

Proceedings from the Virginia Higher Education Conversation on Opioid Misuse and Addiction

May 1, 2018 10:00 am-4:00 pm- Inn at Virginia Tech



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Planning Committee and Event Team

Planning Committee

Cathy Sutphin, Virginia Tech Cooperative Extension, Co-chair
Kathy Hosig, Virginia Tech Center for Public Health Practice and Research, Co-chair
Beth O'Connor, Virginia Rural Health Association
Crystal Tyler-Mackey, Virginia Tech Cooperative Extension
Debbie Jones, Virginia State University Cooperative Extension
Karen Vines, Virginia Tech Cooperative Extension
Laura Nelson, Virginia Tech Institute on Policy and Governance
Mary Beth Dunkenberger, Virginia Tech Institute on Policy and Governance
Sophie Wenzel, Virginia Tech Center for Public Health Practice and Research
Tonya Price, Virginia Tech Cooperative Extension

Event Team (in addition to the above)

Jeremy Elliot-Engel, Virginia Tech Department of Agriculture, Leadership and Community Education
Liz Allen, Virginia Tech Institute on Policy and Governance
Megan Kearney, Virginia Tech Center for Public Health Practice and Research
Mellisa Breen, Virginia Tech Cooperative Extension
Mindy Thorpe, Virginia Rural Health Association
Shelby Borowski, Virginia Tech Center for Public Health Practice and Research

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Executive Summary

On May 1, 2018, 71 higher education representatives from 23 colleges and universities from across Virginia, and community representatives from Health Departments, Community Services Boards, and law enforcement gathered for a day of conversations on how to jointly combat the opioid epidemic. An agenda for the event is included in Appendix A. A list of participants is included in Appendix B.

The day began with experts in the areas of policy, prevention, public safety, and legislation setting the context of the problem in Virginia. This was followed by short presentations by faculty from Universities in Ohio, West Virginia, Tennessee and Kentucky on successful regional initiatives in which they have been involved. Edited video recordings of the morning sessions are available if requested.

Morning session speakers were seated at different tables during lunch and attendees could sit with them to further discuss their initiatives.

Several short presentations in the afternoon focused on specific initiatives, including a recap of a similar event held at George Mason University, and an example of a successful student recovery program at Virginia Commonwealth University.

The day ended with a modified World Café discussion, in which participants engaged in discussion around the topic of opioid misuse and addiction and brainstormed ways to continue collaborative work. Participants were involved in five discussions related to specific topics in the areas of prevention, treatment, policy/regulation, prescribing/monitoring, community based programming, and the economic impact of the opioid crisis as described in the next section.

Main discussion points from the event included:

1. We need to identify ways to reduce stigma- we need to change the narrative about opioid misuse and addiction
2. There is a need for new evidence-based research– community must be involved
3. The community, including those in recovery, businesses, faith-based organizations, providers, peer support, etc. has a crucial role in helping to solve the epidemic
4. We need to identify ways to translate research to practice quickly and efficiently
5. We need to keep social determinants of health/trauma informed care in mind (ACEs)
6. We need to increase collaboration across and within disciplines and institutions
7. More treatment options are needed, with a focus on long term, chronic care that is holistic

Background and Introduction

On November 21, 2016, the Virginia State Health Commissioner declared the opioid addiction crisis a public health emergency in Virginia¹. Communities across Virginia are holding conversations with local agencies and community members to build awareness and discuss prevention and treatment of opioid addiction. In Fall 2017, the Director of Virginia Cooperative Extension, Dr. Ed Jones, and Virginia Tech Provost, Dr. Cyril Clarke, provided funding for Dr. Cathy Sutphin and Dr. Kathy Hosig to work with a team to develop a campus conversation related to this issue. Through discussions, the team determined that the campus conversation needed to center on what higher education's role and contribution could be in helping communities overcome this issue.

Virginia Cooperative Extension, the Virginia Tech Center for Public Health Practice and Research, the Virginia Tech Institute for Policy and Governance, the Virginia Tech Center for Gerontology and the Virginia Rural Health Association hosted the "Virginia Higher Education Conversation on Opioid Misuse and Addiction" on the Virginia Tech campus on May 1, 2018. The goal of this event was to bring together Higher Education stakeholders from across Virginia to collaborate, learn from each other, and determine Higher Education's unique role in identifying strategies, including a shared research agenda, to address this important topic. Teams from colleges and universities across Virginia and community representatives were invited.

¹Virginia.gov. (2016, November 21). Opioid Addiction Crisis Declared a Public Health Emergency in Virginia. Retrieved from <https://governor.virginia.gov/newsroom/newsarticle?articleId=18348>

Methodology for afternoon working session (modified World Cafe)

The afternoon session consisted of five discussion rounds of 20 minutes each. Attendees rotated through five different tables, one table per round. Each table had a different discussion topic (e.g. prevention in children). For each round, a different question was posed. Attendees were encouraged to answer that question from the lens of the table topic.

Each table had a notetaker/facilitator. Attendees were encouraged to discuss, engage, listen to each other, and jot down notes on the paper tablecloth.

The questions for the modified World Café are as follows:

Round 1: Given what we've heard this morning, what else do we need to consider to address the opioid epidemic?

Round 2: What do you see as the greatest research and community engagement needs related to opioid use?

Round 3: How can we use research and community engagement to develop solutions for real world problems related to the opioid epidemic?

Round 4: What opportunities exist for collaboration between institutions and how do we overcome any barriers to collaboration?

Round 5: If we had all necessary funding, what would we do to combat the opioid epidemic as institutions of higher education?

Main discussion points from each table

Prevention in children

1. Children need to be appropriately assessed and treated for mental health issues
2. Identify and address social issues/social determinants of health and any signs of childhood trauma as early as possible (Adverse Childhood Experiences)
 - Increase trauma informed care and counseling
 - Take a resiliency perspective
3. Foster care system in the NRV is beyond capacity and needs to be fixed
4. There is a need for early and age appropriate prevention education for children, beyond DARE to postpone exposure to and initiation of drug use
 - Increase opportunities for conversations with children about drug use- both in person and online
 - Provide schools with evidence-based, age appropriate curricula
 - Embed substance use disorder information into all aspects of curricula
5. Provide education to new parents on how to deal with infants in withdrawal
6. Decrease number of prescriptions written to youth for opioids
7. Increase drug take-back events
8. Definition of community is slowly changing from geographical to online for kids- empower kids to create their own narrative about their community
9. Encourage law enforcement to reach out to kids in the community
10. Engage the local community, including businesses, in prevention efforts
 - Expand the conversation beyond academic institutions:
 - Schools
 - WIC
 - Strengthening families
 - Churches
 - Other community programs
11. Create opportunities for peer mentorship and listening
12. Joint dissemination of efforts (higher ed/law enforcement/community groups, health systems)
13. Break down silos across disciplines- more collaboration is needed
14. Address the inequality of mass incarceration

Prevention in adults

1. Many adults lack basic education about opioids
 - Patients need a greater understanding of the risks of starting to take opioids and the high potential for addiction
 - Need to educate physicians about their role in educating patients
 - More health literacy on what is an opioid for the general public
 - Pharmacists have a role in prevention by giving more active education to patients picking up opioids
2. The faith community has an active role to play in prevention
3. Addiction needs to be de-stigmatized
4. Need to clearly define what constitutes an adult
5. Need for good quality data to help identify the populations at risk to improve prevention efforts
 - Need for data portal for “big data” about opioids
6. Need more resources for people coming out of recovery to prevent relapse
7. Allocate funding to back end of law enforcement
8. Develop long term meaningful, reciprocal partnership between universities and communities
9. Take a dissemination and implementation science approach
10. Need for a longitudinal cohort study

Recovery support

1. Right now, recovery from substance abuse is a chronic disease that is being treated the same way as an acute disease- need to change that mentality
2. Need to realize recovery does not have a one size fits all solution
 - Need for programs that can grow with an individual- wide focus to help navigate life, from jobs, to higher education, to housing, etc.
3. Still much stigma around substance use and recovery.
 - More education about recovery is needed
 - Stigma especially high in rural communities
 - Media campaign that focuses on empathy
4. Need to focus on how mental health affects men and women- role of society in how it treats men in regards to mental health- might influence substance use
5. Promote the role of recovering individuals in the community
 - Support for recovering individuals in the workplace
 - Communicate the benefits of recovery and treatment
6. Importance of recovery courts
7. Need more research on recovery programs- what works, why they work
 - More positive research (role of recovering individuals, etc.) vs. negative focus (relapse, etc.)
 - Gap in research translation between scientists and local community
 - Counseling only goes so far, need broader support systems in place- research effectiveness of these types of programs
 - Need collaboration from institutes of higher education to be most successful
 - Consider a regional approach vs. separating by state
8. Role of the community in combating addiction (faith based, coalitions, Cooperative Extension, family therapy, etc.)
 - Take the conversation out into the community
 - Importance of peer support
9. More treatment providers needed
10. Law enforcement is quick to file charges and criminalize substance use- impacts long term recovery issues
11. Universities should open up their doors to those in recovery
12. More regulation and oversight of treatment centers is needed

Treatment (MAT and behavioral/counseling)

1. There is a need for more treatment centers in the region- including residential and office based
2. Need a more integrated, holistic treatment curriculum (mental health, SA, PT)
3. Need to look at pain management, including patient and provider education
 - Options for treating pain without an addictive drug, including alternative treatments
4. Understand the role of Big Pharma in starting the epidemic
5. Treatment of women needs to include their children
6. Need for more research
 - Different strategies to treat opioid use disorder
 - Need new evidence based strategies
 - Develop better understanding of neurobiology and molecular targets for treatment
 - Research on computational psychiatry
 - Make research accessible for those on the ground- disconnect between research and practice- need to better translate- there is an implementation gap
 - Many current treatment options not research based
 - Break down funding silos
 - Encourage collaboration across sectors and universities
 - Identify best practices, and evaluate them
 - Research needs to demonstrate a return on investment
7. Need for more drug courts
8. Stigma associated with MAT
9. How do we use tele-therapy in rural areas?
10. Community has important role to play in treatment
 - Need to engage people who have negative views of recovery to decrease stigma
 - Integration of health systems into the community
 - Engage faith based community- train pastors
 - Role of different SES levels needs to be considered
 - Consider viewpoint of community and individual
 - Need the community at the table to help find solutions
 - Involve the business community
 - Involve peer support in treatment and recovery options
 - Can we find a way to make peer support a paid position?
 - Involve families in recovery
11. Change the narrative around opioid use to reduce stigma- culture change needed
12. Treatment options are very sterile, need personal/emotional touch

Policy/regulation (prescribing monitoring/enforcement)

1. Reallocate funding from law enforcement to treatment and recovery
2. Reduce stigma on a national level- and translate to policies
 - Harm reduction- huge community pushback- how do we get over it?
 - Need guidance and buy in from law enforcement
 - Needle exchange
 - Safe injection sites
 - At a policy level
 - Role of community in reducing stigma
3. ERs need specific policies for dealing with people coming in with overdose
4. Health insurance offer a very low reimbursement rate for treatment- clinics cash only
5. Impact of incarceration and punitive approaches- not working- need to advocate with policy makers
6. Need a cost benefit analysis of what can be saved through early intervention
7. Need for peer support and recovery best practices
 - Peer educators are important
8. Research on social determinants of SUD and co-morbidities
9. Policy makers need to start valuing the voice of community members
10. Role of direct consumer advertising- can this be enforced/restricted?
11. Problem with pain becoming a vital sign- need to change pain management practices
12. Need for good reliable data
 - Use data to tell a story and change funding paradigm in criminal justice
 - Need data linking policies and unintended consequences
13. Identify current best practices and methods- and hold them to high standards
14. Need for patient centered medical homes
15. Need strong collaboration across institutions, limit competition
16. Need for a policy so that people are adequately training in providing acute and long term recovery care
17. Develop a workforce to train in addiction

Community-based

1. Cultural sensitivity integrated into all interventions
2. Role of the entire community in combating the issue
 - How to understand and address stigma
 - Listen to community narrative of historic trauma
 - Tailor research to region, be aware of social determinants of health
 - Role of the faith community
 - Need more jobs in communities
 - Educate and train individuals to help others
 - Peer support specialists
3. Regional issue, across county and state lines
4. Business community has a big role to play
 - Team Awareness model
5. Narrative matters- we need to change how we talk about addiction
6. Need to look at and acknowledge root causes of addiction
 - Trauma informed care, give hope
7. Increase access to treatment
 - Wide range of modalities- different approaches by person
8. More data needed- to target prevention efforts and inform policy
 - Track data trends
9. Researchers need to get off campus and out into the community
 - Disconnect between the research and the communities we serve
 - Need for more community based participatory research, translate research effectively
 - Encourage team based research, encourage community based research- build and maintain community partnerships
 - Coordinate more across and within universities
 - Take away research competition for funds, coordinate and streamline
 - Academia needs to adapt to the community
10. Need for non-addictive pain medication
 - Change how we treat pain

Economic impact

1. Need to have a clear understanding of the true economic impact
 - Cost to treat addiction vs. cost of doing nothing
 - Stigma/resistance – not a problem in my area, it's somewhere else
 - Separation of families
 - If children are using, what is this doing to our future economy? Long-term effects?
 - Incarceration
 - Workforce impact
 - Not able to hire enough employees due to failed drug tests
 - Loss of job
 - Business not coming to an area due to high opioid rate
2. Business leaders should be invited to and attend these type of conversations to get their buy-in and support
3. Businesses are concerned with their ROI. What's in it for them? Need to provide them with evidence of institution and financial gain.
4. Provide incentives to businesses who implement a drug-free workplace program or increase their insurance premiums if they don't participate
5. More time needs to be spent investigating what is happening in communities that is causing this problem. Depressed economy = Depressed people and a loss of identity
6. More education on the speed of which people can become addicted
7. Need to develop partnerships to share funding and resources
8. We need to share our information with the right people and bring those people to the table
9. We need to share what is happening with the media – positive stories
10. We need to have consistent communication across organizations, universities, states, legislation
11. Conversation should be continued at the SWVA Economic Forum on May 17
12. Utilize social media – easier to identify issues
13. Utilize neuroscience expertise – integrate work around addiction
14. Look at big collaborative efforts, compare notes on what is working/not working
 - Share data across institutions
 - Issue too big for a few institutions, need to work together and provide incentives for those who partner together
15. Leverage NIH to share data
16. Provide more education and an awareness of ramifications of opioid use – professionals who dispense or produce meds
17. More use of faith-based communities

Data

1. Action: MOUs among universities among research projects to share data – this epidemic as a test case to test potential to share – SCHEV as facilitator of collaborations
2. Mandates needed for data tracking in a consistent way
3. Already have enough data, need analytics to assess and assign risk
4. Connect quantitative data to qualitative community based participatory research
5. Need to shift addiction as health issue not criminal issue – public awareness
6. Enable collective impact at the local level – action should be data informed and people driven (not data driven)
7. Improve dissemination of best and emerging practices and adapt at the community level
8. Map out money game of prescription industry to tell the story and hold pharma industry accountable – opioids are the new tobacco
9. Create community dashboard of indicators and incidence in real time
 - o Giles FOCUS is an example of an effort that uses real time data GIS
10. More intentional connection between university and community – role for Extension
11. If resources were available, ability to draw on real time administrative data and crowd sourcing to apply nimble resources where most needed, and develop predictive models to get ahead of next crisis
12. Reduce time between research findings and dissemination

Workforce development

1. Need professional development opportunities for social workers and other professionals
 - Barriers to getting that training, cost of master's degree, not many jobs open for those with only a bachelor's
 - Lack of oversight new professionals receive
 - Some professions have no career ladder in rural areas- need to leave area
 - Many people not aware of training opportunities and requirements for social workers
 - Social work, psychology and nursing need a statewide taskforce to map out a strategy for hiring
 - Stigma associated with becoming an addiction counselor
 - Solutions need to be scalable and sustainable- move beyond opioids
2. People with a conviction have a harder time getting a job
 - Hard to reenter the workforce after conviction or addiction issue
 - Are there certain industries where it is easier to obtain employed after addiction issue or conviction?
 - Can we reduce the amount of time a felony stays on someone's record?
 - Decrease the stigma of having addiction history
3. Look into revising recovery courts
4. Resiliency training for first responders
 - See repeat Narcan customers
5. How do we mobilize groups working on the same topic?
6. How do we get support for MAT?
7. Need to have conversation with employers and Chambers of Commerce
 - Need an employer viewpoint on hiring individuals with history of addiction
8. How do we put people straight out of prison into workforce?
9. Looking at acute solutions to a chronic problem- need to change that mindset
10. How do we influence policy?
 - Use faculty and students, gain community input
11. Leverage funds in SW VA to support diversification of the economy
12. Behavioral counseling for employers
13. Destigmatize addiction- teach cultural competence and non-judgement
14. Next steps: summarize findings, develop goals, set priorities and action, plan next conversation, grant clearinghouse, communication strategy

Next Steps

After the discussion rounds, the participants discussed possible next steps. A few suggestions are below.

1. Develop a common research agenda, identify appropriate funding opportunities and apply jointly. Include smaller higher education institutions and community colleges
 - a. centralized regional health data repository grant
 - b. HRSA
 - c. SAMHSA
2. Integrate information on opioid misuse and abuse into curricula at institutions of higher education, including in health professions programs
3. Develop a mechanism for maintaining communication among this group moving forward.
 - a. Use email list/web page/social media to share presentations and disseminate other information
 - b. Consider creating a Virginia Center for Innovation group to create opportunities for collaboration
4. Need a regional approach, not just the Commonwealth
5. UVA proposes to allocate the necessary resources to hold another meeting to continue this discussion and identify next steps

Appendix A: Agenda

Virginia Higher Education Conversation on Opioid Misuse and Addiction May 1, 2018 - 10:00 am to 4:00 pm - Inn at Virginia Tech

| | | |
|---------------|--|---|
| 10:00 – 10:20 | <i>Introductions and Rationale for Higher Education Conversation</i> | |
| | Dr. Cyril R. Clarke Dr. Cathy Sutphin Dr. Kathy Hosig | Interim Executive Vice President & Provost, Virginia Tech Associate Director, Virginia Cooperative Extension Director, Center for Public Health Practice and Research |
| 10:20 – 11:10 | <i>Virginia Context</i> | |
| | Gail Taylor | Director, Behavioral Health Wellness... Virginia Department of Behavioral Health and Developmental Services • <i>Grassroots efforts, coalitions, community building</i> |
| | Dr. Carole Pratt | Senior Advisor and Confidential Assistant for Policy, Virginia Department of Health • <i>State government initiatives, leadership team, execution</i> |
| | Brian Moran | Virginia Secretary of Public Safety and Homeland Security • <i>State level public safety programmatic emphases</i> |
| | Dr. Bill Hazel | Past Secretary of Virginia Health and Human Services • <i>Training of professionals/ workforce development/ curriculum development</i> |
| | Victoria Cochran | Past Deputy Secretary of Virginia Public Safety & Homeland Security • <i>Potential role of universities in collecting and synthesizing data for use in research and practice</i> |
| 11:10 – 11:20 | <i>Break</i> | |
| 11:20 – 12:00 | <i>Perspectives, Experiences, and Lessons Learned from Regional States</i> | |
| | Dr. Robert Pack | Associate Dean and Center Director, East Tennessee State University College of Public Health |
| | Lyn O'Connell | Clinical Coordinator SBIRT SAMHSA Grant, Marshall University, West Virginia |
| | Dr. Roger Rennekamp | Associate Dean and Director, Ohio State University Extension |
| | Dr. Jennifer Hunter Alex Elswick | Interim Assistant Director of Family and Consumer Sciences Extension Associate – University of Kentucky Cooperative Extension |
| 12:00 – 12:50 | <i>Networking Lunch</i> | |
| | Conversations with morning session speakers | |
| 12:50 – 1:00 | <i>Summary of George Mason University Opioid Event</i> | |
| | Dr. Bill Hazel | |
| 1:00 – 1:20 | <i>Results from Surveys of Virginia Universities</i> | |
| | Research and outreach related to opioid misuse and addiction Impact of opioid misuse and addiction on students, faculty and staff | |
| 1:20 – 1:30 | <i>Example of Campus Student Recovery Program</i> | |
| | Tom Bannard | Director Rams in Recovery at Virginia Commonwealth University |
| 1:30 – 3:30 | <i>Working Session</i> [details on back] | |
| 3:30 – 4:00 | <i>Recap and Next Steps</i> | |
| | Dr. Kathy Hosig, Dr. Cathy Sutphin, Sophie Wenzel | |

Appendix B: List of registrants

| First and Last name | University or Organization/Agency | Department |
|-------------------------|---|---|
| Alex Elswick | University of Kentucky | Family and Consumer Sciences Extension |
| Amy H Smith | Virginia Highlands Community College | Arts and Sciences |
| Andrew Slemp | UVa-Wise | Center for Student Development |
| Angela Hagaman | East Tennessee State University | Public Health |
| Ann Gibson | Piedmont Community Services | Prevention |
| Anthony Wilson | Blacksburg Police Department | |
| Barbara Blake Gonzalez | Old Dominion University | Dragas Center for Economic Analysis and Policy |
| Beth O'Connor | Virginia Rural Health Association | |
| Brian Moran | Office of Governor Northam | Office of Public Safety and Homeland Security |
| Carole Pratt | Virginia Department of Health | Virginia Department of Health |
| Cathy Sutphin | Virginia Cooperative Extension | |
| Crystal Tyler-Mackey | Virginia Cooperative Extension/Virginia Tech | Virginia Cooperative Extension / Human Development and Family Science |
| Danny Peek | Virginia Tech / Virginia Cooperative Extension | Southwest District |
| David Andrews | Virginia Tech | Hokie Wellness |
| David L Driscoll | University of Virginia School of Medicine | Dean's Office |
| Debra Jones | Virginia State University | Cooperative Extension |
| Diana Willeman-Buckelew | Jefferson College of Health Sciences | Health Sciences Administration |
| Diane Hodge | Radford University | |
| Donna C. Boyd | Radford University | Anthropological and Forensic Sciences |
| Gail Taylor | Virginia Department of Behavioral Health | Office of Behavioral Health Wellness |
| Jamie Swietlikowski | Georgetown University | OB GYN |
| Jeannine Everhart | Jefferson College of Health Science | Health Sciences Administration |
| Jennifer Hunter | University of Kentucky | Family and Consumer Sciences Extension |
| Jeremy Elliott-Engel | Virginia Tech | Agricultural, Leadership, and Community Education |
| Jolie Lewis | Emory & Henry College | Student Success |
| Joshua Redding | Virginia Tech and the Recovery Community at Virginia Tech | Hokie Wellness |

| First and Last name | University or Organization/Agency | Department |
|----------------------------|---|---|
| Julie DeLoia | Jefferson College of Health Sciences | Dean's office |
| Karen Shelton | Virginia Department of Health | Mount Rogers Health District |
| Karen Vines | Virginia Tech/ Virginia Cooperative Extension | Agricultural, Leadership, and Community Education |
| Kathy Hosig | Virginia Tech Center for Public Health Practice & Research/ Virginia Cooperative Extension | Population Health Sciences |
| Kevin Doyle | Longwood University | Education and Counseling |
| Kimberly A Horn | Virginia Tech/ Virginia Tech Carilion Research Institute | VT Office of the Vice President of Health Sciences and Technology |
| Kimberly Dunsmore | Carilion Clinic and Virginia Tech Carilion School of Medicine | Pediatrics |
| KJ Holbrook | Mount Rogers Community Services Board | Youth & Family Services |
| Laura Nelson | Virginia Tech | Human Development |
| Liz Allen | Institute for Policy and Governance (IPG) | SPIA |
| Lyn O'Connell | Marshall University | Marshall University Research Corp. (MURC) |
| Mac Babb | Virginia Tech | Virginia Tech Police Department |
| Margaret Tomann | The University of Virginia's College at Wise | Healthy Appalachia Institute |
| Mary Beth Dunkenberger | Virginia Tech | Institute for Policy & Governance |
| Mary Grace Campos | Virginia Tech | College Access Collaborative |
| Maureen Walls McKay | Longwood University | |
| Megan Kearney | Virginia Tech | Center for Public Health Practice and Research |
| Michelle Gamber | Shenandoah University | Graduate Public Health |
| Mindy Thorpe | Virginia Rural Health Association | |
| Nadine Hartig | Radford University | Counselor Education |
| Noelle Bissell | Virginia Department of Health | New River Health District |
| Paul Harmon | Blue Ridge Community College / DBHDS | Psychology |
| Paula Prince | Jefferson College of Health Sciences | Humanities and Social Sciences |
| Rebecca Buchanan | Emory & Henry College | Health & Human Performance |

| First and Last name | University or Organization/Agency | Department |
|----------------------------|---|--|
| Rebecca McIntyre | Jefferson College of Health Sciences | Health Sciences Administration |
| Robert Pack | East Tennessee State University College of Public Health | Deans Office/Community Health |
| Robert Trestman | Virginia Tech Carilion School of Medicine | Psychiatry and Behavioral Medicine |
| Robin Hawks | Blueridge community college | Social work/psychology |
| Roger Rennekamp | The Ohio State University | OSU Extension |
| Sallie Beth Johnson | Jefferson College of Health Sciences | Health Sciences Administration |
| Shelby Borowski | Virginia Tech | Population Health Sciences |
| Sophie Wenzel | Virginia Tech Center for Public Health Practice and Research | Population Health Sciences |
| Stephanie May | Jefferson College of Health Sciences | Nursing |
| Subratro Kumar Kuri | Virginia Tech | Agricultural, Leadership and Community Education |
| Theresa L. Burriss | Radford University | Appalachian Studies and Academic Outreach |
| Thomas Bannard | Virginia Commonwealth University | Division of Student Affairs |
| Tonya Price | Virginia Tech | Virginia 4-H |
| Victoria Cochran | Cochran Consulting Company | |
| Wendy Welch | GMEC Graduate Medical Education Consortium | |
| Nannette Thompson | Partnership of the Center for Rural Virginia and the Council for Rural Virginia | |
| William Hazel | George Mason University | Office of the Provost |