



# Advancing Health in South Texas Engagement Series

## Knowledge Sharing Champions



# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY .....</b>	<b>IV</b>
<b>INTRODUCTION &amp; BACKGROUND .....</b>	<b>1</b>
<b>OVERVIEW OF APPROACH .....</b>	<b>2</b>
Recruitment .....	2
Session Objectives & Agenda .....	3
Limitations .....	3
<b>PCORI OVERVIEW &amp; PRESENTATION OF ‘WHAT MATTERS TO YOU?’ FINDINGS .....</b>	<b>3</b>
PCORI Overview and <i>Advancing Health in South Texas Engagement Series</i> .....	3
‘What Matters to You?’ Overview and Objectives .....	4
‘What Matters to You?’ Focus Groups Methods .....	4
Presentation of ‘What Matters to You?’ Data Findings .....	5
<b>EXPERT PANEL .....</b>	<b>7</b>
Expert Panel Overview and Objectives .....	7
Expert Panel Methods .....	7
Expert Panel Key Themes .....	8
<b>JIGSAW EXERCISE &amp; WORKING STATEMENTS .....</b>	<b>10</b>
Jigsaw Exercise Overview and Objectives .....	10
Jigsaw Exercise Methods .....	10
Jigsaw Exercise Key Themes .....	10
Working Statements .....	11
<b>IMPLICATIONS &amp; LESSONS LEARNED .....</b>	<b>12</b>
<b>NEXT STEPS &amp; CONCLUSIONS .....</b>	<b>14</b>
<b>LIST OF APPENDICES .....</b>	<b>17</b>
Appendix 1: Knowledge Sharing Champions Session Agenda .....	18
Appendix 2: Participant List .....	20
Appendix 3: ‘What Matters to You?’ Focus Group Recruitment Partners and Target Population .....	22
Appendix 4: Expert Panelist Biographies .....	23
Appendix 5: ‘What Matters to You?’ Summary Report .....	26

## EXECUTIVE SUMMARY

# EXECUTIVE SUMMARY

## Introduction & Background

In the fall of 2015, Methodist Healthcare Ministries was awarded the Eugene Washington PCORI (Patient-Centered Outcomes Research Institute) Engagement Award to implement a project titled **Advancing Health in South Texas Engagement Series**. Through this award Methodist Healthcare Ministries will convene patients and key stakeholders across a 20-county area to develop a coordinated regional approach for patient-centered research and evaluation among university systems, academic institutions, managed care organizations (MCOs), and public health systems.

To this end of developing a coordinated regional approach, the **Advancing Health in South Texas Engagement Series** aims to create a safe space to facilitate meaningful dialogue between people and institutional systems to ensure trusted relationships are formed, information is shared, and all voices are engaged in the planning and co-creating of solutions. The series will also identify and adopt multi-sector strategies based on differentiated but aligned activities and a common framework. Methodist Healthcare Ministries has partnered with Health Resources in Action (HRiA), a non-profit public health organization, to serve as the series facilitators to identify appropriate patient engagement models for the region.

The **Knowledge Sharing Champions** session (KSC) was conducted on May 18, 2016 and aimed to build off the **What Matters to You?** community sessions by bringing together university systems and academic institutions with a regional footprint to discuss and inventory current areas of research and identify opportunities for intersection and alignment around population health outcomes. In addition, the session created a space to discuss how and/or if patient stakeholder groups are currently engaged in the research process, and how research findings and evaluation results are, or are not, being shared and communicated to patient stakeholder groups.

## Overview of Approach

A group of 95 participants from across the United States were identified for recruitment to participate in the **KSC** session. They were selected because they represented active researchers in the region on key topics such as cultural sensitivity; influence in community; community engagement, prevention of chronic disease; and patient-centered focus that influence outcomes of care. A total of 24 participants attended the session. The session aimed to fulfill three main objectives:

- Share the key themes from community focus groups and implications for research and dissemination
- Discover the research topics, indicators, and dissemination methods already in place with peer institutions
- Generate ideas for developing and discussing a shared research and dissemination patient-centered framework that would address the needs and concerns of community members

The following provides an overview of the day and key themes that emerged from the discussions.

## PCORI Overview

The session began with an informal networking breakfast where participants were encouraged to connect with fellow peers and colleagues in an effort to establish rapport and trust within the group. Next, Methodist Healthcare Ministries formally opened the session to thank participants for attending and provide a foundation of how this session fits into the broader context of a larger initiative. This discussion focused on establishing a shared contextual understanding of PCORI, the **Advancing Health in South Texas Engagement Series** purpose and goals, intended overall goals of the KSC session, and timeline of the initiative's engagement sessions.

## Presentation of What Matters to You? Data Findings

Once a shared understanding was established, the discussion then focused on presenting the main findings from the six community focus groups in order to reinforce the commitment of honoring the community voice in patient-centered outcomes research throughout each of the sessions. Findings were presented by HRiA staff who collected and analyzed data from the **What Matters to You?** session to ensure consistency throughout the process. Ample time was allocated for discussion and additional Q&A after the presentation of data findings. Prior to the **Knowledge Sharing Champions** session, participants were also sent the full **What Matters to You?** report of findings. Key themes presented focused on: **community strengths; socioeconomic and environmental considerations; chronic diseases and risk factors; navigating a complex health system; and communication and dissemination strategies.**

## Expert Panel

An expert panel, which comprised of four renowned researchers in the region representing diverse areas of interest, aimed to engage participants by discussing current research interests and community engagement strategies happening throughout the region. The presentation proceeded with a moderated discussion with key questions provided by HRiA facilitators, and concluded with open questions and answers from the floor. Key themes from the expert panel were as follows:

- **Theme 1:** Capacity and sustainability are often challenges, but by engaging authentically in the community, there is an opportunity to build trust and better understand these problems
- **Theme 2:** Robust research methods are critical to our work; there is a need for evidence-based metrics to quantify community engagement and behavior changes.
- **Theme 3:** More needs to be done to reward prevention initiatives at the policy level.
- **Theme 4:** There is a need for increased awareness of research efforts in our community across the health outcomes. Clinical coordination and patient navigation, especially community health workers, are critical services that would benefit from expansion and enhancement.

## Jigsaw Exercise and Working Statements

Grouping, or cooperative learning, which refers to participants working together to accomplish a common goal or purpose, was the main engagement strategy used for the **Knowledge Sharing Champions Session**. The strategy for the small-group break out was the Jigsaw Approach—a research-based cooperative learning technique meant to encourage listening and engagement while

emphasizing cooperation and shared responsibility within groups.<sup>1</sup> The following key questions were discussed in the Jigsaw Exercise:

- **Question 1:** What are content areas of research we have in common? Where could we focus/prioritize our collaborative research efforts?
- **Question 2:** What things do we need to consider when engaging patients in our research and dissemination strategies? What strategies can we agree on using collaboratively?
- **Question 3:** What should be the guiding principles for our collaboration in these areas?

## Working Statements

After discussing, participants reconfigured into different groups and discussed the ideas from their specific small groups to develop and come to consensus on key themes around each of these areas. The following provides a synthesis of the working statements that emerged from these discussions:

- **Statement 1:** Through patient education, we engage patients to own their healthcare.
- **Statement 2:** Robust methods are critical to our work and critical to improved health outcomes in population health.
- **Statement 3:** We agree that working collaboratively among regional institutions could lead to better care outcomes and a better patient experience.

## Implications and Lessons Learned

Commitment to ongoing collaboration among academic leaders in our community is a vital first step toward expanding and further elevating the goal of the **Advancing Health in South Texas Engagement Series**. Implications for next steps and future considerations are as follows:

- There is an opportunity to define a common vision for patient-centered research in the greater South Texas area, by answering the following questions:
  - » What do we believe and value about patient-centered research? What does it mean to be patient-centered?
  - » What would patient-centered research look like in the ideal? What would be its key success elements?
- There are a variety of definitions and terms used when discussing community engagement, and shared language would be helpful moving forward.
- While each region is unique, there is a need to build the knowledge base with a deeper dive using a mixed-methods approach of both quantitative and qualitative data.

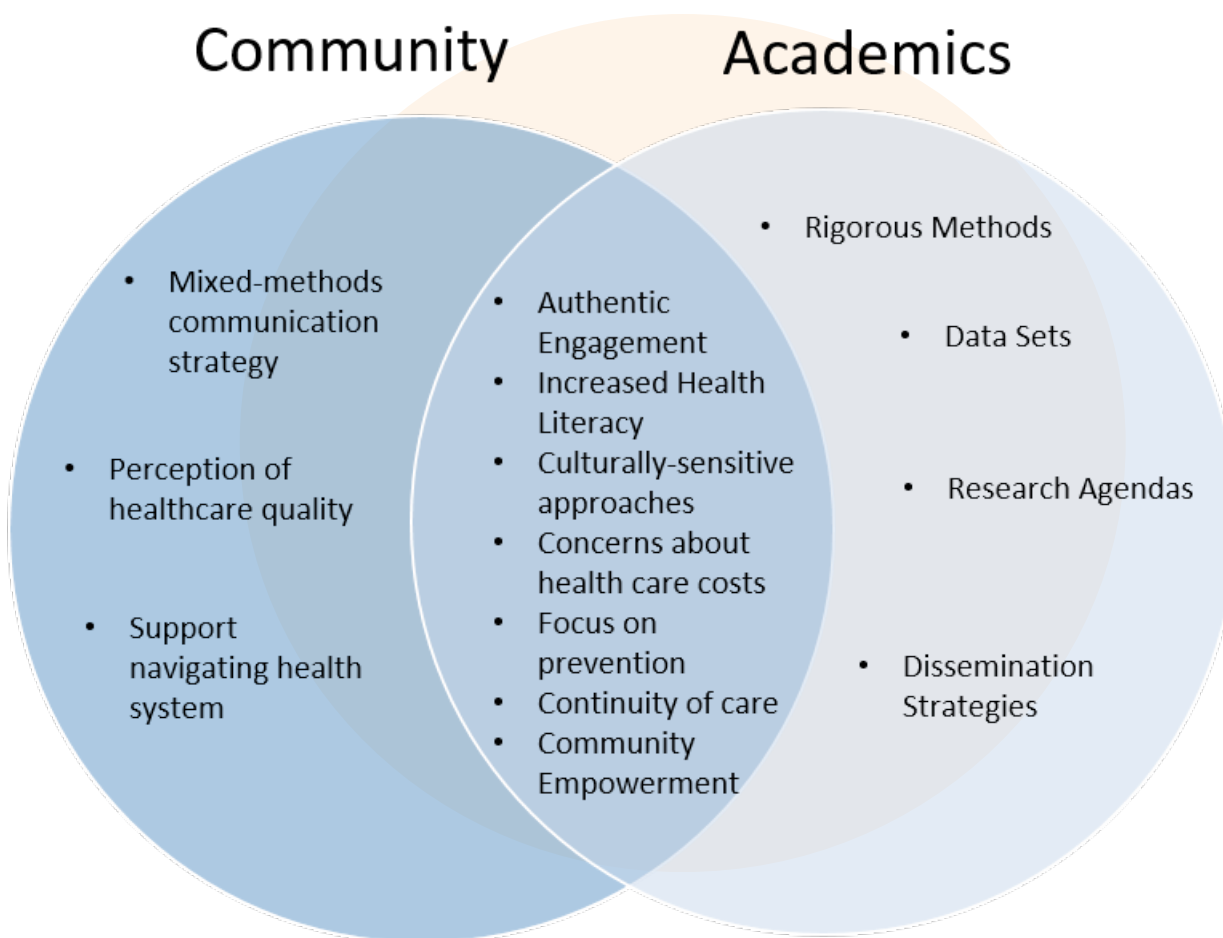
## Next Steps and Conclusions

Many commonalities emerged from the **What Matters to You?** and **Knowledge Sharing Champions** sessions that will serve as a foundation to the subsequent meetings. The following Venn diagram presents an overview of the **What Matters to You?** and **Knowledge Sharing Champions** sessions key findings, what is more unique from each session, and the key themes that are common across sessions thus far. Future sessions in the Engagement Series will continue to focus

1 Aronson, Elliot (2000) "Jigsaw Classroom" <http://www.jigsaw.org/index.html>

on the synergy between stakeholders in order to continuously identify opportunities for a common framework and encourage commitment to ongoing collaboration.

## Key Themes, Differences, and Commonalities from What Matters to You? and Knowledge Sharing Champions Sessions





# KNOWLEDGE SHARING CHAMPIONS



# INTRODUCTION & BACKGROUND

Methodist Healthcare Ministries of South Texas, Inc. is a private, faith-based, not-for-profit organization dedicated to providing medical, dental and health-related human resources to low-income families, the uninsured and underinsured in 74 counties across South Texas, approximately one-third of the state. The mission of Methodist Healthcare Ministries is “Serving Humanity to Honor God” by improving the physical, mental and spiritual health of those least served. This mission is achieved through programs owned and operated by Methodist Healthcare Ministries as well as strategic investments to non-profit partners with similar missions. Since its founding in 1995, Methodist Healthcare Ministries has provided more than \$600 million in healthcare services through its own clinics and programs as well as through funding to its community partners. Methodist Healthcare Ministries is the largest private healthcare funding source for the underserved and uninsured in South Texas.

In the fall of 2015, Methodist Healthcare Ministries was awarded the Eugene Washington PCORI (Patient-Centered Outcomes Research Institute) Engagement Award to implement a project titled **Advancing Health in South Texas Engagement Series**. Through this award Methodist Healthcare Ministries will convene patients and key stakeholders across a 20-county area to develop a coordinated regional approach for patient-centered research and evaluation among university systems, academic institutions, managed care organizations (MCOs), and public health systems. The engagement series service area includes: Maverick, Zavala, Dimmit, Webb, Zapata, Starr, Jim Hogg, Duval, Jim Wells, Brooks, Hidalgo, Cameron, Willacy, Kenedy, Kleberg, Nueces, San Patricio, Aransas, Bee, and Refugio counties.

To this end of developing a coordinated regional approach, the **Advancing Health in South Texas Engagement Series** aims to create a safe space to facilitate meaningful dialogue between people and institutional systems to ensure trusted relationships are formed, information is shared, and all voices are engaged in the planning and co-creating of solutions. The series will also identify and adopt multi-sector strategies based on differentiated but aligned activities and a common framework. As a result, Methodist Healthcare Ministries has been very intentional in identifying institutional partners and equally deliberate in defining their roles to assure true transformation and long-term sustainability of this effort.

Methodist Healthcare Ministries has partnered with Health Resources in Action (HRiA), a non-profit public health organization, to serve as the series facilitators to identify appropriate patient engagement models for the region. The engagement series began in February 2016 with the **What Matters to You?** session, which consisted of six, two-hour focus groups across the Methodist Healthcare Ministries service area to explore patient's and community residents' perceptions regarding: strengths and challenges in their communities related to health, quality and accessibility of healthcare, how they receive information on health, wellness, and medical treatments, who are considered trusted health information sources, and recommendations for information dissemination strategies in the future.

The **Knowledge Sharing Champions** session (KSC) was conducted on May 18, 2016 and aimed to build off the community sessions by bringing together university systems and academic institutions with a regional footprint to discuss and inventory current areas of research and to identify opportunities for intersection and alignment around population health outcomes. In addition, the session created a space to discuss how and/or if patient stakeholder groups are currently engaged in the research process, and how research findings and evaluation results are, or are not, being shared and communicated to patient stakeholder groups.

The goals of the **Knowledge Sharing Champions Session** were as follows:

- Share the key themes from community focus groups and implications for research and dissemination
- Discover the research topics, indicators, and dissemination methods already in place with peer institutions
- Generate ideas for developing and discussing a shared research and dissemination patient-centered framework that would address the needs and concerns of community members

This document provides a summary of the Knowledge Sharing Champions May 2016 meeting. This report describes the approach and methods in planning the meeting, the meeting's agenda, the main discussion points from the meeting, and a synthesis of key themes and their implications for guiding the next steps for this initiative.

## OVERVIEW OF APPROACH

Apart from creating a space where academics could collaboratively discuss research areas of interest and dissemination strategies, the aim of the **Knowledge Sharing Champions** session was to develop ideas for framing patient-centered research in the future. The detailed agenda can be found in Appendix 1.

The following section describes the process and engagement strategy used for the **Knowledge Sharing Champions** Session.

### Recruitment

Participants were identified by Methodist Healthcare Ministries by recommendations from internal and external stakeholders. A group of 95 participants from across the United States were identified for recruitment to participate. They were selected because they represented active researchers in the region on key topics such as cultural sensitivity; influence in community; community engagement, prevention of chronic disease; and patient-centered focus that influence outcomes of care. They also represented a range of prominent institutions in the region. Identified individuals were personally contacted by high-touch phone calls facilitated by Methodist Healthcare Ministries and key stakeholders. In a deliberate strategy to build on community resources and feedback, Methodist Healthcare Ministries also invited key stakeholders to review the list of potential invitees to identify individuals they felt should be invited. Follow-up calls were facilitated by Methodist Healthcare Ministries and HRiA to further discuss details and expectations for the session. A total of 24 participants attended. The participant list can be found in Appendix 2.

The session also included an expert panel component. Panelists for this component were intentionally chosen to represent a diverse range of institutions, research interests, and expertise. Four prominent academic researchers and professionals with an expertise in areas of epidemiology, disease management, community engagement, prevention, and data mining were asked to participate in an interactive, expert panel to discuss their research topics and agendas, focusing on current and past engagement strategies. Panelists represented a range of institutions including: The University of Texas Rio Grande Valley School of Medicine, Texas A&M System, UTHealth School of Public Health in Brownsville, and UTHealth School of Public Health in San Antonio. Each panelist was oriented before the session via a one-hour individualized telephone call to discuss the vision and overall expectations for the session.

## Session Objectives and Agenda

The **Knowledge Sharing Champions** session occurred on May 18, 2016 with a total of 24 participants from the academic community attending. The objectives of the session were to

- Share the key themes from community focus groups and implications for research and dissemination
- Discover the research topics, indicators, and dissemination methods already in place with peer institutions
- Generate ideas for developing and discussing a shared research and dissemination patient-centered framework that would address the needs and concerns of community members

To achieve these objectives, the day-long session focused on being interactive, encouraging open dialogue, and building on previous work to identify common themes across sectors. The main components of the **Knowledge Sharing Champions** session were: 1) Providing an Overview of PCORI and the Advancing Health in South Texas Engagement Series; 2) Presentation of What Matters to You? Data Findings; 3) Expert Panel; and 4) Jigsaw Exercise to foster small-group dialogue and develop working statements of consensus. The full agenda for the session can be viewed in Appendix 1, and the following section provides more detail on the approach for each component. The content of the discussions is presented in the subsequent sections of this report.

## Limitations

While many groups and institutions in the greater South Texas area were invited to participate, respondents self-selected and therefore comprise a convenience sample. The qualitative data summarized here represents the subjective opinions and perspectives of a small sample of particular individuals and is not necessarily generalizable to the entire population of academics in the region.

# PCORI OVERVIEW AND PRESENTATION OF ‘WHAT MATTERS TO YOU?’ DATA FINDINGS

## PCORI Overview and Advancing Health in South Texas Engagement Series

The **Knowledge Sharing Champions** session began with an informal networking breakfast where participants were encouraged to connect with fellow peers and colleagues in an effort to establish rapport and trust within the group. Next, Methodist Healthcare Ministries formally opened the session to thank participants for attending and provide a foundation of how this session fits into the broader context of a larger initiative. This discussion focused on establishing a shared contextual understanding of PCORI, the Advancing Health in South Texas Engagement Series purpose and goals, intended overall goals of the **KSC** session, and timeline of the initiative's engagement sessions.

Once a shared understanding was established, the discussion then focused on presenting the main findings from the six community focus groups of the **What Matters to You?** session in order to reinforce the commitment of honoring the community voice in patient-centered outcomes research throughout each of the sessions. Findings were presented by HRiA staff who collected and analyzed data from the **What Matters to You?** session to ensure consistency throughout the process. An overview of this process is outlined below.

## What Matters to You? Overview and Objectives

In February 2016, Methodist Healthcare Ministries and HRiA facilitated the first of the engagement series, **What Matters to You?**, which consisted of six in-depth discussions with patients and community members to gather meaningful feedback regarding what patients identify as important health issues for their communities; how these issues are communicated to them; and solutions to feel actively engaged in co-constructing solutions.

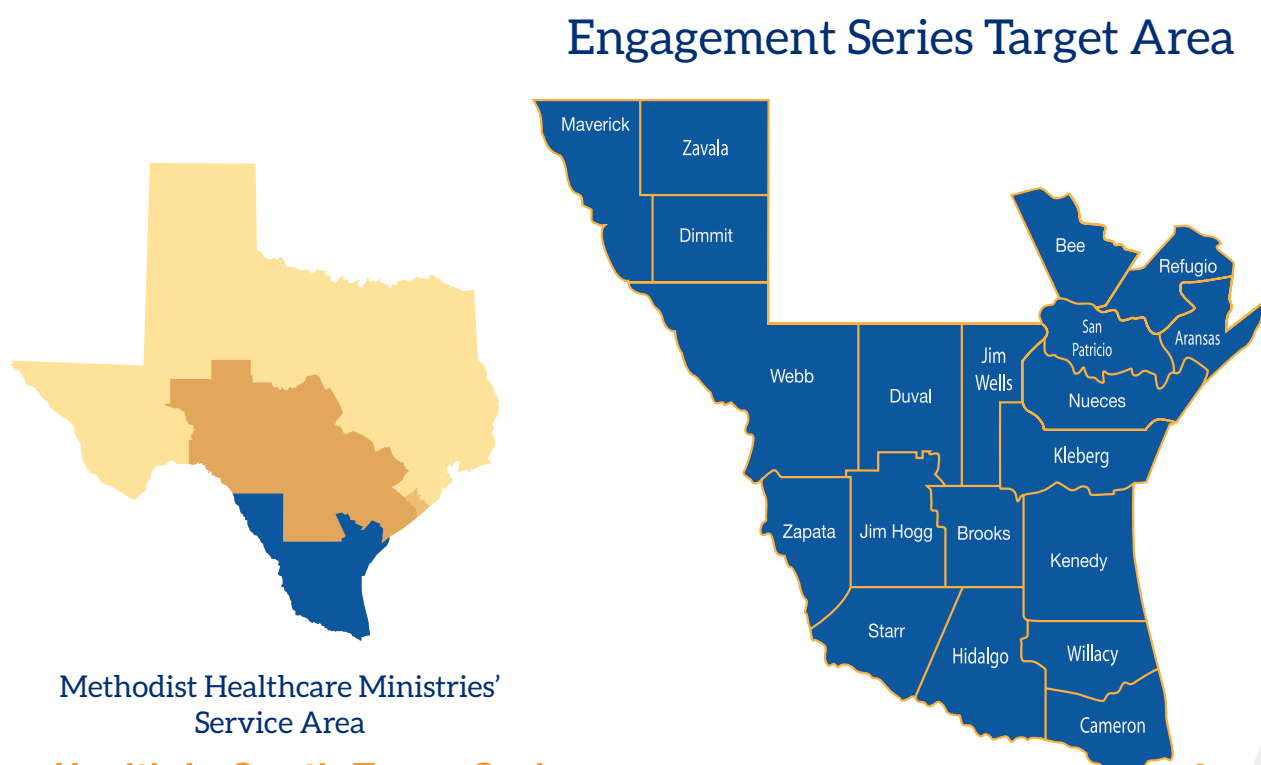
## What Matters to You? Focus Group Methods

Focus groups were used as the strategy to obtain detailed accounts of community members' experiences with healthcare and dissemination strategies in this 20-county area (Figure 1). Six, two-hour groups with 73 individuals (17 men, 56 women) were convened in February 2016 in: Nueces, Zavala, Jim Wells, Hidalgo, Cameron, and Webb counties. The groups were facilitated in English (n=2 groups) and Spanish (n=3 groups), as well as bilingually (n=1 groups), depending on the preference of the participants.

The focus groups spanned across age groups, geography, and participants' role in the community. Methodist Healthcare Ministries partnered with trusted community organizations to help identify and recruit subsets of the population that would offer unique perspectives of community health. Appendix 3 details the list of community partners and target populations engaged in the **What Matters to You?** session.

All focus groups followed the same procedures, including a semi-structured focus group guide and the same facilitator to ensure consistency in the topics covered. Participants received a \$50 gift card after completing the 90-120-minute focus group. The groups were audio recorded, and notes were taken in-person to account for group dynamics and body language. The content was then analyzed by HRiA. No names or identifying details were used in the analysis.

**Figure 1. PCORI Engagement Series Target Area**



## Presentation of What Matters to You? Data Findings

**What Matters to You?** data findings presented patients' valuable feedback in areas of improvement related to the health systems and health information dissemination strategies. It is important to recognize that multiple factors have an impact on health, and there is a dynamic relationship between real people and their lived environments. Where we are born, grow, live, work, and age—from the environment in the womb to our community environment later in life—and the interconnections among these factors are critical to consider. That is, not only do people's genes and lifestyle behaviors affect their health, but health is also influenced by more upstream factors such as employment status and quality of housing stock.

The objectives for including this component in the **Knowledge Sharing Champions** session were to share the key themes from community focus groups, provide a foundation to the conversation with the context of the community voice, and discuss these findings' implications for research and dissemination strategies. Ample time was allocated for discussion and additional Q&A after the presentation of data findings. Prior to the **Knowledge Sharing Champions** session, participants were also sent the full **What Matters to You?** report of findings. Table 1 provides an overview of the major themes and key findings presented at the KSC session.

**Table 1. Key Findings from What Matters to You? Presented at Knowledge Sharing Champions Session**

Topic	Example of Key Finding
Community Strengths	<ul style="list-style-type: none"><li>Shared cultural beliefs and traditions resonated as strong community assets for focus group participants. Values such as hard work and a devotion to one's family were described as core principles in the predominantly Mexican-American communities.</li></ul>
Socioeconomic and Environmental Considerations	<ul style="list-style-type: none"><li>Focus group participants described social and environmental concerns including poverty, crime and safety, employment, and transportation barriers among the most concerning. Across groups, residents reported that the cost of healthcare was the biggest financial burden to families and communities in the region.</li><li>In border regions more so than other groups, participants described seeking care across the border in Mexico. Participants described better care coordination, timeliness, bedside manner, and higher quality care across the border</li></ul>
High Burden of Chronic Diseases and Risk Factors	<ul style="list-style-type: none"><li>Apart from socioeconomic factors, focus group participants described a high burden of chronic diseases and their risk factors-- mainly diabetes, cancer, and substance abuse as significant concerns that impact many residents.</li><li>Mental health issues including stress and anxiety were frequently cited as challenges among participants.</li><li>Substance abuse was mentioned in every focus group, with participants concerned about a range of substances ranging from marijuana to opioids.</li></ul>



Difficulty Navigating a Complex Health System	<ul style="list-style-type: none"> <li>• Across geographies, participants reported a healthcare system that was confusing and inaccessible</li> <li>• Among all six groups, participants described having to leave their communities in order to receive quality health care.</li> <li>• Focus group participants across all groups commented that they believed doctors were over-medicating and over-testing residents.</li> </ul>
Communication and Dissemination Strategies	<ul style="list-style-type: none"> <li>• A mixed communication strategy including in-person interactions, flyers, local radio, and community events were the most frequently suggested ways to disseminate information to the masses. However, focus group participants stressed the importance of understanding the unique communities being engaged before disseminating health-information.</li> </ul>

**Knowledge Sharing Champions** participants were given the opportunity to ask questions and discuss initial thoughts to the data findings. Many KSC participants expressed positive reactions that the Engagement series started off with the voice of the community and that individuals from traditionally underserved populations were engaged in discussions. Similar to findings from the focus groups, it was acknowledged how important it was to engage the community—and particularly more underserved populations—in research strategies in a language that is easily accessible and free from medical jargon. Also several KSC participants discussed the need to establish a common language moving forward, defining specific terms including “community”, “engagement”, and “health literacy.” Lastly, participants shared challenges related to measuring subjective perceptions and behavior changes, and noted that more metrics were needed to quantify progress.

# EXPERT PANEL

## Expert Panel Overview and Objectives

Four prominent academic researchers and professionals were asked to participate in an interactive expert panel to discuss their research topics and agendas, focusing on current and past engagement strategies. Panelists with an expertise in areas of epidemiology, disease management, community engagement, prevention, and data mining shared key learnings throughout the discussion, which are highlighted below. The presentation proceeded with a moderated discussion with key questions provided by an HRiA facilitator, and concluding with a Q&A.

## Expert Panel Methods

The **Knowledge Sharing Champions** session incorporated an expert panel to highlight leaders in the region who are bridging the areas of academic research and community engagement in different and innovative ways. The expert panel discussions aimed to engage participants by discussing current research interests and community engagement strategies happening throughout South Texas. Further, the discussion aimed to increase awareness of what is happening in the region and identify cross-collaborative opportunities for the future.

The names and affiliations of the panelists and the key questions posed to them included the following. (More detailed bios of the panelists can be found in Appendix 4.)

Panelist name	Position	Affiliation	Key Questions
Dr. Janani Krishnaswami, M.D., M.P.H	Associate Professor of Preventive Medicine	The University of Texas Rio Grande Valley School of Medicine	<div>1. Overview of your work</div> <div>a. What research topics are you focusing on and why?</div> <div>b. What indicators or metrics are you using?</div> <div>2. How have you engaged patients in your research?</div> <div>3. How have you disseminated this information to the community and providers?</div> <div>4. How might these key findings inform your current strategies and approaches?</div> <div>5. Where do you see synergy/ interests of those of you and your institution?</div>
Dr. Scott Lillibridge, M.D.	Deputy Principal Investigator and Chief Scientific Officer	Texas A&M University System	
Dr. Joseph B. McCormick, MD, MS	Regional Dean	UTHealth School of Public Health in Brownsville	
Dr. Melissa A Valerio, PhD, MPH	Associate Professor & Regional Dean, San Antonio Reginal Campus	UTHealth School of Public Health in San Antonio	

## Expert Panel Key Themes

Below is a summary of the key themes and findings from the Expert Panel Session:

### ***Theme 1: Capacity and sustainability are often challenges, but by engaging authentically in the community, there is an opportunity to build trust and better understand these problems.***

A prominent theme across the discussion was the need to build “**heart**” in the community before engaging in research efforts. This includes establishing rapport early in the process by engaging residents in community advisory boards, group discussions, and one-on-one interviews. Sustaining long-term engagement, shared panelists, is among the most difficult, but critical, challenge in community-based efforts.

Also stressed was the importance of thoroughly explaining and reinforcing the purpose of research endeavors to the community throughout the research process. This includes creating a deliberate strategy to disseminate information that is mutually beneficial for both researchers and participants. For example, if participants involved in research are asked to provide A1C levels, those data should be reported back to and explained to participants in order to build health literacy and awareness in the community.

Lastly, panelists described the complexities of authentic engagement, with one researcher sharing an important lesson learned early in her career, explaining “**sometimes authentic engagement means accepting when the community is not interested in your research topic.**” She described learning this lesson when approaching a community after receiving funding for a diabetes program only to learn that residents were not interested in the topic. This lesson, she shared, taught her that engaging the community before pursuing research funding is critically important.

**Strategies:** With extensive experience working with community advisory boards across the Rio Grande Valley and elsewhere, one panelist shared, the key lesson is to sustain a feedback loop that translate data into actionable steps guided by the community. Also noted was that technology has been a key resource in community organizing efforts with the Healthy South Texas project—one that can be leveraged in future research dissemination strategies. Participants also shared that getting buy-in from partners and shared participants is extremely time intensive, but creates the necessary foundation to ensure sustainability. Suggestions for encouraging that buy-in include: modeling and promoting health behaviors on an institutional level; making sure a positive presence is felt in the community; and creating opportunities for mutual partnerships between researchers and community members.

### ***Theme 2: Robust research methods are critical to our work; there is a need for evidence-based metrics to quantify community engagement and behavior changes.***

All panelists agreed that strong research methods were among the most important aspect of their work, noting the need to establish legitimacy and publish high-quality data. The problem, shared panelists, is that standard metrics to measure community engagement initiatives have not been robustly established in the literature.

Two panelists discussed the lack of empirical evidence around behavior change initiatives noting that, “**Sometimes well intentioned strategies do not show much change on a deeper level,**” alluding to health initiatives that have not sustained long-term changes in health outcomes and behaviors. This creates many challenges when assessing the efficacy of programs.



**Strategies:** Panelists stressed the importance of establishing evidence-based metrics to begin measuring longitudinal behavior changes in community. A strategy to do so, they shared, is to train medical residents in community engagement models to track additional variables alongside health outcomes. Though also noted was the high burn-out rates of healthcare providers in the field and the need for motivating behavioral change and increasing satisfaction among **both** providers and community.

Further, panelists explained that while randomized control trials are considered the gold standard among researchers, it may not be the most appropriate design in some communities. Panelists shared feelings of mistrust and resentment stemming from randomized controlled trials; those assigned to the control groups can often feel that they are being denied services, creating tension between researchers and the community. A way to counter this approach, shared participants, is to identify stakeholders that are involved in various stages of implementation to allow researchers to look at comparisons.

### ***Theme 3: More needs to be done to reward prevention initiatives at the policy level.***

All panelists agreed that there are not enough resources allocated for primary prevention efforts. Participants explained that there has been an increased focus on prevention initiatives at the policy level, yet funding and rewards for prevention measures have not followed suit.

**Strategy:** A strategy to counter this shortcoming, shared panelists, is to focus on prevention as it pertains to cost containment and savings. Also noted was the need to work collaboratively to advocate for policy changes that reward primary prevention initiatives.

### ***Theme 4: There is a need for increased awareness of research efforts in our community across the health outcomes. Clinical coordination and patient navigation, especially community health workers, are critical services that would benefit from expansion and enhancement.***

Lastly, panelists discussed the importance of increasing awareness of the ample research efforts happening in the region. This communication, shared participants, is important **between and across sectors**. Areas for collaboration included shared data sets, leveraging HIE's, and distributing shared learnings from previous community engagement efforts.

**Strategies:** Panelists agreed that services focusing on improving clinical coordination and patient navigation, especially involving *promotores*, have yielded success and should be strategies to consider in the future.

During the Q&A that followed the panelist discussion, audience members shared similar experiences to those mentioned in the panel, namely: the need for financial support around primary prevention, the importance of robust research methods to improve population health, and challenges related to sustaining community engagement. These similarities, shared participants, created a unique opportunity to delve deeper into potential areas for collaboration in future research endeavors and partnerships.

# JIGSAW EXERCISE AND WORKING STATEMENTS

## Jigsaw Exercise Overview and Objectives

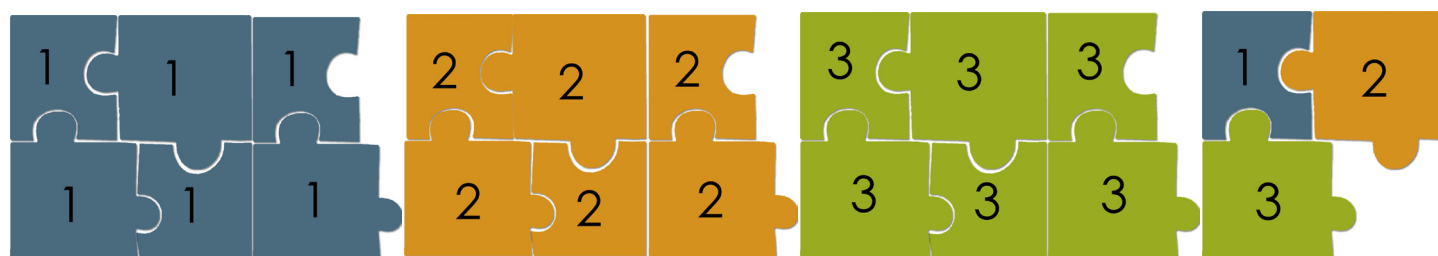
All participants, including panelists, were asked to participate in a small group activity following the expert panel discussion using the Jigsaw approach—a research-based cooperative learning technique meant to encourage listening and engagement while emphasizing cooperation and shared responsibility within groups.<sup>2</sup> The goal was for this “cooperation by design” to facilitate interaction among all group participants, leading them to value each other as contributors to their common task.

## Jigsaw Exercise Methods

Grouping, or cooperative learning, which refers to participants working together to accomplish a common goal or purpose, was the main engagement strategy used for the **Knowledge Sharing Champions Session**. In the **Knowledge Sharing Champions** session, participants were pre-assigned table numbers and asked to answer one of four priority questions with their groups. Team members were in charge of thoroughly discussing, synthesizing, and presenting responses for the question assigned to them. Participants were then asked to switch to question-specific groups, with a representative from each table being responsible for “reporting out” what was discussed in the original groups.

Lastly, participants were asked to reconfigure and begin brainstorming consensus statements in the newly formed groups. The collected qualitative information was manually coded and then analyzed thematically for main categories and sub-themes. A visual representation of the Jigsaw schema, as well as key themes and steps to consider moving forward can be found below.

### Jigsaw Exercise Schema:



## Jigsaw Exercise Key Themes

**Question 1: What are content areas of research we have in common? Where could we focus/prioritize our collaborative research efforts?**

The most frequently cited content areas of interest included obesity, diabetes, disease management, behavioral health, and health literacy. Also noted was the interest in community-level data specific to the large Mexican-American population in the region. Participants noted the need to “bring together multiple methods of research,” describing the shared benefit to studying process and implementation indicators in future. Opportunities to align implementation efforts across programs may encourage shared research in the future. These efforts, shared participants, could be especially useful for programmatic and quality improvement initiatives.

2 Aronson, Elliot (2000) “Jigsaw Classroom” <http://www.jigsaw.org/index.html>

## **Question 2: What things do we need to consider when engaging patients in our research and dissemination strategies? What strategies can we agree on using collaboratively?**

Participants overwhelmingly agreed that taking into account cultural context is among the upmost importance when disseminating health and research findings across the region. Considering factors such as cultural norms, fear and stigma, and collective approaches that include family members can increase engagement among the community. Having a strong cultural awareness, said participants, also includes considering factors such as socioeconomic status, literacy level, and lived experience.

**Forming community linkages between community, patients, and researchers was a common theme discussed.** Group members shared the importance of relationship building early in the research process, and suggested *“meeting the community where they are”* in areas such as schools, clinics, churches, and community organizations. Participants described this strategy as *“taking healthcare beyond clinic walls.”* Engaging Community health workers and providers—including nurses, physician’s assistants, and medical doctors--were reported as strong assets to leverage for these efforts.

Further, participants stressed the importance of follow-up in the research process, which was described as **traditionally lacking in past endeavors.** This follow-up can include creating a cycle of information-sharing after the publication of data through community forums, focus groups, and community advisory boards. Participants described this as *“redefining the research team”* as to include community members.

## **Question 3: What should be the guiding principles for our collaboration in these areas?**

General principles that emerged from small-group discussions included strong ethical conduct, based on trust and respect; strong research methods that promote legitimacy and high-quality data; communication; and patient empowerment. The key, shared participants, is finding the mutual benefits among collaborators and the community by *“painting a broad brush of principles between population, health payers, and academics.”* As previously mentioned, identifying mutual benefits among these stakeholders can stem from sharing and explaining data findings; building capacity of local institutions; promoting health literacy initiatives; and continuously engaging the community through dialogues and group discussions.

Participants also explained the need to focus more efforts on policy changes. Similar to the panelist discussion, Jigsaw participants described the importance of demonstrating the value of primary prevention in research efforts. *“There has to be long term commitment through various policy level initiatives similar to income tax credits and incentives for prevention,”* shared one participant. Other participants agreed and said that cost analyses and effectiveness should be standard practice in future research initiatives.

## **Working Statements**

Participants reconfigured into different groups and discussed the ideas from their specific small groups to develop and come to consensus on key themes around each of these areas. The following provides a synthesis of the working statements that emerged from these discussions:

**Statement 1: Through patient education, we engage patients to own their healthcare.**

A common discussion theme was the importance of empowering patients to “own” their healthcare. This includes focusing on barriers that the community described during the focus groups such as health literacy and navigation challenges. Knowledgeable patients are empowered patients, shared participants, and more can be done to focus on culturally-sensitive approaches to health.

**Statement 2: Robust methods are critical to our work and critical to improved health outcomes in population health.**

As previously mentioned, participants stressed the importance of producing high-quality research through rigorous research designs, implementation, and data tracking. Participants discussed areas for collaboration including shared metrics to focus on regionally, including HbA1C and BMI. Also noted was the need for a systematic way to share data, such as a health information exchange (HIE).

**Statement 3: We agree that working collaboratively among regional institutions could lead to better care outcomes and a better patient experience.**

Several regional academic institutions and public health systems are actively involved in large health-related and research initiatives throughout the Rio Grande Valley and/or Coastal Bend regions. However, research and dissemination strategies are not coordinated across systems, or at times even within systems, to ensure purposeful and respectful patient engagement.

The need to work and communicate collaboratively was a common theme among the groups. Participants noted the importance of not only building relationships among other institutions, but stressed the need to improve collaboration within individual institutions, which is currently a challenge among the group. Recognizing these internal challenges, participants shared, is a positive step towards future efforts to create a system where shared metrics and transparent communication were standard and easily available.

## IMPLICATIONS AND LESSONS LEARNED

Commitment to ongoing collaboration among academic leaders in our community is a vital first step toward expanding and further elevating the goal of the **Advancing Health in South Texas Engagement Series**. Similar to the first session, findings from this report are meant to build upon future discussions throughout the PCORI project with academic researchers, healthcare leadership, public health leadership, and other stakeholders, to create a framework that guides system alignment through authentic patient engagement in future dissemination strategies. A common theme that arose in the KSC session were challenges related to communicating effectively between partners, understanding the differences in language and expectations between academia and community, and the ongoing need to keep community informed of research and vice versa.

As such, key learnings and implications for consideration from the **Knowledge Sharing Champions Session** are as follows:

**There is an opportunity to define a common vision for patient-centered research in the greater South Texas area, by answering the following questions:**

- What do we believe and value about patient-centered research? What does it mean to be patient-centered?
- What would patient-centered research look like in the ideal? What would be its key success elements?

Participants in the **Knowledge Sharing Champions** Session expressed excitement over the idea of collaborations and partnerships in the future. Success of these collaborations will be largely dependent on clearly articulating a common vision for patient-centered research in the region.

Participants acknowledged the importance of deriving research initiatives based on community-driven interests. The challenge, some shared, is that institutional research agendas are not always aligned with community interests. Ongoing conversations about whether/how research can/should be “generated” by community (i.e., community-initiated) vs. engaged with community (researcher-initiated) should be included in this vision. Also discussed was the importance of strengthening relationships between academic research and clinical partnerships. While engagement **across** sectors was identified as important moving forward, participants also noted the challenges of engagement and coordination even within sectors. For example, participants indicated that communicating between different university systems and research institutions is often a challenge in the area; one that makes collaboration difficult.

***There are a variety of definitions and terms used when discussing community engagement, and shared language would be helpful moving forward.***

As previously discussed, **KSC** participants explained that terminology differs across the region and establishing a common language would be important in the future. Even during the session, participants continually used different terms from each other and noted that it was not clear how everyone is conceptualizing and speaking about these issues. Key terms to clarify included community vs. patient, engagement vs. participation, and empowerment, and health literacy. An important next step would be to define these terms for this initiative specifically, as well as engage members elicit feedback from members of the sectors on how they define and operationalize these terms.

***While each region is unique, there is a need to build the knowledge base with a deeper dive using a mixed-methods approach of both quantitative and qualitative data.***

A common theme described was the importance of preserving strong research methods when engaging the community. This includes utilizing a mixed-methods approach in future research endeavors to ensure that the community voice is taken into consideration. Also noted was the importance of disseminating research findings back to the community in a timely fashion. Suggestions to do this included developing a communication strategy to share research findings and raise awareness of the research initiatives happening in Southern Texas. Lastly, participants discussed the importance of sharing de-identified data and metrics that can facilitate a deeper understanding of the health status of residents of South Texas.



## NEXT STEPS AND CONCLUSIONS

The **Advancing Health in South Texas Engagement Series** convenes regional stakeholders to develop a coordinated regional approach for patient-centered research and evaluation among university systems, academic institutions, managed care organizations, and public health systems. By creating a coordinated regional approach rooted in the patient voice, Series participants will lay the groundwork to establish a strong, inclusive regional patient feedback framework. This framework will guide culturally aware research dissemination practices to substantially increase the quantity, quality, and timeliness of appropriate health information to empower patient health decisions.

The Series intends to increase the likelihood that regional researchers and systems payers will ask the right questions and design appropriate patient-centered research that will improve clinic practices and fund the most appropriate care for South Texas residents. Above all, it is important that the systems investing in the regions ultimately provide useful and actionable information for South Texas residents.

Many commonalities emerged from the **What Matters to You?** and **Knowledge Sharing Champions** sessions that will serve as a foundation to the subsequent meetings. As noted earlier, findings from the **What Matters to You?** community focus groups highlighted the importance of strong engagement between providers and patients, building a level of trust, being culturally sensitive, and communicating in a manner understandable to the broader patient population. **Knowledge Sharing Champions** session participants discussed several similar themes from the academic perspective and identified the importance of developing a common language among researchers, identifying common data metrics, coordinating and collaborating across institutions, and considering how future research can more effectively be community-initiated rather than solely researcher-initiated.

Figure 2 presents an overview of the **What Matters to You?** and **Knowledge Sharing Champions** sessions key findings, what is more unique from each session, and the key themes that are common across sessions thus far. The table that follows provides more detailed description of each of the terms within the figure. *Future sessions in the Engagement Series will continue to focus on the synergy between stakeholders in order to continuously identify opportunities for a common framework and encourage commitment to ongoing collaboration.*

**Figure 2. Key Themes, Differences, and Commonalities from What Matters to You? and Knowledge Sharing Champions Sessions**

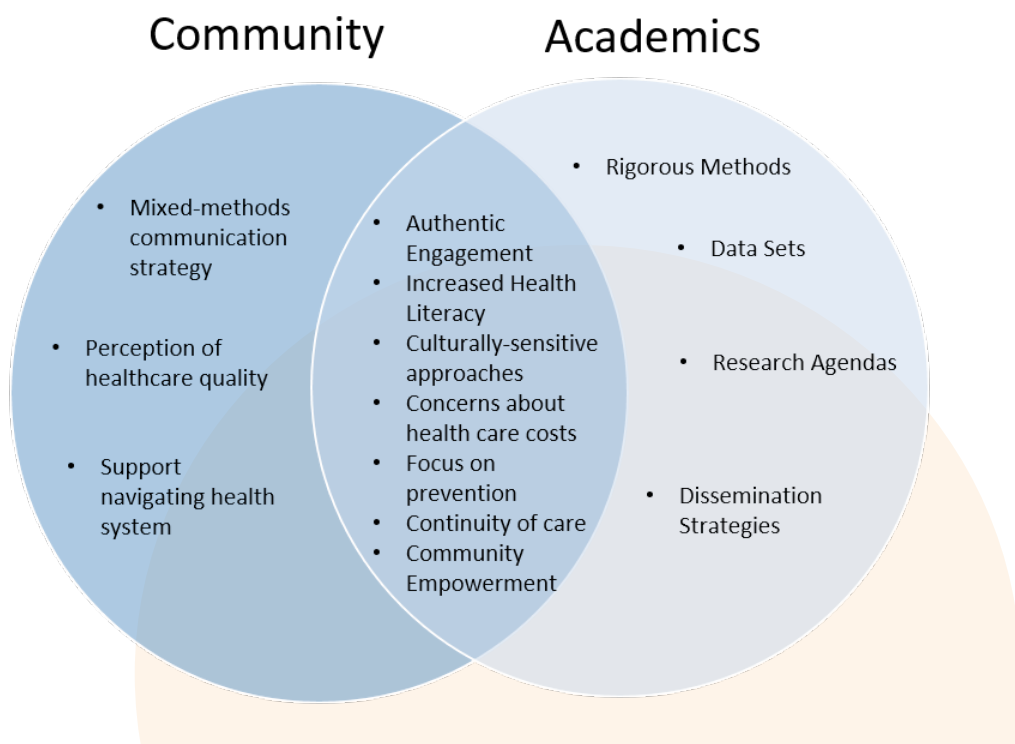


Figure 2 Term	Detailed Description of Findings
Authentic Engagement	Both focus group participants and academics reported that authentic engagement is critical to bridging the gaps between researchers and community members. This includes genuinely taking into account the context, culture, and expectations of the region. Authentic engagement also includes continuously asking for feedback and incorporating community suggestions in future research endeavors.
Increased Health Literacy	Although not explicitly defined as “health literacy” by community focus group participants, members did stress the importance of increasing the knowledge around health risks and behaviors in the region. Also stressed was the importance of focusing on prevention. Academics described this as building the capacity and awareness of community members to “own” their health.
Concerns about Health Care Costs	Focus group participants described the cost of health care being among the most challenging aspects to maintaining a healthy life. Decreasing the cost of care, said participants, is critical to improving both access—and therefore health—in the future. Likewise, academics involved in the KSC session described addressing health care costs as an important result and justification for secure more funding for research initiatives. As they could show greater returns on investment of different initiatives, they could improve population health. Participants agreed that it is critical to include the discussion of health care costs within larger initiatives to improve population health as it is a driving force among many stakeholders.


Continuity of Care	Both focus group and KSC participants acknowledged the importance of building and maintaining rapport in the community. For focus group participants, this meant having more face-to-face encounters with healthcare providers and researchers. To academics, this meant continuously engaging the community with research findings and dissemination strategies. Both agreed that follow-up is critical to maintaining trust among collaborators and community.
Community Empowerment	Similar to authentic engagement, participants in both community sessions and KSC agreed that community members can be empowered to improve population health. Ways to do this include creating more community advisory boards, health coalitions, and collaborative communication strategies. Also noted was the opportunity to leverage technology in these efforts.

The next scheduled engagement session, **Engaging Health Payers**, will occur in August 2016 and bring together leaders from managed care organizations (MCOs), public health systems, and the policy arena to share and discuss results from the first two meetings. Time will be allotted to identify areas of alignment as it relates to shared research agendas, population health outcomes, and the staging of data gathering and sharing of research findings. In addition, there will be a facilitated conversation to inventory patient engagement and dissemination strategies currently in place from their perspective—identification on the importance, the gaps, and possible strategies to redefine engagement and participation to become more meaningful in the translation and uptake of effective care models and improved population health outcomes. Key findings will help further populate the diagram above with an added stakeholder and the focus on identifying further commonalities across these groups.

The **Engaging Health Payers** meeting will allow historically disjointed systems to connect around shared population health outcomes and measurements, as well as, realize the importance of patient engagement strategies and identify possible gaps. The desired outcomes of this meeting are to identify opportunities for alignment; establish rules of engagement among system players that incentivizes and encourages exchange of information; identify areas of shared patient dissemination strategies are not coordinated across systems, or at times even within systems, to ensure purposeful and respectful patient engagement. Above all, the Series will continue to intentionally engage community residents throughout the process in order to improve how research is disseminated and applied in the region.



# LIST OF APPENDICES



APPENDIX 1: KNOWLEDGE SHARING CHAMPIONS AGENDA

APPENDIX 2: LIST OF PARTICIPANTS

APPENDIX 3: 'WHAT MATTERS TO YOU?' FOCUS GROUP RECRUITMENT  
PARTNERS AND TARGET POPULATIONS

APPENDIX 4: EXPERT PANEL BIOGRAPHIES

APPENDIX 5: 'WHAT MATTERS TO YOU?' SUMMARY REPORT

*<http://www.pcori.org/research-results/2015/advancing-health-south-texas-engagement-series>*



## Appendix 1: Knowledge Sharing Champions Session Agenda

### AGENDA: KNOWLEDGE SHARING CHAMPIONS SESSION AGENDA Methodist Healthcare Ministries: PCORI Engagement Series

#### Objectives:

- Share the key themes from community focus groups and implications for research and dissemination
- Discover the research topics, indicators, and dissemination methods already in place with peer institutions
- Develop ideas for framing a shared research and dissemination agenda that would address the needs and concerns of community members

**May 18, 2016**

**9:00 am-3:00 pm**

#### **Welcome and Introductions**

**9:00-9:30 a.m.**

Patricia Mejia, MA, Director of Community Engagement, Methodist Healthcare Ministries  
Lisa Wolff, ScD, Vice President, Health Resources in Action

*Review agenda and objectives*

*Overview of project and roles of stakeholders*

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#### **Presentation of Data and Findings**

**9:30 – 10:15 a.m.**

Erika Gaitan, MSW, Research Associate, Health Resources in Action

*Review key themes from community based focus groups*

*Identify implications for research and dissemination*

*Q&A*

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#### **Break**

**10:15 – 10:30 a.m.**

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#### **Expert Panel**

**10:30 a.m. – 12:00 p.m.**

#### **Defining Research Agendas and Dissemination Strategies**

Lisa Wolff, ScD, Vice President Health Resources in Action

*Academic researchers will have the opportunity to offer a short presentation on their research topics and agendas, followed by a moderated discussion with key questions provided by facilitators, and concluding with Q&A from the floor.*

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#### **Lunch & Break**

**12:00 – 1:00 p.m.**

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#### **Small Group Table Discussion (Jigsaw Exercise)**

**1:00 – 1:45 p.m.**

#### **Brainstorm Solutions**

*Participants will answer key questions at their small table discussions (groups of 4), with each participant responsible for taking notes on one of the questions. Questions could include: What should be our top priorities for a shared research agenda and why? What would success look like? What are current barriers? What are strategies to enhance collaboration and reduce barriers?*

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#### **Consensus Statements**

**1:45-2:30 p.m.**

### ***Bridging the Gap***

Lisa Wolff, ScD, Vice President, Health Resources in Action

### ***Report Out Working Consensus Statement***

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#### **Closing**

**2:45-3:00 pm**

Patricia Mejia, MA, Director of Community Engagement, Methodist Healthcare Ministries

### ***Wrap-Up and Next Steps***

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## Appendix 2: Participant List

Dr. Charles Begley  
Professor in the Department of Management Policy  
and Community Health  
UTHealth School of Public Health in Houston

Eileen Berger  
Life Transition Guide  
I Coach U

Dr. Monica Campos-Bowers  
Adjunct Assistant Professor  
Texas A&M School of Public Health - McAllen

Dr. Don Carlson  
Assistant Professor  
The University of Texas Rio Grande Valley

Carol Chavez  
Regionalization and Partnership Specialist  
Methodist Healthcare Ministries of South Texas,  
Inc.

Violeta Davila  
Reigon Evaluator  
Behavioral Health Solutions of South Texas

Dr. Susan Fisher-Hoch  
Professor  
UTHealth School of Public Health in Brownsville

Olga Gabriel  
Director  
Texas A&M Health Science Center - McAllen

Erika Gaitan  
Research Associate  
Health Resources in Action

Dr. Deepu George  
Assistant Professor  
The University of Texas Rio Grande Valley School  
of Medicine

Dr. Gwen George  
Associate Professor  
Texas A&M International University

Dr. Matiana Gonzales-Wright  
Director Quality Improvement  
The University of Texas Rio Grande Valley School  
of Medicine

Dr. John Kilburn  
Associate Dean of Research  
Texas A&M International University

Dr. Janani Krishnaswami  
Associate Professor of Preventive Medicine  
The University of Texas Rio Grande Valley School  
of Medicine

Dr. Scott Lillibridge  
Deputy Principal Investigator &  
Chief Scientific Officer  
Texas A&M University System

Rose Lucio  
Assistant Director  
Texas A&M Health Science Center - McAllen

Sandra Martinez  
Community Impact & Advocacy Strategist  
Manager  
Methodist Healthcare Ministries of South Texas,  
Inc.

Dr. Joseph McCormick  
Regional Dean  
UTHealth School of Public Health

Patricia Mejia  
Director of Community Engagement  
Methodist Healthcare Ministries of South Texas,  
Inc.

Dr. Jon Mogford  
Vice Chancellor for Research  
Texas A&M University System

Dr. Hugo Rodriguez  
Assistant Professor  
Behavioral Health Solutions of South Texas

Daniel Rodriguez  
Project Coordinator  
Behavioral Health Solutions of South Texas

Dr. John Ronnau  
Senior Associate Dean for Interprofessional  
Education  
The University of Texas Rio Grande Valley School  
of Medicine

Jessica Schleifer  
Director of Operations and Project Management  
Teaching Hospitals of Texas

Laura Trevino  
Associate Regional Director, Lower Rio Grande  
Region

Texas A&M University Colonias Program  
Dr. Melissa Valerio  
Regional Dean  
UTHealth School of Public Health in San Antonio

Dr. Glenda Walker  
Dean, Nursing and Health Sciences  
Texas A&M International University

Dr. Erich Wittmer  
Student Education Coordinator  
The University of Texas Rio Grande Valley -  
Brownsville

Dr. Lisa Wolff  
Vice President  
Health Resources in Action

### Appendix 3: What Matters to You? Focus Group Recruitment Partners and Target Populations

Community Partner:	Target Population:
Corpus Christi Metro Ministries- Nueces County (Corpus Christi, TX)	Self-described homeless adults
Vida y Salud- Health Systems- Zavala County (Crystal City, TX)	Community residents receiving care at a federally qualified health clinic (FQHC);
Mercy Ministries of Laredo- Webb County (Laredo, TX)	Community residents receiving care at a federally qualified health clinic (FQHC)
Rural Economic Assistance League (REAL) - Jim Wells County (Alice, TX)	Rural healthcare providers and patients in the Coastal Bend area
La Unión del Pueblo Entero (LUPE) – Hidalgo County (San Juan, TX)	Upper Rio Grande community members living in <i>colonias</i>
Proyecto Juan Diego- Cameron County (Brownsville, TX)	Lower Rio Grande community members living in <i>colonias</i>

### Knowledge Sharing Champions Session Panelist Biographies

#### **Janani Krishnaswami, M.D., M.P.H**

Dr. Krishnaswami is currently the Program Director of the Preventive Medicine Residency Program at University of Texas – Rio Grande Valley. Her work centers on health “outside the hospital”: engaging in community-based, participatory efforts to promote wellness, prevent chronic disease, and sustain health. Her goal is to adopt a collaborative, systematic approach to building health, while involving residents in the formation of community networks and environments which promote and sustain healthy behavior.

Prior to her role as Program Director, Janani served as the Associate Program Director for Preventive Medicine at the University of California – Los Angeles, where she led discussion and curriculum development on community engagement and quality improvement for UCLA Primary Care residents. As a Kennamer Community Medicine Fellow, Janani provided clinical care, led health improvement and innovation projects, conducted research and mentored residents in various Los Angeles safety net clinics. Here, she received an Innovation Grant and award for her project involving gaming technology in adolescent obesity prevention. In addition, she developed and taught a novel health policy curriculum for the Kaiser Permanente Los Angeles Internal Medicine residency program, and mentored Family Medicine and Internal Medicine residents through the program’s first community-engaged research elective. Based on her work in curriculum design and medical education, she was invited to serve on a national steering committee directing the creation of a novel interresidency health policy fellowship, led by George Washington University and Kaiser Permanente.

Dr. Krishnaswami received her M.D. from the University of Michigan Medical School in Ann Arbor, Michigan, where she was named a Dean’s Scholar. She completed training in Internal Medicine (IM) and Preventive Medicine (PM) at University of California, San Francisco and Kaiser Permanente. She was awarded a University Fellowship to pursue her Masters in Public Health (epidemiology) at University of California – Berkeley. Her research and publications center on the cultural context of wellness, humanism in medicine, and measuring “best practices” of community engaged programs focusing on adolescent obesity. Dr. Krishnaswami is also an avid writer, singer, and traveler. She enjoys spending most of her spare time in the company of her 4-month old son, Kavi, and husband, Kurt.

#### **Scott Lillibridge, M.D.**

Dr. Scott Lillibridge is the Deputy Principal Investigator and Chief Scientific Officer for the Texas A&M Center for Innovation in Advanced Development and Manufacturing. This Center is a public-private partnership with the U.S. Department of Health and Human Services and GlaxoSmithKline that is designed to enhance the nation’s defense against emerging infectious diseases and other chemical, biological, radiological and nuclear threats.

Dr. Lillibridge’s career has focused on the delivery of emergency health care services and public health programs dealing with infectious diseases. During his federal career with the Department of Health and Human Services (HHS), he served as Special Assistant to the HHS Secretary and was the founding Director of the Bioterrorism Preparedness and Response Program at the Centers for Disease Control and Prevention (CDC). He was appointed by President George W. Bush as an Advisor to the Office of Homeland Security in 2002 to assist with developing US initiatives related to health and security.

Dr. Lillibridge served with the US Army Special Forces in 1973-1974. He received his B.S. degree in Environmental Health at East Tennessee State University in 1977 and received his Medical Doctorate from the Uniformed Services University of the Health Sciences in Bethesda, Maryland in 1981. In 1984 he completed specialty training at Baylor College of Medicine in Family Medicine and completed an epidemiology fellowship with the CDC Epidemic Intelligence Service (EIS) in 1992.

### **Joseph B. McCormick, MD, MS**

Dr. McCormick was raised on a farm in Indiana. After graduating from Florida Southern College with majors in chemistry and mathematics, he attended L'Alliance Française and the Free University in Brussels in preparation for teaching sciences and mathematics in French in a secondary school in the Congo where in the local hospital he was introduced to medicine. He entered Duke Medical School in 1967 graduating in 1971 with an intercalated MS from Harvard School of Public Health (1970) under Dr. Thomas Weller (Nobel Laureate 1954). His internship and residency were at Children's Hospital of Philadelphia under Dr. C. Everett Koop (later became US Surgeon General). In 1974 he became an Epidemic Intelligence Service Officer (EIS), at the CDC, and a fellow in Preventive Medicine. He was a PAHO/CDC consultant for the Brazilian government for the extensive meningococcal outbreaks of 1974/6. In 1977 he founded the CDC Lassa fever Research Project in Sierra Leone, where he received an emergency call to join the team investigating the first Ebola epidemic in 1976 and again in 1979. In Sierra Leone he conducted definitive studies of the epidemiology and successful antiviral treatment of Lassa hemorrhagic fever. He became Chief, Special Pathogens Branch, Division of Viral Diseases at the CDC in 1982, directing the Biosafety level 4 laboratories for 9 years. He organized and led the original team in the first AIDS investigation in Africa in 1983 and established the Project SIDA in Kinshasa, Zaire, and later, with Dr. DeCock an EIS officer the Project Retro-Ci in Abidjan, Ivory Coast. In 1983 he identified the virus that causes Hemorrhagic Fever with Renal Syndrome (Hantavirus) in his laboratory at CDC.

Returning to the international world in 1993, he became Chairman, Community Health Sciences Department, at the Aga Khan University Medical School (AKU) where he established an epidemiology program, resembling the CDC Field Epidemiology Training Programs, and a Masters' degree in Epidemiology, and a family Medicine Residency. He returned to the US in 2001 to start a new regional campus of the UT Houston School of Public Health in Brownsville. A measure of the impact of the program in Brownsville is illustrated by a (4 minute) video: <http://www.youtube.com/watch?v=-bOLx282R2c&feature=youtu.be>

During his 15 years in Brownsville, Dr. McCormick has been PI on 3 NIH grants and 3 CDC grants, a Co-Investigator on several including the two CTSA grants for UTHealth. The campus has published over 190 peer reviewed articles characterizing the extraordinary level of health disparities in the region. Dr. McCormick has been instrumental in bringing in over \$65 million in external funding to Brownsville campus.

His awards include the USPHS Meritorious Service Medal, and humanitarian awards from Florida Southern College and Duke University Medical School, and Friend of Public Health award from the Texas DSHS. Dr. McCormick has over 250 scientific publications with co-authors from over 20 countries. He has contributed to television, newspapers and periodicals and is featured in several books for the lay reader (e.g., The Coming Plague, The Hot Zone). With his wife, Sue Fisher-Hoch he co-authored a popular account (Level 4, Virus Hunters of the CDC) of their professional adventures that was translated into seven languages. He was an expert commentator for CNN, Fox, and MSNBC during the Ebola epidemic. He is an accomplished amateur pianist, and enjoys outdoor activities such as biking, back packing, skiing and fly-fishing.



### **Melissa A Valerio, PhD, MPH**

Research interests: Health literacy and disease management intervention design and evaluation using a community based participatory research approach.

Melissa A. Valerio, PhD, MPH, is the Regional Dean and an Associate Professor of Health Promotion and Behavioral Science at the UTHHealth School of Public Health, San Antonio Regional Campus. Prior to returning to her native Texas, she served as an Assistant Professor of Health Behavior and Health Education at the University of Michigan School of Public Health. She currently serves as a Chancellor's Fellow for the UT Health System and is leading the design of a strategic plan for addressing Hispanic and border health in partnership with UT Health Systems across Texas.

Dr. Valerio is originally from Duval County, Texas (San Diego) and received her bachelor's degree from the University of Texas at Austin. She obtained her Master's degree in Health Behavior and Health Education at the University of Michigan School of Public Health and her PhD in health behavior and health education from the University of Michigan.

Dr. Valerio's interests include chronic disease management and prevention, the design and evaluation of effective health education messages and materials, and survey methods. She is particularly interested in health literacy and cultural competence issues related to health education and communication in minority underserved communities. Dr. Valerio has been involved in the planning, implementation, and evaluation of community-based coalitions and partnerships. She has served as PI on studies focused on the design and evaluation of innovative functional health literacy related interventions and strategies to promote disease management (type 2 diabetes, asthma, and oral health) and prevention (type 2 diabetes). Dr. Valerio also serve as an investigator on NIH, AHRQ, CDC, PCORI and foundation studies examining the use and influence of genetic explanations in prevention of type 2 diabetes, comparative effectiveness research practices in diabetes management and a center initiative addressing health disparities in cardiovascular risk.

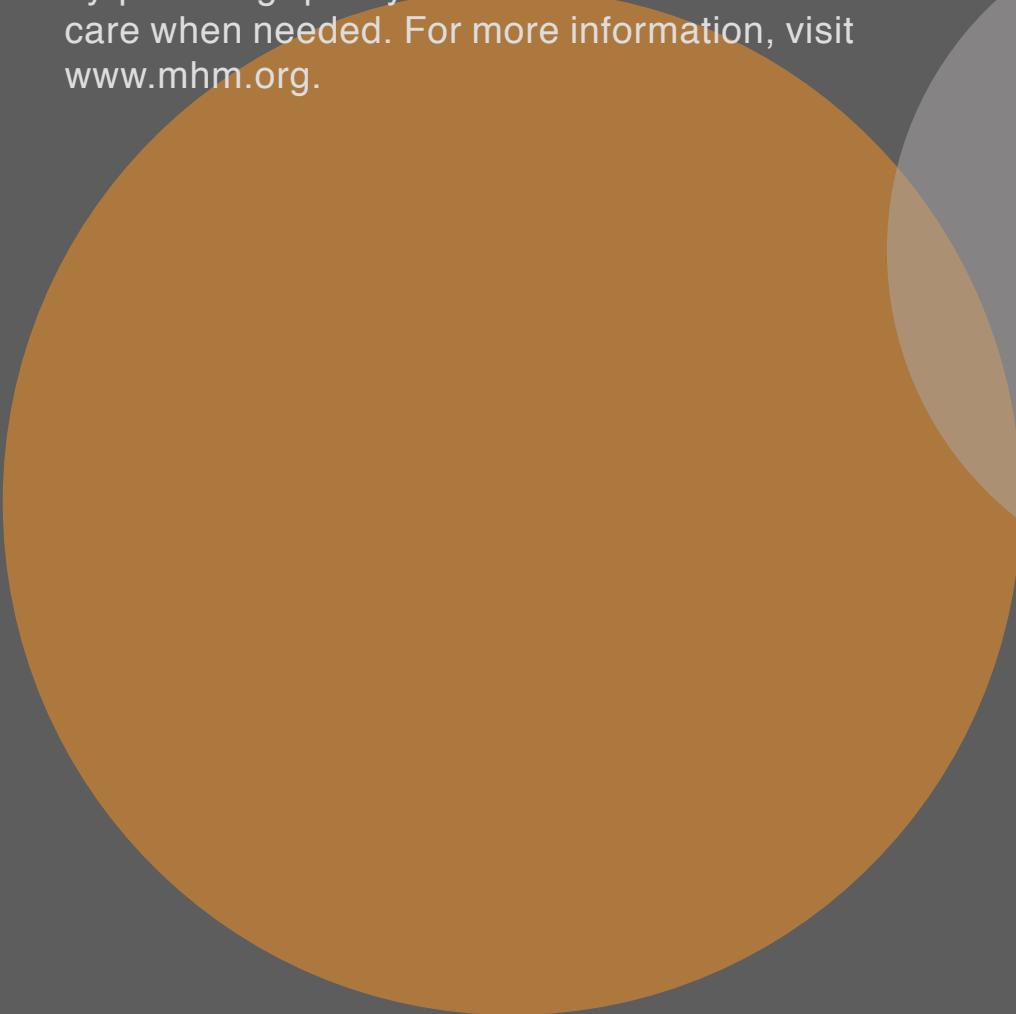
## APPENDIX 5: 'WHAT MATTERS TO YOU?' SUMMARY REPORT

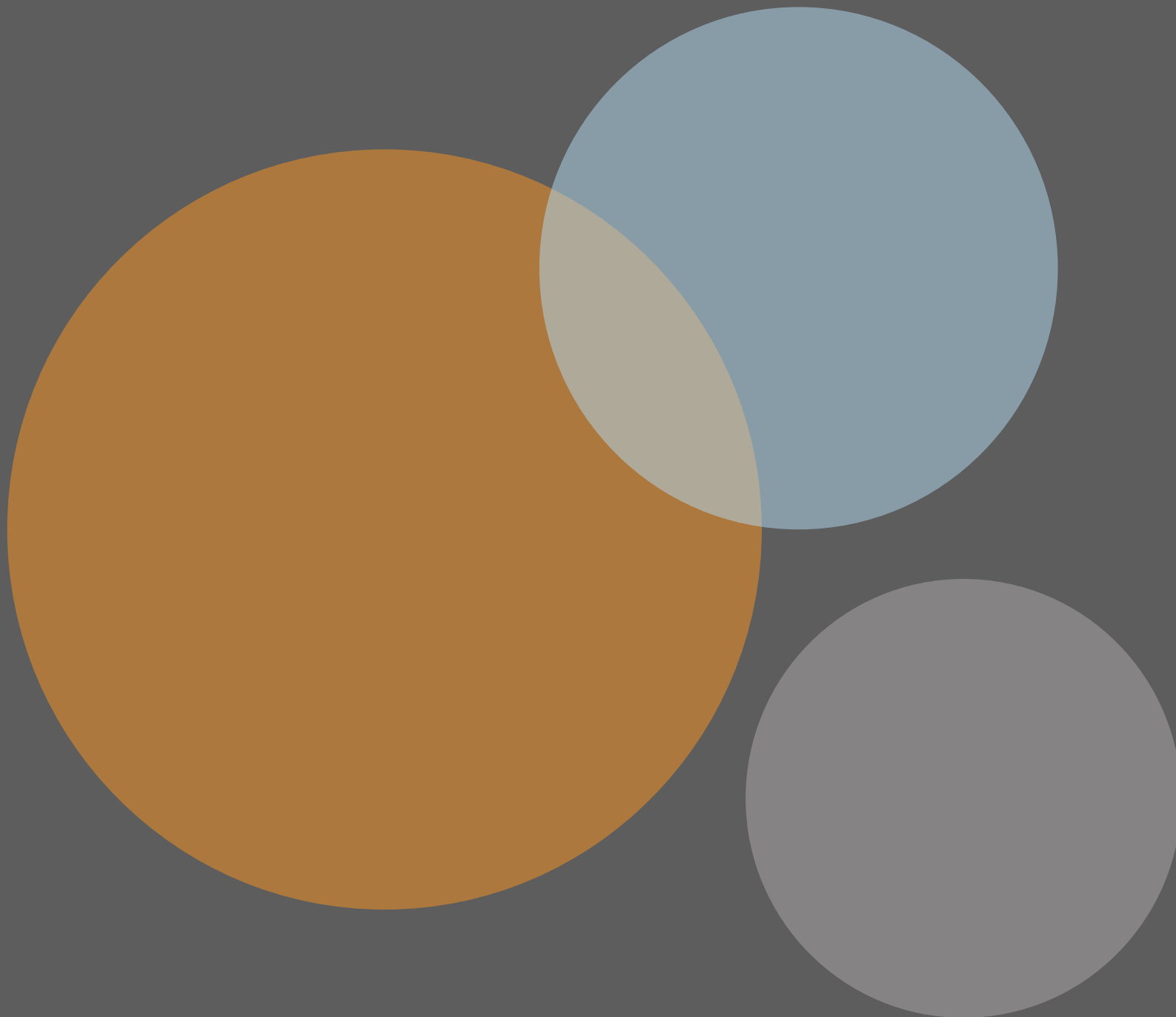
To download the 'What Matters to You?' Summary Report visit:

*<http://www.pcori.org/research-results/2015/advancing-health-south-texas-engagement-series>*

## About Methodist Healthcare Ministries of South Texas, Inc.

Methodist Healthcare Ministries of South Texas, Inc. is a private, faith-based not-for-profit organization dedicated to creating access to health care for the uninsured through direct services, community partnerships and strategic grant-making in 74 counties across South Texas. The mission of the organization is “Serving Humanity to Honor God” by improving the physical, mental and spiritual health of those least served in the Rio Texas Conference area of The United Methodist Church. The mission also includes Methodist Healthcare Ministries’ one-half ownership of the Methodist Healthcare System, the largest health care system in South Texas, which creates a unique avenue to ensure that it continues to be a benefit to the community by providing quality care to all and charitable care when needed. For more information, visit [www.mhm.org](http://www.mhm.org).





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