



## Rural Health Education Partnerships

### WVRHEP Vision Statement

*"...we envision a time when all residents of our more underserved, rural communities have local access to high quality primary health care provided by well trained, high quality health care professionals."*

West Virginia is entering its ninth year of educating health sciences students in rural communities through the West Virginia Rural Health Education Partnerships (WVRHEP). Students are learning health care skills from rural practitioners and experiencing life as a rural health care provider. By introducing students to the rewards and challenges of rural practice, the WVRHEP increases the possibility that they will stay in West Virginia and practice where they are needed.

The program also provides an infrastructure for providing health services and promoting healthy lifestyles in rural communities. This year, rural West Virginians benefitted from over 185,700 community services provided by WVRHEP – a 19% increase over the previous year.

The WVRHEP infrastructure covers the most underserved areas of 47 counties and includes the following components:

- ! Thirteen training consortia, with local boards of directors, linking almost 300 training sites, including hospitals, health centers, social service agencies, doctors' and dentists' offices, and pharmacies in rural communities;
- ! Revised curricula with course content on rural practice, rural communities and populations, and interdisciplinary team-building skills, as well as expanded rural clinical rotations;
- ! Over 470 rural health care professionals serving as field faculty for students;
- ! Learning resource centers (LRCs) with computer stations and educational materials at 18 locations, 11 of which are connected to statewide educational programs through MDTV (interactive telemedicine); and
- ! Scholarships and stipends that provide incentives for primary care training and rural practice. This year, 15 scholarship recipients, including 6 medical students, made a commitment to practice in rural West Virginia for at least two to four years after completing their training.

The University System Board of Trustees and the Vice Chancellor for Health Sciences have mandated that all health sciences students complete three-month rotations in rural communities. Dental students, because of unique curricular requirements, complete two-month rotations. This year, students from nine disciplines completed about 1,340 rotations in WVRHEP sites and in other rural settings -- and many students completed more than one rotation. The nine disciplines include: clinical psychology, dentistry, dental hygiene, medical technology, medicine, nursing, pharmacy, physician assistant, and physical therapy.

### Progress Made in 1999-2000

- ! The year-long Visions Workgroup issued recommendations in a report, "WVRHEP: A Vision for Our Future."
- ! WVRHEP continues to receive national recognition at professional conferences.
- ! 1,340 student rotations, including 1,160 at WVRHEP sites, were completed in rural settings.
- ! 15 scholarships were awarded to health sciences students who will practice in rural communities.

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- ! An Online Health Informatics Course is now accessible on the WVRHEP website, and computers and computer training were provided to community board members so they could play a more active role in the partnership.
  - ! Over 470 field faculty now participate in WVRHEP.
  - ! Rural West Virginians benefitted from an average of 15,500 community service contacts each month – more than 185,700 for the entire year.
  - ! Dental and dental hygiene students performed more than 8,300 clinical procedures for more than 5,000 patients.



### Community Service-Learning

Local consortia boards are becoming more involved in the service-learning aspect of the program. Community members from across the state have formed a committee in order to analyze ways in which community members can become more involved in student projects and programs. Community members are genuinely concerned about the health and welfare of their communities and would like to work closer with students so that community needs are met more efficiently and the educational experience of students is improved. Participation in service-learning has added greater depth to the community service in which the students participate. Programs such as the Recruitable Communities Project and the West Virginia Rural Health Access Program Leadership Fellowship have allowed students to experience and obtain skills not available elsewhere.

WVRHEP continues to exemplify leadership in the area of interdisciplinary teams and service-learning on a national level. Two site coordinators presented “An Appalachian Adventure” at the Community-Campus Partnerships for Health Conference in Washington, DC. The presentation described an Interdisciplinary Session that is conducted by field faculty at the New River Gorge National River. In this session, students learn about the culture of the coal camps of West Virginia during the early 1900s while taking a four-mile scenic hike down the New River. Students are assigned a “learning issue” to report on during the hike.

WVRHEP continues to offer statewide Faculty Development Days for field and campus faculty in concepts unique to the program. The focus of this year’s conference held at Snowshoe Mountain Resort was “Being a Better Clinical Teacher.” The conference featured several sessions that discussed diversity and teaching methods for rural clinical faculty. Prior to the beginning of the conference, a special training was held for the on-site clinical directors that focused on improving the role and responsibilities of the position. A session was also conducted on conflict resolution.

In July, a joint policy session was held to discuss WVRHEP policies dealing with program procedures and development. This will become an annual session.

In the 1999-2000 academic year, about 1,160 student rotations, involving over 5,500 weeks of training, were completed at WVRHEP training sites. In addition, 180 student rotations, involving more than 600 weeks of training, were completed at other rural sites in the state.

### Feedback on WVRHEP Experience

In surveys conducted this year, students praised the value of their rural training experiences:

*“The strengths of this program are its people. They are really great to work with and really good at what they do.”*  
*Pharmacy Student*



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*"I am encouraged by the true compassion and commitment these people demonstrate every day. I enjoy rural medicine and will strongly consider rural options for my future practice."*

*Medical Student*

*"[I had been considering working in a rural area before this experience but had some doubts as to whether I would enjoy it. The clinical [experience] has proven that working in a rural area can be very enjoyable and professionally satisfying."*

*Nurse Practitioner Student*

*"My preceptor is an excellent teacher. This rotation taught me how to think for myself (clinically) even in the face of adversity. I learned real dentistry."*

*Dental Student*

*"Simply stated, this community has in four months become a place I would like to live in."*

*Physician Assistant Student*

### Recruitment and Retention

The Recruitment and Retention Committee of the WVRHEP Advisory Panel provides overall coordination of state policies and programs for rural recruitment and retention, including financial incentives. The committee has served as the focal point for collaboration involving the Bureau for Public Health, the health professions schools, local consortia, and the Center for Rural Health Development. These efforts include implementation of recruitment and retention strategies through the West Virginia Rural Health Access Program, which is jointly funded by the Robert Wood Johnson Foundation and the Claude Worthington Benedum Foundation.

Under the Rural Health Access Program, a statewide group is conducting an assessment of the state's financial incentive programs for rural practice. The project involves the development of a statewide data system on obligated recipients; an evaluation of programs based on focus groups, telephone interviews, and a physician survey; and development of a profile of physicians' practices and their future plans. In the long run, this assessment can help improve the marketability of state incentive programs, identify factors that aid successful recruitment; and foster better distribution of providers in needy areas across the state.

The Recrutable Communities Project, under the leadership of the WVU Department of Family Medicine, is being sponsored under the Rural Health Access Program. The project is working with seven rural communities (Grantsville, Hinton, West Union, Cabin Creek, Spencer, Richwood, and Sistersville) to enhance the community's role in recruitment and strengthen ties with residency programs. This is a collaborative project involving the WVU Extension Service, the Bureau for Public Health, the Center for Rural Health Development, the Higher Education Policy Commission, and the medical schools. The project will produce a Recruitment and Retention Handbook, based on lessons learned, for all rural communities.

Efforts are underway to expand residency training in rural areas through an interagency initiative. Passage of H.B. 205 in a special session of the Legislature will allow the higher education system to transfer almost \$1.4 million in existing state dollars into a special Medicaid account in order to draw down 3:1 federal matching funds. These funds can be used to support existing residency programs in our teaching hospitals and to expand residency training in primary care centers in rural areas. A workgroup representing the medical schools, the Department of Health & Human Resources, and the primary care association is developing the specifics of this plan, which requires federal approval.

In 1999-00, the Vice Chancellor for Health Sciences awarded \$10,000 scholarships to 15 students – including six medical students, seven nurse practitioner students, and two physician assistant students. These participants in the Health Sciences Scholarship Program have made a commitment to practice at least two years in a rural underserved area of West Virginia after completing their training. Forty-two practitioners from prior years have completed or are now serving their obligations, including 14 physicians and 28 nurse practitioners and physician assistants.

This year, WVRHEP staff and site coordinators worked with administrators of the state's financial incentive programs to produce a report on graduates who have

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been recruited to rural West Virginia. From 1991 to 1999, a total of 223 graduates of state schools have been recruited, including 88 physicians, 55 dentists, 54 nurse practitioners, 14 physical therapists, and 12 dental hygienists.

Federal funding for the Community Scholarship Program, which also involves state and local funds, ended this year. Since 1991 this program has sponsored 16 students who are committed to return to their hometowns in rural West Virginia and practice for a minimum of two to four years. Nine of these providers have completed, or are currently serving, their practice obligations, and another seven are in the pipeline. These providers include 11 physicians, four nurse practitioners, and one physician assistant. The National Health Service Corps SEARCH Program, administered jointly by the WVU Office of Rural Health and the Bureau for Public Health, is designed to help rural communities recruit students and residents by providing stipends for those who want to extend their training in rural underserved areas. This year, over \$88,000 in stipends was awarded to 49 students/residents in medicine, dentistry, dental hygiene, nurse practitioner and midwifery programs, clinical psychology, and physician assistant programs.



### **Technology and Telecommunications**

The WVRHEP Advisory Panel is continually addressing the role of the Learning Resource Center (LRC) with the assistance of the LRC Committee. Each of the 18 LRCs has a Pentium computer system, Windows 95/98, Internet connectivity, and E-mail. These standards ensure that students and field faculty have the capacity to participate fully in WVRHEP programs. These programs include, but are not limited to, Digital Document Delivery; Real Audio/Real Video lectures and coursework over the Internet; continuing medical education (CME) credits over the Internet; and student scheduling, database management, and tracking through the fully operational TRACKER system.

TRACKER can be reached from all of the partnering schools' websites or from the URL, <http://www.wvrhep.org>. All users must have a password to get into the system to ensure the system's integrity. The system is currently running for all the disciplines across all three schools, including medicine, nursing, dentistry, pharmacy, and allied health disciplines.

An Appalachian Regional Commission grant has allowed the WVRHEP program to grow in two new directions. The Online Health Informatics Course, assessable on the WVRHEP website, is designed to give an introduction to health care informatics for students and faculty in all disciplines. The Computers in the Community Project has allowed the program to place computers in the homes of community board members so that they can serve a more active role on their local consortium board and on the state advisory panel.

### **Creating an Educational Pipeline**

The Health Sciences and Technology Academy (HSTA) reaches out to 8th-12th grade students in 22 counties and helps them prepare for higher education and health care careers. The goal is to nurture the ambitions of talented minority and disadvantaged students who might not ordinarily achieve their career goals. HSTA is a partnership among the various schools at West Virginia University, WVRHEP, and many communities. The program brings students and their teachers to the campus each summer for clinic, laboratory, and classroom training, and then provides support for community-based science projects during the school year, mentored by teachers, health professions students, and community volunteers. The program began in 1994 with private and foundation funding; it has expanded during the past two years with state appropriations. Over 550 students and 80 teachers are participating in HSTA.

This year, 47 seniors completed the HSTA program; 87% are currently enrolled in or intend to go to college. The mean grade point average for 2000 graduates was 3.55. All the in-state college students received tuition and fee waivers if needed. Over the past three years, 143 seniors have completed the HSTA program.

### **Community Services**

WVRHEP students, faculty, and staff continue to demonstrate their commitment to providing health services to the people of West Virginia. In the 1999-2000 academic year, an average of 15,500 in community health services were provided each month – more than 185,700 for the entire year.



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WVRHEP dental sites, for example, provided approximately \$916,300 in uncompensated clinical dental services to rural West Virginians this year. Dental and dental hygiene students performed more than 8,300 clinical procedures for more than 5,000 patients. Additionally, students and faculty participated in some 475 community outreach activities reaching almost 10,700 West Virginians.

Student community service activities, such as health screenings and health fairs, are targeted throughout the state to all age groups of West Virginians. In addition, students work with communities to develop a variety of imaginative, worthwhile projects. For example, students have worked with children and parents on issues such as Attention Deficit Disorder. Students have educated children in daycare and preschool programs on good dental health practices. Students have also conducted bicycle and ATV safety fairs and training sessions.

The WVRHEP continues to provide a wide variety of preventative health care and community service programs, such as:

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| Health Fairs   | Healthy Hearts for Seniors Program   |
| Screenings (blood pressure, glucose, etc.)                             | Read Aloud WV Day                    |
| For Your Health Radio Show   | Bicycle Rodeo                        |
| National Senior Health & Fitness Day                                   | Tar Wars Dental Program              |
| “Got Milk” Elementary Art Contest                                      | Glo-Germ Hand Washing Presentation   |
| Coronary Artery Risk Detection in<br>Appalachian Communities Screening | Nutrition Crash Course               |
| First-Aid Training   | Food & Drug Interactions             |
| Tobacco Jeopardy   | Health Education Newspaper Articles  |
| Career Day   | Glucometer Exchange & Training       |
| Sexual Abuse Clinics   | Poison Prevention                    |
| Preventing Elder Abuse   | Children’s Health Insurance Outreach |
| Osteoporosis Prevention  | Dental Health Education              |
|  | Diet & Exercise                      |

## Evaluation and Research

WVRHEP staff and the Advisory Panel believe that more focused efforts are needed to fully evaluate the program for state policymakers and to answer questions important to the program’s growth and improvement. The Finance Committee of the Advisory Panel approved a small amount of Special Project funds to improve our long-range program evaluation, research, and tracking of recruitment and retention data. This funding will also support the integration of this evaluation in an electronic format on the website. This evaluation is designed to demonstrate the effects of a rural-based curriculum that emphasizes interdisciplinary education and community service. Specific aims of this project, which will require additional funding to enhance the tracking system, are to evaluate the following:

- whether attitudes of medical students who are entering their clinical training are predictive of their career plans;
- the effect of WVRHEP on medical student attitudes and career plans; and
- the effect of WVRHEP on recruitment to rural practice in West Virginia.

## Current Issues

The year-long Visions Workgroup, charged by the Advisory Panel in 1999, completed its report, *WVRHEP: A Vision for Our Future*. This report came out of in-depth discussions of WVRHEP history, current work, outcomes of the June 1999 Retreat, and future challenges. Discussions focused in particular upon the best role WVRHEP could take in the health and well-being of the people of West Virginia and the education of students. The work group reviewed the flagship Healthy People 2010 objectives to gauge the role of WVRHEP in furthering these objectives. The result, as stated in the workgroup’s report to the Panel, is a “vision for the future

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of WVRHEP that is thoughtful, collaborative, and a reflection of our partnership." The report, which is posted on the WVRHEP website, includes recommendations to improve the community-based curriculum and quality of the educational program, assure consistency across consortia, further relationships within the partnership, and establish a set of competency objectives for students. The Student Advisory Committee gained strength and more focus this year. This committee experiences considerable turnover due to student graduations; however, WVRHEP has been very fortunate to attract highly motivated students who have embraced rural health issues and worked hard to improve the program. In the past year, this committee made policy recommendations on the student evaluation process and service-learning activities.

Community members of the Advisory Panel and local consortia boards formed a Community Members Committee this past year. This committee has engaged in discussions about the role of the community member in local training and in recruitment and retention of graduates of state health professions programs. The Community Members and the Student Advisory Committees began making plans for a joint retreat in 2001 to focus solely on the relationship of these two groups as partners and the contributions each can make to further good communication and be mutually supportive in meeting the WVRHEP mission. Current program issues include:

- Approval of Special Projects funds to begin a long-range evaluation and study of the impact of rural rotations on recruitment and retention in the state;
- Continued development of the Student Advisory and the Community Members Committees;
- Completion of performance audits of all consortia; and
- Establishment of a subcommittee of the Finance Committee to review issues relevant to the wise use of WVRHEP resources across all consortia.

