

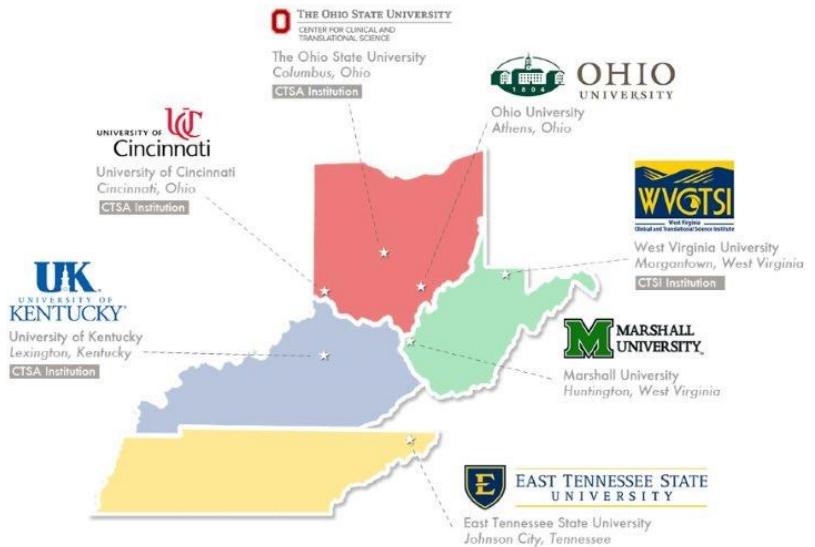
Appalachian Translational Research Network

ATRN Newsletter Issue 8 Fall 2015

Welcome to the **ATRN Newsletter!** This issue is primarily devoted to bringing news from the 2015 ATRN Summit, hosted by West Virginia University, held in Charleston, WV on October 15-16, 2015.

In this Issue:

- Highlights from West Virginia Clinical & Translational Science Institute Annual Meeting
- Highlights from the 2015 Summit
- Research Highlights from Ohio University
- Highlights from the 2015 Annual Southern Ohio Medical Center Nursing Research Symposium
- Research Highlights: How Inter-Professional Team Work Can Make A Difference in Chronic Pain Management
- The Big Sandy Diabetes Coalition—One Region, One Mission: Defeat Diabetes
- Welcome to our new ATRN Community Partners



On behalf of the ATRN, we hope you enjoy this edition. Please feel free to make any comments and/or suggestions regarding the newsletter and its contents. This issue was edited by Terri G. Spear (terri.spear@uky.edu), Administrative Support, University of Kentucky.

West Virginia Clinical and Translational Science Institute: Hosts annual meeting; partners with Appalachian Health Summit

November 2, 2015

MORGANTOWN, W.Va.

Over 140 individuals from West Virginia and throughout Appalachia attended the [West Virginia Clinical and Translational Science Institute](#) (WVCTSI) Annual Meeting and [Appalachian Translational Research Network](#) (ATRN) Health Summit October 14 through 16 in Charleston, West Virginia.

The first day-and-a-half focused on WVCTSI projects and progress, while the second afternoon and final day focused on ATRN initiatives. Each year, the ATRN Health Summit is hosted by one of its member institutions, and WVCTSI agreed to host the 2015 summit activities.

During the WVCTSI Annual Meeting, attendees heard from West Virginia State Health Commissioner Rahul Gupta, M.D. and Clay Marsh, M.D., executive dean and vice president for health sciences at West Virginia University. They also heard updates from several institutional cores on areas including clinical trials, education and mentoring along with pilot grants. Leaders of two emerging translational centers in obesity and addiction also shared developments in their areas.

"Collaboration and cooperation really emerged as prevalent themes throughout the meetings," explained Julie Lockman, Ph.D., WVCTSI's director of scientific development. "While each area is making great advances and further

developing key resources, there is definitely a spirit of collaboration that is supporting the interdisciplinary approach necessary for successful clinical and translational programs."

Those who participated on day one had the opportunity to visit the [Charleston Area Medical Center \(CAMC\) Cancer Center](#) for tours and a reception.

Daniel Lucas, Pharm.D., director of clinical research at CAMC Health Education and Research Institute, said, "We were pleased to host this year's meetings in Charleston, not only to share our city with attendees, but to also share the work that is happening here to improve health in Appalachia. The new CAMC Cancer Center opened in May of 2015, and it is just one example of how we're addressing the health disparities in West Virginia."

One of the most interactive portions of the activities occurred with a research poster session and reception that included attendees from the WVCTSI and ATRN functions. Over 42 investigators shared their work as part of the poster session. Ten individuals also shared their research projects during oral presentations earlier in the day.

The planning team is currently working to identify a date and location for next year's WVCTSI Annual Meeting, and details will be shared when confirmed.

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West Virginia Clinical and

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Appalachian Translational Research Network Summit 2015



Beverly Stringer

The annual Appalachian Translational Research Network Summit is hosted by one of its member institutions. This year's 5th Annual Summit was hosted by West Virginia University, following their West Virginia Clinical and Translational Science Institute (WVCTSI) annual meeting. The summit was held October 15-16, 2015 in Charleston, West Virginia.

One particular focus of the summit this year was patient-centered outcomes research. **Greg Martin** (below), Deputy Director of Stakeholder Engagement at the Patient-Centered Outcomes Research Institute (PCORI), presented an overview of the institute, and what



they are doing to move the concept forward. Mr. Martin stressed stakeholder engagement as a "game changer" and offered several case studies of its impact on patient care.

Presentations by two recipients of PCORI grants followed.

Debra Moser, PhD, RN, FAAN, Professor and Linda C. Gill Chair of Cardiovascular Nursing at the University of Kentucky presented her work on "PCORI Funded *Hearth Health Project*," to assess risk-reducing interventions for cardiovascular disease in Kentucky's Appalachian region.



Debra Moser

Nate Thomson, Executive Director of the *Athens Photographic Project (APP)*, and **Kelly Nottingham**, MPH, CHES, Executive Director of Primary Care Research Initiatives at Ohio University shared their work with APP, a non-profit organization in Athens, OH that responds to the needs of community members living with ongoing mental health challenges. Through providing supportive opportunities for self-discovery, creative expression, and community contribution through photography, APP has stimulated life-changing recovery. See *Story Page 4*.

The evening concluded with a reception sponsored by the University of Kentucky Center for Clinical and Translational Science (CCTS).

Friday morning kicked off with presentations from representatives of the Appalachian Regional Commission (ARC) and the Robert Wood Johnson Foundation (RWJF). **Eric Stockton**, ARC Health Program Manager, provided the history and introduction of ARC, its concept, mission, economic development, and recent research. ARC is a federal-state partnership that works for sustainable community and economic development in Appalachia. ARC awards grants and contracts from funds appropriated to

the Commission annually by Congress. Program grants are awarded to state and local agencies and governmental entities (such as economic development authorities), local governing boards (such as county councils), and nonprofit organizations (such as schools and organizations that build low-cost housing). Contracts are awarded for research on topics that directly impact economic development in the Appalachian Region.

Julia Marshall, PhD, Economist, Regional Planning and Research at ARC, spoke to the group on "*Creating a Culture of Health in Appalachia: Disparities and Bright Spots*" (aka, "*The Bright Spots Project*"). Sponsored by ARC, RWJF, and the Foundation for a Healthy Kentucky, Bright Spots is a regional public health project exploring health outcomes, with a focus on unexpected strongly positive health outcomes (the 'bright spots') in Appalachian communities. PDA, Inc. of Raleigh, NC, will be the lead investigator on this project. PDA President **Nancy M. Lane, PhD** described her team, the type of work they have previously done, and provided a high level overview of the project plan for the next two years.

David Krol, MD, MPH, FAAP, RWJ Senior Program Officer, ended the summit with his work on the "*Development of the Appalachian Bright Spots Project*." See *Story Page 5*.



David Krol

Heritage College partners with Athens Photographic Project on PCORI-Funded Effort to Support Mental Health Recovery Research

June 8, 2015



**ATHENS
PHOTO
PROJECT**

The Athens Photographic Project and the Ohio University Heritage College of Osteopathic Medicine will be working together to learn more about the

mental health recovery choices made by clients and their families in Southeast Ohio. A \$15,000 award from the Patient-Centered Outcomes Research Institute (PCORI) will be used to build a partnership, called a patient-centered research community (PCRC), between clients, caregivers, researchers and mental health professionals. The Heritage College will assist with the development of the group, which aims to develop solutions that fill gaps in care and drive useful research.

"Our community is at a point where consumers, family members and caregivers hold a great deal of knowledge about what works in treatment and recovery within a rural, high-poverty area. The PCRC will give mental health stakeholders an opportunity to share their experiences and creative thinking," said Nate Thomson, executive director of the Athens Photographic Project and project lead. "Our community has a rich history of working collaboratively to adapt treatment and recovery services to meet the changing needs and goals of individuals living with persistent mental health conditions in Southeast Ohio."

These efforts are led by the Athens, Hocking, Vinton 317 Alcohol, Drug Addiction, and Mental Health Services Board, which supports traditional treatment services; alternative treatment options such as the Athens Photographic Project; and the advocacy of the National Alliance on Mental Illness-Athens.

"By bringing together diverse

perspectives, we hope the PCRC will play a key role in the development of consumer-led research studies that benefit the community. We also hope it will provide an opportunity for community members to learn from experts in the field," said Kelly Nottingham, executive director of primary care research initiatives at the Heritage College and co-project lead.

"Our PCORI project will ensure that mental health consumers have a voice in research," said Thomson. "I am very excited to see who will be attracted to working with us on the project and hope to foster candid conversations and learning experiences along the way."

Funding for the project was provided through PCORI's Pipeline to Proposal Awards program. Pipeline to Proposal Awards enable individuals and groups that are not typically involved in clinical research to develop the means to develop community-led funding proposals focused on patient-centered comparative effectiveness research. Established by the non-profit PCORI, the program funds three tiers of awards that help individuals or groups build community partnerships, develop research capacity, and hone a comparative effectiveness research question that could become the basis of a research funding proposal to submit to PCORI or other health research funders.

"We are pleased to partner with the Athens Photographic Project and help build more understanding about how rural communities can work together locally to develop highly effective treatment options and improve quality of life for Southeast Ohio residents who are coping with mental

health issues," said Heritage College Executive Dean Kenneth H. Johnson, D.O.

The Ohio University Heritage College of Osteopathic Medicine is a leader in training dedicated primary care physicians who are prepared to address the most pervasive medical needs in the state and the nation. Approximately 50 percent of Heritage College alumni practice in primary care and nearly 60 percent practice in Ohio. CARE LEADS HERE.

The Athens Photographic Project is a nonprofit organization that for 15 years has used photography to foster recovery and community integration for Southeast Ohio residents living with mental illness.

PCORI is an independent, nonprofit organization authorized by Congress in 2010 to fund comparative effectiveness research that will provide patients, their caregivers, and clinicians with the evidence needed to make better-informed health and healthcare decisions. PCORI is committed to seeking input from a broad range of stakeholders to guide its work.

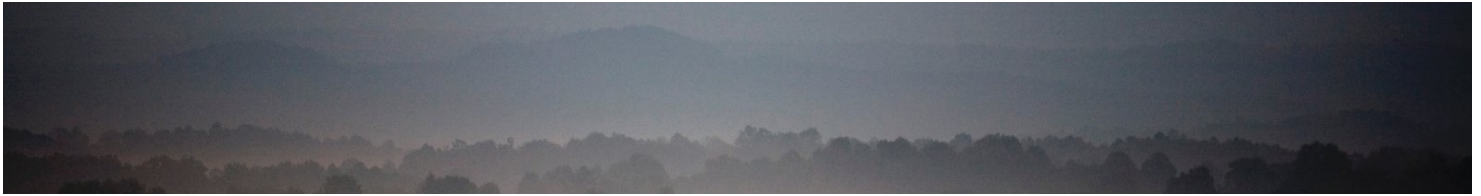
Presentation slides and videos, included in their work, can be provided.



Data, Meet Curiosity: Finding Bright Spots in Appalachia

Apr 1, 2015, 9:20 AM, Posted by [David Krol](#)

There are so many opportunities to connect the wealth of data we have at our fingertips and to start asking new questions. David Krol tells his story about how he took this approach to find bright spots in Appalachia.



If you close your eyes and picture Appalachia, what do you see? The images that often arose first in my mind were those from LIFE Magazine's 1964 photo essay on the war on poverty. Photojournalist John Dominis gave the nation a face to the plight of Appalachian communities in Eastern Kentucky, and poverty and economic hardship have long been central to an outsider's understanding of the region ever since. But through my work at the Foundation, I knew this narrative was only one part of the region's rich and diverse story. I knew there was a different story to be told, and so I wanted to shine a light on these bright spots that demonstrate how health can flourish across Appalachia.

I began this journey by seeing what the data could tell me. As I was reviewing the Appalachian Regional Commission (ARC) website, I stumbled across county-level data on economic status. ARC's index-based county economic classification system compares economic indicators like poverty and unemployment rates with national averages and then ranks each county. Those data allow the ARC to categorize counties along a spectrum: distressed or at-risk at the lower end, and competitive or "attainment" (economically flourishing) at the higher end. A self-described "data nerd," curiosity led me to overlay their county index with the annual County Health Rankings just to see what I could find when I compared the two.

What I expected to find was that the most economically distressed counties in Appalachia would also be in the lowest quartiles of health outcomes and factors for their states. For the most part, my hypothesis was true. But what excited me most was that there were counties that, though distressed economically, were in the top quartile of

their state in health factors or outcomes.

Why was that? Was it true? What was it about Wirt County, West Virginia; Pickett County, Tennessee; and Oktibbeha County, Mississippi, that helped them overcome significant economic challenges towards better health outcomes when similarly distressed counties in the same state did not? Did they have major hospitals or a University? Could it be explained by the efforts of local leadership? Were there other factors at play beyond poverty and health care access? And what implications did this have for neighboring counties?

Seeing these unexpected outliers reminded me of the positive deviance approach to social change. This approach is rooted in the belief that communities have the best solutions to the problems they face—as opposed to solutions driven by outside experts. The first application of this was in Vietnam during the 1990s, with incredible results. Save the Children was asked to address the country's high child malnutrition rates. At the start of the project, around 60% of children under the age of five suffered from malnutrition. After identifying households without malnourished children, qualitative research methods were used to find out what these families were doing differently with the same amount of resources as their peers. Using that information, they developed and implemented local solutions incorporating lessons learned from individual behaviors and cultural norms. Two years into the project, malnutrition rates fell by 80%.

I asked myself, "What if we did the same thing in Appalachia?"

Armed with the county data, insight and support from my colleagues [Hilary Heishman](#) and [Vanessa Farrell](#), and the will to find out more, I knew we'd need local experts to bring

this research project to life. I'm thrilled to say that the Appalachian Regional Commission and Foundation for a Healthy Kentucky were equally excited about this project as we were. For me, they are critical institutions because, as community members, they know the region and are committed to the vision of finding homegrown solutions for all of Appalachia. Together [we'll be funding an integrated approach to finding the answers](#) to why these bright spots in the region have positive health outcomes despite economic hardship and lack of resources. It's an opportunity to "go beyond the data.. to community conversations about what's important," as Susan Zepeda, president and CEO of the Foundation for a Healthy Kentucky, put it. It's a new Appalachian story we can't wait to tell.

We're only at the beginning of this project, and I don't know what we'll find. But I do know that we live in a data-rich world that has the potential to tell us so much about the communities we live in. The County Health Rankings and Appalachian Regional Commission economic index are prime examples. There are so many opportunities to connect the wealth of information we have at our fingertips and to start asking new questions. Quantitative data can get only get us so far—it's up to us to ask those critical questions of "Why? How? What can be done?" It's up to us to turn data into action.

David M. Krol, MD, MPH, FAAP, is a senior program officer for the Robert Wood Johnson Foundation who is passionate about child health and well-being, leadership, and oral health.

Barriers to Primary Care Smoking Cessation Efforts in Rural Appalachia: Mental Health Problems, Other Substance Use, Chronic Pain, and Disability

Dr. Beth Bailey, East Tennessee State University, Second Place Winner in the Senior Investigator division, presented the findings from two long-term community based projects at the ATRN



Beth Bailey

As East Tennessee State University's representative to the ATRN, I was delighted to be able to attend the Annual Summit and learn from and interact with researchers from across the region. So many researchers, health care providers, and community members are doing incredible work to improve the health and wellbeing of Appalachians! I was also honored to be selected to present to other attendees the findings from two long-term community based projects I direct in South-Central Appalachia. The first was a large-scale pregnancy smoking intervention implemented in obstetric practices, in an attempt to address the high rates of pregnancy smoking in the region and the consequent poor child health and developmental outcomes. The findings I presented at the ATRN summit addressed what we learned from our participants about their intervention

preferences. Specifically, we found that despite the recommendations of various practices guidelines to keep intervention efforts focused on positive messaging and provision of specific quit tips and techniques, rural Appalachian women much prefer more detailed information about the significant fetal harm and long term developmental effects that can result from smoking during pregnancy. Most suggested that if a woman does not want to quit there is nothing her provider can do, and that the most motivating thing for them is knowing as much as possible about the harm they are doing by continuing to smoke. These findings led us to revise our intervention efforts, better tailoring them to the needs of Appalachian women, increasing success rates. The second set of findings I presented were based on a more general substance use intervention effort in primary care settings. In response to our low rates of success in addressing one substance, tobacco, we examined differences between those who successfully quit following primary care intervention, and those who continued to smoke. We found no differences in the presence of chronic health conditions related to smoking, suggesting that the experience of direct health effects may not be a motivating factor to quit smoking for many Appalachians. However, we found that those who were unable to quit smoking had higher rates of mental health

problems and were much more likely to be disabled and unable to work, compared with those who successfully quit smoking. In fact, people who were experiencing depression, or were unable to work, were more than twice as likely as other patients to fail to quit smoking. These findings have led to a modification of our primary care smoking intervention efforts to make sure they include identifying and addressing existing mental health issues, as well as recommendations for staying busy while trying to quit, greatly increasing smoking cessation rates in our Appalachian primary care population. I hope that by presenting these findings at the ATRN Summit, others in the region can benefit from this knowledge and enhance smoking cessation efforts in other areas of Appalachia, where the burden from this health behavior is substantial.

Beth Bailey, PhD

Professor of Medicine
Director of Primary Care Research
Department of Family Medicine
James H. Quillen College of Medicine
East Tennessee State University
Johnson City, TN



**EAST TENNESSEE STATE
UNIVERSITY**

High Risk Drug-Related Behaviors Among People Residing in Appalachian Counties in Ohio, Kentucky, and Tennessee

Amanda Stover, University of Cincinnati, Second Place Winner in the Student/Resident category, presented her research at the ATRN 2015 Summit.



Amanda Stover

Amanda Stover is working on her Master's in Public Health at the University of Cincinnati. She is currently a research assistant in the College of Medicine where she works with Dr. Erin Winstanley. Her research focus is on health outcomes and injection drug use. Most recently, she has become involved in a research project funded by the United States Centers for Disease Control and Prevention with Dr. Judith Feinberg to look at rates of hepatitis C in injection drug users.

Appalachian areas have both high rates of non-medical use of prescription opioids and overdose deaths. A sample of people residing in Appalachian counties of Ohio, Kentucky, and Tennessee from two overdose prevention programs and a syringe exchange was used to look at high-risk behaviors associated with drug use. The sample is predominantly white (97%), male (48%), and with a mean age of 35 years old. Seventy-five percent of participants reported injecting drugs in their lifetime with the average age of first injection drug use at 25 years old. Participants also report high rates of witnessing an overdose (71%) and having a least one overdose (37%) themselves. Furthermore, of the people reporting

an overdose experience, the average age of first overdose was 26 years old which is only one year after the mean age of first reported injection experience. Rates of suicidal ideation and attempt are higher in the Appalachian sample than national averages. Data shows that 35% of people reported thoughts of suicide at some point during their lifetime, while 21% reported having at least one suicide attempt.

The high rates of injection drug use, suicidal ideation, and suicidal attempts support the need for a more comprehensive approach to addiction treatment; targeting both the behavioral and mental health components of addiction. By reducing high-risk behaviors associated with injection drug use, other potential negative consequences could also decrease. Likewise, it is important to address barriers to treatment in order to effectively address behavioral and mental health aspects of both non-medical opiate use and associated overdose deaths.

CCTST | Center for Clinical
& Translational
Science & Training

UNIVERSITY OF
Cincinnati

Poster and Podium Presentations Awards

POSTER PRESENTATIONS

Student/Resident Category

First Place: Danielle Shepherd, West Virginia University, "Mitochondrial Dysfunction: A New Clinical Predictor of Disease Development in the Type 2 Diabetic Patient"

Second Place: Amanda Stover, University of Cincinnati, "High Risk Drug-Related Behaviors Among People Residing in Appalachian Counties in Ohio, Kentucky and Tennessee"

Early State Investigators

First Place: Dr. Danielle Davidov, West Virginia University, "Factors Influencing Adoption of a Primary Prevention Violence Program in Kentucky High Schools"

Second Place: Dr. Audis Bethea, Charleston Area Medical Center, "Predictors of Contrast Induced Nephropathy in Trauma Patients"

Senior Investigator

First Place: Dr. David Siderovski, West Virginia University, "Genetic Variations in GPSM3 Associated with Protection from Rheumatoid Arthritis affect its Transcription Abundance"

Second Place: Dr. Beth Bailey, East Tennessee State University, "Barriers to Primary Care Smoking Cessation Efforts in Rural Appalachia: Mental Health Problems, Other Substance Use, Chronic Pain, and Disability"

Viewer's Choice

Dr. Fran Feltner, University of Kentucky, "Appalachian Research Day: Come Sit on the Porch"

PODIUM PRESENTATIONS

Session A: Dr. Roberto Cardarelli, University of Kentucky, "Terminate Lung Cancer (TLC): Knowledge and attitudes of lung cancer screening in a high-risk, rural population"

Session B: Dr. Daniel McNeil, West Virginia University, "Oral Health among Pregnant Women in Northern Appalachia"



(L-R): Fran Feltner, Beth Bowling, Dr. Philip Kern, and Wayne Noble

Integrating Professionals for Appalachian Children Receives \$900,000 Grant



Jane Hamel-Lambert

May 16, 2014

Integrating Professionals for Appalachian Children (IPAC) has been awarded a federal grant of nearly \$1 million to help connect southeast Ohio families with primary care providers and to strengthen and expand IPAC programs that improve access to essential health care services for children.

Since 2002, the nonprofit group has helped coordinate health and wellness programs involving several community agencies in the region as well as Ohio University's Heritage College of Osteopathic Medicine, College of Health Sciences and Professions, Scripps College of Communication, and the Voinovich School of Leadership and Public Affairs.

"IPAC is a rural health network, with the vision of ensuring healthy development for all kids, achieved by integrating and leveraging the resources of our

participating community agencies and university colleges," said Jane Hamel-Lambert, Ph.D., M.B.A., principal investigator on the grant. Dr. Hamel-Lambert, an associate professor in the Department of Family Medicine at the Heritage College, has provided leadership for IPAC since its inception. "With these funds, we hope to provide future sustainability for IPAC, enabling us to continue strengthening the system of care in our community to address the social, emotional and health needs of southeast Ohio families."

The Rural Health Network Development Program, which is administered by the Health Resources and Services Administration (HRSA), will provide \$300,000 a year for the next three years to IPAC. In addition to supporting organizational development for the network, the HRSA grant will establish interprofessional care teams to work with families and those providing foster care to address the developmental, behavioral and health concerns of children who have experienced trauma. IPAC will also use this opportunity to inform and educate the community and our regional health systems about situations and events that may lead to emotional and developmental trauma.

Additionally, the funds will promote the healthy development of infants by supporting increased access to lactation services and tobacco cessation intervention for pregnant women. For families who frequently use the local emergency department because they don't have a regular doctor, efforts will be made to connect families with primary care providers.

"Optimal care can only be provided by a primary care

physician who manages the child's health, not just his or her illness," said Sue Meeks, R.N.-BC, manager of the Family Navigator Program and member of IPAC's Board of Directors. Meeks has long recognized the need to educate families about the differences in the health delivery system.

Since its inception, IPAC (www.ipacohio.org) has received more than \$5 million in federal funding and has developed six clinical initiatives that range from providing education and advocacy for families to addressing the behavioral and emotional health needs of children. A recipient of the Distinguished Rural Health Program Award from the Ohio Department of Health, the IPAC network consists of multiple agencies in southeast Ohio, including several Ohio University departments and clinics. Ohio University is the founding member of the network.

The Ohio University Heritage College of Osteopathic Medicine is a leader in training dedicated primary care physicians who are prepared to address the most pervasive medical needs in the state and the nation. Approximately 50 percent of Heritage College alumni practice in primary care and nearly 60 percent practice in Ohio.

CARE LEADS HERE.



**Heritage
College of
Osteopathic
Medicine**

Heritage College \$600,000 Award for Diabetes Management Program in Southeast Ohio

May 27, 2015

The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services has awarded \$600,000 to the Ohio University Heritage College of Osteopathic Medicine to develop a collaborative program designed to improve health outcomes and lower health care costs for Type 2 diabetes patients in Southeast Ohio. The Rural Health Care Services Outreach Program has three components: legal assistance, patient navigation and a consumer research advisory group. The program's coordinated team approach toward health care is intended to tackle the unique barriers that make it difficult for people who live in rural areas to manage diabetes.

"To mitigate risk and improve health in rural communities, creative strategies are needed that complement standard medical care," said Jane Hamel-Lambert, Ph.D., M.B.A., principal investigator on the grant and an associate professor in the Heritage College Department of Family Medicine. "The rate of diabetes here is 30 to 40 percent higher than the national average. Our goal is to expand the types of professionals able to help people living with Type 2 diabetes and to improve care by bringing medical providers, nurse navigators, legal assistance and consumers together in a way that improves access to community-based resources and gives existing interventions the best chance at success."

Funding from the three-year HRSA grant will support the expansion of two programs: the Medical Legal Partnership Program (MLP) and the Diabetes Patient Navigator Program. The MLP will be led by Southeast Ohio Legal Services (SEOLS), which provides legal help without attorney fees to people with low income and limited savings. The MLP will help clients better understand their legal rights to health care benefits; assist them with work, housing and financial issues; and ensure they have recourse when they have been wrongfully denied services and benefits.

"Our goal is to collaborate with health care providers serving diabetics in the region and to help patients with health-harming legal problems. We often can help patients better access available public assistance," said SEOLS Managing Attorney Anne Rubin. "We can also help patients enforce their rights to housing that meets health and safety standards and formulate reasonable accommodation requests to employers, landlords, and other agencies."

The Diabetes Patient Navigator, led by the Patient Navigator Program at the Heritage College of Osteopathic Medicine, will offer nurse navigation support to patients struggling to manage their diabetes. The navigator will work closely with individuals to identify factors that may affect their ability to manage diabetes, such as limited literacy, mental health issues or unsafe living situations. The comprehensive program

will work closely with University Medical Associates Diabetes Endocrine Center, OhioHealth O'Bleness Hospital Athens Medical Associates and other area providers to improve patient health.

The HRSA grant will also fund the creation of a consumer group to help inform and guide diabetes research.

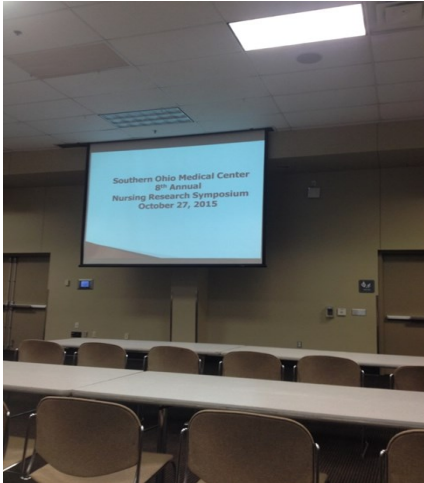
"To have a measurable impact on this population, we felt it was important to include the voices of those living with diabetes to help us identify topics for research and address barriers to care, as well as design future interventions that offer the most value," said Hamel-Lambert.

"Diabetes patients living in Appalachia are more likely to have a delayed diagnosis, less access to health care and lower health literacy, so this is a critical health concern in our region. This program could reduce the likelihood that those living with Type 2 diabetes will develop medical complications and ease the economic burden associated with the disease," said Heritage College Executive Dean Kenneth H. Johnson, D.O.



**Heritage
College of
Osteopathic
Medicine**

ATRN Members Participate at the 2015 Annual Southern Ohio Medical Center Nursing Research Symposium



When the call went out

again this year to recruit presenters for the 2015 Annual Southern Ohio Medical Center's Nursing Research Symposium, the response was overwhelming from the Appalachian Translational Research Network institutional partners. Southern Ohio Medical Center, a hospital located in Portsmouth, Ohio hosts an annual Nursing Research Symposium each year to help inform the local nurses about research.

The following ATRN Institutional Partners participated with the following presented:

Evidence-Based Practice: An Overview for Nurses

Tawna Cooksey-James, PhD, RN, CNE
Ohio University

Poster Presentation: Prevention, Recognition and Treatment of Pediatric Obesity in the Ambulatory Setting

Susan Farus-Brown, DNP, CNP, FNP-BC, RN
Ohio University – Zanesville

Poster Presentation: Factors Impacting the Success of Satellite Farmers Markets in Rural Appalachia

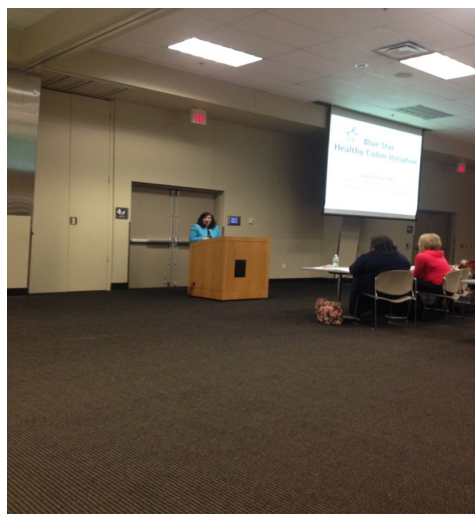
Frances Hardin, PhD, RN
University of Kentucky

C8 Serum Concentrations in Persons Living in Portsmouth, Huntington and Cincinnati

Susan Pinney, PhD, MS, RN
University of Cincinnati

Blue Star Health Colon Initiative

Darla Fickle, MA
Ohio State University (below)



Maintaining the Vision in ICU

Camille Leadingham, DNP, CNE, ANP, BC
Ohio University - Chillicothe

Hats off to these researchers for



sharing their studies with the Nursing Research Symposium audience!



THE OHIO STATE UNIVERSITY

CENTER FOR CLINICAL AND TRANSLATIONAL SCIENCE

Looking at How Inter-Professional Team Work Can Make a Difference in Chronic Pain Management

Authors: Roberto Cardarelli, DO, MPH, FAAFP, Sarah Weatherford, MSc

The Central Appalachia Inter-professional Pain Education Collaborative (CAIPEC; PI: Dr. Roberto Cardarelli), based out of the Department of Family and Community Medicine at the University of Kentucky, is in collaboration with CCTS and partnering with West Virginia University and the University of Pikeville College of Osteopathic Medicine. CAIPEC hopes to address the disproportionately high rates of opioid and benzodiazepines prescriptions in Appalachia by improving the delivery of chronic pain management. CAIPEC is using an evidence-based and inter-professional approach to advance knowledge on team-based care and processes, and the appropriate management of chronic pain through pharmacologic and non-pharmacologic modalities.

CAIPEC is delivering multi-faceted continuing education (CE) interventions including webcasts, roundtables events, and conference presentations to a professionally diverse group of healthcare providers who care for individuals with chronic pain. A Chronic Pain Toolkit, which is an implementation tool to aid in chronic pain management within clinics, is available to any primary care clinic wanting to improve their processed in managing patient with chronic pain. The target audience for the CAIPEC continuing education (CE) activities includes Physicians, Advanced Practice Registered Nurses (APRN), Physicians Assistants (PA), as well as Massage (MT), Behavioral (BT), and Physical therapists (PT). Improving the delivery of chronic pain management using an evidence-based and inter-professional approach will be achieved by the

following key aims:

1. *Increase knowledge and capacity of a team-based approach in chronic pain management across disciplines and professions through integrated and multi-faceted CE interventions.*

2. *Impact practice performance in terms of patient measures (i.e., pain control) and rates of opioid prescribing through chronic pain management CE interventions and the implementation of the Chronic Pain Practice toolkit.*

3. *Increase the use of interdisciplinary healthcare services in the management of patients with chronic pain.*

A central aspect to the CAIPEC study, the Chronic Pain Toolkit, is a collection of resources and templates for clinics to adapt based on their specific needs. The toolkit aligns with the educational content of the seven modules of the CAIPEC chronic pain management program and functions as a "how-to" for providers. The collection includes an implementation guide and adaptable clinic workflow designs delineating action items for initial visits and subsequent follow-up visits. Also, templates for risk management and assessment have been provided, such as controlled medication agreements, risk tools, and numerous validated instruments. The Toolkit has accompanying links to guidelines that may be pertinent for a specific profession. Learners who access and implement the Toolkit will be encouraged and guided to utilize a Quality Improvement approach for their healthcare setting.

The CE interventions, as mentioned above, will include eight webcasts, eight live community roundtables events in Eastern Kentucky

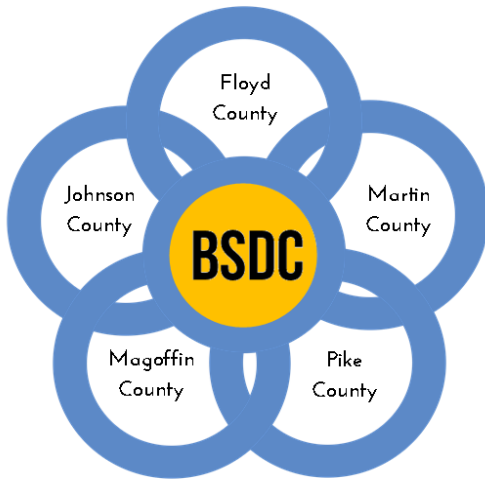
and West Virginia and three Risk Evaluation and Mitigation Strategy (REMS) Presentations for Extended-release and Long-acting (ER/LA) Opioid Analgesics, delivered to a professionally diverse group of healthcare providers. The Kentucky Board of Medical Licensure has approved the webcasts and roundtables as credit toward controlled medication prescribing requirements. Moreover, the webcasts, roundtable events, and online resources are all free, including CE credit.

By using a multitude of free CE and the opportunity of a facilitator within clinics for implementation, CAIPEC hopes to influence chronic pain management, team-based clinic outcomes and ultimately decrease opioid prescribing rates.

Our webpage provides access to the webcasts, roundtable materials and registration, as well as Toolkit information for implementation with a multitude of resources and guidance (www.cecentral.com/caipec).

For more information or if you have any questions please contact our Research Coordinator at Sarah.Weatherford@uky.edu.

The Big Sandy Diabetes Coalition-- One Region, One Mission: Defeat Diabetes



Health Care is one of the hottest topics in our nation currently. Everyone is talking about the “system” and what is broken and needs to be fixed or thrown out completely. One group in the Big Sandy area is looking at the “system” in a whole different way. This group is the Big Sandy Diabetes Coalition (BSDC) which serves the Big Sandy Area Development District.

Kentucky’s Appalachian counties have some of the highest rates of diabetes in the state. The prevalence of diabetes in the Big Sandy Area Development District (BSADD-Magoffin, Johnson Floyd, Martin, and Pike counties) is 16.9% compared to the state’s prevalence of 10% (*Behavioral Risk Factor Surveillance System, 2010*). Diabetes is a leading cause of amputations, blindness, and kidney failure (leading to dialysis) and it is predicted that diabetes expenditures in Kentucky will reach 5.6 billion dollars in 2015 (*Kentucky Diabetes Data and Forecasts*). Quite simply, diabetes is bankrupting, maiming, and killing us. However, we believe that if

there is a problem in the community, the solution is also in the community. Drawing upon the experience and knowledge of public health directors, diabetes educators, and other key stakeholders, the Big Sandy Diabetes Coalition works toward the goal of having the community take responsibility for ensuring that quality systems of diabetes prevention and care are accessible and utilized by its citizens.

Our goal is to steadily decrease incidence, morbidity, and mortality of diabetes in Floyd, Johnson, Magoffin, Martin, and Pike counties. The mission of the BSDC for the five counties of the Big Sandy Area Development District is:

- To have effective educational and screening programs for the identification and prevention of prediabetes and diabetes.
- To have high quality management and health maintenance programs for all diabetes patients, and transparency in all aspects of diabetes care.

Throughout the fall the BSDC has been conducting community screening and outreach projects throughout the BSAAD counties.

These screenings are set up in the form of “Health Fairs” that offer free blood pressure measurements, baselines such as height/weight/BMI, Hemoglobin A1c screenings, insurance assistance through KYNECT,

and community resource vendors. These fairs are in coordination with the local hospitals, health departments, universities/colleges, and health care managed care organizations.

The BSDC meets bi-monthly the last Thursday of the month and is open to anyone interested in joining the group. Our last meeting had 40 members in attendance sharing resources and working together to combat diabetes! For meeting information, please contact Brittany Martin, at 606 886-8546 ext. 1109 or diabetes@bshc.org.



October Meeting

ATRN Partnering to Improve Lives and Decrease Health Disparities

Earlier this year, the University of Kentucky Appalachian Translational Research Network reached out to institutions and organizations to become community partners with the ATRN. As well-established organizations in their communities, they will bring new ideas, be valuable resources, and enhance collaborations within the network in helping discover health improvements in rural Appalachia. Below are organizations that have partnered with the ATRN.



Appalachian Regional Healthcare

Appalachian Regional Healthcare has served Kentucky and West Virginia communities for over 50 years. This includes eight hospitals in Kentucky and two in West Virginia. Their mission is "To improve health and promote well-being of all the people in Central Appalachia in partnership with our communities."

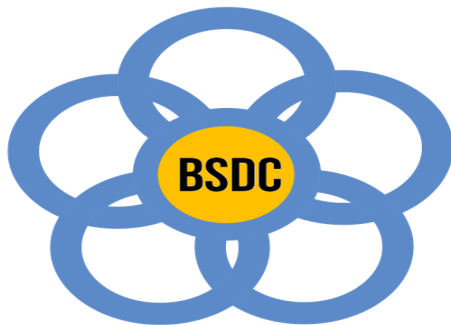


their Practice-Based Research Network (PBRN).

Appalachian Osteopathic Postgraduate Training Institute Consortium – Their mission is "To promote and enhance the quality and capacity of health professional education to meet the needs of Frontier, Rural, and other medically underserved areas of the United States, with an emphasis on graduate medical education to ensure an adequate supply of primary care physician." A-OPTIC is the overarching organization that operates the Frontier Rural Innovations Network (FRIN), which is



Hospice of the Bluegrass serves more than 650 patients daily in 32 central, south-eastern and northern Kentucky counties. Their mission is "Providing patient-centered care to the seriously ill and their families with excellence and compassion; engaging in community partnerships, education, and counseling; offering opportunities to staff, volunteers, and donors to enrich lives through their gifts."



Founded in 2007 with guidance from the Friedell Committee for Health System Transformation, the Big Sandy Diabetes Coalition is a nonprofit organization that brings together diverse stakeholders from across the 5-county (Floyd, Johnson, Magoffin, Martin, and Pike Counties) Big Sandy Area Development District. The coalition focuses on diabetes prevention and control in the Big Sandy Region by sharing best practices and finding ways to leverage local resources to maximize regional benefit. Forty-two groups are represented within the coalition, including leadership from each county's health department, regional healthcare organizations, area businesses, and academic institutions.



In February, 2014 the University of Pikeville announced the creation of the Kentucky College of Optometry, the fourth college under the university banner. The University of Pikeville is the leading higher education institution of Central Appalachia. Founded in 1889, UPIKE remains steadfast in our commitment to preparing students for the future while creating intellectual, cultural and economic opportunities for Appalachia. Maintaining our commitment to Christian principles, UPIKE recognizes the infinite worth of each person, respecting a variety of religious expressions.



The Kentucky Ambulatory Network (KAN) is a primary care practice-based research network (PBRN) devoted to patient-centered, population health research. KAN is a collaborative effort involving primary care physicians, health care providers, scientists, and public health experts throughout Kentucky and its bordering communities. KAN seeks to enhance the ability of office-based clinicians to deliver high-quality primary health care to their patients through collaborative

and transitional research in the primary care setting. KAN emphasizes the prevention and management of common health problems in Kentucky, and their broader implications.



St. Claire Regional Medical Center serves as a 159-bed regional referral center. The Medical Center is the largest rural hospital in northeastern Kentucky and has a service region that includes a population of over 165,000. The SCR Medical Staff is comprised of over 100 physicians, representing 31 medical specialties. SCR also partners with UK Healthcare to offer services at the Morehead Cancer Treatment Center and Morehead

Women's HealthCare. The Medical Center is an established training site for the UK School of Medicine's Rural Physician Leadership Program.

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