JOANNA BAILEY, MD

Joanna Bailey, MD, a native of Wyoming County, graduated from West Virginia University School of Medicine in 2011 and WVU Family Medicine Residency in 2014. Following residency, she returned home as a Board Certified Family Physician to serve her neighbors in the same clinic where she was a patient as a child— you can find her baby photo on the wall amongst the other community members that still seek care at the Catterson Center. She began work with Tug River Health Association at the Catterson Center in Wyoming County and the Gary Center in McDowell County.

While in medical school, she was heavily involved with the Family Medicine Interest Group and Project MUSHROOM, and medical outreach to the homeless of Morgantown. During residency, she started a consulting service for hospitalized homeless patients. In addition to training medical students and residents, she talks with high school students at Wyoming East and Westside High Schools about medical school and being a rural physician and encourages interested students to go after a career in medicine. She also serves as a mentor for Wyoming County students applying to medical school, works with the Princeton High School Health Sciences & Technology Academy, and supports WVU undergraduate students interested in rural medicine through the Rural Health Undergraduate Shadowing (RUSH) program.

Joanna is heavily involved in quality improvement efforts at Tug River. She serves on the TRHA Management Committee to shape organizational policy and provides advice to administrators on clinic matters and works closely with the Quality Assessment Director toward patient-centered medical home certification. She has also inspired students from West Virginia and neighboring states through WVU Rural Health Day activities.

Joanna is active at the state and local level to set-up services and bring awareness to the benefits and needs of rural primary care. She works with Dr. Lori Tucker, DO, at Princeton OB/GYN to provide prenatal care in Wyoming County that would not otherwise exist. She is a member of the WV Alliance for Creative Health Solutions, a partnership of West Virginia clinicians with representatives from community health centers and academia that strives to conduct research projects in primary care in rural communities that are relevant to these practices. The first three projects include depression screening in primary care, physician burn out, and identifying the most frequently diagnosed conditions in primary care in WV. She is a member of the WV Immunization Advisory Committee and participates in Project ECHO (Extension for Community Healthcare Outcomes), which pairs WVU infectious diseases and other specialists with rural providers in order to collaboratively treat patients with Hepatitis C. She is also actively working with her community to establish a recovery center for those dealing with substance abuse. In 2017, Dr. Bailey was named the West Virginia Rural Health Association Outstanding Rural Health Provider.
The fourth annual WVU Rural Health Day held on Saturday, April 13, 2019 at the West Virginia University Health Sciences Center in Morgantown, WV, brought nearly 60 pre-health undergraduate students from community colleges and four-year institutions in Maryland, Pennsylvania, Virginia and West Virginia.

Rural Health Day introduces future health care professionals to a hands-on rural health experience. The goal is that the unique experience matriculates into students choosing a rural track curriculum and then a career in rural health practicing in underserved areas in the state. The morning sessions allowed students to learn how to navigate through the journey of medical school and hear the personal stories of primary care physicians working in rural communities. The medical student panel discussion featured current rural track medical students from first-years to fourth-years. This delivered first-hand experiences of the rural track curriculum which includes, rural immersions, practicing with a rural preceptor and upcoming next steps. Practicing physicians offer advice on balancing a very busy and challenging work lifestyle and the benefits of also raising a family in the charm of a small town. The panel discussions have proven to be invaluable. They give curious students a chance to really ask the most intricate, detailed questions, and have actual one-on-one dialogue.

The afternoon sessions rotated students through hands-on practices such as suturing and ultrasound, demonstrations of intubation and wilderness medicine. These sessions open the door to the basics of healthcare procedures taught by family medicine physicians that serve rural areas and rural track medical students. The interactions give the students an advantage if they should choose to pursue medical school. WVU Rural Health Day would not be possible without the many volunteers of staff, physicians, students and rural physicians. We sincerely thank everyone for donating time and expertise.

Project REACH

One of the fundamental pieces to successful health care in rural communities is access. Health professional students from diverse disciplines have an opportunity to serve and educate West Virginians across the state about healthy living by traveling to various events across the state with emphasis in underserved areas. Project REACH is a student-led group of volunteers learning to practice clinical skills such as interviewing, calculating BMIs, taking blood pressures, providing information about nutrition, exercise, smoking cessation, diabetes and oral hygiene. This year students traveled to the Capon Bridge Festival in Hampshire County, the North Preston Food Bank in Preston County, the Trunk or Treat event in Braxton County and a trip during spring break to Wyoming and Greenbrier counties. The Project REACH volunteers choose their events based on wanting to make a difference in the places that have the most need. They are truly immersing themselves in the experience simply because they care about the communities.

TOMORROW IS MINE CAMP

“Tomorrow is Mine” is a free summer camp held at the WVU Institute of Technology campus in Beckley for 10-12 year old children from the southern West Virginia coalfields. The second camp was held in June 2018 and saw an increase in attendance with 36 students invited from Boone, Lincoln, Logan, McDowell, Mingo, Raleigh, Summers and Wyoming counties. Students enjoyed some traditional summer camp activities such as fishing, crafts and swimming. Other activities included magic shows, STEM challenges, exercise and nutrition activities, first aid training with the Beckley Fire Department, a visit from the aviary in Summers County, Dutch oven cooking, and a trip to Charleston including the Capitol and Clay Center. Campers also went to Organ Cave and the Appalachian Power Park to see the West Virginia Power baseball team. Campers were exposed to a parade of winners from all walks of life in hopes of providing positive roles models and inspiration to believe a successful life is possible no matter where you grow up.

Campers had an opportunity to talk with local law enforcement and the judicial system. The Honorable Judge Thompson, Prosecuting Attorney Keith Randolph, Assistant Prosecuting Attorney Justin Marlowe and the Boone County Chief Deputy, Chad Barker, spoke to the campers about the dangers of substance use and how it can negatively affect lifestyle. Campers also spoke with WV senator, Dr. Ron Stollings and Karen Bowling, former secretary for the WV Department of Health and Human Resources.

The demonstration by Jamie Lester, internationally known artist and native of Wyoming County, was one of the highlights again this year. There were several repeat campers, and many campers expressed their desire to come to camp again. The 2019 Tomorrow is Mine camp will be June 16-22, 2019. We look forward to providing this wonderful opportunity to campers again this year free of charge. If you would like to volunteer or make a donation, please contact Larry Rhodes at larhodes@hsc.wvu.edu.
SECOND YEAR RURAL TRACK MEDICAL STUDENTS ARE "IMMERSED" IN SOUTHERN WV

This past summer, West Virginia University School of Medicine Rural Track students participated in an immersion trip to southern West Virginia. Throughout this trip, students were given the opportunity to experience rural medicine, as well as a chance to interact with local residents to further understand the health disparities and unique challenges faced by those living in rural West Virginia. This immersion spanned a five-day interval. The students visited a black lung and respiratory rehabilitation clinic, various didactic sessions on the screening process for black lung, and tour of an active coal mine.

The trip positively affected the students. There was a direct increase in their knowledge of the healthcare challenges of West Virginia; including diagnosis and treatment of coal workers’ pneumoconiosis. The personal narratives of the students demonstrate that clinical exposure and community involvement are invaluable for understanding the needs of rural WV. Post evaluation feedback proved that both clinical and cultural time spent in southern WV promoted interprofessional networking, while encouraging medical practice in rural areas. Overall, student exposure to the rural culture enhanced attitudes toward rural and underserved communities. This trip was funded by the WVU Institute for Community and Rural Health through their RHI funding.

The Rural Undergraduate Shadowing in Healthcare Program is designed to provide participants with a unique experience that offers insight into what it is like to practice a health profession in rural West Virginia. Participants must be a current WVU student in good academic standing planning to pursue a health career with the long-term goal of practicing in rural and/or underserved areas of West Virginia in one of the following disciplines: Medicine-Family Medicine, Medicine-Pediatrics or Dentistry. Selected students shadow a rural practitioner for a total of 20 hours during specific dates agreed upon by the participating practitioner and the student and work with the WVU Institute for Community and Rural Health and the WVU PreHealth Professional Development Office to identify other rural-related programs relevant to your chosen health profession discipline including research and service activities. RUSH students also meet one or more times with the PreHealth Professional Development Office to put together their professional school application which includes guidance on class choice, writing a personal statement, mock interviews, and obtaining a committee letter.

This year’s RUSH-ers were Eva MacFarland, a junior majoring in Biology and Psychology, from Bridgeport. She shadowed Dr. Joanna Bailey at Tug River Medical Center in Pineville. Kristin Ruddle, a junior majoring in Biology from Brandywine, shadowed Dr. Stephanie Sisler at Wellspring Family Medicine in Terra Alta. Ryan Kirk, a junior from Weirton majoring in Biology shadowed dentists at Minnie Hamilton Health Systems in Grantsville.

For more information contact Christie J. Zachary, Program Coordinator, WVU Institute for Community and Rural Health christie.zachary@hsc.wvu.edu
SCHOLARSHIPS AWARDED

Four WVU medical students and two dental students were selected for the 2019 WVU Institute for Community and Rural Health scholarships. These awards total $200,000. Medical students: Brandon Glover (MS2), Lauren Howdershelt (MS4), Robert Snedegar (MS1) and Grace Walkup (MS3) will receive $25,000 each and will be required to complete a 12-month service commitment in a rural or underserved area of West Virginia after residency. Dental students Breana Dieringer and Brennan Wood received $50,000 each and will be required to complete a 24-month commitment in West Virginia. Breana will be practicing in Preston County at Dental Olympics in Thornton, WV and Brennan will be practicing in Greenbrier County at the office of Roger Holliday, DDS. The purpose of the scholarships are to lessen the financial burden of medical and dental students and to recruit and retain them in the most disadvantaged areas in the state.

ROSE MCCLUSKEY

We are especially proud to announce that Rose McCluskey, Solutions Engineer for the WVU Health Science Center, received the Vice President’s Award for Professional/Non-Teaching. Rose is an intricate and vital resource to the WVU Institute for Community and Rural Health and to the WV AHEC (Area Health Education Centers) across the state. She is the consummate professional and consistently delivers excellence in innovation and solutions to help us perform at a higher level. McCluskey was one of fourteen individuals and two teams honored at the Health Sciences Center for outstanding achievement on Wednesday, April 10, 2019.
The WVU Institute for Community and Rural Health is pleased to announce that 37 of West Virginia’s best and brightest health professions students were recently accepted into the WV AHEC Rural Community Health Scholars Program (RCH Scholars). Selected Scholars will come together from five institutions and thirteen disciplines across the state of West Virginia to refine their skill sets and positively impact the lives of West Virginians in rural and underserved communities.

Through this program, Scholars develop an astute understanding of how to become leaders in their professions and communities, how to best implement health care services in rural or underserved areas, and work as an interprofessional team. Scholars also receive supplemental training and education from experts in rural healthcare, provide meaningful patient care in the field, and gain hands-on experience.

RCH Scholars maintain a strong emphasis on interprofessional education through clinical, didactic, and community-based lenses. Students are required to complete two requirements annually for two years in order to maintain their position as a Scholar: engage in 40 hours of didactic education, and commit to 40 hours of community-based experiential education.
The 40 hours of didactic education provides Scholars with insight into a specific health care challenge that many West Virginian’s are affected by every day, as well as take an introspective look into the type of health care each Scholar is able to provide post-graduation. Concurrently, each didactic module contains an experiential component to compliment the didactic materials; utilizing this educational model allows Scholars to not only absorb the course material, but also put each lesson into practice and allows for reflection and discussion.

Marvina Jones (Class of 2020), a Master of Public Health candidate, is currently participating in the Health Policy module (part of the didactic education piece); she states:

“I feel enriched and energized after my experience at the West Virginia State Capitol during this year’s legislative session. This portion of the Health Policy Module is facilitated by a well-rounded WVU School of Public Health graduate who is working to ensure current and future health professionals, as well as our state’s political representatives, are aware of the obstacles rural communities face in pursuit of health. This thoughtful encounter with the State’s policy-making process has left me inspired. I was exposed to various organizations who advocate for and draft policy and am excited about the opportunities available that would allow me to contribute to this process.”

The 40 hour community based experiential requirement is separate from the didactic requirement, and is designed to simultaneously expose each Scholar to the highlights and challenges of rural practice. Each Scholar works with their respective discipline and the Scholars Coordinator to develop an experience that will 1) highlight the Scholar’s discipline and expose them to field-practice, 2) focuses on interdisciplinary collaboration to ensure each Scholar understands the specific health care issue from multiple perspectives and breaks down silos, and 3) develops solutions to a community-based challenge that ultimately helps to reshape the status quo for health care in the community.

Each selected Scholar has taken these requirements on with enthusiasm, and they exhibit a level of creativity and ambition that will inevitably manifest their future successes; we cannot wait to see what they do with the skillsets they will develop along this journey, and it is with great pleasure that we announce our first interdisciplinary team of Rural Community Health Scholars.

**BETWEEN JULY 1, 2017 AND JUNE 30, 2018:**

179 MEDICAL STUDENTS COMPLETED

800 WEEKS OF TRAINING

AT 74 RURAL AND MEDICALLY UNDERSERVED CLINICAL SITES IN 32 COUNTIES.

*These values are based on the HEPC definition (as we have every year) for FY2018.*

One way the West Virginia University School of Medicine works toward meeting the university’s mission of advancing healthcare and education as well as leading to transformation in West Virginia is through incorporation of medical student clerkships in community-based healthcare settings across the state. All WVU medical students spend at least 8 weeks away from the academic medical center and out in the community that includes four weeks of training in family medicine during their third year and four weeks of training the specialty of their choice as a fourth year student. Students in the Rural Track complete an additional 12-weeks of community-based training in rural and underserved areas. Housing is provided to support these rotations through a partnership between the WVU Institute for Community and Rural Health and the West Virginia Higher Education Policy Commission. Between July 1, 2017 and June 30, 2018, 179 medical students completed 800 weeks of training with community-based faculty at 74 rural and medically underserved clinical sites across 32 counties. One of these community-based faculty is Joanna Bailey, MD. Dr. Bailey is a native of Wyoming County and returned home to serve her friends and neighbors as a Family Medicine physician upon completing her residency in 2014.
FOURTH-YEAR WVU MEDICAL STUDENT EARNS NATIONAL HONORS FOR LEADERSHIP, DEDICATION TO RURAL HEALTHCARE

Quintin Brubaker, a fourth-year medical student at West Virginia University, is the recipient of the 2019 Student Leadership Award from the National Rural Health Association.

The Winchester, Virginia native has a deep-rooted history in community-focused healthcare. Prior to joining the WVU School of Medicine, Brubaker worked as an emergency medical technician and then paramedic in rural areas of his home state.

The ability to work in rural health is part of what drew him to WVU, where students have an option to complete everything from a rural rotation to finding leadership roles that focus on a specific area of care. He’s been active with Project R.E.A.C.H., volunteered for WVU’s Rural Health Day, attended the West Virginia Rural Health Conference on scholarship and was elected to serve on the West Virginia Rural Health Association Board of Directors. Despite his many roles as a leader, Brubaker is adamant that success in a classroom or clinic is a team effort.

“I think leadership is about a couple of things—being able to assess the world around you and look for ways things can be better, and being able to connect with other people who feel similarly to you, who share visions with you, and coordinating your efforts to make the world a better place,” Brubaker said.

In 2018, Brubaker was selected as a WVU Family Medicine Rural Scholar. He’s completing the School’s Rural Track program, which allows him to pursue his passion for rural healthcare. He will complete his family medicine residency under the sponsorship of the WVU School of Medicine at their primary clinical teaching sites: WVU Medicine’s J.W. Ruby Memorial Hospital and the Clark Sleeth Family Medicine Center. He plans to practice in West Virginia after completing the program and hopes to encourage more clinicians to work with rural communities.

“My hope is that my career in medicine will be engaging and fun from the time I graduate until I’m a really old man in my white coat,” he laughed. “I hope I’m still seeing new things every day, enjoying it, and helping people along the way.”

Brubaker accepted his award on Thursday, May 9, during the NRHA’s 42nd Rural Health Conference and Rural Hospital Innovation Summit in Atlanta. The following day he walked in the WVU School of Medicine’s Commencement Ceremony on May 10 in Morgantown.
COMMUNITY AND RURAL ROTATION SUPPORT PROGRAM: CARRS

The Institute for Community and Rural Health (ICRH) created the CARRS program to provide financial support for medical and dental students who are interested in entering rural practice after graduation. The stipend is $1,500 per rotation (usually four weeks for medical students and 6 weeks for dental students). The program targets rotations in high risk/high need counties and connects students with community mentors, like Health Science Technology Academy (HSTA) professionals, who will help the students to engage in substantive community health projects.

In order to identify counties with the highest need for support the ICRH considered a broad variety of risk factors including: county economic status, primary care Health Profession Shortage Area scores, Kids Count county rankings, High Intensity Drug Trafficking Area county designations, behavioral health providers by county and rates of poverty, teen pregnancy, drug poisoning mortality and high school graduation. The 15 CARRS counties were selected based on a weighted assessment of these risk factors and include: Boone, Calhoun, Doddridge, Fayette, Lincoln, Logan, Mason, McDowell, Mercer, Mingo, Pocahontas, Roane, Summers, Webster and Wyoming.

The overall goals of the CARRS program are to

1) Offer the opportunity for health profession students to contribute to impacting health outcomes through community-based projects
2) Provide financial support for students interested in rural practice
3) Create a platform for rural community recruitment efforts

ICRH began awarding stipends to medical and dental students in the Spring semester of 2018. Through June 2019 we have awarded CARRS stipends to 11 students: seven (7) medical students and four (4) dental students.

At the end of their CARRS rotation, students provide us with feedback and reflections on their experiences with their community mentors and projects. The majority of students (78%) rated their experience as increasing their interest in practicing in a rural area and/or underserved area after graduation. The remaining 22% of CARRS participants rated their experience as having left their interest unchanged as they already intended to practice in a rural/underserved area. Below are some of our CARRS students’ reflections of the experience in their own words.

PHILIP FENDING, MEDICAL STUDENT

Project Description: Health Sciences and Technology Academy.

During a community outreach event I engaged the community by educating them on cholesterol and how it affects their health. I also helped students collect information on cholesterol levels in the community with cholesterol testing. I had also presented to the students about drug addiction.

"Being a part of the CARRS program really helped me to focus in on the community that I was working in. When preparing the presentations, I had researched data that was specific to McDowell County and I felt that it gave me a deeper understanding of the area and the people I was seeing in clinic. I also felt that I was able to have an impact on the community. In talking to patients I learned a lot about the struggles people face in rural areas. I had to learn a lot about the different transportation options that are offered in rural areas as well as take the time to find feasible exercise options since people lived far from any resources. I learned the importance of working with patients to find options specific to their needs and resources. I gave a presentation to McDowell County HSTA students about the science behind addictions. I also presented how drug addictions and overdoses are treated both short-term and long term. After the presentation I also spoke to the students briefly about careers in medicine along with my experiences moving from high school into college and preparing for medical school.

As a part of a HSTA research project, three students were measuring cholesterol levels in the community. I created a poster board to educate attendees on cholesterol levels and their importance. During a community event, I showcased the poster while taking fingerstick cholesterol measurements for the HSTA students’ project. Apart from the HSTA project, I also had clinical experience working with Dr. Bailey. I participated in two sessions of Project ECHO meeting with her in Charleston. The committee discussed improving immunization rates in the state as well as the legislative atmosphere surrounding vaccines. Another experience I had with Dr. Bailey was a town hall style meeting in Pineville regarding the role out of a new drug addiction recovery clinic and project. Wyoming County has been selected as one of two counties that will be given funds to combat addiction as the community leaders believe will have the most benefit. During the meeting, community members discussed (and argued) how these programs may benefit or harm the community. It gave me a glimpse into the general views community members held about addiction and why they feel the way they do. Overall, I had an amazing experience over the four weeks. Between my experience with HSTA through CARRS and time spent with Dr. Bailey, I had a very unique involvement in a small community and learned an incredible amount of what it is to be a rural physician involved in the community."
KELLY LYONS, DENTAL STUDENT  
Project Description: HSTA-CARRS Partnership -- Dental student and mentor connected with schools in the area to present dentistry as a career option to high school HSTA participants. Dental student also worked with others at a food pantry in Davis, WV.

"Sean Freeland and Jacquelynn really made this opportunity possible for me. This was a new partnership between CARRS and HSTA. Sean connected me to several schools where I presented my experience in dental school and dentistry as a career option to the students in the HSTA programs. I also set up hands-on activities for the students (15-20 students at each of the 3 different schools) to make the presentation more engaging and fun for them. We had several stations. At one station, students could practice tracing through a maze while looking in a mirror to simulate working with indirect vision the way dentists do every day. My rural site preceptor provided us with several conventional film radiographs that the students could hold up to the light and examine. I also let students try on my loupes, the magnifying glasses that dentists wear while performing procedures. The response was very positive from both the students and the HSTA program directors. The students enjoyed the hands-on activities, and I was able to provide them with some information about the dental profession and about being successful in professional school in general.

I learned a lot about HSTA as a program. I did not realize how many students qualify for the program and do not know that they could be a part of it. I also got to see the investment and hard work the HSTA program directors put in for the students every week--coordinating snacks, speakers, activities, and helping the students with their research projects. I learned that HSTA provides an opportunity to reach out to students who might otherwise not be prioritized at school in addition to helping students who are already educationally stable and headed toward health, science, or tech careers. I learned that in a rural area, people who take initiative and build programs matter as much as if not more than having a system in place. The individuals are often the ones who make it happen for the kids."

QUINTIN BRUBAKER, MEDICAL STUDENT  
Project Description: Project ECHO & Fayette Co Health Department Harm Reduction; Learned about the Project ECHO system, participated in 4 sessions, presenting one patient I had seen with mentor Jennifer Boyd, PA-C; participated in one Harm Reduction clinic.

"I found value in all of the elements of my Internal Medicine rotation & CARRS project, but felt that the lack of physical proximity between the various places, programs, and people I worked with and their lack of familiarity with one another during the clerkship somewhat distracted from the overall impact. Dr. Eggleston was a very welcoming and supportive mentor in the ward and clinic settings of his practice. He was very willing to let me step away during the day for ECHO conferences, and travel when necessary up to the plateau to work with Jen. He was receptive when I discussed ECHO with him & his staff, but didn’t seem familiar enough with CARRS to provide me much direction per se to completing grant requirements.

Just entering the town of Montgomery was an eye opening experience to me, to say nothing of working there. I learned about dynamics of the interplay between culture, geography, poverty and health in a way I hadn’t in my rotations farther north in the state. I think it could be fabulous if a CARRS experience could be developed in which mentors there in the town of Montgomery were more familiar with its workings. Jennifer Boyd, PA-C, my community mentor, was awesome; She was a very thoughtful and compassionate mentor, seemed quite familiar with the overall project; afforded me the opportunity to see her patient and networked me to a fruitful experience in the Harm Reduction clinic. It was incredibly impactful to volunteer with the Harm Reduction clinic. My understanding of what the term means and how it might be executed was almost nonexistent. It was a very memorable and powerful to hand a bag of clean needles to patient who use injection drugs. I really developed a sense of how much it meant to them to be treated non-judgmentally as they made a choice intended to keep themselves, their friends/families, and the community healthier, even as they were suffering at some stage of an addiction journey. It was amazing also to observe the variety of backgrounds, and economic & educational statuses of the folks who came through. Any stereotype of what a “drug user” looks like gets much more nuanced when meeting dozens of people who happen to use drugs and admit it openly to someone willing to treat them compassionately where they are."

MIRANDA KALASKEY, DENTAL STUDENT  
Project Description: Dental Community Outreach. I visited HISTA clubs, a children’s shelter and explained proper oral health/ how to take care of your mouth and how/why you can become a dentist. I tried to open teenagers’ minds to think of dentistry as a choice for their future.

"My mentor was great- she helped me get the HISTA meetings set up so that I could go and speak to different HISTA clubs. The most shocking thing I learned from this was when I visited the shelter and had brought toothbrush, toothpaste, and floss for the children. I was told then that floss was not allowed. I didn’t understand. The shelter adults said the children could harm themselves with the floss so they could not keep it. I asked how they were to floss and the answer was “they aren’t, we gotta keep them alive”. I understand the safety aspect of it but the whole
ordained really taught me that oral health is a HUGE problem in southern WV. The children are learning that flossing isn’t important and the people watching over them do not understand why flossing IS needed. I did buy the rounded end kid flossers and brought them to the shelter to be used and the kids were SO excited. It broke my heart. I really learned how poor the oral health education is in the southern part of our state. It is so sad. I learned how in a rural area a lot of time is needed to spend with patients to make them understand brushing and flossing but yet those dental practices are super squished on time because they have to see so many patients due to the lack of providers. I love getting to work on people in that area and hope that I was able to encourage people to take care of their mouth. Rural WV has many habits that contribute to poor oral health and I saw many of them first hand such as: Mountain Dew, smoking, vaping, dip, and not brushing or flossing. I loved my time in rural WV and hope that many others students do as well. I hope we are making an impact on rural WV.”

AYITA VERNA, MEDICAL STUDENT

Project Description: Contraceptive methods and Neonatal abstinence syndrome I had the opportunity to do two presentations to the high school students. I also talked to the students and gave them advice about going into the medical field. I answered all their questions and talked about my journey going to medical school.

“It was an honor to have participated in the community and rural rotation project in Boone County WV and be part of the health science and technology academy. HSTA is a high school club for less fortunate students who are interested in health professional careers so they participate in different activities to help them decide what health career they want to pursue. As a third year medical student, I spoke about my journey towards medical school, and how being from Haiti helped me with this path. I also answered any questions they had for me.

I had the opportunity to present on Contraceptive methods and neonatal abstinence syndrome since Women’s health is a huge passion of mine. This was a one in a lifetime opportunity because I had never done a presentation to high school students before. I was amazed by the amount of knowledge these kids had and how focused they were with their path. I was truly driven by their drive. I also had the opportunity to give them some feedback for their symposium that was coming up. I also had a poster presentation the same day so it was nice to help them out and also hear the different feedbacks from the judges. I hope these kids learned something from me because I definitely learned a lot from them. This was a truly meaningful experience, I had never been to such rural area and it truly opened my eyes to the different issues that are going on in WV.”

Grant Update

WEST VIRGINIA COLLABORATION SELECTED FOR CMS ACCOUNTABLE HEALTH COMMUNITIES MODEL

Partners in Health Network, Inc. (PIHN) is continuing to coordinate efforts toward improving health equity and overall patient well-being for West Virginians as the bridge organization in Year 2 of 5 for the Centers for Medicare and Medicaid Services (CMS) Accountable Health Communities (AHC) Model cooperative agreement. The goal of the AHC project is to establish and strengthen relationships with health care and community resource providers to address unmet health-related social needs. Health-related social needs addressed in the WV AHC model include food insecurity, utilities assistance, safety concerns, unstable housing, and transportation needs through clinic-community partnerships and patient navigation services.

The network is composed of 48 clinical sites within nine health systems serving all 55 counties of the state that will actively screen patients for health-related social needs and work collaboratively with a public-private partnership to address those needs. Health centers include Charleston Area Medical Center (CAMC), Community Care of West Virginia, Highland Hospital, Jackson General Hospital, Minnie Hamilton Health System, Prentera Center, Summersville Regional Medical Center, West Virginia Health Right, WVU Hospitals and WVU Medical Corporation. These health systems will work with PIHN, WV Department of Health and Human Resources, CAMC Education and Research Institute, WVU Center for Excellence in Disabilities, WVU Institute for Community and Rural Health, Quality Insights, West Virginia Family Resource Network, and Try This West Virginia to implement this holistic approach to wellness for West Virginia residents.

Screening and navigation services were launched in November 2018 at the Community Care of West Virginia location in Clay County and screening will begin at the Ruby Memorial Hospital Emergency Department in the Spring. A goal for this year is to offer screenings to approximately 75,000 persons as well as providing personalized navigation services. For more information about the WV AHC project, please contact Hilary Payne, MPH, Program Director at hilary.payne@camc.org. The project is supported by Funding Opportunity Number CMS-1P1-17-001 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the author and do not necessarily represent the official views of HHS or any of its agencies.
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