhD, Stefanie Beltran BS, Madeline H Kraus MPH, Paulo Pinheiro MD, Patricia Moreno PhD, Michael Antoni MD, Carmen Calfa MD, Olveen Carrasquillo PhD, Gilberto Lopes PhD, Steve Cole PhD, and Frank J. Penedo PhD

Background: Advances in cancer detection, diagnosis, and treatment have led to a 29% reduction in mortality since 1990, as well as a growing number of cancer survivors. There are currently over 16.9 million survivors in the US, with that number expected to reach 22.1 million by 2030. However, cancer survivorship varies by race/ethnicity, socioeconomic status (SES), health insurance, education, and geography. Hispanics/Latinos (H/Ls), the largest ethnic minority in the US, face unique challenges. While cancer is the leading cause of death among H/Ls, they are disproportionately affected due to SES inequalities and healthcare access barriers, which increase cancer risk and create obstacles to prevention, early detection, and treatment. Although H/Ls have lower cancer incidence rates, they experience significant disparities in mortality, invasiveness, quality of life, and symptom burden. There remains limited research on survivorship experiences among H/Ls. **Significance:** The Avanzando Caminos Cohort study addresses these gaps by examining how sociocultural, medical, stress, psychosocial, lifestyle, behavioral, and biological factors impact symptom burden, quality of life, and clinical outcomes in Hispanic/Latino cancer survivors. **Methods:** This cohort study, a collaboration between the Sylvester Comprehensive Cancer Center and Mays Cancer Center, involves 3,000 Hispanic/Latino participants (1,500 in South Florida and 1,500 in South Texas) who completed cancer treatment in the last five years.

Participants will complete surveys at baseline, 6 months, 1, 2, 3, 4, and 5 years, and provide blood samples at baseline, 1, 3, and 5 years. Medical and cancer data will be gathered from electronic records and cancer registries. Analysis will include latent variable and growth modeling. Findings: We have recruited 869 participants, 56% are female, 33% are Mexican, 29% are Cuban, 27% are Central/South American, 7% are Puerto Rican, and 4% other. Cancer types include, stomach, liver, cervical, colorectal, lung, breast, kidney and prostate cancers. Preliminary results will be presented. Conclusions: Avanzando Caminos will fill critical gaps in knowledge to guide future secondary and tertiary prevention efforts aimed at reducing cancer disparities and optimizing health-related quality of life among Hispanic/Latino cancer survivors.

6. SOARNet: Establishing a Practice-Based Research Network to Support Older Adults through Research; Caitlin Sangdahl BS, Angelica Davila MD MS, Vidya Sharma MA RD LD CDCES, Cynthia Sierra MS LPC, Eduardo Zilli MD, Jennifer LaCoss MD, Sara Masoud MPH PhD

Background: The Supporting Older Adults through Research Network (SOARNet) is an older adult-focused Practice-Based Research Network (PBRN) founded in the Fall of 2023. SOARNet is housed within the Institute for Integration of Medicine and Science (IIMS) at the University of Texas Health Science Center San Antonio. The mission of SOARNet is to develop and conduct practice-based research to improve the health of older adults, aiming to generate practical and timely evidence that can be used by primary care providers to enhance the quality and efficacy of older adult health care. Significance: Established just over one year ago, SOARNet is the first and only older adult focused PBRN in the country. Our advisory board, comprised of practitioners and community stakeholders, set annual research priorities for the network. Methods: The SOARNet model is comprised of a Director, Sara Masoud, PhD, MPH (School of Nursing), Co-Director, Angelica Davila, MD, MS (Geriatrics and Supportive Care Clinic), and a Research Coordinator, Caitlin Sangdahl, BS (Institute for the Integration of Medicine and Science). An Advisory Board oversees the activities of SOARNet, including recruitment for the member base, review of study proposals, and setting priorities for research conducted within the network. As a population-focused PBRN, SOARNet recruits a wide range of providers and specialists through cross-campus partnerships. Findings: SOARNet's Advisory Board is comprised of practitioners and stakeholders (N=4): Vidya Sharma, MA, RD, LD, CDCES, Jennifer LaCoss, MD, Cynthia Sierra, MS, LPC, and Eduardo Zilli, MD. Through word-of-mouth recruitment and distribution of a member enrollment form, there are currently five active members serving over 300 patients within the San Antonio area. A SOARNet research study is currently underway (PI Sharma) to develop and test an educational intervention for providers to promote brain health from a nutrition-focus among older adult patients. Conclusions: Within just one year of establishment, SOARNet has developed into a robust collaborative space with active research and dedicated advisory board members. As we continue to grow, SOARNet aims to lead more research studies, increase the Network's outreach, and boost its membership base.

7. Increasing Health Education in Public Schools; Paola Valencia BS, Alec Stover BS, Katie McBee BS, Andrew Wright BS, Sneha Rajendran BS, Rae Taylor-Childress MD

Background: San Antonio faces challenges with low health literacy, areas with higher uninsured, disproportionate higher educational attainment, and a high risk of students dropping out. San Antonio has a higher percentage of young adults without a high school diploma compared to Texas and nationally. Significance: This community-engaged program serves to raise health education for children in Bexar county by providing interactive lessons on health topics. In 2023, we partnered with CISSA, an organization dedicated to providing students with resources to encourage their success.

Together we strive to increase trust, encourage students to take an active role in their health, and increase health literacy. Methods: Presentations covering various health topics were conducted by medical students in San Antonio Elementary Schools in Spring 2024. The curriculum was designed based on topics indicated in a community needs assessment. The target participants were children who attend public schools engaged with CISSA. Pre- and Post-Lecture surveys were conducted to assess comprehension via verbal questions. We aimed to have a 65% accuracy rate of post-lecture survey results. Surveys from staff members were used to measure satisfaction with the lesson and garner feedback. Findings: Five presentations were conducted at three locations. Kate Schenck Elementary School 4th graders had a 7.66% increase in post-survey responses relating to positive relationships, while 5th graders saw a 17.93% increase. 3rd graders, however, had insufficient post-survey data. John Glenn Elementary School had a 5.58% improvement in personal hygiene responses, while Westwood Terrace Elementary School had a 23.93% improvement. We reached 293 students. On a scale of 1-10, staff members ranked the presentations 8.66 on average as beneficial for students. All staff were satisfied with the lecture, "very likely" to recommend it to other schools, and 100% indicated they would schedule again. Conclusions: The program was effective in improving understanding of health topics as shown by the preliminary data of higher accuracy in post-lecture surveys. Feedback from school staff signified satisfaction and a desire to have more presentations. We are continuing the project with the ultimate goal of raising health literacy and establishing an enduring community partnership.

8. How do Family Members Describe their Experience of Losing a Loved One to COVID-19 in the Hospital during the First Wave of the Pandemic? Lisa A Dodge PhD RN

Background: Coronavirus disease (COVID-19) quickly spread around the world after being discovered in December 2019, and was declared a pandemic by the WHO on March 11, 2020 (World Health Organization 2021). The first case discovered in the United States was on January 21, 2020 (Centers for Disease Control and Prevention 2020). As cases surged, dire warnings of supply shortages, overwhelmed hospitals, and freezer trucks serving as temporary morgues shifted from New York to the rest of the United States. There have been more than 1.2 million deaths in the United States from COVID-19 as of April 2024 (WHO Coronavirus [COVID-19] dashboard 2024). Significance: Exploring the experiences of family members who lost a loved one will assist in identifying interventions that are safe while promoting their psychological well-being. Methods: A qualitative case study design was utilized. Fifteen semi-structured interviews lasting 33-167 minutes were conducted via Zoom. Participants included family members 18 years and older who lost an adult loved one to COVID-19 in the hospital between March 2020 and December 2020. Using qualitative content analysis, data was analyzed through a systematic process which identified categories and subcategories. Results: Participants were affected by visitation restrictions, which denied them the opportunity of saying goodbye to their loved ones. They experienced guilt, anger, sadness, and trauma. The political environment also impacted overall events of the pandemic. Safety measures and regulatory requirements impacted family members' ability to bury their loved ones traditionally, further affecting their psychological well-being. Healthcare providers (HCPs) risked their own lives caring for family members' loved ones. Critical conversations with HCPs were difficult because of the disease process. Support groups provided a sense of belonging within their new COVID-19 community. Conclusion: The lack of patient- and family-centered care during a pandemic prevents family members from being essential members of the healthcare team caring for their loved ones. Family engagement includes family members of the healthcare team and advisors working with healthcare systems to improve policies and procedures (Johnson et al. 2009). Modifications and improvements should be made for future pandemics or global crises related to patient- and family-centered care.

9. Adapting Models of Chronic Care to Provide Effective Management for San Antonio Refugees: VivaHealth for Afghan Women; Sneha Rajendran, Ahmed Rami Benchouia, Yusra Waris, Kannan Freyaldenhoven, Raajkiran Komirisetty, Sudais Imtiaz, Amira Benchouia, Madilyn Del Angel, Margaret Costantino MA, Stephanie Pangtay MD, Cristina Caro MD, Jasmine Rodriguez MPH, Fozia Ali MD, Bryan Bayles PhD, Denise Benoit-Moctezuma, Julius Hunter, Sandra Hermosa*

Background: Female Afghan refugees face unique cultural barriers to healthy living, which can negatively impact their health outcomes. Culturally tailored health education programs can empower these women to overcome these challenges, improving health for both their families and communities. Significance: This project aimed to promote healthy living and chronic disease management among female Afghan refugees through a collaboration with MetroHealth San Antonio. This project is important because it addresses health disparities by providing culturally relevant health education in a refugee population with significant language and cultural barriers. Methods: The project was a quality improvement study that implemented MetroHealth's VivaHealth Curriculum, translated into Pashto. The program consisted of seven interactive sessions led by an interdisciplinary team that included MetroHealth educators, physicians, and medical students, all facilitated by a female Afghan interpreter. The sessions were conducted at the Center for Refugee Services (CRS) in San Antonio. Seventeen (17) adult female Afghan refugees residing in San Antonio participated in the program. Pre- and post-surveys were used to collect demographic information and assess health literacy, behavior change, and program effectiveness. Topics covered in the sessions included healthy eating, portion control, drinking water, chronic disease management, fitness, stress management, and community resources. Findings: Out of the 17 participants, 53% (n = 9) graduated from the program. Pashto was the predominant language spoken (64.7%), followed by Dari (47.1%) and Urdu (11.8%). Overall, participant health literacy increased by 13.5%. Participants particularly valued the lessons on stress management, healthy eating, and exercise. However, 55% of participants identified family care responsibilities as a barrier to engaging in fitness activities. Conclusion: The VivaHealth curriculum successfully promoted healthy behaviors and facilitated social interaction among participants. Despite this progress, significant barriers to fitness, such as family care obligations, remain. There is a need for further exploration of these barriers and the development of more culturally relevant resources to support Afghan refugee women. Future steps include adapting survey methods to better fit the cultural context, such as conducting in-depth focus groups to gain deeper insights into the challenges to healthy living.

10. The Pearl Project: A Collaborative Analysis of the Qualitative Data of a Community-Based Participatory Research (CBPR) Mixed Methods Project; Shanae Rhodes RN PhD Postdoctoral Fellow UT Health San Antonio, Shirley Fennell PhD My Sister's Keeper Board Member, Cheryl Hill MBA My Sister's Keeper Board Member, Bathsheba Davis BA CP My Sister's Keeper Board Member, Shirley Bass Wright BA MS My Sister's Keeper Board Member, Gwendolyn Harris CET My Sister's Keeper Board Member, Faculty Advisor: 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." The MSK board members served as community partners for the Pearl Project. Using CBPR principles, the objective of this IIMS-funded pilot study was to better understand the health-related needs of African American (AA)/Black women in the San Antonio and Dallas-Fort Worth areas. Significance: CBPR 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). This presentation focuses on the qualitative findings from six focus group interviews. Guided by Schreier's (2012) qualitative content analysis procedures, the board members collectively conducted the analysis. Findings: Each focus group was transcribed in preparation for initial coding. The codes were clustered according to the guiding questions, proceeding to further clustering into categories and subcategories. Guiding questions included "Over 1/3 of the women surveyed said they didn't feel their healthcare providers cared. Furthermore, they expressed distrust of medical providers and felt that they were not being listened to by healthcare providers. Can you tell us more about this?" and "The most selected personal health issues were anxiety/depression and stress. What are the major signs that stress, anxiety, and depression need to be addressed in your community?" Examples of codes included they [healthcare providers] don't really listen to the complaints and concerns, even as low down as pain, and the biggest factor that contributes to depression among youth is social media. Conclusions: The full participation of the MSK board members from the development of the community needs assessment through the qualitative content analysis demonstrates the power of CBPR principles.

11. Health For Her: A Workshop on Preventative Health and Patient Self-Advocacy for Women in San Antonio 2024; Darian Chiu BS, Elizabeth Nguyen BS, Tatiana Cordova MD, Yajaira Johnson-Esparza PhD, Parto Jalali MD

Background: We aim to educate women with low health literacy about the importance of health screenings and provide tools for approaching the health care system. Our community partner, For Her, a Bexar County organization, provides services to teen mothers, foster youth, LGBTQ+ individuals, migrants, women below the poverty line, survivors of domestic and sexual violence, and formerly incarcerated women. These populations have lower health literacy, thus are less likely to complete health maintenance and screenings (1). We propose that hosting a workshop on common health topics will significantly improve health literacy, as measured by a comparison of pre- and post-workshop survey results. Methods: We will present an interactive workshop to a group of women ages 18 to 60. Participants will sign up for the workshop through For Her. This will be formatted as a "round-table" discussion. We will discuss common women's health issues, how to prepare for doctor's visits, the importance of regular health screenings, mental health education and how to perform breast self-exams. After the workshop, medical student volunteers will provide elective vision, glucose, and blood pressure screenings. We will identify women who need follow-up care and provide guidance on how to access further medical management. Family Medicine physicians and a Behavioral Health specialist will attend and provide oversight. Attendees will complete pre- and post-surveys to evaluate knowledge of preventative care guidelines and presented materials. Results: The workshop is scheduled to take place on November 6, 2024. The previous year's workshop had 12 participants ages 18 to 59, with 58% identifying as Hispanic, 25% as Black, and 17% as belonging to multiple races/ethnicities. 92% of participants demonstrated improvements in survey scores. The average pre-survey score was 66% and the average post-survey score was 87%, indicating a significant increase ($p<0.001$). Discussion: Previous workshops have increased awareness of preventive healthcare guidelines among women engaged in the For Her organization. This year, we are expanding our presentation to include mental health topics to reflect feedback received from those workshops. We will continue refining the workshop to include community needs and expand to additional community partners.

12. Senior Home Visit Training for Community Health Workers; Joyce Turner FNP, Corin Reyes RN BSN, Adelita Cantu PhD RN FAAN, Linda Hook, MSN DrPH*

Background: There is a unique dynamic presented within home-based care for seniors. In these settings, older individuals are typically more sick and require more intense complex care management and coordination. There is a high demand for community health workers (CHWs) that are capable of Community Health Integration (CHI) services within home-based care. Due to this need, caregivers need targeted training on how to care for someone within this setting. This project aims to reevaluate traditional training methods to ensure older adults are receiving a high quality of care within the evolving landscape of home-based care. Significance: The Centers for Medicare & Medicaid Services (CMS) now reimburses CHI services, making it essential for providers to understand related regulations for financial sustainability. Health outcomes are significantly affected by Social Determinants of Health (SDOH). Methods: This training program focuses on assessing SDOH using tools such as the Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences (PRAPARE), and customized nursing care plans to improve care standards for CHI recipients. Older adults in home care will receive resources to address SDOH-related needs, enhancing service utilization and reducing costs. The program aims to optimize healthcare resources and improve efficiency. Additionally, it empowers CHWs to navigate home healthcare settings, advocate for patients, and promote person-centered care, ensuring they are competent and empathetic in addressing patients' unique needs. Findings: While this project is still in progress, it will be conducted through training CHWs on home visits and administering home evaluations. CHWs will learn survey administration, data collection protocols, and ethical considerations. Once the training is complete, CHWs will be deployed to homes of older adults with supervision from a registered nurse (RN). The CHWs will conduct the surveys and the data will further be analyzed. Conclusion: Once analysis of the collected data has been completed, there will be extensive work into the evaluation and reflection of the entire project. Home visits will be evaluated for the efficacy of data collection and the identification of needs among the population. Reflection regarding challenges of the implementation of the program will occur to inform future research and programs. There will be continuous development of recommendations for future research of the senior home visit program.

13. Building Capacity to Engage the Arab Americans for Dementia Research; Sara Masoud PhD MPH, Janna Lesser PhD RN FAAN, Shanae Rhodes PhD RN, Howaida Werfelli DrPH, Nadia Mavrikis, Nader Mehdawi, Analyssa Garcia, Suhaib Haq MD, Sarah Samreen MD, Zainab Naeem MPH, Chisom Ovuegbe MPH

Background: Arab Americans are disproportionately impacted by Alzheimer's disease and related dementias (ADRD) when compared to their White counterparts. Yet, despite their distinct cultural experiences and greater risk for ADRD, the Arab American community remains severely underrepresented in dementia research. The crisis of research exclusion limits our ability to generalize findings to develop patient- and family-centered interventions, treatments, and health and healthcare policies to benefit those most in need. This is further exacerbated among the Arab American community, who are effectively erased from representation due to limited racial/ethnic categorization practices that preclude their inclusion. An engaged approach is necessary to address this exclusion by identifying the barriers and facilitators to research that impact the ability of individuals from high-risk communities to autonomously choose involvement in ADRD research. Significance: We are establishing a community-academic partnership to build evidence around strategies that promote Arab American inclusion in dementia research. Methods: We have identified key local stakeholders who will partner with the study team to expand our community stakeholder network, raise awareness about dementia, and examine perceptions of research among Arab Americans.

In Fall 2024, we will host a local convening around the topic of aging, dementia, and research among Arabs/Arab Americans. This convening will represent the initiation of a stakeholder Steering Council that will provide oversight and guidance for the proposed research and engagement activities. Findings: To date, we have received support from sponsors including the Michigan Center for Contextual Factors in Alzheimer's Disease (MCCFAD) at the University of Michigan, the Institute for the Integration of Medicine and Science (IIMS), and Methodist Health Ministries to build partnerships and conduct community engaged research among the Arab/Arab American community. Conclusions: This initiative is a critical step forward in advancing our understanding of Arab American experiences with dementia and strategies that support their inclusion in dementia research. Our growing community-academic partnership will bring long-overdue attention to the unique health experiences of this population and their needs. Enhancing representation of Arab Americans in research improves the potential of research to inform health services, community programming, and policy interventions.

14. Building a Sustainable Referral System between Primary Care and the San Antonio Food Bank: Implementation and Evaluation; William Walsh BA, Jasmine Rodriguez MPH, Yun Shi MD PhD

Background: Food insecurity (FI) is a pressing issue associated with numerous adverse health outcomes. FI has recently increased due to the COVID-19 pandemic and economic inflation. Despite the availability of food banks designed to address these needs, many individuals who stand to benefit most from these valuable resources struggle to access them effectively. Primary care clinics are well-positioned to connect patients to food assistance resources, as patients frequently interact with healthcare team members. This study proposes a collaborative effort to develop a referral system between a primary care clinic and the San Antonio Food Bank (SAFB), ensuring that food-insecure community members are connected to food assistance programs. We aim to address two primary questions: 1. What are the opportunities and best strategies to implement a formal referral system between a primary care clinic and SAFB? 2. Does a pilot referral system improve patient access to, and use of, food bank resources? Methods: This is a qualitative quality improvement study (work in progress). It will be conducted in a primary care center in a low-income area, zip code 78207. The clinic participates in the University Health System's County Program, offering a sliding scale model to uninsured or underinsured patients. The intervention will be conducted in three phases: 1. Qualitative focus groups to assess needs and assets to build a referral system. 2. Development and implementation of a 3-month pilot referral system. 3. Evaluation of the pilot referral system through focus groups and quantitative outcome data. Results: Our expected results include 1. Characterization of clinic assets and opportunities to implement a referral system between a primary care clinic and SAFB. 2. Number of patients identified with FI, number of referrals, and patients connected with food assistance. 3. Clinician, staff, and patient satisfaction with the referral system. Discussion: Connecting patients to needed resources such as food assistance can reduce further exacerbation of adverse health and socioeconomic impact. Implementing a streamlined referral system could ensure access to essential resources, thereby improving the reach of food bank services and addressing the barriers that prevent those in need from fully utilizing these vital support systems.

15. Project ECHO Nutrition & Brain Health Training for Primary Care Providers: A Stakeholder-Engaged SOARNet Study - Results from a Preliminary Community Assessment Survey; Vidya Sharma MA RD LD CDCES, Caitlin Sangdahl BS, Angelica Davila MD, Fozia Ali MD, Richel Avery MD, Cynthia de la Garza-Parker CHW, Sara Masoud PhD MPH*

Background: It is estimated that about 6.5 million older adults in the United States aged 65 and above are currently living with Alzheimer's Disease (AD), with a projected increase of over 13 million by 2060. Aging is the greatest contributing risk factor for developing AD, which disproportionately affects minoritized populations. Studies indicate that improved diet quality and overall nutrition status are associated with a significantly lower risk of dementia. Culturally tailored nutrition programs can promote healthy eating patterns, leading to better brain health among vulnerable populations. However, there is a shortage of programs to help prepare healthcare practitioners to address the knowledge gaps in nutrition and aging among older adults in Latino communities. Methods: To conduct this study, we have established a multi-institutional community-academic partnership, which involves input from key stakeholders, including healthcare providers and a community health worker. Primary care physicians (PCPs) in the San Antonio area were requested to complete a 32-question preliminary Community Assessment survey in REDCap. The survey aimed to gather demographic data such as age, gender, ethnicity, years of experience in practice, provider type, and previous training related to nutrition and brain health. Our goal is to gather responses from N=50 PCPs to inform the development of a culturally tailored curriculum to guide four Project ECHO sessions. These sessions are intended to educate providers on nutrition and brain health. Results: Primary care providers (N=12) completed the Community Assessment survey. Of the respondents, 91.7% (N=11) were female, and 8.3% (N=1) were male. Over half of the providers (N=9, 75%) stated their involvement in research. When asked about interest in attending the Project ECHO Nutrition and Brain Health Training, 100% responded "Yes, please tell me more." Conclusion: The inclusion of key stakeholders as members of the study team and working group was critical in the successful development of the Project ECHO Nutrition and Brain Health Community Assessment. The next steps are to create and develop a curriculum tailored to train primary care providers about the connection between nutrition and brain health in Latino older adults.

16. Preventing Type II Diabetes through Blood Glucose Self-Monitoring and Nutritional Education; Adam Maestas BS, Madeline Hazele MD, Stephanie Pangtay MD, Vanessa Sanchez MD, Alexis Ramos MD, Marissa Emadi MD, Yun Shi MD, Jasmine Rodriguez MPH, Christine Camacho MD, Robert Wood DrPH, Fozia Ali MD

Background: Over 720 million individuals are estimated to have pre-diabetes worldwide. Furthermore, experts expect this number to continue increasing with no immediate end in sight. Socioeconomic barriers and limited healthcare access have a significant impact on this. Studies show that, in poorly controlled diabetic patients, self-monitoring of blood glucose can improve HgA1C. However, researchers have not explored this as a possible intervention in patients with pre-diabetes. Significance: The purpose of this study is to demonstrate that the use of glucometers in patients with pre-diabetes will decrease their progression toward type II diabetes. Methods: 1. Design: A two-cohort, pre/post-intervention pilot study. 2. Setting: Family Health Center (FHC) at Robert B Green University Health System in San Antonio, Texas, is a family medicine clinic serving a low-income and predominantly Hispanic community. 3. Patients or Other Participants: Adult patients (age 45-65) with pre-diabetes and established with FHC (n=21). Intervention: The intervention consists of a 30-minute nutritional session, followed by a 10-minute session where patients were given a glucometer and educated on self-monitoring. Outcome

Measures: HgA1C (%), BMI (kg/m²), and Blood Pressure. Findings: Data indicated a significant decrease from baseline HgA1C (-0.20%, $p < 0.001$) and BMI (-1.27kg/m², $P = 0.03$) over the six-month study ($n = 25$). Most importantly, none of the patients progressed to type II diabetes ($n = 0$). Furthermore, 44% of the patient's HgA1C decreased below the pre-diabetes threshold of 5.7% ($n = 11$). The rest of the patients remained within the pre-diabetes range ($n = 14$). Conclusions: This study revealed the significant role blood glucose self-monitoring has in limiting the progression toward type II diabetes. Providing glucometers and dietary/lifestyle education to patients with pre-diabetes shows substantial potential for mitigating preexisting barriers that challenge a healthy lifestyle and diabetic control.

17. Exploring Dental Practitioners and the South Texas Community Members Attitudes and Behaviors Towards Smokeless Tobacco Use and its Cessation Practices; Rahma Mungia BDS MSc DDPHRCs, Faith Ortiz (presenting), Melanie Taverna RDH MSDH FADHA MAADH, Caitlin Sangdahl BS, Moshtagh Farokhi DDS, MPH*

Background: Smokeless tobacco (SLT) is defined as a type of tobacco product that is not burned but is chewed (snuff, snus, and dip). Cultural SLT products, a growing subset of SLT, include tobacco combined with paan/betel quid, naswar, and chimo. These are highly addictive nicotine products that increase the risk of oropharyngeal cancers, oral diseases (periodontitis), and precancerous lesions, which are risk factors for pancreatic cancer, cardiovascular diseases, diabetes, reproductive health effects, and overall mortality. Significance: In the United States, an estimated 5.7 million adults aged 18 or older use SLT, whereas cultural SLTs are used by more than 300 million adults across 70 countries. There is a gap in research specific to cultural SLT and its impact on global public health. Methods: Twenty-five oral health practitioners were recruited from the South Texas Oral Health Network to answer an 11-question web-based survey on Electronic Data Capture (REDCap). The survey collected participants' demographics, attitudes, and behaviors regarding smokeless tobacco cessation. Four (4) focus groups were conducted across five months to gain insight into the knowledge, practice behaviors, and attitudes towards SLT and cultural SLT use and cessation. Focus group information was transcribed, qualitatively analyzed, and coded through Delve software. Findings: While most practitioners lacked familiarity with cultural SLT, others were more familiar due to their cultural background. The use of cultural SLT in practice varied, mainly depending on the location of their practice. In applying the 5A's (Ask, Advise, Assess, Assist, Arrange) to the focus group guide, most practitioners were confident in Asking and Advising but found Assist and Arrange more challenging. Furthermore, they agreed that culturally sensitive education courses could improve their ability to effectively implement the 5As in patient care and enhance their ability to assess and approach a broader range of patients who use cultural forms of SLT. Conclusions: Dentists and dental hygienists felt a need for more available continuing education programs for SLT, cultural SLT, and the 5 A's that would boost provider confidence in assisting their patients with cessation.

18. The Association Between Maxillary Frenum Attachment and Anterior Caries in Children Aged 6 months - 3 years: A South Texas Oral Health Network Pilot Study; Melanie Taverna RDH MSDH FADHA MAADH, Isabella Rodriguez (presenting), Carolyn Kerins DDS PhD, Caitlin Sangdahl BS, Rahma Mungia BDS MSc DDPHRC

Background: Dental practitioners are concerned with the impact of restrictive frenulum on oral motor function, feeding, and speech. Frenotomy surgically alters restrictive attachments. Recently, dentists faced criticism for over performing frenulum surgeries on the maxillary labial frenum based on insurance coverage. This study aimed to investigate the association between anterior caries and the frenum position and attachment. Methods: A total of 319 dental charts of children aged 6 months-3 years were reviewed by five dental practitioners of the South Texas Oral Health

Network (STOHN) for level of maxillary frenum attachment and stage of dental decay on maxillary anterior teeth. Additional data collected included insurance type and age at exam. Practitioners were calibrated on standardized reporting forms. Data was examined for correlation between frenum attachment, the presence of maxillary caries, and insurance type. This study conformed to the United States Federal Policy for the Protection of Human Subjects by obtaining Institutional Review Board (IRB) Approval (HSC 2023-0114E). Findings/Results: Of the N=319 charts reviewed, 170 (53.9%) there was no maxillary anterior decay (ICDAS score = 0). Higher caries grades were observed in older children ($P = 0.0001$). Most children (250, 78.3%) had Medicaid, (45, 14.1%) private insurance, and (17, 5.3%) were uninsured. Several children had Class III (94, 29.5%) or Class IV (91, 28.5%) frenum attachment. No significant relationship was found between insurance coverage type, maxillary frenum attachment, and caries severity in this sample. Discussion: This study found no relationship between frenum attachment/position, insurance coverage, and the severity of caries in the anterior maxillary position. These findings support a conservative approach to frenotomies, especially given the lack of strong evidence linking restrictive frenula to caries. Future studies should explore the relationship between frenulum attachment and caries with larger, more diverse populations and consider longitudinal designs to assess long-term impacts. Conclusions: In summary, this study found that there was no relationship between the type of frenum attachment and presence or severity of caries in the Anterior Maxillary position within children aged 6 months to 3 years supporting a more conservative approach to the wide-spread use of frenotomies in this age group.

19. Project Blink: Identifying Common Threads in Health Literacy Discussions; Elizabeth Nguyen, Natalie Johnson, Matthew Mallinson, Judianne Kellaway MD, Lilian Nguyen, MD

Background: Project Blink, which is a non-profit organization based in San Antonio, Texas, aims to improve patient education by generating eye-health related conversations at community events. To determine which topics are most commonly addressed in outreach events, this cross-sectional observational study aimed to quantify the conversation subject(s). This data informs gaps in community health literacy regarding common topics in eye health literacy. Significance: Health literacy, which is the ability to understand and use health information, is vital to empower individuals to make well-informed decisions about their care. Factors such as limited education, lower income, and limited English proficiency contribute to lower health literacy. Though current data is limited, lower levels of health literacy regarding ophthalmologic care can manifest as a lack of awareness of eye health, decreased usage of screening and care services, and lack of understanding of how other health conditions affect the eyes. Methods: Over three months, Project Blink attended six events throughout San Antonio to discuss health information and distribute pamphlets. They shared seven pamphlets about eye health and its relation to General Health, Diabetes, Glaucoma, Blood Pressure, Aging, Refraction, and Trauma. Members logged interaction topics discussed. The number of conversations for each topic was summated to determine the most prominent topics. Findings: 115 residents of San Antonio participated in health literacy conversations. The most commonly addressed topics were Diabetes ($n=25$), Resources ($n=24$), and Blood Pressure ($n=22$). Glaucoma ($n=20$), Refraction ($n=18$), Aging ($n=17$), and General Health ($n=16$) were also frequently discussed. Topics not currently addressed in pamphlets, including Floaters ($n=7$) and Eye Health for Kids ($n=5$), were seen as well. Conclusions: Many topics addressed were covered in current Project Blink pamphlets, which supports their creation and distribution. The prevalence of topics not emphasized in pamphlets (especially floaters and eye health for kids) reveals a community need for further educational efforts. A key limitation to this study is the small number of outreach events attended in this time period. Nevertheless, preliminary data emphasizes the need for increased outreach and the development of new pamphlets pertaining to commonly asked questions.

20. REACH: Refugee Education Advancing Cancer Health; Soneet Kapadia MS2, Caroline Crocker MS2, Rachael Pham MS2, Mira Patel MS2, Vinay Pattalachinti MS2, Tejas Medapalli MS3, Maria Danet Bluhm PhD RN MSCI FAAN ANEF

Background: Refugees in the San Antonio region face numerous barriers to preventive healthcare, such as language limitations, low health literacy, and unfamiliarity with healthcare systems. These challenges result in low cancer screening rates, leading to late-stage diagnoses and poor health outcomes. This project aimed to address these gaps by increasing cancer screening knowledge and utilization among the refugee population through culturally and linguistically tailored educational interventions. Significance: Cancer screening is vital for early detection and prevention, but refugees often underutilize these services due to cultural and logistical barriers. This project is important because it addresses these obstacles directly, providing refugees with the necessary tools and knowledge to engage in preventive healthcare. By improving cancer screening rates among this underserved population, the project can help reduce health disparities and improve overall health outcomes in the refugee community. Methods: The project was implemented over three months, with monthly educational sessions conducted separately for male and female refugee participants. Medical students, local translators, and community partners facilitated the sessions, which were delivered in Pashto, Persian, and Spanish. The content covered cancer prevention, screening guidelines, and the importance of early detection. Visual aids and culturally sensitive materials were used to ensure comprehension. Pre- and post-session surveys measured changes in participants' knowledge, attitudes, and intent to seek cancer screenings. Findings: Among male participants (n=33), confidence in cancer-related knowledge increased by an average of 220.55% based on seven Likert scale questions. Correct responses to three binary questions rose by 67.94%. Among female participants (n=23), correct answers to six multiple-choice questions increased from 28 pre-presentation to 62 post-presentation, a 121.43% improvement. These results demonstrate the effectiveness of the educational interventions in enhancing cancer screening knowledge and confidence among refugees. Conclusions: The project successfully increased cancer screening knowledge and awareness in the refugee community. Next steps include expanding the program to other underserved refugee populations and conducting follow-up assessments to evaluate long-term impacts on cancer screening rates and health outcomes.

21. Asians Be Checked: Uncovering Knowledge Deficits for Hepatitis B Among Vietnamese and Filipinos in South Texas; Nicholas Nguyen, Elizabeth Nguyen, Haechan Yang, Shannon Zhao, Soneet Kapadia, John Ye, Danet Lapiz-Bluhm PhD RN MSCI FAAN ANEF

Background: Asian Americans are at high risk for chronic hepatitis B (HBV). In 2021, the CDC reported they make up 60% of chronic HBV cases, despite being only 6% of the US population. About 66% of HBV-positive Asian Americans are unaware they're infected, and they are nine times more likely to die from HBV-related complications than Caucasians. Hence, we created a project to assess HBV knowledge and provide education to Asian Americans. Our community assessments indicate that among South Texas Asian Americans, over 88% of Vietnamese people surveyed reported having never been screened or being unaware of their HBV status, while among Chinese and Korean communities over 44% of participants did not have a basic understanding of HBV and have never been screened. These statistics highlight disparities in HBV understanding among Asian American communities. This study aims to assess HBV knowledge among Vietnamese and Filipino populations in South Texas. Methods: Student volunteers collaborated with Vietnamese (Lien Hoa Buddhist Temple and Vietnamese Martyrs Church) and Filipino (Philippine American Chamber of Commerce and Filipino and Pacific Islander Festival) community partners.

Participants responded to the following online survey: 1) Are Asian Americans at higher risk for hepatitis and liver cancer? 2) Do you know what hepatitis B is? 3) Is hepatitis B preventable? 4) Is hepatitis B treatable? 5) Have you ever been screened for hepatitis B? 6) Are you interested in being screened for hepatitis B? The responses formed the basis of education talking points. HBV educational flyers were provided and data were analyzed for descriptive statistics. Results: Most participants (59%, n=87) did not know that Asian Americans are at higher risk for HBV. About 41% were unaware of hepatitis B, and 17% were unsure. Additionally, 60% were unaware of chronic HBV complications like liver disease and cancer, and 53% didn't know it can be prevented and treated. After learning about the vaccine, 66% expressed interest in learning more and getting screened. Conclusions: Vietnamese and Filipino participants have low HBV health literacy, underscoring the need for increased community outreach and education to address this health disparity.

22. Coloring Hope: Art-Based Therapy for Patients Undergoing Cancer Treatments; Caroline Crocker MS2, Soneet Kapadia MS2, Rachael Pham MS2, Mira Patel MS2, Vinay Pattalachinti MS2, Johnathan Lattao MS1

Background: Art therapy is increasingly recognized as a beneficial complementary intervention for patients undergoing long-term treatments, such as chemotherapy. Infusion rooms, where patients spend extended periods receiving treatment, provide an opportunity to incorporate creative activities that can enhance emotional well-being and improve the overall patient experience. While studies suggest that art therapy can reduce stress, alleviate pain, and improve quality of life, little is known about the perspectives of nursing staff regarding the implementation of art therapy in this setting. This study aimed to assess nurses' observations and perceptions of art therapy in the Mays Cancer Center infusion room. Significance: Understanding the perspectives of nurses is crucial for implementing successful art therapy programs in infusion settings. Nurses interact closely with patients and can offer valuable insights into the potential benefits and challenges of introducing art therapy. This project is important because it assesses the feasibility and perceived effectiveness of art activities, which could enhance patient care and well-being during cancer treatment. Methods: A total of 22 nurses working in the Mays Cancer Center infusion room were surveyed. The survey asked nurses if they had observed patients engaging in art activities and to rate the perceived benefits on a scale of 1 to 5. Additional questions explored specific outcomes such as stress reduction, coping, pain management, distraction, and challenges associated with implementing an art therapy program. Findings: Among the nurses surveyed, 20 had observed patients engaging in art activities during treatment. Of these, 12 rated art therapy as highly beneficial (5), 6 rated it as 4, and 2 rated it as 2. Twenty nurses observed stress reduction, 12 noted improved coping, 10 reported better pain management, and 8 mentioned that art activities served as an effective distraction. Sixteen nurses reported no significant challenges to implementing an art therapy program. Conclusion: Nurses generally perceive art therapy as a beneficial intervention for infusion room patients, noting improvements in stress, coping, and pain management. The results support the introduction of an art therapy program in this setting, with further research needed to explore its practical implementation and long-term effects on patient outcomes.

23. Assessing COVID-19 Information Acceptability and Understanding among West Side Community Members in Bexar County; Richa Sinkre MD, Jasmine Rodriguez MPH, Yun Shi MD PhD

Background: Marginalized and vulnerable communities in Bexar County, Texas, have long experienced geographic segregation, contributing to disparities in healthcare access and health outcomes.

These disparities became more pronounced during the COVID-19 pandemic, with communities facing limited healthcare access, high infection rates, delayed vaccination uptake, and worse outcomes. Many communities experiencing these inequities often report low health literacy (HL) - the ability to find, understand, and use health information for decision-making, as defined by Healthy People 2030. Significance: In the context of the COVID-19 pandemic, low HL contributes to misinformation, vaccine hesitancy, and inadequate engagement with healthcare, thus exacerbating health disparities. Strengthening HL is essential for the success of public health efforts, empowering individuals to make informed decisions and access services effectively. Our team has partnered with the Family Service Neighborhood Place, a community center located within the west side of San Antonio. This low-income area was disproportionately affected by COVID-19. This project seeks to increase the availability, acceptability, and use of COVID-19-related health information, emphasizing on improving health literacy in communities hardest hit by the pandemic on the west side of San Antonio. Methods: Participants were recruited from the Neighborhood Place and voluntarily participated in four (4) focus groups, conducted in both English and Spanish, between Nov 2022 to Feb 2023. They were audio recorded and analyzed using Atlas.ti qualitative data analysis software by three researchers. Findings: Preliminary analysis identified four key themes: Trust in Information: Trust was placed in healthcare providers, scientific sources, and personal networks. Barriers to Understanding: Participants cited confusing information, overload, language barriers (particularly limited Spanish resources), and conflicting messages. Vaccine Hesitancy: Concerns included side effects, uncertainty about booster needs, distrust in pharmaceutical companies, and worries related to pre-existing conditions. Positive Influence on Vaccine uptake: Participants reported feeling motivated to receive vaccine to protect their family, community, or themselves. They also felt witnessing positive vaccine experiences from others eased their concerns. Additionally, receiving external pressures such as work mandates increased uptake in the vaccine. Conclusions: Ongoing efforts aim to develop improved messaging strategies that are clear, culturally appropriate, and responsive to the community's needs.

24. Art is Neuroscience: Fostering Brain Empowerment through Creativity, Curiosity and Connection; Amandine E Grenier PhD, Jason Rosenfeld DrPH MPH CHW-I, Breeanne M Soteros PhD, Yvette Benavides, Andy Benavides*

Background: Brain education is essential for promoting brain health, self-awareness, growth mindset, and emotional regulation. Art and creativity vitally support the brain by stimulating neural plasticity, cognitive flexibility and emotional expression. We believe everyone, including children, deserves to have the tools to champion their own brain health and emotional wellbeing. Significance: Our mission is to bring sustained art and neuroscience education to young students through continued classroom engagement. This effort began through collaboration with S.M.A.R.T., a nonprofit founded by artists Andy and Yvette Benavides. S.M.A.R.T. is deeply rooted in San Antonio's South town, with enduring and impactful connections to Briscoe Elementary that have profoundly enriched the local community over the last two decades. What began as a single Brain Day event has transformed our academic-community partnership into an initiative committed to continuous engagement for long-term impact. Methods: Our approach emphasizes connection, creativity, and curiosity as key tools to nurture emotional well-being and resilience. Active involvement from our local educators, artists and neuroscience community is central to our work. Together, we curate neuroscience content tailored to elementary reading levels, along with creative prompts and exercises that encourage perspective-taking, emotional expression, and experiential learning.

Weekly brain exchanges with teachers and classrooms involve sharing fun facts, questions, and curiosities, allowing students to lead discussions and explore topics of interest. The program continually adapts to the interests and needs of the classroom on a week-by-week basis. Findings: Throughout the school year, we will assess curiosity, growth mindset, and resilience, aiming to build students' confidence to become young ambassadors for neuroscience. We are collecting surveys from teachers, students and parents to evaluate progress and gather feedback. Conclusions: Our end-of-year plan is to host a Family Day event where students can share their art and teach their families and friends about the brain. The event will include a white coat ceremony to honor their achievements and recognize the efforts of the students, teachers and administrators. Through our collaborative efforts, we hope to inspire a culture of lifelong learning, creativity and resilience that extends beyond the classroom.

25. Community-Clinical Linkages: Referral System between UT HEALTH SA Physicians to Metro Health Programs; Gabriel Rheiner MD, Alice Kim MD, Ashlyn Huang MD, Sachit Bhakta MD, Christine Camacho MD, Fozia Ali MD, Alexis Ramos MD, Jasmine Rodriguez MD

Background: An approach for integrating primary care and public health is through the establishment of Community Clinical Linkages (CCL). Significance: The American Academy of Family Physicians (AAFP) calls to action a movement toward further integrating primary care and public health. In response to the AAFP, UT Health San Antonio (UTHSA) has partnered with the San Antonio Metropolitan Health District (Metro Health) to provide and increase patient access to health programs focused on tobacco cessation, diabetes management, and diabetes prevention. Methods: The study is a case series. The primary location of the study takes place at the Family Health Center, a primary care clinic at the University Health System (UHS) Robert B. Green Campus in downtown San Antonio, Texas. Adults (18 and above) who presented to the Family Health Center for routine care are eligible. A protocol was designed to help providers initiate discussion regarding tobacco cessation, prediabetes, or diabetes prevention and/or management during a visit if the diagnosis was determined. Patients who expressed interest were introduced into the applicable program. Once the referral is submitted, further intervention by Metro Health CCL facilitators transpires which include phase-based follow ups with the goal of achieving the patient's health goals. The primary outcome is identifying the percentage of encounters resulting in enrollment of the Metro Health programs and number of participants who complete the enrollment with follow up interventions. This data is mediated by the Metro Health CCL facilitators. Findings: Current data collection is in process. The study's secondary results have had a significant impact including creation of CCL referral protocols within UTHSA, establishment of a referral order in the UHS EPIC medical records database, and fostering a collaborative CCL partnership between Metro Health and UTHSA. Conclusions: A referral system between the FHC and two Metro Health programs has been established and implemented by UTHSA physicians and supporting team. Collaboratively, we continue to meet monthly, improve our protocols, and address implementation challenges. The UTHSA team aims to ensure an efficient, seamless, and effortless referral system. This partnership is being designed with sustainability in mind and more community resources through CCL.

26. What R We Doing with Our Data: A Community-Academic Approach to Assessing HIV Data using RStudio; Adolph Delgado PhD*

Background: Health data analysis plays a pivotal role in advocacy, research, and service delivery, particularly in addressing health disparities.

Many community-based health care organizations (CBOs) and AIDS service organizations (ASOs), especially in underserved communities, rely on inadequate analytic tools for managing extensive datasets, which hampers effective grant management and funding acquisition. This project aims to empower ASOs with enhanced data analysis capabilities through advanced training in RStudio and ChatGPT. Methods: We are recruiting data managers from CBOs and ASOs within Bexar County using snowball sampling. The project involves a 6-week training program beginning November 1, 2024, designed to provide participants with practical skills in advanced data analysis and visualization using RStudio, and to streamline their coding and data management processes through premium ChatGPT subscriptions. This initiative will also foster collaboration among professionals and enhance participants' analytical skills, making them more competitive in the fields of public health and data science. Results: The expected outcomes of the training include enhanced analytical capabilities, with participants showing improved proficiency in statistical reporting and data visualization; increased efficiency in data management due to the integration of ChatGPT, leading to reduced coding errors and quicker data processing; strengthened professional networks, promoting continued collaboration and support among participants; and improved health service delivery, with participants applying their new skills to more effectively target health interventions and improve outcomes. These anticipated findings will be assessed through evaluations comparing pre- and post-training competencies. Discussion: The project is poised to significantly enhance the capacity of data managers in ASOs and CBOs, enabling them to make more informed decisions and effectively manage health services. The main outcome will be the elevated capability to utilize complex analytical tools and AI enhancements in daily operations, leading to better health outcomes for underserved populations. Future steps will focus on assessing the training's impact and exploring possibilities for expanding the program to include additional health areas and regions.

27. Indoor Air Quality Evaluation at a Rural Community in Central Vietnam; Emmanuel A Iyiegboniwe PhD MBA

Background: This study evaluated indoor air quality parameters in Nam Dong, Vietnam. Cooking indoors with firewood constitutes an important source of emissions and exposure to gases and particulate matter. The World Health Organization (WHO) estimates that 2.3 billion people cook with biomass (wood, animal dung, and crop waste), inefficient stoves, and coal, which generates harmful indoor air pollution (IAP). Worldwide, IAP is a threat to public health and accounts for 3.2 million deaths annually, including 237,000 children aged five years or less. Women and children are responsible for collecting and cooking with firewood, bearing the greatest burdens from harmful exposures. While cooking with firewood, we conducted an indoor air quality study in a rural community in Vietnam. The community lives in the mountainous inland area of Nam Dong in Central Vietnam and represents one of Vietnam's 54 ethnic minorities. Significance: Addressing indoor environmental exposures among underserved rural communities is particularly important because of their lower socio-economic status and potential for higher communicable and noncommunicable disease burden. Methods: Samples were collected indoors at eight homes over three days, including Temperature, Relative Humidity, Carbon Dioxide, Carbon Monoxide, Volatile Organic Compounds, and Particulate Matter (PM 0.3- μm to 10- μm). Representative outdoor samples were collected for comparison. Findings: Temperature=24.3°C, Humidity=93%, Carbon Dioxide=1,170 ppm, Carbon Monoxide=9.8 ppm, Volatile Organic Compounds=1.7 ppm, and PM (μm) in counts/m³: PM-0.3=594,200; PM-0.5=50,500; PM-1.0=5,070; PM-2.5=2,080; PM-5=419; and PM-10=69. Discussion: Exposures to IAP causes several health outcomes, including non-communicable diseases (stroke, ischemic heart disease, asthma, chronic obstructive pulmonary disease, and lung cancer).

Studies have shown a strong correlation between poverty and exposure to indoor pollutants. Conclusions: The results suggest high exposure to harmful IAP while cooking with firewood. We recommend adhering to WHO's IAP guidelines with practical and evidence-based clean-fuel guidance. Improving access to clean fuels that meet emission targets requires policymakers in Vietnam to establish country-specific regulations, provide financial support for clean fuel adoption, and promote public health education for the affected communities. Also, the government must consider all linkages between indoor exposures, improved ventilation, and targeted communication campaigns that encourage clean fuel technology. Additional studies with diverse rural communities are recommended.

28. Preliminary Results of Conversations with the Least of Thee: The Nehemiah Reentry Project; Doshie Piper PhD, Laquita Garcia, Chantal Fathamy PhD, Kim Dodson PhD*

Background: The focus of the Nehemiah Community Reentry Project is to evaluate system-impacted individuals' ability to access healthcare services through faith communities to determine how the church can better meet reentry needs. Understanding the effectiveness of such assessment post-pandemic is significant for developing targeted interventions and policies. While faith-based reentry programs have been studied, an assessment of health needs post-COVID is a novel approach, considering the unique challenges and opportunities presented by the pandemic. Significance: Utilizing community-engaged research methods to assess the healthcare needs of justice system-impacted individuals was innovative, inasmuch as directly impacted individuals were involved in every step of the process from planning, the initial survey and registration process, to debriefing and follow-up. Methods: Development and distribution of a survey to access system-impacted individuals who sign up to attend the Nehemiah Community Reentry Forum to gather insights into their reentry initiatives, challenges faced accessing basic support and healthcare services for them and their families, and adaptations made to support justice-involved individuals. Utilizing pre-and post- surveys during the registration process for community-engaged research is a valuable method for collecting data and measuring the impact of interventions or programs. Findings: Preliminary pretest results revealed that a little over half 52% of forum registrants said they do not have a family doctor and about a third (33%) said they've had to visit the ER (emergency room) due to no medication or physician access. Conclusions: Based on preliminary results, system-impacted individuals need better access to healthcare. System-impacted individuals need healthcare systems to meet them where they are within our communities. Future steps would be to identify participants who couldn't or didn't stay until the end of the forum, and reach out to them about completing the feedback form. In addition, we can continue to collect posttest data from reentry forum participants.

29. The Increasing Burden of Endometrial Cancer Affecting Bexar County Hispanic Women; Edward R Kost, MD

Background: Information on endometrial cancer incidence in Texas Hispanics is lacking. To determine the effect of population location, age at diagnosis, and race/ethnicity on endometrial cancer incidence, this study compares incidence trends among four populations: the USA, Texas, South Texas, and Bexar County. Significance: South Texas has a high-risk Hispanic population with adult obesity, diabetes, liver cancer, and cervical cancer rates higher than the rest of Texas. As obesity and diabetes are major risk factors for endometrial cancer, it raises concerns for increased rates of endometrial cancer in Bexar County. Bexar County has a population of 2,115,167 people of which 61.3% are Hispanic and are the focus of this research. Methods: Data was collected from the Surveillance, Epidemiology, and End Results 22 Program for the USA, state, and county levels for 2000-2019.

Average annual age-adjusted endometrial cancer incidence rates, average annual percentage change of incidence rates, and 95% confidence intervals were calculated. A separate Bexar County tumor registry collected patient's age, body mass index, and histology information. Statistical analysis was performed as appropriate. Statistical significance was determined by p-value <0.05. Findings: The analysis included 364,652 women with endometrial cancer. Young Hispanics, under the age of 50 years, had higher endometrial cancer average annual incidence rates and higher average annual percentage changes in incident rates than either young non-Hispanic whites or young non-Hispanic blacks. These findings were most significant for Bexar County. The Bexar County tumor registry database currently includes 765 patients. Hispanics were younger than non-Hispanic whites, 51.8 versus 58.9 years, $p < 0.0001$. The mean body mass index for Hispanics was 40.3 compared to 37.9 for non-Hispanic whites, $p = 0.018$. Conclusions: The incidence of endometrial cancer in young Hispanics exceeds that of non-Hispanic whites and non-Hispanic blacks. Endometrial cancer is increasing at an alarming rate in Young Hispanic women. This trend has been present for 20 years and is most pronounced in South Texas, specifically Bexar County. Bexar County Hispanics are younger at diagnosis and have higher rates of super obesity than non-Hispanic whites. Future research will focus on interventional studies to decrease risk factors and health-care disparities that contribute to endometrial cancer

30 **Establishing Community Health Clubs for Improved Confianza (Confidence, Trust) and Health Literacy; Mia K. Vento, Santos Barrientes, Grace De Leon, Cynthia De La Garza Parker, Sandra Zaragoza MJ, Nancy Parrilla, Rosa Bernal Zapata, Jason Rosenfeld, DrPH

Background: This project aimed to establish a community-based health promotion model through the development of Community Health Clubs across diverse settings in San Antonio. The hypothesis was that a flexible, disease-agnostic approach to health engagement would foster long-term community involvement, resilience, and health literacy. This community-campus partnership addressed disparities in health education and access, particularly in underserved populations, by enabling communities to take ownership of their health initiatives. Methods: The project involved the creation of 40 Community Health Clubs over three years. Various settings were targeted, including apartment complexes, community centers, schools, healthcare organizations, and religious institutions. Participants included community health workers (CHWs), facilitators, and local community members across Bexar County. The intervention emphasized a patient, non-prescriptive approach, focusing on listening to community needs and fostering local ownership of the health clubs. CHWs and other natural community leaders were trained to build relationships, tailor health activities, and deliver health information with cultural sensitivity. Incentives and interactive programming were also incorporated to promote engagement. Results: The project demonstrated significant success, with 151 unique attendees trained across 17 workshops and the number of clubs growing from 0 in Year 1 to 40 by Year 3, with a grand total membership of 738. Settings such as community centers and healthcare organizations saw more immediate success, while schools and religious organizations required additional effort to sustain engagement. Participants reported high satisfaction, with many communities taking ownership of their clubs, resulting in spin-off activities such as 5Ks, fundraisers, and community gardens. Leadership buy-in was identified as a key factor for long-term sustainability. Challenges included high staff turnover and external disruptions, but flexibility and adaptability helped mitigate these issues. Conclusion: The main outcome was the successful establishment of a sustainable, community-driven health promotion model across San Antonio. Next steps include launching a Club Community of Practice to further support facilitators, develop toolkits based on lessons learned, and continue expanding the reach of Community Health Clubs, focusing on health topics requested by the communities, such as expanded mental health curricula and women's health.

31. Perspectives and Recommendations of Older Hispanic Women on Cervical Cancer Screening Efforts: Preliminary Findings from San Antonio TX; Selena Baglini BS, Rita Pedraza, Natalia Lopez BS, Amelie G Ramírez MPH DrPh, and Coralía Vázquez-Otero JD MPH PhD

Background: Cervical cancer screening (CCS) is recommended up-to 65 years for women without abnormal results. Despite higher cervical cancer (CC) incidence and mortality rates, Hispanic women, especially those over 50, have lower CCS rates. Research shows they are less likely to receive timely Pap tests, even as cancer risk rises with age. Contributing factors include limited knowledge of CC, CCS, and cultural beliefs like fatalism, as well as barriers such as lack of insurance and transportation. We are examining older Hispanic women's perspectives to develop strategies for increasing CCS participation. Methods: We are conducting interviews with older Hispanic women between the ages of 50 to 65 living in San Antonio, TX. The interview guide is informed by the social determinants of health framework and was reviewed by community members and stakeholders. We have completed 17 out of the 36 planned interviews. Data are being analyzed using applied thematic techniques. Results: Participants, aged 50 to 64, were predominantly married, with about half being retired. Despite some having personal connections to CC through relatives, most lacked sufficient knowledge about CC and CCS. The women recommended several strategies to improve CCS rates, including educational efforts aimed at younger women, creating materials in Spanish, and utilizing community spaces like churches and clinics for outreach. Transportation was identified as a barrier with some participants noting that insurances provide rides through ridesharing services. However, insurance coverage remains a big concern. Those without insurance face difficulties in maintaining regular screenings, while even those with coverage may struggle to find in-network providers. Other recommendations included media campaigns promoting Pap tests and broader public health and community initiatives to raise awareness. Conclusion: More research is needed to capture and amplify older Hispanic women's perspectives, needs, and recommendations about cervical cancer screening. Public health interventions should consider these views to better inform efforts and improve health outcomes.

32. Community Voices in the Effort to Improve Long Covid Health Communications; Jessica Salinas BS, Taylur Loera BS, Diamond Hercules, Salome Wilfred PhD, Gabriella Paul, Lisa Kilpela PhD

Background: Long COVID remains understudied and debilitating in many communities; this is especially true in communities who experience health disparities. Thus, many community members remain confused about how to identify Long COVID, as well as how to seek treatment for Long COVID. Messaging to the community about Long COVID diagnosis and treatment options must both reach communities in need and match how they prefer to receive health information. The objective of this research is to listen to community voices regarding Long COVID confusion, concern, methods for health communications, and the importance of Long COVID in their communities. Methods: We recruit participants by flyers and word-of-mouth for focus groups on Long COVID that are held at a local community center to ensure accessibility for all community members. Participants are all residents of Bexar County, over 18 years of age, and interested in discussing Long COVID. Participants completed a pre-session baseline survey assessing knowledge/past experiences of Long COVID and measures of depression, anxiety, and quality of life. Findings: To date, 3 focus groups (n=6-12 per group; total N to date = 28) were held at a local community center.

Rapid thematic analyses identified main themes: confusion about Long COVID diagnosis and care; less concerns among younger community members; multiple information pathways to learning about Long COVID (word-of-mouth [e.g., family member], local news, Google); and concerns as to why their personal physicians are not offering Long COVID as a possible diagnosis. Final numbers, quantitative survey data, and detailed inductive and deductive thematic analyses will be presented in our poster. Conclusions: Communities experiencing health disparities express continued disparities in Long COVID diagnosis and care. Community members expressed concerns about Long COVID and its prognosis, as well as concerns that certain generations appear unphased. Community voices are important in the development of health communications from scientists and health care providers.

33. Community Priorities for Health and Healthcare Delivery; Taylur Loera BS, Diamond Hercules, Jessica Salinas BS, Salome Wilfred PhD, Gabriella Paul, Lisa Kilpela PhD

Background: Historically, underserved communities have been excluded from research and emerging technological initiatives. A failure to honor community voices creates a disconnect and increases mistrust between community members and community leaders (such as health professionals and others meant to care for and/or protect public health). Unfortunately, many communities face numerous social determinants of health (SDoH) barriers to accessing healthy lifestyles such as lack of insurance, transportation, and language barriers. Our goal is to understand the scope of these healthcare barriers and the ways in which they impact community members. Methods: In partnership with local community-based organizations (CBOs), we recruited N = 111 participants, aged 18-83, who completed surveys on-site at health fairs in underserved, urban neighborhoods facing SDoH barriers. Respondents were predominantly female (73.5%) and Hispanic/Latino (65.5%). Surveys assessed self- and community-health concerns, priorities, and barriers to healthy living, as well as myriad items assessing telehealth use, interest, access, concerns (e.g., privacy, quality), and preferred methods of accessing healthcare. Findings: Most participants (68%; n = 77) reported mental health as a concern for themselves, had regular internet access (77.0%; n = 87), had used telehealth in the past year (71.7%; n = 71), and expressed interest in using telehealth (81.0%; n = 81). Binary logistic regressions indicated that younger participants were more likely to: have used telehealth in the past year, have more reliable internet access, have interest in telehealth, feel they received the same quality of care as in-person, and have less privacy concerns with telehealth. Female participants were more likely to endorse telehealth use and report the same quality of care, but they were also more like to endorse privacy concerns with telehealth. No differences in ethnicity emerged in any model. Conclusions: Data collection is ongoing; updated results will be included in the poster. Mental health emerged as a highly common concern among community members presenting to community health fairs. Community members expressed interest in telehealth but preferred in-person care. Understanding community preferences, priorities, needs, and strengths will enhance efforts to improve health equity. Leveraging community partnerships offer invaluable benefits toward overcoming health disparities.

34. Building Capacity of Community Health Workers (CHWs) in Public Health Practice for Workforce Development; Ariel Gomez MPH CHES CHW, Shayanne Martin MPH CHW CHWI, Jason Rosenfeld DrPH MPH CHWI, Belinda Flores RN BS CHWI, Juana Escareno MS CHWI CHW MHFAI, Bonifacio Vega MPA CHWI CHW, Julie Bazan PHD MHA CHW, Adelita Cantu PhD RN FAAN, Melanie Stone DrPH MEd CHWI, Vanessa Sarria MPA, Brittany Colunga BW CHW CHWI, Guadalupe Cornejo LMSW CHWI, Armando Lopez MPH, Sarah Lill MA, Rosamaria Murrillo PhD LMSW

Background: The primary objective of this project is to enhance the capacity of Community Health Workers (CHWs) in public health practice, aiming to strengthen workforce development in underrepresented communities. Our goal is to improve training and support for CHWs to build their capacity to develop and execute community-based programs that address the needs of the populations they serve. There is a growing need for an effective workforce in public health, particularly in communities facing significant health disparities. Despite the critical role CHWs play, there is often insufficient training and support, which limits their capacity to address community needs. This partnership between UT Health San Antonio and the five South Texas Area Health Education Centers (AHEC) began in 2022 but the CHW Public Health Fellowship officially launched in the summer of 2024, aimed at addressing public health challenges in South Texas. Over the year, collaborations have included joint training programs, and now CHW led community health initiatives, and research projects to emphasize the importance of CHWs in bridging gaps in community health. **Significance:** This project is significant because it addresses the urgent need for skilled CHWs in public health, particularly in underserved areas. By enhancing the capabilities of CHWs, we can improve health literacy, increase access to healthcare services, and ultimately lead to better health outcomes for vulnerable populations. **Strengthening this workforce is essential for building resilient communities and reducing health disparities.** **Methods:** This project consists of an 8-part live webinar series focused on public health principles aimed at upskilling and training Community Health Workers (CHWs). The series was designed to provide CHWs with the knowledge and skills necessary to effectively implement community health initiatives. Completing the training empowered CHW teams collaboratively design and implement a community project that addresses specific health needs in their respective areas. **Participants:** A total of 49 participants from five different South Texas regions participated in the eight-week webinar series and now a total of 6 teams with 30 CHWs are working together to develop community health initiatives. **Conclusions:** The project demonstrated that targeted training significantly improved the capacity of Community Health Workers (CHWs), particularly in specific modules related to public health principles. **Next Steps:** Future initiatives will focus on: Implementing the CHW led community health projects. Establishing ongoing support and mentorship for CHWs to sustain their development. Evaluating long-term impacts on community health metrics to inform future workforce development strategies.

35. Neighborhood Health Snapshot: Insights from the Local Health Fair; Cristina Caro MD, Sameed Aijaz, Ariel Gomez MPH, Vanessa Sanchez MD, Madeline Hazle MD, Brooklyn Anderson MD, Andrea Abarca MD, Jimena Cervantes MD, Alexis Ramos MD, Munavar Iqbal CHW, Madilyn Del Angel, Bunmi Adenuga, Lola Olumuyiwa, Ludivina Hernandez, Paula Winkler MEd, Yajaira Johnson-Esparza PhD, Tatiana Cordova MD, Fozia Ali MD FAAFP, Yun Shi MD PhD

Background: The Annual Health Fair held by the Grace Pavillion Community Outreach (GPCO) provides free healthcare services and educational resources. Assessing health priorities and barriers can help primary care providers to better understand and address the healthcare needs of the community. **Significance:** To identify priorities and barriers to health among community members. **Methods:** Descriptive, cross-sectional study. Participants gave verbal consent and voluntarily completed an interactive, image-based survey. **Setting:** Westside Education and Training Center (WETC), San Antonio, Texas. **Participants** included adults aged 18 and above (n=139) attending the health fair. **Findings:** 70.8% (n=97) of participants reported access to health insurance, 56.6% (n=77) regularly visited their PCP, 62.8% (n=86) reported their health as good or excellent. Lack of time (51.5%, n=69), limited access to healthy food (40.3%, n=54), and lack of or limited access to healthcare (26.9%, n=36) were reported as the three most common barriers to health.

Nutrition (69.6%, n=94), mental health (46.7%, n=63), and access to dental care (36.3%, n=49) were reported as the top three health priorities. Conclusions: The study shows lack of time and limited access to healthy food and healthcare as the most consistently reported barriers to maintaining one's health. Nutrition and mental health remain highly prioritized by the community. These findings may guide healthcare teams to be better equipped to adequately address community needs while taking into account barriers and priorities.

36. Choosing H.E.A.L.T.H.: Habits Empowering All Lifestyles Together Holistically; Sawad Kazi (primary author), Suchit Chidurala, Ryan Packham, Matthew Myers, Tristan Strickland, Yusra Waris, Soneet Kapadia, Zainah Siddiqi, Sameed Aijaz, Raluca Popa, Neil Sood, Gabriel Rheiner, Erika Huddle, Vanessa Sanchez, Brooklyn Anderson, Hrithik Patel, Moez Akram, Azwa Fatma, Maaha Rajput, Zain Hussain, Zoraiz Zia, Madylin Del Angel, Nicolette Wickes, Hannah Martinez, Samar Dawy, Aafreen Akhtar, Sabeen Abdullah, Areej Twait, Wardah Akram, Shreya Madan, Zeel Patel, Raheela Somro MBBS, Ariel Gomez MPH, Robert Wood DrPH, Paula Winkler MEd, Jasmine Rodriguez MPH, Munawar Iqbal CHW, Moshtagh Farokhi DDS MPH, Yajaira Johnson-Esparza PhD, Suverta Bayana MD, Yunsha Ehtesham MD, Cristina Caro MD, Yun Shi MD, Alexis Ramos MD, Sumeysra Tek PhD, Suhaib Haq MD FAAFP, Fozia Ali MD FAAFP DipABLM

Background: Our primary purpose was to better understand and address health barriers and priorities in the diverse community served by the Muslim Children Education and Civic Center (MCECC) and the El Bari Community Health Center. For the past 5 years, our team, the Healthy Choices Team (HCT), has been collecting data regularly on the most salient health issues the San Antonio community faces. Therefore, our secondary objective was to compare with previous data to track progress and to use our data to guide future targeted interventions. Significance: A healthy lifestyle is essential in preventative medicine, yet cultural barriers and a lack of understanding of the specific challenges in a population can make it difficult for primary care providers (PCP) to help develop healthy habits within the community. Methods: Our design was a cross-sectional study including questionnaires about demographics, health priorities, and personal barriers to a healthier lifestyle. Questionnaires were conducted at the MCECC in San Antonio, Texas. The study population included participants attending the 2023 Health Fair (n=124, 54.5% female, average age 40 years), 2024 Ramadan Iftar (n=59), and 2024 summer cooking session (n=16). Findings: Out of all health fair attendees, 76.6% reported having health insurance, 66.3% had regular PCP visits, and 52% were employed full-time. The top identified priorities were nutrition, mental health, sleep, and weight. The most significant self-perceived barriers to health included time, convenience of healthy cooking, and lack of insurance. Participants at the iftar reported "not enough sleep" and "thirst" respectively as the two biggest challenges towards their health during Ramadan. Compared to previous years' data, there was a significant decrease in reporting "limited access to healthy food" as a barrier. From the 2019 El Bari health fair to the 2024 summer cooking class, time was reported as the highest-ranked perceived barrier to personal health. Conclusions: The study revealed similar consistently reported community health priorities and barriers over time. Time constraints remained a significant challenge to a healthy lifestyle. These findings will guide future community health initiatives, such as creating more time-efficient healthy recipes for future cooking classes.

- 37. Healthy Choices Team Year 5: Promoting Healthy Habits through Community Engagement (ComEn); Sawad Kazi (primary author), Suchit Chidurala, Ryan Packham, Matthew Myers, Tristan Strickland, Yusra Waris, Soneet Kapadia, Zainah Siddiqi, Sameed Aijaz, Raluca Popa, Neil Sood, Gabriel Rheiner, Erika Huddle, Vanessa Sanchez, Brooklyn Anderson, Hrithik Patel, Moez Akram, Azwa Fatma, Maaha Rajput, Zain Hussain, Zoraiz Zia, Madylin Del Angel, Nicolette Wickes, Hannah Martinez, Samar Dawy, Aafreen Akhtar, Sabeen Abdullah, Areej Twait, Wardah Akram, Shreya Madan, Zeel Patel, Raheela Somro MBBS, Ariel Gomez MPH, Robert Wood DrPH, Paula Winkler MEd, Jasmine Rodriguez MPH, Munawar Iqbal CHW, Moshtagh Farokhi DDS MPH, Yajaira Johnson-Esparza PhD, Suverta Bayana MD, Yunsha Ehtesham MD, Cristina Caro MD, Yun Shi MD, Alexis Ramos MD, Sumeyra Tek PhD, Suhaib Haq MD FAAFP, and Fozia Ali MD FAAFP DipABLM**

Background: The Healthy Choices Team (HCT) was established in 2019 to address the need for health education as identified in the population served by the El Bari Community Health Center (CHC). Our objective was to promote healthy choices through community engagement and assess the impact of the HCT program on participants' health knowledge, attitudes, and behaviors. Significance: This project is important because it addresses health disparities in an underserved immigrant community, where language barriers and limited access to health education often hinder healthy lifestyle choices. By engaging participants in culturally relevant and accessible health education, the HCT aims to promote sustainable behavioral changes that can improve long-term health outcomes. Methods: A quality improvement study with pre- and post-assessments was conducted in El Bari CHC in San Antonio, Texas, a charity clinic providing free medical care for the underserved. The study population included adult participants (n=35): South Asian (80%) with Urdu as the most common language (57%), 51% identified as immigrants, and 43% had previously attended HCT sessions. Nine interactive, hour-long sessions were conducted twice monthly from November 2023 to February 2024, covering topics such as mindful eating, nutrition, portion sizes, exercise, dental health, and healthy cooking. The participants' knowledge, attitudes, and behaviors related to nutrition and physical activity were assessed. Results: Pre-survey results showed that 94% of participants agreed that balanced eating and physical activity are important for good health. A comparison of pre- and post-intervention results showed a 42% increase in individuals' reported activity level as active (pre: 31%, post: 73%) and 12% increase in reading nutrition labels (pre: 57%, post: 69%). Prior to the sessions, 9% and 17% of participants met USDA daily requirements for vegetables and fruits respectively; post-intervention results showed 35% (vegetable) and 26% (fruit) of participants met these requirements. Conclusions: The HCT successfully engaged new and returning participants for the fifth consecutive year. The intervention led to increased physical activity and consumption of fruits and vegetables within the community. Our data and results will be integral to the continuation of the HCT, thereby supporting lasting healthy behavioral changes in our community.

- 38. **Application of Design Justice in a Neighborhood Safety Community Based Participatory Based Research Project - Elisabeth de la Rosa MS CHW, Martha Castilla CHW-I, Stella Camacho, and Marisa Villarreal, CHW**

The Edgewood Neighborhood Safety Committee is a community-academic partnership composed of individuals who reside or work in the Edgewood Independent School District (EISD) located in the Westside of San Antonio. Committee representatives include the EISD Chief of Police, School Board President, Community Engagement Team, several promotoras de salud, and a researcher from UT Health San Antonio. The committee was formed in 2024 when residents came together to voice concerns about an increase in local neighborhood gun shootings.

Members are embedding a Design Justice approach within their CBPR partnership to design culturally-tailored community health assessment tools and activities to better understand community concerns surrounding neighborhood safety. The Design Justice framework and Community-Based Participatory Research (CBPR) share a commitment to empowering historically marginalized communities by addressing systemic inequities. Design Justice integrates social justice, community-driven design, and critical theory to create equitable and inclusive practices, while CBPR fosters collaborative community-academic partnerships to address community priorities, tackle health disparities, and promote health equity. Together, these approaches emphasize inclusion, shared decision-making, and equity to uplift marginalized voices. The first products designed for this CBPR were English and Spanish 4x6' community health assessment posters (one for teens and second for adults). Each poster listed potential neighborhood safety concerns (identified by the partnership members) including theft, shootings, alcohol/substance use, homelessness, elder abuse, animal abuse and neglect, domestic violence, and cyberbullying. Posters were displayed at 4 community events where EISD residents identified their top 3 concerns with colored stickers. Thus far, top concerns include shootings and substance/alcohol use. Next steps will include collaboratively analyzing data, writing the results, and disseminating findings in both community and scientific venues before identifying and tailoring an intervention to enhance neighborhood safety in EISD.

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

****Indicates Podium Presentation**

2025 COMMUNITY ENGAGEMENT SMALL PROJECT GRANTS FUNDING ANNOUNCEMENT

Overview:

The Institute for Integration of Medicine & Science (IIMS) and the UTSA College for Health, Community, and Policy (HCoP) are seeking proposals for one-year Community Engagement Small Project Grants. Our goal is to promote, develop, and expand community and academic research partnerships for the translation of science from basic discovery to clinical practice, to public health benefit.

Funds may be used to develop or expand collaborative projects in one or more of these areas:

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

Community Engagement:

Community engagement can take many forms, and partners can include organized groups, agencies, institutions, or individuals. Collaborators may be engaged in health promotion, research, or policy making. The goals of community engagement are to build trust, discover new resources and allies, create better communication, and improve overall health outcomes as successful projects evolve into lasting collaborations.

Proposals should reflect that there is a mutually beneficial and bidirectional relationship between partners. Community partners should be involved in the planning and implementation of each phase of the project.

We highly encourage partnerships to use these community engagement resources to plant their proposed work:

- [Community Engagement Assessment Tool](#)
- [Principles of Community Engagement](#)
- [The Spectrum of Community Engagement to Ownership](#)

Additionally, we encourage applicants to address issues of intersectionality, which describe the way social categorizations such as gender, race, ethnicity, sexual orientation, gender identity, disability, and class create overlapping and interdependent systems of discrimination or disadvantage. Helpful resources include:

- [Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color by Kimberlé Crenshaw](#)
- [Rethinking Intersectionality by Jennifer C. Nash](#)

Eligibility:

Applications will be accepted from **community-academic research partnerships** in South Texas. Existing partnerships are encouraged, but not required. Applications should include at least one UT Health San Antonio (or UTSA) Investigator and one community Co-Investigator

We define (**academic partners** as faculty and/or students who provide technical and/or research support for the development of the projects that address community-identified health priorities. Academic partners may represent one or more of the following institutions:

- UT Health San Antonio
- UT Health School of Public Health in San Antonio
- University of Texas at San Antonio
- South Texas Veterans Health Care System
- Texas Biomedical Research Institute
- Brooke Army Medical Center (BAMC)
- UT Austin College of Pharmacy
- UT Austin Dell Medical School
- Other local universities

We define **community partners** as key stakeholders who play a vital and important role in the development and implementation of projects. Community partners should be directly involved in addressing barriers and identifying solutions to health concerns. Community partners **should not** represent the same institution as the academic partner and vice versa. Community partners may include but are not limited to:

- Practice-based research networks (PBRNs)
- Translational Advisory Boards (TABs)
- Other community groups and/or agencies including community health centers, county health departments, non-profits, schools, social services agencies, and/or volunteer groups.

Student applicants are required to identify a UT Health San Antonio faculty sponsor. Students and faculty sponsors are responsible for working together to develop and complete the proposed project. Also, the UT Health San Antonio faculty sponsor will help identify and request administrative support from within their department.

Proposal Topics:

Topics are unrestricted; however, they should focus on community-identified health priorities. To do so, applicants are strongly encouraged to refer to publicly available health assessments such as the [Health Collaborative's Community Health Improvement Plan](#). Also, we are interested in any projects addressing the needs of incarcerated or formerly incarcerated individuals and/or their families.

Funds:

We anticipate that \$35,000 will be available to fund 7 or more proposals. The maximum award is \$5,000. Smaller budgets will be considered. One award will be reserved for a community-academic partnership co-led by faculty from UTSA College for Health, Community and Policy (HCaP) and UT Health San Antonio Collaboration.

Due to liability issues, the IIMS will not issue checks directly to awardees. Instead, awardee accounts will be centralized at the IIMS (or UTSA HCaP). Budgeted expenses will be supported via supply orders and payment vouchers. Other budgeted expenses may require the submission of an invoice. Funds for budgeted expenses of projects co-led by other non-UTHSCSA academic partners will be disbursed as invoices are received. Faculty sponsors will be responsible for awards granted to their student awardee(s). Expenses will require the approval of both the student awardee and faculty sponsor. Preference will be given to budgets that include benefit(s)/compensation for community partners.

Allowable expenses include:

- ClinCard research incentives¹
- Consumable supplies and equipment
- Consulting fees
- Journal publications (\$500 maximum)
- Software
- Staff salaries (\$2500 maximum)
- Conference registrations
- Other justifiable and essential expenditures

Non-allowable expenses include:

- Door prizes
- Facilities and administrative expenses
- Faculty salaries
- Indirect costs
- Meals
- Petty cash or gift card reimbursements
- Professional or societal memberships

Submission, Terms, and Conditions:

Submit your application at <https://apply-uthscsa.smapply.io/>. This grant program is listed as: **2025 IIMS Community Engagement Small Project Grants**. The deadline is **March 17, 2025**. All documents should be written in 11-point Arial font and set to at least 0.5" margins. Incomplete applications will NOT BE REVIEWED. Proposals should be organized as follows:

- Electronic Application (available at the link included above)
 - Proposed Project Plan (maximum of 4 total pages with 1 page for Specific Aims and Background/Significance)
- History of Community and Academic Partnership (maximum of 1 page)
- Community Engagement Plan (maximum of 1 page)
- Addressing Intersectionality Plan (maximum of 1 page)
- Detailed Budget Form (maximum of 1 page)
- CV or Resume of Principal Investigator (maximum of 4 pages)
- CV or Resume of Co-Investigators (maximum of 4 pages)
- Literature Citations (maximum of 1 page)
- Letters of Collaboration and Support

Awards will be made starting on or before **May 1, 2025**. Research project funds will not be disbursed until (1) a copy of an Institutional Review Board approval letter and (2) *CITI Human Subjects - Community Engaged Research* and *Community-Based Participatory Research* proof of training is submitted to the IIMS. Awards may be revoked from awardees who excessively delay providing copies of these documents.

¹UTHSA Research teams seeking participant incentives required to follow [UTHSCSA Policy Chapter 7](#). Complete the [UTHSCSA Participant Payment Training](#) to ensure proper money handling procedures. ClinCard setup and reloading fees should be included in budget, if applicable. For more info regarding participant incentives, contact the [UTHSCSA Clinical Trials Office](#).

Awardees will be required to present a poster at the 2025 IIMS Community Engagement Symposium in November 2025. A 6-month and 12-month final report will be required. Those who do not submit meaningful and timely reports may be ineligible for future funding. The IIMS Community Health Advisory Board and Community Engagement Team will support the awardees and their partners by providing guidance during planning/implementation, analysis, and dissemination as needed.

Application Review Process:

IIMS Investigators and community partners will review applications. Applications will be scored based on:

1. Significance, novelty, and innovation
2. Strengths of the project design, feasibility, integration with ongoing projects
3. History and productivity of the community and academic partnership
4. Plans for addressing intersectionality
5. Contribution to career development of the researcher(s) and/or community partner(s)
6. Extent to which the project meaningfully expands a community-campus partnership
7. How the community-campus partnership will together address community identified barriers to health
8. Potential for ultimately improving health outcomes
9. Plans for downstream award funding

Awardee Responsibilities:

Awardees are required to:

- Abide by NIH rules and regulations
- Abide by IIMS-CTSA and CTSA partner policies and procedures
- Submit complete and timely progress reports
- [Acknowledge support from IIMS](#) in all project-related publications and reports

Contact Information:

For past awardees click [HERE](#). Contact Elisabeth de la Rosa at (210) 562-4087 or IIMS-CE@uthscsa.edu for details.

2024 COMMUNITY ENGAGEMENT SYMPOSIUM PLANNING COMMITTEE AND VOLUNTEERS

Elisabeth de la Rosa - Chair, IIMS Community & Stakeholder Engagement

Caitlin Sangdahl - Co-Chair, IIMS Community & Stakeholder Engagement

Reese Box - Texas A&M University & Calpine Corporation

Dr. Inez Cruz - UT Health SA School of Public Health

Cindy Castilleja - IIMS Administrative Team

Veronica Flores Malagon - Preventative Health & Environmental Services Bexar County

Kelsey Garcia - IIMS Administrative Team

Isabella Guajardo - UTSA College for Health, Community, and Policy

Ariel Gomez - South Central AHEC

Ludivina Hernandez - South Central AHEC

Dr. Rebecca Jones - IIMS and the Institute for Health Promotion Research

Kate Martin - IIMS Community Health Advisory Board

Dr. Sara Masoud - UT Health School of Nursing

Brittney Millard - UTSA College for Health, Community, and Policy

Minnie Mendez - IIMS Administrative Team

Sophia Martinez - South Central AHEC

Jasmine Oluwayinka - Northwest Vista College

Faith Ortiz - UTSA College for Health, Community, and Policy

Dr. Amelie Ramirez - IIMS and the Institute for Health Promotion Research

Isabella Rodriguez - UTSA College for Health, Community, and Policy

Dr. Vidya Sharma - UTSA College for Health, Community, and Policy

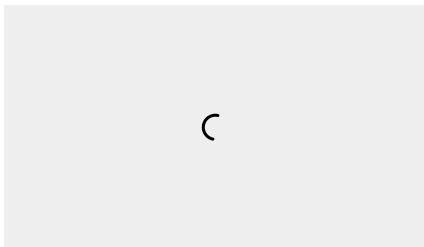
Michael Thompson - Bexar County Translational Advisory Board

Kaitlin Waxler - South Central AHEC

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#CESymposium2024

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