

West Virginia University
Robert C. Byrd Health Science Center

National
Center of Excellence
In Women's Health


Quarterly Progress Report
January 1, 2005 – March 31, 2005

DHHS Contract # *HHSP23320042207TC*

WVU National Center of Excellence In Women's Health Executive Summary

The Robert C. Byrd Health Science Center National Center of Excellence in Women's Health marked the end of the second quarter with a Site Visit from DHHS representatives. The representatives, Susan M. Clark, MA, Director, Division of Program Management, DHHR; Rosa F. Myers, ARNP, Regional Women's Health Coordinator, DHHR; Anna Kindermann, J.D., Public Health Analyst, Division of Program Management, DHHR; and Saralyn Mark, M.D., Senior Medical Advisor to the Office on Women's Health, DHHR spent most of the day March 31, 2005, meeting many representatives from WVU, listening and providing feedback to each of our five component directors and our executive leadership team.

The site visit presented WVU with an opportunity to celebrate our efforts thus far as well an opportunity to receive feed back from the DHHS representatives and our West Virginia University colleagues. It was encouraging and inspiring to look around the room and see the institutional support the CoEWH has. The institutional support was not only evident in the gathering of people, but in the support we received as we readied for the visit.

The leadership team participated in a practice session of their presentations. As each of the directors presented and received feedback from the rest of the team, we were all struck by how much synergy is developing from the clinical; research, outreach, leadership, education, evaluation and IT working groups. Even though we all started independently, as we ust to launch something of this scope, we found that are all moving towards the common goal of improving the health of women in West Virginia in highly complementary ways. This opportunity reinforced further our commitment to expressing that synergy in more efforts that cross team and committee lines and draw us all closer.

Integration and institutional commitment are the themes running through all activities related to our CoEWH to ensure that we meet our mission to improve the well being of all women across the lifespan through education, research, clinical care, community partnerships and promotion of leadership of women in academic health professions.

We have discovered, what many have known, WVU has many women's health programs and services that already exist. The power and potential of our new federal designation is to catalyze these numerous independent efforts and bring mass and momentum to both existing and emerging work being done that supports the objectives of the OWH CoE contract.

A key example of capitalizing on existing strengths and leveraging our DHHS OWH designation is the chosen brand identity as a "*National* Center of Excellence in Women's Health". We are proud of our new designation and both the responsibility and opportunity this national affiliation presents as one of only 21 National Centers of

Excellence nationwide. Being able to call ourselves a “National” Center of Excellence provides credibility and marketing power to already excellent programs.

Our marketing department has already embraced the branding of National, with the creation of a billboard (copy attached) and TV ad as well as a sign outside of our Clinical Care Center. Currently the marketing department is working on the following projects:

- Brochures - one for outreach and one that targets potential patients.
- Redesign of our web page
- Scheduling of radio and TV interviews
- Newspaper ads
- Newspaper articles and announcements

The Executive Team has been able to leverage this National designation to begin the development of an influential group of people from across the state of WV. This group will serve as a brain trust/advisory group to the Executive team. The goal of which is to develop the strategies that we need in WV to meet the mission of WVU’s CoEWH, the objectives of the NCoEWH, leverage funding and pursue philanthropic opportunities. WVU First Lady Susan Hardesty has agreed to be our honorary chair and the Health Science Center’s Vice President’s wife Elaine D’Alessandri has also agreed to work on our committee. We are seeking influential women with a passion for women’s health issues to make up this committee. These women will reside across the state and have a broad spectrum of expertise. We are in the infancy of building this committee.

The executive committee had meetings with the COO of the West Virginia University Hospitals, the CEO and President of the WV United Health Systems, the WVU Health Science Center and with the WVU HSC Foundation Development group.

The executive team made presentations to groups such as the Morgantown Newcomers group, WVU Management Club, and WVU Communication Studies program. We attended a leadership luncheon hosted by Susan Hardesty in honor of West Virginia’s First Lady Gail Manchin. The next day the executive leadership team attended and participated in the Women’s Day at the Legislature. Barbara Howe, Co-Director of the Outreach committee had the opportunity to talk about the CoEWH at the luncheon attended by attendees of the Women’s Day at the Legislature. The following day the CAB working group had a meeting hosted by The University of Charleston. By leveraging these three opportunities, we were able to communicate our mission to a large number of people. The executive team makes presentations monthly on the status and progress of the COEWH to all the dean and vice presidents of the Robert C. Byrd Health Sciences Center including the hospital leadership.

The CoEWH participated and co-sponsored a screening during The Wear Red Campaign and participated in the WV Walks program kick off.

The executive leadership engaged a graduate student from the College of Business and Economics Masters degree in Industrial Relations program to work as an intern to Betty

Critch Parsons. The leadership team agreed to work on a change management project with a MSIR graduate team. The project the team was assigned was Change management. The first major hurdle for the team was to identify what part of change to address. Since there cannot be change without buy in and there cannot be buy in without the employees feeling valued and to be valued one must be communicated with, the project addresses communication. Communication being a huge area, the project was streamlined to address communication within the HSC faculty and staff in regard to the NCoEWH. We expect outcomes from the project next month.

As a part of our effort to improve and expand involvement in the CoEWH, we engage in the following regularly scheduled meetings.

Directors meet monthly on the 2nd Tuesday of the month

A CoEWH large information meeting is held the 4th Tuesday of every month. This group is growing as we identify people and organizations. Those who are a part of the list serve for this group receive the minutes of the meetings. This allows people to keep up with the CoEWH even if they cannot attend the meetings.

The Clinical Care Working group meets weekly on Thursdays. It has enlarged its members to include more multi-disciplinary and specialty Health Sciences Center providers as well as representatives from our Call Centers. We have included the Call Center manager in an effort to improve the customer service our current patients and potential patients receive at the beginning of their experience with the CoEWH.

Our Project Director meets monthly with the administrators from Family Medicine, Internal Medicine and Ob/GYN. The purpose of these meetings is to address the administrative issues of the CoEWH Clinic and to keep the channels of communication open.

We are pleased to welcome Dr. Vicki Baker to The National Center of Excellence as Director Clinical Care and Dr. Nan Leslie as Co-Director Educational Component.

The Information Technology Committee has engaged the support of the Institution with the addition of the Internet Marketing Manager, HSC to the committee. We have a new web site: www.wvhealthlywomen.org and the web page in the process of graphic redesign.

We believe the second quarter demonstrates progress toward our mission to improve the health of WV women across their life span. We are working hard to participate and deliver activities for Women's Health week across the State of WV. We look forward to your comments.

**WVU National Center of Excellence in Women's Health
Clinical Service Component:**

West Virginia University National Center of Excellence in Women's Health is conveniently located in on the fourth floor of the Physician's office Center. It is a patient friendly place where women of all ages will receive clinical care and up-to-date, easy to understand educational materials. The Clinic integrates multi-disciplinary research and training activities with clinical services in women's health, spanning both academic and clinical department.

a. **Physically identifiable Clinical Care Center**

The CCC utilizes clinic space on the fourth floor of the Physicians Office Center, consisting of multiple (13) consultation rooms and a waiting area. During the second quarter the marketing and faculties departments designed and hung a sign outside the clinic. (See appendix) They also designed and hung directional signs throughout the Physicians Office Center and Ruby Memorial Hospital.

The CoEWH Clinical Care space is wheelchair accessible and has Americans with Disabilities Act compliant examination rooms and exam tables.

Executive Leadership engaged a local WV artist to chair a committee to develop an area in the CoEWH clinic waiting area to celebrate The National Center of Excellence in Women's Health, "Body, Mind and Soul" of WV Female Artists. This committee was charged with identifying and exhibiting the work of a Female WV artist every quarter. The committee has the first exhibit on display in the Clinic waiting room. This exhibit further enforces visually the NCoEWH.(See Appendix)

The Marketing department, as a part of a strategic marketing plan, has designed and exhibit a billboard that advertises the existence of a "Center of Excellence in Women's Health), as well as airing a TV advertisement.

b. **Patient centeredness- integration of care,**

Dr. Vicki Baker, a nationally known gynecologist-oncologist has assumed leadership the leadership role in the CoE Clinic as of April 1, 2005. Drs. Davisson (Internal Medicine) and Long (Family Practice) will serve as Clinical Co-Directors.

The Clinic Component Working Team meets every Thursday. During this quarter the team has expanded to include the manager of the Physician Office Center Phone Center as well as to include additional specialty areas.

The inclusion of the Call Center will help us identify areas of improvement that are required at the inception of the CoEWH visit (initial impression by the patient). By including the call center in the clinic care working team, we have expressed the value the call center adds to the CoEWH. As a result the call center has changed the way the phone is answered. Thus improving a point of origin. By attending these meetings the call center is able to hear first hand from a health care provider problems identified with patients initial impression of the CoEWH that may be call center oriented. The issue is then addressed and we become more patient centered from the point of origin.

Working towards providing a seamless one-stop shop concept of clinical care, the clinic provides the following:

- 1) On site social worker, whose office is located off the waiting area.
- 2) Faculty, residents, and staff can refer patients to her in person, through the nursing staff, or referral.
- 3) Services that are available include intervention for patients in the clinic for the following:
 - Crisis management for difficult news re: pregnancy/grief/ shock
 - Referrals and information for pregnancy terminations
 - Referrals for substance abuse treatment
 - Referrals of spousal abuse and domestic violence
 - Referrals and information for adoption planning – relinquishment and adoptions
 - Coordination for psych evaluations
 - Referrals to chestnut Ridge for medications, evaluations or hospitalizations
 - Referrals and information on paternity testing/custody questions
 - Referrals of home health
 - Referral for Ronald McDonald/Family House
- 4) Ongoing counseling can be scheduled for the following:
 - Depression and Anxiety disorders, including post partum depression
 - Stress Management
 - Adjustment to pregnancy/parenthood
 - Relationship changes: marriage/divorce/family dynamics
 - Life changes: relocation/job changes/child birth
 - Loss/grief work: missed AB's /terminations/IUFD/stillborns/BUFAs/infertility
 - Women's Health Issues
 - Domestic violence/rape/abuse issues
- 5) On site financial counselor
- 6) Managed care specialty for authorization/referrals
- 7) Patient information literature available and on display
- 8) Patient resources center see catalog of materials (see appendix)

- 9) Outpatient laboratory, EKG and ultrasound conveniently located (same floor 3 doors down the hall)
- 10) Outpatient pharmacy in the same building (located on the first floor)
- 11) Ultrasound clinic conveniently located on same floor
- 12) Preadmission testing unit conveniently located on the same floor
- 13) Outpatient radiology (x-ray) located in the building
- 14) Direct referral to the WV Breast and Cervical Cancer Program
- 15) Direct referral to the Betty Puskar Breast Care Center

We will be working with the Betty Puskar Breast Care Center over the next months to identify/develop a seamless relationship.

The clinical care-working group will begin the process of identifying a referral network/system/policy.

c. **Evidence Based and innovative care**

The interdisciplinary Clinical Care Working Group meets weekly to review clinical practices as well as patient care processes to ensure high quality, innovative and evidence-based practices. We expect this group will move to monthly meeting this quarter. The next meeting is scheduled for April 15th.

d. **Effective Information Management**

A new Women's Health History/Clinical Intake Form is in its draft form. Next steps include Director of Clinical Care approval, review and review of administrators of Family Medicine, Internal Medicine and OB-GYN approval and direction for ROS billing compatibility and to established placement location in each chart.

A new process was developed to accommodate the HC providers from Family Medicine and Internal Medicine in regard to referrals, location of patient charts, patient lab results and process when HC provider is not in the clinic.

e. **Timely and accessible clinical services.**

See Clinical service a. regarding easy access to patients. The CoE clinic provides classes during the week and on weekends that cover, child birthing, breast – feeding, sibling classes and new parenting. More to come.

f. **Effective management of CCC Human Resources**

Dr. Baker will be working with the Clinical Care Working group to develop effective management strategies.

g. **Number of new patients and minority and underserved patients**

We are working on establishing best identification procedures for our patients. During this quarter, we saw 3029 total visits and new visits. Our current registration does not allow us to segregate patients by race or disability; however, we estimate that approximately 5 percent (%) of the patients served are minority patients, as we have a larger minority population in Morgantown and in our clinic population than West Virginia at large. Approximately 44% of our total patient population is economically disadvantaged (i.e. Medicaid or uninsured).

Please note that last quarter number correction: 2732. These visit counts exclude repeat OB visits.

h. **Participation in CoE Clinical Care Center Directors' Working Group.**

Our CoE will participate in all future CCC Directors' Working Group activities.

i. **Institutional commitment:**

In addition to the commitments from the Departments of Internal Medicine and Family Medicine for faculty time and by the Department of Obstetrics and Gynecology for space and staff support. The Robert C. Byrd Health Sciences Center's commitment was shared by Robert D'Alessandri, Vice President for Health Sciences at the beginning of our site visits presentation. We are currently negotiating with the hospital and hospital system (Ruby Memorial Hospital) for additional financial support for the CoE.

h. **Integration:**

Medical students and residents see patients at the CCC as part of their professional training. With the addition of Dr. Baker as CCC director, we anticipate adding clinical trials to the population of the CCC.

i. **Evaluation**

We are working with the evaluation director. See evaluation template attached. We will work this quarter to complete the baseline data. (See appendix A.)

**WVU National Center of Excellence In Women's Health
Professional Education Component**

The stated purpose of the Professional Education Working Group is to “develop and implement plans for women’s health professional education programs across the continuum of the health professions.” This quarter a plan is in the early stages of development defining the appropriate programs that can be impacted in the Schools of Medicine, Nursing, Pharmacy, Dentistry, and in the Allied Health programs housed in the School of Medicine. Combined, these constitute over ten degree programs. In addition, it is also realized that it is important to promote women’s health education across the continuum of education in each one of these schools. As evidenced below, many of the initiatives in women’s health are under development in this 2nd quarter of 2005.

A. **Diverse training/education programs:** *Provide diverse training/education programs by fostering the development of culturally competent health care professional training/education in women’s health.*

- Appalachian “cultural” competence opportunities are provided in their required WVU Rural Health Partnerships program (RHEP) (See D for definition of RHEP program) rotations across the all of the health professions. Status: ongoing. This experience was described in the Quarterly Report of 2004:
 - The professional education-working group has identified areas within the health professions that can work together to focus on the cultural differences of the diverse populations of women in the state. Experiences in “cultural competence” already exist for health professional students in training during their “clinical” phase of their education in the West Virginia Rural Health Partnerships (RHEP) program. All students in all the health professions are required to participate in community-settings for an extended period in their educational programs. Multidisciplinary faculty related to race, ethnicity, and gender/sex offers multidisciplinary topics. (From the 1st Quarterly Report).
- Curricula in Medicine, Nursing, Pharmacy, Dentistry, Allied Health (Occupational Therapy, Physical Therapy), and Social Work are currently being examined, and threads pertaining to women’s health are being identified. Plans to rectify weaknesses in curricula will be developed. Curricular examination will proceed throughout the ‘05-‘06 academic years.
- The School of Nursing (SON) and the WVU Women’s Studies Dept. offer a “linked course” in which freshman nursing students enroll in an introductory course in the SON and a linked women’s studies class. Students fulfill certain

assigned activities and readings that fulfill the requirements for each course. They also are required to develop teaching /instruction materials geared to laypersons that focus on health concerns of women.

- The AAMC and the American Association of Colleges of Pharmacy will host a live Webcast May 12 to inform health professions educators about approaches for incorporating cultural competence into curricula. The program, "Cultural Competence in Health Professions Training: Considerations for Implementation," will take place from 2:00-4:00 PM EST. The Professional Education Working Group have been asked to attend.

See appendix for listing of partial listing of gender specific curricula for the health professions programs

B. Expansion of training/education programs: *Expand the core curricula of health professions programs to include all levels across the continuum from undergraduate, graduate, post-graduate, and continuing professional education.*

- The Dept. of Obstetric and Gynecology has developed a one-month 4th-year elective clerkship elective in women's health. This is in cooperation with CoEWH. It will be on the agenda of the School of Medicine Curriculum Committee shortly. (Under development as scheduled.)
- The School of Medicine is in the process of enhancing the third year medical student Medicine Clerkship that will offer students the opportunity to experience a 2-week clinical rotation in women's health in the CoEWH. (New. To be piloted this spring and implemented this summer.)
- The Department of community medicine and the School of Nursing have collaborated in the development of a 15-credit program that will enable upper level undergraduate students and graduate students across campus to complete a certificate program in women's health. (New. In the final stages of approval by the University.)
- The School of Nursing is in the process of planning a rotation in the CoEWH for its Family Nurse Practitioner graduate students who are interested in a focused clinical experience in women's health. (Under development).
- The School of Medicine Curriculum Committee will conduct an analysis of the pre-clinical education program for the M.D. degree, using the Association of American Medical College's CurrMIT curriculum database to identify gender-specific topics appropriate to enhancing women's health. This is scheduled, but not complete yet. The degree programs in the other health professions schools have been asked to conduct similar analyses.

Related Site visit questions comments:

It is difficult to assess how curriculum has changed or improved since CoEWH designation.

The education-working group is in the process of developing an evaluation paradigm to assess how curriculum has changed or improved. Outcomes and how to measure them are currently being determined. We will more thoroughly engage and involve the other health professions in addition to Medicine and Nursing.

What is the gender specificity of the PBL cases in the MD Degree program?
See appendix for sample of cases.

C. **Numbers of individuals in residency and fellowship programs in Women's Health** *Expand the numbers of individuals in residency and fellowship programs in women's health.*

- As mentioned in last quarters report there is currently under development a residency fellowship program in women's health. It would be housed in the Dept. of Obstetrics and Gynecology. The fellowship would be open to residents who have completed training in Obstetrics and Gynecology, Internal Medicine and Family Medicine. A proposed curriculum has been developed. Unfortunately, the individual developing this proposal had family health issues and has taken a temporary leave of absence. Work on this important project for the School of Medicine will resume. (Status: Because of these unforeseen family circumstances, we are behind meeting the CCGME, ACOG, and RRC requirements and procedures for the approval process.)

D. **Curriculum component in women's health module:** *Develop a curriculum component in the form of a women's health module.*

- The WVU CoEWH Professional Education Working Group has continued to meet and plan for the development of a module that all health professions at all levels of the continuum of education can access. It is envisioned that these learning materials be available on the internet and in a form that they can be easily accessed. The emphases and differences that may be required by the different health professionals (students and practitioners) accessing it will be accommodated by discipline and "continuum" specific study guides that will be developed by expertise in the various health professions, schools, and programs. (Status. This is currently in the discussion and planning stages. The literature is being searched for suitable materials and pre-existing e-learning materials. This topic is a major item for discussion at the next Working Committee meeting.)
- A component of this module will address "cultural competence" issues, thus contributing to the accomplishment of performance indicator A. The cultural distinctions include women of the state who are primarily of a rural, entirely Appalachian population, most of whom do not move out of the state. People of

WV are undereducated as a whole. In 2000, approximately 20% of the population age 25 or younger, did not have a high school diploma.

E. **New information technologies in education and training, including rural areas:**

Use information technologies in the provision of education and training of health care professionals in institutions and rural areas across the continuum of health professions education.

- West Virginia Rural Health Education Partnership (WV RHEP). The mission of the West Virginia Rural Health Education Partnerships is to achieve greater retention of West Virginia trained health science graduates in underserved rural West Virginia communities by creating partnerships of community, higher education, health care providers, and governmental bodies. This mission is not rhetoric, rather one that has been carved from a set of guiding principles formulated by the partners who govern this organization and have four years experience at building this partnership. Our organization is characterized by value-based leadership from all elements that constitute the partnership: the community and rural providers, higher education, and state government. The values of WV RHEP are: partnerships between communities and institutions, high quality education experiences, community-based education experiences, interdisciplinary teaching and learning, and community-based service and research. The use of information technology to keep the students linked is foremost in the implementation of this required program. At the major rural teaching sites there are Learning Resource Centers (LRCs). Each LRC is equipped with desktop computers and ports for students to connect with their laptops (a required part of the MD and Allied Health professional student programs).
- To provide a platform for the dissemination and access to the delivery of the WVU CoEWH has established a website: www.wvhealthlywomen.org.
- The School of Nursing uses web casting as a method to deliver content to students at distance-learning sites. (On-going).
- Mountaineer Doctor Television (MDTV). No change in its use. It was described in the December 2004 Quarterly Report:
 - MDTV delivers education across the state to students in different locations. MDTV is a state wide Tele-health Network delivering services in clinical telemedicine consults, professional continuing education, patient/community education, distance learning and administrative teleconferencing. MDTV currently delivers services through a digital ISDN network to 19 distant sites and 2 service provider sites located within the states of West Virginia, Maryland, and Ohio. The use of ISDN allows MDTV to expand its services throughout the world, thus improving

our current administrative teleconferencing capabilities. MDTV can provide point-to-point or multi-point configurations at varying bandwidths. WVU uses MDTV to provide graduate and undergraduate courses, which allows the students to remain in their local community while pursuing their educational goals. Medical students and residents doing rotations at any of the distant sites have access to programs originating from the two service provider sites to complement their training. Community education continues to be a growing area of the network. EMS programs are held on a bimonthly basis in an effort to assist EMS personnel in understanding their unique role in the recognition and prevention of injuries. A diabetes support group was also developed for patients in communities with MDTV. This program educates patients on the importance of proper diet, exercise, and blood glucose monitoring. Professional continuing education is also an integral component of the MDTV system. Weekly grand rounds in Emergency Medicine, Medicine, Pediatrics, and Surgery are available to all distant sites. With increased demands and shrinking resources for continuing education across the state, MDTV provides a valuable educational tool in decreasing professional isolation. (No change. Continues to be used to connect the campuses and rural areas for the delivery of real-time education and clinical care.)

- Two other physician programs are of note: Doctors on Call (a weekly call-in television program) and Healthline (a weekly call-in radio show). While they are mainly to answer questions of a clinical nature, considerable education of the public on pertinent health issues occur.
- Secure OnLine Environment (SOLE): SOLE is learners' portal for online education and information. It is a web-based tool for students to access courses and for instructors to build and maintain those courses. Developed by Academic Technologies as an open-ended system for online course development and management, SOLE harnesses the communication power of the Internet within a single-login, user-friendly environment. SOLE began as a course delivery system, but has grown to become an environment for many other applications and resources. This is WVU's main LMS (Learning Management system). WebCT is also used as a development and LMS platform for the development of instructional materials.
- The School of Nursing participated in a CDC sponsored initiative to study ways of reducing cardiovascular risk factors for WV women. The project was titled "WV Wise Woman Enhanced Project".
- Students across the health professional school participate in the WV CARDIAC (Coronary Artery Risk Detection In Appalachian Communities) project. West Virginia (WV) is the second most rural state in the nation, with two-thirds of its 1.8 million people living in communities of less than 2500 population and 44 of its 55 counties designated non-metropolitan by the Federal Office of Management

and Budget. Eighty percent of the counties in WV have full or partial designation as Health Professions Shortage Areas (HPSAs) and all but eight counties have full or partial designations as medically underserved areas. Over half of the state is considered "distressed" economically by the Appalachian Regional Commission. The economic plight of WV is reflected in the cardiovascular health of its residents. The age-adjusted rate of heart disease was 328/100,000 in 1995, 21% higher than the national average and 49th in the nation. Lifestyle clearly is an issue. Results of the Center for Disease Control (CDC) Behavioral Risk Factor Survey in 1997 showed that WV had the highest rate of obesity, the third highest rate of self-reported hypertension, and the fifth highest rate of cigarette smoking in the nation. Unfortunately the cardiovascular disease (CVD) burden of WV is typical of Appalachia in general. While death due to heart disease has declined over the past 20 years, the gap between Appalachia and the rest of the nation is widening. The CARDIAC Project was initiated in 1998 as a means of reversing this disparity in CVD. Comprehensive in design, CARDIAC has two components: a school-based surveillance and intervention initiative, and a targeted individualized approach toward identification and referral for treatment of those individuals with the most severe genetic cause of death from premature CVD: familial hypercholesterolemia (FH). CARDIAC is the first statewide CVD intervention program of its kind in the nation. Since its inception CARDIAC has grown from a small school-based CVD surveillance project piloted in three rural WV counties to an expanded multidimensional effort involving all of the state's 55 counties.

- One of the off-shoots of projects such as CARDIAC, in which nursing students participate, is a project in which traditional WV recipes were adapted in such a way to reduce saturated fats and add fruits and vegetables to women's diets. Community advisory groups of WV women offered recipes, tested the adapted recipes and advised the researchers in planning and conducting the project.

F. **Collaboration on professional education/training activates with other institutions and programs:** *Collaborate with other CoEWH funded institutions in a Professional Education Forum sponsored by the funding agency.*

- Collaboration has occurred at the senior management level of the project. But no direct collaboration has occurred with representatives of the Professional Education Working Groups getting together.
- Internal collaboration has occurred however. For example:
 - A mentorship program for women in health professions is planned in collaboration with the Leadership Working Group. Not only would such a program offer an opportunity for integration and collaboration among working groups (Education and Leadership), but it would afford an opportunity for emerging leaders in women's health in WV to be

mentored by women who have an in-depth knowledge of the culture, needs and practices of women in the state.

- In co-operation with other school and departments in the University, The Educational Working Group will establish interdisciplinary alliances that will foster holistic and comprehensive care for women of WV and society. Interdisciplinary alliances already established include:
 - An industrial relations graduate student from the WVU College of Business and Economics is working with the CoEWH project director to develop an internal communications model for the CoEWH.
 - An MBA intern is working with the CoEWH project director to gain experience in program development and administration.
 - A graduate student in the Executive MBA program is working with the director of the Research component to identify research focusing on women's health across the health professions.
 - Working with students and faculty in the WVU Women's Study program.

G. **Serve as Change Agent within the University:** *Serve as a change agent within the University.*

- In order to meet this objective the following activities have been undertaken:
 - Determine specific facets of curriculum in all health care disciplines that target women's health issues
 - Stress the need for culturally competent health care, especially for WV women:
 - Integrate Informatics and Distance Education Modalities to offer holistic education modules in various aspects of women's health care that are targeted to specific health care providers but are wide enough in scope to be appropriate for other health care providers.
- An agenda item has been placed on the School of Medicine's Curriculum Committee to appoint a subcommittee to 1) identify curricula that relates to women's health, and 2) to suggest strategies to enhance women's health teaching in the curriculum.
- Recruit education opinion leaders in women's health to promote curriculum change among the health professions schools and continuum of education.

H. **Collaborate with OWH, DHHS Regional Women's Health Coordinators and State Women's Health Coordinators and Minority Women's Health Panel of Experts:** *Collaborate with the Office of Women's Health (OWH), DHHS Regional Women's Health Coordinators (RWHC), State Women's Health Coordinators (SWHC), and Minority Women's Health Panel of Experts (MWHPE) on issues affecting women's health.*

- Not implemented yet at the national level. Waiting to hear from the funding agency.
- At the state level, collaboration has occurred through the various state agencies. This has mainly been possible working with the Outreach and Leadership Working Committees.

I. **Participate in CoE Professional Education Working Group:** *Send a representative(s) to participate in the national CoEWH Professional Education Working Group.*

- Representative(s) are available. Waiting to hear when meetings have been scheduled.

J. **Institutional Commitment:** *Demonstrate an institutional commitment to improving women's health.*

- This was demonstrated by the participation of all components and leadership of the health sciences community at the site visit.

K. **Integration:** *Integrate with other components of the Center of Excellence in Women's Health.*

- Integration continues through bi weekly attendance at leadership meetings, general meetings and conferences. All members of the CoEWH Professional Education Working Group are informed and invited of the various weekly and monthly meetings.
- The leadership of the Professional Education Working Group works particularly closely with the overall leadership of the WV CoEWH and with the component leadership of the Leadership and Outreach Working Groups.

L. **Evaluation:** *Evaluate the professional education component of CoEWH.*

- To facilitate the evaluation of the Professional Education component of WV CoEWH, the Project Evaluation Director has been invited to attend the meetings of the Professional Education Working Group.

- The Project Evaluation Director has met regularly with the leadership of the Professional Education Working Group. An outline of how to proceed with establishing a baseline has been agreed upon. Criteria are being discussed to facilitate the accomplishment of outcomes by the Professional Education Working Group. (See Appendix A)

WVU National Center of Excellence in Women's Health Leadership Component

The Leadership component supports the development of women as leaders in:

- Academic health centers
- Partner organizations
- Communities we service

The COEWH Leadership team continues to work closely with the well-established Women in Science and Health Committee (WISH) which has, for many years, represented women's interests at the Health Sciences Center and offered mentoring and development programs focused on women students, residents and faculty. The Leadership Director, Judith A. Sedgeman, is a vice-chair of the WISH committee, and a majority of WISH members serve on the COEWH Leadership team. This working partnership has been effective for both WISH and the COEWH in terms of institutional visibility and credibility for both organizations.

a. **Recruitment, retention, and promotion of women in the health care professions:**

The Leadership team thus far has focused on three areas that we see as critical to explore before creating a specific mentoring and leadership development plan:

1. **Assessing leadership programs and activities already in place across the Health Sciences to find both overlaps and gaps and to assist people to network more effectively in the development of leadership programs.**

As a result of a query of members of the committee who play significant leadership roles in each of the HSC schools and, we have compiled a list of important leadership events and opportunities for women across the Health Sciences. A subcommittee of the Leadership committee is reviewing all the information gathered and building a Leadership/Opportunity page for our web site that will also link to the WISH web site, which keeps an updated list of conferences and educational advancement opportunities for women.

2. **Reviewing recent studies of salary equity and diversity and determining what, if any, baseline data is available from which to build our new surveys.**

As a result of a March, 2005, meeting with all the Deans of the Health Sciences schools, we have received the support of all four Deans and the VP, Health Sciences to proceed with a salary equity survey. Review of earlier data has provided us a starting point, and made us realize that a review of contract data alone will not provide the information needed for a fully descriptive, comprehensive compensation survey since much of the gap in compensation occurs as people take on roles that are

incentivized or covered by non-contract funding. We have met with the Finance Office and will be provided with data when it is available (within a few months) as a starting point. That data can be sorted by other variables. The compensation survey subcommittee has met twice to discuss the parameters of the information we want to gather, and those parameters have been presented to the Finance Officer. We are investigating the inclusion of a WVU statistician on our committee and doing the original baseline work in-house and the Institution does not have the resources available to pay an outside consultant for this survey this year. We feel that it is important to continue moving forward and that the analytical talent exists within the university to do an excellent review of the data once we receive it. The four Deans are committed to meeting with us again once the data is in hand, sorted as we want it, to identify areas to address in resolving compensation inequities.

3. We are in the process of exploring existing policies and attitudes regarding recruitment, retention and promotion of women faculty and leaders

After our initial investigative work, we determined that it was important to conduct a thorough climate survey of the HSC. A joint WISH-COEWH task group was formed. This group is chaired by Kathy Rosen, M.D., who is the Chair of WISH as well. The group is in the final stages of designing a climate survey instrument. Our intent is to administer this instrument on-line to all faculty and staff at the HSC and provide for anonymity in the responses. This survey will likely be complete within six months. Once we have the findings from the survey, along with the other information we have gathered, we will present this information to the Deans and the VP of Health Sciences, along with policy recommendations to address issues that are identified. We hope to repeat the climate survey annually and track changes as the administrative responses are noticed and begin to affect the culture of the institution.

b. Recruitment of diverse students in women's health.

Both the Medical School and the Dental School have active programs to engage minority students in studying science and becoming interested in the health professions starting in 8th grade. We have talked to the leadership of both those programs about using them as a model for the other health professions, or incorporating the other health professions at some point in the decision matrix for their students learning about health careers.

- Technology in Delivery of Leadership activities. The Health Sciences Center Teaching Scholars Program, which is a yearlong program for junior faculty across all health sciences programs identified as future leaders, is offering a Summer Leadership Institute in summer, 2005. One of the hoped-for outcomes of bringing people together in this Institute is the creation of a Virtual Leadership Institute by 2006. The Virtual Institute will then be offered nationally.
- Integration. Leadership, as well as the other focus areas, met with the Outreach Committee's community advisory board in early December to introduce our role

and to set the stage for communication with community leaders about community leadership needs.

- Although conversations continue informally, this issue is not in the forefront of our current work, which is focused on the salary and climate research. Planning continues for the Summer Leadership Institute, and there is active discussion of including students in some way, or providing something within the context of the faculty institute for students. Attraction and retention of diverse students will be on the agenda of items talked about at the leadership institute.

c. **Recruitment of diverse faculty of Departmental Chairs, Deans and upper level university positions**

The WISH committee has as one of its primary goals the support of recruiting and retaining diverse faculty so that a diverse pool of qualified emerging leaders is available when important leadership openings occur. At this time, the internal pool is relatively shallow. West Virginia University salaries hover just below 50% of the national average, and WVU loses many highly qualified diverse faculty to other institutions in mid-career. In addition, the competition for highly qualified diverse leadership candidates is fierce and WVU loses good external candidates because of salary limitations as well. It is our hope that our salary equity and climate surveys bring this issue to the foreground for leadership within the university and at the State level so that we may begin to change policy internally to attract, reward and retain highly qualified people. The COEWH designation is a plus in this regard as it provides both an additional incentive for action and an opportunity to attract good candidates.

This issue was discussed in our meeting with the Deans in March. At this time, in all honesty, the focus of the institution is on attracting quality candidates and filling positions. Positions here often go unfilled longer than at other institutions because of where WVU falls in the national salary levels. We will continue to work with the leadership in this area and we feel that the outcome of the salary and compensation surveys and an ongoing dialogue on the opportunities they present for institutional change will begin to address the diversity issue.

This is an area that demands more attention and it is very much on radar screen, but we have determined that we should not take it on full-bore until we have all our information together.

As we conduct the two surveys currently underway, we will also compile complete lists of people serving in leadership positions and on faculty committees, both appointed and voluntary, across the Health Sciences to determine if there are patterns of diversity or if there are gaps that should be filled. This information will be integrated with the salary and climate information when we present it.

d. Retention of diverse faculty

See c. above. The Dean of the Medical School, who assumed that position in July 2004, has made a clear commitment to retaining diverse faculty. He informed the COEWH leadership that he had met with the Social Justice Officer for WVU to begin a dialogue to introduce aggressive strategies to create and promote increasing diversity.

e. Promotion of diverse faculty

See c. and d. above. This is part of the WISH committee's agenda. The committee is compiling a list of female and minority faculty and gathering CV's and tracking accomplishments with the goal of recommending people for honors, special courses (such as the AAMC's ELAM course, or university-sponsored leadership opportunities). Working with CoEWH, WISH plans to make a concerted effort to see that promising diverse faculty are brought to the forefront of opportunities as they arise.

f. Salary equity for diverse faculty

A strategy for salary equity will emerge from the salary equity survey. At this juncture, we do not have sufficient understanding of the sources of inequity to propose solutions. Salary surveys conducted by the Institution's finance office have indicated no inequities in the past; on cursory examination, we feel that this is misleading since such surveys do not include incentives or bonuses. We will extend the definition of "salary" in our survey to capture such data.

g. Development and implementation of a "Mentoring Plan for Diverse Faculty and students in Women's Health"

This will be done during 2005, once we complete the information-gathering process described earlier in the report.

h. Technology in delivery of leadership activities

The Teaching Scholars Program, of which 54% of the faculty served are women, is offered on-line. Although the scholars meet, most of the information, background reading, exercises and group discussion for this program now takes place on-line. In 2005-6, this program will be further developed into a Virtual Leadership Institute.

i. Institutional commitment

The Vice President for Health Sciences and all the Deans have demonstrated significant support and enthusiasm for the COEWH. Leaders from across the Health Sciences, from WVU Hospitals, and from across the WVU campus attended our recent site visit and continue to be responsive and available to us as we make requests for information or assistance. The Institution is proud of the COEWH designation and has offered considerable in-kind support for many of our efforts.

j. Integration

The Leadership committee will continue to work with Outreach as programs are developed in response to community leadership needs. In addition, the Leadership programs that are geared to promising students will build connections with the Research group to provide opportunities for students to participate in and learn from research projects. Leadership offerings, such as the Faculty Development Leadership series scheduled for Spring 2005 and the Teaching Scholars Leadership module, offered for one month each year, reach across all disciplines.

k. Evaluation

See appendix A

WVU National Center of Excellence in Women's Health Research

West Virginia University will develop a comprehensive women's health research agenda that includes both basic, preventative, clinical and applied research and disseminate research findings.

a. **New sex/gender-based research**

During the first six months of the WVU National Center of Excellence in Women's Health (CoEWH) a research committee has been established with the purpose of meeting the second objective of the National CoEWH. The second objective of the National CoEWH is to encourage, a multi-disciplinary research agenda on women's health issues, fostering collaborations across academic departments and promoting strategies to encourage women to participate in clinical research trials. The WVU CoEWH research committee has developed several goals to meet this objective. The first goal was to establish a listing of the current research at WVU involved in gender-specific studies and to then recruit these researchers to join the WVU CoEWH. This core group of researchers would then function as a base unit for the establishment of new sex/gender-based research.

To this end, the following researchers have been identified as gender-specific investigators and are being organized into the initial core of WVU CoEWH researchers:

Firyal Khan-Dawood, Ph.D.
Health Sciences Center (HSC), Department of Pathology
Molecular Mechanisms of Uterine Fibroid Formation

Leah Hammer, Ph.D
HSC, Department of Physiology
Effect of gender, obesity and age on muscular blood flow

Richard Crout, DDS
HSC, College of Dentistry
Periodontal Disease and Pregnancy

Cindy Fitch, PhD
College of Agriculture; Department of Nutrition
Demographics of obesity

Kristen Matak, PhD
College of Agriculture; Department of Nutrition
Obesity and Gender

Janet Tou, PhD
College of Agriculture; Department of Nutrition
Molecular and genetic effects on obesity

Carl Palmer, MD
HSC, Department of Internal Medicine
Pharmaceutical treatments for menopause

Kimberly Horn, EdD
HSC, Department of Community Medicine
Behavioral patterns of adolescent smoking in West Virginia

Jorge Flores, PhD
Arts and Sciences, Department of Biology
Ovarian Follicular Development

Keith Inskeep, PhD
College of Agriculture; Department of Animal Science
Role of the Corpus Luteum in pregnancy

Robert Dailey, PhD
College of Agriculture; Department of Animal Science
Nutrition and pregnancy

Gerry Dino, Ph.D.
HSC, Department of Community medicine
Behavioral patterns of adolescent smoking in WV

Pam Brown, M.D.
HSC, MBR Cancer Center, Division of Cancer Prevention & Control

R. Turner Goins, Ph.D.
HSC, Center on Aging
Barriers to health care for rural elders and health care differences between American Indians and white elders

Elbert Glover, M.D.
HSC, Addiction and Psychiatry
Gender and Depression

Rachel Yeater, Ph.D.
HSC, Human Performance

Robert Goodman, Ph.D.
HSC, Department of Physiology

Pituitary function in women

Stan Hileman, Ph.D.
HSC, Department of Physiology
Effect of Leptins on obesity

Wikom Karsakul, M.D.
HSC, Department of Pediatrics
Protein absorption

June Lunney, Ph.D.
HSC, School of Nursing
End of life issues in elderly women

Susan McCrone, Ph.D.
HSC, School of Nursing, Department of Health Promotion and Risk Reduction

Nan Leslie, Ph.D.
HSC, School of Nursing, Department of Health Promotion and Risk Reduction

RoseAnn Schaffer, Ph.D.
HSC, Microbiology
Effect of herbicides and environmental estrogens on women

b. & c. **Recruitment and facilitation of underrepresented individuals.**

The WVU CoEWH is organizing the clinical care center (CCC) to serve as the focal point for the recruitment of women for gender specific studies of underrepresented individuals. Two researchers who have been studying women from underrepresented groups and who plan to use the CCC:

June Lunney, Ph.D.
HSC, School of Nursing
End of life issues in elderly women

R. Turner Goins, Ph.D.
HSC, Center on Aging
Barriers to health care for rural elders and health care differences between American Indians and white elders

d. **Link University research departments to the CoEWH**

The WVU CoEWH has formed a West Virginia CoEWH research committee to aid in the implementation of links to University researchers. As indicated above in section (a), the committee has already recruited researchers from several WVU colleges.

Furthermore, the director of research has given talks about the WVU CoEWH to the faculties of various departments in the Colleges of Medicine, Agriculture and Arts & Sciences.

The new CoEWH research committee is composed of:

Michael W. Vernon, Ph.D., HCLD
CoEWH Research Committee Chairperson
HSC, Department of Obstetrics and Gynecology

Barbara Ducatman, M.D.
CoEWH Director
HSC, Department of Pathology

R. Turner Goins, Ph.D.
HSC, Center on Aging

Mary Ellen Zeppuhar, EdD
Center for Excellence in Disabilities

Kimberly Horn, EdD
HSC, Department of community medicine

Firyal Khan-Dawood, Ph.D.
HSC, Department of Pathology

e. **Collaborative projects**

The WVU CoEWH has been working with the new director of the Clinical Care Center, Dr Vicki Baker, to recruit patients for gender-specific studies. Two studies are currently applying for IRB approval to perform basic research studies on humans:

Carl Palmer, MD
HSC, Department of Internal Medicine
Pharmaceutical treatments for menopause
Dr Palmer and his colleagues have previously observed that the drug Octreotide alleviated some of the symptoms of Chronic Fatigue Syndrome. During the course of these studies it was noted that some of the peri-menopausal women experienced a remission in their hot flushes. Dr Palmer will be recruiting patients from the Clinical Care Center to test the effect of Octreotide on hot flushes.

Jorge Flores, PhD
Arts and Sciences, Department of Biology
Ovarian Follicular Development
Dr. Flores is a basic scientist that has been investigating the role of the hormone endothelin in ovarian cells in the cow. To compliment this project, he will be working

with the Clinical Care Center and the Department of Ob/Gyn to obtain human ovarian tissue that would normally be discarded.

f. **Published papers/abstracts on gender-related research**

The members of the WVU CoEWH research committee have been actively engaged in research. However, since their current publications were derived from former studies and not directly from CoEWH, no publications or abstracts will be reported in this report.

g. **Presentations on gender-related research to professional and lay audiences**

The following members of the WV CoEWH participated as lecturers at the 5th Annual West Virginia Conference on Women Health Policy held on December 7, 2004, in Morgantown, West Virginia

Barbara Ducatman

High Risk HPV in a Population of Indigent Appalachian Women

Michael Vernon, Ph.D.

”Governmental Regulation of Recent Advances in Reproductive Medicine”

Mary Ellen Zeppuhar, EdD

”Women with Disabilities: Barriers to Health Care/Emerging Trends.

(See appendix A 5th Annual West Virginia Conference on Women’s Health brochure.)

h. **Institutional commitment**

The WVU CoEWH research committee is organizing a seminar series on gender-related research. External and internal speakers will be invited to present their research to the WVU research community. The WVU Department of Research and Graduate Studies has committed \$2,000 and the Women’s Studies Program has committed \$1,000 to the new seminar series.

i. **Integration**

As can be seen from the list of new CoEWH researchers (section a), the research program has been integrated between various colleges at WVU. Furthermore, this research not only involves faculty but, medical students, medical residents, nursing students and graduate students.

j. **Evaluation**

As a new program, the research component of the WV CoEWH has initiated steps towards increasing gender-specific research at WVU. These initial steps include the development of a working CoEWH research committee, organizing WVU gender-specific researchers into a cohesive group, establishing a gender-related seminar series and facilitating the availability of female research subjects from the CCC. (See appendix A)

WVU National Center of Excellence In Women's Health Community Outreach Component

The goal of Community Outreach is to strengthen established community partnerships through a comprehensive, integrated outreach strategy, including:

- CoE Consumer Advisory Board (CAB) and linkages through the CAB to other groups around the state
- Women's Health Resources Center
- Health education materials
- Proven programs that collaborate to reach more women with improved services

a. **Culturally and linguistically appropriate women's health education materials/activities**

- We will collaborate with the assistant director of education & prevention at the WVU HSC Mary Babb Randolph Cancer Center, as that unit has many low literacy materials that they would like to collaborate in disseminating. Cancer education materials on the WVU Extension Service website are currently being updated. Additional materials have been identified for joint distribution (e.g. "West Virginia Cancer Resources A Patient's Guide").
- We are in the process of identifying other sources of such materials. A proposal was submitted for a WVU Public Service Grant to pilot test community workshops on accessing quality health Internet information. Funding decisions will be announced in May.
- We will collaborate with Ruth Kershner, an associate professor of community medicine in regard to her expertise in developing materials with appropriate literacy levels, especially in terms of developing items related to sexual assault, domestic violence, and reproductive issues. Dr. Howe has also identified a faculty member at Ohio University's Appalachian Rural Health Initiative whose expertise is health literacy, and it may be possible to collaborate with her for future projects.
- We have continued to identify materials available through the WV Department of Health and Human Resources and through our CAB members; such as a directory of sign language interpreters and a publication from Wyoming on breast care for people with developmental disabilities. We have talked with Pat Meadows, the WHC for the state, about materials that the WV DHHR is developing that particularly focus on women with low literacy levels. We will continue to work toward identifying and, if needed, developing resource materials in Spanish to distribute as part of our outreach mission.

- We have distributed to our CAB members materials available on the OWH web site that they can use in their communities.
- Students in a senior women's studies seminar have started a service-learning project to work with women in the local Muslim community to help orient these immigrant women to Morgantown and available services, including health care and American health care practices. One woman in this class, who has an extensive background in patient education and certifications in areas like CPR and First Aid, will be developing a manual related to some aspect of parenting or women's health for this target audience as a fall 2005 course assignment.

b. **Innovative outreach strategies**

- The COEWH had a booth at Women's Day at the Legislature on March 3rd in Charleston. About 200 women attended the event from all over the state, and this gave us a chance to meet people from other organizations with interests in women's health. Dr. Howe spoke about the COEWH at Women's Day at the Legislature, and, through Pat Meadows, WHC, all attendees received copies of the 2005 OWH day book.
- Pat Meadows has also supplied copies of the 2005 day book to the COEWH and to CAB members.
- Dr. Bowen prepared articles for the state childcare providers' newsletter and the state Farm Bureau newsletter to discuss the COEWH.
- Dr. Howe contacted other COEWHs through their clinical care centers or women's studies programs to learn about collaborative efforts and had a phone conversation with representative about their outreach work and cooperation with area women's studies programs.
- Dr. Howe wrote an article for the National Women's Studies Association's NWS Action on the collaboration between women's studies and the COEWH and will talk about this for the NWSA Program Administration and Development PreConference in June in Orlando, Florida.
- April 8-9, 2005, Dr. Bowen will present the COEWH information and discuss partnerships with the West Virginia Association of Family & Consumer Sciences and two other professional associations in the state.
- Dr. Bowen is working with the American Heart Association regional representative, Alexander Kuhn, and WVU partners to secure funding for a community project on heart health. It will focus on testing national heart

health campaign (e.g. Heart Truth for Women, Women Wear Red, Family Fitness Friday) with older, rural women.

- Dr. Bowen is developing a consumer publication on heart health for WV Community Educational Outreach Service (CEOS) leaders. She will train about 50 CEOS leaders in October and they in turn will present the program to clubs across the state.
- We are exploring opportunities through CAB member Emily Hopta, who works in the Office of the Secretary of the WV DHHR and is on the WV Women's Commission, to explore ways to disseminate women's health information through newsletters of PEIA (the state's insurance program for public employees) and managed care programs for public employees, like the Health Plan, for National Women's Health Week in May.
- We will continue to look for web sites of organizations such as: WVU Hospital's Wellness Program, Monongalia General Hospital Wellness Program, Public Employees Insurance Agency, education, Blue Cross-Blue Shield, Health Plan and other managed care providers that serve the state, American Association of University Women, Business and Professional Women, as well as the West Virginia Education Association, West Virginia-National Association of Social Workers, and other professional organizations that have a large number of women members.
- The WVU HSC marketing office has developed a draft brochure for the COEWH that we hope will be finished in the next quarter. We also have draft business cards with the COEWH phone number and web site to distribute at events. CAB members will be instrumental in getting these disseminated broadly.
- We plan to develop a press resource section on our COEWH web site, at the suggestion of CAB member Emily Hopta, to publicize the COEWH and links to materials already available on women's health on sites like www.4woman.gov and others.
- We are working with the WVU HSC to distribute PSAs for broadcast and print media for National Women's Health Week.
- We will explore the possibility of a feature section of the *Dominion Post* for May 8th on women's health, featuring women health providers (including volunteers) and a group of women walkers to link this to WV Walks, which ends that weekend.
- We had a booth at Mom's Turn to Learn Day at the Morgantown Mall on April 2nd. The WVU Center for Women's Studies and WVU Council for Women's Concerns co-sponsor this event to encourage women to go back to school, since West Virginia has the lowest percentage of women with college degrees in the

country. The WVU medical technology program had a booth to encourage interest in that program. Several women who came to the event were interested in careers in nursing, so we will see if we can have a representative from that program participate next year.

- We will explore a regular column in the, the *Dominion Post* that serves several north central West Virginia counties.
- We will work with CAB members to develop outreach options that specifically target their interests or geographic areas, and have drafted a press release to be distributed to local media that they have identified.
- We have also drafted business cards for the CAB members and will distribute cards to them for use in their communities.
- The WVU HSC media department has provided a billboard in Morgantown to advertise the COEWH and a television commercial that is airing on local broadcast and cable stations.
- We met with Dr. Howell, the IT co-chair, about items to include on the COEWH web site and will continue to submit materials to this site and link our web site to those of organizations with similar goals, including the West Virginia Department of Health and Human Resources, and the organizations which our CAB members represent.
- We are contacting the WV Library Commission, the WV Wellness Council, and WV Office of Healthy Schools about getting materials about National Women's Health Week to libraries, employees, and the school system, as well as to girls who are students in the school system.
- We are contacting the environmental community in the state to ask their assistance in publicizing National Women's Health Week with some type of wellness activity.
- We are exploring whether HSTA and RHEP students can participate in National Women's Health Week through distributing literature or giving presentations in their communities.
- We will ask our CAB members to link our site to the sites of any organizations with which they work. One of the CAB members leads the WV Lymphedema Network, a support group. She has a website and will link with ours to make information and services available to women dealing with this disorder.
- We will explore developing the concept of "Partners in Health" with local businesses.

- We will develop outreach to minority groups, including immigrant communities, in West Virginia who may not understand the American health care system or may need culturally appropriate materials.

c. **Consumer Boards and community alliances**

We recruited approximately 30 CAB members representing 24 different organizations and 14 geographically dispersed counties (see appendix I)

- We had our second CAB meeting in Charleston on March 4th, the day after the WV Women's Commission's Women's Day at the Legislature. A total of 11 members attended this meeting, and the focus was to help us produce our strategic plan. This plan is currently being finalized.
- We have talked with Sally Richardson, a CAB member based in Charleston, who would like to start a Charleston-based group to do outreach and to, perhaps, include some of the many health care professionals who are interested in being involved in this COEWH in that area. This would allow easier access to the southern part of the state.
- We are exploring ways to involve other health care professionals who want to be involved but who do not really fit the OWH's definition of those who should be on a CAB.
- We are currently gathering input from CAB members and others related to perceived barriers, benefits, and promotional opportunities of the new CoE.
- Elaine Bowen, the CoE Outreach Co-Chair, is on the planning committee for an October 26-28, 2005 West Virginia Rural Health Conference.
- One of our WVU outreach committee members will represent us at the State Health Education Conference in April, and we are identifying other conferences, with the help of CAB members, where we can have some presence.
- The next CAB meeting will be held in July 2005, and we are exploring the options of having this via satellite since all our CAB members are traveling at their own expense.
- We have had initial discussions with, the director of the West Virginia Coalition Against Domestic Violence about potential collaborative efforts.
- The administrative associate of the Center for Women's Studies is representing the COEWH on the WV Coalition Against Domestic Violence committee to develop a minority lay outreach worker program. She attended the first meeting of this group in January.

d. **Outreach to high and middle school students**

We will explore ways to collaborate with the Girl Scout, 4-H, the Association for Women in Science's Expanding Your Horizons Program, and other events. As noted above, we are exploring whether HSTA students can be involved in National Women's Health Week and will do the same for Girl Scouts, 4-H, and some high schools.

e. **Accessibility of preventive services/screenings**

- A CAB member shared a directory available through the state that includes sign language interpreters.
- A WVU community outreach committee member shared a publication from Wyoming that addresses breast care in women with developmental disabilities, and we have permission to adapt this to West Virginia.
- The WV WHC told us that the WV DHHR is developing materials for people with low literacy levels.

f. **Work with OWH DHHS Regional Women's Health Coordinators and State Women's Health Coordinators and Minority Women's Health Panel of Experts**

- Barb Howe, Betty Parsons, and Ann Chester met with Pat Meadows when in Charleston for Women's Day at the Legislature, and she attended the CAB meeting in Charleston. Barb Howe, Elaine Bowen, Pat Meadows, Christina Mullens (Breast and Cervical Cancer Screening Program at WV DHHR) had a conference call on using the volunteers from the BCCSP to assist our work, and there seem to be good possibilities there. Barb Howe and Elaine Bowen will be attending the meeting of the BCCSP regional coordinators at Flatwoods on April 28 to talk about the COEWH and the lay outreach model.
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- Unfortunately, Pat Meadows went on medical leave shortly after the CAB meeting and will not be returning until late April.

g. **Collaboration with the CCOEs through joint CoE/CCOE projects**

No update yet.

h. **Women's health resource center, library and/or kiosks**

- We started the clinical care center display of new materials in August 2004 by collecting materials from the agencies noted above in (a).

- We developed an inventory of educational materials to keep on hand for replenishing the display and work with the staff of the CCC as needed to be sure these materials are always available
- Identified space for a resource center
- We are exploring the option of providing a resource center space in the new Health Sciences Center library addition that is now under construction.
- CAB members want to establish resource centers in their communities, i.e., at Wheeling Hospital, so we will need to provide them with information about getting materials to display.

i. **Women's Health Resource Inventory**

Many of these resources were identified in an appendix to the Institute for Women's Policy Research's *Status of Women in West Virginia* (www.iwpr.org/states2002/fullreports/wv.pdf) report published in 2002 and excerpted in a brochure at the resource center and as a resource on our web site.

The West Virginia Women's Commission published a comprehensive *West Virginia Women's Resource Directory* in 2003 that included resources by county and by subject (i.e., Business/Professional Organizations, Community-Based Organizations, Counseling, Cultural/Ethnic Organizations that we can use to identify additional partner organizations.

j. **CoE Outreach and Minority Working Groups**

- We had the first meeting of the WVU Outreach working group since the National COEWH started in October 2004. We had focused our efforts on first establishing the CAB, so this first meeting was in late February. The next meeting will be in late April.
- We are asking outreach working group members to give us information about their availability for public presentations on women's health.

Those invited to be members of the outreach committee are as follows:

Sally Brown
WVU Libraries

Leesa G. Prendergast, MS, CHES
Assistant Director for Community Outreach
WVU Prevention Research Center (PRC)
Center for Healthy Communities (CHC)

Pat Meadows
Women's Health Coordinator
Office of Maternal, Child and Family Health
WV Bureau for Public Health

Alan Ducatman MD, MS
Professor and Chair
Dept of Community Medicine

Linda M. Carson, Ed.D.
Ware Distinguished Professor
Director, WV Motor Development Center

Ann Dacey
Senior Program Coordinator
Department of Accounting and Financial Systems

Kimberly Cordingly, M.A.
Consultant
Job Accommodation Network

Ann Chester, Ph.D.
Assistant Vice President for Health Sciences for Social Justice

Sally K. Richardson
Exec.Dir./Assoc.V.P.
W.V.U. Institute for Health Policy Research

Suzanne Gosden
Clinical Instructor

Ruth Kershner
Community Medicine

Joyce McConnell
Professor of Law

Marjorie McDiarmid
Professor of Law

Shelia Price
Assistant Dean of Administration of Dentistry

Deborah Strouse
Health Ed. Specialist

Catherine Yura, Ed. D.
Director
WVU Carruth Center for Counseling and Psychological Services

Mary Ellen Zeppuhar
Clinical Associate
WVU Center of Excellence in Disabilities

Linda Jacknowitz, MS
Mountains of Hope Cancer Network

Amy Allen, MA, MS, CHES
Project Director
Cancer Information Service

k. **Institutional commitment**

No change from last report.

l. **Integration**

* CoE outreach co-directors continue to attend monthly leadership meetings and monthly COEWH meetings.

* They have also met with IT co-director Robert Howell about the web site and outreach and with Valerie Frey-McClung on evaluation procedures.

* Betty Parsons and Ann Chester attended the CAB meeting in Charleston in March.

* A CAB member has shared information about a gender-based research project that is being conducted in her community.

m. **Evaluation**

See appendix A