



2023 West Virginia Rural Health Conference Schedule (Schedule to change)

Wednesday, November 15th

8:00 am – 5:00 pm

- **Registration Open**
- **Exhibit Hall Open**

8:30 am – 10:00 am

- **Health Policy Forum**

10:00 – 10:15 am

- **Break**

10:15 am – 11:15 am

Opening Ceremony

Opening Plenary

- **Building a Sustainable CHW-Based Chronic Care Management Model in WV**

- **Deb Koester, Kim Tieman, Stephanie Bowman**

Populations in WV face a disproportionate burden of chronic diseases contributing disproportionately to healthcare costs and reduced quality of life. This session will convene a panel of experts in implementing a CHW-Based Chronic Care Management Model. Panelists will provide perspectives of the founding funder, Marshall program director, provider, CHW, and payers.

11:15 – 11:45 am

- **Break**

11:45 am - 1:00 pm

Keynote with Lunch

- **Medicare Wellness Visits: Utilizing Interdisciplinary Teams to Achieve Quality Care**

- Lauren Miller, DO

The purpose of the Medicare Annual Wellness Visit is to provide the geriatric or disabled patient with preventative health care that serves to detect or stop the progression of many health/ age related conditions. These yearly visits allow physicians and providers to take a step back from treating specific health problems and give them the opportunity to assess and focus on the whole patient. These visits also entail creating an individualized plan that is specific to the needs of the patient, which includes a plan to address social determinants of health. Barriers to performing these visits often stem from providers not having enough time to complete all the components of these thorough yet cumbersome visits. This presentation will detail how to create a more modernized health system that embraces the use of interdisciplinary medical teams to not only more efficiently integrate these exams into a physician/provider's practice, but also all ensure that these visits achieve high quality care.

1:00 pm - 1:15 pm

- **Networking Break**

1:15 pm - 2:15 pm

Concurrent Session 1

- **Just Beet It: Addressing Nutrition in Rural Populations**

- Melissa Jensen

This session will review the importance of nutrition as part of a comprehensive health care plan and explore the barriers to a healthy diet in rural areas. We will discuss interventions that have been utilized to improve nutrition and where success has been seen in legislative policy and public health arenas. Lastly, we will make suggestions for practical interventions clinicians can make on an individual level to improve nutritional outcomes for their rural patients.

- **Residency Rural Scholars Program: Improving Physician Retention and Decreasing Debt**

- Linda Nield

The Pediatrics Residency Rural Scholars Program (PRRSP) was created in 2017 to increase the number of medical students who stay in West

Virginia (WV) for residency, decrease student debt, and increase the number of graduating residents who practice in WV. The purpose of our study was to investigate the effectiveness of the PRRSP in achieving its goals. Methods: Data were analyzed from the National Residency Match from 2013 through 2022, along with information concerning financial savings and the number of resident graduates who practice in WV post-graduation. Chi-square analysis was used to compare the data from five years Pre-PRRSP to five years Post-PRRSP. Results: The PRRSP has sponsored 13 scholars, resulting in a significant increase in the number of medical students training at our institution (8 vs. 16; $p < 0.05$), and total student debt decreased by \$130,000 compared to the five years Pre-PRRSP. The number of retained pediatricians in WV is pending, as the last cohort has not graduated yet. Discussion: By increasing the number of students who remain in WV for residency training, the PRRSP is increasing the likelihood that these students will ultimately practice in the state of WV. The financial aid savings attributed to the PRRSP have not been insignificant and will only continue to increase in amount with each cohort of scholars.

- **COVID-19 Infection Prevalence of Comorbidities in West Virginia Primary Care**

- Andrya Durr, Adam Baus, Dr. Samantha Shawley-Brzoska, PhD, Ryan Sommerkorn, MPA

The West Virginia Bureau for Public Health Division of Health Promotion and Chronic Disease Prevention and the West Virginia University Office of Health Services Research are collaborating to develop and refine health informatics-based processes aimed at ensuring health equity in COVID-19 response and recovery in safety-net health systems. COVID-19 disproportionately affects individuals with chronic health conditions, including heart disease, hypertension, type 2 diabetes mellitus (T2DM), and chronic kidney disease (CKD), but the impact of COVID-19 on the prevalence of comorbid conditions is understudied. This work assessed the prevalence of comorbid conditions among all patients and among patients with documented COVID-19 infection in four West Virginia (WV)-based health systems. Data were collected from the athenahealth electronic health record. Using clinical encounter dates, pre-pandemic (2018-2019) and pandemic (2020-2022) years were identified. Comorbid conditions were limited to the newest date within each timeframe. The prevalence of several comorbidities was higher in patients with a history of COVID-19 infection (COVID+) when compared to the total population. The prevalence of four conditions decreased in the total population but increased in COVID+ patients: hypertension (-0.2% vs. 12.8%), hypercholesterolemia (-0.9% vs. 15.3%), respiratory conditions (-18% vs. 59.8%), and T2DM (-1.2% vs. 10.7%). The prevalence of four conditions increased overall and in

COVID+ patients: BMI of ≥ 30 (13.9% vs. 31%), CKD (2.4% vs. 6.4%), ischemic heart disease (0.7% vs. 4.7%), and “other forms of heart disease” (0.8% vs. 2.6%). COVID-19 infection is associated with a higher prevalence of comorbid conditions when compared to the total population.

- **Diversity Management in Health Care**

- Adebukola Adejumo Adegoke

Healthcare disparities can be described as the differences in the quality of care between population groups. Disparities cut across diverse dimensions, such as race/ethnicity, socioeconomic status, age, location, gender, sexual orientation & disability status. Cultural incapacity can be described as the lack of systems and organization to respond to the needs, interests, and preferences of cultural and linguistically diverse people.

2:15 – 2:30 pm

- **Networking Break**

2:30 pm - 3:30 pm

Concurrent Session 2

- **Energizing Healthier Workplaces: Building Leadership Support for Policy Change**

- Michael Fisher, Melanie Seiler, James Vance, Craig Bromley

The sun doesn't always shine in West Virginia, but the people do. Nowhere is this truer than the workplaces across the Mountain State. This presentation will delve into leadership support in creating policy changes promoting physical activity, nutrition, and mental health in the workplace. With leadership support, sustainable and equitable changes can be made, enhancing employee wellbeing while reducing healthcare costs for employees and employers. This presentation will highlight how leadership support of policy change can support a culture of wellbeing in the workplace while increasing employee retention and recruitment, ultimately driving economic development. The role of leadership support is vital in developing a culture of wellbeing in the workplace. Leadership support in this context refers to the active engagement and participation of organizational leaders in developing and implementing policies that prioritize employee health and wellbeing. Additionally, our presentation will offer practical strategies organizational leaders can use to create policies promoting employee health and wellbeing. These strategies include evidence-based practices and will provide attendees with a roadmap for achieving optimal health outcomes for their

employees, while creating a lasting culture of wellbeing in the workplace. Attendees will depart from our presentation with an understanding of the critical role leadership support plays in creating sustainable and equitable changes in the workplace benefiting both the employer and the employee.

- **Inspiring and Enlightening Youth Through Community Programs**

- Joyce Martin, James Easler

WVSOM believes in the future generation of our youth. Through partnerships, we have coordinated youth outreach programs for our community. WVSOM Fit Kids was created by four first year osteopathic medical students in the Spring of 2021. With the assistance of our Center for Rural and Community Health, we implemented the community-based program. We have continued to build the program, increase attendance and partnerships, and will be taking it on the road this summer to a local farmer's market. The program focuses on healthy choices and includes a component for physical activity, nutrition, creativity, and allows the children to have fun and build relationships with the student committee members and volunteers. We have also piloted a Career Exploration literacy project at Crichton Elementary and have journeyed through various professions. This partnership has further developed outreach into a rural community, built relationships with students, teachers, parents, volunteers, and staff. We will be concluding our pilot project in just a couple of weeks and participants will create a poster of "What I Want to Be" and will receive a certificate of completion at the end of the year. The reading program has enlightened them to careers they may not have considered, and we will be continuing the program in the Fall of 2023 with hopes of expanding to other schools. It is important to educate and encourage youth to make healthier choices for WV to rise from being the worst to shining bright and being the best.

- **Addressing Infant/Toddler Mental Health in Early Intervention: A Rural Health Crisis**

- Breanna Adkins

Infants and toddlers represent the largest group of children in the welfare system in the United States, with correlating high rates of developmental delays, mental health concerns, and high risks for poorer long-term outcomes than children not in the welfare system. Children and families who live in rural areas report more health-related disparities than those in urban areas, including access to health resources such as occupational therapy. These health disparities place these children at a higher risk for developmental delay, behavior disorders, mental health diagnoses, and physical health problems throughout childhood. There are large health disparities for families who live in rural areas, leaving those children at risk for developmental delays and poorer outcomes. Healthcare providers such as occupational therapists, speech therapists, and more who serve

families in rural communities are especially suited to address mental health concerns, including self-regulation, social behaviors, and caregiver attachment. This presentation will guide participants through identifying at-risk families in rural communities beginning before birth. Once identified, the presentation will discuss evidence-based evaluation and intervention strategies to facilitate infant/caregiver attachment, emotional regulation, and creating supportive environments for learning and development. The presentation will also discuss practical models to empower parents, caregivers, and families to support their child's social-emotional well-being to maximize positive outcomes. Evidence-based evaluations that are appropriate for each case, collaborate on intervention strategies focused on family-centered care and facilitation of positive mental health for child and caregivers, and strategies to facilitate familial follow-through of strategies provided will be identified and discussed.

- **Manikin Simulation in Rural Health Training**

- Janet Hinton, Angie Amick

Manikin simulation is a well-established learning modality in healthcare. The West Virginia School of Osteopathic Medicine (WVSOM) has a robust manikin simulator program which includes 23 high-fidelity manikin simulators (manikins). These manikins range from infant size to adult size. Vital signs, heart and lung sounds, pulses, and a host of other physical findings can be customized and programmed to portray various pathophysiologic states. Additionally, moulage (make-up) can be applied to simulate wounds, burns, fractures, etc. which also adds to the life-like simulation experience. Besides using manikins in a classroom setting which mimics a clinic or hospital setting, WVSOM has deployed manikins in a variety of settings outside of campus to enmesh learners in a first-responder environment. WVSOM has collaborated with MSHA (Mine Safety and Health Administration) as well as state agencies such as WV National Guard, State Office of EMS, and the Rural Health Initiative (RHI) provided through WV Higher Education Policy Commission (HEPC) to provide manikin simulation in mine rescue, mock disasters, and cave rescue. Through these events, WVSOM students and resident physicians were able to identify injuries and/or illnesses that related to a variety of occupations popular to the mountain state. Without the use of manikins, these scenarios would not appear to be realistic. Using the high-fidelity manikins as victims provided a realistic experience for not only our students and residents but for those working in rescue/EMS careers. During this presentation, the audience will see an actual high-fidelity manikin and hear details of how they were used to train medical students, residents, and other personnel. NOTE: This presentation will include a live demonstration of the manikin simulator mentioned.

3:30 pm - 3:45 pm

- **Networking Break**

3:45 pm - 4:45 pm

Afternoon Plenary Session

- **To Whom Much Is Given-Premed Pathway Students Give Back**

- Jennifer Plymale, Clare Combs, Zoya Khalid, Emma Sitler

The Marshall University Joan C. Edwards School of Medicine has two pathway programs for outstanding students who plan to attend medical school- the BS/MD program and the MD Early Assurance program. In each program, accepted students receive benefits ranging from MCAT exemptions to medical school tuition waivers, with an emphasis on encouraging practice in West Virginia. Both groups also must meet enhanced academic requirements to prepare them for the rigors of medical school. Operating on the principle that to whom much is given, much will be required, we have added a year-long team-based community service requirement. This service component requires the students to work in teams to identify a need in the community, to prepare a specific plan of action that includes all team members, and describes resources needed, potential barriers, and possible community partners as well as a sustainability plan. Project plans must be adaptable to both rural and more populated communities. The teams must then implement the community service project, adapt and overcome obstacles, and write and present a comprehensive report about the project. Projects encourage students to work effectively as both leaders and team members, to hold themselves accountable for tangible results, to identify and work around barriers, and to embrace working with people from diverse/marginalized populations. Initial results have been very positive. Students will share lessons learned, how this project will help them become better medical students and providers, and how the projects changed their view of the community and their place in it.

5:00 pm - 5:45 pm

- **Poster Podium Presentations**

Evening Activities

6:00pm - 8:00 pm

- **Poster Reception**

7:00 - 9:00 pm

- **Trolley Tours**

Thursday, November 16th

8:00 am – 5:00 pm

- **Registration Open**
- **Exhibit Hall Open**

8:00 am – 9:00 am

- **Networking Breakfast**

9:15 am – 10:15 am

Morning Plenary

- **Combatting the Syndemic of HIV, Viral Hepatitis, and Substance Use Disorder**

- Lee Storrow, Laura Jones, JoAnna Vance, & Trina Scott

This interactive panel will take a deep dive into the unique Appalachian syndemic of HIV, viral hepatitis, and substance use. We've all heard the data and epidemiology, that the West Virginia HIV outbreak from several years in the most alarming in the country- now hear from statewide and national leaders about the successful work being done in West Virginia to treat and prevent HIV, but also what more could be done. The presentation and discussion will include a look at legislative priorities that could improve access to HIV and HCV, the opportunity that exists to utilize opioid settlement dollars, and the importance of engaging those with lived experience. Currently, the Presidential Advisory Council on HIV/AIDS is scheduled to hold their September meeting in Charleston, and this panel will include a debrief of that national meeting.

10:15-10:30

- **Networking Break**

10:30 am -11:30 am

Concurrent Session 3

- **Strategies for Maximizing Impact in Communities**

- Michelle Mickle Foster

Community-based nonprofits provide an array of essential services to meet community needs. Many of these organizations operate with limited resources. Learn how a former engineer followed her passion and developed an impactful community-based, faith-motivated initiative to strengthen thousands of Appalachian families. The session will center on program planning, evaluation, and sustainability. Practical tools and resources will be provided to enhance attendees' success.

- **Communication Strategies to Encourage Lung Cancer Screening in West Virginia**

- Dannell Boatman, Lauren McCauley-Hixenbaugh, Abby Starkey

Each year, over 2,000 West Virginians are diagnosed with lung cancer and approximately 1,500 die from the disease. Fifty percent of lung cancer cases are diagnosed at later stages when health outcomes are worse. Lung cancer screening using low dose computed tomography (LDCT) provides a critical opportunity to identify lung cancer early and improve survival rates. Despite established screening guidelines for at-risk individuals, LDCT rates are still low across the country, and even lower in areas of high lung cancer burden, such as West Virginia. Barriers to patient screening can include lack of awareness, financial concerns, difficulty accessing facilities, fear, and perceived stigma. Messaging has been shown to encourage at-risk individuals to get screened for lung cancer and could be an important, low-cost tool for providers to leverage with patients. This presentation will provide attendees with an overview of lung cancer in West Virginia, including screening barriers, and current screening guidelines and recommendations. Pulling from the existing body of literature and their own exploratory studies, the presenters will describe how perceived stigma may play an important role in reaching at-risk individuals. The Health Belief Model will be used to frame findings and demonstrate how communication can contribute to health behavior change. Attendees will be presented with tested communication strategies and messaging that can be used in patient conversations to increase lung cancer screening intention. In addition, attendees will be provided with tools and resources to support the development of their own evidence-based health

messages.

- **Nursing Workforce Data in WV**

- Jordyn Reed

- Having the data to make evidence-based decisions about healthcare workforce development is critical to developing workforce initiatives that have an impact on our communities. This presentation will inform attendees on nursing supply, demand, and education data across the state so that they may have the knowledge to enact evidence-based nursing workforce initiatives within their organizations.

- **Attitudes Towards Persons with Disabilities**

- Melanie Whelan, Veronica Gallo, Kerri Woodberry

- The purpose of this study was to examine attitudes of health profession students towards persons with disabilities (PWD) in West Virginia (WV). Methods: In 2021, first and senior year nursing, medical, dental hygiene, and dental students at West Virginia University (WVU) completed a survey. The survey included demographic and experiential questions, and the Attitudes toward Disabled People-form B (ATDP-B). Results: Ninety (90) students participated (46 in nursing, 13 in medicine, 7 in dental hygiene, and 24 in dentistry) of which 60% were first years, and 40% were seniors. There was no statistically significant difference in ATPD-B total scores between first and senior year students ($p = 0.5323$), nor in characteristic and treatment subscale scores ($p = 0.6875$ and $p = 0.5062$, respectively). After accounting for varied factors, there was no statistically significant difference in total scores between students ($p = 0.7224$). Approximately 56% of the respondents indicated that they had not received education about PWD. Discussion: The lack of a significant difference in attitudes towards PWD among first and senior year health professional students could be the result of inadequate education since more than half of the surveyed students indicated that they had non-existent education about caring for PWD. Conclusion: Survey responses in health profession students in this one area of Appalachia revealed educational deficits in the area of caring for PWD. To fill in the gaps, educators should include standardized patients who have disabilities to curricula learning events.

11:30 am – 12:00 pm

- **Networking Break**

12:00 pm - 1:30 pm

Awards Luncheon with Keynote

- **NOSORH Community Stars Award**
- **WVRHA Awards**
- **Building Lasting Resilience Nationwide: The Federal Plan for Equitable Long-Term Recovery and Resilience**

The session will provide an overview of the Federal Plan for Equitable Long-Term Recovery & Resilience and how the vital conditions are being employed to support collaborative action.

1:30 pm - 1:45 pm

- **Networking Break**

1:45 pm - 2:45 pm

Concurrent Session 4

- **Advancing the 7 Vital Conditions for Health & Wellbeing in Wild, Wonderful & Healthy Communities**

The speakers in this session will describe community health improvement planning work that they are doing in their communities and how the strategies work to address one of the 7 Vital Conditions for Health and Wellbeing in their community.

- Kristin Dial, MS, Kathy Mason-Dunbar, Patti Crawford, Alex Fliegel, Rev. Matthew J. Watts

- **Challenges and Recommendations to Address Psychosocial Aspects of Chronic Disease**

- Breanna Kirk, Ranjita Misra

West Virginia (WV) is disproportionately burdened by chronic diseases (diabetes, hypertension, heart disease etc.) and multimorbidity (≥ 2 chronic diseases) that require complex disease self-management regimen. A combination of economic, behavioral, and cultural characteristics contributes to poor health behaviors and outcomes that distinguishes Appalachia from the rest of the United States. The recent pandemic severely disrupted routine clinical care for these patients, many of whom are at-risk for serious COVID-19 complications.

Potential solutions and benefits of shifting from a biomedical to social science paradigm framework for disease management is offered in recent medical literature i.e., effective patient-provider communication during clinical encounters and responsiveness to patients' health concerns, and challenges to self-care and addressing beliefs/contextual factors. The

psychosocial factors include disease-related distress, coping strategies, and overall functioning/well-being that impact patient self-care and outcomes (e.g., HbA1c, blood pressure, etc.). However, patient perspectives often significantly differ from their providers. For example, individuals experience diabetes distress due to the diagnosis, burdens, and demands of complex disease regimens but also for challenges of interacting with providers, feeling judged for not having good control, and barriers related to social/emotional factors. Furthermore, disparities in experienced distress exist, e.g., women who tend to de-prioritize their self-care due to being more likely to serve as primary caregivers during crises. Recommendations to address these challenges and assessment tools will be discussed.

- **Engaging Specific Populations in an Evidence-Based Substance Use Disorder Focused App**

- Christena Ross, Jonathan Young

West Virginia (WV) has the highest drug overdose death rate in the nation (90.9 per 100,000 in 2021; Centers for Disease Control and Prevention). The CHESS Connections App is an evidence-based app focused on substance use disorder (SUD) that helps individuals adhere to their treatment plans, decrease social isolation, and stay in recovery. WV began statewide implementation of the Connections App in 2020 as part of the federal State Opioid Response (SOR) grant program. To further engage app users, the development and implementation of the app focused on specific populations. These specific populations included college students, people who identify as LGBTQ+, justice-involved individuals, and pregnant and postpartum women. Prior to and during provision of the Connections App for these specific populations, the project team engaged community stakeholders in each population of focus. Engaging those stakeholders informed the project team on how to better measure, implement, and provide tailored education and services to each population via the Connections App. Everyone enrolled in the Connections App is prompted to complete a weekly Brief Addiction Monitor (BAM) survey. The BAM measures recovery progress. The project team analyzed BAM data to ascertain differences in recovery progress for each population of focus and for the general population of Connections App enrollees.

- **Workforce Presentation**

- WV Hospital Association

2:45 pm - 3:00 pm

- **Networking Break**

3:00 pm - 4:00 pm

Concurrent Session 5

- **Enabling Unified Approaches to Food as Medicine**

- Rachel Fisher, Erin McDonald

This breakout session will be a dynamic opportunity to share and engage in collaborative mapping, feedback, and discussion of current and envisioned Food as Medicine approaches in participants' communities. Colleagues will also learn about the range of work happening in the federal government to support Food as Medicine as well as about a new project led by the Department of Health and Human Services (HHS) to bring greater synergy to Food as Medicine efforts across the federal government. The session will specifically focus on learning about the experiences of rural communities to guide the development of tailored resources.

- **Rural Health Equity: Creating Sustainable Solutions**

- Sarah Chouinard

Health equity is a key priority for CMS, WHO, and the National Office of Disease Prevention and Health Promotion. Addressing rural health equity and highlighting the disparities that exist in access to healthcare serve as the springboard for this conversation around innovative solutions. The speaker will define CMS priorities and explore the potential benefits of public and private partnerships in addressing these challenges. Examples of how value-based care models have been leveraged to address rural health inequity will be provided. Rural health equity is often overlooked. Access to healthcare is paramount to having a healthy rural workforce. Ensuring that rural patients have access to clinicians who operate in a value-based care environment means access to expanded care teams and addressing social determinants of health gaps.

- **Stakeholder Awareness of Community-Based Services: A Statewide Mixed Methods Evaluation**

- Jennifer Ervin, Summer Hartley, Cammie Chapman

Introduction: Youth with mental/behavioral health needs who lack access to an array of community-based programs are at risk of being removed from their homes and placed in residential treatment facilities to receive needed services. Stakeholder awareness of the continuum of services available in the child welfare system helps facilitate access and use of community-based services, thereby keeping more youths at home.

Methods: As part of a statewide evaluation by West Virginia University Health Affairs Institute in partnership with the West Virginia Department of Health and Human Resources, 1,623 surveys, 96 interviews, and 39 focus groups captured perspectives on five West Virginia community-based mental/behavioral health programs from system administrators, juvenile justice partners, providers, youths in residential treatment, and their caregivers between fall 2021 and spring 2022. System administrators were sampled regionally, and a census approach was used to capture provider, youth, and caregiver perceptions statewide. Results: Awareness varied by program and stakeholder group. For example, most providers (83%) were aware of residential treatment, whereas provider awareness of different community-based programs ranged from 17-67%. Youth were generally more aware of services than their caregivers. Caregivers expressed more awareness of community-based services after their youth was placed in residential treatment. However, overall awareness among caregivers and youth was low, ranging from 16-44% across programs. Some caregivers and youth had difficulty recognizing services by program name, although they often knew the names of the agencies, organizations, or facilities from which youth received services.

4:00 pm - 4:15 pm

- **Networking Break**

4:15 pm - 5:15 pm

Concurrent Session 6

- **Competency Building for Support of Healthcare Recovery: A Pilot Project Review**

- Lara Foster, Aaron Blankenship, Haylee Heinsberg, Heather Gregory

Utilizing private foundation funding, the Jobs & Hope WV program piloted an educational track for participants in the southwestern coalfields of West Virginia, to become trained not only as Peer Recovery

Support Specialists (PRSS) but also acquire knowledge, skills, and abilities as Community Health Education Resource Person (CHERP). The partnership between Jobs & Hope WV and the West Virginia School for Osteopathic Medicine's Center for Rural and Community Health, promote the Community Health Worker (CHW) training program engage individuals exploring dual knowledge bases as PRSS and CHERP-trained CHW. The aim was not only to educate but also enhance the professional competencies of participants so they could then serve their communities, within dual capacities, making a comprehensive continuum of care style impact on individuals impacted by the SUD/ODU crisis in our state. The panel will consist of two Jobs & Hope WV participants/graduates who participated in the program and are employed in the field of recovery support services, an expert in the field of CHW workforce, advocacy and education, and an original co-author of the CHERP program. and a Transition Agent from Jobs & Hope WV who helped facilitate this opportunity.

- **ActiveWV 2030: The New West Virginia Physical Activity Plan**

- Eloise Elliott, Emily Murphy, Jessica Riffie

WV Physical Activity Plan was released in January 2012 after a long strategic process of development. The Plan, modeled after the National Physical Activity Plan, provides strategies and tactics for every societal sector to facilitate a statewide promotion of healthy physical activity levels for West Virginia citizens. During 2022-23, the Plan has been revised with input from over 50 leaders in the 10 societal sectors, with a goal of facilitating sector actions and collaborations that will help to guide policy and practice to increase physical activity participation for everyone, regardless of age, gender, race/ethnicity/culture, health status, ability, or any other specific population. The sectors include Education, Business and Industry, Healthcare, Public Health, Media, Transportation/Land Use/Community Design, Military Settings, Community/Recreation/Parks & Fitness, Sport, and Faith-based Settings.

- **Genetics Through the Lifespan**

- Megan Yoho, Abdulrazak Alali, Katy Maynard

Genetics plays a pivotal role in an individual's health throughout their life. However, while most healthcare providers recognize the value of a genetic consultation during the prenatal period, genetic services are often not appreciated and utilized after birth unless an obvious issue is present. During our session, we will demonstrate the universal value of genetics by giving examples of its utility at different points throughout the lifespan - the newborn period, childhood and adulthood. We will show the benefits and limitations of newborn screening and the importance of following up with genetics after a positive newborn screening result is obtained. We will illustrate the value of consulting with genetics when a child presents with multiple, complex issues. Finally, we will present

examples of appropriate referrals to genetics based on a patient's family history of early onset cancer or other common adult-onset health challenges. Our presentation will utilize a panel of speakers from West Virginia in order to provide various perspectives, including a clinical geneticist with a special interest in inborn errors of metabolism and newborn screening, a certified genetic counselor working in the clinical space with a focus on access and service delivery and a mother of a child diagnosed with a genetic disorder in infancy after enduring a diagnostic odyssey. All our panelists live and work in West Virginia and have a firsthand appreciation of the challenges faced by the rural communities which make up the majority of the state's population.

Friday, November 17th

8:00 am - 9:00 am

- **Networking Breakfast**

9:15 am - 10:15 am

Plenary

- **Bringing Pulmonary Rehabilitation to Rural West Virginia**
 - Mary Emmett PhD, Tim Ritz RT, Hilary Payne MPH, Allison Cihla MD

10:15-10:30 am

- **Networking Break**

10:30-11:30 am

Closing Plenary

- **Community and Implementation Science: Moving West Virginia Evidence Based Practice Forward**
 - Jay Mason MPA, Stacey Whanger MPH, Stephenie Kennedy-Rea EdD, MA, Brianna Sheppard PhD, MA

Over the last 10 years, the West Virginia Clinical and Translational Science Institute (WVCTSI) has made significant advances towards increasing the infrastructure for and capacity of clinicians and community members to be fully engaged with research and as researchers while also positively impacting clinical and public health practice through community engagement and outreach. Examples include the creation of the West Virginia Practice-Based Research Network, establishing and expanding the WVCTSI Project ECHO, and engaging WV Community Voices. The WVCTSI and Community

Engagement and Outreach Core continues to implement programs and services to meet West Virginians' unique healthcare needs. In this presentation, we will discuss the existing services and collaborations across the state and the nation, define and illustrate implementation science and describe how the new Implementation Science Center will serve West Virginia. We will also describe new services and efforts to increase the representation of rural populations in research and as researchers including the mobile clinical trials unit and the Ambassadors for Community Health Research program.

(Full schedule is a draft and is subject to change)

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