

SUMMER  
2023  
EDITION

# The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

## CHANGING HEALTH IN APPALACHIA

Primary Care Centers of East KY  
bring quality care to most in need

## CAMP HERO

Vets & first responders find solace  
in nature

## FEEDING THE VULNERABLE

ARH Harlan ensures their  
community is well fed



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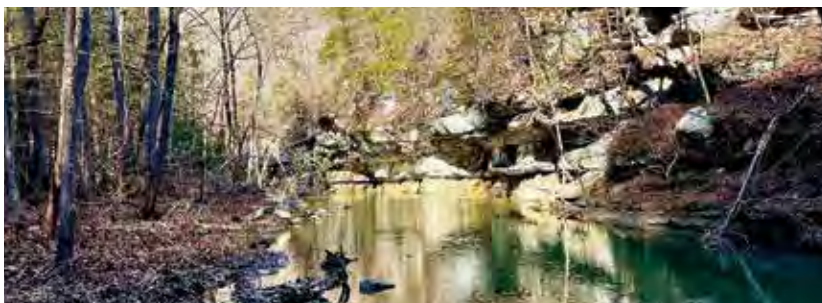


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## On the Cover

“Another Natural Bridge at the Gorge”

By Amanda Metcalf

This photo of an unnamed, natural bridge was taken at the Red River Gorge Geological Area in Wolfe County, Ky. The Gorge is a canyon system on the Red River in east-central



Kentucky in the Daniel Boone National Forest. This intricate canyon system features an abundance of high sandstone cliffs, rock shelters, waterfalls, and natural bridges--with more than 100 natural sandstone arches at the Gorge.

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**The UK Center of Excellence in Rural Health** was established in 1990 to address health disparities in rural Kentucky, including a chronic shortage of health professionals and residents' poor health status. The Center accomplishes this through health professionals' education, health policy research, health care service and community engagement. The Center serves as the federally-designated Kentucky Office of Rural Health.

**The Kentucky Office of Rural Health (KORH)**, established in 1991, is a federal-state partnership authorized by federal legislation. The mission of the KORH is to support the health and well-being of Kentuckians by promoting access to rural health services. The KORH assists clinicians, administrators and consumers find ways to improve communications, finances and access to quality health care while ensuring that funding agencies and policymakers are made aware of the needs of rural communities. The KORH receives support from the Federal Office of Rural Health Policy in the Health Resources and Services Administration of the U.S. Department of Health and Human Services.

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A WORD FROM

*Amelia Holliday*

EDITOR, THE BRIDGE MAGAZINE

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## LOOKING TO THE FUTURE

# *Thinking Outside of the Box*

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Gather 'round, my fellow Kentuckians, for a tale of hope and possibility in our beloved Bluegrass State. It's a story of challenges, yes, but also one filled with resilience, innovation, and the unwavering spirit of our communities.

At the Kentucky Office of Rural Health (KORH), we've undeniably been through a season of change and challenge in the last year, but our spirit hasn't been broken and we're continuing to grow and work our plan.

Through our own struggles, though, rural Kentuckians have continued to face the same challenges with health care that they have for decades. Access to quality health care can feel like a distant dream for those of us living beyond the city limits.

But we all know, where there's a will, there's a way. In the heart of every small town and rural city there beats a spirit of resilience that refuses to be dampened by adversity. It's the same spirit that sees neighbors come together in times of need, offering a helping hand and a shoulder to lean on. In our rural communities, we know the true meaning of "community," and it's this sense of solidarity that serves as our greatest strength.

Just because we're miles away from the hustle and bustle of the big city doesn't mean we're stuck in the past. Thanks to advancements in technology, the world is quite literally at our fingertips. Telemedicine has emerged as a game-changer,

bringing the doctor's office right to our doorsteps. Who would've thought you could have a check-up from the comfort of your own home? It's a marvel of modern ingenuity, and it's making a world of difference for folks who once had to travel far and wide just to see a health care provider.

It's no secret that many of our fellow Kentuckians struggle to afford the care they need. Poverty rates in rural areas are higher than in urban areas, making it difficult for folks to access essential medical services and medications. And let's not forget about the folks who fall through the cracks – those who lack health insurance coverage and find themselves caught in a web of financial uncertainty. It's a tough reality to face, but it's one that we can't afford to ignore.

But here's the thing – change is possible. We've seen it happen before, and we'll see it happen again. By working together – as neighbors, as communities, as a state – we can overcome the obstacles that stand in our way. We can build a future where access to quality health care is not just a luxury, but a basic human right. It won't be easy, and it won't happen overnight, but with hope in our hearts and determination in our souls, we can make it happen.

In this issue of *The Bridge*, we hope that you can see these sentiments ring true across the Commonwealth and that change and sense of hope can and does permeate all of rural Kentucky. ■

**Good stories, positive impact.**

# The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES



Published quarterly, **The Bridge** highlights best practices and innovative solutions to rural health challenges in the Commonwealth.

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**PRIMARY CARE  
CENTERS OF**

***Eastern  
Kentucky***

**Changing the  
Trajectory of  
Health for  
Kentucky's  
Appalachia**



*By Samantha J. Bryant, Ed.D.*



**A**ppalachia and rural Eastern Kentucky have long been underserved in several pivotal areas; one of which is access to reliable and affordable health care. In 2022, the Commonwealth Fund, an independently ran health research organization, ranked Kentucky’s hospital cost as the 49th lowest in the nation and 49 out of 51 states and territories for overall healthiness. Despite this concerning trend, one group in the area is making large advances in improving how Kentucky Appalachians access health care.

### From Concept to Care

The concept for Primary Care Centers of Eastern Kentucky (PCCEK), which was founded in 2003 by a group of Eastern Kentucky natives including PCCEK’s current CEO Barry Martin, came about after the observed uptick in the number of adults in the region diagnosed with Type-2 diabetes.

“At the time PCCEK was founded, nearly every seventh person in Perry County was diagnosed as having Type-2 diabetes,” Martin explains.

**“Our staff are nimble, efficient, and focused on the sustainability of PCCEK and health in Eastern Kentucky.”**

A native of Wheelwright, Martin was seemingly committed to serving rural Appalachia from the very beginning. Since its opening, PCCEK has

expanded to serve not just Perry County but surrounding areas including Hindman and Hyden.

This expansion came rather organically, Martin says, as PCCEK’s Diabetes Center of Excellence ushered in improved access to technology and overall comprehensive care became a beacon for Appalachian’s preferred form of health care. With providers from the region working in the region for one’s holistic health.

Martin says increasing the types of services was always in mind as the goal of PCCEK has always been about “meeting the needs of the community, first and foremost.”

As this growth continued, PCCEK added additional types of care to their repertoire, including mental health care, substance abuse treatment, and a remarkable partnership with the University of Kentucky’s Markey Cancer Center to increase diagnosis of breast cancer by using advanced radiology.

### Focusing on Mental Health

An area long overlooked for residents of the region, mental health was a key focus for PCCEK’s expansion. With on-going studies noting the significant connection between substance abuse and mental health, providers in these areas can no longer treat one without at least observing the other.

These services often work in tandem at PCCEK, Martin says, as PCCEK offers in-patient detox and withdrawal management. He adds that these have been some of the most used resources in recent years.

### ‘Pregnancy & Beyond’

‘Pregnancy & Beyond’, a program assisting expectant mothers struggling with substance abuse in the area, has demonstrated almost immediate results, Martin says, by “decreasing the number of days a baby [spends in intensive care] from 26 days to approximately six.”

Recognized as a Patient-Centered Medical Home by the National Committee of Quality Assurance, PCCEK provide these services in a comprehensive and holistic manner, Martin says.

With the on-going growth of the PCCEK, it should come as no surprise that it was identified as the third busiest privately-owned primary care center in the nation in 2022.



**Barry Martin, Primary Care Centers of Eastern Kentucky CEO and co-founder**





Primary Care Centers of Eastern Kentucky (PCCEK) was founded in 2003 by a group of Eastern Kentucky natives including PCCEK’s current CEO Barry Martin, pictured left. The idea for the Centers came about after the group had observed an uptick in the number of adults in the region diagnosed with Type-2 diabetes.”  
 All PCCEK story photos are courtesy of PCCEK

Signaling a huge increase in rural Kentuckians accessing health care, there are several contributing factors promoting PCCEK’s popularity, Martin explains. The deep understanding of the communities in which these centers serve puts many native Appalachians at ease; the comfort of knowing the medical provider has some base knowledge of the region, daily struggles, and maybe even shares a common accent.

Another characteristic that continues to be a large attribute to PCCEK’s success is convenience. Not only does PCCEK serve four communities in the region with five clinics, including a dental clinic, it also offers access to multiple medical services at these centralized clinic locations throughout the

***“PCCEK has always been about meeting the needs of the community, first and foremost.”***

mountains. These services include dental care and obstetrics, which have been given little to no attention in Eastern Kentucky, Martin adds.

However, Martin is not satisfied.

### Eyeing the Future

When asked about his future goals for PCCEK, he claims transportation is still an issue for patients in rural Appalachia and plans to “look into adding transportation services in the future.”

When asked what other providers could do to increase success at comprehensive care, Martin recommends simply “listening to patients is most important!”

This all-inclusive approach to patient care means the staff at PCCEK is highly trained and dedicated to overall wellbeing and health.

“Our staff are nimble, efficient, and focused on the sustainability of PCCEK and health in Eastern Kentucky,” Martin says. ■



**Kentucky Governor Andy Beshear visits PCCEK with CEO Barry Martin.**  
 All PCCEK story photos are courtesy of PCCEK



# SUSAN JONES

## Susan Jones' desire to serve others finds a match in nursing

By Debra Gibson Isaacs

Help farm families decrease injuries on the farm. Perform bedside care, the very essence of nursing. Teach nursing students in multiple subjects. Care for those in critical care. Deal with the unacceptable rate of suicide on the farm. Promote medication literacy among rural elders. Provide health services for Anabaptist communities. Hold someone's hand in Hospice.

M. Susan Jones has done all of this and more during her long and varied career as a nurse and a teacher.

Cats and dogs were her first patients. They were plentiful on the small farm where Jones grew up, and one of them needed something regularly. If we could have watched Jones back then, it wouldn't be hard to imagine her today—an esteemed nurse with a string of credentials like a string of pearls behind her name: MSN, PhD, RN, CNE (Certified Nursing Educator), ANEF (NLN Academy of Nursing Education). She has had many titles; today it is professor emerita in the School of Nursing and Allied Health at Western Kentucky University.

"I have always had a desire to serve others," she says modestly. Until you hear the whole trajectory of her career, however, you cannot imagine the quantity of that service or the various forms it has taken.

All of it began on that family farm. It was where Jones learned her work ethic.

"We worked in tobacco," she says. "Children really worked back then. I had an older sister and a younger brother. We all worked."

After earning her bachelor's degree in 1968, she was a bedside nurse. It is the mainstay of caring for sick or injured people—answering calls for some water, help to the restroom, shots of medicine, a few pills for them to swallow, an ear to hear unspoken hurts and answer them, comfort in a warm blanket or new socks. Nurses practice in acute care settings such as hospitals and clinics.



Susan Jones, MSN, PhD, RN, CNE, ANEF.

In the midst of that, she married in 1970, and the newlyweds moved soon thereafter.

As if a full-time job, a new marriage and a new place to live weren't enough, Jones also started teaching.

"I assumed the role of teacher," she recalls. "I continued to work part-time as a nurse, but when I started teaching, it was like all the pieces fell in place. The lightbulb went off. This is what I was meant to do."

Jones was a teacher for 45 years. She earned her MSN at Vanderbilt in 1972 and a Ph.D. later in 2004.

Jones switched her focus from acute care to community or rural health after working to implement a W.R. Kellogg grant in the early 1990s.

"We had a grant to help farm families decrease injuries and fatalities on farm," Jones says. "He helped me get more into the community. We taught first aid. Out of that grew an organization started with women. That was a new concept then. Ten farm women in Warren county were empowered to lead this project as they were known to be change agents.... making their farms a safer place to live, work, and play. The change makers in Warren County were women at the time. We had 10 members from farm families, and we challenged them to become empowered."

"I have been given a lot of responsibility by being able to serve people in various programs," she says."

One focused on a cultural service-learning project with an old order Mennonite community. Jones was able to get to know men and women in the closed community. Each month, future health care providers (nurses, medical residents), taught a class on a topic selected by members of the Mennonite community. The students were challenged to make their presentations culturally sensitive. Following the educational session, the students with faculty supervision provided health screening and treatment of acute disorders. This clinic continued for over 25 years. After they had learned the medical information they wanted and needed, Jones helped them create a clinic. Jones had a 25-year relationship with the religious sect.

Jones was fortunate to receive a grant from the Anthem Foundation focused on educating older rural elders on taking their medications. The pilot study was implemented last year in two rural communities of Franklin and Scottsville KY. Pre-and post-tests were used to document the success of this program.

Jones is currently working on a statewide collaborative initiative to address the high suicide

rate for farmers in Kentucky and Tennessee.

The Kentucky Department of Agriculture program is called Raising Hope.

Focus group interviews were conducted with farmers and their family members in both Kentucky and Tennessee. "Farmers told us they are often stressed over things they cannot control," Jones said, "and there are a lot of things that they cannot control such as weather, shrinking labor force, increase cost of inputs with decreased returns. organic foods, GMOs. We called the grant Raising Hope."

***"I truly believe in educational mobility. the main things are reputation and education."***

**—M. Susan Jones**

Jones and her colleagues at WKU are working to increase the mental health care for farmers in their own

rural communities. Another study involved getting physicians to ask questions in a different way to their farming patients. Mental health providers are limited in rural areas. The farmers may go to their primary care provider with complaints of headaches, GI problems, back ache but they may not mention stress. We have created a continuing education training to inform rural health care professionals to tune in to the potential stress of each farmer.

Jones and her colleagues are working with health care providers to understand how important humility can be.

"If the health care providers can balance their authority and knowledge with respect for the farmers, it can go a long way in getting farmers to reveal more of their medical needs, including stressors.

Jones and her team at WKU are also providing health screening at sites where farmers gather. "There are many ways we can show appreciation for farmers. Their efforts provide us with our awesome quality of life," said Jones.

Doing anything that would enrich or make someone's life better is how Jones describes her life of teaching and nursing. Mentoring junior nursing faculty members brings such joy and adds meaning to my life. Through nursing, it became my journey of life a way fuller richer, mission. ■



**FINDING**  
*Solace*  
**IN NATURE**

By Nathan Lyttle

**FIRST RESPONDERS  
AND VETERANS  
STRUGGLING WITH  
MENTAL HEALTH  
FIND SOLACE  
IN NATURE**



In the midst of the demands of modern life, the healing power of nature is often overlooked.

In Jackson County, Ky., some heroes who bear the heavy burdens of traumatic experiences are finding a pathway to recovery in the great outdoors.

“July 3, 2016, I was at a traffic stop and while attempting to arrest a wanted felon, I was dragged and run over by her vehicle,” Rocco Besednjak, founder of Camp Hero, reflects. “It caused a bunch of spinal injuries. Ultimately, I was forced to medically retire as a police officer.”

Camp Hero, a retreat for mentally and physically wounded veterans and first responders that utilizes outdoor therapy, was founded by Besednjak after the struggles he faced following his forced retirement.

“I had to leave a career that I loved and something I identified as. I became depressed. I was suicidal,” Besednjak says. “I tried to look for mental health resources for first responders but there was absolutely nothing. Thank goodness I still had my military resources to be able to talk to someone and get my medicine squared away, but it really bothered me there was no help out there for first responders.”

The concept of outdoor therapy has emerged as a transformative approach to mental health, offering a unique and profound way to address the exceptional challenges faced by first responders and veterans.

Besednjak and his wife purchased 160 acres in Jackson County, Ky., in July 2019. In August of that same year, they started hosting wounded veterans and first responders. They also lease more than 3,000 additional acres of land for the camp.

### **Nature’s Sanctuary: A Refuge from Trauma**

The trauma experienced by first responders and veterans often remains hidden beneath a facade of strength and stoicism. The experiences encountered on the front lines—witnessing accidents, confronting danger, and experiencing loss—can leave permanent marks on the psyche. Traditional therapy sessions within four walls may prove ineffective in breaking through these emotional barriers.

“When someone calls 911, first responders have to go out and experience the worst day of those people’s lives. And they learn to just put that in their pocket and go about their lives because they

have to do it every day,” Besednjak says. “It wasn’t until I realized I was permanently disabled that this stuff—the homicides, suicides, the fatal car wrecks—that everything just came to a head.”

Enter outdoor therapy—an alternative that removes the clinical atmosphere, offering an open and serene space for introspection and healing. Camp Hero is there to provide what the organizers

**Camp Hero provides “mental health maintenance”, a chance for heroes to decompress.**

call “mental health maintenance” to give these heroes a chance to decompress. “The healing process that property has by itself is something that cannot be described. You just feel better out there in nature and that property has medical-grade healing qualities to it,” Matt Greene, a Camp Hero alumnus, explains. “Once you leave Camp Hero, you remember it, but every time you come back it hits you so much harder than you thought.”

call “mental health maintenance” to give these heroes a chance to decompress.

“The healing process that property has by itself is something that cannot be described.

You just feel better

## Connecting with Peers: A Supportive Community

One of the most significant barriers to seeking help for mental health issues is the feeling of isolation. Many first responders and veterans find it challenging to share their experiences with those who haven’t walked a similar path. Outdoor therapy addresses this concern by creating a supportive community of like-minded individuals who share common experiences.

“This is not a doctor’s office with your feet kicked back and pouring out your feelings,” Greene says. “If you come to camp, you are one of us and you will help put out corn, sweep up around the cabin, cook dinner, hang stands, you name it!”

Group activities, such as camping trips or wilderness excursions, forge bonds among participants, providing an avenue for sharing stories, expressing emotions, and offering mutual support. The camaraderie that develops within these groups fosters a sense of belonging and understanding that can be difficult to replicate in



**“Many first responders and veterans find it challenging to share their experiences with those who haven’t walked a similar path. Outdoor therapy addresses this concern by creating a supportive community of like-minded individuals who share common experiences.”**

Photo courtesy Camp Hero



traditional therapy settings.

“A lot of our staff and directors started off as participants,” Besednjak says. “Once they realized how beneficial it was to them, they wanted other people to experience it and it gave them a sense of purpose.”

Organizers say more than 300 people have utilized their services since 2019.

### Reconnecting with Inner Peace

For first responders and veterans struggling with mental health, life can be overwhelming. Outdoor therapy serves as a conduit for reconnecting with inner tranquility, offering moments of mindfulness and stillness that allow participants to find respite from their inner turmoil.

“Once I got out there and got to notice how much is going on in nature—the birds, the animals, the plants—you see how much is going on at any given moment, everything you deal with seems so minute,” Besednjak says.

In a world that often underestimates the depth of trauma experienced by first responders and veterans, outdoor therapy emerges as a beacon of hope and healing. By immersing themselves in the embrace of nature, these individuals can access a wellspring of benefits that traditional therapy may struggle to provide. From confronting trauma in a supportive setting to cultivating resilience through nature’s challenges, outdoor therapy offers a holistic approach to mental health recovery. ■

## Camp Hero Activities

Camp Hero provides 3-4 day getaways for wounded veterans and first responders, to allow them to be able to enjoy the tranquility of the Appalachian Mountain outdoors, while being able to talk and fellowship with other wounded heroes. All lodging and food is provided from the non-profit, through donations. The uniqueness of Camp Hero allows heroes to hike, explore caves, wade creeks, ride ATVs, enjoy watching the abundance of wildlife, sit around a campfire, or even do some hunting (season permitting). Camp Hero also has events for children, teaching outdoor skills, and mentoring them, so they can become the heroes of the future.



If you are a first responder or veteran interested in utilizing Camp Hero’s services, you can contact them through their website [www.campheroky.org/](http://www.campheroky.org/)

#### Mailing Address:

4184 Needlerush Dr.  
Lexington, KY 40509

#### Physical Address:

186 Viney Hollow Rd.  
McKee, KY 40447

#### Email:

Rocco@CampHeroKY.org  
Tel: 1-606-471-3185





Meet  
*Jarrold Reid*

DMD  
White House Clinics



■ **When did your service begin?**

My service began in August 2020.

■ **What are your job responsibilities at your NHSC practice site?**

My title is Dental Director. I spend the majority of my time treating patients as a general dentist. A typical day consists mainly of fillings and extractions, but I occasionally complete root canals and crowns.

My duties as the Director include:

- quality improvement
- writing and updating policies and protocols
- working with other members of the administration to ensure we are serving our patients to the best of our ability while remaining in compliance with state rules and regulations.

■ **How did you first learn about NHSC programs?**

I first learned about the NHSC while attending dental school during a course in Public Health.

■ **What does it mean to you to be a NHSC participant?**

Being in the NHSC means giving back to my community. I grew up in a rural area with a lack of resources, so I want to do whatever I can to improve access to care.

■ **What is the most important thing/lesson that you've learned during your NHSC service?**

There are millions of people in our country who

have difficulty obtaining basic health services. Being in the NHSC has taught me not to take anything for granted and that even a small gesture of kindness can make a difference in someone's life.

■ **What advice would you offer to someone who is considering participating in NHSC programs?**

My best advice is that you have to approach service with an open mind. Patients will have numerous barriers to care that can be very difficult for them to overcome, but it's important for us to continually do what we can to help them succeed. ■

If you have participated in a National Health Service Corps program or know of someone who has, please let us know. We're looking for participants to feature in future issues of *The Bridge*.



# Appalachian Regional Healthcare’s mission feeds vulnerable seniors farm-fresh fruits and vegetables

By Shannon Clinton

When people don’t know where their next meal is coming from, help can’t come soon enough.

Thankfully, a pilot program by Harlan Appalachian Regional Healthcare (ARH) Hospital to give vulnerable seniors free access to fresh fruit and vegetables was assembled in just a few months, in plenty of time for them to benefit from area farmers’ summer bounty.

The idea arose when, as part of the hospital’s commitment to community outreach, Harlan ARH Hospital Director of Community Development Danielle Harmon asked Darla Shepherd, community health worker (CHW) for Kentucky Homeplace, what the primary unmet needs in her client population were.

Kentucky Homeplace’s CHWs help rural residents connect to needed medical, social, and environmental services, along with education on prevention and management of health conditions, at no cost to the clients.

Shepherd said one unmet need was that when money is tight and produce expensive, some seniors choose to skip buying healthy fruits and vegetables altogether.

“They’re (fruits and vegetables) definitely more of a want than a need for them,” Shepherd says.

According to Feeding America, Harlan County’s food insecure population is 5,910, or 21.4 percent of the county’s population.

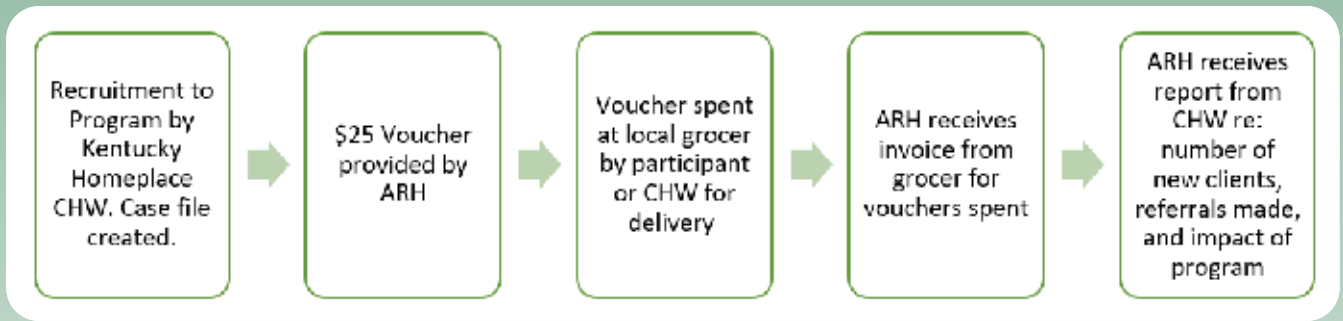
Though the hospital had helped fund food boxes and other assistance in the past, this time a new



Stephanie Broersma co-owner of Roper’s Market, right, is shown with Darla Shepherd, community health worker for Kentucky Homeplace.

# Senior Voucher Produce Program

## HOW IT WORKS



pilot program was created, in which 100 seniors age 65+ falling under 250 percent of federal poverty level guidelines would be provided \$25 vouchers to spend on fresh produce at partnering Roper's Market, regardless of whether they received SNAP or other benefits

By early summer 2023, program organizers estimate about 24 vouchers had been handed out in the first couple weeks of distribution. CHWs can deliver vouchers if needed, and also help with transportation to pick up produce.

The program was designed to run through October 2023, but Harmon says it could be extended if unused vouchers remain.

### Custom Needs Met

Harmon says Shepherd enrolls participants with referrals to other health care providers based on individual needs, if they need health screenings, eyeglasses, or dentures, for example.

Shepherd says the first client she enrolled for a food voucher received six other referrals to services, including a diabetic foot exam, free shoes via a diabetes care clinic, diabetic eye exam, free eyeglasses, and podiatrist care.

"Six referrals came from a food voucher and that's awesome," she says.

Some seniors bought fresh corn and beans when cheaply priced this summer, and prepared them for freezer storage until winter, she adds.

"They're just so grateful," Shepherd says. "It's been so wonderful to see what they're buying."

Participants are also given booklets detailing how to use their produce in a variety of healthy recipes.

Mark Bell, chairman of the Harlan Committee on Aging and a community and patient advocate for ARH, also helped with developing the new voucher program, which he says took about three months

from inception to launch.

He explains that Roper's Produce officials periodically send ARH invoices for redeemed vouchers, which are then paid in full. Stephanie Broersma, the market's co-owner, has been pleased with how things are going so far.

"She's had a lot of new customers and some who had not been in that shop for years," Bell says.

To gauge client demographics, Shepherd created a spreadsheet including fields with client IDs, last names, voucher numbers, ages, and poverty levels. She also noted the reasons given for requesting a voucher, such as food expense and insecurity, and whether clients received Medicaid or Medicare assistance.

***Spreadsheets help gauge client demographics, IDs, ages, voucher numbers, and poverty levels.***

She says most had worked their whole lives and were on Medicare but could barely make ends meet.

Harmon says if additional funding was secured, more money could be handed out more often than once per household to assist more individuals and families. And, ideally, program participants could be monitored to see if a healthier diet made easier with the vouchers helps health metrics like blood sugar and hypertension levels.

"I think our future goals are to expand the program, to bring in other funders (to) partner with us so that we could expand the program," Harmon says. ■

SOLUTIONS *in* HEALTHCARE



**3 R N E T**

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**Industry leader stands out  
by creating realworld  
healthcare connections**

By Katie Smith

**F**or years workforce shortages have been an issue for many industries across the state and even the nation. This is particularly true for health care employers in rural areas—a problem highlighted by the COVID-19 pandemic. Thankfully, there is an organization dedicated to helping address this issue and similar problems.

3RNET (National Rural Recruitment and Retention Network) is a nationwide nonprofit resource for health professionals seeking careers in rural and underserved communities.

Dr. Brent Wright, associate dean of rural health innovation at the University of Louisville's School of Medicine, serves on the national board of directors for 3RNET as well as an ex officio chair for the Kentucky 3RNET Consortium and says the nonprofit is well over 20 years old.

### **Connecting Health Care Resources across the State**

The Kentucky consortium has only been around for approximately two to three years, Wright explains, adding that the creation of the Kentucky consortium was an attempt to further connect health care professionals across the state. The timing, however, coincided with the health care shortage following the COVID-19 pandemic, making the need for 3RNET's services much greater.

"I think COVID definitely was a backdrop of anything that's occurred over the last three to four years," Wright says. "I think primarily it was about how to take this existing resource and share it among stakeholders, health care stakeholders, and health career stakeholders within our commonwealth to make it maximally effective and impactful for our communities."

3RNET, an online portal that maintains and promotes health care job postings that connect health care employees and employers to one another, also helps health centers, clinics, and hospitals recruit candidates for open positions. By forming these connections, the organization addresses health care workforce shortages in rural and underserved communities, improves the accessibility to adequate health care in those communities, and improves the quality of life for many individuals and families in those areas.

"It's an available resource, it's a great resource, and it's a national resource so anyone nationally can recruit, can post their resumé within Kentucky on 3RNET, and that increases the chances of people with job listings in the state to attract more



**Dr. Brent Wright, associate dean of rural health innovation at the University of Louisville's School of Medicine.**

members or more people who would be available for those positions," Wright says. "It broadens the net, if you will."

Wright says 3RNET doesn't only apply to specific positions with health care facilities, it can also be used to match or recommend various recruiting health professions to available candidates.

"In health care, recruiting oftentimes gets pigeonholed as position recruiting and I think we want to make sure that people understand that 3RNET is not just position recruiting," Wright explains. "It's nursing recruiting, it's dental recruiting, it's behavioral health recruiting, it's hospital administer recruiting, physical therapy, occupational therapy—there are a whole multitude of health professions that can come into 3RNET."

### **The Consortium Approach**

Wright says every state has members and representatives involved with 3RNET, but around three years ago they reevaluated the organization and he proposed a consortium approach for the state of Kentucky.

"We found that just having one member, we didn't get all the voices around the table that you needed to when it came to health careers and health careers' recruitment and retention," he says.

In adopting this approach, there were four members selected to govern the Kentucky consortium, the University of Louisville, the

***“3RNET doesn’t only apply to specific positions with health care facilities, it can also be used to match or recommend various recruiting health professions to available candidates.”***

Wright says Kentucky’s consortium is unique compared to the other members of 3RNET, as it allows multiple viewpoints and perspectives to be heard rather than just one, among other things.

“I think what makes us unique is we’re entirely grass roots. There’s no cost to those posting positions or those looking for positions. It is truly rural focused,” Wright says. “Kentucky is definitely unique among the 3RNET member states and how we approach our work within 3RNET as a consortium.”

Kentucky Office of Rural Health (KORH), the Kentucky Primary Care Association (KPCA), and the Kentucky Rural Health Association (KRHA).

Wright says, to him, a consortium is a team, and he feels the Kentucky consortium works and functions well as a team, sharing ideas and resources to benefit the state.

“By bringing that team together I feel that we are much more effective. If you look at other states, oftentimes they’re housed in one particular area and they’re going to be influenced by that particular area; I didn’t want that to happen to our membership within 3RNET,” Wright says.

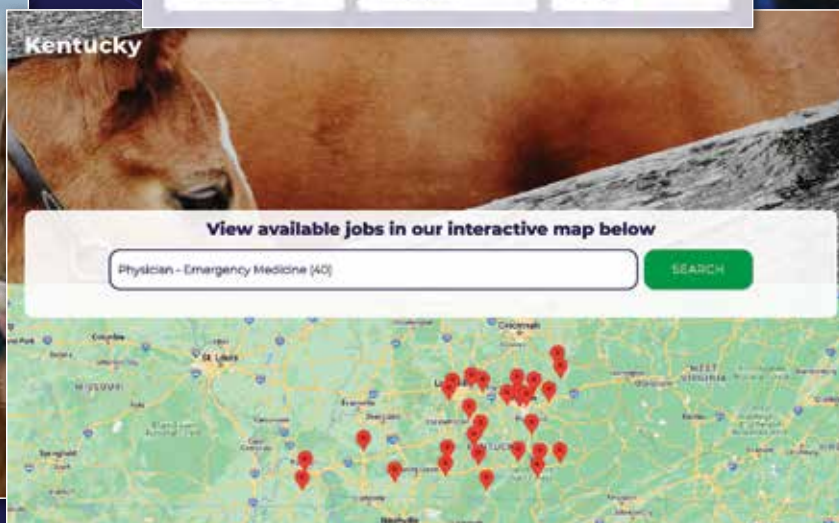
Due to its nature, over the years the consortium has faced some challenges.

One of the most prominent challenges Wright says Kentucky’s consortium faces is that it takes quite a bit of time, effort, and resources to get the word out and in front of as many stakeholders as possible, and have them actually understand that they function as a consortium rather than the model utilized by other 3RNET states.

Despite this, Wright says he feels they have been successful in their endeavors and they will continue to do so. ■

Featuring robust search capabilities and current information, **3RNET** is the most trusted resource center for healthcare professionals.

For more information about **3RNET**, its history, staff, or resources, please visit [3rnet.org](http://3rnet.org).





# Helping others. Making a difference.

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Since the 1970s, National Health Service Corps programs — like the Loan Repayment Program for primary care providers and the Scholarship Program for students pursuing primary care careers — have helped organizations to recruit and retain health professionals in underserved communities.

Learn more about National Health Service Corps programs at [nhsc.hrsa.gov](http://nhsc.hrsa.gov) or by contacting the Kentucky Office of Rural Health.





# NHSC PROGRAM FUNDING

The NHSC can provide funding to primary care clinicians interested in serving communities in need.



## THE SCHOLARSHIP PROGRAM

### AWARDS **SCHOLARSHIPS**

for tuition and fees to students pursuing eligible primary care health professions training.



## THE LOAN REPAYMENT PROGRAM (LRP)

PROVIDES  
**UP TO \$50,000**

to repay qualified student loans of primary care—medical, dental, or mental/behavioral health professionals.



## THE SUBSTANCE USE DISORDER (SUD) WORKFORCE LRP

PROVIDES  
**UP TO \$75,000**

to qualified health professionals working in underserved areas to expand access to SUD treatment and prevent overdose deaths.



## THE RURAL COMMUNITY LRP

PROVIDES  
**UP TO \$100,000**

to qualified health professionals working to combat the opioid epidemic in the nation's rural communities.



## THE STUDENTS TO SERVICE (S2S) LRP

PROVIDES  
**UP TO \$120,000**

to students pursuing degrees in primary care who are in their final year of medical, dental, or nursing school.