FIFTH ANNUAL COMMUNITY SERVICE LEARNING CONFERENCE

Meeting the Social Mission
Health Science Education Through Community Collaborations

Thursday, April 5, 2012
8:30 a.m. - 6:30 p.m.

UT Health Science Center San Antonio
School of Nursing Hurd Auditorium
7703 Floyd Curl Drive
San Antonio, TX 78229
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Introduction

The Annual Community Service Learning (CSL) Conference of the UT Health Science Center San Antonio originated in 2008 as an opportunity to learn from the CSL experiences of students, faculty, staff, and community partners in San Antonio and across Texas. Each year, the conference hosts service learning experts and guest lecturers, provides skill-building workshops, and showcases CSL projects through students’ poster presentations and a panel discussion. Presented by the Center for Medical Humanities & Ethics in conjunction with an interprofessional planning committee, the full-day conference is free and open to the public.

Conference Objectives

1. To share best practices and scholarship in community service learning across the disciplines of the University of Texas (UT) Health Science Center with a focus on the social mission of health science education.
2. To bring together an interprofessional group of UT Health Science Center students, faculty, and staff from across the state with community partners to foster service learning collaborations.
3. To highlight existing UT Health Science System community service learning projects and future opportunities with community partners.
4. To recognize and reward excellence in community service learning within the UT Health Science System.
March 7, 2012

Ruth Berggren, M.D.
Director, Center for Medical Humanities & Ethics
The University of Texas Health Science Center at San Antonio
7703 Floyd Curl Drive, MC 7730
San Antonio, Texas 78229-3900

Dear Ruth,

I am delighted to offer my full support of the 5th Annual Community Service Learning (CSL) Conference hosted by the Center for Medical Humanities & Ethics in partnership with the Health Science Center schools and regional campuses in Harlingen, Edinburg and Laredo, as well as participation by our sister campuses in Galveston, Houston, and Dallas.

This conference provides an excellent opportunity to reflect on our University’s service mission and the tremendous progress made each year by our faculty, students, staff and community partners. At the UT Health Science Center San Antonio, we are committed to educating a diverse student body to become excellent health care providers and scientists who provide compassionate and culturally proficient health care. This year’s conference, “Meeting the Social Mission: Health Science Education Through Community Collaborations,” offers many informative sessions to help us assess our progress and identify new, innovative ways to build community-campus partnerships that improve health throughout San Antonio, South Texas and beyond.

Every year, I particularly look forward to hearing from our students as they grow in their service area. During a time when our state ranks 50th in healthcare access, our students are providing 13,000 essential hours of service annually to more than 8,100 underserved members of our community. Moreover, these projects go beyond addressing critical health concerns for our friends and neighbors. Our CSL projects cultivate community-connected healthcare providers who work to reduce disparities and enhance access to healthcare throughout South Texas and over the course of their careers.

On behalf of the entire UT Health Science Center, I thank you for continuing this very important work.

Sincerely,

William L. Henrich, M.D., M.A.C.P.

William L. Henrich, M.D., M.A.C.P.
The President’s Higher Education Community Service Honor Roll

The UT Health Science Center San Antonio is committed to engaging our community to improve health. In support of our University’s service mission, our students use what they learn both inside and outside of the classroom to transform medically underserved communities in San Antonio, South Texas and around the globe. The Community Service Learning Program provides a structure to engage faculty, staff and institutional support of these activities. This University-wide dedication to helping others has earned our Institution a place on the United States President’s Higher Education Community Service Honor Roll since 2009. Our University is the only health science center in Texas, and one of only seven health science centers across the nation, recognized by the Honor Roll.

Each year, the Honor Roll showcases the U.S. colleges and universities that have best demonstrated their commitment to addressing community needs and engaging students on a lifelong path toward civic engagement. Institutions must demonstrate widespread support and cooperation, as well as meaningful, measurable outcomes in the communities they serve.

At the Center for Medical Humanities & Ethics, we believe that Community Service Learning forms the bridge between ethics education in the classroom and the development of empathy and humanitarian values. We are proud that our students exhibit tremendous leadership and the promise that they will become community-connected health care providers who work to reduce disparities and enhance access to health care throughout their careers.
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<th>Time</th>
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<td>8:15 a.m.</td>
<td>Registration Begins / Opportunity to visit Community Partner tables</td>
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<td>9:00-9:15</td>
<td>Welcome / Opening Remarks</td>
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<td>William Henrich, MD, MACP, President, UTHSCSA</td>
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<td>Keynote: Social Accountability in Medical Education: A Goal for the 21st Century</td>
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<td>Fitzhugh Mullan, MD, Professor, George Washington University</td>
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<td>10:15-10:45</td>
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<td>Workshop A Breakouts</td>
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<td>Best Practices: Strategies &amp; Tips for Mentors</td>
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<td>Scholarship: Social Network Analysis: A Tool for Collaborations</td>
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<td>Kelly Dunn, PhD, RN, PHCNS, BC, Associate Professor, School of Nursing, UTHSCSA</td>
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<td>11:45-12:00</td>
<td>Lunch Break (see information about picking up box lunches on next page)</td>
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<td>12:00-1:00</td>
<td>Lunch Panel: Outstanding CSL Projects</td>
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<td>Student panelists with their mentors and community partners</td>
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<td>1:00-1:15</td>
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<td>Workshop B Breakouts</td>
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<td>Best Practices: San Antonio Refugee Health Clinic: Community and Interprofessional Partnership</td>
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<td>Rosaann Vivanco, MSN, RN, Clinical Instructor, School of Nursing, UTHSCSA</td>
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<td>Scholarship: Community Medicine Education and Community Based Research Training: An Innovative Pipeline for Future Primary Care Physicians</td>
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<td>Nora Cimpul, MD, Assistant Professor, Chief, Division of Community Medicine, UTHSCSA</td>
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<td>Patti Pagels, MPA, PA-C, Assistant Professor, Director of Community Outreach, UT Southwestern</td>
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<td>2:20-3:20</td>
<td>Workshop C Breakouts</td>
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<td>Best Practices: Incorporating Reflection into Primary Oral Health Care Delivery at a Homeless Clinic</td>
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<td>Vidal Sabanias, DDS, MPH, Clinical Assistant Professor, Dental School, UTHSCSA</td>
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<td>Juanita Lozano-Pineda, DDS, MPH, Assistant Professor, Dental School, UTHSCSA</td>
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<td>Scholarship: A Health Promotion Partnership: Community Health Clubs in the Dominican Republic</td>
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<td>Jason Rosenfield, MPH, Global Health Coordinator, Center for Medical Humanities &amp; Ethics, UTHSCSA</td>
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<td>3:20-3:35</td>
<td>Break</td>
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<td>Randy Christensen, MD, MPH, Medical Director, Crew's Healthmobile</td>
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<td>Julie Watson, LPR, Clinical Nurse, Crew's Healthmobile</td>
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<td>4:35-4:50</td>
<td>Conference Wrap-Up / Call to Action</td>
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<td>Ruth Berggren, MD, Director, Center for Medical Humanities &amp; Ethics, UTHSCSA</td>
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<td>5:00-6:30</td>
<td>CSL Poster Presentations / Reception / Book Signing by Dr. Christensen</td>
<td>Distance Education Auditorium 1.463</td>
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<td>See instructions on how to vote for your favorite poster on next page.</td>
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Lunch
Each boxed lunch includes a sandwich, pasta salad, a fresh fruit cup and iced tea. To ensure all participants get seated in time for the lunch panel, each attendee is asked to know their sandwich preference prior to picking up their boxed lunch. Note that choices are not guaranteed as certain types may run out. Those who registered by March 26 will have a colored dot on their name tag and will receive a boxed lunch first; any extra lunches will be given to attendees who did not register in time. Attendees will have a green dot on their name tag if they registered for a vegetarian lunch; others will have a red dot.

Red Dot Choices (all on seven grain honey wheat bread):
- Turkey with Provolone Cheese
- Roast Beef with Cheddar
- Chicken Salad
- Roasted Chicken Breast with Pepper Jack Cheese

Green Dot Choice:
- Veggie Wrap

"People’s Choice Award"
Vote for the Community Service Learning (CSL) Poster that you think deserves to be recognized!
Posters will be presented at 5:00 p.m. in the School of Nursing, Room 1.463. You have five tickets in your registration packet. Use them to vote for your favorite CSL poster by placing one or all five tickets in the bag belonging to the project(s) you are voting for. Each ticket counts as one vote. Winners will be announced Monday, April 9, 2012 and will receive an award. The winner will also be displayed at next year’s Annual Community Service Learning Conference.

Thank you for participating in our first People’s Choice Award!
Keynote:
Social Accountability in Medical Education: A Goal for the 21st Century†

Presented by Fitzhugh Mullan, MD

Following this presentation, participants will be able to:

1. Define what is social accountability in medical education
2. Describe the history of social accountability in medical education
3. Explain the current status of schools and programs that promote social accountability
4. Discuss reforms in medical education that will promote greater social accountability of institutions and individuals in medicine

Dr. Mullan will review the history of medical education in America with particular reference to the events that followed the Flexner Report of 1910. He will make the case that American medical education became more scientific and that clinical quality improved in consequence. However, the concept of the social mission of medical schools was marginalized by the Flexnerian values and the predominant medical school model of today does not promote social mission as a school priority. This has contributed to a profession that has not distinguished itself in promoting health equity in practice or policy. Dr. Mullan will argue that this is the major challenge to medicine in the 21st century.

Fitzhugh Mullan, MD
Professor, George Washington University

Fitzhugh Mullan is the Murdock Head Professor of Medicine and Health Policy at the George Washington University School of Public Health and a Professor of Pediatrics at the George Washington University School of Medicine. Dr. Mullan graduated from Harvard University with a degree in history and from the University of Chicago Medical School. He trained in pediatrics and was commissioned in the United States Public Health Service, where he worked in New Mexico as one of the first members of the National Health Service Corps. During 23 years in the Public Health Service he served in many capacities, including director of the National Health Service Corps, director of the Bureau of Health Professions and as an Assistant Surgeon General. In 1996, he retired from the Public Health Service, joined the faculty at George Washington University and the staff of the journal Health Affairs, where he is a contributing editor and the founding editor of the Narrative Matters section. Dr. Mullan has written widely for both professional and general audiences on medical and health policy topics.

† This session meets the Texas Medical Board criteria for formal Continuing Medical Education involving the study of medical ethics and/or professional responsibility.
Workshop A: Scholarship
Social Network Analysis: A Tool for Collaborations
Presented by Kelly Dunn, PhD, RN, PHCNS, BC

Following this presentation, participants will be able to:
1. Build a map of their social networks using the PARTNER tool
2. Identify attributes of members of their social network using the PARTNER questionnaire
3. Describe, explain, and evaluate social networks

Mary “Kelly” Dunn, PhD, RN, PHCNS, BC
Associate Professor, School of Nursing, UT Health Science Center San Antonio

Dr. Dunn is a certified public/community health nurse with interests in promoting health and preventing disease. Her research focus is aging, falls in nursing homes, exercise and how physical activities improve functional fitness in aging, including cognition, mood and overall quality of life.
Workshop B: Best Practices
San Antonio Refugee Health Clinic: Community and Interprofessional Partnership
Presented by Roseann Vivanco, MSN, RN

Following this presentation, participants will be able to:
1. Describe the process for initiating and cultivating a partnership with over six community organizations that serve refugees in San Antonio
2. Explain the steps to starting an interprofessional student-run free clinic
3. Describe the barriers faced and how they were overcome
4. Discuss how to utilize existing local resources when beginning a comprehensive community service learning project and how to replicate this process in other settings

Roseann Vivanco, MSN, RN
Clinical Instructor, School of Nursing, UT Health Science Center San Antonio
Ms. Vivanco received her BSN in 2000 and her MSN in 2003 from Capital University, Columbus, Ohio. She has been an RN since 1974 with 38 years of nursing and management experience in Medical Surgical Intensive Care, Mother Baby, Home Care and Case Management, including director positions in Maternal Child Health Care. She has been a clinical nursing instructor in the Family and Community Health Services Department since 2008. She has mentored three students groups who have received community service learning mini-grants.

Workshop B: Scholarship
Community Medicine Education and Community Based Research Training: An Innovative Pipeline for Future Primary Care Physicians
Presented by Nora Gimpel, MD and Patti Pagels, MPAS, PA-C

Following this presentation, participants will be able to:
1. Discuss an education and research training pipeline designed to train medical students and Family Medicine residents through service-learning and community-based participatory research (CBPR)
2. Describe the components of an innovative training pipeline for future primary care physicians
3. Discuss evaluation methods and program's effectiveness

Nora Gimpel, MD
Assistant Professor, Chief, Division of Community Medicine, UT Southwestern
Dr. Gimpel is an Assistant Professor of Family and Community Medicine and the Chief of the Division of Community Medicine in the Department of Family Medicine at UT

Patti Pagels, MPAS, PA-C
Assistant Professor, Director of Community Outreach, UT Southwestern
Ms. Pagels serves as the Medical Director for North Dallas Shared Ministries and is an Assistant Professor and Director of Community Outreach
Workshop C: Best Practices
Incorporating Reflection into Primary Oral Health Care Delivery at a Homeless Clinic
Presented by Vidal Balderas, DDS, MPH
and Juanita Lozano-Pineda, DDS, MPH

Following this presentation, participants will be able to:
1. Describe key components to a successful partnership for a community-based program for the homeless families of San Antonio
2. Develop guided reflection questions and student assessment forms that address educational competencies
3. Design a community service learning required clinical rotation that successfully embeds within the school's curriculum

Vidal Balderas, DDS, MPH
Clinical Assistant Professor, Dental School, UT Health Science Center San Antonio
Dr. Balderas is formerly a community health center dental director and dental provider (National Health Service Corp 1984-87). He served as the Director of school-based migrant farmworker children’s mobile-van dental care program from 1987-2011. Currently, Dr. Balderas directs the “Pre-doctorate Primary Dental Care Program for the Homeless” at San Antonio Christian Dental Clinic at Haven for Hope and serves as the Director of Border Mission Trips at UT Health Science Center San Antonio Dental School.

Juanita Lozano-Pineda, DDS, MPH
Assistant Professor, Dental School, UT Health Science Center San Antonio
Dr. Juanita Lozano-Pineda is an Assistant Professor in the Department of Comprehensive Dentistry at the University of Texas Health Science Center at San Antonio Dental School. She is also course Director for Clinical Preventive Dentistry and Director of the outreach programs for South Texas extramural rotations along the United States-Mexico Border. Dr. Lozano-Pineda mentors students with their Community Service Learning Projects.
Workshop C: Scholarship
A Health Promotion Partnership:
Community Health Clubs in the Dominican Republic
Presented by Jason Rosenfeld, MPH

Following this presentation, participants will be able to:

1. Discuss the ways in which this site encourages and makes available opportunities for scholarly activities for students and faculty
2. Identify and discuss three opportunities to contribute to the scholarship outputs for this Community Service Learning site
3. Discuss the challenges and opportunities associated with producing scholarly outputs in an inter-institutional collaboration with a multi-disciplinary team

Jason Rosenfeld, MPH
Global Health Coordinator, Center for Medical Humanities & Ethics, UT Health Science Center San Antonio

Mr. Rosenfeld is a public health professional with over five years of experience in Africa designing, implementing and evaluating global health and development programs with a technical focus on community-based water, sanitation and hygiene education programs. After serving for two years as a water and sanitation advisor for a community of 8,000 in Ghana, West Africa, with the U.S. Peace Corps, Mr. Rosenfeld returned to the United States to pursue a Masters degree in Public Health at the Rollins School of Public Health at Emory University. Mr. Rosenfeld worked for three years developing and managing Community Health Club programs in South Africa to address water and sanitation service delivery limitations and in Zimbabwe to mitigate against the cholera epidemic in 2009-2010. Mr. Rosenfeld joined the Center for Medical Humanities & Ethics in early 2011 and has worked toward developing a Community Service Learning site in the Dominican Republic to test the Community Health Club methodology in Latin America for the first time.
Plenary: Why do you do what you do? Caring for Underserved Populations
Presented by Randy Christensen, MD, MPH and Julie Watson, LPN

Following this presentation, participants will be able to:
1. Recognize changes in the make-up of homeless populations over the last decade
2. Describe the barriers that homeless populations face in accessing health care
3. Discuss innovative approaches to improve the health and well-being of the homeless population

Randal Christensen, MD, MPH
Medical Director, Crews'n Healthmobile
Dr. Christensen has been the Medical Director for the Crews'n Healthmobile since its inception in 2000. The program now boasts 11 staff members and sees over 5,000 clinical visits per year. He has been featured in People magazine’s “Heroes Among Us” and was also named one of CNN’s Heroes. His recent book, “Ask Me Why I Hurt,” details the struggles of the program over the last 10 years but, more importantly, helps the reader understand the plight of homeless teens by taking them on a night out on the streets with them.

Julie Watson, LPN
Clinical Nurse, Crews’n Healthmobile
Ms. Watson has over 24 years of experience in clinical nursing with organizations such as Cigna Healthcare Arizona, Mayo Clinic Scottsdale and Phoenix Children’s Hospital. Early in her career she served as a substance abuse nurse for Community Health Projects, LA County California and is currently a nurse volunteer for the Maricopa County Health Dept. Mass Immunization Program. Ms. Watson has been at Phoenix Children’s Hospital since 2002 and joined Dr. Randy Christensen on the Crews’n Healthmobile in 2007.

† This session meets the Texas Medical Board criteria for formal Continuing Medical Education involving the study of medical ethics and/or professional responsibility.

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Goal/Purpose: The goal of the Annual CSL Conference is to foster academic-community partnerships that maximize students’ educational experience while also improving health outcomes. Health care professionals will be able to develop sustainable partnerships with community organizations and/or academic institutions that improve the health of patients by engaging health professions students in community service experiences that include mentored preparation and reflection.

Statement of Need: Offering continuing education credits to faculty and community members through Center activities furthers the UT Health Science Center San Antonio mission of providing compassionate and culturally competent state of the art clinical care and enhancing community health awareness, education and practices. The Center for Medical Humanities & Ethics is uniquely qualified to provide ethics and professionalism education for health care professionals.

Short Activity Description: The Annual CSL Conference is a full-day meeting that brings together an interprofessional group of UT Health Science Center students, faculty, and staff with community partners and CSL experts to share best practices and scholarship of service learning as well as to foster immediate and future service learning collaborations.

Conference Objectives
1. To share best practices and scholarship in community service learning across the disciplines of the University of Texas (UT) Health Science Center with a focus on the social mission of health science education.
2. To bring together an interprofessional group of UT Health Science Center students, faculty, and staff from across the state with community partners to foster service learning collaborations.
3. To highlight existing UT Health Science System community service learning projects and future opportunities with community partners.
4. To recognize and reward excellence in community service learning within the UT Health Science System.

Financial Disclosure: As an ACCME-accredited CME provider, UT Health Science Center San Antonio School of Medicine must ensure that its CME activities are independent of the control of commercial interests. All speakers and planning committee member for UTHSCSA sponsored programs are expected to disclose all relevant financial relationships with any commercial interest to the UTHSCSA CME Office. The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. (“Relevant” financial interest or other relationship can include such things as grants or research support, employee, consultant, major stockholder, member of speakers’ bureau, etc.). The UTHSCSA CME Office has reviewed financial disclosure information for all symposium planners and presenters and has identified and resolved all conflicts of interest.

Conflicts of Interest
Presenter Disclosures: The following persons were involved in educational content decisions as presenters and have no relevant financial relationships with commercial interests to disclose: Vidal Balderas, DDS, MPH; Ruth E. Berggren, MD; Randy Christiansen, MD, MPH; Mary Dunn, RN, PhD; Nora Gimpel, MD; Juanita Lozano-Pineda, DDS, MPH; Fitzhugh Mullan, MD; Patti Pagels, MMS, PA-C; Jason Rosenfeld, MPH; Rosann Vivanco, MSN, RN and Julie Watson, LPN.

Planning Committee Disclosures: The following persons were involved in educational content decisions as planners and have no relevant financial relationships with commercial interests to disclose: Martha X. Baez, BS, RDH, MPH; Ruth E. Berggren, MD; Carrie Jo Branden, PhD, RN, FAAN; Adelita Cantu, PhD, RN; Dana English, MS, RDH; Robert R. Fackler, DDS, MPH, HGD; Ruth B. Grubesic, DVM, PHCN-BC; Stephanie Gutierrez, Deborah Hargis, EDD; Kathryn Joel-Reich, Judith Livingston, MEd; Rebecca B. Lunstrom, JD, MA; Stephanie M. O’Lear, Jessica Mendez, Carol A. Nguyen, MS, RDH; Julie Novak, DSNK, RN, CNMP, FANDP; Katie Prentice, MS, AHP; Pegeen A. Seger, MFA, MLS; Kirk Smith, MD, PhD; Helen M. Sorensen, MA, RRT, FAARC; Melanie Stone, MPH, MEd; Vanessa M. Swain, MPh; Robert L. Talbert, PharmD, FCCP, BCPS, FAHA; Naja Tobia, AMS, Adela S. Valdez, MD, MBA; Paula Winkler, MEd, and Veronica S. Young, PharmD, MPh.

Sponsorship or Commercial Support: This CE activity received no sponsorships or commercial support.

Accreditation Statements
Certified Health Education Specialists: Sponsored by the Center for Medical Humanities & Ethics, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive a maximum of 5 advanced-level CECH.

Dental Hygienists/Dental Assistants: Approved for 5.0 CEU for Dental Hygienists/Dental Assistants.

Nurses: Due to an unforeseen problem with the continuing education (CE) approval process through our co-provider of the education activity, University Health System, we will not be able to follow through with providing CNE credits this year as had been anticipated. You will be able to receive a certificate of attendance, but this will have no CE hours attached. We apologize for any inconvenience this may have caused.

Pharmacists: University Health System Department of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

Physicians: The UT Health Science Center San Antonio School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The UT Health Science Center San Antonio School of Medicine designates this live educational activity for a maximum of 5.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

†This session meets the Texas Medical Board criteria for formal Continuing Medical Education involving the study of medical ethics and/or professional responsibility.

Physician Assistants: AACP accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit™ from organizations accredited by AACME or a recognized state medical society. Physician Assistants may receive a maximum of 5.0 hours of Category 1 credit for completing this program.

Social Workers: Due to an unforeseen problem with the continuing education (CE) approval process through our co-provider of the education activity, University Health System, we will not be able to follow through with providing Social Work credits this year as had been anticipated. You will be able to receive a certificate of attendance, but this will have no CE hours attached. We apologize for any inconvenience this may have caused.
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Between 1995 and 2009, approximately 3,500 refugees were resettled in San Antonio. Community members noticed many refugees were not seeking health care services so the San Antonio Refugee Health Clinic (SARHC) was established with the goal of providing convenient and free access to basic health care and integrating this population into the local University Health system.

Through observations volunteering at SARHC, performing home visits and conducting a literature review, the authors identified that many barriers to health care access still exist, especially among recently resettled refugees.

Objectives:
This study was designed to identify and quantify the major barriers to health care access faced by the refugee population living in northwest San Antonio who arrived between January 1, 2008 and December 31, 2010.

Methods:
A cross-sectional survey was used to assess demographics (e.g. language, country of origin, education level), familiarity with financial payment systems, access to transportation, confidence in English speaking ability and translation services, confidence in health care providers and how income affects health care decisions. Subjects (n=48) were recruited in two subgroups: one group (n=7) at the SARHC and the other (n=41) via a randomized door to door sampling method at apartment complexes identified by resettlement agencies as major venues of housing for resettled refugees. Survey sessions were conducted in English, Nepali, Burmese, Karen, Arabic, Farsi and Swahili. Once the data is cleaned, chi-squared tests will be conducted to determine the three most significant barriers in access to health care.

Results:
Results are presently unavailable. However, we expect to present the demographics of our survey population, the top three barriers they face to health care and how factors such as education level, country of origin or English-speaking ability are associated with these barriers.

Conclusion:
This data will allow SARHC leaders to execute educational initiatives, provide resources and implement changes that will best serve the refugee community in San Antonio.
Background: Laredo, a city on the Texas-Mexico border with multiple surrounding marginalized communities (colonias), has a large population of socio-economically disadvantaged people with inadequate access to health care. Frontera de Salud at UT Health Science Center San Antonio (UTHSCSA) is an organization run by health care professional students committed to bringing health care to the underserved in San Antonio, Laredo, Robstown and McAllen.

**Objective:** Frontera serves Laredo by providing health fairs to areas with underserved individuals, including colonias. Health fairs are aimed at helping identify health issues in patients and connecting them to local health services.

**Methods:** Frontera achieves this mission by providing health screenings, sports physicals, health/nutrition education and referrals to local health providers.

**Results:** In working with community members, it was realized that health fairs are effective at offering immediate services to individuals, but that there are multiple challenges in a San Antonio-based organization making a truly sustainable effect on the health of Laredo citizens.

**Conclusion:** Through this experience, we understand the benefits that utilizing promotoras (local health care workers) can have on sustainability and continuation of care in underserved communities. We attempted to launch a promotora-led health education model, but it was unrealistic that we would have adequate communication and connection with the Laredo promotoras while operating in San Antonio. Thus, we re-directed our efforts to Eastside Promotoras de Buena Salud, an organization committed to educating promotoras and initiating health projects on the eastside of San Antonio. Frontera is currently in the process of performing a needs assessment with a promotora-based focus group. Our main goal is to develop educational modules and care techniques that build on the promotora “tool kit.” By affecting several promotoras, we will indirectly reach out to the 45,758 people living on the eastside. This model can then be expanded to any area served by promotoras.
Background: The purpose of the Safe Space Program at the UT Health Science Center is to create an environment of support and affirmation for the lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) community. The will identify and educate faculty, staff and students who are supportive of all individuals regardless of sexual orientation, gender identity or gender expression.

Objectives: The UT Health Science Center Safe Space program is designed to:

1. Raise cultural competency and professionalism of all students, faculty and staff and to include more knowledge of the LGBTQ population in health care provider training.
2. Provide assistance and support to an often-marginalized minority group by using a visible symbol and to provide knowledge of available resources to students about LGBTQ issues and depression/suicide.
3. Attract high quality students to the Health Science Center who look for established LGBTQ programs and support when making their decision to attend.

Results: The program will result in a database of LGBTQ Safe Spaces on campus, as well as a PRIDE Network of mentors for LGBTQ students. Participants who complete the training will receive a Certificate of Completion as well as: SAFE SPACE door decals for their office, SAFE SPACE white coat lapel pin, SAFE SPACE ID tag sticker and be offered the opportunity to be listed in our SAFE SPACE directory and PRIDE Network. We believe that the program will result in meaningful improvements to the lives of Health Science Center LGBTQ faculty students and staff, as well as improvements to the care and comfort of LGBTQ patients and families under our supervision.

Conclusion: In the future, it is our desire that the SAFE SPACE program expands its coverage to incorporate more facilities in the South Texas Medical Center.
Background: The burden of overweight/obesity is increasing in the Lower Rio Grande Valley (LRGV). There are a multitude of projects aimed at improving nutrition in the valley, but there is no single, general intervention targeted at the entire population. A lack of education, access, resources and motivation, along with cultural norms, may all be significant barriers. However, without quantifying these disparities, it becomes much more difficult to design a large-scale intervention. Therefore, an important community need in the LRGV is targeted research addressing the barriers to healthier eating.

Objectives:
1. Develop a reliable and valid survey assessing nutrition knowledge as defined by the USDA’s Dietary Guidelines for Americans, so that it can ultimately be dispersed to the entire LRGV and the results used to guide future public health interventions. The survey will be evaluated by measuring internal consistency reliability and content validity.
2. Survey at least 100 adult participants of various demographical backgrounds, including both English-speaking and Spanish-speaking individuals, in the Lower Rio Grande Valley (including Cameron, Hidalgo, Starr and Willacy counties).

Methods: Surveys will be distributed at community health fairs and, in the future, at other public gatherings and venues, as well as in an electronic format online.

Results: At this time, two health fairs have been conducted in colonias: Cameron County Park Cultural Center and Browne Road Social Service Center. Between the two health fairs, colonia residents and community health workers completed 66 surveys.

Conclusion: Nutrition knowledge, access, resources, perception and motivation were assessed with varying degrees of success. Several weaknesses of the survey were revealed in analysis, and will be modified before further distribution. However, preliminary analysis revealed that a significant gap exists between the perception of healthy food and the actual nutrition knowledge of residents of the LRGV.
Background: Diarrheal illness is a major contributor to under-five mortality rates worldwide, as well as a significant burden on adult health and productivity in less developed countries. Improvements in water, sanitation and hygiene (WASH) practices and infrastructure are an important method for decreasing the burden of infectious disease, including diarrheal illnesses.

Objectives: The purpose of this study was to measure WASH knowledge and practices in a particularly vulnerable batey, a rural settlement of Haitian migrant workers along the Dominican-Haitian border, to determine whether a WASH-based participatory health and hygiene education (PHHE) program would be beneficial to the community.

Methods: A cross-sectional household survey of 88 homes out of an estimated 200 in Batey Altagracia was conducted to measure perceptions, knowledge and practice of WASH principles. Composite knowledge scores were calculated and analyzed for associations with demographics, social factors, and WASH practices.

Results: Overall, participants demonstrated low knowledge of WASH principles. In particular, respondents lacked knowledge regarding parasitic worm prevention, skin disease prevention, protected water sources and how to make a homemade oral rehydration solution.

Conclusion: Though water treatment and handling practices in the community were generally good, insufficient hygiene and sanitation may contribute to an increased risk of infectious disease transmission in an already economically and socially disadvantaged community. From our findings, we concluded that a PHHE program would be beneficial to improving WASH practices in the community and disrupting the cycle of poverty and disease.
Background: Mental illness is extremely prevalent among the homeless, but unfortunately psychiatric care is not easily accessible by this population. Furthermore, the stress of lacking adequate resources and living on the streets only serves to exacerbate mental illness.

Objective: As a result of witnessing many cases of untreated mental illness at our Student Run Free Clinics, we proposed designating a clinic night specifically to providing psychiatric care to these patients.

Method: To implement Psych Night, we identified faculty volunteers, met with homeless shelter and clinic directors, assessed costs of providing psychiatric care, procured necessary resources and trained students to work in a psychiatric setting. Psych Night now takes place twice a month at both the Alpha Home and SAMM Shelter clinics. Commonly treated disorders include depression, addiction, ADHD and anxiety.

Result/Conclusion: Psych Night has been extremely beneficial to the patients who are receiving psychiatric treatment that they would have otherwise gone without, as well as to the medical students who obtain first-hand experience dealing with the sensitive and challenging issues of mental illness.
The major issue faced by the University of Texas Health Science Center at San Antonio (UTHSCSA) student-run free clinics is one of capacity. Our patient population and the number of medical students who want to volunteer exceed the volume of patient visits we are able to accommodate. Currently, there are four student-run free clinic sites that provide care to more than 200 patients each month. However, due to the volume of students desiring to volunteer, obtaining clinic shifts is competitive.

Objectives:
Increase physician volunteers in the student run free clinics so that more students can volunteer.

Methods:
In order to increase physician involvement in the clinics, we will host a faculty recruitment luncheon, advertise the program to UTHSCSA alumni living in San Antonio and use current physician volunteers as resources to get new volunteers.

Results:
A total of 16 physicians came to the faculty recruitment luncheon, with a total of five new physicians that had never volunteered before. From these five new physicians, two physicians signed up to regularly volunteer at the clinics. Advertising to San Antonio alumni during an alumni weekend did not result in new volunteers.

Conclusion:
While the addition of two physicians to our volunteer pool should certainly be considered a success, it will fall short of the number necessary to oversee the additional clinic nights needed to meet patient and student demand.
Community-dwelling adults with developmental disabilities (DD) often require assistance from caregivers with no health care training. A community-based organization (CBO) providing care to DD adults employs direct care staff (DCS) to serve as caregivers. The CBO identified a need to improve their training program emphasizing patient safety. This requires establishing a baseline assessment of their existing process. Results will guide future process improvement and development of training modules.

Objectives:
The objective of this community service learning project is to assess the perception of administrators and DCS on:
1. Training effectiveness
2. Medication delivery process efficiency
3. DCS competency
4. Concept of patient safety

Methods:
The needs assessment was conducted using (1) separate paper surveys for administrators and DCS, and (2) a focus group format stratified by practice sites and work shifts. Survey instruments and focus group guides were developed based on CBO concerns and on-site observations. Quantitative data were analyzed using Excel. Qualitative data were analyzed and categorized into themes. All data are stored on a secure server.

Results:
Survey response rate is 58% (46/80) for DCS and 88% (14/16) for administrators. Descriptive analysis of quantitative data revealed differences regarding perceived DCS knowledge and competency level, effectiveness of training materials, and efficiency of the medication delivery process. Eight focus groups were conducted with administrators and DCS. Themes emerging from qualitative analysis include inadequate communication, inconsistencies in medication delivery process, variation in understanding of patient safety and desire for interactive training. Findings were presented to the CBO.

Conclusion:
Community caregivers play a significant role in the health care continuum. Findings highlight opportunities to enhance the medication delivery process emphasizing patient safety and sources of medication errors. Next phase of the program will focus on developing targeted training modules.

Interprofessional Collaboration Advancing Patient Safety (ICAPS) Program: Needs Assessment for Community-Based Organization Serving Developmentally Disabled Adults

Project Discipline: Pharmacy
Primary Presenter: Amanda Fowler
Students Involved in Project to Date: Amanda Fowler, Eva Chugh, Katherine Lee, Suman Sen, Neil Buch, Lauren White, Wan-ting Huang
Mentor: Veronica Young, PharmD, MPH
Community Partner: South Central Area Health Education Center, Reaching Maximum Independence (RMI)
Project Location: San Antonio, Texas

Background: Community-dwelling adults with developmental disabilities (DD) often require assistance from caregivers with no health care training. A community-based organization (CBO) providing care to DD adults employs direct care staff (DCS) to serve as caregivers. The CBO identified a need to improve their training program emphasizing patient safety. This requires establishing a baseline assessment of their existing process. Results will guide future process improvement and development of training modules.

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Conclusion: Community caregivers play a significant role in the health care continuum. Findings highlight opportunities to enhance the medication delivery process emphasizing patient safety and sources of medication errors. Next phase of the program will focus on developing targeted training modules.
Background: Over 1.7 million children have asthma and the prevalence is only increasing. Out of the 774 students at Colonial Hills Elementary School in the Northeast Independent School District, 100 are asthmatics. Due to low income and lack of resources, some parents are unable to provide their children with medications and doctor’s visits to help maintain their child’s disease. When asthma affects absenteeism, it also affects the student’s potential for success.

Objectives: The purpose of this project was to provide a fun, educational, after-school program for the students and their parents about controlling asthma. The students were taught what asthma is and how it affects their airway, various asthma triggers and how to avoid them, how to avoid exercise-induced asthma and were coached on how to properly use their asthma medications.

Methods: Short video clips and interactive group sessions were developed and presented to the students. Parents attended a one-hour presentation on asthma education. After the interactive group sessions, the students performed a skit for their parents, demonstrating how asthma affects the airways and how to treat it. Dinner and childcare was provided for families. Prior to the sessions, the students were given an asthma knowledge pre- and post-test. The asthma severity of the students was also assessed using the Asthma Control Test. All students were given a spacer to ensure proper medicating practices in addition to a personalized asthma action plan.

Results: 17% of asthmatic students at Colonial Hills attended the after-school asthma program. The results of the program are pending.

Conclusion: After all barriers were removed, 17% of students and their parents attended our after-school asthma program. Our education program provided a safe and fun environment for the students to learn how asthma affects them and how to manage their disease.
Breast cancer is the second leading cause of cancer death in African American females in the United States. Despite a lower overall incidence of breast cancer, this cohort, compared to other racial and ethnic groups, has the highest mortality rate. Lack of patient education is considered a significant barrier to mammography and breast health in the African American female population. We therefore collaborated with the Hair Transcends Hair Studio on San Antonio’s east side to educate and empower African American women concerning breast cancer and its associated risk factors.

Objectives:
1. Improve knowledge about breast cancer, risk factors and screening
2. Educate on the proper technique for self-breast examination
3. Empower women to improve health behaviors and increase rates of mammography

Methods: UT Health Science Center San Antonio students traveled bi-monthly to Hair Transcends Hair Studio to educate patrons of the beauty shop concerning breast cancer, associated risk factors, screenings and how to successfully conduct a self-breast examination. Pre- and post-tests were given following patient education to determine its effectiveness. A sub-group of women was selected to further uncover attitudes toward and barriers to seeking mammography. All women were given informational brochures and a culturally appropriate self-examination guide.

Results: Over 50 women were approached to receive educational information concerning breast cancer and personal breast health. Only 13 women agreed to participate in the study and an additional 18 agreed to only take the informational brochures. Post tests showed marked improvement in knowledge of breast cancer risk factors and when screening recommendations.

Conclusion: There were several barriers encountered in our endeavor to educate women in a beauty shop environment including intruding upon relaxation time, patrons being late to appointments or patrons not wanting to be delayed further following completion of appointments. Those who did participate, expressed gratitude for the education that was provided regarding breast cancer, especially due to the recent diagnosis of one of the shop’s beauticians with the disease. We hope to continue our collaboration with the Hair Transcend Hair Studio and other beauty shops in San Antonio by developing this project as a mainstay service endeavor of the UTHSCSA chapter of Student National Medical Association. Some aspects of our approach that may change include having a one-day health fair at a local beauty shop or targeting the same population at the Annual Martin Luther King, Jr. March and Celebration.
Background: Breastfeeding Education and Support for Teenage Mothers (BEST) is a student-led organization through which UTHSCSA medical and nursing students help teenage mothers at Seton Home address and overcome barriers to breastfeeding.

Objectives: BEST aims to (1) educate Seton Home residents about the benefits of breastfeeding, (2) increase breastfeeding rates for mothers who give birth at Seton Home, (3) empower UTHSCSA students to develop the skills and confidence needed to work with community members and (4) promote interdisciplinary teamwork among the professional schools at UTHSCSA. The current project aims to determine how effectively the current curriculum is in meeting the first two goals.

Methods: After four months of holding biweekly support group meetings with Seton Home residents, BEST held a comprehensive overview meeting in January 2012 to emphasize the most important aspects of breastfeeding. Seton Home residents who attended this meeting completed a pre- and post-meeting survey, which contained knowledge and attitude questions. The same survey was administered again one month later to determine their retention of information and their changes in attitude.

Results: Data collected from five Seton Home residents suggests that current curriculum strategies are successful in building certain aspects of teenage mothers’ understanding of fundamental breastfeeding concepts. Specifically, Seton Home residents showed both short- and long-term retention of information regarding sucking and the amount of colostrum a newborn’s stomach can hold. With regard to attitudes, these residents were more likely, after attending the meeting, to share their knowledge of breastfeeding with others and planned on breastfeeding their future children for longer than originally intended.

Conclusion: The current curriculum that BEST members use to educate Seton Home mothers about breastfeeding are successful in building retention of fundamental concepts and in increasing positive attitudes toward breastfeeding. BEST leaders should continue implementing surveys to determine how well the future Seton Home residents respond to BEST teaching strategies.
Background: Many adults falsely believe they “outgrow” their asthma. This is a myth. Patients with asthma always have asthma. However, asthma can be managed with the right medications and education so an adult can have a great quality of life. The intended goal of the BreathEasy Asthma Program is to provide a series of educational sessions once a week for four weeks for adults diagnosed with asthma, as well as those who are in need of better asthma management. We will focus on the importance of education and the value of medication compliance and stress the need to use spacers when using metered dose inhaler medications for the most efficient delivery. This education program will also provide peak flow meter education to measure airflow and the degree of airway obstruction as a method of monitoring one's asthma. The participant would complete an Asthma Control Test (ACT) to determine the status of the person's asthma.

Methods: The ACT is administered first. At this point we can assess the patient's control or lack there of on asthma. Three stations were developed. In station one, the patient learns the different types of asthma triggers and tips to prevent asthma exacerbations. In station two, the patient explains which medications they are taking. We ask the patient to show us how they are taking their medication. At this point we can correct the technique of the patient and add any helpful explanations. A spacer is provided to the patient at this time and we teach them how to effectively use it. In station three, we develop an action plan collaboratively with the patient. We explain the significance of the asthma action plan and have the patient attempt three peak flow measurements with the peak flow meter we provide to them. Once the goal of the patient is determined, we explain the importance of maintaining the goal to prove controlled asthma.

Results: Results are pending due to the BreathEasy Program still in progress.
The purpose of this project is to prevent overweight/obesity among youth at the Boys and Girls Club of Bandera County by promoting an increase in physical activity, as well as healthy food choices.

Objective: The objectives are to promote healthy food choices, increase level of physical activity and establish healthy behaviors through cooking demonstrations, nutrition education and gardening.

Methods: This project was broken up into two phases. The first phase focused on healthy eating/nutrition with fruits and vegetables while the second phase was geared toward physical activity and emphasizing gardening as a way to obtain moderate levels of physical activity. Pre-surveys were given to the participants on the first day. A total of three nutrition education and two cooking demonstrations were provided to the kids who chose to participate. A post-survey was handed out on the last day. Pre- and post-measurements of height and weight were taken of all participants to determine any change in BMI. Each phase incorporated five to six Wednesday afternoons at the Boys & Girls Club that lasted up to an hour and a half each.

Results: Preliminary results from the pre- and post-surveys showed that the kids scored higher on the nutrition surveys on post-surveys than on the pre-surveys. There were two versions of the survey administered, depending upon the age of the child. The 6-8 year-olds were provided a survey with questions and pictures for answers. The 9-15 year-olds had a written survey. Both the pre- and post-surveys had exactly the same questions and answers about nutrition in the first phase and physical activity in the second phase. Height and weight will be measured once again later this spring/summer gardening season.

Conclusion: We faced the challenge of having exactly the same children participate in phase one as well as phase two. This project is on-going and final results will be compiled in the summer.
Background: A literature review conducted over oral care knowledge and perceptions of home health care providers (HHPs) found research previously performed was directed solely toward long-term care facilities and their caregivers. Therefore, further studies are needed to address the lack of oral health education provided to HHPs. The Excellent Nursing Care facility in Laredo, Texas serves the geriatric population and agreed to participate in this project to assist and educate their staff in oral health.

Objectives: The goal of the project was to assess the knowledge and perceptions of the HHPs on oral health care provided to their geriatric patients. After completion of an assessment survey, educational modules were created and evaluated based on the HHPs deficiencies on oral care knowledge.

Methods: Three electronic modules were conducted over a three-month period. Participants completed a pre- and post-test on each module. Each module addressed a different subject related to oral health such as diabetes, medication and general hygiene topics.

Results: Twenty HHPs participated in the project. The lack of oral health knowledge of the HHPs was confirmed upon evaluating the data from each of the three modules’ pre-tests. Subsequently, an increase in the HHPs’ knowledge of oral care was measured on the completion of the modules’ post-test.

Conclusion: This project concluded the need for additional oral health education directed toward HHPs. We have found HHPs to be enthusiastic regarding learning and becoming more knowledgeable of oral health in order to better serve their patients. However, the challenges of technology and long-distance learning posed obstacles to this project’s original design, but were overcome with the flexibility of the Excellent Nursing Care facility and the HHPs. Future oral health education associated with HHPs shall involve project design compatible with available technology and resources accessible at the training site.
Empowering Haven for Hope Residents through Health Literacy

Project: Discipline: Interprofessional: Medical and Nursing
Primary Presenter: Christina Nava
Students Involved in Project to Date: Christina Nava, Sigrid Collier, Prajjwal Tamrakar, Brittany Embry, Jasdeep Kaur Sandhu, Hemali Patel, Emiko Dudley, Carissa Madrid, Selina Highamth, Nicole Gallegos
Mentor: Melanie Stone, MPH, M.Ed.
Community Partner: Haven for Hope
Project: Location: San Antonio, Texas

Background: Lacking available resources and information and a high-risk environment puts vulnerable populations, such as the homeless, at higher risk than the general public for low health literacy, leading to under-utilization of health services and poorer health outcomes.

Objectives: HELP for Better Health, a student organization, strives to provide knowledge and tools to residents of a homeless center called Haven for Hope to improve understanding of their health and navigating the health care system through "Empower Me" workshops.

Methods: HELP provided two series of three empowering workshops that addressed medication safety, nutrition in diabetes and hypertension and how to be an active participant in one's own health care to Haven for Hope members. HELP students assessed the health literacy of participants and the uptake of the workshop content using the Short Test of Functional Health Literacy (S-TOFHLA) and either a content-based pre /post survey or pre/ post self-efficacy surveys.

Results: In Fall 2011, 98 Haven for Hope members participated in the "Empower Me" workshops. The average score on the S-TOFHLA, 30 (n=54, Range 7-36), indicated adequate functional literacy in this population. There was a 15% improvement in knowledge among the workshop participants (n=36) and a 7% increased confidence in knowing how to find a health care provider (n=17).

Conclusion: The majority of the "Empower Me" workshop participants had adequate health literacy measured with the S-TOFHLA. However, this assessment does not measure knowledge of the health care system and confidence as a patient, both of which increased after participation in the workshops. Simultaneously, the effect on Health Science Center students was an increased knowledge on health literacy and community outreach and an increase in confidence for providing health care education. Plans for the future include expanding the "Empower Me" workshops to another residential homeless center and providing health literacy train-the-trainer opportunities for Health Science Center students.
Background: There is a nationwide shortage of organs available for donation and the gap between organ donors and recipients appears to be widening. According to the Texas Organ Sharing Alliance, Hispanics in South Texas are less likely to donate organs. In 2010, 18 people out of about 1.8 million donated organs in South Texas, while the national average is 26 per million people.

Objective: As a third year medical student spending my year in various communities from McAllen to Harlingen and Brownsville, I see a need for research and intervention on the topic of organ donation in South Texas.

Method: I am collecting data comparing eligible donors to actual donors by race in various Organ Procurement Organizations from across the country and comparing it to those in South Texas. Using these figures, I will try to gain more insight into various cultural and religious beliefs that may impact the decision to donate organs in the Hispanic community. This data will be used to guide my educational interventions within the community. The educational aspect of the project will begin in April during my Family Medicine rotation and continue through June. I will be meeting with various local groups throughout the community and measuring the success through a pre and post test and amount of new donor registrations.

Result/Conclusion: By the end of this project, I plan to gain insight into why there is a deficit in Hispanic organ donors in South Texas and attempt to increase awareness and understanding of the facts about organ donation.
Background: Prospects Courtyard serves as a shelter to approximately 600 hundred homeless persons daily in San Antonio. We met with Prospects Courtyard staff to discuss providing health care screenings for residents. Based on the inhabitants’ health risks and the staff’s assessments, residents would benefit from increased knowledge of seizures, heart attacks, strokes and other health topics.

Objectives: Our goal was to improve the ability of Prospects Courtyard residents to identify the warning signs of stroke, seizure and heart attack. We held a session to educate Prospects Courtyard residents on the risk factors and warning signs of these diseases, as well as assessing what other health topics attendees wished to learn about. By being able to identify these warning, participants of our sessions will know when and how to seek emergency care.

Methods: We held a focus group to assess both our initial presentation and the residents’ previous knowledge on the topics. We also asked what other health topics were of interest to the focus group participants. Several weeks later, we held a larger educational session to teach the warning signs of heart attack, stroke and seizure to any resident interested in attending. At that time, we administered a pre- and post-session test to see how each participant’s knowledge of the topics improved.

Results: Three residents attended the focus group session. They said the presentation was of appropriate depth and that they knew very little about the topics prior to the session. They also wanted to learn more about hypertension and prescription drug abuse. At the large group session, overall test scores of the 6 participants jumped 30.5% after the education session. More specifically, heart attack scores improved by 41.7%, stroke scores improved by 8.3% and seizure scores improved by 41.7%.

Conclusion: Attendee knowledge of the warning signs of heart attack, stroke and seizure dramatically increased following the education session, although attendance was lower than expected. Future sessions should include information on hypertension and drug abuse, as well as better promotion for increased attendance by Prospects Courtyard Staff.
Age-related macular degeneration (ARMD) is a degenerative disorder of the eye that is a leading cause of legal blindness in people age 65 and older. The National Institute of Health determined that a vitamin supplement could decrease the risk of ARMD progressing into the form of ARMD that causes blindness. The use of the Age-Related Eye Disease Study (AREDS) vitamin supplement was projected to prevent 35% of future visual impairment. However, the decrease in visual impairment has not occurred.

Objectives: The purpose of this project is to increase AREDS vitamin use in patients with ARMD at Texas Diabetes Institute Ophthalmology Clinic by creating an intervention that targets removing patient barriers to AREDS vitamin use.

Methods: The project will consist of giving educational materials about AREDS vitamin when patients come to Texas Diabetes Institute Ophthalmology Clinic, a market analysis to determine how much AREDS vitamin costs and where it is available in the area around the clinic and a physician information document to inform physicians about common problems when recommending AREDS.

Results: The market analysis determined that the average cost of the vitamin is approximately $20/month and is available at all local pharmacies and online. An information handout has been created based on recommendations on the National Health Institute's website. A physician education document has been emailed out to all ophthalmologists in Bexar County.

Conclusion: Through this intervention, recommendation of AREDS vitamins at Texas Diabetes Institute Ophthalmology Clinic has changed from a conversation to a conversation with documentation and educational materials. A challenge faced was that IRB approval did not allow the review of charts after the intervention. In the future, Texas Diabetes Institute Ophthalmology Clinic plans to continue increasing AREDS vitamin use in the clinic by continuing to monitor outcomes of ARMD patients.

Increasing Patient Compliance with AREDS Vitamin

Project Discipline: Medical
Primary Presenter: Sara Ostrosky
Mentor: Kent Anderson, M.D., Ph.D
Community Partner: Texas Diabetes Institute Ophthalmology Clinic
Project Location: San Antonio, Texas
Individuals with Asperger’s Syndrome (AS) are likely to face health disparities. Literature suggests autonomy and health literacy may correlate with improved health outcomes. However, it is unclear how self-advocacy, an important principle among the disabled population, relates with health outcomes.

Objective: To determine self-advocacy’s relationship with health literacy and autonomy among young adults with AS.

Methods: This community-based participatory research was an interprofessional collaboration of health professional students. Participants were identified via convenience and snowball sampling, and interviews were conducted. The interview questionnaire used was adapted from a validated instrument. The students collected and transcribed the data. Quantitative data were analyzed using Spearman’s rho. Qualitative data were categorized into themes.

Results: This study had 15 participants, ranging in age from 18 to 28 years. A positive correlation was found between self-advocacy and health literacy ($r = 0.803; p < 0.001$) and between self-advocacy and autonomy ($r = 0.654; p = 0.008$). Qualitative questions revealed three overarching themes: realistic career goals, reliance on parents and convenience in selecting providers, and unawareness of challenges in navigating through the health care system. Pharmacy-related themes were then identified: 75% of participants did not know drug-drug interactions, 58% did not refill medications, 47% did not report unusual health changes and 73% did not understand third party systems.

Conclusion: This study showed a positive relationship between self-advocacy and health literacy and between self-advocacy and autonomy. This suggests self-advocacy may be indirectly associated with improved health outcomes. Parents and providers need to encourage the development of self-advocacy, autonomy and health literacy in young adults with AS. Pharmacists can intervene by counseling on drug interactions and side effects, providing refill reminders and educating about third party systems. Pharmacists must be cognizant of social interaction limitations faced by these individuals with the goal of increasing their ability to self-advocate.
Inter-professional education (IPE) prepares health professions students to work in a collaborative environment and fosters patient-centered perspectives. Incorporating community service learning into IPE compels student teams to learn from, with and about each other while meeting community needs. A need existed in Bexar county for educational tools on medication adherence targeted toward its HIV patient population.

Objective:
Our objective was to develop health literate and culturally competent educational tools through interprofessional teamwork to enhance medication adherence in HIV patients in Bexar County.

Methods:
The interprofessional team was represented by medicine, pharmacy, public health, respiratory therapy and social work. Students were enrolled in a concurrent IPE course and communicated via phone, email and group meetings. The team assessed community needs through structured interviews with representatives from three HIV community organizations and a local HIV clinic. Input was sought through feedback at meetings with faculty and community representatives.

Results:
Based on the needs assessment results, the team created a health literate pamphlet and patient handout with illustrations of viral load, CD4 count and resistance to convey the importance of medication adherence. Over 1,000 copies of these tools were distributed to HIV community organizations for providers to incorporate into patient education. Students found that interprofessional collaboration resulted in more patient-centered products and deepened their appreciation for other members of the health care team.

Conclusion:
Enterprise teamwork between students strengthens the impact of health-related community projects and enhances students' ability to provide collaborative, patient-centered care. IPE is feasible despite different values, schedules and perceived profession-specific roles.
Background: The purpose of this pilot study was to collect qualitative data on the meaning of gardening and what motivates the participants to garden through a technique called Photovoice.

Objective: Photovoice uses cameras to collect information to answer questions from participants rather than open-ended questions or focus groups. Questions we wanted participants to answer through their photos were: why do they participate in gardening activities, does access to fresh produce from the community garden affect their food choices, and how does gardening impact or affect them and their family/community.

Methods: There were eight Burmese and seven Bhutanese refugees, which included a translator for each group, from the local San Antonio community chosen through convenience sampling. Participants attended three training sessions: introduction to the project and photovoice, instruction on how to operate the digital camera and, for the final session, the participants selected five of their photos and wrote a brief caption that answers the study questions. Upon selection of five photos with captions, poster displays were prepared for each participant and a community presentation was provided at the church to the local community to describe the results of the project. We met with the participants once a week at the garden for an hour to download pictures and answer questions.

Results: Results indicated that the photos could be sorted into five categories: gardening is good for our health, vegetables are tasty, it is peaceful to garden, we have pride in growing our own vegetables and harvest and socialization. The expected outcome of the study for the participants is to promote healthy eating behaviors, increase consumption of fresh produce, continue to garden, increase socialization and community cohesiveness and improve overall health and that of their families, as well as the community.

Conclusion: Success of this project will lead to development of an intervention study to promote healthy living by using community gardening as the method of obtaining a healthy diet and moderate levels of physical activity.
Background: The majority of refugees do not regularly access health services. Beyond individual issues, emerging themes indicated that language and communication affect all stages of health care access (Morris et al., 2009). UTHSCSA dental students and the Center for Refuge Service in San Antonio joined efforts to provide oral health education and improve the quality of life of refugees.

Objectives: The goal of our project was to improve the oral health of refugees by increasing their awareness about oral disease, prevention and its link with nutrition, while encouraging access to oral health care. We also identified oral cancer risk factors and provided tobacco cessation counseling and referrals to dental clinics.

Methods: A pre-questionnaire was administered to refugees to assess baseline knowledge about oral health practices, dietary intake and tobacco use, followed by an educational session on nutrition and oral disease/oral cancer. Oral hygiene instruction was provided in the participant’s native language with the help of interpreters using visual aids. A post-questionnaire assessed knowledge gained and dental screening examinations were provided for the consenting participants. Finally, a goody bag including toothbrush/toothpaste and a tailored referral list of local dental clinics was provided to all participants. Information was disseminated in ten different languages.

Results: 57 people participated in our project with the help of our bilingual students and interpreters. Results of pre- and post-questionnaires demonstrated an increase in average scores of 33.9%.

Conclusion: Information that we provided increased the oral health literacy of refugees significantly when language barriers were eliminated. It is hoped that with such empowerment, refugees can improve their oral health practices and acculturate to San Antonio’s oral health community and seek regular dental care. Our project was beneficial for refugees and we, the students, truly enjoyed learning about people from all corners of the globe, encompassing over nine countries.
Currently, approximately 320,000 people smoke in Bexar County, Texas. South Central Area Health Education Center (AHEC), a partner with the Bexar County Translational Advisory Board and the San Antonio Tobacco and Prevention Coalition, provides a tobacco cessation presentation to Bexar County adults. This presentation targeted health care providers and employers rather than the lay public.

Objective: The purpose was to obtain community feedback on the existing presentation, identify potential presentation improvements and develop a more targeted, effective message.

Methods: A flyer to recruit participants between the ages of 18 and 50 was created and distributed to various community locations. Formal training on conducting focus groups was provided for student leaders, and a focus group format was used to obtain the opinions of Bexar County adults regarding smoking cessation and the existing presentation. To ensure uniformity, a moderator guide, flip-charts to display participants’ comments, and a form for recording were employed. The qualitative data gathered were analyzed to identify themes and trends.

Results: Eleven adults (seven females, four males) participated and provided suggestions for improvement that were grouped into the following themes: (1) information on the benefits of quitting (55%); (2) suggestions on handling challenges while quitting (82%); (3) testimonial from a successful quitter (45%); (4) monetary savings; (5) pictures illustrating the physical effects of smoking. Eight of 11 participants wanted more audience interaction and a summary handout provided at the beginning. All participants recommended developing a presentation targeting a specific audience. Based on these findings, a targeted presentation and presenter manual were developed and presented to South Central AHEC to obtain feedback.

Conclusion: Seeking structured feedback can be instrumental in translating the clinical evidence into a targeted message that is culturally appropriate and health literate for the intended audience. Partnering with the community, pharmacists can employ this model to promote smoking cessation at the local level.
South Texas PTSD C.A.R.E.S

Project Discipline: Physician Assistants
Primary Presenter: Gary Montgomery
Students Involved in Project to Date: Etorda Barkley, Timothy Hunt, Gary Montgomery, Priscilla Ramos, Jose Sigala
Mentor: James Glenn Forister, MS, M.R.S, PA-C
Community Partner: South Central AHEC
Project Location: San Antonio, Texas

Background: Approximately 20% of veterans experience PTSD. These individuals may have difficulties when they return to their home communities. The Department of Defense (DoD) Task Force on Mental Health (2007) reports that, “The Military Health System lacks the fiscal resources and the fully-trained personnel to fulfill its mission to support psychological health in peacetime or fulfill the enhanced requirements imposed during times of conflict.” This lack of resources is exacerbated by a failure of the system to identify people returning with PTSD.

Objectives: The project’s mission was to educate primary health care providers and counselors on how to respond appropriately in their respective environments, and generate community awareness that will ultimately lead to a community response geared toward assisting returning veterans.

Method: Students hosted a two-day live seminar in October 2011. Subject matter experts were recruited along with family members of veterans with PTSD. A filmed interview of the veteran's mother was used as an additional resource during the seminar. The project completed its mission by delivering a series of webinars on: military culture, female military culture, family involvement, condition recognition, proper referral procedure and community resources. American Medical Association (AMA), Nursing and Social Work continuing education credits were provided to seminar participants seeking credit. A recording of the seminar was posted on the UTHSCSA Family Grand Rounds website for asynchronous access.

Results: Attendees of the seminar included physicians, physician assistants, nurses, social workers and graduate students. The DOD has requested the videos produced for their programming catalog, and is interested in airing pertinent information about mental health issues of returning veterans. The program will continue to provide continuing education for health care providers in South Texas.

Conclusion: PTSD is a major health concern and the project has taken on a major initiative to increase provider education and community awareness about the signs, symptoms and treatment options for returning OIF/OEF veterans and their families. In South Central Texas alone there are or will be over 200,000 returning veterans. This is a major initiative for the National AHEC Organization and utilizing this project and others in the future will be a great asset for the South Texas Program.
**Tar Wars Program Implementation in San Antonio Elementary Schools**

*Project Discipline: Medical*

*Primary Presenter: Deborah Lee*

*Students Involved in Project to Date: Deborah Lee, Jill Farragher*

*Mentors: K. Ashok Kumar, MD, FRCS, FAAFP and James Tysinger, PhD*

*Community Partners: Texas Academy of Family Physicians, Boys and Girls Club*

*Project Location: San Antonio, Texas*

**Background:** Tar Wars is a tobacco-free education program for fourth and fifth grade students nationwide. Tobacco use is the number one cause of preventable death, yet everyday 3,500 children in the U.S. will try their first cigarette. The Tar Wars program was created by the American Academy of Family Physicians in response to this growing public health crisis. Under the guidance of Dr. Tysinger and Dr. Kumar, first and second year medical students implemented the Tar Wars program in local elementary schools and Boys and Girls Club branches in San Antonio.

**Objectives:**
1. Change students’ understanding of the prevalence of tobacco usage.
2. Show students the financial burdens of tobacco and the health consequences of smoking.
3. Illustrate how advertisers manipulate smoking ads to target children.

**Methods:** Tar Wars facilitators presented students with a four-question, true-or-false pre-test. Students also completed a pre-exercise that evaluated their perception regarding the percentage of individuals who smoke in different age groups including their own age, middle school aged students, high school aged students and adults. Next, a brief discussion was held of the short-term smoking effects. We then simulated how the students’ lungs would physically be affected by smoking by having students breathe and jog in place through straws. Then, we incorporated practicing math skills as we calculated the financial burden of smoking cigarettes per day, week, month, year, and over 50 years. Next, we discussed the reasons for not smoking and the influences of advertisements. Finally, through the UTHSCSA Pathology department, we were able to show students actual specimen of chronic smokers, lungs of individuals who died from lung cancer, and the complications of smoking through both regular and atherosclerotic arteries.

**Results:** Overall, students from St. Luke’s Catholic Schools and children from the Boys and Girls Club performed better on the post-test survey than on the pre-test survey. The survey asked four true or false questions targeted to gauge a student’s knowledge on smoking and how it affects your health. At St. Luke’s, 28 students were surveyed and the students perceptions changed from 54%, 75%, 57%, and 75% correct on questions one through four; to 71%, 82%, 79%, and 75% correct responses, respectively. At the Boys & Girls Club, the children scored 76%, 94%, 83%, and 66% correct responses on the pre-test questions one through four, and after our presentation their correct responses were even higher: 94%, 100%, 100%, and 100%, respectively. These results show that the Tar Wars presentation is an effective way to educate children in order to increase awareness and knowledge regarding the short-term and long-term detrimental effects of smoking and tobacco products.

**Conclusion:** This program revealed a continued need for educating elementary age students about the short-term and long-term dangers of tobacco use.
Education

Teen Asthma Program at St. Antony’s

Project Discipline: Respiratory Care
Primary Presenter: Alexandrea Escobedo
Students Involved in Project to Date: Alexandrea Escobedo, Phung Kim Giang, Leslie Gonzales, Kristina Ramirez, Elizabeth Real
Mentor: Donna Gardner, MSHP, RRT, FAARC
Community Partners: North East Independent School District (NEISD) and St. Anthony’s High School
Project Location: San Antonio, Texas

Background: The CDC reports that more than half of children who had an asthma attack missed about four days of school and 13 million school days are missed each year due to asthma. The consequences of this are twofold: attendance and performance, which means they are not reaching their full academic potential. Currently there is no data regarding the number of asthmatics enrolled at the school. Through the use of a questionnaire given to all students of St. Anthony Catholic High School, we will complete a needs assessment to determine the student population that is currently diagnosed with asthma. After this initial assessment, we will provide an asthma education program for the students and families.

Objectives: The goal of the program is to provide an asthma education program for the students and families by completing a needs assessment to identify the number of students at St. Anthony Catholic High School who have asthma. Those with asthma will properly demonstrate how to use the medication delivery devices correctly and will list their asthma triggers. In addition, the participants will be able to share how to effectively manage his/her asthma using a peak flow meter and asthma action plan.

Methods: An asthma education presentation to the parents and asthmatic students followed by small interactive groups rotating to stations explaining asthma symptoms, triggers and how do to control asthma will be utilized.

Results: The asthma education presentation will be conducted on March 6, 2012. The Asthma Control Test will be administered along with pre- and post-questionnaires. Data will be collected and gathered for the poster by April 2012.

Conclusion: What we expect to see as a result of the asthma education is reduced school absences and an overall decrease in asthma exacerbation due to better asthma management. Actual results are pending.
Background: According to the 2010 U.S. Census, the Asian population is the fastest growing minority group in Texas. There are few studies targeting this population, but cardiovascular disease has been reported as the second leading cause of death. This population may also be at risk for health literacy problems. Asian Americans are the second highest ethnic group to experience problems communicating with health care staff.

Objectives: This project aimed to promote healthier lifestyles among minority populations attending the Asian festivities through cardiovascular health risk assessment, education and promotion of the national “Ask Me 3™” health literacy campaign.

Methods: Trained volunteer nursing students (n=24) conducted the health screening (health history, blood pressure, glucose, cholesterol, BMI), health education, and promotion of use of “Ask Me 3™” questions. A follow up with participants was conducted one month after the health screening.

Results: Screened participants from diverse minority communities (n=119; mean age=45) had the following results: mean BMI=28.4, max=49; mean BP =124/79 mmHg, max=190/114 mmHg; mean blood glucose=97 mg/dL; max=220 mg/dL; blood cholesterol=184 mg/dL, max=313 mg/dL. They were very satisfied with the service and learned about healthier lifestyles. 90% did not know about “Ask Me 3™” questions, but felt they could use them. At one-month follow-up, 20% reported that they were able to use the “Ask Me 3™” questions. They helped them understand their condition and they will use them in the future. They also reported improvement in their BP.

Conclusion: The participants screened were overweight and therefore at risk for diabetes and cardiovascular diseases. Lack of knowledge and use of the “Ask Me 3™” questions puts them at risk for health literacy. The health screening provided them with the opportunity to know their numbers, learn about healthier lifestyle and how to ask information related to their condition at their next health care visit by adapting the “Ask Me 3™” questions.
Outreach

**Diabetes Screening and Education Program**

**Project Discipline:** Medical  
**Primary Presenter:** Navid Nafissi  
**Students Involved in Project to Date:** Navid Nafissi, Jamie Pinckard, David Meyer, Allyson Lemay, Sara Hartnett  
**Mentor:** Kristy Kosub, MD  
**Community Partner:** Walmart  
**Project Location:** San Antonio, Texas

**Background:** In Texas, 1.7 million people (9.3% of the total population) are diagnosed with diabetes, while another 440,000 (2.4% of the total population) remain undiagnosed. In Bexar County approximately 137,000 people (11.8% of the total population) are diagnosed with diabetes.

**Objectives:** Our project targets those individuals who have not been diagnosed with diabetes and those who have but have not taken action on their diagnosis. In addition, we seek to educate first- and second-year medical students on how to screen for and counsel patients on treatment for this common disease.

**Methods:** We held monthly diabetes screenings at Walmart to screen and educate a representative population of Bexar County residents. First- and second-year medical student volunteers used electronic glucometers to test shoppers’ blood glucose levels. Based on these results and a focused medical history, the students advised shoppers with elevated blood glucose levels (fasting blood glucose level = 126mg/dL or non-fasting blood glucose level = 200 mg/dL) to visit a physician for a definitive diagnosis and take steps toward reducing their risk of developing complications of diabetes. Approximately every two months, medical students called shoppers who tested positive for high blood glucose levels to evaluate their response and actions after receiving their screening results, according to the Stages of Change Model. Medical students are also administered pre- and post-tests during diabetes screenings to see how well they learned to screen and advise patients.

**Results:** Our results are incomplete at this time. We still have one screening and one call-back session remaining. However, preliminary findings show rates of pre-diabetic and diabetic blood glucose readings at 19% and 12%, respectively. Most patients upon call-back were in the contemplation or preparation stage, based on the Stages of Change Model. Pre- and post-test results for medical students have shown improved scores.

**Conclusions:** We will form conclusions based on our final results.
Background: CDC guidelines recommend all persons ages 13 to 64 years undergo routine HIV screenings. The South Coastal Area Health Education Center (AHEC) in Corpus Christi has identified a need for free HIV screenings and education in surrounding rural communities.

Objectives:
1. Identify undiagnosed HIV infections in a medically underserved area of South Texas by providing free HIV screenings at community health fairs.
2. Achieve 100% follow-up with the local AIDS Foundation for confirmatory testing and care for preliminary positives.
3. Provide thorough education about HIV disease, risk assessment, and prevention to all participants.

Methods: After receiving instruction on proper methods for HIV testing and counseling, an interdisciplinary team of medical and nursing students traveled to Corpus Christi with Frontera de Salud to serve clients in a health fair setting. Voluntary HIV screenings were offered with additional screening and education opportunities. Each patient was administered a pre-test survey, a risk assessment, a preliminary OraQuick HIV screening test and a post-test survey followed by risk reduction counseling and referral, if appropriate.

Results: During the first health fair, only five participants out of 45 chose to participate in HIV screening. There were zero positive results among those screened, including four females and one male aged 25-52. Surveys demonstrated an increase in knowledge concerning HIV/AIDS by participating in the screening and education process. We identified lack of awareness as one potential barrier to this service.

Conclusion: From this preliminary experience we demonstrated that these education and screening activities can provide patients an opportunity to learn about their HIV status, obtain reliable HIV/AIDS information and receive personalized risk reduction counseling. We hope to continue to offer these services and augment awareness and participation through improved advertising at future health outreach trips to the Robstown/Corpus Christi area.
Background: Frontera de Salud is a volunteer organization providing opportunities for UTHSCSA students and mentors to bring health care to the people of the colonias outside Corpus Christi, Laredo and McAllen, some of the most impoverished regions in the nation and underserved areas of San Antonio.

Objectives:
1. To deliver primary care to underserved populations of South Texas.
2. To further the clinical and cultural competency of Frontera volunteers.
3. To encourage students to reflect on the profession of health care as a moral practice.
4. To educate and raise awareness of medical ethics and humanitarian causes in the community.

We measured our success by the number of patients served.

Methods: In 2011, we aimed to serve 1,700 patients through hosting 12 health fairs, which included administering immunizations, sports physicals and educational presentations, and three home visits. Additionally, we held training sessions on clinical skills, HIV/AIDS screening and sex education. During orientation and reflection sessions, we discussed the colonias and our current and future role in caring for indigent populations. Finally, we brought in seven experts in primary care and global health, as well as advocates for those who cannot speak for themselves as part of our lecture series.

Results: In 2011, we served 1,859 patients throughout Laredo, McAllen, Robstown and San Antonio, exceeding our goal and serving more than any year before. Also, we expanded to the underserved colonias of McAllen.

Conclusion: Frontera is a continuously evolving organization that provides opportunities for students to deliver health care to the underserved, an important part of the medical education experience. As the health care providers of the future, we understand the importance of the interdisciplinary approach and acknowledge the impact we can achieve by uniting our efforts to serve not only the patient, but the person.
Background: With 34% of the population below poverty, (1) Hidalgo County hosts poverty rates double that of Texas (16%); (2) colonias are unincorporated islands of neglect, lacking basic services including water, sewage and health care access; (3) 32% of Hidalgo County speaks English less than ‘very well,’ adding care barriers and (4) linking colonias to the medical community of Hidalgo County presents an enduring challenge. To address these issues, we offered an alternative spring break to 16 medical, pharmacy and allied health professional students at UTHSCSA.

Objectives:
1. Facilitate relationships between the medical community and McAllen colonias by recruiting local physicians to participate in home visits, and referring colonia residents to physicians accepting Medicaid and self-pay.
2. Identify community-expressed needs through informal surveys and focus groups.
3. Offer a field experience inspiring students to address needs of underserved populations as part of professional identity.
4. Improve student’s medical Spanish skills.

Methods: Preparation included presentations on cultural competency, communicating health messages and taking medical histories in Spanish. The program included Spanish instruction and home visits to colonias. With local physicians, students offered screenings for hypertension, diabetes and elevated cholesterol, as well as health education. Guided reflection followed these activities.

Results: Sixteen students (MS1, MS2, Pharm3) participated. We expect to visit 200 patients in McAllen with each student completing 20 hours of Spanish instruction and 20 hours of community service learning. Changes in Spanish language self-efficacy and perceptions of cultural competency will be reported from pre- and post-trip surveys.

Conclusion: Our eventual goal is to increase the number of UTHSCSA students willing to practice in health professional shortage areas in Texas. We hope to show that students who invest time in underserved communities are more likely to practice in such areas as professionals. Future efforts could measure health care access and enhanced medical services to colonias.

Outreach

Frontera de Salud: Spanish Immersion and Community Service Learning
Project Discipline: Interprofessional: Medical and Pharmacy
Presenters: Kristy Riniker, Jillian Rushing, Deborah Lee

Students Involved in Project to Date: Kristy Riniker, Jillian Rushing, Deborah Lee, Aida Vigil, Nidia Sobrevilla, Amanda Lipsett, Rachel Mehendale, Will Lavery, Aliceer Wiseman, Princy George, Cassie Hartline, Marko Taylor, Javier Bonilla, Chris Kim, Sumon Sen, Juan Saenz, Jenny Saenz

Mentor: Ruth Berggren, MD
Community Partners: International Valley Health Institute, Doctors Hospital at Renaissance
Project Location: McAllen, Texas

Flora: FIFTH ANNUAL COMMUNITY SERVICE LEARNING CONFERENCE
Meeting the Social Mission: Health Science Education Through Community Collaborations
Background: According to the Center for Refugee Services, the refugee community in San Antonio has grown over the recent years, with individuals and families resettling in San Antonio from countries such as Iran, Iraq, Nepal, Chad, the Republic of the Congo and the Republic of Burundi. Initial investigations of the medical students’ experience at the San Antonio Refugee Health Clinic reveal that there is an unmet need for dental services and referrals for the refugees.

Objectives: To conduct oral health assessments of the refugee population in San Antonio and to educate them about local dental health resources available.

Methods: Participating patients were asked about their oral health history, including any present dental pain. UTHSCSA dental students completed a limited oral evaluation to screen for untreated tooth decay, history of decay, and signs of periodontal problems. The results of the screening exam were provided in writing and communicated to the patient (or parent of pediatric patient) in a culturally and linguistically competent manner. Patients received referrals to appropriate dental clinics for treatment.

Results: 76 patients received screening exams, including 50 adults and 26 children. 62% of adults and 15% of children presented with dental pain. 66% of adults and 50% of children had untreated tooth decay. 80% of adult patients showed signs of periodontal problems. 94% of adults and 53% of children showed signs or symptoms that warranted urgent or early dental care, including two adult patients who were referred to the Dental School Oral Medicine Clinic for evaluation of possible oral pathology.

Conclusion: The results of the screening exams indicated that there is an unmet need for oral health care among the refugee population. Increased access to dental care in a culturally competent manner is critical to address their oral health needs.
Background: According to the Department of Homeland Security, more than 5,000 refugees arrived in Texas in 2009 with over 1,000 of those refugees located in the San Antonio area. The refugees and their families are expected to be self-sufficient within three months of arriving in the United States.

Objective: The goal of the community medicine project is to alleviate some of the burden our city’s refugees experience by creating a website that provides the refugee community access to a myriad of resources such as the location of free clinics and primary health care providers, access to medical coverage and pertinent information regarding the most common conditions seen at the clinic.

Methods: A website was created to focus on connecting refugees to primary care providers throughout the San Antonio area, specifically those who speak their native languages. A feedback survey was developed to measure participant satisfaction.

Results: The initial launch of the project was successful in connecting refugees to valuable health resources. As the refugee community increases, we expect to attract more users who will utilize and share this web-based resource with the community.

Conclusion: Through the use of our website and in collaboration with the San Antonio Refugee Health Clinic (SARHC), the refugee community is now one step closer in achieving self-sufficiency.
2012: FIFTH ANNUAL COMMUNITY SERVICE LEARNING CONFERENCE
Meeting the Social Mission: Health Science Education Through Community Collaborations

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Martha X. Baez, BS, RDH, MPH, Associate Professor, Department of Comprehensive Dentistry, Director of the School Based Prevention Program, UT Health Science Center San Antonio
Ruth E. Berggren, M.D., Professor of Medicine, Director, Center for Medical Humanities & Ethics, UT Health Science Center San Antonio
Carrie Jo Braden, PhD, RN, FAAN, Professor and Associate Dean for Research, School of Nursing, UT Health Science Center San Antonio
Adelita Cantu, PhD, RN, Assistant Professor, School of Nursing, UT Health Science Center San Antonio
Dana English, MS, RDH, Clinical Instructor, Dental Hygiene, School of Health Professions, UT Health Science Center San Antonio
Mosh R. Farokhi, DDS, MPH, FAGD, Clinical Assistant Professor, Department of Comprehensive Dentistry, Dental School, UT Health Science Center San Antonio
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Stephanie Gutierrez, Academic Programs Coordinator, Center for Medical Humanities & Ethics, UT Health Science Center San Antonio
Deborah Hargis, EdD, Education Development Specialist, UT Health Science Center San Antonio
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Peggeen A. Siegr, M.A., MUS, Head of Outreach Services, Briscoe Library, UT Health Science Center San Antonio

Continued
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Helen M. Sorenson, MA, RRT, FAARC, Associate Professor, Department of Respiratory Care, UT Health Science Center San Antonio
Melanie Stone, MPH, M.Ed., Assistant Director of Community Service Learning, Center for Medical Humanities & Ethics, UT Health Science Center San Antonio
Vanessa M. Sweet, MPH, Collaborative Grants Specialist, Methodist Healthcare Ministries
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Adela S. Valdez, M.D., M.B.A., Assistant Dean of Education, Regional Academic Health Center, UT Health Science Center San Antonio
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Community Partners

Thank you to our many partners who make community service learning possible.

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James Glenn Forister, MS, MPAS, PA-C
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Meeting the Social Mission
Health Science Education Through Community Collaborations

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