Academic Unit Head

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Year of Report

Academic Year 2020-2021

Unit Mission

IIHHS is an interdisciplinary community-engaged hub that brings together students, staff, faculty, and the community to advance a culture of health and equity through education, clinical practice, research, innovative programs and advocacy.

Executive Summary

IIHHS continues to be a leading center at JMU in helping the university achieve its vision of being the national model of an engaged university. We continue to provide high quality, community-engaged educational experiences for our students and opportunities for community-engaged research and scholarship for faculty while meeting the needs and building the capacity of vulnerable members of the Harrisonburg/Rockingham County community and people throughout the Commonwealth of Virginia. In addition to offering 18 programs and eight clinics, IIHHS serves as a hub for robust interprofessional/interdisciplinary education at CHBS, including coordination of the CHBS poverty simulation, the building cultural humility workshop, and several courses designed to help students achieve the core competencies identified by the Interprofessional Education Collaborative.

This report will provide information on the statistics that represent the quantitative dimensions of student, faculty, and community engagement at and through the Institute. It will also describe particular accomplishments of and anecdotes from Institute programs and clinics. One of the most noteworthy accomplishments of the year was the high level of student engagement and services provided during this 12-month period when we were operating in global-pandemic conditions. This report reflects the major program and clinic accomplishments achieved during this challenging period as well as highlights related to our contribution to community engagement, civic engagement, and engaged learning, among other things.
IIHHS By the Numbers

Despite spending the entire year within a pandemic context, IIHHS engagement with students, faculty, and the community remained strong as noted by the statistics below:

- 604 students engaged in IIHHS programs, representing 49 undergraduate and graduate degree programs.
- 34,369 hours of student engagement in direct services, program support, service learning, and other collaborative endeavors.
- 675 students enrolled in IPE workshops and simulations.
- 287 students enrolled in IPE courses offered through IIHHS.
- 63 faculty members were engaged with IIHHS programs, representing 18 academic disciplines.
- 14,986 clients received Institute services.
- 5,959 clinical encounters at IIHHS sites.
- 18,591 clinical encounters at community sites.
- $392,727 in clinic cost recovery to sustain training and services.
- 6,817 program outreach visits with a community focus.
- 216 events coordinated for the community.
- 88 formal reports prepared and submitted.
- 27 scholarly publications and presentations.
- $7,134,668.00 in new grant awards to drive community engagement.

Due to the COVID environment, fewer students were placed as interns or volunteers with IIHHS programs. However, IIHHS programs still provided an extensive range of opportunities for JMU undergraduate and graduate students through our community engagement and clinical programs:

- 36 students were placed with IIHHS programs as interns.
- 120 students volunteered with our programs in a variety of capacities.
- 331 students completed their required practicum with IIHHS programs.
- 1 received graduate/teaching assistantships.
- 110 fulfilled class-required community service learning requirements.
- 3 students were employed by IIHHS programs.

Our ongoing partnership network has continued to grow despite the pandemic. Programs reported hundreds of continuing relationships, many of which are of long duration, and also reported on a large number of engaged contacts newly identified this year. Our inventory of non-profits, schools, school districts, hospitals, health care providers, faith communities, social service agencies, businesses, other colleges/universities and government agencies numbered 465 this year.

- For 74 non-profits we reported 160 program connections.
- For 110 schools & school districts we reported 296 program connections.
- For 118 hospitals & health care providers we reported 187 program connections.
- For the 163 “other” organizations (social service agencies, ministries, government agencies, businesses) we reported 250 program connections.

In all, 893 distinct program connections in the community were tracked this year:
- 13% (113) of these were new.
- 53% (477) were multi-year but under 10 years.
- 34% (305) were over 10 years old.

The growth, density, and duration of our community connections speaks to our commitment to the community, the quality of our work, and the relationships we have established and nurtured over time, all of which help to advanced JMU’s reputation in the community and the achievement of its vision to be the national model of the engaged university.

**Unit Accomplishments**

Fiscal year 2020 – 2021 will be defined by and remembered as the 12-months when we were fully in the global pandemic. The extraordinary achievements of IIHHS programs and clinics to continue to provide meaningful, engaged learning opportunities for our students, to ensure the students continued making progress in their academic programs, and to fill gaps in community service needs was heroic. Last year, we reported on how our programs rapidly pivoted to telehealth and virtual programming options across the board. Telehealth and virtual and physically-distanced programming continued throughout 2020-2021.

In the midst of the pandemic, the IIHHS Leadership Team completed the initial stage of the JMU Academic Review Process, undertaking a self-study that examined various aspects of the IIHHS structure, functions, and processes, and culminating in a comprehensive self-study report. In addition to documenting history and detailed information on IIHHS structure, functions, and processes, the self-study report also noted three areas in need of further review and consultation, including:

1. **Physical Space:** IIHHS plays a pivotal role in four core JMU priorities; 1) strengthening the university’s role as an anchor institution, 2) moving to national R2 university status, 3) being the national model of the engaged university, and 4) strengthening strategic rural initiatives. IIHHS is poised to strengthen JMU's educational and research mission in all of these areas, but its growth and capacity is limited by physical space.

2. **Shoring Up Infrastructure Support:** IIHHS has several positions that provide core operating and administrative support that are currently paid for with tenuous sources of income. We seek to shore up these important positions with more stable and predictable funding streams.

3. **Strengthening And Evaluating our Model of Community Engagement for Equity, Reciprocity, and Mutuality:** IIHHS has long-standing partnerships in the community built on strong relationships of mutual interest and support. We are interested in
expanding our community engagement model to more intentionally build relationships with the people served in our programs. We want to fully embrace an engagement model that centers equity within a social determinants of health framework.

The IIHHS Leadership Team also submitted a list of people we recommended to serve on the external review team, and that list was approved by the CHBS Dean and the Vice Provost. The finalization of the external site view team is in process and the virtual site visit is planned for October 31st through November 2, 2021.

The next section will highlight some of the other major accomplishments achieved over the course of the year.

5.1 Major Unit Accomplishments.

COVID-19 required a rapid and differentiated response by various programs and clinics within IIHHS. It required dramatic shifts in teaching, service delivery, working, communicating, collaborating, and meeting the standards and expectations of our community partners and funders. The growing needs for mental health care, academic support, and social support among community members and JMU students stretched the capacity and creativity of IIHHS programs, yet they responded in heroic fashion all year long. Among the major accomplishments was the growth in our grant funding from last year. Yet the pandemic brought challenges to the funding we receive for our interpreter services program, and funding to support our clinical services infrastructure. Each will be discussed briefly below.

Grant Funding

In 2020-2021, during this global pandemic, IIHHS programs brought in $7,134,668.00 in new grant awards. This included 48 grant submissions, and 35 grants awarded for a success rate of 73%. These grants support the majority of programs in the areas of Research and Public Health, Children and Youth, Health Education Design, and Community Health Education. Examples of some of our larger awards include:

- SexEdVA received a three-year Tier 2 Innovation Network Grant from the Office of Population Affairs to create the Disability-Inclusive Sexual Health Network (DSHN) to address the sexual health needs of youth with disabilities in the Commonwealth of Virginia. DSHN will develop, test, refine, and evaluate innovative interventions that will improve optimal health, prevent teen pregnancy, and address sexually transmitted infections within the key priority area of youth with disabilities. Awarded $1,262,480 each year for three years (total award $3,787,440).

- SexEdVA received a three-year Tier 1 Replication Grant from the Office of Population Affairs to replicate a systems-based, collaborative sexuality education program that emphasizes abstinence, contraception, and positive youth development to significantly reduce the number of teen pregnancies in ten priority counties in this high-need region of Virginia. Awarded $956,669 each year for three years (total award $2,870,007).
• The Gus Bus received two, three-year 21st Century Community Learning Center (CCLC) grants from the Virginia Department of Education to support out-of-school learning at Smithland, Waterman and Spotswood Elementary Schools. The Gus Bus will operate after-school programs at all three elementary schools annually, including summer months, providing enrichment via the Gus Bus mobile classroom in neighborhoods and in the school buildings. Between the two grants, Gus Bus was awarded $385,572 annually, for three years (total award= $1,156,716).


Training, Testing and Interpreter Services Funding

The Blue Ridge Area Health Education Center’s Community Health Interpreting Testing and Training Service (CHITTS) received $509,445.69 from all services provided during the fiscal year. While this is a substantial amount of income, it is a 37% reduction from the previous year’s income of $803,847.23. This loss is mostly attributed to the pandemic, where fewer training and testing services were offered, and there were reductions in demand for in-person interpreter services. Sentara RMH also stepped away from its long-term contract with CHITTS, requiring all medical systems in the Sentara group to use the same for-profit interpreter service. CHITTS is taking steps to strengthen our remote interpreting capacity as well as to extend our testing and training capacity in areas beyond medical interpreting.

Recoveries from Clinical Services

Clinics cover some of their costs through clinical billing, largely through payments made from services rendered. Clinic recoveries for 2020-2021 were $392,727, a significant reduction from the previous year of $550,664. The pandemic had a significant impact on clinic revenue with projected revenue loss of $181,433 when comparing to 2018-2019, the last year not impacted by the pandemic. During the three quarters prior to the pandemic, clinics were growing and on track to deposit $626,708 from services provided. However, all clinics closed during the last quarter of the fiscal year, due to COVID-19. When operations were resumed, they resumed to a limited degree. The shift to telehealth and telehealth billing also took some time to gear up. All of these factors led to reduced income to support the billing staff.

Funding from grants, clinic recoveries, and interpreter services provide significant income to IIHHS that supports the community engaged learning and scholarship opportunities facilitated through IIHHS programs and clinics. The staff who work in our grant-funded programs achieved remarkable success growing their programs. The staff who work in our interpreter services and clinical programs demonstrated tremendous perseverance and creativity during a global pandemic to ensure that we continued to operate with the highest level of integrity and professionalism during this time.
Community-Based Programs and Clinics

Some highlights from each of the Institute programs and clinics are provided below:

- **Appalachian Replication Project (ARP):** After struggling to secure sexual health programming partnerships with school districts in southwest Virginia who were working through the challenges of the pandemic, the ARP team pivoted to identify ways to reach youth outside of school. Health programming, usually delivered by physical education teachers in the classroom, was not reaching students in the way it did pre-COVID. Concerned about the long-term effects of a sexual health knowledge gap among teens, ARP developed a fully asynchronous, free version of Draw the Line/Respect the Line programming that students could complete at home. ARP also created an accompanying module to help parents and caregivers feel more confident talking to their teens about sexual health. ARP partnered with the health department, YWCA, community service boards, and mental health services to promote the program to families and youth.

- **Baird Center:** Extensive telehealth services were provided to families in addition to Baird Center-based services. Dr. Trevor Stokes also initiated a new collaborative partnership with the Virginia Institute of Autism to advance collaborative training and services.

- **Blue Ridge Area Health Education Center -- Community Health Interpreting Testing and Training Service (CHITTS):** CHITTS withstood some significant challenges brought on by COVID-19, including the loss of our largest interpreting customer, working remotely, and staff turnover. CHITTS responded to all challenges faced and found ways to endure. All testing and training services were moved to an online format, and an interpreter app was procured to reduce the need for printed vouchers and to reduce the need for interpreters to come into the building. Interpreting appointments have been happening via Zoom and Google Meet links sent by our customers despite not having a designated remote interpreting platform, and office staff have worked to learn new processes and to cover multiple positions. The program has survived a year of constant change and challenges, a reduction in interpreting work, an increase in some expenses, a large decrease in revenue, and working short staffed. CHITTS has worked on improving and revising almost every aspect of the program over the past year as we focused on overcoming challenges, improving efficiency, and potentially expanding services.

- **Blue Ridge Area Health Education Center Scholars Program:** The Blue Ridge AHEC Scholars program was the top program in the Commonwealth for recruiting students into the Scholars program. The AHEC Scholars coordinator created a new pipeline program and reached many students through virtual presentations and other collaborative endeavors that educated high school students on health science careers. Because the pandemic limited networking and in person connections, AHEC Scholars created a Facebook page and a LinkedIn page to put a face to a relationship between our scholars and faculty.

- **Brain Injury Connections of the Shenandoah Valley (BIC):** Brain Injury Connections worked with Delegate Tony Wilt on legislative changes impacting Commonwealth
pediatric individuals and families living with brain injury. Specifically, BIC staff, a client’s parent, and the legislator worked collaboratively to change the Department of Education’s previous definition of brain injury. The new definition now includes those children who received an acquired brain injury or an injury to the brain from something other than a blow to the head. Now all children, regardless of whether they have experienced traumatic brain injury or acquired brain injury, are eligible to receive key services while in school.

Brain Injury Connections also sought Harrisonburg CARES funding to support the purchase of a “hands free”/ ADA compliant door system at the Campbell Building. This facility modification is one BIC has tried to get processed for the past few years and upon receipt of the CARES funds of $6100, and was able to purchase the door and have it installed.

- **Campus Suicide Prevention Center of Virginia (CSPC):** Over the past year, the Campus Suicide Prevention Center has expanded the reach of Project ECHO. Originally launched in January 2020, Project ECHO is multi-campus initiative that provides bi-weekly training, mentoring and networking opportunities for staff and administration from Virginia colleges and universities. It is specifically designed to help participants create suicide-safer environments and build campus suicide prevention infrastructure. Over the past year, CSPC has had 158 individual attendees from 63 different campuses. This represents an increase of 64% with regard to participants and 42% in campuses represented. Ours was the first Project ECHO hub dedicated specifically to suicide prevention. Since launching in 2020, CSPC has provided consultation to three organizations who are also considering using Project ECHO for suicide prevention in their own networks. In the past year CSPC has also expanded collaborations with Virginia graduate programs in counseling, psychology, social work and occupational therapy. CSPC now partners with seven programs to provide training in suicide intervention, and the trainings have become a required part of the curriculum for these programs. In addition, CSPC funded the participation of eight Virginia colleges and universities in the 2021 Healthy Minds Study, a national study of student mental health. Data was collected during spring semester of 2021, and data will be made available in August 2021.

- **Caregiver’s Community Network (CCN):** In the midst of a global pandemic in which families and strangers alike were required to be separated from one another, CCN adapted its program to continue to alleviate the burdens of caregiving. The Alzheimer’s Association reports there are over 11 million unpaid caregivers in American tending to a loved one with some form of dementia. The pandemic caused many of these families to lose home services, causing further social isolation and feelings of being overwhelmed. Families and students alike will tell you that CCN evoked positive outcomes for all who participated in the past year. Families had something to look forward to each week. These families not only felt seen and heard, but they felt like contributors to a rising generation of caring professionals. Students learned about aging, caregiving, and dementia in personal ways. They learned that growing older is full of richness and vitality and hope. They forged friendships that will long warm their hearts. They learned that the bitter parts of this life are balanced with a sweetness that sustains.
• **Counseling and Psychological Services Clinic (CAPS) and Page County Integrated Behavioral Health Clinic:** In this full year in the global pandemic, the CAPS training clinic continued to operate using nearly 100% telehealth services. We designed, developed, and implemented a variety of innovative tele-mental health learning opportunities for students in our counseling and clinical graduate programs. Given all of the dramatic shifts that occurred from March 2020 through the summer 2020, students were able to continue their practica/internships with innovative, technology-supported, engaged learning opportunities that ensured clients had continuity of care and graduate students could extend care to those in even the most rural communities. Students not only acquired the number of clinical hours needed for progression in their programs, they also received significant training and experience in delivering tele-mental health services. No students were delayed in their progress toward graduation.

In May of 2021, CAPS and the Department of Graduate Psychology in partnership with JMU Nursing, the Page Free Clinic, and Valley Health Page Memorial Hospital were awarded a four-year, $715,000 HRSA grant. The project, entitled Interprofessional MAT Expansion Rural initiative (IMATER), will fund the required counseling and care coordination support services to assist primary care physicians who are able to prescribe medications such as Suboxone. A licensed intern in the JMU Counseling and Supervision doctoral program will provide counseling services and bill client insurance for services provided, which will increase access to MAT services immediately and allow for program cost recovery that will create a self-sustaining internship position. JMU will continue to provide specialty training increasing the number of clinicians competent in substance abuse intervention, integrated care, and rural practice. Additionally, JMU will provide a MSN preceptor to supervise two advanced nursing students in care coordination activities such as screenings and follow-ups.

• **Claude Moore Precious Time (CMPT):** CMPT provides quality respite care that is based on trust and is tailored to meet each family’s unique needs. After serving the community for 16 years, the trust families have in CMPT and the quality of services are profoundly evident through: (1) qualitative feedback, (2) the family retention rate, and (3) results from family evaluations of students, in which:
  o 100% of families reported that their children benefitted from the program
  o 100% of caregivers reported that they felt like they had a break
  o 100% of caregivers reported that they personally benefitted
  o 100% of families report that students listened to and respected the family’s goals for care, and 100% reporting that they could trust the students
  o Overall, 98% of caregivers indicated that they were satisfied with the care their family had received.

During the 2020-2021 academic year, CMPT supported 25 families (adding three new families), engaged 146 students, and provided 1,171 hours (calculated per student) of free respite care involving 557 student/family visits.

**Disability-inclusive Sexual Health Network (DSHN):** The Disability-inclusive Sexual Health Network successfully engaged nine community partners to join the Network who
agreed to use awarded funds to create, test, refine, evaluate, and disseminate an innovative approach to sexual health education with youth with disabilities. The DSHN Innovation Partners include The Arc of Augusta, The Arc of Harrisonburg/Rockingham, Shenandoah Valley Autism Partnership, Virginia Commonwealth University's Partnership for People with Disabilities, Harrisonburg City Public Schools, The disAbility Law Center of Virginia, Parent Education Advocacy Training Center, Virginia League of Planned Parenthood, and Special Olympics Virginia.

DSHN also recruited young people between the ages of 16 and 26 in the state of Virginia to join our Youth Advisory Board (YAB). YAB will meet virtually each month and discuss the intersections of disability and sexuality and will review, critique, and assist in the design of interventions being developed by Innovation Partners. YAB members are paid for their time and expertise.

- **Futuro Latino Coalition (FLC):** Futuro Latino Coalition won the Dose of Prevention Challenge sponsored by the Community Anti-Drug Coalitions of America (CADCA) run as part of the National Medicine Abuse Awareness Month in October 2020. This prestigious Dose of Prevention Award was presented at CADCA’s National Leadership Forum in Washington, D.C. last February 2021. As a result of this prize, we were invited to write an article for stopmedicineabuse.org and we wrote about the challenges in adapting our prevention activities during the pandemic. The article was published on May 6 with the title, How the Award-Winning Futuro Latino Coalition Adapted Their Substance Use Prevention Efforts During the COVID-19 Pandemic.

In the middle of the pandemic, the Coalition created two small groups, one for parents and one for youth. In partnership with Harrisonburg-Rockingham Community Services Board and other coalition members such as the Harrisonburg Police Department, healthcare professionals, businesses, parents and youth, we offered 12 virtual educational sessions about trauma, resilience, active listening, behavior, and more, for parents and youth.

- **Gus Bus:** At the start of the pandemic, the Gus Bus program was able to seamlessly transition to virtual programming, which had never been offered before. Instructors had to learn new skills including the use of many new technologies, new ways of engaging students in activities, and more. During the entire year, the Gus Bus was offering exclusively virtual or at-home alternative options for students to continue their learning at home during this difficult time. To help address the issue of too much screen time that we were hearing as feedback from families, the Gus Bus developed a robust home delivery schedule for programming in addition to the live, virtual class offerings (Gus Bus staff provided over 600 hours of virtual programming during the 20-21 school year).

In both Fall 2020 and Spring 2021, students registered for the home delivery program and received student-selected, level-appropriate books to grow their at-home libraries. Also, in Fall 2020, the program piloted two “at-home learning kits” which provided everything a student needed to complete a STEAM, or other type of activity at home (including materials and instructions). Beginning in January, these learning kits were delivered each week to students that were enrolled in the learning kit program. A new activity was offered each
week, with materials and instructions. The program also offered two live virtual classes a week to help students complete the learning kit activities with an instructor if needed. These kits were a huge hit with the families. Not only did their students explore and learn in a new way each week, but they were able to do that while not looking at a screen. The Gus Bus program had never offered anything like these learning kits to students.

- **Health Education Design Group (HEDG):** HEDG staff worked successfully with a virtual team from across the nation to develop Virtual Service Delivery content. HEDG developed live webinars for home visiting that had 19,196 unique viewers. HEDG created of six eLearning modules, badging and a supervisor toolkit to support the home visiting field in delivering services virtually. During this time, staff kept other module development projects moving forward, since the VSD project was a last-minute addition to the workload. HEDG launched 6 Rapid Response Online Training Modules on April 30, 2021, and 297 users had already taken these modules in the first two months.

- **Healthy Families:** While staff were unable to meet with families in their homes most of the year, they used their time to focus on training, capacity-building, collaboration, and Trauma Informed Care Networking to address longstanding and new community needs that resulted from COVID. The professional development was important since COVID exacerbated trauma for families and children. Healthy Families increased collaboration efforts to insure basic needs were met for many families in our community, not just for families enrolled in our program. When the agency, A Small Hand, was unable to operate their diaper pantry, Healthy Families staff offered to pick up diapers and deliver them to families in our program. This allowed staff to make ‘drop off’ porch visits’ that often included smiles and waves from a toddler looking out a window, or a parent texting a big THANK YOU as the worker pulled out the drive.

Healthy Families partnered with Page Alliance for Community Action (PACA) when they were looking for someone deliver hot meals to families during the pandemic, and to assess other needs they might have, through weekly phone contact. As staff were safely delivering meals, they learned many were struggling to help their children keep up with online learning. A social work intern reached out to JMU students, many of whom were looking for virtual community service opportunities, and created the Purple Goes to Page virtual tutoring program. The school division was very pleased with the project and discussions are underway for ways to expand tutoring opportunities with JMU students next fall. The success of the food delivery program in Page led Healthy Families to apply for a similar grant in Shenandoah County. This resulted in an 18-month grant to deliver food there for families with a child under age five. The school division and Blue Ridge Area Food Bank are providing food, and Family Promise is assisting with food delivery for some areas of the county. JMU students from several disciplines participated in these 'porch visits' in both counties this spring, gaining valuable insight into rural poverty- and the power of community collaboration. The importance of childcare, especially for essential workers during the pandemic, led Healthy Families Program Manager to facilitate extensive collaboration and community engagement opportunities for JMU students and faculty with Community Care and Learning Center, a new non-profit childcare center in southern Shenandoah County.
This included student and faculty research projects, student internships, Federal Work Study placements, and work with the Gillian Center for Entrepreneurship on a virtual Childcare Summit, held in April. Healthy Families participants from both Page and Shenandoah County, as well as nearly 50 other children, have been able to access fully subsidized, quality childcare at CCLC thanks to these collaboration efforts. All of these projects are expected to continue, or grow, in some way in the coming year.

- **Healthcare for the Homeless Suitcase Clinic:** Due to the pandemic and CARES act funding, the Suitcase Clinic applied for and received funding through CDBG allowing the Suitcase Clinic to begin offering Telepsychological services on site at the shelters, offering these essential services to individuals in their comfort zone and meeting their mental health needs. In collaboration with the City Manager’s Office, Harrisonburg and Rockingham Fire and Rescue, and Sentara RMH Emergency Department, as well as other hospitals, the Suitcase Clinic provided daily monitoring of homeless individuals quarantined in hotel rooms after being tested for COVID-19. Further into the pandemic the Suitcase Clinic was able to obtain testing supplies and provide COVID testing onsite at the shelters, eliminating the need for a trip to the emergency room for this service. This was in addition to the daily screenings provided at the Open Doors shelter.

Throughout the past year less than a dozen homeless individuals tested positive for COVID! This success in keeping the homeless population safe from COVID, in spite of living in shelter environments, has been attributed to the daily screening, sheltering in hotels of the more vulnerable homeless individuals, and constant collaboration with City and County agencies, including the Mayor’s office, Fire & Rescue, Sentara RMH and other local hospitals. These collaborative efforts were highlighted in the [Harrisonburg Citizen](https://www.harrisonburgcitizen.com).

- **Interprofessional Education:** The 2020-2021 academic year brought unexpected challenges with the COVID 19 pandemic so our attention turned to providing faculty and student support in new ways to accomplish learning goals. We completely redesigned both the Building Cultural Humility Workshop and the Life in the State of Poverty Simulation and offered them virtually. We also redesigned IPE 415 “Ethical Decision-making in Healthcare: An Interprofessional Approach” and successfully offered three sections in fall and spring. The IPE team applied knowledge and skills from participating in the intense Online Teaching Institute through the Libraries to pilot and evaluate a new online IPE course titled “Introduction to an Interprofessional Trauma-Informed Approach in the Health Professions.” IPE Workshop developers also participated in an Online CARS Assessment 101 institute and have worked diligently throughout the year to apply learnings from this Institute to strengthening the assessment of IPE workshops.

- **Occupational Therapy Clinical Education Services (OTCES):** OTCES successfully piloted and expanded its Student Learning and Motivation (SLAM!) program for community children to support them in their role as 'student'. The program was offered virtually only in the fall (two participants) and virtually &/or in person in the spring (18 participants). MOT students (five in the fall and 13 in the spring) led the program under the supervision of an OTCES OT and OTA and with the assistance of pre-OT student volunteers. The feedback from caregivers and program participants was highly positive.
OTCES also engaged with local school personnel (administrators, teachers, counselors, therapists, etc.) to gather information about current challenges and needed supports. OTCES integrated this feedback into the SLAM! programming and also developed an outreach initiative to create and distribute self-care/appreciation 'kits' for school personnel. OTCES included SLAM! participants in this effort by inviting them to create notes of appreciation as part of their session activities (fine motor, following instructions, awareness of others, artistic expression, etc.). JMU students were included in the planning and assembly of the kits as part of their level one fieldwork experience (education about/advocacy for OT, collaboration, overlapping intervention with community outreach, etc.). Distributed ~260 kits to 8 local (Staunton, Augusta, Harrisonburg, Shenandoah, Broadway) schools.

Finally OTCES engaged in a unique collaboration with JMU facilities (Wendy Schwitzer, OTCES housekeeper) to offer a 'Mechanics Workshop' led by Wendy, a certified mechanic who offered her time for community service at OTCES, with therapeutic support from an OTCES OT (Ashley Riha) and assistance from an OTCES HSA (Health Services Administration) intern (Sara Davis). To date, five participants have signed up. Additional collaborations with the art department (design and construction plans for shed) and engineering (possibly for the bikes) are being discussed.

- **Personal Responsibility Education Program (PREP):** PREP replicates three evidence-based sexual health education programs in school- and community-based settings with youth ages 10-19. During this pandemic year, PREP’s biggest accomplishment has been to provide programming in a variety of different ways (asynchronous, virtual to virtual, virtual to in-person, in-person to virtual and in-person) with the majority of facilitators being new either to the program or the curriculum. PREP began the year hiring new staff, most of whom did not have experience in teaching sexual health education. PREP staff created engaging online materials and learned new ways to be engaging and connect with students.

- **Promotores de Salud (PDS):** Promotores de Salud program staff helped with the COVID-19 vaccination efforts directed towards Spanish speaking community members and organized by the VDOH and Augusta Health. As a result of assisting with this important community endeavor, the newly hired PDS Coordinator was able to accomplish several important goals: 1) become familiar with the PDS target community of Waynesboro; 2) be introduced to and work with key members of the Waynesboro professional community; 3) inform hundreds of Spanish speaking community members about the PDS program; 4) begin recruitment of community members to become trained as Promotores, and 5) educate 799 community members about the mercury contamination of area rivers and the fish consumption advisories.

- **Sexual Risk Avoidance Education (SRAE):** The relationship with Harrisonburg City Schools allowed SRAE to continue programming to area students throughout COVID when many SRAE VDH Sub-awardees were unable to directly serve any students. Without the existing relationships staff would not have been able to reach the youth in SRAE’s programs. Staff worked hard over the years to build strong relationships with schools, and this hard
work paid off during COVID when schools still prioritized SRAE programming for their students.

- **Shenandoah Valley Child Development Center (CDC):** The CDC was one of the first of the five Commonwealth Child Development Centers to resume in-person services in early July 2020. Numerous plans and procedures had to be put in place to do this successfully and safely. The scheduling process became much more complex to allow for telehealth interviews with parents and to minimize the amount of time families had to spend in the clinic. Staff worked together and took on extra duties to effectively maintain a clean and safe environment for everyone, and no known cases of COVID-19 were spread due to CDC evaluation appointments. The team worked very hard to make all of this possible quickly, so the families served did not have to wait any longer for the evaluations they needed.

During the months when the clinic could not provide evaluations in person, the staff developed a plan for the clinicians to reach out to the parents/legal guardians and complete interviews and intakes via telehealth. The parents/legal guardians were very appreciative that the clinicians were there to listen to their concerns about their child(ren), especially during a time when some families felt isolated and other services were not being offered. We were able to offer this to most if not all of the families whose appointments were canceled due to COVID or who were already on our waiting list.

- **Shenandoah Valley Migrant Education Program (SVMEP):** Throughout the year, virtual tutoring was offered (a service that previously only occurred in person) for migrant students to receive supplemental educational support in their homes. During the Fall 2020, 29 migrant students received one-on-one virtual tutoring. For Spring 2021, 38 migrant students received tutoring support. This was extremely important since many students were going to school in a virtual classroom setting which caused both students and their parents to struggle. Parents were communicating the difficulties that their children were experiencing such as virtual homework completion and technology issues, and worried that they were having a hard time retaining information/learning. Schools would contact parents about students not submitting assignments, but most often parents did not know how to help their children complete or access these assignments.

Although schools gave students Chromebooks and tablets, along with a tutorial session on how to use them, most migrant parents could not attend these tutorial sessions due to the varied work hours they have. Additionally, most families did not have Wi-Fi at home. Students expressed their frustration about not being able to comprehend the material fully or not having someone to support them after their virtual classes ended. As a way to mitigate these challenges, SVMEP collaborated with HCPS and RCPS by granting SVMEP access to their Google platforms. This allowed migrant students to easily access their tutoring sessions through their Chromebooks (which had restricted access to various teleconferencing platforms). In return, students and tutors were able to navigate the platform together to review, complete, and submit assignments. Regardless of the challenges caused by the pandemic, migrant students continued to receive educational support after school as usual through SVMEP.
Virginia Personal Responsibility Education Innovative Strategies (VPREIS): The VPREIS team was able to continue collecting post-survey data in the midst of the COVID-19 pandemic. Post-survey data is incredibly important to the study overall and the team stepped up to communicate with students in every possible way: text, calls, social media accounts, mailing reminders, reaching out to site staff that might see the youth, and even talking to friends of students that were also in the study. Without being able to visit the sites, the team was “all hands on deck” to ensure data collection continued. The study has an overall attrition rate of only 30.99% for the nine-month post survey despite most of the data collection happening during the pandemic. The low attrition rate will enable the VPREIS study to receive a “high quality study rating” for the Teen Pregnancy Prevention Evidence Review.

5.2 Engagement

As the new IIHHS mission statement reads: “IIHHS is an interdisciplinary community-engaged hub that brings together students, staff, faculty, and the community to advance a culture of health and equity through education, clinical practice, research, innovative programs and advocacy.” IIHHS is the institutional expressions of JMU’s vision as the national model of the engaged university, as it incorporates all three facets noted as core to JMU’s definition of engagement: community engagement, civic engagement, and engaged learning. The next sections describe examples of how we have contributed to the engagement vision of the university in those three areas.

5.2.1 Community Engagement

As noted in the Executive Summary, IIHHS clinics and programs made 893 distinct program connections in the community last year. This number of program connections is a remarkable achievement in a year where its core defining feature is a global pandemic. Among those connections, 89% (782) were multi-year, with 34% (305) being more than 10 years old. The longstanding nature of the majority of the partnerships underscores the value the community holds for these relationships with JMU programs, staff, and students. Despite the pandemic, IIHHS programs and clinics were able to establish 113 new program connections, another remarkable achievement.

The figures below provide a quantitative dimension to IIHHS community engagement. These are particularly impressive given the that FY20-21 was fully spent in a pandemic with students learning online and remotely, with requirements for social distancing and other barriers to connecting students with engaged experiences.

- 604 students engaged in IIHHS programs, representing 49 undergraduate and graduate degree programs.
- 34,369 hours of student engagement in direct services, program support, service learning and other collaborative endeavors.
- 63 faculty members were engaged with IIHHS programs, representing 18 academic disciplines.
• 14,986 clients received Institute services.
• 5,959 clinical encounters occurred at IIHHS sites.
• 18,591 clinical encounters occurred at community sites.
• 6,817 program outreach visits with a community focus were conducted.
• 216 events were coordinated for the community.

These numbers reflect the deep engagement that IIHHS programs have within the local community and throughout the Commonwealth. These longstanding relationships with community partners speak to the trust and quality of the relationships based on mutual respect and collaboration. Below are just a few examples of ways in which our programs are engaged with the community during this past year:

• In collaboration with the City Manager’s Office, Harrisonburg and Rockingham Fire and Rescue, and Sentara RMH ED, as well as other hospitals, the **Suitcase Clinic** provided daily monitoring of homeless individuals quarantined in hotel rooms after being tested for COVID-19. Further into the pandemic the Suitcase Clinic was able to obtain testing supplies and provide COVID testing onsite at the shelters, eliminating the need for a trip to the emergency room for this service. This was in addition to the B26 daily screenings provided at the Open Doors shelter. Students in the nursing and physician assistants programs participated this community engaged work.

• **Our Personal Responsibility Education Program (PREP)** team worked with the Harrisonburg-Rockingham Community Service Board (HRCSB) to provide sanitary pads, education pamphlets on menstrual periods, and treats for newly menstruating clients who missed out on learning about puberty and body changes given that such topics were often cut out of virtual classroom conversations. These were youth who also were having a harder time coping during the pandemic since they were not in school and away from friends.

• **Our Teen Outreach Program (TOP)** clubs found creative ways to serve the community during COVID. They provided care packages of essential body care products for some of the residents at Virginia Mennonite Retirement Community (VMRC) and wrote them letters. TOP Club participants also volunteered their time on a Saturday to pick up trash, helped Skyline Middle School teachers move back into their classrooms when they were transitioning back to in-person and provided food for an Open Doors meal one evening.

• **Our Disability-inclusive Sexual Health Network** has fostered important collaborative opportunities for the community. Soon after they joined the network, the disAbility Law Center of Virginia (dLCV) staff shared important knowledge around consent and assent laws for young people with disabilities as it relates to sexuality and education. With DSHN funding, the dLCV will be able to expand their existing resource guide to include information about sexual health and will be able to offer the guide for free to parents and caregivers across the state of Virginia. In addition, because of connections made through DSHN, the Arc of Augusta and the Arc of Harrisonburg and Rockingham made a decision to combine efforts and collaborate on sexual health programming. The Arc of H/R brings years of familiarity with an educational puppet show program and the The Arc of Augusta years of collaborative efforts in local school systems. Together, the organizations will work with
DSHN to offer sexual health programming to young people with disabilities in Harrisonburg City, Rockingham County, and Augusta County with plans to expand to The Arc of Blue Ridge.

- **SRAE** staff partnered with **PREP** staff, the Scholar Latino Initiative, Eastern Mennonite High School, and the Harrisonburg High School Black Student Union, to host Black Lives Matter youth voices sessions last summer. Approximately 15 youth showed up to the in-person meet-and-greet at a local park and an average of 8-10 showed up for the two follow-up virtual sessions. Showing youth their voice can make an impact now is an important part of the SRAE positive youth development goals.

- This year the **Appalachian Replication Project** team focused on building community relationships and trust to facilitate linkages to youth services within southwest Virginia. After many meetings, a regional SWVA teen pregnancy prevention coalition emerged, led by ARP, the Mount Rogers Health District, and Ballad Health, the local healthcare system servicing Appalachian Virginia, Tennessee, North Carolina, and Kentucky. The coalition will work to have a significant impact on improving the optimal health of adolescents and reducing teen pregnancy and sexually transmitted infections in southwest Virginia.

- Despite the pandemic, the **Futuro Latino Coalition** increased community engagement. Thanks to the collaboration with the different organizations and with the groups integrated into the coalition, people had a chance to participate in the different virtual events and discuss questions and concerns during these virtual sessions. Partnerships with the Virginia Department of Health, religious organizations, healthcare professionals and businesses, supported our increased community engagement. FLC also engaged the community through news articles and blog posts with support from our coalition media collaborator, New Horizons.

- The **Promotores De Salud** Coordinator and the Promotores participated in two City of Waynesboro river clean up days. By participating in these events, the Promotores program demonstrated a commitment to becoming involved in community events important to the Waynesboro community. Additionally, the participating Promotores were exposed to and participated in a community event that benefits all residents.

- The **Shenandoah Valley Migrant Education Program (SVMEP)** collaborated with Harrisonburg City and Rockingham County Public Schools to provide supplemental education support to migrant students in their homes. The school systems gave SVMEP staff access to their Google platforms, which enabled students and tutors to navigate the platform together to review, complete, and submit assignments. SVMEP also collaborated with the Blue Ridge Area Food Bank to deliver food boxes to each of the families in our program. About three years ago, a once-a-year food drive was conducted in order to deliver food boxes to migrant families in collaboration with the Young Children Program during Thanksgiving. This event was successful for two years until COVID happened. During the pandemic, a partnership with BRAFB allowed SVMEP to deliver bi-monthly food boxes to the families. This was to aid in students being home and families being financially unstable. SVMEP also offered virtual English classes for migrant families. Parents were able to receive a once-a-
week English class based on basic topics to help them navigate the community, their job, and support their student’s education. Most often parents struggle to find an English class that works around their schedule so SVMEP focused on holding the class in the late evenings.

The IIHHS Engagement Fellow that worked with SVMEP completed a Skills and Needs Assessment with Arabic-speaking members of the Harrisonburg community. The findings from the Fellow’s work were shared and disseminated to IIHHS staff and collaborating community partners, including Church World Services.

- CHITTS receives regular accolades from health and human service providers because of the highly trained interpreters provided through this service. Customers repeatedly express gratitude for the high level of service provided by our interpreters and the compassion they showed to the patient. Accurate communication is the cornerstone of competent, effective health care. For hundreds of Shenandoah Valley residents, linguistic and cultural barriers seriously compromise the quality of health care that they receive and contribute to health disparities. The use of trained interpreters removes barriers, improving access, outcomes and the health of our community.

- In the Healthy Families programs, community engagement is at the core of its services in Page and Shenandoah Counties, and a source of pride because of the win-win-win situations that comes from bringing the strengths and diversity of people together to build capacity for all. Healthy Families efforts to increase access to quality childcare through community collaboration is one of our proudest community engagement achievements this year because it is directly connected to the Healthy Families goals of building and sustaining community partnerships to systematically engage overburdened families, promoting healthy childhood growth and development, and enhancing family functioning by reducing risk and building protective factors. While the Healthy Families collaboration with the Community Care and Learning Center (CCLC) began as a way to support much need childcare for our community, it soon included JMU faculty and staff serving on the center's board and Mixed Delivery Leadership Team. The connections strengthened in 2020-2021 with 25 JMU undergraduate and graduate students from 5 CHBS majors providing over 1900 hours of support to CCLC. Each student participated in engaged learning activities related to their area of study and gained valuable experiences working with children, communicating with parents and staff, and understanding the immense economic and personal impact the lack of childcare services can have in our society. Recently, the two programs joined together in applying for a new regional grant through VECF that will build quality childcare capacity across six counties. The grant is expected to provide free high-quality preschool services and wraparound childcare for nearly 300 preschool children over the next two years. This collaboration will increase opportunities for faculty, staff, students, and programs at JMU to be engaged in high-need areas, and give Healthy Families additional childcare resources to support program participants.

- In addition to working with public schools, administrators, teachers, and more, the Gus Bus has created a web of partners and resources to provide goods and services to the community. The Blue Ridge Area Food Bank is one example of a longstanding partnership that has
adapted and changed throughout the years. This year, because of COVID, staff once again had to reevaluate how to get shelf-stable food and fresh produce to families. Because it was not safe to hold Gus Bus stops or Neighborhood Produce Markets in the neighborhoods for families, staff came up with an alternative solution with the help of the foodbank. Weekly food pick-ups at several locations around town were held in order to ensure the physical distancing and overall safety of people. With continued cooperation from the foodbank, staff were still able to provide both shelf-stable food and produce to Gus Bus families. The Gus Bus also partnered with NASA to provide students attending Stone Spring Elementary School a unique curriculum where students planned a mission to Mars and were able to connect with NASA engineers as they planned their designs.

- Valley Program for Aging Services is JMU’s Community Partner for the Caregiver’s Community Network (CCN), which enables CCN to continue the good work of this program. VPAS has long recognized the merit in supporting caregivers, but in the past year, this organization has increased their efforts to enhance caregiver recognition, support, and well-being. Kathy Guisewite, CCN Coordinator, has been invited by VPAS to offer virtual mini-retreats to caregivers. These retreats will mark a year of gatherings in June. They have served as a social gathering, a place of camaraderie and fun all while engaging in artistic endeavors. Caregivers report that these sessions give them something to look forward to each week, and by adding the group commitment, it better enables them to do something creatively they enjoy doing. Additionally, Kathy is facilitating a weekly virtual support group for caregivers that serves as a safe space to process personal experiences, to connect to valuable resources, and to feel less alone on the caregiver journey.

- Our Blue Ridge Area Health Education Center Scholars Program worked with several community groups to create workshops for area high school students on health science careers. Staff are hopeful that among these hundreds of high school students, many will choose JMU to prepare themselves for work in the health sector.

- The JMU Counseling and Psychological Services (CAPS) Clinic has partnered with Page Memorial Hospital primary care providers for the past 17 years to provide integrated primary care behavioral health services. In May 2021, CAPS received a HRSA grant to fund the Interprofessional MAT Expansion Rural (IMATER) initiative to promote rural health care services through training and enhance service delivery by increasing access to Medication Assisted Treatment (MAT) services in Page County, Virginia, a Health Professional Shortage Area (HPSA) for the discipline of mental health (HRSA, 2017). James Madison University (JMU) will partner with a federally designated rural health care clinic and the Page Free Clinic to provide counseling and nursing services required to maintain and increase access to MAT services offered by Valley Health Page Memorial Hospital (PMH) physicians. In addition, the IMATER initiative will produce and disseminate professional development modules to students and professionals related to rural interprofessional primary and behavioral healthcare. The IMATER initiative will include a special emphasis on expanding services for members of minority and marginalized communities within Page County.

5.2.2 Civic Engagement
Many of the community-engaged experiences offered to JMU students through IIHHS programs prepare students for civic life, participating in a democracy, and advocating for the public good. Some examples of direct connections between our programs and civic engagement activities are provided below:

- The **Personal Responsibility Education Program (PREP)** team participated in the revision of Virginia's Standards of Learning (SOLs) for public schools at the state level and assisted with the revision of Family Life Education at Harrisonburg City Public Schools. Through Summer Programming staff offered events on Black Lives Matter and direct action training as a form of civic engagement. Through the BLM sessions offered by **Sexual Risk Avoidance Education (SRAE)**, students were able to learn how to safely protest, hear from experienced activists and share their own thoughts and feelings in a safe place about the current events happening. Ensuring youth felt heard was central to the activities, which will help plant the seeds of life-long civic engagement.

- After the VA General Assembly passed the HB 134 mandate last year, requiring the Department of Education to establish guidelines for individualized education program (IEP) teams to use when developing IEPs for children with disabilities, **DSHN** has been monitoring those efforts to ensure that the guidelines include sexual health education. DSHN staff had the opportunity to review the initial guidelines drafted by the VDOE and shared feedback on their effectiveness for young people with disabilities. In late April 2021, the drafted guidelines were shared for public comment. The DSHN team shared with program partners their feedback on the guidelines and encouraged others to do the same through social media.

- The **Caregivers Community Network** promotes advocacy for those we serve. While often aging and dementia are viewed negatively, advocates recognize the merit of older adults and their contributions to our society. Living with dementia or simply aging do not equal lack of purpose or disassociation from the rest of society. What is required are the skills of awareness, intentionality in relationship, and determination to have healthy and balanced supports in place.

- **Healthy Families** interns are involved in review of policies and principals that impact home visiting and the vulnerable populations we serve. Students write to or call state legislators to solicit support for bills that positively impact and protect families.

- The **Gus Bus** fosters acceptance and tolerance as skills for Civic Engagement in our elementary aged students through the lessons we teach during our after-school programs. Staff strive to fill the Gus Bus library with books that include representation of marginalized groups from diverse backgrounds to encourage awareness and acceptance for all, regardless of how similar or different they are from the students. In the 2020-2021 school year, Gus Bus students listened to read-alouds with books from our library every Monday to Thursday morning.

In May of 2020, the Gus Bus summer program implemented a lesson on the Black Lives Matter movement and the history of racial discrimination in the United States in response to the murder of George Floyd. In November of 2020, many of the Gus Bus students were
introduced to topics surrounding the US election, voting rights for women and marginalized folks, the branches of US government, and more by reading a variety of picture books at their level. Students also learned about writing a petition to protest unfair legislation in a lesson focused on Andrea Beaty’s Sofia Valdez, Future Prez. Throughout the spring semester, a few students read White Bird by R.J. Palacio in their Gus Bus Book Club, which introduced students to the Holocaust and was used as a discussion point on how we should advocate for those in need or who face hatred and discrimination.

- Through the Counseling and Psychological Services (CAPS) Clinic, JMU faculty have had a consistent presence in Page County for over 17 years. Over time, faculty and providers at PMH have built strong relationships and have continually built upon shared goals. Students observe and learn about the importance of relationship and principles of partnership that are relevant to any system they will enter as a professional. Students and faculty take the time to understand the history Page County as a community prior to engaging in work. It is important that students understand, for example, the history of the park displacement and the impact that has had on generations of Page County residents.

Students also engage in important discussions about rural culture. A shortage of health care providers, higher poverty rates, geographic isolation, and transportation limitations combine to create issues with access to health care. With primary care as a central access point for many health-related services, primary care mental health integration improves access to mental health services and creates opportunities for providers, clients, and families to work together as a team to learn with, from, and about one another, while providing coordination of services.

Page County is a community that can be characterized by strength and resilience and like many other rural communities, one that has a need for increased access to health-related resources. Students review the Community Health Needs Assessment (CHNA) conducted in 2019, which identifies Page as a medically underserved area and a health professional shortage area, specifically for mental health providers. Students explore the impact mental health services can have on physical wellness, reliance on substance use as a coping strategy, relationships, performance at school and work, and the health of families.

- Brain Injury Connections worked with Delegate Tony Wilt on legislative changes impacting Commonwealth pediatric individuals and families living with brain injury. Specifically, our agency, a client’s parent and the legislator worked collaboratively to change the Department of Education’s previous definition of brain injury. The new definition now includes those children who received an acquired brain injury or an injury to the brain from something other than a blow to the head. Now all children, with both traumatic brain injury and acquired brain injury, are eligible to receive key services while in school.

- In the interprofessional workshop, Life in the State of Poverty Simulation, Faculty educators connected the experiences of people in poverty and individuals in the Asset Limited, Income Constrained, Employed (ALICE) population to social and organizational policy choices. Faculty also conveyed ways that students could engage in policy change from
their standpoint as health and human service professionals to make a positive change in the social determinants of health for vulnerable populations.

5.2.3 Engaged Learning

A core component of the IIHHS mission is to connect students (and faculty) with communities through innovative programs that advance the quality of life and to provide interprofessional learning opportunities for our students. IIHHS provides numerous engaged learning opportunities through our clinics, interprofessional education (IPE) offerings, and community-based programs. Each of these will be described below:

5.2.3.1 IIHHS Clinical Services

Eight clinics exist within IIHHS to support the educational goals and objectives of students at JMU. Counseling and Psychological Services (CAPS), Interprofessional Services for Learning Assessment (ISLA), Applied Behavioral Analysis Clinic (ABA), Interprofessional Autism Clinic (IPAC), the Child Development Clinic (CDC), Healthcare for the Homeless Suitcase Clinic (SC), the Occupational Therapy Clinical Education Services (OTCES), and the Page County Rural Practice were developed to address student training needs while simultaneously addressing critical unmet needs in the community. This is particularly important in an environment like ours where clinical sites are increasingly difficult to secure. JMU faculty, staff, and students work collaboratively to meet the community needs through a variety of clinical services, many of them interprofessional. Below are a few examples of how our clinics are vehicles for engaged learning for our students.

- **CAPS in Page County:** The Interprofessional MAT Expansion Rural (IMATER) initiative is a project that was funded by HRSA in May of 2021 that developed out of a community-identified need in rural Page County, VA. A strong consortium including PMH, the Page Free Clinic and JMU’s Department of Graduate Psychology and School of Nursing will increase access to quality substance abuse and mental health services through enhanced capacity within the local rural community.

JMU’s Department of Graduate Psychology offers a doctoral program in Counseling and Supervision which attracts students already licensed as Professional Counselors at the master’s level. The doctoral program offers advanced learning opportunities focused on rural primary care behavioral health integration and substance abuse. Funding will support the placement of one advanced student per year into a clinical internship through JMU Counseling and Psychological Services (CAPS) in Page County, Virginia. The student will have received training in 1) rural health care, 2) interprofessional work, and 3) substance abuse intervention prior to their clinical placement. The internship will expand clinical and service capacity by allowing for one full-time-equivalent behavioral health professional to provide CBT for MAT patients seen in federally designated rural health clinics.

JMU’s School of Nursing offers programs at the BSN, masters, and doctoral levels. The BSN program offers advanced learning opportunities through senior capstone courses during which students engage in 200 hours of applied practice. Funding will support the hiring of an MSN-level preceptor to supervise the placement of two senior capstone nursing students each
block, four per semester, to provide medical case management support in the rural health clinic. The students will have received training in 1) rural health care, 2) interprofessional work, and 3) substance abuse intervention prior to their clinical placement. The placement will expand clinical and service capacity by allowing for two nursing students to provide 140 hours of service each for MAT patients seen in federally designated rural health clinics.

- **Page County Behavioral Health Program:** Dr. Tim Schulte and Dr. Kelly Atwood, who are both licensed clinical psychologists and licensed professional counselors maintained medical staff credentials at PMH. Dr. Schulte and Dr. Atwood supervised and provided integrated mental health services in partnership with federally designated Rural Health Clinics through Valley Health Page Memorial Hospital. Faculty and students worked alongside physicians, nurse practitioners, nurses, and physicians assistants to improve access to mental health services in this health care worker shortage area. Six advanced graduate student clinicians provided counseling services, nursing students shadowed mental health intakes, and all students observed and participated in interprofessional communications and case presentations.

- **Child Development Clinic (CDC):** This year, the CDC trained graduate school psychology students in a more intensive way than ever before. School psychology students found their training placements disrupted as part of the pandemic. As a result, practicum students were exposed to more complicated cases than they may have seen in the school system. Students were able to integrate course work that focused on trauma and apply it to assessments through the CDC. Numerous students reported that they were able to enter into the school systems with a different, more developed view on how trauma impacts student learning. Several students also indicated that they highlighted that information in their internship interviews.

- **The Occupational Therapy Clinical Education Services (OTCES) Clinic:** The Student Learning and Motivation (SLAM!) Program described above was an engaged learning experience for 18 MOT students during the year. They received direct experience leading the program under the supervision of an OTCES OT and OTA and with the assistance of pre-OT student volunteers.

5.2.3.2 Interprofessional/Interdisciplinary Education (IPE)

**Interprofessional education (IPE)** at CHBS’s IIHHS aims to model best practices, focus on IPEC (2016) core competency development and the development of a professional identity that values interprofessional collaboration as the way to optimize clinical and community outcomes for individuals, families, communities, and populations. Educational and clinical experiences offered through the IIHHS foster the development of knowledge, skills, and attitudes that prepare students to be collaboration ready as they enter the workforce. Furthermore, interprofessional collaborative practice, IPEC core competency development, building cultural humility, ethical practice and development of a professional identity that includes all of these elements intersects perfectly with JMU’s engagement mission in that the mission, vision, values and competencies...
are essential for effective engagement. Details about each of the IPE Engaged Learning opportunities is provided below:

- **IPE Workshops:** IIHHS coordinates with faculty across CHBS to offer two workshops that are embedded into student courses.
  
  - The *Life in the State of Poverty Simulation* is a three-hour experience where students take on roles and visit stations to get a general sense of the challenges families face when they are in poverty. The simulation is preceded by didactic material on poverty, including local statistics presented by community partners. After the simulation is complete, students engage in a guided debriefing to share and reflect on their experiences.
  
  - The *Building Cultural Humility Workshop (BCHW)* convenes students from health and human services to explore vital issues of diversity, power, and privilege. The purpose of the BCHW is to provide a forum for students and faculty across disciplines to acknowledge personal, professional, organizational dynamics, and systemic issues that influence the quality of the services they provide to people in the community and their interactions with colleagues.

A total of 675 undergraduate students were enrolled in these workshops during the 2020-2021 academic year, 392 in the poverty simulation and 283 in the BCHW experience. Forty-two (42) graduate students also helped to facilitate the BCHW as it is a program requirement for graduate psychology and occupational therapy. Including facilitators, 717 undergraduate and graduate students participated in the Building Cultural Humility Workshop, and the Poverty Simulation this academic year. Since 2002, there have been 13,041 participants in the workshops, and of that number, 1,989 were graduate student or faculty facilitators.

- **IPE Courses:** 368 students were enrolled in IPE courses this year. Each course is listed in the table below.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Number &amp; Credit</th>
<th>Faculty</th>
<th>Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2020</td>
<td>IPE 415/NSG 415 (1 credit), 2 sections</td>
<td>Akerson, McGuire, Stewart, Choshi, and Walsh</td>
<td>125</td>
</tr>
<tr>
<td>Fall 2020</td>
<td>IPE 415/NSG 415 (1 credit), 2 sections</td>
<td>Akerson, McGuire, Stewart, Choshi, and Walsh</td>
<td>108</td>
</tr>
<tr>
<td>Spring 2021</td>
<td>IPE 415/NSG 415 (1 credit)</td>
<td>Akerson, McGuire, Stewart, Choshi, and Walsh</td>
<td>58</td>
</tr>
<tr>
<td>Fall 2020</td>
<td>IPE 490 (1 credit), section 1</td>
<td>Guisewite</td>
<td>30</td>
</tr>
<tr>
<td>Spring 2021</td>
<td>IPE 490 (1 credit), section 1</td>
<td>Guisewite</td>
<td>20</td>
</tr>
<tr>
<td>Spring 2021</td>
<td>IPE 490 (2 credits), section 1</td>
<td>Guisewite</td>
<td>6</td>
</tr>
<tr>
<td>Semester</td>
<td>Course Number &amp; Credit</td>
<td>Faculty</td>
<td>Number of Students</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------------------------</td>
<td>-----------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Spring 2021</td>
<td>IPE 490 (1 credit), section 7201</td>
<td>McGuire, Stewart, Akerson</td>
<td>21</td>
</tr>
<tr>
<td>Total Students</td>
<td></td>
<td></td>
<td>368</td>
</tr>
</tbody>
</table>

The IIHHS IPE and IDE offerings aim to support students as they address the complex issues that affect the quality of life for individuals, families, communities and populations. The IIHHS Leadership is working with CHBS faculty from across academic units to explore ways to capture the impact of interprofessional education and collaborative practice on core competency development, professional identity, effective community engagement and clinical outcomes for individuals, families and populations.

5.2.3.3 Community-Based Programs

IIHHS has 18 community-based programs that provide a wide range of engaged learning opportunities for JMU students at both the graduate and undergraduate levels. Some examples of these opportunities are provided below:

- Student volunteers in the **Gus Bus** program got a unique experience this year due to virtual programming. In addition to attending our virtual classes, students were given the opportunity to tutor elementary students in our program. This is always a meaningful experience for students in the program as well as JMU students, as it gives them the opportunity to build a closer relationship while working one-on-one. This year, Gus Bus staff had to create a virtual space for JMU students to engage with and tutor students. Harrisonburg City Public Schools assisted the Gus Bus in setting up Google access for JMU students by giving Gus Bus an HCPS email address that would be accessible on the school-issued Chrome Books. This was a new experience for both the JMU students and the families, but everyone worked hard to get it done.

- One excellent example of engaged learning with **Healthy Families** occurred when a family who are deaf enrolled in the program. At the time, the Healthy Families social work intern reached out to JMU’s Communication Sciences and Disorders program seeking a student interpreter to assist on home visits. A wonderful student responded, and quickly became a regular part of visits with this family. Even while on break, or home in New York due to COVID, she participated virtually in visits with the worker and family. The student reported that her listening and interpreting skills were greatly strengthened in this role and that she anticipated it being very helpful as she looks at graduate school and employment opportunities. The family, worker, and student developed a strong bond. The student arranged for a new student to take her place next year, ensuring the family will have this support until they graduate from Healthy Families and giving another student a wonderful engaged learning experience.
- The **Claude Moore Precious Time** (CMPT) program connects nursing students with families who have children with disabilities. Developing mutually beneficial relationships between students and the community being served is the primary vehicle through which student and family transformation occurs. CMPT’s emphasis on the mutuality of student/family relationships upsets the traditional power dichotomy inherent in typical service provider/client interactions, and makes it an innovative and exemplary respite service. Families are not simply passive recipients of student services; every caregiver and child serve as educators, equipping future professionals with the skills, experience, and knowledge needed to provide quality care. In written journals/reflections, students consistently report that the experience and the relationship with the family has positively influenced them both professionally and personally. Students comment that the experience has given them: 1) greater understanding of the families they work with, 2) increased professional skills, and 3) that it has affected them personally. This engaged learning experience is provided through an elective course, NSG 326 Care and Consideration for Children with Special Needs.

- At the onset of COVID, **Brain Injury Connections** was interested in examining how our Life Skills Training would take place for clients who need additional supports for independent living. This training is usually done as an in-home client service. We had the good fortune to problem solve this issue with a JMU Graduate Student’s research efforts. She was able to provide life skills training virtually, as tasks modeled in-parallel (i.e cleaning the bathroom) using a go-pro video system and Zoom communications with our clients.

- The **Caregivers Community Network (CCN)** is honored every semester to work with amazing students and families. It is not an easy task for students and families to be vulnerable to each other, but vulnerability is vital to the work they do together. Students recognize the need to be of service and to offer this invaluable measure of respite to caregivers. While families recognize the merit in extending this opportunity for students to learn through relationship-building what it is like to grow older, to care full-time for your loved one, and to live with physical and cognitive decline. The intergenerational component to CCN shines a light on what it means to find common ground, to ease stereotypic misunderstandings, and to dive into the bitter-sweetness of holding close and letting go.

- **Shenandoah Valley Migrant Education Program (SVMEP):** A student from a detention center developed and improved drastically in their language skills during the spring semester of 2021 with the support of an SVMEP tutor. RCPS notified SVMEP immediately when the student arrived in the community in order to support their transition. SVMEP assigned a social work intern to work one-on-one with them to bolster language immersion and school-day learning. This summer, the same intern will once again tutor the student to prepare for the upcoming school year and continue supporting their language acquisition.

- The **Disability-Inclusive Sexual Health Network (DSHN)** strives to immerse our interns into our work as much as possible and to give them a broad scope of both SexEdVA and IIHHS. The major responsibilities of the interns placed in our program were to do research to support DSHN, to participate in the Youth Advisory Board planning and implementation, to synthesize research done by creating infographics and tutorials for the young people that we
work with that can both support DSHN and SexEdVA, and to support research for both broader SexEdVA and Institute projects including research to further work being done with the Vision of You curriculum and the Institute’s evaluation readiness program. One student working with the DSHN project had the opportunity to develop an outline for a youth panel that would respond to questions about what sexual health was like for them as a young person with a disability. The panel took place during a Sexual Health training for DSHN Innovation Partners. Hearing first hand from young people about their experiences helped Innovation Partners think about what innovative approaches they might take to address issues with sexual health for the youth they work with. For the student working with DSHN, the development, recruitment, and implementation of the panel helped to expand their understanding of sexual health education and intersectionality.

- The Appalachian Replication Project’s (ARP) social work intern received first-hand experience in community partnership building. She assisted the team in researching and initiating contact with potential partners and participated in meetings where relationships were developed. The student was able to leverage her previous work with foster care agencies to set up meetings and try to build new partnerships for the ARP project.

- VPREIS was supported by students from Cathy McKay’s Health Education class. Although students were not working directly with community members or Visions of You students, the VPREIS partnership with Dr. McKay is using the VOY program to enhance the very limited health curriculum for future Health & PE teachers.

5.3 Access, Inclusion and Diversity

In the Fall 2020, the Provost released an Anti-Racist and Anti-Discrimination Agenda for Academic Affairs that establishes a commitment to inclusive excellence and sets expectations for colleges and their respective units to take concrete and meaningful action steps forward toward strengthening diversity, equity, and inclusion. In the Fall 2020, to help carry a vision of inclusive excellence forward in CHBS, Dean Sharon Lovell appointed Dr. BJ Bryson as the CHBS DEI Director. Associate Dean and IIHHS Director Linda Plitt Donaldson retained her role as Chair of the CHBS DEI Council and the talent and resources of the DEI Council were directed toward helping to guide unit-level action to strengthen department DEI efforts, and helping to advance College-level DEI initiatives. To that end, all CHBS units were asked to develop unit-level plans to guide DEI efforts that included action steps around each of the following domains: students, staff, faculty, curricula, spaces, and community.

In the Fall 2020, IIHHS formed an Anti-Racism/Anti-Discrimination (ARAD) team to deliberate, plan, and implement DEI initiatives at IIHHS. Current members of the IIHHS ARAD team are:

- Emily Akerson
- JoLynne Bartley
- Darryl Boykins
- Stephanie Cervantes Albarran
- Cheryl Carter
- Rachel Gagliardi
- Kim Hartzler-Weakley
- Kristi Van Sickle
- Laura Leischner
- Kalya McKean
- Allie-Cate Phillips
- Linda Plitt Donaldson
- Nancy Resendiz
- Raiquan Thomas
- Jared Tschohol
IIHHS submitted a preliminary anti-racism/anti-discrimination plan in the Fall 2020, and a progress report in May 2021 that is included as an appendix to this document. Highlights of DEI accomplishments from that report include:

- Crafting a new DEI objective for IIHHS that will be reported on annually in the STAR Tool that reads: “Work to identify and dismantle oppressive racist and discriminatory policies, practices, and processes.”
- Cultivating regular and ongoing in-house events (created as “DEI Lunch and Learns”) through a monthly book club and short-media discussion groups 1-2 times/month. One can view the schedule [here](#).
- Creating a DEI Library, with an initial investment of 80 books covering a variety of DEI topics, as well as a system for checking out and tracking materials.
- Writing and posting an anti-racism and anti-discrimination statement on the [IIHHS Webpage](#).
- Implementing a system where all staff can participate in evaluating their supervisors.
- Drafting an IIHHS climate survey that will be deployed in summer 2021.
- Requiring all IIHHS staff to participate in at least two DEI Personal/Professional Development opportunities over the course of the fiscal year.

### IIHHS Professional Development Efforts

IIHHS staff sought out and took advantage of a variety of DEI offerings provided at JMU, CHBS, the local community, and through professional associations. Many IIHHS staff created opportunities for DEI development within their staff teams, and many IIHHS are actively serving on committees to support DEI efforts at IIHHS, CHBS, and both. Some of these efforts are highlighted below:

- 18 staff members serve on the IIHHS ARAD Team, including serving on 1 or more sub-committees to create and advance our ARAD work.
- One IIHHS staff member is a co-facilitator for the CHBS Equity Facilitator’s Group, an initiative of the CHBS DEI Director to build capacity within the college to facilitate conversations around DEI issues. Two IIHHS staff members participated in the first cohort of the CHBS Equity Facilitator’s Group in the spring 2021.
- All IIHHS staff completed the DEI Everfi Training required by JMU, and the majority of staff attended one of the DEI sessions offered at the CHBS all-college DEI Summit in January 2021.
- IIHHS staff participated in many and varied trainings, workshops, and book groups related to DEI. Some of the titles of these professional development opportunities are listed below. This is not a comprehensive list, but a sample to demonstrate the type and variety of topics around which staff sought professional development.
One team read and discussed “Disability Visibility: First Person Stories from the 21st Century” by Alice Wong

“White Fear: The common fears that white people have about race and how to deal with them” Online, led by Monique Melton

JMU “Wake Up Book Club” – *Me and White Supremacy and White Fragility*

Webinar: “School Mental Health Professionals Supporting LGBTQ Youth”

One team schedules monthly conversations around the CHBS DEI Toolbox

Confronting Bias in the Workplace (TD1153)


Webinar: “Racism: The Ultimate Underlying Condition”

Webinar: “Suicide and Communities of Color”

**Webinar:** “The Impact of Racism on the Health and Well-Being of a Nation”

**Webinar:** “How to not be a white savior in sex ed” online, led by Vanessa Geffrard

**Webinar:** “Having a Conversation About Race”

Training: “Introduction to Equity-Centered Community Design”


One team read and discussed “Just Medicine – A cure for Racial Inequality in American Health Care.”

Webinar: “Understanding the Experiences of BIPOC Psychologists: A Call to Expand the Conversation”

**Cross Cultural Health Care Program:** Summer Learning Series on a range of topics.


**IIHHS Program Efforts to Address DEI**

A newly stated objective for IIHHS is to “work to identify and dismantle oppressive racist and discriminatory policies, practices, and processes.” To that end, IIHHS program coordinators were asked to identify steps they were making to advance structural change. Below is a list of some of the specific steps programs are making related to DEI.

- As mentioned above, IIHHS formed an ARAD team to advance DEI efforts at IIHHS as a whole. Some of the workgroups are focused on examining hiring practices, incorporating DEI language in job descriptions, creating processes to receive and address microaggression complaints, developing DEI training and a glossary for new student interns, volunteers and staff.

- In the spring 2021, CAPS developed DEI trainings specifically related to clinical application for all new clinicians that were implemented during the CAPS weekly seminar. CAPS also developed a DEI Mission statement which is posted on the clinic website, Facebook page, and policy manual. Signs welcoming diversity were posted throughout the clinic to make visible the CAPS’ welcoming stance. CAPS is also being more proactive to consider and plan around a range of religious holidays.

- Brain Injury Connections has designated a staff person who is attending local DEI educational opportunities and sharing learnings with the BIC staff team. BIC is also
reviewing their ‘cultural competency guidelines’ to see how they can strengthen their awareness about and address DEI concerns.

- The Disability-Inclusive Sexual Health Network (DSHN) hired Creative Reaction Lab who leads and teaches equity-centered community design processes to teach the team about equity-centered design and to lead workshops with them.

- The Appalachian Replication Project team created an “Inclusive Educator” webinar series as a professional development opportunity for teachers that discusses inclusive facilitation skills, language, and practices as we all provides guidance for responding to sensitive questions.

- OTCES changed their intake forms to be more inclusive (e.g., guardian 1 & 2 instead of mother/father).

- Healthy Families has started reflecting on ways to ensure their marketing and referral processes are equitable with increased attention to how to target underserved members of the community.

- The SVMEP tasked the Engagement Fellow with doing an Asset and Needs Assessment within the Arabic-speaking population to strengthen its support to families in the Arabic-speaking community.

- In the 2020-2021 year, the Child Development Clinic noted that there were several adolescents who identified with the they/them pronouns despite their family disagreeing. Pronoun selection on the part of CDC teen clients initiated clinician research into LGBTQI culture and encouraged us to reflect on how gender is addressed on intake paperwork, reports, and discussion with clients. The clinical team also consulted Jennifer Iwerks, Director of Sexual Orientation, Gender Identity/Expression (SOGIE) on this topic. Consequently, the CDC updated the language on our application paperwork and reports to address the LGBTQI population needs. As such, gendered pronouns for parents and teens have been removed. In addition, recognizing that DEI efforts begin with understanding personal experiences, the social work portion of the interview/report now includes the topic of “social injustice.” This provides opportunity for families to share information about racial inequity or other experiences that have shaped culture/behavior etc.

- The Campus Suicide Prevention program added the following sessions for Project Echo participants: Supporting Mental Health Among Students of Color and Supporting the Academic Success of Students of Color, and provide material specifically on suicide prevention among LGBTQ+ populations, students of color, faith communities, and veterans. They have also increased the accessibility of their website for people with disabilities.

- Precious Time conducted an inventory of the program and found that participants were overwhelmingly white. They are working on redoing their intake forms to include questions aimed at gathering more specific demographic information to better track program participant diversity.

- The Health Education Design Group (HEDG) has instituted a DEI review of photographs included in eLearning modules.

- Several programs are taking steps to create greater access to populations for whom English is not their primary language. Strategies to reach more language-diverse populations include hiring bi- or multi-lingual staff, translating materials into several languages, adding Spanish captions to videos, and using the language line to serve additional families who do not speak English or Spanish fluently.
Diversity of IIHHS Program Participants

Through its clinics and programs, IIHHS works with a diverse population with a variety of experiences that affect their life situation. The table below provides an impression of the diversity of the people whose lives are influenced by IIHHS programs and clinics (and they also influence us). The percentage represents the number of programs who serve people for whom part of their life experience can be found in each of these categories. For example, 91.3% of our programs serve people from low socio-economic backgrounds.

<table>
<thead>
<tr>
<th>Life Experience</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low socioeconomic status</td>
<td>91.3%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>69.6%</td>
</tr>
<tr>
<td>Medicare</td>
<td>39.1%</td>
</tr>
<tr>
<td>No health insurance</td>
<td>60.9%</td>
</tr>
<tr>
<td>Rural</td>
<td>91.3%</td>
</tr>
<tr>
<td>Lack of transportation</td>
<td>78.3%</td>
</tr>
<tr>
<td>Children in foster care</td>
<td>30.4%</td>
</tr>
<tr>
<td>Children with special educational needs</td>
<td>56.5%</td>
</tr>
<tr>
<td>Children with special healthcare needs</td>
<td>43.5%</td>
</tr>
<tr>
<td>Children with special physical needs</td>
<td>39.1%</td>
</tr>
<tr>
<td>Children with special psychological needs</td>
<td>47.8%</td>
</tr>
<tr>
<td>Children with incarcerated parents</td>
<td>26.1%</td>
</tr>
<tr>
<td>Incarcerated Youth</td>
<td>4.3%</td>
</tr>
<tr>
<td>Substance-exposed infants</td>
<td>26.1%</td>
</tr>
<tr>
<td>Pregnant and/or parenting teenagers</td>
<td>21.7%</td>
</tr>
<tr>
<td>People living with HIV/AIDS</td>
<td>4.3%</td>
</tr>
<tr>
<td>People diagnosed with mental illness</td>
<td>56.5%</td>
</tr>
<tr>
<td>LGBTQ+</td>
<td>34.8%</td>
</tr>
<tr>
<td>Homeless</td>
<td>21.7%</td>
</tr>
<tr>
<td>Persons with Dementia</td>
<td>13.0%</td>
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<tr>
<td>Senior citizens</td>
<td>30.4%</td>
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<tr>
<td>Limited English Proficiency or Speak languages other than English</td>
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<tr>
<td>Arabic</td>
<td>34.8%</td>
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<tr>
<td>Farsi</td>
<td>26.1%</td>
</tr>
<tr>
<td>French</td>
<td>13.0%</td>
</tr>
<tr>
<td>Spanish</td>
<td>60.9%</td>
</tr>
<tr>
<td>Swahili</td>
<td>21.7%</td>
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<tr>
<td>Immigrants</td>
<td>56.5%</td>
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<tr>
<td>Refugees</td>
<td>34.8%</td>
</tr>
<tr>
<td>Migrants</td>
<td>39.1%</td>
</tr>
<tr>
<td>Life Experience</td>
<td>Percentages</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>73.9%</td>
</tr>
<tr>
<td>Russian</td>
<td>17.4%</td>
</tr>
<tr>
<td>Eritrean</td>
<td>17.4%</td>
</tr>
<tr>
<td>Ethiopian</td>
<td>26.1%</td>
</tr>
<tr>
<td>Kurdish</td>
<td>30.4%</td>
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<tr>
<td>Sudanese</td>
<td>17.4%</td>
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<tr>
<td>Ukrainian</td>
<td>13.0%</td>
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<tr>
<td>Bosnian</td>
<td>13.0%</td>
</tr>
<tr>
<td>Croatian</td>
<td>8.7%</td>
</tr>
<tr>
<td>Serbian</td>
<td>13.0%</td>
</tr>
<tr>
<td>Congolese</td>
<td>17.4%</td>
</tr>
<tr>
<td>South African</td>
<td>13.0%</td>
</tr>
<tr>
<td>African American/Black</td>
<td>60.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>60.9%</td>
</tr>
<tr>
<td>Hawaii or Pacific Islander</td>
<td>4.3%</td>
</tr>
<tr>
<td>Native American</td>
<td>21.7%</td>
</tr>
<tr>
<td>Multi-racial</td>
<td>65.2%</td>
</tr>
<tr>
<td>Hearing Impaired</td>
<td>39.1%</td>
</tr>
<tr>
<td>Visually Impaired</td>
<td>39.1%</td>
</tr>
<tr>
<td>Low literacy</td>
<td>69.6%</td>
</tr>
<tr>
<td>Individuals with a brain injury</td>
<td>47.8%</td>
</tr>
<tr>
<td>Adult with substance use disorder</td>
<td>26.1%</td>
</tr>
<tr>
<td>Other ethnic or racial background</td>
<td>17.4%</td>
</tr>
<tr>
<td>Other vulnerable populations</td>
<td>34.8%</td>
</tr>
</tbody>
</table>

5.4 Program or Service Rankings

IIHHS reflects an integrated model of that builds its programs and clinics on respectful relationships among faculty, students, and community partners. To that end, IIHHS benefits from the embeddedness of many of the nationally-ranked academic programs in its work.

- The Baird Clinic is an integral component of JMU’s Applied Behavioral Analysis program that was among the top 23 ABA programs in the country last year.
- OTCES, the Suitcase Clinic, and the Claude Moore Precious Time program are all connected to our nationally-ranked programs in Occupational Therapy, Physician Assistant Studies and Nursing programs.

5.5. Honors College Support

IIHHS programs typically serve as a focus of honors theses or projects. This past year, IIHHS programs worked with five honors students, four of which focused their thesis on our programs.
• JoLynne Bartley served as a reader on Grace Lloyd and Morgan Sapper’s honors thesis entitled “Pediatric Health Literacy”, and other members of the Gus Bus worked with them to develop their health literacy lesson plans that were implemented as part of Gus Bus programming. The purpose of their project was to analyze what health literacy implementations look like as well as the age and developmental stage that is most effective for individuals to begin learning about health literacy, and how continued education for nurses can be centered around improving health literacy. By identifying these important components, the question of the importance of health literacy, where disparities exist, and what assessment tools are the most valuable in collecting data to create interventions can be further understood.

• Two nursing honors students used data from the Suitcase Clinic and from Suitcase Clinic faculty to complete their Honor’s thesis entitled: Establishing Trust and Therapeutic Relationships between Harrisonburg Healthcare Facilities and Homeless Members of our Community.

5.6 Ethical Reasoning in Action

The IIHHS Director, Linda Plitt Donaldson, used the 8 Key Questions as one of the angles by which her students in her Nonprofit Studies Minor Capstone course analyzed their capstone project. An excerpt from the ERIA newsletter describing this assignment is provided below.

JMU students in the spring 2021 Nonprofit Capstone course used the 8 Key Questions as a framework to analyze their Capstone project and as a strategy for ethical decision-making. The Capstone involves a significant project within a nonprofit setting that has the potential to bring about a positive social impact. Students took turns applying the 8 key questions to their Capstone project to deepen their ethical analysis. Peers provided feedback. They thoughtfully considered various ethical dilemmas either posed by or emerging from their Capstone project and included these insights into an ethics paper as well as a section of their final capstone paper. Some of the questions explored included:

- What are the most ethical responses to questions of distributive justice in an environment of scarce resources often experienced in nonprofit settings?
- How do we create nonprofit succession planning processes that are fair and result in inclusive and diverse candidate pools?
- What marketing and fundraising strategies should nonprofit agencies use in developing countries to support and advance the dignity and worth of the recipients of their services?
- How does a mobile health clinic address some of the ethical considerations associated with health care disparities in the Appalachian region?
- How do the 8 Key Questions address a communications campaign focusing on “Not In My Back Yard’ism (NIMBYism) in Harrisonburg with its limited supply of affordable housing available to people with moderate household incomes?

Students noted the importance of applying the 8 Key Questions to their Capstone project. Several mentioned that reintroducing this framework in this class raised their awareness of the everyday occurrence of ethical dilemmas in nonprofit settings. They also expressed appreciation for having an ethical decision-making strategy when considering these situations.
While no additional Madison Collaborative projects were in the works at IIHHS this year, it is always the case that the IPE 415 course, Ethical Decision-Making in Healthcare: An Interprofessional Approach, advances the eight key questions very thoroughly and consistently.

5.7 Efficiencies

While the COVID-19 pandemic was disruptive, disorienting, and challenging in terms of service provision and collaborative work, some of the innovations and adaptations made by different program teams have added efficiencies to our work that will likely be maintained long after we are invited to return to work in the “usual way.” Some of the efficiencies noted by programs this year are listed below.

- The Disability-inclusive Sexual Health Network (DSHN) identified a number of different tools to allow our team to communicate, collaborate, gather information, ensure accessibility, and organize our time and documents more efficiently. DSHN used Slack as our primary communication and collaboration tool, allowing the incorporation of external partners into our sphere of communication. To ensure accessibility we use Otter.ai to provide captions for meetings and transcriptions. Voice Thread allows for individuals with different communication needs and styles to accessibly collaborate and give feedback all in one place. Using surveys to capture information has helped streamline and make more accessible the paperwork process for many tasks. To share and organize our documents with our external partners we have used Google Drive. To manage projects with many moving parts, DSHN staff used an online project management tool.

- The AHEC Scholars program created a Facebook page and a LinkedIn page for AHEC Scholars to network with each other and with faculty given the limited opportunities to meet and connect in person during the pandemic.

- The Sexual Risk Avoidance Education (SRAE) staff has become very efficient at creating online materials and working within the Harrisonburg City Public School online system. At the start of the year it was challenging and took a lot of time and effort to get anything uploaded before a lesson, but staff have learned to get that work done without the help of HCPS staff.

- The Appalachian Replication Project (ARP) team started using Trello to organize the profiles, onboarding, and activities of partners. All working remotely, Trello allowed the team to keep track of where each partner was in a process as well as a record of past activities. ARP will continue to use this application moving forward. In addition, the wide acceptance of virtual conferencing made it easier to meet with new and developing partners. While something is lost in not meeting-face-to-face, virtual conferencing provided greater access to partners with busy schedules.

- Due to the remote programming, the Gus Bus did not spend much money on gas and maintenance for buses this year. Additionally, having the capacity to conduct virtual classes
may be helpful to students during winter months when colder weather impacts participation in the neighborhoods. This may be a good option for winter programming moving forward.

- Similarly, the Shenandoah Valley Migrant Education Program (SVMEP) noted efficiencies from having virtual tutoring. Continuing to offer virtual tutoring options, especially for families who live further away from JMU’s campus, may afford increased access to more families. In addition, providing virtual English classes for participants’ family members yielded a better turnout since families could stay home and did not need to bring their children with them to a class in-person. The SVMEP may continue that practice in the Fall.

- **Futuro Latino Coalition** also benefited from growing its capacity to use zoom and other social media platforms to strengthen its work. FLC also built virtual capacity for families by hosting a Zoom session to show parents how to work their video and audio settings. Parents reported having been afraid to join the virtual conversations because they were not comfortable with the virtual communication technology. Using social media platforms boosted FLC connections with community members, staff joined community efforts to educate about covid-19 vaccines, collaborating with the Central Shenandoah Health District, and hosting four informative sessions on the vaccines covering topics like the risks, side effects, registration, myths and realities, differences between vaccines, record card, guidelines and more. During these sessions, FLC provided information about the Coalition activities according to the different months and dates. For example, it was a good way to promote our Take Back Day event in collaboration with DEA and the Harrisonburg Police Department.

- The **Promotores de Salud (PDS)** Coordinator teamed up with the Virginia Department of Health and Augusta Health to assist with vaccination efforts for the Spanish speaking community. Through this collaborative effort, the PDS coordinator was able to achieve many program goals within a very short period of time.

- The **Child Development Clinic** updated their report templates to be able to complete reports faster and more efficiently. The interview templates now have check boxes, dropdown boxes, and charts that have also shortened the amount of time for parent interview appointments. Staff have also updated the application forms to better ensure the information is received from parents upfront and to reduce the phone calls needed to clarify or obtain information. The office staff were able to transfer several paper forms into electronic versions to improve efficiency and access. The office staff also began scanning more forms and information into the client’s electronic file prior to the evaluation. This allowed the clinicians, billing staff, and office staff to access information without needing the physical file.

- **CAPS/ISLA/PCBH**: The introduction of telehealth services has allowed for an increase in services to rural areas such as Page County, VA. In past years, faculty supervisors and students were on location in Page County on designated days of the week. Although there are many benefits to in-person services, appointments had to be limited to days that providers
could physically be present in Page County. While we anticipate returning to in person services in the fall of 2021, the clinics plan to keep telehealth as an option to allow for continued increased access to services.

5.8 Comprehensive Campaign

N/A

5.9 Noteworthy Accomplishments

Below is a list of additional noteworthy accomplishments at IIHHS during 2020-2021.

- The Suitcase Clinic’s Wellness 360 Program was chosen as one of 10 projects to present to JMU’s Madison Trust this year.
- As noted above, IIHHS conducted a self-study and submitted a comprehensive report to the Dean and Vice Provost as part of the Academic Program Review process.
- The Futuro Latino Coalition received the Dose of Prevention Award from the Community Anti-Drug Coalitions of America.
- The Ophelia Parker Carraway Scholarship was established for students involved in the engaged learning experiences offered by the Caregiver’s Community Network program.
- Brain Injury Connections secured CARES funding which was matched by IIHHS, and funds were used to two accessible doors on either side of the Campbell Building.
- IIHHS expanded into new space at 220 University where program staff from the Gus Bus and the Shenandoah Valley Migrant Education Program were relocated from the Campbell Building.

6. Individual Faculty/Staff Honors and Accomplishments

Honors and recognition for individual faculty and staff at IIHHS are listed below:

- Molly Bowman, Psychologist, Child Development Clinic, received the 2020-2021 School Psychology Community Partner award from the JMU Graduate School Psychology Program.
- Beverly Robinson, CAPS Administrative Assistant, received the JMU Customer Service Award for 2021.

A list of scholarly publications and presentations at professional conferences by IIHHS faculty and/or staff is presented below:

• Atwood, K. (September 2020). *Increasing access to mental health and substance abuse services*. Presentation requested by United Way of Harrisonburg and Rockingham County. Harrisonburg, VA.


• Stokes, T.F. (2021, April). Adventures in generalization, dissemination and telehealth across hallways, cities, counties, countries and continents. Invited presentation at Melmark of the Carolinas, Charlotte, North Carolina. (In person and online to Pennsylvania and Massachusetts)

• Stokes, T.F. (2020, June). Practice and ethics in applied behavior analysis. Invited presentation at Hand in Hand Autism Program, Valletta, Malta. (Online)


• Wiggins, J. (February 2021). *Recognizing and Responding to Student in Distress*. Presentation to faculty at Radford University.

IIHHS Staff Presence on Area Boards and Committees (External)

<table>
<thead>
<tr>
<th>Name</th>
<th>Positions and Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emily Akerson</td>
<td>Healthy Community Council Steering Committee; JMU-SRMH Collaborative Steering Team; Safety Net Coalition;</td>
</tr>
<tr>
<td>Onesimo Baltazar Corona</td>
<td>Harrisburg High School Task Force on School Resource Officer; Harrisonburg-Rockingham ASAP Board Member; Harrisonburg Education Foundation Scholarship Review Committee</td>
</tr>
<tr>
<td>JoLynne Bartley</td>
<td>Page County Alliance for Community Action; United Way ALICE Coalition;</td>
</tr>
<tr>
<td>Brenda Bechler</td>
<td>Harrisonburg City Family Life Education Committee; Virginia Sexuality Network</td>
</tr>
<tr>
<td>Kati Derrick</td>
<td>Co-Leader of the Harrisonburg City Family Life Education Committee; Virginia Sexuality Network</td>
</tr>
<tr>
<td>Tim Estep</td>
<td>Institute for the Advancement of Family Support Professionals RR – Virtual Home Visiting</td>
</tr>
<tr>
<td>Yvonne Frazier</td>
<td>Community Care and Learning Center Board; Page Alliance for Community Action; Family Youth Initiative, SWAG</td>
</tr>
<tr>
<td>Rachel Gagliardi</td>
<td>Harrisonburg/Rockingham Safe Kids Coalition</td>
</tr>
<tr>
<td>Danette Gibbs</td>
<td>Virginia Suicide Prevention Interagency Group.; Higher Education Suicide Prevention Coalition; Shenandoah Valley Inclusive Wellness Coalition</td>
</tr>
<tr>
<td>Ginger Griffin</td>
<td>Smart Beginnings of Harrisonburg/Rockingham</td>
</tr>
<tr>
<td>Kathy Guisewite</td>
<td>Talking Book Center of Staunton</td>
</tr>
<tr>
<td>Kim Hartzler-Weakley</td>
<td>United Way ALICE Coalition</td>
</tr>
<tr>
<td>Tomi Hensley</td>
<td>Shenandoah Valley Autism Partnership – Treasurer &amp; Board Member</td>
</tr>
<tr>
<td>Tammy Kiser</td>
<td>Board, Open Doors; RCPS Health Advisory Board; Respite Care Services Meetings</td>
</tr>
<tr>
<td>Becky Lantz</td>
<td>Smart Beginnings Focus Group, Virginia Medical Reserve Corps</td>
</tr>
<tr>
<td>Sharon Maiewski</td>
<td>Blue Ridge Free Clinic Board; Respite Care Services Meetings;</td>
</tr>
</tbody>
</table>
Kayla McKean  |  Virginia Sexuality Network  
Carmen Moreno  |  SRMH Patient and Family Advisory Committee; Harrisonburg Education Foundation Board Member  
Cindy Noftsginer  |  Healthy Communities Council; Crisis Intervention Teams; Joining Forces/Red Cross.  
Lilana Penalver  |  Casa de Amistad Board Member  
Linda Plitt Donaldson  |  Health Community Council Steering Committee; Safety Net Coalition; Behavioral Health Subcommittee; HCC Equity Group  
Nancy Resendiz  |  Harrisonburg Education Foundation Scholarship Review Committee  
Erika Metzler Sawin  |  HCHC Board of Directors;  
Eric Schmucker  |  Vice-Chair of Gemeinschaft Home Board of Directors; Juvenile Justice RJ co-Facilitator for Court Services, HPD; Narrative4Story Exchange Facilitator.  
Terri Stone  |  Harrisonburg Continuum of Care Group; Respite Care Services Meetings  
Dalia Tajeda  |  RAP South River Science Team  
Jane Wiggins  |  Active member of the Virginia Suicide Prevention Interagency Group, which is coordinated by the Virginia Department of Health under the Department of Injury and Violence Prevention.

| 7. Conclusion |

IIHHS is an exemplar Institute at JMU in cultivating and stewarding relationships among community, faculty, and student for positive impact. Institute staff and faculty from the wide variety of clinics and programs have demonstrated masterful creativity, innovation and perseverance, particularly during the prolonged and unprecedented experience of the COVID-19 pandemic. Despite these challenges, IIHHS programs and clinics have served more people and built more partnerships than we did last year. This is a testament to the strength and commitment of our staff, our stakeholders, and our longstanding partnerships within the JMU and broader communities. In the coming year, we will continue to demonstrate our record of high quality education and services to extend JMU’s reach to more and different people in our community and the Commonwealth.
Appendix A
IIHHS Anti-Racism/Anti-Discrimination Pre-Plan
End of Year Report
2020-2021

Hiring from September 2, 2020 to April 5, 2021 Stats – CHBS Goal of 75% of new staff/faculty racially/ethnically diverse

<table>
<thead>
<tr>
<th></th>
<th>Full-Time Staff</th>
<th>Part-Time Staff</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>70%</td>
<td>7</td>
</tr>
<tr>
<td>Male</td>
<td>3</td>
<td>30%</td>
<td>4</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>4</td>
<td>40%</td>
<td>7</td>
</tr>
<tr>
<td>Black</td>
<td>3</td>
<td>30%</td>
<td>1</td>
</tr>
<tr>
<td>Latina/o/x</td>
<td>3</td>
<td>30%</td>
<td>1</td>
</tr>
<tr>
<td>Middle Eastern</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>10</td>
<td>48%</td>
<td>11</td>
</tr>
</tbody>
</table>

The IIHHS Anti-Racism and Anti-Discrimination (ARAD) Team Status of Action Steps

The IIHHS ARAD Team crafted a new DEI objective for IIHHS that will be reported on annually in the STAR tool. The DEI objective reads:

**Objective 6:** Work to identify and dismantle oppressive racist and discriminatory policies, practices, and processes.

To advance this objective the ARAD team created an anti-racism/anti-discrimination plan that aligns with five of the six domains identified in the CHBS DEI Plan: Faculty, Staff, Students, Spaces, Community. In 2020-2021, the curriculum domain was not given explicit attention, but for 2021-
2022, the IPE/IDE workshops and courses will address progress toward DEI. It should be noted that two of the workshops, *Life in a State of Poverty* and the *Building Cultural Humility Workshop*, are inherently designed to address DEI concerns, and steps are being taken to connect these workshops to explicit student learning outcomes associated with DEI.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Preliminary Timeline</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Faculty/Staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Cultivate regular and ongoing in-house events around topics for discussion</td>
<td>Spring Semester 2021</td>
<td>Kristi, Gracee, Darryl</td>
</tr>
<tr>
<td>to build knowledge and skill among staff around a variety of DEI topics.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General thoughts/ideas generated:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. DEI Training as part of New Staff Onboarding</td>
<td>Fall 2022</td>
<td>To be determined</td>
</tr>
<tr>
<td>3. Demographics/Climate Survey</td>
<td>Spring 2021</td>
<td>Gracee, Kristi, Allie-Cate, Josh</td>
</tr>
<tr>
<td>4. Developing a shared vocabulary around DEI</td>
<td>Spring 2021</td>
<td>Laura, Reem (part of hiring process’ work area)</td>
</tr>
<tr>
<td>5. Continue to require all IIHHS staff to incorporate at least 2 DEI</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>development opportunities into professional development plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Add standard language highlighting DEI into all IIHHS Job Descriptions</td>
<td>Fall 2021</td>
<td>Linda has language currently used for AUH searches that she will share with ARAD Team, and we will finalize standard language to be used in the Fall.</td>
</tr>
<tr>
<td>Action Steps</td>
<td>Preliminary Timeline</td>
<td>Status</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>----------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>7. Develop a Safe Process for Collecting and Acting Upon Concerns Raised by Staff Related to DEI (Ideas generated)</td>
<td>Spring/Summer 2021</td>
<td>Cheryl, JoLynne, Rachel, Stephania</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Met w/BJ Bryson to discuss next steps and ensuring this subgroup is working to support the goals of CHBS and not duplicating efforts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Created a template for a supervisor survey that would be required for all supervisors at the IIHHS during annual evaluation periods and would be shared with supervisees for anonymous input- will be implemented in June 2021</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Creating an email, webpage on the IIHHS site, and information for the staff orientation that will share information on internal JMU processes for addressing issues- i.e. faculty ombudsman, HR mediation services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Recruiting a person to act as a ‘human portal’ that could help someone find information, but would not be the person to hear and collect information on the issue</td>
</tr>
<tr>
<td>8. Adjust Internal Hiring Practices</td>
<td>Spring 2021</td>
<td>Laura, Reem</td>
</tr>
<tr>
<td>• Write job descriptions differently to make them more inviting</td>
<td></td>
<td>• Will develop standard language for all position descriptions for IIHHS (See #6 above) (by Fall 2021)</td>
</tr>
<tr>
<td>• Develop process to review language for job descriptions.</td>
<td></td>
<td>• Researching best practices for hiring people that represent more diversity (understand that AP positions already have a process for including diversity, but can add to that)</td>
</tr>
<tr>
<td>• Hire people that represent more diversity – establish some practices to optimize hiring people from historically-excluded populations</td>
<td></td>
<td>• Still would like to have informal conversations about internal hiring practices with different IIHHS departments</td>
</tr>
<tr>
<td>Students</td>
<td>Fall 2021</td>
<td>Josh, Kayla, Allie-Cate</td>
</tr>
<tr>
<td>• Develop intentional knowledge and skill-building for students engaged with IIHHS programs related to DEI</td>
<td></td>
<td>• Develop student on-boarding and training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assess current onboarding process at IIHHS (to be complete)</td>
</tr>
<tr>
<td>Action Steps</td>
<td>Preliminary Timeline</td>
<td>Status</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------</td>
<td>--------</td>
</tr>
</tbody>
</table>
| - Facilitate 3-4 required sessions at 1 and 2 week intervals to:  
  - establish connection to IIHHS identity  
  - establish anti-racist and DEI values and practices with students  
  - Support program specific onboarding processes to engage authentic cross-race dialogue and experience  
  - Develop asynchronous module for student volunteers not required to attend IIHHS onboarding sessions  
  - Host monthly luncheon series where students can connect, pose questions, and discuss DEI and their experience at IIHHS. (implement in fall 2021)  
  - Assess practicum and intern equity practices | summer 2021)  
IIHHS Glossary – for students and new hires (complete summer 2021) |

<table>
<thead>
<tr>
<th>Spaces</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Statement on Our Website that Reflects our Commitment to ARAD.</td>
<td>Spring 2021</td>
<td>Done. <a href="https://www.jmu.edu/iihhs/">https://www.jmu.edu/iihhs/</a></td>
</tr>
</tbody>
</table>
| Conduct an environmental scan of our physical spaces with the goal of having our spaces be inclusive and inviting. | Fall 2021 | Jared and Kim HW  
- Jared and Kim will bring a group together in Fall 2021 to plan activities around IIHHS spaces. |

<table>
<thead>
<tr>
<th>Community</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Examine how to build in anti-racist, anti-discriminatory, and health equity lens to IIHHS work overall? How could we evaluate this?</td>
<td>Fall 2021</td>
<td></td>
</tr>
</tbody>
</table>
- Questions are embedded into APR; site visit is in the Fall 2021  
- Four members of IIHHS (Linda, Mary, Stephania, Cheryl) attending a 4-session workshop series with Critical Service Learning Scholar Dr. Tania Mitchell in Summer 2021 with a focus on developing equity-minded community engagement rubric for assessment purposes. |