TRANSLATIONAL ADVISORY BOARD
Paula Winkler, M.Ed
South Central AHEC

BEXAR TAB REMEMBERS...
Richard Alvarado
Larry Knodel

BEXAR COUNTY TAB: CHALLENGES & SUCCESSES
Dianna Morganti, Bexar TAB Member
San Antonio Public Library

ABOUT THE BEXAR TAB
- Established in 2008 with CTSA Initiative
- Bexar County residents: promotores, librarians, health workers, researchers, physicians, educators, pharmacists, non-profit agency professionals, students, volunteers, etc.
- Mission: A representative body which aims to improve community health through facilitation of community-based participatory research and education outreach with UTHSCSA

How IMPORTANT do you think each of the following are?

Topics with the Highest Average Score

Street Drugs
Drunk Driving
Diabetes
High Blood Pressure
HIV and STIs
Family and Gang Violence
Drunk Driving
Heart Attacks
Breast Cancer
Access to Health Care

3.5 3.6 3.7 3.8 3.9 4 4.1 4.2 4.3 4.4
Self Family Neighborhood

HOW DO WE “OPERATIONALIZE” ACCESS TO CARE?
- Partner with Family Medicine Residency Program at Robert B Green Clinic
- Only UTHSCSA TAB affiliated with Residency Program
- "The majority of the patients from those zip codes use this clinic for primary care"
  - Operationalize the Community Medicine Rotation
  - Select a topic for the year
  - Implement a Quality Improvement Project
  - Residents and TAB members work on the project
  - Report monthly progress
  - Participate in intervention development
  - Disseminate Information
  - Apply for grants together
**BEXAR TAB SUCCESSES**
- Facilitates bi-directional communication between practice and community
  - Linking community partners who otherwise would not have linkage
- Fills a community gap of information dissemination on health and wellness
  - Culturally-relevant information
  - Community sensitive
- Prioritizing on the ground-level
  - True monthly communication and sustained relevance
  - Member tenure is high
  - Assists with member success

**TAB SUCCESS = MEMBER SUCCESS**
- Sustained success over time fosters capacity to be competitive in grant applications
- Communication, knowledge, and participation allows for dissemination and implementation of individual member priorities

**BEXAR TAB CHALLENGES**
- How do we measure the impact?
  - Persistent challenge to find a model we agree on in measuring outcomes.
  - Most of what we measure is qualitative vs. quantitative
  - Rigor vs. Soft “research”
  - Identifying available validated instruments
- How do you foster continued engagement from the community if the emerging health research trends don’t match community-reported priorities?
  - Stakeholder perceived needs vs. community priorities
- Practice perceptions on the validity of community based participatory research
  - Whose responsibility is it to take the message back to... schools? Practice?
- Maintaining memory

**FUTURE DIRECTION: OUR WORK DOESN’T END WITH THE END OF A GRANT...**
- Projects:
  - Intimate Partner Violence Prevention Training Project – Dr. Sandra Burge, Johanna Becho
  - Chronic Pain “Motion is Lotion”
  - Hep C Screening in Baby Boomers – Dr. Barbara Turner
  - Positive Deviance Obesity Project – Dr. Alex Foster
  - GIS Mapping and Pediatric Obesity Initiative – Dr. Fozia Ali, Dr. Lung-Chang Chien, Dr. Robert Wood
  - HPV Project current Resident project: Publication
- Dr. Fozia Ali

**CHALLENGES... & SUCCESS!**
- Fozia Ali, MD
- Hsin-Yi Wang, MD
- Barbara Kiersz, DO, 2nd Year Family Medicine

Thank you!
WHO WE ARE?
- Family Physicians
- Family & Community Medicine Residency Program
- Family Health Clinic
  - 903 W Martin st, 4th floor, 78207
- Bexar TAB Members

CHALLENGES
- Busy practice: Plenty of Ideas but lack of Time
- No formal link to community outside of clinic
- Concept of "community" or "population health"
- Health insurance process is always a "mystery"
- Public policy vs. Access to care
- Awareness of resources available to us!
- Time to connect with community health workers
- Consistency to achieve timeline!
- Team is changing and growing! Looping communication!

HOW DO WE OVERCOME CHALLENGES?
- Accept accountability and ownership as professionals and as community members: SHARE the burden
- Create a diversity group: Librarians, Health educators, Clinicians, Researchers, Statisticians, Psychologists, Pharmacists, IT professional, Community health workers, Public Health personnel and Promotoros, Family medicine residents and UTHSCSA faculty....etc.
- Develop a platform for continuous communication and sharing ideas

PLATFORM FOR SHARED VISION
- Translational Advisory Board (TAB) meeting
- Second Thursday of each month
- Bexar TAB & Family medicine residents and faculty at the same table
- Brainstorm ideas & discuss issues at community level
- These meetings have enabled us to have develop a shared vision based on different ideas and suggestions
- We learn from each other’s successes and failures.

MUTUALLY REINFORCING ACTIVITIES
- Diverse group work together
- Continued encouragement and motivation
- Specific goals with timeline and monthly follow up
- Through continuous communication, we recognize and appreciate the common motivation behind efforts at different levels
BACKBONE SUPPORT ORGANIZATIONS

- Institute for the Integration of Medicine and Science (IIMS): supporting infrastructure making collaboration successful
- South Central AHEC
- UT School of Public Health San Antonio Regional Campus
- UTHSCSA, Family Medicine Residency

SUCCESS STORIES!

- Our first project was to collaborate on an adult immunization initiative that involved chart review, data collection, analysis and information dissemination. A successful outcome of that project led to another on the Zostavax immunization disparity.
- In collaboration with TAB, we also completed a project on HPV (Human Papilloma virus) immunization in the Well Child Clinic. Results of these projects led to posters presentations at national conferences and information to TAR.

ADULT IMMUNIZATION PROJECT PHASE I

ADULT IMMUNIZATION PROJECT PHASE II
WHY FOCUS ON PEDIATRIC OBESITY
- Childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years.
- Adolescents aged 12–19 years who were obese increased from 5% to nearly 21% from 1980 to 2012.
- In San Antonio: obese children have a greater risk of developing type 2 diabetes, asthma, high blood pressure and depression.

RESULTS SO FAR...

NEXT STEPS
- Identify Census Tract
- Windshield Survey
- Build an asset map

HOW CAN WE MAKE AN IMPACT?
Develop culturally appropriate intervention tools at a neighborhood level for obese children and their families.
Suggestions
Comments
Questions?

THANK YOU