

**RURAL & COMMUNITY HEALTH RURAL & COMMUNITY HEALTH TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER** 

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

#### **MISSION & VISION**

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



F. MARIE HALL

MOTTO: We focus our imagination, our talents and our energy to improve the health and well-being of the people and communities of Texas and beyond.

### **Letter from the Director**



DR. BILLY U. PHILIPS, JR.

n April, I will have served as Director of the F. Marie Hall Institute for eight years. Mostly, those years have been filled with wonderful accomplishments, amazing growth and some of the most wonderfully amazing people anyone could ever hope to work with and lead. If you had asked me in the middle of my career to imagine the most outlandish of success that I might have in the twilight of my career, I wouldn't have gotten close. It's awesome! That having been stipulated, along the way there have been some times that have been as much of a challenge as ever I have faced professionally anytime in my career.

There isn't a day that I don't miss the security of knowing that I could call, at any time, my friend and the Institute's benefactor, Marie Hall. She died earlier this year just about the time the bluebonnets bloom in Texas. This year they were beautiful, and I like to think some of that fabulous color was because she influenced the Maker of it all to splash it up a bit to remind people that some things cannot be diminished and are only more spectacular when things are saddest. I remain sad, and I guess there will be a hole in my heart until I see her again. So not having Marie around certainly caused all of us here to redouble our efforts as the only way we know to honor her memory.

Then the legislature met in Austin. Mostly, I admire them. Most people who know me will tell you that I am not a party guy. They'd quickly tell you, however, that I am a conservative guy. I have always thought my role is to serve and educate and tell those who have the courage, stamina and fortune to be elected what I think is the truth about any given issue that I know something about. Mostly, I trust them to make the right decisions. This year they made me wonder a bit when they couldn't agree about some pretty important budget matters, namely special line items.

These are things that are not easily funded by formulas, but some are critical. The state's Area Health Education Centers (AHECs) produce the health workforce around the state, provide experiences and curricula on health careers to schools and assist the critical access hospital and rural clinics. The Office of Rural Health, about one-third of the Institute's budget, was caught in the wrangling, too. In the end, our policymakers decided to subject them to sunset review in the next year. Something I support, by the way. But the impact was to destabilize our future. That item of our budget leverages \$2.21 of federal and other support for every \$1 that Texas puts in the line. Trying to continue programs and growth not knowing if those dollars will be

# Office of Rural Health (FY 2018-2019)



Cut 8.8%

2018 special line item subject to sunset review



\$1,416,964

2017 special line item budget for ORH



\$3.134.846

Leveraged 2017 budget with additional grants



2.21

Multiplier effect of Texas line item + Federal dollars present in less than two years is an unnecessary challenge.

Finally, the demand for the innovation and leadership that the Institute provides has never been greater, especially in mental health services. The fact is that one in four adults and one in five school-aged children have mental health issues that need treatment. These are people that we know and live around and who might even be family. Many are veterans, and some are addicted to opioids that flood our streets and come from countries and people who hate America and the hope she is to the world.

We have programs that screen kids in our schools who have a propensity toward violence and get them into care so they don't harm themselves or others. We also find veterans who have had run-ins with law enforcement and get them into care instead of jail. And we are leading the search to create the Texas Tech Mental Health Institute.

I could go on and on and tell you, even brag about, what the F. Marie Hall Institute is doing to advance health and wellbeing in West Texas and beyond, but I will simply say, without us, life here will not be as good.

So it has been quite a year for us, one we will survive and grow stronger from, and we will continue to do what we do. That, simply said, is our very best!

You may remember a crazy camp movie of the late 1980s, "Bill & Ted's Excellent Adventure." I love three lines from that movie:

"You both seem to be suffering from a mild form of hysteria."

"Be excellent to each other!"

"Party on, dudes!!"

Well, my friends, we have always suffered from an unstoppable optimism in the Hall Institute, and that isn't changing anytime soon. Read this annual report and you'll see why. Why wouldn't we have a mild hysteria? We're the best. One reason why is because we are excellent to each other. That's what we do in West Texas. It's our heritage and our legacy. Marie would have had it no other way!

And despite what might happen with our funding, well, that's easy. Party on dudes!! We'll be here.

~ Dr. Billy U. Philips, Jr.

# **Serving West Texas**

are classified as rural and 54 are sparsely populated with solutions. fewer than seven persons per square mile. Only Alaska Texas frontier landmass is in West Texas.

West Texas spans 131,323 square miles and is home is centered in the midst of this perfect rural research to more than 2.8 million people, or 11.2 percent of the environment and uniquely situated to lead efforts that state's population. Of the 108 counties in West Texas, 98 go beyond statistics to create real-world rural health

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER** 

The F. Marie Hall Institute for Rural and Community has more frontier landmass than Texas, and most of the Health serves these remote rural communities with the help of a multidisciplinary group of professionals who The Texas Tech University Health Sciences Center contribute to key programs in the following areas:

#### **OUR FOCUS**

**HEALTH TECHNOLOGY** 

Telemedicine and telehealth training, health IT support, practice management, clinical quality coaching and network improvement support.

#### **HEALTH EDUCATION**

Coordination of pipeline activities to recruit and engage students to enter the health care workforce and practice in rural West Texas.

#### BEHAVIORAL HEALTH

Behavioral health counseling, triage, intervention and referral for West Texas public school students and U.S. military veterans.

### **Administration Staff**

















F. Marie Hall Institute for Rural and Community Health 3601 4th Street MS 7110 Lubbock, Texas 79430

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# Innovations in Healthcare Technology (InHT)



Telemedicine & Telehealth, Health IT Support, Clinical **Quality Coaching and** Practice Management

Our Innovative Healthcare Transformation division (InHT) assists healthcare providers and hospitals in modernizing their organizations with the use of telehealth technology and certified electronic health records (EHRs).

Through innovation and determination, InHT provides technical support and health care expertise to individuals across the region.



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

TRAVIS HANSON, INHT EXECUTIVE DIRECTOR





















INHT STAFF (LEFT TO RIGHT, TOTP TO BOTTOM): Jimmy Ashley, Tech Manager; Traci Carroll, Frontiers In Technology Project Manager; Melanie Clevenger, Telemedicine Clinic Manager; Amanda Freeman, TWITR Senior Mental Health Specialist; Becky Jones, TexLa Program Manager; Ron Martin, TWITR Senior Mental Health Specialist; Kelly Munoz, InHT Project Manager; Shawn Marie Parrott, TWITR Senior Mental Health Specialist; Sharon Rose, EMS Telemedicine Project Manager; Lisa Wynn, Administrative Assistant.



### Telemedicine in West Texas

The Texas Tech University Health Sciences Center (TTUHSC) Telemedicine Program continues to bridge access barriers in the 108-county service area of West Texas. The TTUHSC Telemedicine Program provides patient services including rural health clinic-based specialty care, school-based clinic primary care, correctional telemedicine, and mental health services, including a school-based triage and referral project and an HIV+ clinic for uninsured and underserved patients.

Telemedicine encounters and miles saved for FY 2017 included the following:

- **7,086** Total Patient Encounters
- **6,268** Correctional Patient Encounters
- **818** Community Patient Encounters
- **222** Infectious Disease Clinic Patient Encounters
- Approximately **118,000** miles of travel were saved with the utilization of telemedicine technology

The telemedicine program at Texas Tech

University Health Sciences Center has been
recognized nationally through several
distinctions and honors.

Telemedicine program staff provided demonstrations to 5,129 people in FY 2016-2017, exceeding their target of reaching 500 with telemedicine demonstrations. There was a significant increase in number of demonstrations due to participation in the South Plains Career Expo.

Telemedicine also provided practical training opportunities to TTUHSC students and residents to better prepare them for future use of such technologies.

Looking ahead, the TTUHSC Telemedicine program will continue to create awareness of telemedicine programs and the use of technology in medical practice among local physicians, administrators, and health service providers, as well as in surrounding areas. Awareness includes the advancements of telemedicine and other technologies, improvements in reliability, simplicity of equipment/software use and the potential that exists to expand telemedicine to West Texas communities and beyond, seeking help to overcome barriers to care and increase access to health services.

### TexLa TRC

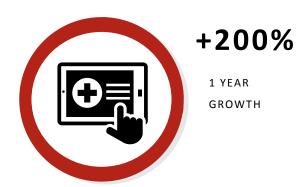
The TexLa Telehealth Resource Center provides technical assistance and resources to new and existing telehealth programs throughout Texas and Louisiana. Nationally, there are a total of 15 TRCs which include 12 Regional Centers, all with different strengths and regional expertise. The TexLa TRC works to eliminate barriers and supports the expansion of telehealth throughout the region. In 2017, TexLa TRC continued to see increases in requests for technical assistance and resources and broadened our influence and reach through outreach and educational efforts.

#### **TECHNICAL ASSISTANCE**



The TRC provides technical assistance to advance telehealth across Texas and Louisiana. Technical assistance describes the information, tools and resources provided addressing such telehealth topics as technology, policy and reimbursement.

#### **OUTREACH AND EDUCATION**



TexLa's 200% Outreach and Education growth represents more than 40,000 organizations. In FY 2017, TexLa TRC expanded outreach in the region by conducting Telemedicine 1.0 Workshops providing a roadmap for building a telemedicine program.

### 

**Education** 

The Frontiers in Telemedicine course is a unique program that trains clinical staff to be telemedicine presenters. Students complete hands-on simulation center training, online modules and objective structured clinical examinations designed to educate them on telemedicine equipment, etiquette and ethics.

A total of 49 providers were trained in the FIT lab in FY 2016-2017

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- Online modules were created covering the basics of Telemedicine and those who benefit from the technology
- The FIT Lab teaches students OSCE, including a walkthrough of a simulated case
- FIT provides demonstrations of the application of communication skills in patient and medical team communication
- In 2018, FIT plans to revise the course materials, incorporating new technology and offering additional training options

#### TRAINING CLINICAL STAFF

Frontiers in Telemedicine (FIT) Lab



From February 1, 2016, the FIT Lab has trained 182 professionals in Emergency Medicine, Dermatology, Psychiatry, Pediatrics, Internal Medicine, and various Public Health specialties, including department chairs from multiple campuses of TTUHSC.

Statistics show that although firearm related homicides in Texas have declined overall, violent crime among children and youth remains high. Launched in 2013, the TWITR project aims to reduce school violence in West Texas schools by identifying, monitoring, and obtaining prompt mental health care for at-risk youth.

The TWITR staff assessment and triage report as of April 2017 is as follows:

- 346 students were referred and screened by LPCs.
- **171** students have been triaged (all by telemedicine) with the TTUHSC Psychiatry Department.
- 20 students have been removed from school.
- 35 were placed in alternative placements
- 28 students were sent to emergency room or inpatient hospital
- 7 students were arrested after referral and before assessment
- 4 students were arrested after assessment
- 78 students were referred for violent behavior
- 17% reduction in truancy.
- 25% reduction in student discipline referrals.
- 3.6% increase in student GPA.



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School Districts

TWITR provides services to at-risk youth at Ralls ISD, Shallowater ISD, Brownfield ISD, Lubbock-Cooper ISD, Levelland ISD, Idalou ISD, Abernathy ISD, Littlefield ISD, Crosbyton ISD and Plainview ISD.

346

TWITR Referrals

Since 2013, TWITR has received 346 referrals, and impacted the lives of 32,139 students. The average age of juveniles referred for assessment was fifteen.



#### PILOT PROJECT

Created and funded by Texas House Bill 479, the Texas Commission on State Emergency Communications and TTUHSC were asked to establish a pilot project which would place telemedicine equipment in Emergency Medical Service (EMS) units.

**Next Generation 911 Project** 



#### FY 2016-2017

The Next Gen 911 project successfully installed telemedicine equipment in four rural EMS units: Scurry County EMS and Cogdell Memorial Hospital, Medical Arts Hospital EMS, Andrews EMS and Permian Regional Medical Center and Seminole EMS.

#### LOOKING AHEAD

After receiving funds for the next 2 years for this project, we plan to implement 1-2 ambulances next year. Most of the year will be spent collecting data, analyzing it and sending a report to the Texas Commission on State Emergency Communications (CSEC).



# **South Plains Veterans Telemedicine Services**



The TTUHSC Office of Rural Health has partnered with VetStar and the Veterans Resource Coordination Group (VRCG) to connect veterans and their families to the mental health resources they need. The most current Veterans Administration model data projects a total veteran population of 25,148 for the program's 20 county service area and a population of 6,061 in the South Plains Veterans Telemedicine Services target demographic, including 855 women veterans.

According to the latest American Community Survey estimates, nearly nine (9) percent of the almost 16,000 Lubbock County veterans live below the poverty level, a <u>Veterans often have difficulty accessing</u> mental health care when they need it. We serve those who served.

higher rate than Austin, San Antonio, Houston, El Paso or Dallas/Ft. Worth. Roughly 40 percent of veterans served by StarCare and the VRCG live in rural areas. Research shows that veterans living in rural areas face many barriers to treatment, including lack of transportation, higher rates of chronic diseases, and significant mental health concerns, including higher than average suicide rates. The VRCG has been recognized by the state of Texas for its efforts to reach veterans living in rural areas.

Lubbock County averages approximately 66 veteran arrests every month; this indicates a high need for intervention and transition services on the South Plains. At this time, there are no special Veterans Courts in the VRCG's service area. As a result, the Institute works closely with the Lubbock County Office of Dispute Resolution to provide mediation services for justiceinvolved veterans, including criminal mediation.

#### **FREQUENTLY ASKED OUESTIONS**

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#### Why Telemedicine?

Telemedicine provides access to mental health services not available in rural areas. Tele-psychiatry helps to minimize the costs to veterans of traveling to distant cities for care.

#### How great is the need?

44 percent of veterans need some mental health care. 40 percent of West Texas veterans live in rural area where mental health professionals are in short supply.

#### What counties do we serve?

All 20 of the counties the program serves are located in rural West Texas and have been designated Mental Health Professional Shortage Areas (MHPSA).

# SHIP (Small Hospital Improvement Project)

#### **ULTRASOUND EDUCATION INITIATIVE**

In partnership with the Texas Department of Agriculture 2017. We are currently in the "equipment distribution" State Office of Rural Health, The Institute has imple- phase of the project where hospitals use the ultrasound mented the Ultrasound Education Initiative among the devices for one month and report on their use. Data is Small Hospital Improvement Project (SHIP) hospitals in being collected about the equipment use and training the state of Texas. A total of 53 out of 105 SHIP hospitals and will be sent to the Texas Department of Agricul-

in Texas participated in the initiatives during FY 2016- ture State Office of Rural Health for further study.

#### **KEY BENEFITS**



#### EMERGENT CARE

Ultrasound enables a quick examination of critical patients without transferring them away from the physicians and nurses caring for them.

#### QUALITY OF CARE

Ultrasound can impact the quality of care by identifying life-threatening conditions early. Rural patients can be transported to a higher level of care sooner.

#### PORTABLE CARE

Due to the portability of ultrasound, this technology can be utilized in the Emergency department, Inpatient units, Critical Care units, or any Outpatient areas.



# Transforming Communities through Outreach, Recruitment & Education (T-CORE)



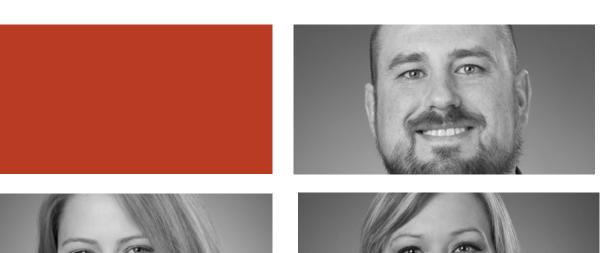
Education and outreach,
youth recruitment and
counseling, and community
health worker training

T-CORE was created two years ago to more accurately describe the programs that have evolved within the West Texas AHEC division of the F. Marie Hall Institute for Rural and Community Health. In addition to West Texas AHEC, programs under T-CORE include Community Health Worker Development-Bridge to Excellence, Scrubs Club, Double T Health Service Corp and the Youth Empowerment Training Initiative (YETI).



DEBRA FLORES, EXECUTIVE DIRECTOR OF T-CORE

### **T-CORE Staff**













### **West Texas AHEC**

**RURAL & COMMUNITY HEALTH** 



The West Texas AHEC program has five regional offices—Canyon, Plainview, Midland, Abilene and El Paso—along with a satellite office in San Angelo. Goals for West Texas AHEC program include coordination of pipeline activities to recruit and engage students to enter the health care workforce.

This year, 4 of the 5 centers collaborated to host the Health Match Recruitment Fair in Midland where 99 students and 24 health care employers attended. Most of these health care employers were from rural communities seeking to fill health care professional positions at their facilities.



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Desert Mountain AHEC participated in a new migrant student initiative, "Pathways to a Bright Future." Students studied topics such as mental health, epidemiology, pursuing a higher education and college readiness. Additionally, students met with health care professionals, had the opportunity to network with other students and learned about financial aid and the college admissions process

AHEC of the Plains has implemented monthly community CPR classes by partnering with YMCA.

Panhandle AHEC responded to a need to serve as the base for scheduling nursing students rotations in the Amarillo area. This effort supports efficient coordination of 8 nursing programs/schools in that area.

Panhandle AHEC also hosted the annual Top of Texas Career Fair at the WTAMU Event Center, involving 1,563 high school students and 53 potential employers.

Big Country AHEC placed 10 AmeriCorps VISTA members with 9 different agencies throughout the region. The Big Country Healthy Futures VISTA program focuses on capacity-building efforts to create or expand health related programs and/or services to meet the needs of the medically underserved, ethnic minorities and other vulnerable populations.

Big Country AHEC also contracted with the Alabama-Coushatta Tribe of Texas to conduct a needs assessment to identify health outcomes as related to the year-three goals and objectives for their CDC grant. The collected information was utilized by the Good Health and Wellness Steering Committee to better understand and address challenges to active living and eating healthy food among the tribe members.

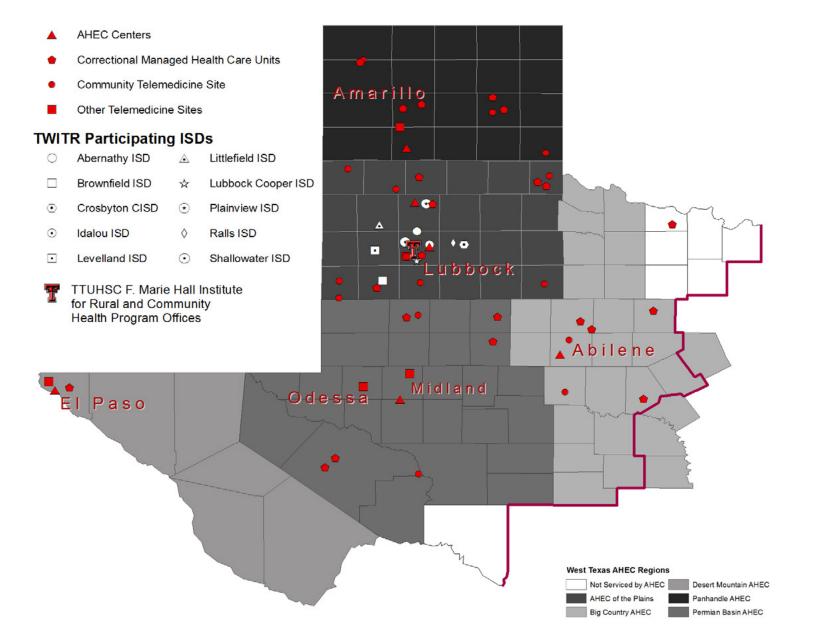


West Texas AHEC accomplishments for 2017 include:

- 59,937 individuals in the West Texas Region were reached through outreach activities.
- 8,945 health professionals were supported through conferences and continuing education events.
- 446 medical professional students were placed in 1,534 rotations at 108 sites throughout West Texas.
- 524 students attended 33 activities, either summer camp or a youth health service group.
- Distributed over 25,000 H.O.T. Jobs books
- The H.O.T. jobs website had 347,000 hits

In 2018, West Texas AHEC will focus on establishing strong Youth Health Service Corp programs throughout the region for high school students on the path to health care careers, stipends for students though the AHEC scholars program and community based learning experiences through the CHW Bridge to Excellence and Telemedicine programs.

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### **Double T Health Service Corp**

There are approximately 300 members enrolled in the Double T Health Service Corp and they have participated in 122 community service activities in the community.

The Double T Health Service Corp was very active in 2017. Members have participated in CPR classes and are enrolled to take Question-Persuade and Refer (Q.P.R.) training. Participation in this training serves to further prepare students to pursue and enter health care careers.

In an effort to sustain the pilot Scrubs Clubs, two Double T members have assumed the educator role for two high schools.



### **Scrubs Club**



Three Scrubs Clubs were piloted in three different schools in 2017: an advanced technology high school, a traditional high school and a junior high school. The pilot programs were well received and the students that participated were very engaged. Due to the success of the pilot programs, the five centers will use the model to implement Scrubs Clubs into rural schools recruited from each of their respective regions.



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### CHW Workforce Development

The Bridge to Excellence CHW program graduated its first class in May 2017. The class consisted of 11 students from across the West Texas region.

The hybrid class consisted of the traditional face-to-face classroom in Lubbock coupled with virtual connectivity through telemedicine equipment to the traditional class in Abilene, and four students attended via the ZOOM platform from the comfort of their homes in other rural areas of West Texas. The Bridge to Excellence program was used to leverage funds acquired by Big Country AHEC to start a CHW pilot program for the year. Big Country partnered with Hendrick Hospital and their new Population Health Navigation Program. The CHWs will work as patient navigators to manage patients with chronic conditions, which was an identified need in the community.



# **Youth Engagement Training Initiative**

YETI focuses on empowering youth by addressing three critical factors: self-esteem building, communication skills, and problem-avoidance management.



The YETI program hosted a total of 56 educational workshops and activities through FY 2016-2017. YETI continues to make inroads in three rural communities: Brownfield, Levelland and Littlefield. The Youth Advisory committees are active and have led events such as National Drug and Alcohol Awareness, Mental Health Awareness and Suicide Prevention Walk.

These partnerships focus primarily on the formation and maintenance of a Youth-Adult Council (YAC) made up primarily of youth but also including caring adults and parents. Youth and adults work together to form relationships and provide opportunities for youth to use the voice they have to speak up for themselves when it comes to important topics such as mental health,

substance abuse and access to care/transition. Our YAC has been instrumental in the creation of trainings, outreach events, workshops and classes for youth and adults alike.

Our Positive Youth Development curricula aims to educate youth about adolescent risk factors and teaches youth to help themselves as well as others.

YETI will continue to reach out to other communities in the service area to promote the program and the services it provides. At the forefront of these efforts are the youth of the program. They are the agents of change and will continue to facilitate change within their own communities.

# Research, Reporting & Data Management (R2DM)



Research, data collection,
contract and grant assistance, report preparation
and other communications

R2DM is the Institute clearinghouse for research administration and performs collection, analysis and management of data and information needed for grant proposal preparation and other special projects. Other academic and community-based activities performed by R2DM include geomapping and analysis, community health needs assessments and information dissemination. During FY 2016-2017, R2DM published the inaugural three issues of Rural Health Quarterly (RHQ) magazine, as well as the Institute's Annual Report for 2016.



CATHERINE HUDSON, DIRECTOR FOR RURAL HEALTH RESEARCH

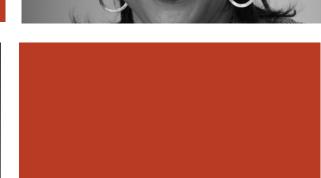
### **R2DM Staff**











R2DM STAFF (TOP TO BOTTOM, LEFT TO RIGHT): Debra Curti, Research Associate; Gordon Gong, Senior Director of Study Design and Biostatistical Analysis; Rhonda Isome, Administrative Assistant; Scott Phillips, Senior Editor.

# **Grant Applications and Awards**

The Institute was successful at submitting nine grant applications for funding during FY 2017. Six of the nine were approved, two were rejected and one is pending approval.

In addition, the Institute collected grant revenue from other active grants previously awarded:

EMS & Emergency Responder Telemedicine Pilot Project - \$ 50,000

Next Generation 9-1-1 Telemedicine Medical Services Pilot - \$ 500,000

Office of Rural and Community Affairs (ORCA) IT Network - \$ 3,625

Texas Healthy Adolescent Initiative - \$ 145,800

FY2017 Total: \$4,854,170

GRANT	SUBMITTED ON	STATUS	TOTAL
Texas Veterans + Family Alliances Grant	December 6, 2016	Awarded	\$ 193,234
The TWITR Project	February 20, 2017	Awarded	\$1,275,008
Texas SHIP Hospital Ultrasound Education	March 2, 2017	Awarded	\$ 95,213
Mentoring Opportunities for Youth Initiative	March 13, 2017	Pending	\$ -
Alex & Rita Hillman Foundation	March 20, 2017	Rejected	\$ 0
Area Health Education Center Program	March 29, 2017	Awarded	\$ 527,190
Telehealth Resource Center Program	April 26, 2017	Awarded	\$ 325,000
Community Youth Development Program	May 8, 2017	Rejected	\$ 0
Behavioral Health Workforce Education	June 12, 2017	Awarded (2018)	\$ 485,296

# **Funding for FY 2017**

#### **ENDOWMENTS**

The Marie Hall Chair in Rural Health	\$ 276,067
Smith/Vela/Patterson Senior Fellowship for Rural Health Research	\$ 179,479
F. Marie Hall Institute for Rural and Community Health	\$1,265,906

#### STATE APPROPRIATED LINE ITEM FUNDING

Rural Health Care	\$ 776,845
West Texas AHEC Program	\$2,000,000

#### REVENUE GENERATED BY BILLABLE TELEMEDICINE SERVICES

Correctional Managed Health Care Contract, Billed Clinic
Services, and Community Telemedicine Network \$ 440,553.86



# **Scholarly Activity**

#### **PUBLICATIONS**

Gong G, Huey CC, Johnson C, Curti D, Philips BU Jr. The Health Insurance Gap After Implementation of the Affordable Care Act in Texas. Tex Med. 2017 Mar 1;113(3):e1.

Gong G, Huey CC, Johnson C, Curti D, Philips BU Jr. Enrollment in Health Insurance Through the Marketplace After Implementation of the Affordable Care Act in Texas. Tex Med. 2016 Oct 1; 112(10):e1

Johnson, C., Gong, G., Curti, D. and Philips, B.U. The Benchmark of Rural Health in West Texas: Top 10 leading causes of death in rural Texas in 2010. (Accepted for publication pending revisions, Texas Public Health Journal).

Johnson, C., Gong, G., Curti, D. and Philips, B.U. The Benchmark of Rural Health in West Texas: Top 10 leading causes of death in rural Texas in 2014. (Submitted, Texas Medicine).

Philips, Billy U., Jr. "Big Data' and Advanced Analytics." Nursing Informatics for the Advanced Practice Nurse: Patient Safety, Quality, Outcomes, and Interprofessionalism. By Susan Mc-Bride and Mari Tietze. New York: Springer, 2016. 613-42.

The following manuscripts are in preparation:

Gong, G., Johnson, C., Curti, D., Carrasco, M. and Philips, B.U. Gender, Ethnicity, and Rural Residence and the Proportion of Centenarians in Texas.

Miller, B., Hudson, C. and Gong, G. Depression is associated with lower American National Adult Reading Test scores among rural dwellers aged between 50 and 64 years in Texas: A Project FRONTIER Study.

Philips et al. Cancer incidence and mortality in relation to Wellbeing index in West, East, and South Texas by Rural Urban Continuum Code.

Philips et al. Trends of mortality from 2007 to 2014 in rural vs. urban areas in West, East and South Texas.

Philips et al. The State of Texas physicians: proportions of physicians by gender, specialty, country of birth, etc. in rural vs. urban West, East and South Texas.

#### **PRESENTATIONS**

Philips, B., (2016). Telemedicine, Wellness, Intervention, Triage and Referral Project at TTUHSC. Mental Health

America of Abilene 2nd Annual Mental Health Symposium: The Promotion of Adolescent Wellness, Current Mental Health Initiatives, and Legislative Updates. Abilene, Texas

Philips, B., (2016). Topics in Rural Health. 19th Annual Port to Plains Alliance Conference. San Angelo, Texas.

Hall-Barrow, J., Philips, B. (2017). Telehealth: New Platform for Population Health. iHT2 Health IT Summit. Dallas. Texas.

Ashley, J., Freeman, A., & Philips, B. (2017) Telehealth and the Triple Aim in Rural Care. National Rural Health Association Annual Rural Health Conference. San Diego, California.

Coleman J., Gong, G., Curti, D., Philips, B. (2017). The Benchmark of Rural Health: The Top 10 leading causes of death in rural Texas 2010. Texas Public Health Association 93rd Annual Education Conference, Fort Worth, Texas.

Flores, D. (2017) "CHWs and their impact on DSRIP Projects (Triple AIM)", Unity Conference, Dallas, Tex-

Flores, D. (July 20, 2017) "Rural Trends & Issues", Webinar for HRSA, Region 6.

Flores, D. (June 21, 2017) "CHW Instructors and

Motivational Interviewing", "CHWs in Telemedicine", Crossroads Conference, Amarillo, Texas.

Flores, D. (May 9, 2017) "Integrating CHWs into Rural Communities", National Rural Health Unity Conference, San Diego, California.

Flores, D. (April 28, 2017) "Rural Health Transformation", East Texas Community Health Conference, Tyler, Texas

#### **POSTERS**

Miller, B., Hudson, C., Gong, G., (2017). Depression is associated with lower AMNART scores among rural dwellers aged between 50 and 64 years in Texas: A Project FRONTIER Study. Presented at TTUHSC Student Research Week, March 7-10, 2017, Lubbock, TX and Travis Hansen, Fall 2017, Public Health Ethics and Law. Texas Public Health Association 93rd Annual Education Conference, Fort Worth, TX, March 27-29, 2017.

Martin, R., Freeman, A., Parrot, S. (2017). Telemedicine. Wellness. Intervention Triage, and Referral Project. Presented at Crossroads Conference, Amarillo, TX.

Hanson, T. and Martin, R. (2017). Telemedicine, Wellness, Intervention Triage, and Referral Project, Presented at American Telemedicine Association Conference, Orlando, FL, April 22-25, 2017.

#### TEACHING

Dr. Billy Philips, Fall 2016, "Issues in Rural Health", Master of Public Health Program.

Dr. Debra Flores, Spring 2017, CHW Certification Class.

Dr. Debra Flores, Fall 2016, "Issues in Rural Health," Master of Public Health Program.

Dr. Debra Flores, Fall 2016, "Health Systems: Case Studies from Around the World." Module for Global and Rural Health Certificate Program.

Dr. Billy Philips, e-Health Advisory Committee, Health and Human Services Commission for the State of Texas

Dr. Billy Philips, Member of the Texas Medical Board

Stakeholder Advisory Group.

Dr. Billy Philips. Member of the Board of the Texas Health Improvement Network.

Dr. Debra Flores, TTUHSC SOM Admissions Selection Committee.

Dr. Debra Flores, TTUHSC SON Admissions Committee.

Dr. Debra Flores. TTUHSC DPH Graduation Committee. Curriculum and Student Affairs Committee and Policy Review Committee.

Dr. Debra Flores, Lubbock Independent School District, Advanced Technology Center Community Advisory Committee (member).

Dr. Debra Flores, Community Health Worker Development-Bridges to Excellence Community Advisory Committee (Chair)

Dr. Debra Flores, State Office of Rural Health State Advisory Committee (Member).

Dr. Debra Flores, Texas Public Health Association (Chair-Elect, Health Education Section).

Dr. Debra Flores, American Public Health Association (CHW Section & CBPR Section).

#### **BOARDS AND COMMITTEES**

