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ANNUAL REPORT

T TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.
F. Marie Hall Institute for
Rural and Community Health





TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

F. Marie Hall Institute *for*
Rural *and* Community Health

MISSION:

The F. Marie Hall Institute for Rural and Community Health exists to work in collaboration with the people of Texas for the advancement of health through innovative and scholarly research, advanced use of technology, and comprehensive education and outreach.

VISION:

We, the people of the F. Marie Hall Institute for Rural and Community Health, focus our imagination, our talents, and our energy to improve the health and well-being of the people and communities of Texas and beyond.

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3601 4th Street, MS 6232
Lubbock, Texas 79430
(806) 743-1338

LETTER FROM THE EXECUTIVE VICE PRESIDENT AND DIRECTOR

Recently, I had lunch with one of my mentors, who is also one of my most favorite people on Earth. I can ask her anything and she will always give me wise counsel. In our conversation, she asked me how I was doing. When she asks this question though, it is not a passive inquiry of an uncaring person attempting to show basic social etiquette. Rather, when she asks this question, she truly wants to know the answer. We both understand that life has challenges, failures, and many sorrows that we must rise above. As such, her question goes deeper than simply wanting to know my current state as it is more about accountability and how I am doing in achieving my purpose in life. In answering my mentor, I have come to realize that developing self-accountability through pondering our status in achieving our purpose in this life is a good exercise and one that we all must perform often for ourselves.

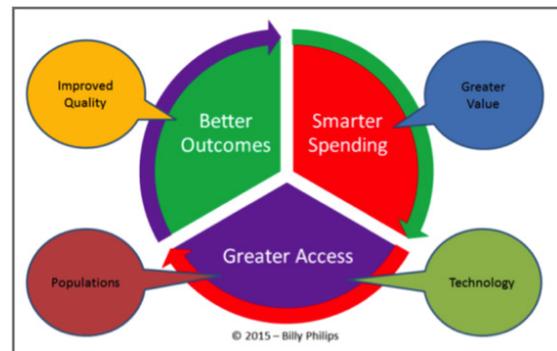
Accordingly, I challenged the F. Marie Hall Institute for Rural and Community Health's (Institute) staff to look beyond the immediate moment and conduct this exercise of self-accountability in our recent strategic planning meetings. Additionally, as I traveled about West Texas, I asked those that the Institute serves to tell us how the Institute is doing in being accountable to them. In this year's Annual Report, you will find quotes from what our people at the Institute have to say about their purpose as well as what our community voices say about how we are doing. Of all the good things you might read about in the 2015 Annual Report, those are among the most interesting and perhaps, the most compelling things, which speak to the vital, dynamic and innovative status of the Institute.

Through this past year, the Institute has experienced a year of change. Although I think that it would sometimes be nice if the change did not occur so rapidly, it is through the pains of change, much like a refiner's fire, that we become stronger and experience growth, which results in more purpose and greater opportunities. Due to the changes within the Institute, it was necessary to develop the third major strategic plan of the Institute to better support the need and trajectory of our changing healthcare environment. Two things stand out in that document – (1) the Institute's staff will conduct more work in teams that cross the lines of the Institute divisions, which reflects the large number of programs we operate and (2) we will put our people in positions where they can use their skills to advance to the mission of the Institute to better serve and provide innovative solutions to the communities of West Texas. Though we have rebranded the individual divisions, as further seen in this Annual Report, they will remain the principle unit of identity within the Institute, with the interdivisional teams becoming the principle unit of accountability.

As in previous years, the Institute has been a place of innovation. We work in a dynamic environment with many of our programs focused around first-of-their-kind activities, demonstrations of concepts that are likely to become state and national models, and cutting edge collaborations with other state agencies. For example, the Telemedicine Wellness Intervention Triage and Referral (TWITR) Project is a first-of-a-kind program and it is likely to become a statewide initiative as additional funding is received to expand it beyond its current footprint. The uniqueness of this program is further portrayed through the Publications section of this Annual Report in that several papers and presentations developed relate to TWITR Project initiatives, with many authored by students in training who will most likely use the knowledge gained through this program in their professional careers.

Another innovative project the Institute is engaged in was developed under the Eighty-Fourth (84th) Texas Legislature by means of House Bill 479, which was passed and entered into law effective September 1, 2015. HB 479 amends Chapter 1 of the Texas Health and Safety Code by the addition of Subchapter F, which requires the Commission on State Emergency Communications (CSEC), with the assistance of Texas Tech University Health Sciences Center (TTUHSC), to establish a pilot project, titled the “Next Generation 9-1-1” Telemedicine Medical Services Pilot Project, to provide emergency medical services (EMS) instruction and emergency pre-hospital care instruction through a telemedicine medical service. As further described in this Annual Report, the Next Generation 9-1-1 Telemedicine Medical Services Pilot Project will aid EMS and emergency responders in the treatment of patients via telemedicine by allowing real time emergency care consultation in order to improve access to care. Already, this demonstration project has illustrated the Institute’s ability to work collaboratively with other state agencies, as the Institute has garnered additional support from the Texas Department of Agriculture. When Commissioner Sid Miller dropped by the 2015 Crossroads Conference in San Antonio, which was hosted by the Institute, he immediately saw the potential for this project to make a big impact in rural areas of Texas and worked to provide further funding for this project to ensure it has a greater impact.

In regards to the dynamic environment the Institute works in, on January 26, 2015, U.S. Department of Health and Human Services Secretary, Sylvia M. Burwell, announced a major new initiative focused on health care delivery system reform. The announcement included measurable goals and a timeline to move the Medicare and Medicaid program, and the health care system at large, toward paying providers based on the quality, rather than the quantity of care they give patients. The effect of these payment reforms will be to increase access to care, lead to smarter spending, and yield improved patient outcomes and better population health. Also, these changes will lead to the transformation of clinical practice creating an environment ripe for innovation and wider scale use of technology, such as electronic health record (EHR) systems, telemedicine, and a stronger focus on health informatics. As the “trusted advisor” for health care technology in the region, the Institute, through its ONC funded West Texas Health Information Technology Regional Extension Center (WTxHITREC), has brought over half of all primary care providers in West Texas to the adoption of certified EHR systems and the achievement of criteria for meaningful use in less than four years. Going forward, in light of the new health care delivery reforms, the Institute will continue to develop ways to support these providers as they search for ways to use technology to improve the quality of care they provide to their patients. Additionally, our teams are working now to prepare and train more community health workers to support the transformation of clinical care to a quality care based model.



As another innovative endeavor, the Institute pioneered the development of a Telemedicine Program beginning in 1990 as a means for bridging the care access gaps commonly found throughout the vast distances of the region. Having hosted over 70,000 Telehealth encounters, the TMP brings virtual health care to free-living and imprisoned patients living in rural communities across West Texas. Leveraging these experiences, the Institute was able to receive funding through the Network Access Improvement

Program in partnership with Amerigroup and Grace Clinic Online to initiate the first Telemedicine Training and Testing Laboratory in the country. This first-of-a-kind laboratory will provide a model of education and certification in specific competencies, which will establish the standard of practice in telemedicine, telehealth, m-health and e-health including remote patient bio-monitoring. This will allow our region to continue to deliver better outcomes of care through better access to care through utilizing health care resources and funding in a smarter fashion. When it comes to telemedicine, the Institute will not stop looking toward the future. The Institute has worked hard to support the passage of Texas HB 1878, which provides reimbursement of physicians for school-based primary care. As part of this work, we will build on the long-standing experience in the Hart Independent School District (ISD) clinic to provide training for school nurses in order to expand primary care services to children, especially those rural areas. It was through collaboration with the Texas Medical Board (TMB) and by providing input regarding the adoption of rules to expand telemedicine opportunities that we are able to move to school-based care. Moreover, what we do in this advisory capacity helps to increase opportunities for patients to interact with their physicians beyond the traditional office visit through the utilization of telemedicine. This will include efforts to further clarify that a physician-patient relationship can be established through a “face-to-face” visit held in person or via telemedicine as well as promulgating rules that allow for greater access to treatment from a patient’s home and greater access to treatment for behavioral and mental health, which are two challenges facing returning veterans who preferentially settle in West Texas.

I could go on and on about the future and all the ideas and imaginations we have that the Institute will soon put into action and from which will drive forth our vision and mission statements. This brings me back, however, to our purpose at the Institute. I recall a verse from the Book of Esther: “And who knows but that you have come to your royal position for such a time as this?” We really do feel so privileged to be here at this time and in this place. We really do feel like royalty, but we hope that we serve like people who know their purpose. We strive to find this purpose on all levels of relationships developed through the work we do, both inside this marvelous Institute and outside to the people who are the communities we serve.

Pastor Rick Warren has put it best in my opinion:

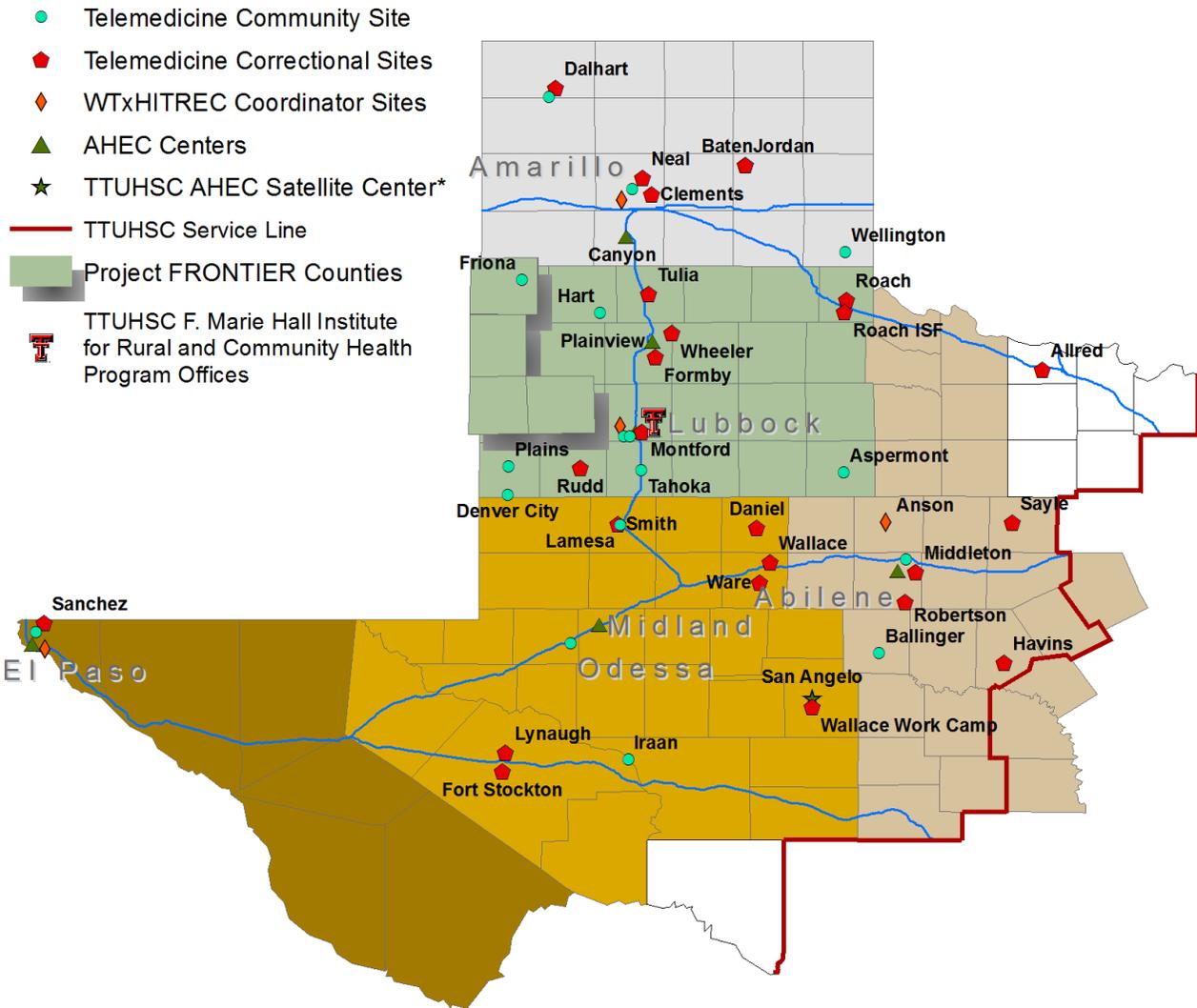
“Time is your most precious gift because you only have a set amount of it. You can make more money, but you can’t make more time. When you give someone your time, you are giving them a portion of your life that you’ll never get back. Your time is your life. That is why the greatest gift you can give someone is your time. It is not enough to just say relationships are important; we must prove it by investing time in them. Words alone are worthless. ‘My children, our love should not be just words and talk; it must be true love, which shows itself in action.’ Relationships take time and effort, and the best way to spell love is “T-I-M-E.”

(From: The Purpose Driven Life: What on Earth Am I Here for?)

We thank you for allowing us to serve, to live and move and have our being in this place, and to spend our time with purpose.

Billy U. Philips, Jr., Ph.D., MPH
Executive Vice President and Director
The F. Marie Hall Institute for Rural and Community Health

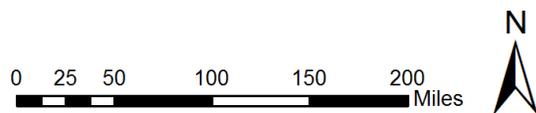
F. Marie Hall Institute for Rural and Community Health Sites



*Although no funding was received from Legislation in FY 2015 to support a regional service area AHEC office in the Concho Valley region, we are maintaining our presence in the region through the development of the San Angelo AHEC Satellite Office. We hope that future funding opportunities will allow us to develop this AHEC Satellite Office into a full regional service Area AHEC office to further allow dedicated AHEC staff to serve even more community members of the Concho Valley region.

West Texas AHEC Regions

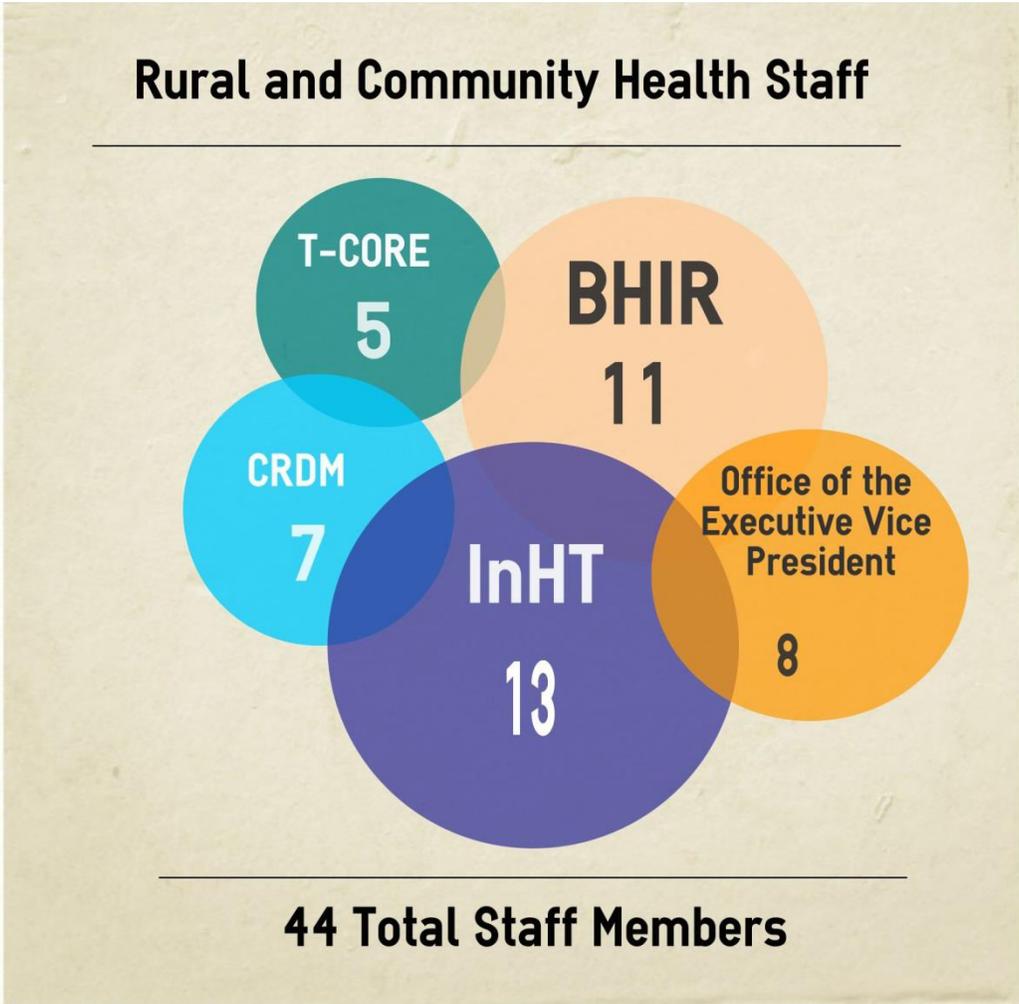
- Not Served By AHEC
- Panhandle AHEC
- AHEC of The Plains
- Big Country AHEC
- Permian Basin AHEC
- Desert Mountain AHEC



RURAL AND COMMUNITY HEALTH DIVISIONS

The Institute is a multidisciplinary group of professionals that are focused on key programs in the following major areas:

- Behavioral Health Innovations and Research (BHIR)
- Contract, Reporting and Data Management (CRDM)
- Transforming Communities through Outreach, Recruitment and Education (T-CORE)
- Innovations in Healthcare Transformation (InHT)





T-CORE

INITIATIVES:

West Texas Area Health Education
Center

Community Health Worker Training
Youth Engagement Training Initiative



As the Institute evolves, the different divisions have changed their names to more accurately describe their scope of programs. The West Texas Area Health Education Center (AHEC) is expanding the mission of addressing healthcare shortages and improving health care access to include transforming communities through innovation and reform. Healthcare is ever changing which affects everyone, including our rural providers and communities. T-CORE recognizes that it is only through leadership, guidance, and support through these changes, that the rural providers will be able to maintain, sustain, and possibly grow their practices. Additionally, transformation must occur within the community and T-CORE is positioned to facilitate that through coordination and education.

WEST TEXAS AREA HEALTH EDUCATION CENTERS

The West Texas AHEC Program and its five regional offices –located in Canyon, Plainview, Midland, Abilene, and El Paso – along with a satellite office in San Angelo serve as the TTUHSC’s outreach arm to engage communities in assessing their health care needs and to coordinate the pipeline of the health care workforce for the service region. The West Texas AHEC Program works to reduce health service disparities, health care provider shortages, and barriers to healthcare access in Texas through regional, need-based health professions workforce development. Additionally, the West Texas AHEC Program:



- Expands community-based opportunities to increase health professions training capacity;
- Provides community-based clinical training for health professions students;
- Provides practice entry support;
- Introduces youth and their families to health careers; and
- Supports placement and retention of health professionals in high need areas.

Accomplishments in 2015

- Helped address the healthcare provider shortages in rural West Texas by hosting 297 Health Careers Promotion and Preparation events reaching 52,684 participants
- Distributed 28,430 H.O.T. (Health Opportunities in Texas) Jobs books
- Coordinated 236 rural field placements for health professions students
- Hosted 606 continuing education offerings reaching 9,242 participants
- Hosted 45 events with 821 participants to support programs that recruit and retain health professionals in rural communities for underserved populations
- Served 7 agencies by providing health literacy programming focused on fostering health behavior development
- Inaugurated a new chapter of the “High School Double T Health Professions Honor Society,” a program designed to enhance the pre-health professional student’s journey into the healthcare field.

Looking Ahead to 2016

The West Texas AHEC continues to look to the future in anticipation of changes in the medical field that will affect recruitment and training of healthcare professionals. As healthcare continues to evolve, the West Texas AHEC will persist in its work to identify gaps in services, such as mental health training. Having had the opportunity to conduct community needs assessments for its rural partners, the West Texas AHEC is at the forefront of information surrounding gaps as well as assets in the communities that they serve. West Texas AHEC will continue to build new relationships with community partners and foster established relationships while focusing efforts on value-based activities that mirror their overall mission.

Community Voices

“As community partners in our educational endeavors, [AHEC] has provided us with a unique opportunity to broaden the scope of practice-based knowledge for our students... Our students are greatly inspired to follow in the footsteps of mentors like those found at [AHEC]. As of last year, we have had over one-half of all students who participated in this program accepted into universities that offer a health career.”

-Loren Lujan, BSN
HST Educator

“For the past 5 years, Panhandle AHEC has partnered with our hospice in our spring all-day training event. We consider Panhandle AHEC to be an indispensable partner in our effort since they create and distribute publicity and registration materials, manage the registration process..., and assist us on-site with registration and other needs... They do an enormous amount of good all over the Panhandle of Texas.”

-Danny Mize
Bereavement Coordinator and Chaplain, Hospice Care of the Southwest

“The Permian Basic AHEC has been instrumental in advancing our education initiatives at Medical Center Hospital. The team’s commitment to advancing education for healthcare professionals is unwavering and demonstrated in our day to day interactions with them. We are incredibly proud and grateful to be a part of AHEC’s mission to further develop and strengthen our workforce.”

-Diana Ruiz, DNP, RN, APHN-BC, CWOCN, NE-BC, CHW
Director of Population and Community Health, Medical Center Health System

“The services provided by Desert Mountain AHEC and Director Mr. Daniel Camacho and his program office are invaluable to our students here at Silva Health Magnet High School... They learn about career opportunities in the health fields in Texas through the Texas H.O.T. Jobs book and what type of education they need to pursue a career in the health sciences... All of this helps our students in planning and preparing for their future.”

-Shari S. Schwartz, M.Ed.
Magnet Coordinator, Silva Health Magnet High School

“AHEC has been taking care of my workshops for many years. This takes a great weight from me and contributes to the success of my classes. Tommy and staff [Panhandle AHEC] are always professional. I owe a great debt of gratitude to them.”

-Dinah Lewis, RN, MSN
BSA Outpatient Therapy Services

“Help received from the Desert Mountain AHEC office has significantly improved healthcare education in the border region. Their support of medical education activities is unsurpassed.”

-Herb Janssen, Ph.D.
Paul L. Foster School of Medicine, Texas Tech University Health Sciences Center - El Paso

“We have been able to benefit from the programs offered by the Panhandle AHEC. Every year our students are able to learn about the different careers in the Panhandle. It is one of the best opportunities that our students have all year. It is nice to be able to have a program in the Panhandle that is always willing and able to reach out to the smaller school in the Panhandle.”

-Deborah Rala Underwood
Highland Park Independent School District

“Without AHEC’s technical support and willingness to brainstorm on options for our annual Texas Nurses’ Association Nurses’ Week Celebration, we would not have had an event!... We had wonderful responses from our participants and we owe that all to [AHEC]... We need [AHEC] in the Panhandle and look forward to many more years of professional partnership!”

-Ruth O. Whitehead, RN, MSN

“On behalf of the students and staff of the Upward Bound Program at the University of Texas at El Paso, I would like to express our appreciation for the valuable assistance we have received from the Desert Mountain Area Health Education Center... Our collaborations with AHEC have been extensive and extremely productive in helping us accomplish our objective of career readiness. It has been a genuine privilege to collaborate with Desert Mountain AHEC and we are looking forward to continuing this partnership on behalf of the students we serve.”

-Tita Yanar, M.Ed.
Director, Upward Bound, University of Texas at El Paso

“Desert Mountain AHEC community outreach with El Paso ISD... has provided many students with presentations on exploring careers in the medical field and other STEM areas during Career Days at the elementary, middle and high school levels... Mr. Daniel Camacho and his team have been very instrumental in the development of EPISD’s launching of our programs.”

-Manuel Castruita
Director of Guidance and Counseling Services, El Paso Independent School District

“In my previous and current job, I have found AHEC to be instrumental in assuring professional development for healthcare providers in our community. Without their assistance, I’m afraid opportunities to access trainings would be limited.”

-Amy Hord
Social Work Instructor, West Texas A&M University

“The education that students receive outside the Texas Medical Center, in the community, is essential to the development of well-rounded healthcare providers. The AHECs help connect the provider-teacher and the community with the learner. In short, they facilitate community-based education.”

-Patricia Kelley
Physician Assistant Program, Baylor College of Medicine

COMMUNITY HEALTH WORKER TRAINING

Community health workers (CHWs) are individuals who serve as liaisons between health care providers, and the community. The West Texas AHEC is qualified to provide CHW training and continuing education courses in order to certify individuals in this field. The training curriculum the West Texas AHEC follows guidelines set forth by the Texas Department of State Health Service which requires CHWs to acquire 160 clock hours of training in eight competencies (20 hours per competency). The CHW curriculum competencies are: Communication, Interpersonal, Service Coordination, Capacity Building, Advocacy, Teaching, Organizational, and Knowledge Base. The CHW training clock hours consist of face-to-face didactic sessions along with varied types of interactive learning experiences in a classroom setting. These learning experiences enhance the knowledge base required to perform CHW tasks, and allow the trainee to practice and develop specific skills in application. While a classroom setting is the basic training curriculum presentation format, West Texas AHEC is also offering an alternative virtual format for distance learning students. This virtual format will serve to engage participants residing in rural communities.

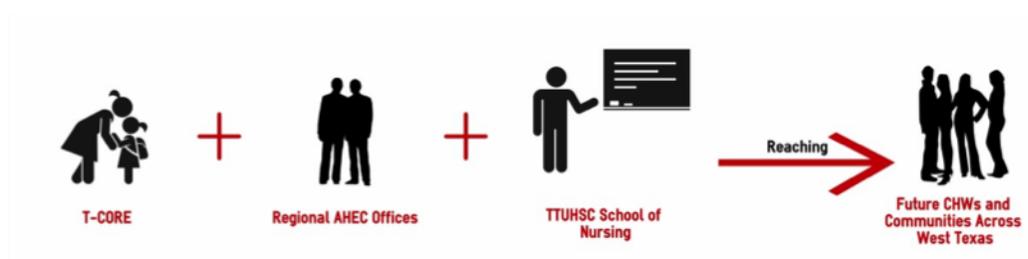
Accomplishments in 2015

In 2015, the West Texas AHEC partnered with the TTUHSC School of Nursing (SON) CHW program to support the largest cohort of CHW students in Texas. Twenty-six students enrolled in the course and thirteen of those students were located in rural counties such as Taylor, Bailey, Ector, Parmer, Terry, McCulloch, Potter and Randall. The West Texas AHEC provided the TTUHSC SON CHW program with a video conferencing license to facilitate the virtual classroom. The students in the rural communities were issued iPads with the video conferencing software so they could participate and interact virtually with the live class held in Lubbock.

Looking Ahead to 2016

The West Texas AHEC will continue to partner with other certified institutions such as the TTUHSC SON to provide CHW training. Additionally, the West Texas AHEC's regional offices will recruit students locally and provide face-to-face trainings in their respective communities. Furthermore, the West Texas AHEC is in the process of updating and revising the CHW curriculum that was certified in 2012 to include modules that cover chronic disease management, patient navigation, telemedicine, and other topics identified to address rural health disparities. The program plans to develop and offer CEU opportunities to CHWs both face-to-face and virtually. Internal partnerships with Telemedicine and external partnerships with interprofessional education will be fostered through these efforts.

Program Team



YOUTH EMPOWERMENT TRAINING INITIATIVE

The Youth Engagement Training Initiative (YETI), which officially launched in 2014, focuses on empowering youth by addressing three critical factors: self-esteem building, communication skills, and problem-avoidance management. By addressing these factors, the program aims to reduce juvenile delinquency, adolescent substance abuse, mental health, and suicide amongst rural youth.



The YETI program primarily serves youth residing in rural Lubbock County and the eight surrounding rural counties of Lamb, Hale, Floyd, Crosby, Garza, Lynn, Terry, and Hockley. Through existing partnerships with West Texas AHEC and the Telemedicine Wellness Intervention and Triage Referral (TWITR) Project, new YETI partnerships in communities such as Brownfield and Levelland have been established. YETI will continue to reach out to other schools and communities in the 9-county rural service area to promote the program and the newly formed Youth-Adult Council (YAC). The YAC is an integral component to the YETI program as it is youth led and brings adults and youth together to facilitate change in their respective communities.

Accomplishments in 2015

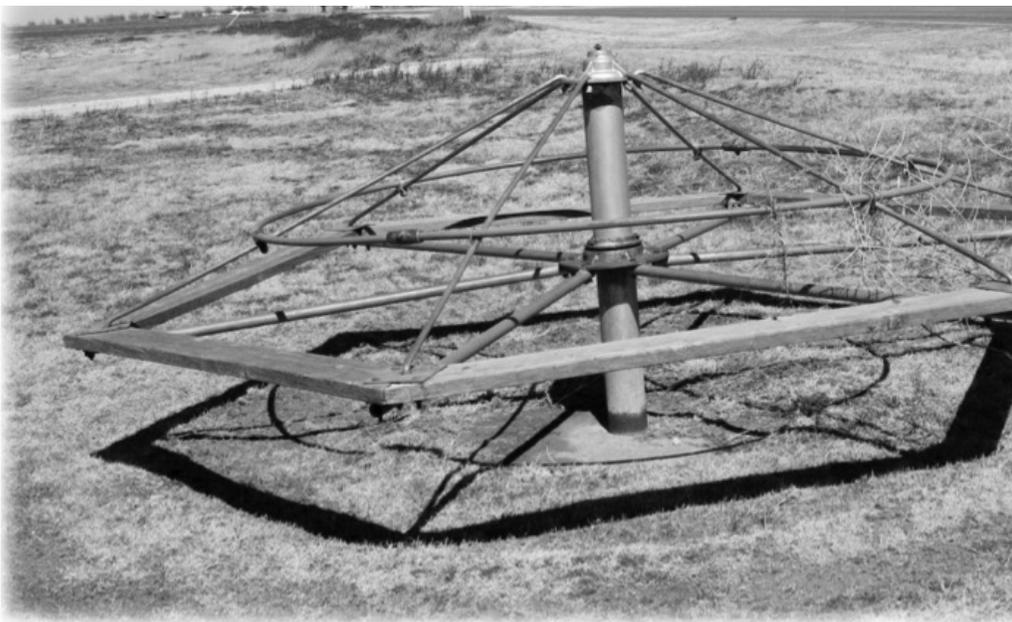
- 49 educational workshops and activities
- Formation of a Youth-Adult Council
- Creation of YETI Bylaws
- Implementation of Strategic and Sustainability Plans
- Positive Action Training
- Communication Training
- Implementation of network for rural youth-serving partners

Looking Ahead to 2016

- Continued recruitment of youth and adults
- Programming Implementation – Positive Action and Got Transition
- Outreach and Awareness Events
- Risk Factor Training
- Expansion of programming to urban Lubbock
- Expansion of programming and project to West Texas Region (AHEC Centers)
- Creation of YETI Youth Summit
- Creation of YETI Semester of Service
- Marketing Campaign

Program Team





CRDM

INITIATIVES:

Texas Journal of Rural Health

CRDM

Contracts, Reporting & Data Management
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

The CRDM is a resource within the Institute which supports endeavors throughout the Texas Tech University System as well as the communities within the TTUHSC service area. The CRDM supports academic and community-based endeavors by providing information through geomapping and analysis, contract processing, gathering data for and helping process grant applications, and developing reports and maps for the TTUHSC and Institute special projects. To date, the CRDM has produced over 120 Community Health Needs Assessments, with information gathered through in-depth health assessments and phone surveys, and made them available at no cost to the West Texas communities. The CRDM also produces reports, such as the Assessment of Rural West Texas Emergency Medical Services (EMS) report discussing resource gaps and needs of EMS in West Texas, and a report on the condition of the mental health infrastructure. Additionally, in 2015, the CRDM supported the Institute by developing 101 legal documents, preparing 9 new funding proposals of which 4 were funded, organizing the quarterly Rural Health Messenger publication, and assisting with gathering data for many other initiatives throughout the Institute.

TEXAS JOURNAL OF RURAL HEALTH

The F. Marie Hall Institute for Rural and Community Health will mark its 10th anniversary in 2016 with the relaunch of the Texas Journal of Rural Health (TJRH), a peer-reviewed research journal that will be published twice a year. The TJRH initially published 21 volumes between 1986 and 2003 and the Institute is looking forward to relaunching in 2016.



The purpose of the TJRH is to provide an interdisciplinary forum for sharing ideas related to rural health. The TJRH showcases new ideas about how to improve the health of rural populations, reports the results of original rural health research, describes how rural communities have organized to address local health problems and explains how state and federal health policy is affecting rural health outcomes. The readership for the TJRH includes rural health care practitioners, researchers, educators, policy makers, and all others with an interest in rural health.

Accomplishments in 2015

In 2015, the Institute hired a managing editor to oversee daily operations of the journal and began assembling a top-notch editorial board. Dr. Billy Philips will serve as editor-in-chief.

The Texas Tech University Press has also agreed to a co-publishing arrangement that will help the TJRH meet its marketing and distribution goals. The University Press will assist with printing, warehousing, subscription management, and distribution. In addition, the press will promote the journal in its 2015 Fall catalog and bundle the TJRH with other Texas Tech University Press research journals sold to libraries around the world.

Looking Ahead to 2016

In 2016, the TJRH will relaunch as a biannual print journal and an open-access digital journal (www.tjrh.org) that allows free access to its contents and permits authors to self-archive on any Open Archives Initiative compliant institutional/subject-based repository.

Program Team





BHIR

INITIATIVES:

Project FRONTIER

Telemedicine Wellness Intervention
Triage and Referral Project

BHIR

Behavioral Health Innovations & Research
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

The BHIR division exists to promote and conduct the kind of scholarly work that meets the size, scope, and diversity of West Texas and is both innovative and adaptive. One of the BHIR's primary features is a dedication to the advancement of important and interdisciplinary research topics.

The BHIR and its partners are currently exploring topics spanning from depression to disease processes of aging and their effects on cognition to the effects of environmental toxins such as arsenic on health and disease processes. This wide range of research is enabled by having diverse funding sources. Since its inception, the BHIR has received national, state, and local funding from government, academic, and non-profit sources.

PROJECT FRONTIER

Project FRONTIER (Facing Rural Obstacles to healthcare Now Through Intervention, Education and Research) is a longitudinal study designed to address the natural course of chronic disease development and its impact on cognitive, physical, social, and interpersonal functioning in rural populations. Project FRONTIER works across a discreet segment of the lifespan in a multi-ethnic adult sample from rural West Texas communities.



Utilizing CHWs to engage community members in the study, Project FRONTIER takes a Community Based Participatory Research approach to carrying out its work.

One of Project FRONTIER's most unique features is its commitment to the training, support, and development of new and future researchers. This research platform has provided training opportunities for many undergraduate and graduate students, residents, and fellows.

Accomplishments in 2015

- Close to 1,400 participants are currently enrolled into study, out of which 58% are Mexican-American.
- Project FRONTIER has expanded to Hockley County with the hopes of increasing the number of African American participants, thus making the study findings more generalizable to the population of rural West Texas.
- Current infrastructure will evaluate 200 individuals per year, which will include new and follow-up evaluations.
- Made 4 presentations at scholarly conferences and completed 6 manuscripts pertaining to findings from Project FRONTIER.

Looking Ahead to 2016

Looking ahead, Project FRONTIER will continue to recruit diverse community members in rural Texas and explore the vast amounts of data the project has collected. Such exploration will be used to develop programs for effective disease management, preservation of cognitive functioning throughout the lifespan, and improvement of the overall health of individuals living in rural West Texas.

Community Voices

"[Project FRONTIER] makes people realize how important life really is. The questions in the study are questions we think about at times, without thinking about the consequences. Depression is an illness and the study helps people realize that."

-Jessica West

"I have been involved in Project FRONTIER since it began in Friona. I was willing to participate in this program so they can track the health and aging process in our area. This is so important for our rural doctors so they spot problems before they get worse. It has proved to be a great help to me."

-Sandra Randall, Project FRONTIER Participant

TELEMEDICINE WELLNESS INTERVENTION TRIAGE AND REFERRAL



In 2013, recognizing a need to supply quality mental health care to youth in rural areas, the Telemedicine Wellness Intervention Triage and Referral (TWITR) Project was developed and implemented by researchers in the Institute. The TWITR Project instituted a model for identifying students at risk for committing school violence, and then intervening with those students before acts of violence occur. The program brings Licensed Professional Counselors (LPCs) into schools to assess junior high or high school students who have been identified by school

personnel as having behavioral problems possibly leading to violence. If, through the assessment, a student is identified as requiring mental health care, either a referral for individual and/or family counseling is made or the student is referred to the TTUHSC Department of Psychiatry for telemedicine psychiatric services.

Accomplishments in 2015

- TWITR services were increased and 4 additional school districts were added to the West and Southwest of Lubbock: Brownfield, Levelland, Littlefield, and Lubbock-Cooper ISD.
- Additional educational activities were provided to the original six participating districts to clarify and reinforce appropriate referral reasons and processes, and provide general understanding of adolescent mental health problems.
- Internal changes were made to outcome data collection, organization, and documentation. This enabled follow-up time for TWITR students to be longer, as data was obtained for a student from the time of referral through the end of the school year.

Looking Ahead to 2016

Continued success of the TWITR Project has revealed further capacity for increased service delivery and as a result, additional school districts are now being considered. These additions will include rural areas outside of Lubbock. Additional training will be provided to all currently participating districts, along with new training to districts that will be added in the coming year.

Year three of the project will also include the development of a new TWITR website. The original grant authorizing the TWITR project included objectives to create a website that would provide information to those wishing to recreate the TWITR model in their locale. Downloadable content about school-based interventions to address children's mental health problems and resources for developing a better understanding of these important issues will be provided on this site as well.

Community Voices

"The people of TWITR have come to my rescue several times. Having programs such as TWITR bridges the gap and helps students who need more than a school counselor."

-Shay Dolm, School Counselor

INHT

INITIATIVES:

Telemedicine

TexLa Telehealth Resource Center

West Texas Health IT Regional
Extension Center

Medicaid Physician Specialists

HHSC Survey Report

Rural Health Information
Technology Workforce Program



InHT assists health care providers and hospitals in modernizing their organizations with the use of certified electronic health records (EHRs) and telehealth technology. Through innovation and determination, InHT provides consulting services to support health care providers and hospitals with health information technology (HIT) adoption, practice management solutions, telehealth and telemedicine support, Meaningful Use (MU) achievement of EHRs, clinical quality coaching, and ICD-10 transformation. This work is done through skilled staff that focused on the following initiatives.

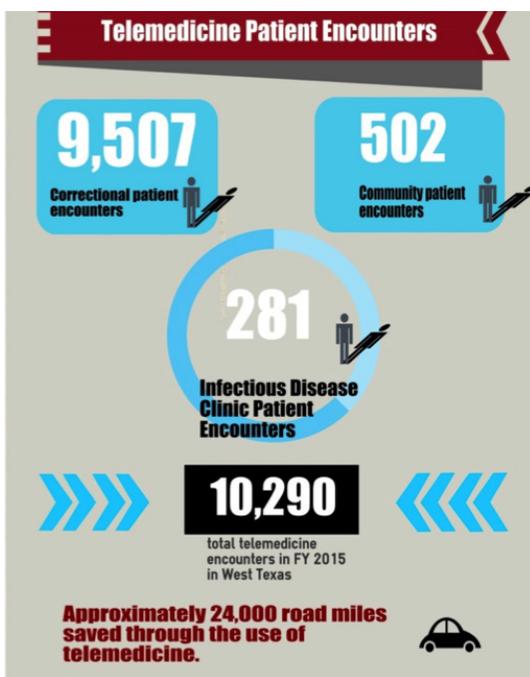
In **HIT**

Innovative Healthcare Transformation

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

TELEMEDICINE PROGRAM

The TTUHSC Telemedicine Program continues to bridge access barriers in the 108-county service area of West Texas as it seeks innovative ways to expand telemedicine in West Texas' most rural areas and educate others throughout the region. The TTUHSC Telemedicine Program provides patient services including: rural health clinic-based specialty care, school-based clinic primary care, correctional telemedicine, mental health services including a school-based triage and referral project, an adolescent diabetes study, and an HIV+ clinic for uninsured and underserved patients.



Accomplishments in 2015

A brief look at the encounters provided through the TTUHSC Telemedicine Program and the TTUHSC Telemedicine Network in FY 2015, as shown in the image to the left, portray how telemedicine technology has the ability to bring care closer to home and offer a great benefit to the most rural areas in West Texas.

In addition, over the past year, the TTUHSC Telemedicine department continued to coordinate the Verizon-funded technology-based patient study. This study includes 40 enrolled patients with the focus on the effective use of technology in relation to better care for those with adolescent diabetes. The study will conclude in FY 2016.

Looking Ahead to 2016

The telemedicine team is excited to take on two new projects in 2016 that go hand in hand. These are the Telemedicine Education and Delivery project and the Frontiers in Telemedicine project. Through an innovate partnership, consisting of Amerigroup, Grace Clinic Online, and TTUHSC, the telemedicine team will provide greater health care access to Medicaid recipients in West Texas through the Network Access Improvement Program (NAIP) by engaging the TTUHSC Telemedicine Network to fill existing gaps in service delivery. The NAIP project will utilize Frontiers in Telemedicine, a competency-based certificate training program developed by the Institute, to prepare care teams (presenter/provider) in the foundational elements necessary for conducting successful telehealth encounters. This course is a one-of-a-kind training program that will certify clinical staff to be telemedicine presenters. Students will complete online modules, hands-on simulation center training, and objective structured clinical examinations (OSCEs) designed to educate them on telemedicine equipment, etiquette, and ethics. The course will test their knowledge about and competency in Telehealth business, technology, and clinical procedures, and will set the standard of training across the country. The course aims to reach nurses, nurse practitioners, physician assistants, residents, and medical doctors who desire to be certified telemedicine presenters. Through the NAIP Project, the telemedicine team plans to develop the capacity to train up to 120 care teams to serve patients in the most rural areas of West Texas.

TEX LA TELEHEALTH RESOURCE CENTER

The TexLa Telehealth Resource Center (TRC) is a federally funded program designed to provide technical assistance and resources to new and existing telehealth programs throughout Texas and Louisiana. The TexLa TRC continually evaluates telehealth programs in these two states for effective delivery of telehealth services, efficiency, sustainability, and patient satisfaction.



Accomplishments in 2015

The TexLa TRC continues to focus its efforts in various areas to help eliminate barriers and support the expansion of telehealth throughout Texas and Louisiana. Below are a few major accomplishments:

- The TexLa TRC supported the development of the Frontiers in Telemedicine Course, which is a one-of-a-kind training program to certify clinical staff to be telemedicine presenters. Through a competency based model focused on the essentials of telehealth business, technology and clinical procedures, the course will include online modules, simulation center learning, and OSCEs to provide a knowledge base and telehealth workforce training.
- Through increased outreach efforts, the TexLa TRC saw a significant increase in requests for TRC services and attendance numbers during the 2nd annual TRC Telehealth Summit. Positive results and an increase in participation of these opportunities show a growth in the desire to utilize telehealth services across the region.
- The TexLa TRC helped educate policy makers about legislative and regulatory barriers to the use of telehealth and was able to successfully contribute to updating policy language specific to the expansion of telehealth services in both Texas and Louisiana.

Looking Ahead to 2016

FY16 is the fourth and final year of the TRC grant from the Office for the Advancement of Telehealth (OAT), a program of the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). The TexLa TRC will submit a proposal for a competing continuation grant to begin September 1, 2016. Until then, the TexLa TRC will continue its mission to be the trusted advisor and resource for the adoption, implementation, and effective use of telehealth resources.

WEST TEXAS HEALTH IT REGIONAL EXTENSION CENTER

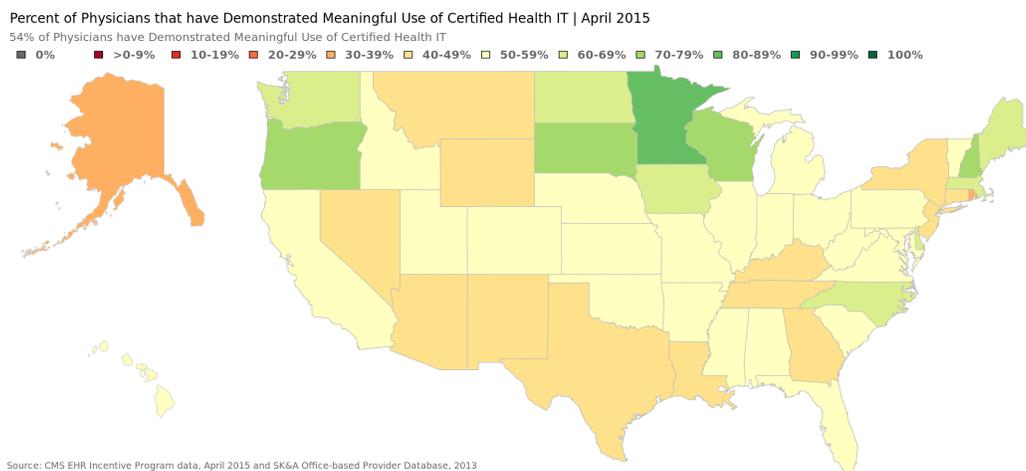


The West Texas Health IT Regional Extension Center (WTxHITREC) focuses on the HIT needs of health care providers and hospitals in West Texas. The WTxHITREC serves as the federally designated Regional Extension Center for the 108 westernmost counties of Texas. In the past year, the WTxHITREC played a critical role in evaluating clinical systems to identify gaps and solutions for reaching MU and transitioning practices towards value based payments for over 1,300 clinics and hospitals in West Texas. Currently, there are more than 1,100 primary care providers and 60 rural and critical access hospitals enrolled to receive services from the WTxHITREC.

Accomplishments in 2015

As of April 2015, 54% of all U.S. office-based physicians (MD/DO) had demonstrated MU of certified health IT in the Centers for Medicare & Medicaid Services (CMS) EHR Incentive Programs. The WTxHITREC has contributed to this effort and seen much success in the services its staff delivers to providers in rural West Texas.

- The WTxHITREC attained 100% EHR adoption and 100% MU attainment for Primary Care Providers, Nurse Practitioners, and Physician Assistants participating in Regional Extension Center services, moving more than 25% of its remaining providers to MU since September 2014.
- The WTxHITREC assisted CMS in the distribution of approximately \$994,500 of Medicaid incentive payments, and nearly \$1,392,000 of Medicare incentive payments to West Texas providers and organizations.
- The WTxHITREC assisted 58 out of 60 hospitals participating in Regional Extension Center services in achieving MU.
- In 2014, 18 hospital clients and over 200 providers of the WTxHITREC were selected for MU audits. 100% of all hospitals and providers selected passed the audit.
- The WTxHITREC outperformed the National average of MU attainment average by 46%.
- The WTxHITREC outperformed the Texas MU attainment average by 59%. (see map below)



MEDICAID PHYSICIAN SPECIALISTS

The CMS EHR Incentive Program initially targeted Primary Care physicians; however, the incentive program was later opened up to include specialist providers as well. Upon the inclusion of specialists, the WTxHITREC was contracted by the Texas Health and Humans Services Commission (HHSC) to seek out Medicaid Physician Specialists (MPS) and assist them with implementation of EHR, or for those already utilizing EHR technology, with meeting the goals of MU. The WTxHITREC was charged with assisting MPSs in obtaining the knowledge and workflow of a “meaningful user” as well as in accomplishing the goals set by CMS not only to receive incentive payments, but also to improve the quality of patient care.

Accomplishments in 2015

During the first year of its contract with the Texas HHSC, the WTxHITREC has assisted 96 MPSs in its 108 county service region in completing:

- Milestone 1: Contracting for an EHR - 100%
 - » All 96 providers contracted to get an EHR
- Milestone 2: Go-Live with an EHR - 83%
 - » 80 of 96 providers implemented an EHR
- Milestone 3: Meeting MU - 23%
 - » 22 of 96 providers have met MU

Looking Ahead to 2016

The WTxHITREC is currently negotiating an extension on this contract in order to get 100% of the providers enrolled with the WTxHITREC to MU. Many of these specialists serve challenging patient populations and need additional assistance in finding solutions to workflow problems. Other providers have had problems with EHR vendors getting upgrades to 2014 certification or purchasing a different EHR due to certification problems. Supporting these providers during these transitions will help in getting them to the final goal of MU.

MEANINGFUL USE SURVEY PROJECT

In the fall of 2014, the WTxHITREC was awarded a contract by the Texas HHSC to administer a survey that would provide an understanding of health care providers' barriers to initiating and completing the Texas Medicaid Electronic Health Record Incentive Program. The incentive program encourages providers across the State to adopt, implement and meaningfully use EHR technology in their practices. There are several steps in the incentive process with the final stage being attesting to MU. Over the past year, staff within the Institute worked diligently in reaching out to health care providers and hospitals across Texas in an effort to recruit these providers and organizations to participate in this important study.

Accomplishments in 2015

As part of HHSC Survey Project, three separate surveys were administered to different target populations.

The "**Barrier Survey**" included three separate surveys within itself that were targeted at providers who initiated the process of EHR implementation, but did not complete it.

- National Level Repository (NLR) Group: This survey was targeted to providers who registered to participate in the MU initiative but did not follow through with that participation beyond registration.
 - » Project staff contacted a total of 214 provider groups and 447 single providers (661 in total). Of those, 104 responded comprising a response rate of 15.7%, which represented approximately 635 Texas providers.
- Adopted, Implemented, Upgraded (AIU) Group: This survey was targeted to providers who signed a contract to implement EHRs, however, they did not complete any additional steps in the EHR process.
 - » Project staff contacted 365 provider groups and 651 single providers (1,016 in total). Of those, 132 responded comprising a response rate of 12.9%, which represented approximately 216 providers.
- Meaningful Use (MU) Group: This survey targeted providers who fully implemented EHR systems and achieved "Meaningful Use."
 - » Project staff contacted 382 provider groups and 356 single providers (738 in total). Of those, 222 responded comprising a response rate of 30%, which represented approximately 1,492 providers.

The "**Hospital Survey**" targeted all hospitals in Texas.

- Project Staff contacted 627 hospitals. Of those, 205 responded comprising a response rate of 32.7%.

The "**Provider Survey**" targeted all providers in Texas, whether they had initiated EHR technology in their practice or not.

- Project Staff contacted 22,000 providers. Of those, 334 responded comprising a response rate of 1.5%

The final report outlining the results of each of these surveys was completed in August 2015 and sent to the Texas HHSC for review.

RURAL HEALTH INFORMATION TECHNOLOGY WORKFORCE PROGRAM

The Rural Health IT Workforce Program is designed to build a workforce to sustain the health IT advancement in rural West Texas by covering student tuition and book costs. Using existing online curriculum, students may complete the certificate course in 12 months following one of two tracks: data manager or IT liaison. An apprenticeship allows the students to utilize hands-on learning and projects within their workplace.

This program is a collaboration between the West Texas AHEC, the WTxHITREC, and Midland College. The West Texas AHEC functions as the administrator, fiscal agent, recruiter, and liaison for the WTxHITREC and Midland College, while Midland College provides the curriculum, training, and evaluation. The WTxHITREC assists with recruiting efforts and provides a hands-on apprenticeship for students with field staff of the WTxHITREC.

Accomplishments in 2015

Over the course of the Institute's involvement in the Rural Health IT Workforce Program, 40 students have enrolled with the program. In this recent year, 18 new students were enrolled, and 7 completed the certificate program.

Looking Ahead to 2016

The Rural HIT Workforce Program is approaching its last year of funding, however it is anticipated that there will be a no-cost extension of the program. This no-cost extension would allow another group of students to participate and have their cost fully covered to complete the certificate course.



**INSTITUTE
INITIATIVES:
COMING IN
2016**

ISSUES IN RURAL HEALTH – MASTERS LEVEL PUBLIC HEALTH COURSE

Students pursuing their Master’s degree in the new TTUHSC Public Health program will have a new course offering in Fall of 2015 titled “Issues in Rural Health.” This interactive course will challenge students to compare rural and urban health disparities, tackle real-world rural health issues and facilitate panel discussions with local experts in the field on assigned rural health topics. Focusing on rural West Texas, the Issues in Rural Health course is designed to help students examine the unique health challenges that rural communities face each day. From provider shortages to distance to care, students will explore the innovative and resourceful ways programs here at the Institute, and across Rural America, are bridging communities to the care they need.

NEXT GENERATION 9-1-1 TELEMEDICINE MEDICAL SERVICES PILOT PROJECT

With approved legislation of HB 479, TTUHSC, in coordination with the Commission on State Emergency Communications (CSEC), will establish a pilot project to provide emergency medical service (EMS) instruction and emergency pre-hospital care instruction through telemedicine provided by regional resource trauma centers to health care providers in rural trauma facilities and EMS providers in West Texas. The Pilot Project will aid EMS and Emergency Responders in the treatment of patients via telemedicine by allowing real time emergency care consultation, which will result in improved access to care and better patient outcomes in the most rural areas of West Texas.

COMMUNITY IMPACT



Community Impact

➔ **\$2,386,500**

amount of Medicare and Medicaid incentive payments that have been made to West Texas providers and organizations after working with WTxHITREC to attest in the Meaningful Use of EHR

➔ **52,684**

participants in AHEC healthcare professions promotion programming

➔ **10,290**

total telemedicine patient encounters

➔ **9,242**

healthcare professional participants in AHEC continuing education and professional development programs

➔ **1,366**

community participants in Project FRONTIER

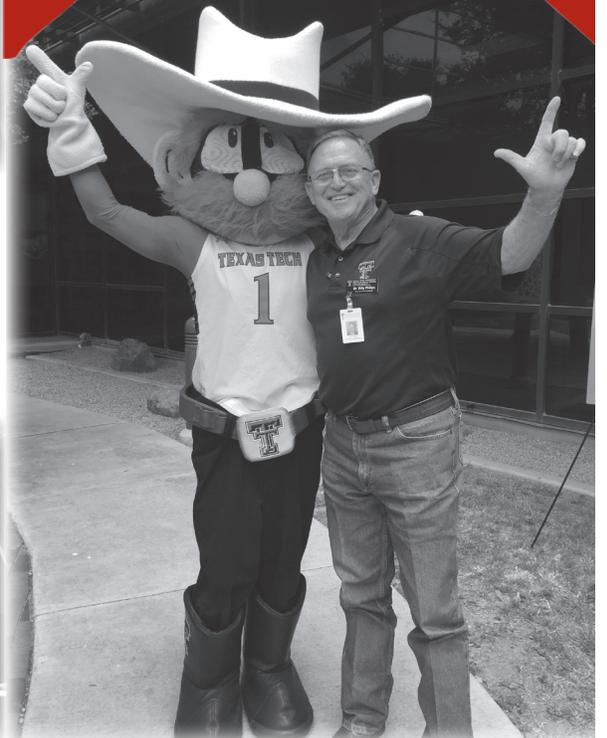
➔ **1,286**

providers and rural hospitals served by the WTxHITREC

➔ **36**

students received TWITR mental health services and referrals

ACTIVITIES



2015 RURAL HEALTH AT THE CROSSROADS CONFERENCE: TELEHEALTH MEETS PRACTICE TRANSFORMATION

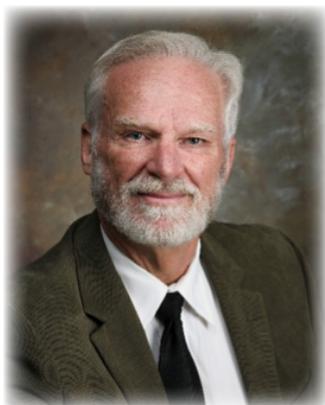
The 2015 Rural Health at the Crossroads Conference: Telehealth Meets Practice Transformation welcomed Randy Hickle, M.D., chairman of Grace Health System in Lubbock, Texas, as this year's keynote speaker. The Rural Health Conference is an educational conference that brings together health care professionals, telehealth practitioners and community leaders from across Texas and Louisiana. The conference featured expertise on topics such as practice transformation, behavioral telemedicine, remote patient monitoring, innovative design, technology, and state legislative overviews of rural health.

The conference hosted 160 health care executives and management teams serving hospitals and clinics of West Texas, community leaders, state agency personnel working with rural communities and rural health care, health information technology professionals, businesses that serve rural populations and academic institutions involved in rural health care.



Randy Hickle, M.D.

"THE CHANGING WORLD OF POST-ACUTE CARE: REFORM AND READMISSION" SEMINAR WITH KENNETH OTTENBACHER, PH.D.



Kenneth Ottenbacher, M.D.

Kenneth Ottenbacher, Ph.D., traveled to West Texas this summer to present a seminar on post-acute care findings and changes in the medical field. Dr. Ottenbacher is a professor and director for the Division of Rehabilitation Sciences Center for Recovery, Physical Activity and Nutrition at the University of Texas Medical Branch (UTMB) in Galveston, Texas.

His presentation entitled "The Changing World of Post-Acute Care: Reform and Readmission," covered topics such as the ongoing reform of our country's health care and how it might affect the post-acute care of patients. This includes payment methods and opportunities in the future.

Dr. Ottenbacher also described some of the early statistical results behind one of his current studies showing the difference in readmission rates between post-acute care facilities and the different patterns across post-acute care settings.

"The rehabilitation research community has a unique opportunity to impact the future of post-acute care service delivery," Dr. Ottenbacher stated. He also quoted Abraham Lincoln's famous saying, "the best way to predict the future is to create it."

SOUTHWEST CENTER FOR AGRICULTURAL HEALTH, INJURY PREVENTION, AND EDUCATION PRESENTATION AT TTUHSC

The Institute sponsored a presentation in February of 2015 for the Southwest Center for Agricultural Health, Injury Prevention, and Education. The Agricultural Center, based at UT Health Science Center at Tyler, gave a presentation on opportunities for improving health and safety outcomes of agricultural, forestry, and fishing workers. The center funds feasibility and pilot studies each year to help identify and mentor researchers who are new to agricultural safety. These research projects aid in the effort to improve agricultural safety and health outcomes. Funds awarded could be up to \$20,000 for a single year. The Agricultural Center also funds safety internships for graduate and undergraduate students.

FUNDING IN FY 2015



FUNDING FOR FY 15

Endowments

Corpus

The Marie Hall Chair in Rural Health	\$ 1,681,480
Smith/Vela/Patterson Senior Fellowship for Rural Health Research	\$ 485,885
F. Marie Hall Institute for Rural and Community Health	<u>\$ 5,928,448</u>
Total:	\$ 8,095,813

State Appropriated Line Item Funding

2015

Rural Health Care	\$ 776,845
West Texas AHEC Program:	<u>\$ 2,000,000</u>
Total:	\$2,776,845

Fiscal Year 2014 – 2015 Grant Funding

Funding

Area Health Education Centers Point of Service and Maintenance and Enhancement-U77HP16497: \$ 510,000

- U.S. Department of Health and Human Services: Health Resources and Services Administration (HRSA)
- Principal Investigator: Billy Philips Jr., Ph.D., MPH
- Funding Dates: September 1, 2014-August 31, 2015
- Project Summary: To support the West Texas AHEC program

Office of the National Coordinator for Health Information Technology Regional Extension Centers: \$7,799,318*

- Principal Investigator: Billy Philips Jr., Ph.D., MPH
- Funding Dates: April 6, 2010 – June 5, 2016
- Project Summary: To support and serve health care providers to help them quickly become adept and meaningful users of electronic health records (EHRs)

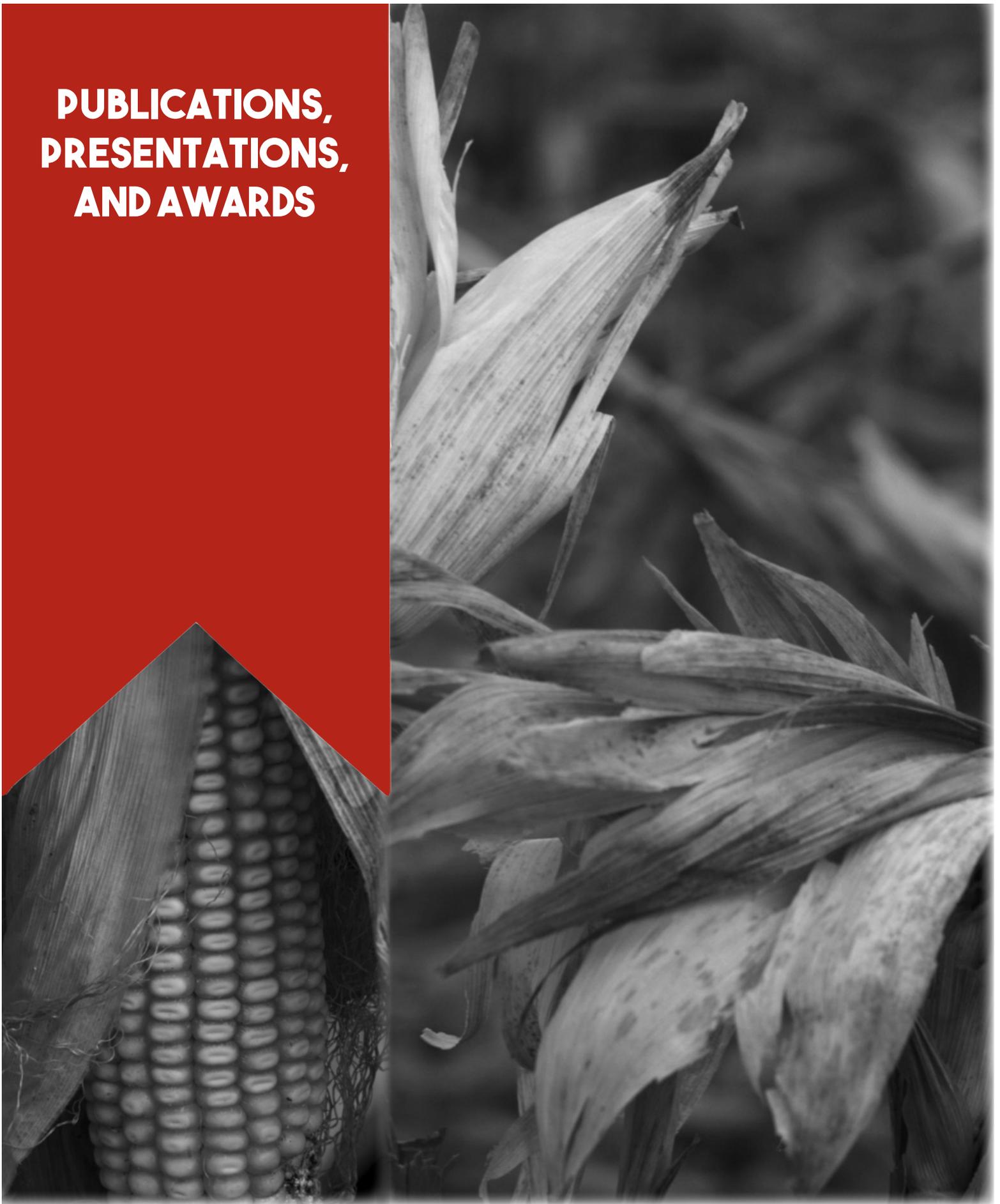
Office of Rural and Community Affairs (ORCA) IT Network Implementation: \$ 13,667

- Principal Investigator: Billy Philips Jr., Ph.D., MPH
- Funding Dates: September 1, 2014-August 31, 2015
- Project Summary: To implement connectivity with Friona and Wellington for Telemedicine operation

*If all incentives are paid. Includes \$1,260,000 as funding to assist rural critical access hospitals and rural hospitals, \$4,165,000 as funding to assist primary care providers, and \$2,374,318 as core funding.

Telehealth Resource Center Grant Program – G22RH24748	\$ 324,998
<ul style="list-style-type: none"> • U.S. Department of Health and Human Services: Health Resources and Services Administration (HRSA) • Principal Investigator: Billy Philips Jr., Ph.D., MPH • Funding Dates: September 1, 2014 – August 31, 2015 • Project Summary: To support Telemedicine in Texas and Louisiana 	
Telemedicine Wellness Intervention Triage and Referral Project – SF-13-J20-27317-01	\$ 1,275,008
<ul style="list-style-type: none"> • Office of the Governor Criminal Justice Division • Principal Investigator: Billy Philips Jr., Ph.D., MPH • Funding Dates: September 1, 2014 – August 31, 2016 • Project Summary: To make Texas a safer place by creating and supporting programs that protect people from crime, reduce the number of crimes committed, and promote accountability, efficiency, and effectiveness within the criminal justice system. 	
Sub-Contract: Rural HIT Workforce Program AHEC of the Plains	\$ 52,498
<ul style="list-style-type: none"> • Co-Principal Investigator: Billy Philips Jr., Ph.D., MPH • Funding Dates: September 1, 2014 – August 31, 2015 • Project Summary: To develop the healthcare workforce pipeline, to facilitate access to resources to retain healthcare infrastructure, and to engage communities in health needs assessment and planning. 	
Texas Healthy Adolescent Initiative	\$ 162,000
<ul style="list-style-type: none"> • Texas Health and Human Services Commission • Funding Dates: September 1, 2014 – August 31, 2015 • Project Summary: To improve the overall health and well-being of Texas adolescents by positively impacting youth services in the community by providing funding for local agencies to focus on Positive Youth Development. 	
Vision 21: Building State Technology Capacity Office of the Governor	\$ 249,808
<ul style="list-style-type: none"> • Funding Dates: October 1, 2014 – August 31, 2016 • Project Summary: To provide support technology improvements to enhance current systems, build new systems to increase access to technology, increased victims’ access to resources, or increase the accuracy of administrative reporting. 	
Total:	\$10,387,297

**PUBLICATIONS,
PRESENTATIONS,
AND AWARDS**



PUBLICATIONS

- Brismée, J.M., Yang, S., Lambert, M.E., Peihuan, T., Zang, Y., Chyu, M.C., Jia, H., Shen, C.L. Inflammatory Markers, Age, General Health and Osteoarthritis Pain as Predictive Factors of Musculoskeletal Health in a Rural Multiethnic Cohort: A Project FRONTIER study (In press).
- Johnson, C., & Curti, D., EMS Services Across State Lines, 16 Tex. Tech. Admin. L.J. 333 (2015).
- Gamboa, A., Lambert, M.E. Integrity of the RBANS ES in a Multiethnic Cohort: A Project FRONTIER Study (In press, Applied Neuropsychology).
- Gong, G., Basom, J., Mattevada, S., Onger, F. Association of hypothyroidism with low-level arsenic exposure in rural West Texas. Environ Res. 2015;138:154-160.
- Lambert, M. E. Does Alcohol Neuroprotection of Cognitive Functioning Occur in a Multi-Ethnic Rural Cohort: A Project FRONTIER Study (In press, Applied Neuropsychology).
- Lambert, M. E. Mental Health First Aid Training: Current Status. (In press, Journal of Behavioral Health Services & Research)
- Philips B.U. , Jr., Gong, G., Johnson, C., Curti, D. Distribution of Centenarians in Association with Physician Supply and Rural Residency in Texas. (In press)

CONFERENCE AND OTHER PROFESSIONAL PRESENTATIONS

- Aligeti, M., Parmar, A., Vats, D., Lambert, M., Philips, B., McMahon, T. Telemedicine Wellness, Intervention, Triage, and Referral (TWITR) Project. Paper presented at the AAMC GREAT GRANT Meeting, Fort Worth, TX, September 20, 2014.
- Chwan-Li Shen, Shengping Yang, Jean-Michael Brismee, Peihuan Tsai, Ming-Chien Chyu, Yan Zhang, Jia Han, Matthew E. Lambert. Investigation of Gait Disturbance and Grip Strength in a Rural Cohort: A Project FRONTIER study. Paper presented at the 2015 Annual Meeting, World Congress on Exercise in Medicine, and World Congress on the Basic Science of Exercise Fatigue of the American College of Sports Medicine, San Diego, CA, May 26-30, 2015.
- Cukrowicz, K.C., Poindexter, E.K., Philips, B.U., Lambert, M.E., Gong, G., O'Bryant, S. & Hirsch, J.K. Assessing Suicide Risk in Rural Adults: Feasibility and Acceptability. Read at the American Association of Suicidology Annual Conference, 2014.
- Edmunds, Bruce. Everything You Need to Know About Health IT & Medical Devices. Presentation at the Medical Devices Summit Midwest, Minneapolis, MN, October 2014.
- Edmunds, Bruce . Everything You Need to Know About Health IT & Medical Devices. Presentation at the PCMH & Shared Savings ACO Leadership Summit, Minneapolis, MN, October 2014.
- Edmunds, B., Hanson, T. Telemedicine: Transforming the Delivery of Healthcare. Texas Rural Health Association, Fort Worth, TX, November 2014.

- Edmunds, Bruce. The National Strategy for Quality Improvement in Health Care: Maximizing Pay for Performance, HEDIS® Implementation Best Practices, Nashville, TN, September 2014.
- Kumfer, Annmarie. Does Alcohol Neuroprotection Work in Diabetes-Related Cognitive Decline?: A Project FRONTIER Study. Poster presented at TTUHSC Student Research Week, Lubbock, TX, March 12, 2015.
- Lambert, M., Aligeti, M., Parmar, A. The TWITR Project: Lessons Learned In Identifying And Intervening With Students Who Have Violence Risks In Schools. Paper presented at the Association of Criminal Justice Sciences 2015 Annual Meeting, Orlando, Florida, March 3-7, 2015.
- Parmar, A., Parmar, R., Vats, D., Aligeti, M., Lambert, M., Philips, B., McMahon, T. Evaluating the Impact of Early School Based Psychiatric Interventions on the Overall Academic Functional Outcomes: A Pilot Study. Poster Presentation at the American Academy of Child and Adolescent Psychiatry Annual Conference, San Diego, CA, October, 2014.
- Parmar, A., Parmar, R., Vats, D., Aligeti, M., Lambert, M., Philips, B., McMahon, T. Incorporating Rural Community Child and Adolescent Psychiatry Experience in an Urban Psychiatry Residency Program Via TWITR. Paper presented at the Texas Public Health Association Annual Meeting, February 23-25, 2015, Austin, Texas.
- Philips, B.U. The TWITR Project: Lessons Learned In Identifying And Intervening With Students Who Have Violence Risks In Schools. Read at 3rd Annual South Central Telehealth Forum, Jackson, Mississippi, 2015.
- Philips, B.U., & Stewart, K. (2014). Data Integration Needs for a West Texas Health Security. Read at the Texas State Data Center, Texas Demographic Data User Conference, Austin, Texas.
- Scott, Carson. Telehealth: A Regional Focus and Plans for the Future. Region VI Virtual Rural Health Summit, Virtual, September 2015.
- Scott, Carson. Telemedicine 101. Louisiana Health Care Quality Forum, Baton Rouge, LA, February 2015.
- Tucker, C.A., Harris, B.N. Relationship among FKBP5 genotype, serum cortisol, and cognitive function in aging humans: a Project FRONTIER study. Poster presented at Joint Math Meetings, San Antonio, Texas, January 10-13, 2015.
- Tucker, C.A., Harris, B.N. (2015). Relationship among FKBP5 genotype, serum cortisol, and cognitive function in aging humans: a Project FRONTIER study. Poster presented at TTU Undergraduate Research Conference, Lubbock, TX, April 2015.

EDUCATIONAL AND COMMUNITY PRESENTATIONS

- Berry-Hill, LaMencia. Mental Health and Education, and Children's Advocacy Center Vision 21: Building State Technology Capacity. Texas Tech University Health Science Center, 3 presentations made in FY 2015.
- Gregg, Erin. AHEC Information Presentations. 20 presentations made in FY 2015.
- Gregg, Erin. AHEC Health Careers Presentations. 42 presentations made in FY 2015.
- Carr, Jeff. Community presentations on youth and mental health topics. 49 presentations made in FY 2015.
- Phillips, Cappi . Telehealth-Changing the Way Healthcare is Delivered. Educational webinar session hosted by the WTxHITREC, Virtual, February 2015.
- Phillips, Cappi. Meeting Meaningful Use Across Your Practice. Educational sessions provided to Panhandle OB practices, Amarillo, TX, March 2015.
- Phillips, Cappi . ICD-10: Are you ready? Educational seminars provided to UMC El Paso, El Paso, TX, September 2015.
- Jones, Becky. Becoming a Patient Centered Medical Home: What does it mean? How could it benefit my practice? And what does it take to get there? Educational webinar session hosted by the WTxHITREC, Virtual, October 2014.
- Rose, Sharon. Workflows – How to Incorporate Patient Portals. Educational webinar session hosted by the WTxHITREC, Virtual, October 2014.
- Rose, Sharon. Ready Set, Go! Meaningful Use for Hospitals. TMF Webinar, Virtual, February 2015.
- Patton, Veronica. Meaningful Use and the Flexibility Rule - Who qualifies and how to take advantage of the rule. Educational webinar sessions hosted by the WTxHITREC, Virtual, January 2015.
- Philips, B.U., Sobel, A., & Bradley, C. "Interprofessional Expert Panel: Best Practices for Interprofessional Planning and Response to Ebola." Anita Thigpen Perry School of Nursing, Texas Tech University Health Sciences Center, 2014.
- Philips, B.U. AHECs and Health Information Technology (HIT) Initiatives: Area Health Education Centers Training and Technical Assistance. Health Resources and Services Administration, Webinar, February 5, 2014.
- Philips, B.U. Keynote speaker, 2014 Annual Meeting Banquet. Panhandle Regional Planning Commission, September 18, 2014.
- Philips, B.U. Telemedicine Update. Lubbock-Crosby-Garza Medical Society, January 27, 2015.
- Philips, B.U. Legislative Update. Lubbock-Crosby-Garza Medical Society, June 30, 2015.
- Freeman, Amanda. Mental Health Symposium for Teachers. 4 presentations, 2014-2015 school year.
- Freeman, Amanda. TWITR Protocol for Schools. 9 presentations, 2014-2015 school year.
- Martin, Ronald. Critical Incident and Stress Management. Department of Homeland Security, Border Patrol Chaplains, Artesia, NM, March and August 2015.

TEACHING RESPONSIBILITIES

Dr. Billy U. Philips, Jr.

- Fall 2015: GSPH 5229: Issues in Rural Health
- 2015: Practicum Coordinator, GSBS: Public Health Practicum
- 2015: Guest Lecture, Anita Thigpen Perry School of Nursing, TTUHSC, Nursing 6244: Advanced Practice Development, March 5, 2015
- 2014: Guest Lecturer, GSBS 5313: Introduction to Public Health, October 6, 2014

AWARDS

Ashley, Jimmy

Distinguished Service Award Recipient - 2015 TTUHSC Quality Staff Award

Rural Community Health Employee of the Quarter

Gregg, Erin

2015 Outstanding Alumni Civic Leader of the Year, Leadership San Angelo Alumni Association

San Angelo's 20 Under 40, Class of 2014

Rural Health Fellow, National Rural Health Association 2015-2016

Hanson, Travis

2014 TTUHSC Chancellor's Coronel Rowan Award for Execution

Johnson, Cole

Distinguished Staff Award Recipient - 2015 TTUHSC Quality Staff Award

Rural Community Health Employee of the Quarter

STUDENTS AND INTERNS



Bartol, Melissa: February 2015

- University of Texas at Austin
- Division: InHT
- Tasks: Worked with WTxHITREC regional coordinator in the field and completed assigned project

Bell, Bailey: January 2015-Present

- Texas Tech University
- Division: BHIR
- Tasks: Worked on Project FRONTIER data entry; received course credit for research on clinical dementia rating

Belopolsky, Yuliya: June 2015-March 2015

- Texas Tech University School of Medicine
- Division: BHIR
- Tasks: Research on multimorbidity clusters in an aging, multi-ethnic, and rural cohort - a Project FRONTIER study

Castro, Christian: 2014-Present

- Texas Tech University
- Division: BHIR
- Tasks: General volunteer in the Rural Health lab; worked on Project FRONTIER data entry and materials preparation

Dober, Timothy: February 2015-Present

- Texas Tech University School of Law
- Division: CRDM
- Tasks: Legal intern assisting with contract drafting, policy research, and data analysis

Gandy, Lauren: July 2015

- University of Texas at Austin
- Division: InHIT
- Tasks: Worked with WTxHITREC regional coordinator in the field and completed assigned project

John, Joshia: July 2014-January 2015

- Texas Tech University
- Division: BHIR
- Tasks: General volunteer in the Rural Health lab; worked on Project FRONTIER data entry and materials preparation; undergraduate research scholar - BHIR research was focused on the relationship between the number and the duration (severity) of concussions on cognitive function - A Project FRONTIER study

Kumfer, Ann Marie: June 2014-March 2015

- Texas Tech University School of Medicine
- Division: BHIR
- Tasks: Research: Does Alcohol Neuroprotection Work in Diabetes-Related Cognitive Decline? - A Project FRONTIER Study; poster presented at TTUHSC Student Research Week, March 12, 2015, Lubbock, TX

Lange, Scott: February 2015

- University of Texas at Austin
- Division: InHT
- Tasks: Worked with WTxHITREC regional coordinator in the field and completed assigned project

Moore, Jessica: June 2015-Present

- Texas Tech University
- Division: BHIR
- Tasks: General volunteer in the Rural Health Lab working on Project FRONTIER data entry

Ortbal, Caitlin: July 2015

- University of Texas at Austin
- Division: InHT
- Tasks: Worked with WTxHITREC regional coordinator in the field and completed assigned project

Salinas, Dylan: July 2015

- University of Texas at Austin
- Division: InHT
- Tasks: Worked with WTxHITREC regional coordinator in the field and completed assigned project

Shane, Thomas: July 2014-January 2015

- Texas Tech University
- Division: BHIR
- Tasks: General volunteer in the Rural Health Lab working on Project FRONTIER data entry and materials preparation; undergraduate research scholar

Siddiqui, Zia: June 2014-August 2015

- University of Texas School of Medicine Public Health Program
- Division: BHIR
- Tasks: Project FRONTIER Research; assessment of polypharmacy in rural West Texas

Smith, Rachael: Summer 2015

- Texas Tech University Department of Public Health
- Division: BHIR
- Tasks: Completed Public Health practicum “Behavioral Health Needs Assessment for Two Rural Communities” under research mentor Dr. Matthew Lambert

Wiese, Courtney: February 2015

- University of Texas at Austin
- Division: InHT
- Tasks: Worked with WTxHITREC regional coordinator in the field and completed assigned project

Yanala, Vinod: April 2014-May 2015

- Texas Tech University
- Division: CRDM
- Tasks: Website developer intern assisting in the development and maintenance of the Institute’s websites

STAFF DIRECTORY



STAFF DIRECTORY

Without the dedication of each and every staff member listed below, who contribute daily to the work and success of the F. Marie Hall Institute for Rural and Community Health, the Institute would not be where it is today. As part of this directory, each staff member was asked to share what inspires or motivates them in their work at the Institute. We hope you will be inspired by their thoughtful responses.

<p>Cordelia Aguirre <i>Bailey County Coordinator/BHIR</i></p> <p>“What inspires me most about my job is meeting someone out in the community and they are so thankful for having participated in our study. I love working with people and I love my job because I can be in contact with most people in my small community.”</p> 	<p>Terry Alexander, BSBA <i>Director of Rural and Critical Access Hospitals/InHT</i></p> <p>“If a rural or critical access hospital has an EHR or Meaningful Use question or issue; I want them all to think of the WTxHITREC first.”</p> 
<p>Lousinda Anguiano <i>Cochran County Coordinator/BHIR</i></p> <p>“My career inspires me because I have the privilege to work on the front lines. I am able to serve to my fullest capacity within my community and actually see accomplishments before my very eyes. I feel that the quote that best fits me is, ‘If there is no risk, there is no success.’ ”</p> 	<p>Jimmy Ashley <i>Tech Manager/InHT</i></p> <p>“Do the best you can do, and don’t squat with your spurs on.” <i>-Will Rogers</i></p> 
<p>Silvia Ballejo <i>Chief Administrative Officer/Office of the EVP</i></p> <p>“I cannot imagine anything being interesting, challenging, exhilarating, or rewarding as feeling that what we do is contributing to making West Texas a better place.”</p> 	<p>LaMencia Berry-Hill, M.Ed., LPC <i>Licensed Professional in the Healing Arts for TWITR/BHIR</i></p> <p>“My work experience at a correctional facility gave me the opportunity to see firsthand what happens to children who do not get the help they need early in life. As a counselor for the TWITR project I am able to provide teachers, students, and families hope.”</p> 
<p>Luciano Boas <i>Executive Administrative Assistant/InHT</i></p> <p>“My work inspires me to be open to help, to learn, and to be able to face challenges and changes with a smile upon my face.”</p> 	<p>Traci Butler, BAS <i>Program Manager, Frontiers in Telemedicine/InHT</i></p> <p>“What inspires me is the knowledge that what I am doing is reaching beyond the four walls in which I sit every day. My job positively impacts the community in and around my city, and helps to create better healthcare opportunities for those who need it.”</p> 

<p>Jeff Carr, BS <i>Program Coordinator, YETI/T-CORE</i></p> <p>“I look forward to inspiring and empowering the youth of today so that they can build a foundation of healthy living, positive choices, and community engagement that my own children will someday be a part of.”</p> 	<p>Miguel Carrasco <i>IT Support Technician/CRDM</i></p> <p>“What inspires me more than anything else is that we are helping people that aren’t always able to get help because of how far away they are from a city, and that we are helping to build better ways to access healthcare for the future.”</p> 
<p>Rocio Carrasco <i>Parmer County Coordinator/BHIR</i></p> <p>“Life would not be as satisfying if I could not help or serve others. The best part of my job is that it gives me the opportunity to inspire and make a difference in people’s lives.”</p> 	<p>Melanie Clevenger, CTC, CAP <i>Project Director, TexLa Telehealth Resource Center/InHT</i></p> <p>“I love helping people and I believe that the use of telemedicine/telehealth technology is a great tool for that. The day when those are household words is getting closer and closer and that excites me.”</p> 
<p>Angela Corona, MPH <i>Grants and Special Projects Coordinator/CRDM</i></p> <p>“I am inspired each day knowing that the work I support at the Institute is making a meaningful difference in the lives of people all over West Texas.”</p> 	<p>Debbie Curti, M.Ed, RHIA <i>Research Associate/CRDM</i></p> <p>“[I am inspired by] helping rural communities through legislation, publications, community involvement, and education to improve health outcomes and medical care.”</p> 
<p>Bruce Edmunds, M.Ed., PMP, CHTS-IM, IS, PW <i>Director of Programmatic Activity and Development/InHT</i></p> <p>“I believe God gave us the power of intention to change the landscape of our society, and it is my intention to live an authentic life of compassion, integrity, and action.”</p> 	<p>Veronica Fair, MSA <i>Business Manager/Office of the EVP</i></p> <p>“Only a life lived for others is life worthwhile.” <i>-Albert Einstein</i></p> <p>“I am motivated and inspired at work knowing that I am part of a team that helps others.”</p> 
<p>Debra Flores, Ph.D. <i>Senior Director/T-CORE</i></p> <p>“I believe I was born with an innate passion to help others and through my position with the Institute, I am able to empower others through education, to serve as a liaison between impoverished communities and health experts, and to bring the voice of the community to the forefront.”</p> 	<p>Amanda Freeman, M.Ed., LPC <i>Licensed Professional in the Healing Arts for TWITR/BHIR</i></p> <p>“My passion is having the opportunity to reach out to underserved populations. I have a unique opportunity to positively impact at-risk students. By intervening, they receive mental health services not readily available in their communities, and have a better chance of becoming productive, responsible members of their communities.”</p> 

<p>Christina Garza <i>Administrative Business Assistant/Office of the EVP</i></p> <p>“I am motivated by helping others and feel as though I have been given an opportunity to become successful in my career.”</p> <p>“Great opportunities to help others seldom come, but small ones surround us every day.” <i>-Sally Koch</i></p> 	<p>Gordon Gong, MD, MS <i>Senior Director, Study Design and Biostatistical Analysis/CRDM</i></p> <p>“To make RCH’s achievements known to TTUHSC leadership, to peers in the world, and to the public at large through publication of well-designed studies arouses my enthusiasm and motivates me to work diligently.”</p> 
<p>Erin Gregg <i>Senior Health Promotions Coordinator/T-CORE</i></p> <p>“The endless learning opportunities and the ability to be an active member in the communities we serve are the most exciting parts of working for the Institute. I have no doubt our work will have a positive impact on the future of rural and community health in West Texas.”</p> 	<p>Travis Hanson, Esq., JD, MS <i>Executive Director/InHT</i></p> <p>“Healthcare is changing. If we cannot establish a way for our physicians to be paid by quality of care rather than quantity of care; to use telemedicine; and to transform their practices to a patient-centered environment, we will find ourselves lagging behind and at a huge disadvantage in the years to come.”</p> 
<p>Adrienne Harrel <i>Business Manager/Office of the EVP</i></p> <p>“I am motivated by my ingrained civic duty to support my community and set a leading example for my children and others in all I do.”</p> 	<p>Teresa Huckabee, LVN <i>Hockley County Coordinator/BHIR</i></p> <p>“Give thanks each day you wake, live each day with purpose, have faith when things in life are uncertain, and always be willing to give of yourself to those in need. Be the reason someone smiles today.”</p> 
<p>Cathy Hudson, CCRC <i>Interim Director/BHIR</i></p> <p>“The thing that inspires me most is the fact that I get to be involved in work that is meaningful and make a difference at the community level. The wonderful people I’m privileged to work with are an added bonus.”</p> 	<p>Cassandra Huey, MS, Doctoral Candidate ABD <i>Graduate Research Assistant/BHIR</i></p> <p>“I am inspired by the passion I share with my fellow colleagues to work together to make a difference.”</p> 
<p>Rhonda Isome <i>Senior Administrative Assistant/BHIR</i></p> <p>“Never underestimate the power of prayer and positive energy.”</p> 	<p>Cole Johnson, JD <i>Director/CRDM</i></p> <p>“The team environment at the F. Marie Hall Institute for Rural and Community Health motivates me in my work at the Institute.”</p> 

<p>Becky Jones, MSN, RN-BC, CPHQ, CHTS-PW <i>Regional Coordinator/InHT</i></p> <p>"I appreciate the opportunity to put a vision into operation by providing support to providers in rural West Texas. I work with a great team and learn something new every day."</p> 	<p>Laura Lappe <i>Associate Director, Telemedicine/InHT</i></p> <p>"If not you, then who?"</p> 
<p>Sarah Looten, MPA <i>Director of Staff Relations/Office of the EVP</i></p> <p>"The thing that inspires me the most is the people I work with. Seeing their passion, drive, and motivation fuels mine."</p> 	<p>Denise Lopez, MBA, MS <i>Director of Finance/Office of the EVP</i></p> <p>"I'm inspired by work at the Institute by knowing that no two days will be the same and being able to collaborate with a diverse group of people from varying backgrounds."</p> 
<p>Ronald Martin, MC, LPC <i>Licensed Professional in the Healing Arts for TWITR/BHIR</i></p> <p>"It is an honor to provide mental health services in the rural communities working at the Institute. The individuals and families that live in rural areas are in need of assistance that is not readily available unless they travel to Lubbock. The Institute provides me the opportunity to assist them."</p> 	<p>Sebastian Nino-Penalzo <i>Graduate Research Assistant/BHIR</i></p> <p>"What motivates/inspires me is knowing that I have the opportunity to work and contribute to the community."</p> 
<p>Maria "Dolores" Parrish, BBA <i>Assistant for Staff Relations/Office of the EVP</i></p> <p>"What motivates me the most is our staff, both new and current." Assisting new staff on their first day and getting to know each and every one individually provides continual inspiration."</p> 	<p>Veronica Patton, BBA (CIS) <i>Regional Coordinator/InHT</i></p> <p>"Doing what I like is a motivation. The work I do gives me knowledge and skills which make me a better person professionally and personally. I learn a lot from my coworkers; they inspire me to keep learning and do better in my job."</p> 
<p>Billy U. Philips, Ph.D., MPH <i>Executive Vice President and Director</i></p> <p>"What inspires me about working in the F. Marie Hall Institute for Rural and Community Health is having the opportunity to work with a group of people that are smart, motivated, and dedicated to what they do to improve health and well-being for the people of Texas and beyond. They bring their "A-game" every day and that makes me want to do the same."</p> 	<p>Cappi Phillips, Certified Health IT Liaison <i>Regional Coordinator/InHT</i></p> <p>"What you do today can improve all of your tomorrows!" <i>-Ralph Marston</i></p> <p>"Every day we make strides to improve healthcare within the Institute so our future and that of our children will benefit."</p> 

<p>Scott G. Phillips <i>Managing Editor, Texas Journal of Rural Health/ CRDM</i></p> <p>“I have a passion for making quality writing and research freely and widely available, so I’m excited by the opportunity to relaunch the Texas Journal of Rural Health as an open-access journal.”</p> 	<p>Brittany Pride, BA <i>Administrative Assistant/T-CORE</i></p> <p>“I enjoy working with people who are so passionate about their work they often put in extra hours to perfect even the smallest details of a project or assignment.”</p> 
<p>Frances Quintero <i>Senior Health Promotions Coordinator/T-CORE</i></p> <p>“My inspiration for working with the Institute comes from serving the educational needs of our community. Each person I come in contact with is being served in a different method. This Institute is ensuring that our community gains the education that it desires.”</p> 	<p>Sharon Rose, RN, MAM, BSOE, CHTS-CP <i>Regional Coordinator/InHT</i></p> <p>“The thing that inspires me the most about our work is the team of people I work with every day. This is the closest and most motivated group of people I have worked with in many, many years.”</p> 
<p>Carson Scott, MPA <i>Director of Telemedicine and TexLa Telehealth Resource Center/InHT</i></p> <p>“Whether you think you can or think you can’t, you’re right.” <i>-Henry Ford</i></p> <p>“There is a great deal of truth in how effective someone can be based on their own positive mindset and dedication.”</p> 	<p>Lisa Wynn, PHR <i>Administrative Assistant/CRDM</i></p> <p>“I am motivated by knowing the support I provide our staff impacts the communities in West Texas and beyond.”</p> 

Other staff who served the Institute in 2014-2015

- Becky Conditt: Director, West Texas Area Health Education Center
- Leta Cross-Gray: Regional Coordinator-Abilene Area
- Michael Gresham: Program Analyst I
- Matthew Lambert: Senior Director for Research
- Melanie Teague: Technical Writer
- Rebekah Toler: Administrative Assistant
- Briana Vela: Communications Coordinator

**F. MARIE HALL INSTITUTE FOR RURAL AND COMMUNITY HEALTH
STAFF MEMBERS**





CRDM
Contracts, Reporting & Data Management
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

BHIR
Behavioral Health Innovations & Research
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

InHT
Innovative Healthcare Transformation
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.

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Rural and Community Health