**Introduction**

Access to healthcare remains one of the main healthcare challenges in the United States, particularly in West Virginia where more than 50% of the population live in rural areas [8]. Preventive disease is important in improving individuals' health and controlling healthcare associated costs. Preventing disease before it becomes clinically significant helps people live longer and benefit from enhanced quality of life. The disparities in health services between rural and urban populations have been documented in various literature [1, 4, 5, 7, 8, 9]. These studies have shown that healthcare delivery, maintenance, and follow-up are relatively inferior in rural areas. The inequalities specifically affect the elderly, immigrants, farmers, and low-income individuals. It is through this reflection that the Body Screening Project was originally conceptualized. Currently, the program serves Grant and Hardy Counties in West Virginia. The program intends to provide health screening and education at various locations such as senior centers, community hospitals, local stores and community gatherings. Thus, this approach provides the community a supplementary opportunity to discuss their health, especially for rural attendees to whom the travel distance to healthcare appointments present hardship. There is evidence that the elderly in rural areas have a positive experience in receiving health-related services in senior centers and community sites [1].

**Findings**

During the past seven months, medical students have screened about 140 individuals from various backgrounds, and identified unknown risk factors. It was found that 116 attendees failed at least one component of the health screening. Health education and brochures were provided to 118 attendees. A post-screening survey indicated a 100% satisfaction rate in regards to services provided. The survey also revealed that 137 individuals would follow-up with their primary care provider for continuing care.

In Figure 2, glucose readings and BMIs were the most common abnormal data recorded in the target population. In fact, 60% of fasting glucose readings were abnormal or outside the normal range and 90% of BMIs were abnormal.

**Limitations**

- Availability of medical students and volunteers to travel to various community locations to perform screening.
- Inability to add further assessments such as blood pressure to the health screening panel because of the significant liability associated with high readings.
- The presence of a volunteer community health professional was required for supervision prior to performing health screening.

**Approach**

Five questionnaires were distributed and collected from patients that presented for health screening. Patients were asked to complete non-identifiable questions consisting of their age range, occupation, knowledge of the newly detected risk factor (if any), satisfaction level, and whether they will follow-up with their primary care provider. Our services included vital signs (Heart rate, respiration rate, Body Mass Index (BMI), oxygen saturation), glucose reading, otoscopic and ophthalmoscopic examinations as well as health maintenance education.

**Conclusions**

- A marked deficit in health maintenance education appears to be a common denominator in rural residents.
- The Body Screening Project provides a model that facilitates patient health maintenance education and access to basic healthcare without further inconvenience to the rural population.
- As the disparities in health services available in rural and urban populations continue to grow, alternative measures intended to improve healthcare access in underserved populations should be implemented.

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