

ATRN Newsletter



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WVCTSI designated as one of only eight ECHO Superhubs in the United States



The West Virginia Clinical and Translational Science Institute Project ECHO program has been spreading specialty care knowledge across the Mountain State for five years. Building upon its success, the project can now lend resources and expertise to health providers beyond West Virginia with its recent designation as an ECHO Superhub – one of only eight in the United States and 18 worldwide.

The Superhub designation means that WVCTSI Project ECHO, housed at West Virginia University, can offer outreach support, mentoring and training to healthcare providers and other institutions on how to start their own ECHO program, a guided-practice model designed by the University of New Mexico to reduce health disparities in underserved and remote areas. WVCTSI launched its Project ECHO program in the spring of 2016 to address the rising prevalence of hepatitis C cases in West Virginia. Since then, it has expanded specialized care education to healthcare providers in nine areas: hepatitis C and HIV, chronic pain management, substance use disorder, psychiatry, chronic lung disease, endocrinology, cardiac health, memory health and, most recently, COVID-19.

“One of our longtime partners, Cabin Creek Health Systems near Charleston, approached us with the idea of starting a Project ECHO program,” said Jay Mason, director of community programs and the WVCTSI Project ECHO. “They were looking for assistance with hepatitis C treatment and screening, so we did the immersion training with the University of New Mexico and launched our first ECHO in May 2016.

“Being located in Morgantown, with access to the medical school, allowed us to partner with infectious disease specialists who could provide expertise to clinicians throughout West Virginia.”

Mason explained that the ECHO model is similar to telemedicine. Rather, specialists will connect with primary care physicians, usually in remote areas.

Primary care providers participating in ECHO sessions have the opportunity to discuss their patient cases with a panel of expert hub members as well as receive didactic specialized content presentations.

(Story continued on page 2)

WVCTSI designated as one of only eight ECHO Superhubs in the United States (continued)



To date, WVCTSI Project ECHO has presented 530 educational sessions to more than 1,000 individual participants in not only West Virginia, but also Georgia, Indiana, Kentucky, Maryland, New Jersey, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia and Wyoming. The Superhub designation will amplify this reach as leaders from West Virginia will provide training to health care leaders from throughout the nation who wish to host ECHO programs.

Dr. Sally Hodder, WVCTSI director and associate vice president for clinical and translational science at WVU, said, “WVCTSI Project ECHO has demonstrated an impressive record in a very short period of time, amplifying specialty expertise in rural areas throughout the nation. Jay Mason and his team deserve congratulations on the impactful program that they have implemented. It is not surprising that they have been chosen to enable others to establish similar programs.”

Faith Kelly, Superhubs manager with the ECHO Institute at the University of New Mexico, agreed with Hodder about the impressive growth and success the program has achieved.

“With their expertise and enthusiasm, WVCTSI is now authorized to recruit, train and serve as a model for new ECHO hubs,” Kelly said. “The WVCTSI ECHO team has embraced the opportunity to play this critical role in the ECHO movement as we strive together to reach a billion lives by 2025.”

To become a Superhub, a Project ECHO Hub must be a hub for at least one year, submit an application and once approved, participate in a specialized ECHO Immersion training around Superhubs. The Superhub Immersion training was completed virtually in January of 2021 thus completing the Superhub process.

“Our entire team can’t wait to help spread this model that we have had such great success with, not only here in West Virginia but all around the country,” Mason said. “There are no other Superhubs on the East Coast, so we’re increasing access to people on this side of the country.”

“Community health centers have started to use ECHO as a recruiting tool for providers in small, isolated places. It serves as an outlet to learn and connect with other primary care providers. Likewise, specialists at WVU may not fully understand primary care in rural parts of the state, so they’re learning as well. The most valuable aspect of ECHO is in building those relationships.”

In July 2021, the WVCTSI Project ECHO Superhub will host its first training with the Hepatitis C Virus Collaborative. The ECHO Institute developed the HCV Collaborative for purposes of increasing provider education and capacity to treat hepatitis C in Appalachia. The states participating in the collaborative include West Virginia, Indiana, Kentucky, North Carolina and Tennessee. HCV ECHO hubs will be launched in states that currently do not have them (e.g., Kentucky, North Carolina and Tennessee) with the mentorship from existing HCV ECHO Hubs (West Virginia and Indiana). West Virginia specifically will offer a Superhub training for those states wanting to initiate HCV ECHO Hubs.

For more information about the WVCTSI ECHO program visit here: <https://www.wvctsi.org/programs/community-engagement-outreach/project-echo/>

Have you Registered for the ATRN Summit?

(click on the link or picture below)

<https://appalachianresearchnetwork.org/event-4419831>

The screenshot shows the website for the Appalachian Translational Research Network. At the top, there is a green mountain range logo and the text "Appalachian Translational Research Network". Below this, it says "ADDRESSING THE SIGNIFICANT HEALTH CHALLENGES AND DISPARITIES SPECIFIC TO APPALACHIA." A navigation bar includes "HOME", "ABOUT ATRN", "NEWSLETTERS", and "ATRN 2021 ANNUAL HEALTH SUMMIT". A large image of a mountain range is featured with "JOIN" and "EVENTS" buttons. The main content area is titled "ATRN 2021 VIRTUAL HEALTH SUMMIT" and includes a "Back" link and an "Add to my calendar" button. The event details are: Start: 19 Oct 2021, End: 20 Oct 2021, Location: Airmeeet. The registration section lists: ATRN Member - \$25.00, Community Organization - \$25.00, Government Agency - \$25.00, Non-ATRN Member - \$50.00 (with a note for non-members, faculty, staff, and administrators of ATRN member universities and other universities), Speaker, and Student - \$25.00. Payment logos for VISA, Mastercard, DISCOVER, and AMERICAN EXPRESS are shown. A "Register" button is at the bottom left. On the right, a large promotional graphic for the "VIRTUAL ANNUAL SUMMIT" is displayed, featuring a sunset over mountains and the text: "APPALACHIAN TRANSLATIONAL RESEARCH NETWORK VIRTUAL ANNUAL SUMMIT OCTOBER 19-20, 2021 HOSTED VIRTUALLY BY PENN STATE BRIDGING THE GAP: RESEARCH NETWORKS FOR POSITIVE CHANGE IN APPALACHIA". Logos for PennState, WVU, Appalachian Translational Research Network, The Ohio State University, iHRI, OHIO, Wake Forest School of Medicine, CCTST, and the Center for Clinical and Translational Science are at the bottom.

SEE Pages 6, 7, and 8 for the Full Agenda!

Four themes identified as contributors to feelings of despair in Pennsylvania communities



Matthew G. Solovey
August 2021

Financial instability, lack of infrastructure, a deteriorating sense of community and family fragmentation are key contributors to diseases of despair in Pennsylvania communities, according to [Penn State College of Medicine](#) and Highmark Health researchers. The researchers conducted four focus groups in Pennsylvania communities identified as having high rates of despair-related illnesses. Diseases of despair are medical diagnoses involving alcohol-related disorders, substance-related disorders and suicidal thoughts and behavior. Princeton economists Anne Case and Angus Deaton [proposed the concept of deaths of despair](#) in 2015 after observing a decline in life expectancy of middle-aged white men and women between 1999 and 2015 – the first such decline since the flu pandemic of 1918. They theorized that this decline is associated with the social and economic downturn in rural communities and small towns over the last several decades, leading to feelings of despair and loss of hope for the future.

"The crisis in recent years has broadened past this initial demographic that Case and Deaton established, and we are now seeing rising excess mortality in other groups of working-class Americans, including people of color," [Daniel George](#), associate professor of humanities and public health sciences, Penn State College of Medicine, said. George is a researcher with a [Penn State Clinical and Translational Science Institute](#) project looking at diseases of despair in Pennsylvania.

The first phase of this project analyzed Highmark Health insurance claims and found that the rate of diagnoses related to diseases of despair – alcohol-related disorders, substance-related disorders and suicidal thoughts and behaviors – [increased significantly in the past decade](#).

"Nearly one in 20 people in the study sample of 12 million people were diagnosed with a disease of despair in our earlier research," Emily Brignone, Highmark Health, said. "Following Case and Deaton's findings, we saw the most substantial percentage increase in disease of despair diagnoses among men ages 35 to 74, followed by women ages 55 to 74 and 18 to 34. The issue is one of great importance that we are proud to be addressing with Penn State."

Using the data from the first study, the researchers then identified hotspots in Pennsylvania with a high rate of diagnoses related to diseases of despair for the second phase of the project. A disease of despair rate was determined by dividing the number of unique members with a qualifying diagnosis during that year by the total number of members. Researchers selected communities in Dauphin and Lebanon counties and conducted focus groups through existing community partnerships. Researchers report their results in the journal JAMA Network Open.

"Most of the research on deaths and diseases of despair have been at the epidemiological level; in other words, looking at large data sets and trying to identify patterns over time," George said. "There has been less done qualitatively – basically exploring the perceptions and beliefs of people who are affected by diseases of despair, trying to understand what is happening on the ground."

Four focus groups included a total of 60 participants. Focus group members were both residents and community health workers who interact with those affected by diseases of despair. The research team analyzed transcripts of the focus groups to identify themes. The first theme researchers identified was the role of financial instability and how United States domestic policy contributes to self-harming behavior.

"One of the main findings was that financial distress is at the heart of it," George said. "It is something that has been driving instability in people's lives and increases the risk for drug abuse and escape through drugs and drink. People identified jobs with full benefits and a living wage not being as available as they used to be and people having to choose groceries over medical care and their anti-anxiety medications."

The second theme that researchers identified was a lack of infrastructure, especially in rural communities.

"Focus group participants noted a lack of public transportation that could help people get to their jobs or to their health care appointments, and the role that played in compounding distress in people's lives," George said. "They also identified failures in our school systems that were resulting in schools not preparing kids to have trades or skills to make them competitive in a 21st-century economy."

(Story continued on page 5)

Four themes identified as contributors to feelings of despair in Pennsylvania communities



Matthew G. Solovey
August 2021

The third theme that researchers identified was a deteriorating sense of community. Participants discussed fragmentation over the last several decades that has led to rising isolation and distrust, and a lack of neighborly support. These trends have been worsened, in part, by social media.

"There was a really interesting perception that there has just been a general decline in the community," George said. "There is more loneliness, more alienation, a loss of trust among people, less neighborly interactions. People talked about just feeling an absence of actual human connection online with technology and electronic devices, and that it has taken the place of tangible, real human connection— and that that compounds loneliness."

The final theme researchers identified was the fragmentation of the family.

"There is more pressure on two-earner families, and that was leading to kids being less bio-psychosocially developed and leaving home at greater risk for despair-related behaviors," George said. Researchers will next consider potential solutions, including the role of health care facilities in identifying despair-related risk factors, partnerships with community organizations that work with those most at risk and the use of big data analysis and machine learning to identify at-risk communities and guide state-level policy changes. Focus group attendees shared their beliefs that more needed to be done at the local and state levels to address the causes of despair, including non-profit initiatives, peer support, infrastructure building, economic development and rebuilding a sense of community as well as social safety nets.

"A key message is really that we do not want to blame the victims here," George said. "Despair is something that is an indictment of the way that we have organized our society rather than a personal failing or an individuated sense of despair that somebody may feel. People are responding to objectively worsening material circumstances in their lives. What we are trying to do with the diseases of despair construct is essentially create a parameter whereby we can measure it, study it, try to understand what is going on and then address root causes."

A podcast about this research is available at pennstatectsi.libsyn.com.

National Center for Advancing Translational Sciences through Penn State Clinical and Translational Science Institute (grants UL1TR002014; UL1TR002014-03S1) funded this research. Community groups Better Together: Lebanon County, Dauphin County Human Services and Faith and Family Coalition of Harrisburg contributed to this research.

Other researchers on this project were [Dr. Lawrence Sinoway](#), Charity Sauder, Andrea Murray and [Dr. Jennifer Kraschnewski](#), Penn State Clinical and Translational Science Institute; Bethany Snyder and [Dr. Lauren Van Scoy](#), Penn State College of Medicine; Emily Brignone and Robert Gladden, Highmark Health; Alana Ernharth, Shayann Ramedani, Neha Gupta, Savreen Saran, all medical students, Penn State College of Medicine.

Other resources:

- [Diseases of despair diagnoses increase in Pennsylvania](#)
- Five questions with researcher Dr. Larry Sinoway about diseases of despair
- Engage Podcast: Diseases of Despair | Episode 1 [audio]

About Penn State Clinical and Translational Science Institute

Penn State Clinical and Translational Science Institute provides tools, services and training to make health research more efficient at Penn State. It advocates for translational science at the university and is a bridge between basic scientists and clinical researchers. The institute encourages collaboration to discover new treatments, medical procedures and ways to diagnose disease. To subscribe to its weekly newsletter, text PENNSTATECTSI to 22828. Learn more at ctsi.psu.edu.

Tuesday, October 19, 2021

All session times are listed in Eastern Daylight Time

10:00 - 11:00 AM	Opening Keynote - Contemporary Issues in Rural Health Status, Practice, and Policy <i>Ty Borders, PhD, Professor, College of Nursing, University of Kentucky</i>
11:00 - 11:15 AM	Break
11:15 - 12:00 PM	Bio-Informatics Applications in Large Scale Clinical Research- A Case Study Using the NIH National COVID Cohort Collaborative (N3C) <i>Wes Kimble, MPA, West Virginia Clinical and Translational Science Institute</i> <i>Brian Hendricks, PhD, Assistant Professor of Epidemiology, West Virginia University</i>
12:15 - 1:00 PM	Lunch
1:00 - 2:00 PM	Concurrent Breakout Session 1: Behavioral Health <i>Comparative Psychological and Academic Implications of Online Learning between Collegiate Calendar</i> <i>Sunderland Baker, Colorado College Department of Education</i> <i>Association of Food Insecurity with Parent and Child Mental Health</i> <i>Gabriella Dean, Wake Forest School of Medicine</i> <i>A Negative Binomial Regression Model in for Assessing Gender Differences in Marijuana use in West Virginia: Findings from the 2019 Behavioral Risk Factor Surveillance System Data</i> <i>Kesheng Wang, PhD, Associate Professor, West Virginia University</i> <i>Yongke Lu, PhD, Assistant Professor, Marshall University</i> <i>Suzy Walter, PhD, MSN, APRN, FNP-BC, CNRN, Associate Professor, West Virginia University</i> <i>Disorder Eating and Food Insecurity in Attention Deficit Hyperactivity Disorder</i> <i>James Lewis, MD, Professor of Pediatrics, Board Certified in Pediatrics &</i>
1:00 - 2:00 PM	Concurrent Breakout Session 2: Community <i>Systematic Interactions Between Individuals and Drinking Water Quality in Appalachia</i> <i>Daniel Ma, MS, BSc, The Ohio State University</i> <i>Lack of Trust Appears to Drive Racial Difference in COVID-19 Vaccine Confidence</i> <i>Rob Lennon, MD, JD, FFAFP, Penn State College of Medicine</i> <i>Lauren Van Scoy, MD, Penn State College of Medicine</i> <i>Tumor Suppressor Role Of The Caveolar α1-Na/K-ATPase Signalosome In Nash Related Hepatocellular Carcinoma (HCC)</i> <i>Utibe Udoh, PhD, Marshall University School of Medicine</i> <i>Pradeep Rajan, PhD, Marshall University School of Medicine</i> <i>Community Level Differences in Gestational Age and Gross Motor Function for Children with Cerebral Palsy</i> <i>Jill Heathcock, PT, PhD, The Ohio State University</i> <i>Rachel Bican, PT, DPT, PhD, Ohio University</i> <i>Garey Noritz, MD, Nationwide Children's Hospital</i>
2:00 PM	Conclusion

Wednesday, October 20, 2021

Please Note: All session times are listed in **Eastern Daylight Time**.

*Agenda Subject to Change

10:00 - 11:00 AM

Opening Keynote – Mechanisms of Action

*Julianne Holt-Lunstad, PhD, Professor of Psychology and Neuroscience
Brigham Young University*

11:00 - 11:15 AM

Break

11:15 - 12:15 PM

ATRN COVID-19 Study

Gia Mudd-Martin, PhD, MPH, RN, FAHA

*Director of the Community Engagement and Research Core, Center for Clinical &
Translational Science
University of Kentucky*

Pam Salsberry, PhD, RN, FAAN

*Associate Dean, Community Outreach and Engagement
The Ohio State University*

Melissa Thomas, PhD, MSPH, MSA, MCHES®, C-CHW

*Assistant Professor, Department of Primary Care
Ohio University Heritage College of Osteopathic Medicine*

Stacey Whanger, MPH

Assistant Director, West Virginia Practice-Based Research Network

Kelly Brunst, PhD

*Assistant Professor, Department of Environmental Health, College of Medicine
University of Cincinnati*

12:15 - 1:00 PM

Lunch

1:00 - 2:00 PM

Concurrent Breakout Session 1: Community Engaged Research

**Community-Academic Partnerships for Environmental Health in Appalachia –
Building Blocks of Positive Change**

*Stacy Stanifer, PhD, APRN, AOCNS, UK-CARES and UK College of
Nursing/BREATHE*

Kelly Kennoy, MPH, RN, UK-CARES and UK College of Nursing/BREATHE

Ellen Hahn, PhD, RN, FAAN, UK-CARES and UK College of Nursing/BREATHE

**Community Health Educational Resource Person (CHERP) Program Prevention
Training**

Sumeet Salvi, West Virginia School of Osteopathic Medicine

Gishan Bogoda, West Virginia School of Osteopathic Medicine

Benjamin VanTasel, West Virginia School of Osteopathic Medicine

Braden Zimmerman, West Virginia School of Osteopathic Medicine

**Engaging Peer Recovery Community Partners to Improve Response Rate
Among Ohio Peer Recovery Supporters**

Trevor Moffitt, MA, LPC, The Ohio State University College of Public Health

Pamela Salsberry, PhD, The Ohio State University College of Public Health

Wednesday, October 20, 2021

Please Note: All session times are listed in **Eastern Daylight Time.**

*Agenda Subject to Change

1:00 - 2:00 PM

Concurrent Breakout Session 2: ECHO

WVCTSI Project ECHO: The Journey of Establishing an ECHO Program

*Jay Mason, MPA, Director, Community Programs
Project ECHO WV Clinical and Translational Science Institute*

1:00 - 2:00 PM

Concurrent Breakout Session 3: Diseases of Despair

Addressing Diseases of Despair using the PA211SW Helpline in Appalachia

*Chelsea Keller, MPH, CHES, Penn State College of Medicine
William Calo, PhD, JD, MPH, Penn State College of Medicine
Jordan Lewis, PhD, Pennsylvania Department of Drug and Alcohol Programs*

Understanding Success in Medication Assisted Treatment for Opioid use Disorder in West Virginia

*Adam Baus, PhD, MA, MPH, West Virginia Alliance for Creative Health Solutions
West Virginia University Office of Health Services Research
Martha Carter, CNM, DHSc, MBA, APRN, FACNM, West Virginia Alliance for Creative Health Solutions
Jennifer Boyd, PA-C, New River Health Association*

1:00 - 2:00 PM

Concurrent Breakout Session 3: Diseases of Despair (continued)

Perceptions of Diseases of Despair by Members of Rural and Urban High-Prevalence Communities:

A Qualitative Study

*Danny George, PhD, MSc, Penn State College of Medicine
Jennifer Kraschnewski, MD, MPH, Penn State College of Medicine*

2:00 PM

Conclusion and Summit Survey

UKY CCTS Receives \$23.5 Million NIH Clinical and Translational Science Award



Mallory Profeta Sep 14, 2021

The University of Kentucky Center for Clinical and Translational Science (CCTS) has received a \$23.5 million, four-year award from the National Center for Advancing Translational Sciences (NCATS) at the National Institutes of Health. This is the third time the CCTS has successfully competed for the prestigious Clinical and Translational Award (CTSA), with continuous funding since 2011 totaling \$65.4 million in research dollars.

“For the past 15 years, CCTS has catalyzed clinical and translational discoveries through an integrated, transformative research environment aimed at improved health, with an emphasis on Central Appalachia,” said UK President Eli Capilouto. “This continued funding is a testament to the incredible talent we have at this institution and our enduring promise to improve health outcomes in Kentucky.”

Founded in 2006 with the mission of accelerating discoveries to improve health, the CCTS is a disease-agnostic center that supports research from bench to bedside to community, with particular focus on Appalachia. The center provides a robust research infrastructure for all types of health research, including pilot funding, training and career development for the next generation of translational researchers, a full spectrum of research support services, community engagement resources, multidisciplinary mentors and connections to local and national research networks.

“It was great to join President Capilouto and the rest of the University of Kentucky CCTS team to announce today’s transformational award. With the grant we are announcing today, UK’s capacity to help Kentuckians with groundbreaking health care innovations will only grow,” said U.S. Senate Republican leader Mitch McConnell.

“I’ve been proud to help the University of Kentucky develop into a competitive research institution and bring new jobs and industries to the Bluegrass. With today’s announcement, we are further cementing Kentucky’s role as a national hub for medical research and technological development.”

Over the past 15 years, the center has introduced new efficiencies and programs to support clinical trials, trained scores of researchers and staff, enhanced regulatory supported, expanded UK’s biomedical informatics infrastructure, increased entrepreneurial support for researchers and helped establish innovative new centers and resources, both at UK and in the Appalachian region.

The vital role of the CCTS was never more evident than in 2020. When the COVID-19 pandemic struck, the CCTS leapt into action, leveraging its expert and responsive infrastructure, said CCTS Director Philip Kern, M.D. The center rapidly established a COVID-19 biobank, launched a pilot funding program specifically for COVID, and operationalized a hugely successful COVID-19 vaccine trial unit. Janssen Pharmaceuticals (of Johnson & Johnson) approached UK vaccine researcher Richard Greenberg, M.D., to lead a site for the phase-three clinical trial of their COVID vaccine, and the CCTS infrastructure made it happen, Kern said. Within 83 days, a newly built COVID vaccine clinical trial unit was up and running. Nearly 900 Kentuckians, including many front-line workers, participated in that trial which got real vaccines in people’s arms two months before any vaccine had received emergency use authorization (EUA).

(Story continued on Page 10)

UKY CCTS Receives \$23.5 Million NIH Clinical and Translational Science Award



Pictured: Dr. Richard Greenberg, MD and Linda Rice, BSN, RN, CCRC Director of Clinical Operations, UKY CCTS

“With CCTS leadership, UK – with subsites at Baptist Health Lexington and Norton Healthcare in Louisville – became the top enrolling site in the world for the phase three trial whose data led to the EUA for the Johnson & Johnson vaccine,” Kern said. “The success of that first COVID vaccine trial at UK paved the way for four more vaccine studies at the institution, three adult studies which the CCTS fully implements and a pediatric vaccine study it provides support for.”

With its new round of funding, the CCTS plans to expand funding opportunities including a new mechanism to support research on climate change and human health; ramp up its diversity, equity and inclusion efforts; and build more research partnerships with other institutions. The center will also develop a new team science training resource to provide personalized coaching to multidisciplinary research teams.

“Through its cumulative, multipronged efforts, the CCTS has been a driver of UK research expansion from \$285.1 million in extramural awards in 2015 to \$333.4 million in 2018,” said Lisa Cassis, Ph.D., UK vice president for research.

The CCTS pilot funding program has, to date, yielded a 20-fold return on investment and resulted in 3,308 peer-reviewed publications with more than 39,000 citations between 2012 and 2017 alone. Pilot grants through the [Appalachian Translational Research Network](#), of which the CCTS was a founding member, have seen a return on investment of nearly 18 to 1.

The CCTS also provides essential clinical and translational research education and training for undergraduates, faculty and staff through its “career development highway.” To date, 22 junior faculty have completed its KL2 career development program (five more are currently participating), and 41 pre- and post-docs have completed the TL1 clinical and translational science training program. More than 1,000 professional, medical, dental, pharmacy and clinical psychology students at UK have taken the CCTS’ Introduction to Clinical Research course, and the CCTS was instrumental in developing UK’s certificate and degree programs in clinical and translational science. The center additionally runs six seminar series throughout the academic year.

Since 2018, the CCTS has also led the [DREAM Scholars program](#) for faculty in health equity research and/or from minority populations, and in 2019 it launched a similar program, [SPARK](#), for undergraduates.

The CCTS reaches far beyond campus, too. Its innovative [Community Leadership Institute of Kentucky](#) has partnered with 43 community leaders from 28 Appalachian counties to empower them with skills and funding to conduct needed health research in their community and implement local solutions. Meanwhile, the CCTS [Community Seed Grant program](#) has provided 21 small grants to partners in Appalachia for projects that address priority health needs; support for financial management, human research advice, and data collection is also provided. A community health educator in Johnson County, Kentucky, for example, leveraged her seed grant and her personal health journey to help her community members prevent diabetes; her work was even featured in a [KET documentary](#).

“UK HealthCare has been a partner of the CCTS since its inception and we are especially proud to work with them over the past year to 18 months with these historic, lifesaving COVID vaccine studies,” said Mark F. Newman, M.D., UK executive vice president for health affairs. “While we are still struggling with the current pandemic, we are learning more every day and finding new ways to overcome these challenges and that is due to research performed here at CCTS.”

WVCTSI Ramps up COVID-19 Testing in Rural West Virginia



Not all West Virginians have the luxury of popping into a health clinic on a whim to get tested for COVID-19. For the past seven months, the West Virginia Clinical and Translational Science Institute has helped ramp up COVID-19 testing throughout the state via mobile vans and by focusing on communities of color.

Based at West Virginia University, WVCTSI has expanded the testing in partnership with the state's Department of Health and Human Resources and the National Guard and primary care clinics in the West Virginia Practice-Based Research Network. Dr. Sally Hodder, director of WVCTSI, was awarded a two-year, \$4.78 million grant by the National Institutes of Health in late 2020 as part of the NIH's Rapid Acceleration of Diagnostics in Underserved Populations (RADx-UP) initiative to help elevate COVID-19 testing in the United States.

Hodder explained that it remains critical to continue testing for COVID-19 despite the rollout of the vaccine. As of July 19, nearly 56% of the West Virginia population for whom the COVID-19 vaccine is authorized have completed the vaccination series.

Critical to the success of WV RADx-UP has been the leadership of Stacey Whanger, WV RADx-UP project director, who has spearheaded efforts to increase testing through rural primary care offices and mobile vans, Hodder said. Whanger said the communities have welcomed RADx-UP efforts as they strive to keep up with demand while juggling other public health duties.

"In the heat of the epidemic, we had health departments approach us and say, 'We have a population that needs tested but we just can't keep up with the demand,'" Whanger said. "It's been really valuable to them. A lot of these clinics and primary care centers are also working with health department on vaccine distribution. And, of course, they need to keep up with primary care concerns. Despite all of that, the testing efforts have not been lost in the shuffle, thanks to the grant."

As testing demand has declined since April, the RADx-UP project has been able to maintain testing in communities where testing support has been removed.

"We work closely with the West Virginia National Guard and DHHR to schedule vans in counties that don't have a lot of testing and that are at risk for near-term increases in COVID-19 infections," Hodder said. "RADx-UP supports six testers who are trained by and work closely with the WV National Guard. From Jan. 1 to June 15, RADx-UP mobile testing vans have served 38 counties and administered 2,265 tests. I cannot say enough regarding the tremendous support and teamwork provided by the West Virginia National Guard and their staff."

In addition to providing testing via mobile vans, WV RADx-UP is enhancing testing through the WVPBRN. An 11-person RADx-UP team administers tests at 51 participating primary care clinics in 29 counties throughout the state. Additionally, these clinics have been provided personal protection equipment. WV RADx-UP contributed to the administration of 45,115 COVID-19 tests at primary care clinic sites. WV RADx-UP also focuses on extending testing to communities of color. Romelia Hodges leads the communities of color component. Additionally, the acceptability and feasibility of home testing for COVID-19 is also being tested among communities of color.

"The strength and the success of this program is, in large part, due to the outstanding leadership of Stacey Whanger and Romelia Hodges as well as the dedicated individuals who comprise the WV RADx-UP team," Hodder said. "It is my privilege to work with these teams as well as our collaborative partners across the state to address the pandemic."

The project is officially titled "Developing Novel Strategies to Increase COVID-19 Testing Among Underserved Populations in West Virginia through Community and State Partnerships." The WV RADx-UP project is one of 70 across the United States supporting research to better understand COVID-19 testing patterns among underserved populations for purposes of informing strategies to reduce SARS-CoV-2 testing disparities.

For more information, contact Jake Stump at Jake.Stump@mail.wvu.edu

Multi-Track Pilot RFP Offered through the CE and ISP Programs



The Ohio State University Center for Clinical and Translational Science (CCTS) Pilot and Collaborative Studies Program is pleased to announce a multi-track pilot RFP offered through the CCTS Community Engagement (CE) and Integrating Special Populations (ISP) Programs.

This initiative aims to facilitate projects that include collaborative teams of researchers and stakeholders. Up to six (6) projects will be funded with a maximum of \$20,000 per project. More information is available in the RFP on the CCTS website. **The proposal submission deadline will be Tuesday, November 30, 2021 by 11:59pm.**

Download a PDF
copy of the RFA

Submit an
application

Upcoming Events

Upcoming ATRN Networking Events

The ATRN is holding networking events to connect with ATRN colleagues around the US! We are accommodating different times of the day so please be sure to select the event date/time that works best for individual participation.

Do not miss this opportunity to experience the virtual event platform Airmeeet, while engaging with fellow colleagues. Airmeeet is the virtual event platform that we will be using for the ATRN Virtual Health Summit in a few weeks. If you are planning to attend the Virtual Health Summit, we highly recommend that you sign up for at least one of the networking events to acclimate yourself to the platform.

Event dates and registration links are listed below for your convenience. Please register for the date and time that work best for your participation.

Thursday, October 7, 2021 5:30pm - 6:30pm ET.

Click [here](#) to register!

Monday, October 11, 2021 12:00pm - 1:00pm ET.

Click [here](#) to register!

Wednesday, October 13, 2021 7:00pm - 8:00pm ET.

Click [here](#) to register!

These events will feature:

1. Speed Networking - meet one on one with an ATRN colleague
2. Small group social tables - catch up with ATRN colleagues at small group table in the Networking Lounge.

Attendees **MUST** use a laptop or desktop and have a strong internet connection to participate in the interactive capabilities of this platform. A hard-wired, ethernet connection works best and you will be showing your video during speed networking and the small group sessions.

Upcoming Events

2021-2022 CONFERENCE SERIES ON GENETICS SERVICES IN APPALACHIA VIRTUALLY VIA ZOOM

ACTIVITY DESCRIPTION

This 7-session, web-based conference series will provide information on genetic services for medically underserved populations, focusing on the rural, Appalachian region. The goal is to set an agenda for care provision and research in the Appalachian region. A questions and answers session will follow each presentation.

REGISTRATION

There are no participant fees to attend. To register, please go to this website: <https://pharmacy.hsc.wvu.edu/continuing-education/2021-2022-conference-series-on-genetics-services-in-appalachia/>. A short form of the link can be found here: <https://bit.ly/3kNqCoK>. A registration confirmation and Zoom link will be sent to you following registration for each session. For questions, please contact Kimberly Kelly PhD, MS at kmkelly@hsc.wvu.edu (304-293-1453) or Dr. Ginger Scott PhD, RPh, at vscott@hsc.wvu.edu (304-293-1553).

DATES (FIRST TUESDAY OF EVERY MONTH 12-1PM EST)

October 5, 2021: Introduction/Genetics Services in West Virginia

Dr. Nadia Falah will discuss the genetics model/role of genetic assistants in WV.

November 2, 2021: Genetics Services in Appalachian Kentucky

Justine Cooper Pickarski, MS, CGC and Margaret Au, MS, CGC will discuss the genetic service delivery model at the University of Kentucky.

December 7, 2021: Genetics Services in Appalachian Pennsylvania

Shenin Dettwyler, MS, CGC and Julia Stone, MS, CGC will discuss genetics delivery model at the University of Pittsburgh.

January 4, 2022: Free Resources for Telegenetics from NYMAC

Alissa Terry, MS, CGC will summarize existing support resources for programs from the federally-funded New York-Mid Atlantic Caribbean Regional Genetics Network (NYMAC).

February 1, 2022: Genetics Nursing

Dr. Rebecca Kronk will discuss the role of nurses in genetics services and share information regarding the International Society of Nurses in Genetics.

March 1, 2022: Genetics Outreach in Medically-Underserved Populations

Dr. Kristi Graves will discuss genetics outreach research in medically-underserved populations, as well as her work in cancer telegenetics.

April 5, 2022: Wrap Up

Dr. Kimberly Kelly will provide a summary of the conference and help develop an agenda for genetic services/delivery in the Appalachian region. This seminar series is supported through a research grant from the Agency for Health Research and Quality (R13 HS027928-01A).

COMPUTER HARDWARE AND SOFTWARE REQUIREMENTS

System Requirements

Internet connection – broadband wired or wireless (3G or 4G/LTE)

Speakers and a Microphone – built-in or USB plug-in or wireless Bluetooth

Webcam or HD Webcam – built-in or USB plug-in

HD cam or HD camcorder with video capture card

Supported Operating Systems

macOS X with macOS 10.7 or later, Windows 10, 8 or 8.1, 7, Vista with SP1 or later, XP with SP3 or later

Supported Tablet and Mobile Devices

Surface PRO 2 running Win 8.1, Surface PRO 3 running Win 10, iOS and Android devices

Supported Browsers

Windows – Google Chrome 30+, Firefox 27+, IE 11+, Edge 12+

Mac – Google Chrome 30+, Firefox 27+, Safari 7+

For assistance with login issues, please contact us at 304-293-7335.

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