

**BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors. Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: Bibiana M. Mancera

eRA COMMONS USER NAME (credential, e.g., agency login): BMANCERA

POSITION TITLE: Director, Community Engagement

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	Completion Date MM/YYYY	FIELD OF STUDY
The University of Texas at El Paso	BA	12/1996	Anthropology
The University of Texas at El Paso	MEd	05/2006	Educational Leadership
The University of Texas at El Paso	PhD	11/2016	Interdisciplinary Health Sciences

**A. Personal Statement**

I have expertise, training, the desire and motivation to bring the community engaged work and the translation of finding to fruition and to lead the Community Engagement Core of the Border Biomedical Research Center for Hispanic Cancer Health Disparities at The University of Texas at El Paso (UTEP). My research experience and work within the community provide me a professional framework to successfully lead community engagement efforts. I have established collaborations with key partners such as promotores de salud/Community Health Workers, non-profits, community clinics, and faith-based organizations to engage, recruit, and retain participants for research studies. As the current Director of the Community Engagement Core (CEC) for the Border Biomedical Research Center (BBRC). I am involved in establishing strategic research alignments between the Colleges of Science and Health Sciences, and the Schools of Nursing and Pharmacy to facilitate translational research projects. My expertise in interdisciplinary team building has afforded me the opportunity to collaborate with multidisciplinary researchers on various projects. I assist biomedical researchers with the translation of findings into educational materials for dissemination into the community. I also assist with proposal development to implement community engagement approaches and strategies, utilizing my knowledge of conceptual frameworks, evidence-based practices, and Community Based Participatory Research methods. I have worked with community partners to engage them in research and have provided trainings on basic cancer. I have also assisted community partners with proposal development to secure funding for much needed programs. I have established a vast network of university and community collaborators who have facilitated the successful completion of previous research projects and I continue to expand community partnerships to facilitate translational research and to increase the number of Community Advisory Board members for the CEC from various sectors of the El Paso region for future collaborations. As a native bilingual and bi-cultural Mexican American El Pasoan, I am very cognizant of the public health issues and diseases that affect this region. I have extensive experience working with Mexican Americans populations through research projects that address cultural, behavioral, and socioeconomic factors that influence behavior and affect health. My previous projects have involved the development and deployment administering of surveys, focus group facilitation and subsequent data analysis, and the dissemination of research findings. As an early career scientist, the impetus to improve the health of under-served populations, such as Mexican Americans, living along the U.S-Mexico border, are the scientific contributions through the

translation of findings into clinical practice and into the community that can reduce and eliminate health disparities.

1. Mancera, B. Dorgo, S., Provencio-Vasquez, E. (2015). Male risk factors for Intimate Partner Violence perpetration. *American Journal of Men's Health*. DOI: 10.1177/1557988315579196.
2. Mancera, B.M., Mata, M., Robbins, L.K., Provencio-Vasquez, E. (2015). HIV risk behavior knowledge among Mexican/Mexican American women along the U.S. Mexico border: Implications for health practices in clinical and community settings. Moya, E. (Ed.), *Toma II, Salud, Genero y Empoderamiento*. Mexico City. Ediciones Eon.
3. Vasquez, E., Mancera, B., Robbins, L., & De Santis, J. (2016). The tipping Point: Intimate partner violence among Hispanic women of Mexican origin. *Horizonte De Enfermeria*.

## **B. Positions and Honors**

### **Positions and Employment**

2002-2005	Training Specialist, Human Resource Services, University of Texas at El Paso, El Paso, TX
2005-2009	Coordinator, Admissions/Alumni Affairs, UT Health Science Center School of Public Health, El Paso, TX
2009-2016	Project Manager, Hispanic Health Disparities Research Center, University of Texas at El Paso, El Paso, TX
2017-Present	Director, Community Engagement, Border Biomedical Research Center, University of Texas at El Paso, El Paso, TX

### **Other Experience and Professional Memberships**

Health Disparities: A Translational Research Approach through the Puerto Rico Clinical and Translational Research Consortium – Course completed March 2018

National Association of Hispanic Nurses - Affiliate

## **C. Contributions to Science**

1. In collaboration with a team of investigators, we identified risk and protective factors among Hispanic women living in the U.S.- Mexico border regions and determined the relationship between protective and risk factors that affect Mexican-American women residing in a specific U.S.-Mexico border community. Identified risk factors included stress, intimate partner violence (IPV), depression alcohol use, and sexual risk. Protective factors included *familism*, faith and religion, resilience and optimism. Significant relationships were noted between stress and depression, and women with higher *familism* scores reported higher condom use than those who did not use condoms. Women with higher *familism* scores were also less likely to report IPV, and women with higher levels of stress were more likely to experience IPV than those with lower stress levels. Risk factors for this population are exacerbated by unemployment and a lack of resources, which contribute to high alcohol use, no condom use, higher numbers of sexual partners and unprotected sex.
  - a. De Santis, J., Vasquez, E., Mancera, B., & Mata, H. (2016). Health risk and protective factors among Hispanic women living in the U.S. - Mexico border region. *Hispanic Health Care International*, 14(1), 17-25.
2. Many factors contribute to higher rates of HIV infections and other sexually transmitted diseases among Hispanic men living along the U.S.-Mexico border when compared to non-Hispanic whites. Little is known about the primary relationship status and sex outside the primary relationships by sexual orientation. Men who have sex with men (MSM) reported higher rates of sex outside of the primary relationship than heterosexual men. However, more heterosexual men who reported sex outside of the primary relationship reported no condom use. Sex outside primary relationships places the man, primary partner, and the secondary sex partner(s) at risk for HIV/STIs. These finding have intervention implications for Hispanic men in order to prevent HIV/ STIs.
  - a. De Santis, J. P., Provencio-Vasquez, E., Mata, H. J., & Mancera, B. (2017). A Comparison of Sexual Relationships Among Hispanic Men by Sexual Orientation: Implications for HIV/STI Prevention. *Sexuality & Culture*, 1-11.

3. Hispanic men of Mexican origin have been understudied with regards to intimate partner violence. Their perspectives and understanding of risk factors that contribute to IPV are often misunderstood. There are cultural factors that exist within the Mexican culture such as *machismo* and *marianismo* with delineated gender roles that promote
  - a. Mancera, B. Mungal, A.S., De Santis, J., Provencio-Vasquez, E. (2018). Reflections of men of Mexican origin: A Grounded Theory study of intimate partner violence risk factors. *American Journal of Men's Health*.
  - b. Mancera, B. Mungal, A.S., De Santis, J., Provencio-Vasquez, E. (2018). Accessing and Recruiting a Community-based sample of men of Mexican origin to explore intimate partner violence. *Hispanic Healthcare International*.
4. A systematic literature review evaluated advanced care planning conversations between primary care providers (PCP) and older adult patients that can facilitate the completion of advanced directives. Strategies that primary care providers can implement to increase discussions regarding end of life issues with patients and their families and/or caregivers were identified such as providing patients with education materials prior to clinical visits, personalized messages from the PCPs, a list of questions that the patient and the PCP can use in the conversation, and electronic prompting PCPs can use to document the conversation.
  - a. Solis, G. R., Mancera, B. M., & Shen, M. J. (2018). Strategies used to facilitate the discussion of advance care planning with older adults in primary care settings: A literature review. *Journal of the American Association of Nurse Practitioners*.

#### **D. Additional Information: Research Support and/or Scholastic Performance**

##### **Ongoing Research Support**

5G12MD007592

Border Biomedical Research Center (Community Engagement Core)

The goal of this project is to facilitate and expand biomedical research and build the capacity of scientists at the University of Texas at El Paso, through collaborations with other institutions to address the biomedical and health issues of the borderland region.

Role: Director, Community Engagement