

University of Kentucky Center of Excellence in Rural Health

History

1990- 2022



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INTRODUCTION

Health Care Reform Act – Senate Bill 239

In the mid-1980 several influential leaders in southeastern Kentucky politics and health care began calling for increased attention by the University of Kentucky (UK) Medical Center to their region's health needs. In 1988 the UK Chancellor and Medical Center Deans met with regional leaders at Buckhorn State Park, the general push was that the Chandler Medical Center was founded in part to meet rural needs, so the Medical leaders agreed to develop a "Rural Health Initiative" in response to these concerns.

Aware that state government support would be necessary to expand and operate University programs, UK officials approached state senators for support, as a result, a portion of the "Rural Health Initiative" was incorporated into **Senate Bill 239** known as the Health Care Reform Act. This legislation was viewed as one of the most significant efforts in years to expand access to medical care in the state's poor rural areas. A forward-thinking 1990 General Assembly passed the bill which charged UK with expanding its existing role in rural communities in order to improve health outcomes. The legislation passed in the Senate with a 34-0 vote and the House with a 100-0 vote and subsequently the **Kentucky Revised Statute (KRS) 164.937** was created.

[KRS 164.937](#) The University of Kentucky shall develop a Center of Excellence for Rural Health Care to collect and maintain statistical and other information relating to health manpower needs, health care delivery research, health policy, and health problems unique to rural populations and shall:

- (1) Coordinate clinical rotations for health science students;
- (2) Maintain the rural health science library;
- (3) Establish a family practice residency program at a regional public medical center with decentralized clinical practice sites;
- (4) Develop an accelerated program to enable registered nurses with associate degrees to pursue a master's degree in nursing in locations on and off affiliated college campuses;
- (5) Coordinate the placement of emergency medicine clinical residents in rural hospitals;
- (6) Implement the provisions of [KRS 164.935](#) (Physician recruitment and placement services for underserved geographic areas)
- (7) Maintain clinical training sites for students in the health professions;
- (8) Establish and coordinate associate degree and bachelor degree programs for the education of physical therapists in a rural area;
- (9) Establish and coordinate associate degree and bachelor degree programs in laboratory technology in a rural area; and
- (10) Provide continuing education for health care professionals.

Created 1990 Ky. Acts ch. 482, sec. 15, effective July 13, 1990.

University of Kentucky Center of Excellence in Rural Health (1990 – Present)

In order to establish the umbrella organization, the UK Medical Center rented space in the “Old Appalachian Regional Healthcare / United Mine Workers hospital” and opened the University of Kentucky Center of Excellence in Rural Health (Center) in November 1990. The physical facility would include 22,000 square feet of space. Extensive renovation was required to accommodate for faculty and staff offices, classrooms, a clinical instructional lab, anatomy lab, two physical therapy skill labs, two nursing skill labs, and a future primary care clinic. This multi-faceted initiative would acknowledge and address the unique and growing problems of rural health. Which included a chronic shortage of health professionals, the poor health status of rural Kentuckians due to poverty and limited access to health care, and the importance of health services to the local economy. Commitment to address these issues in a serious and comprehensive manner was symbolized by the physical location of the Center in Hazard, which is in the heart of Appalachian coalfields, and at the time was one of the poorest and most rural areas in the country.

Due to an initial shortage of classrooms, Hazard Community College (HCC), being part of the University of Kentucky's Community College System, opened an Interactive “Compressed Video” classroom to help support instructional and administrative communication to/from a classroom constructed at the UK Medical Center. Center students and staff traveled across town to and from HCC to attend classes and meetings.

By the fall of 93 the Center’s Audio/Visual Teleconferencing (T-1) classroom became operational, the classroom comfortably accommodated over 30 students for standard instruction and was designed with flexibility in mind so that the seating arrangement could be reconfigured to meet the demands of a variety of instructional and presentation methods. As a pioneer in the use of compressed video for educational programs and the success of the students, the Center had proven that college could come to the mountains.

Legislation moved responsibility for physician recruitment from the Department of Health Services to the University of Kentucky and the University of Louisville, relocating its offices to Lexington and Madisonville. Under the umbrella of the Center, The Physician Placement Service began operation out of the Lexington Area Health Education Center (AHEC) office soon after authorization. Shortly afterward the Center also assumed management of a small but complex local/state/federal Community Scholarship Program involving UK, UofL, Primary Care Association, Kentucky Medical Association, state Primary Care Branch and Department for Health and Human Services. The Community Scholarship Program was funded through a grant application to the federal Bureau of Primary Health Care and support from the consortium. The program required local support of the health professions student through a 35% match of the total scholarship award. Once the student completed training, he/she must return to the home community to practice for a length of time. Only students located in a health professional underserved community were eligible. This program was successful but was later replaced with the federal State Loan Repayment Program.

Three Area Health Education Centers (AHEC) were affiliated with the Center, Northeast AHEC located in Morehead, Southern AHEC located in Corbin, and Southeast AHEC located in

Hazard. AHECs were established to assist in providing public health education for youth and adults and continuing education for practicing providers. A Rural Science Library was co-located within the Center and the Southeast AHEC program was located in the Hazard Hospital.

The UK Department of Emergency Medicine sought accreditation for a rural clinical residency program. Shortly before submitting the application, the accrediting agency published new requirements with severe constraints on non-tertiary hospital residencies. The criteria for approval of a residency program would favor major medical Centers and tertiary care facilities thereby limiting the establishment of a program in any rural area. The departmental application for accreditation was tabled.

After nearly a decade of success, the 1998 Kentucky General Assembly authorized \$6.5 million for the construction of a new building for the Center. The ground was broken on August 1, 2002, to initiate the construction phase, on August 19, 2004, a dedication ceremony was held for the new University of Kentucky Center of Excellence in Rural Health; Bailey-Stumbo Building. The \$13.1 million, state-of-the-art facility represented a unique collaboration of university, state, federal, and private funding sources. The building was named in honor of two Eastern Kentuckians who played a significant role in improving health care within the region- Senator Benny Ray Bailey and Dr. Grady Stumbo. The Bailey-Stumbo Building was designed by Omni Architects of Lexington. The building contained more than 57,000 square feet of space and includes a partial basement and four above floors. The interior is organized with a “Main Street” corridor that runs the full length of the building on each floor. Large two-story bay windows with balconies are utilized in the front of the facility, providing visual links out toward the surrounding mountains.

Organizationally, the Center is located within the UK College of Medicine. The Center's director reports directly to the Dean and serves on numerous advisory councils, and collaborates with other university colleges, departments, and divisions in its activities throughout the Commonwealth. The Center provides a rural perspective to many organizations, associations, and committees to help ensure their effectiveness in delivering programs to residents at the local level. Through a network of personal contacts, key partners, and health champions that provide support, feedback, insight, and resources, the Center works to assist all rural Kentucky communities reaching from Appalachia to the Delta. A basic principle of the Center is that communities are the best judges of what they need, what they will support, and how they should develop. The Center is unique in its willingness to make the most of opportunities to learn from others and identify assets that are commonly present in rural communities. The Center promotes a forum for shared learning, specifically, how other communities are implementing solutions to local health problems.

In the 2022 legislative session, [HB 573](#) established the Healthcare Worker Loan Relief Program designed to be in alignment with the federally funded state loan repayment program in providing student loan repayment for eligible healthcare workers within the Commonwealth. The program is to be administered by the University of Kentucky through the Center of Excellence in Rural Health.

PROGRAMS OF THE CENTER

Kentucky Office of Rural Health (KORH) (1991-Present)

In the late 80s work began at the national level to establish a **State Office of Rural Health** in each state to help address critical rural health issues. By 1991, the necessary legislation was passed and the Federal Office of Rural Health Policy began offering grants that would fund a SORH in all 50 states. This was a matching grant program with States to support the establishment and ongoing operation of Offices of Rural Health. Each State could determine the appropriate location for the office. In April 1991, [KRS 164.937](#) was amended when the Governor designated the Center to serve as the federally designated Kentucky Office of Rural Health (KORH).

(f) Serve as the federally designated Office of Rural Health and perform the duties prescribed by the United States Health Resources and Services Administration;

State Offices of Rural Health are neutral conveners of state partners, healthcare providers, and communities. They lead the coordination of efforts in workforce economic development, as well as innovation in rural hospitals, emergency services, and rural health care delivery systems. KORH works directly with clinicians, clinic and hospital administrators, policymakers, and other stakeholders to improve the accessibility of health care services for the state's rural and underserved residents. The office connects communities and health care organizations to local, state, and federal resources while working toward long-term solutions to financial, quality improvement, and workforce challenges.

Programs of the KORH

- [Rural Hospital Flexibility Program \(FLEX\) \(1997 – Present\)](#) The Medicare Rural Hospital Flexibility Program, or Flex Program, was established by the Balanced Budget Act (BBA) of 1997. Any state with rural hospitals and a state rural health plan may establish a Flex Program and apply for federal funding that provides for the creation of rural health networks promotes regionalization of rural health services and improves access to hospitals and other services for rural residents. The Flex legislation also created critical access hospitals (CAHs) as a Medicare provider type. CAH designation allows the hospital to be reimbursed on a reasonable cost basis for inpatient and outpatient services provided to Medicare patients (including lab and qualifying ambulance services) and, in some states, Medicaid patients. The Flex program currently provides support to Kentucky's 23 CAHs and the communities they serve in the areas of quality improvement, quality reporting, performance improvement, and benchmarking.
 - [Committed to the Heart Initiative Flex EMS Supplemental Funding \(2019 - 2022\)](#) Kentucky was selected as one of eight recipients to receive a three-year supplemental Flex funding award. This supplemental funding assists in addressing the challenges faced by rural EMS agencies, while contributing to the rural EMS evidence base.

- [Kentucky EMS Leadership Academy \(2019 – 2022\)](#) The academy, is designed to provide members of the emergency medical services (EMS) profession with the knowledge and skills necessary to take on significant roles and responsibilities in organizations and to succeed.
- [Kentucky State Loan Repayment Program \(SLRP\) \(2003 – Present\)](#) Through grant funding, the KSLRP began providing participants with tax-free student loan repayment in exchange for their commitment to work full time for two years, providing primary care services at an eligible site within the state. The SLRP is a 50/50 matching program that requires a sponsor to provide matching dollars for the loan repayment. The SLRP continues to support providers located in rural or underserved counties across Kentucky with educational loan repayment. See the [Center Annual Report](#) for detailed statistics for enrollees.
- [Small Rural Hospital Improvement Grant Program \(SHIP\) \(2004 – Present\)](#) The SHIP program assists rural hospitals with 49 beds or less in meeting value-based payment and care goals for their respective organizations. Each State Office of Rural Health (SORH) submits a grant application to the Health Resource and Service Administration (HRSA) on behalf of eligible hospital applicants in its state. The KORH is the official award recipient of record and serves as a fiscal intermediary for all eligible hospitals within the state. Today the SHIP supports 43 of Kentucky’s small rural hospitals in the areas of Value-Based Purchasing, Accountable Care Organizations, and Payment Bundling/PPS (ICD-10).
- [The Bridge \(2015 - Present\)](#) A collaborative effort between the Center and the KORH, is a quarterly publication that focuses on rural health issues in the Commonwealth – spotlighting individuals and programs that exemplify innovation or excellence across Kentucky’s rural health landscape.
- [National Health Service Corps \(2016 - Present\)](#) KORH is under contract with the Kentucky Primary Care Office to promote the federal National Health Service Corps (NHSC) programs and provide technical assistance to clinicians, students and facilities across Kentucky applying for and participating in those programs. NHSC programs offer scholarship support to health professions students and loan repayment awards to clinicians as a way to encourage service in communities with limited access to health care.

[Kentucky Homeplace \(1994 - Present\)](#)

The initial impetus for the program was the leadership of Kentucky State Representatives Paul Mason and Leonard Gray who introduced **House Bill 2** to establish Kentucky Homeplace. Additionally, Dr. Gill Friedell, Director of the UK Markey Cancer Center, was also an active advocate, seeing firsthand the lack of services available to rural regions. The Center was asked to develop a Community Health Advocate program as a demonstration project. This effort known as Kentucky Homeplace, would build on an effective para-professional program in place at the Markey Cancer Center. The demonstration project was funded in the **1994** 1st Extraordinary Legislative session. The project sought to determine whether paraprofessionals who are from unserved and underserved populations could improve access to needed health and social services for their peers. These paraprofessionals, known as Family Health Care Advisors (FHCAs),

would work to persuade their peers to access necessary health services provide families with basic health education and assist in accessing needed services and avoid the use of unnecessarily expensive services such as using the emergency room for primary care. They would also identify barriers to care to help decision-makers improve health policy and remove these barriers. Positive outcomes of the demonstration project led to Kentucky Homeplace moving from a demonstration status to a line item in the state health department budget. FCHAs would eventually be categorized by the Labor Department as Community Health Workers. Kentucky Homeplace has been recognized at the national, state and local levels as a Community Health Worker (CHW) model that works (see appendices for recognitions). After more than two decades, Kentucky Homeplace CHWs have linked tens of thousands of rural Kentuckians with medical, social and environmental services they otherwise might have gone without. See [Homeplace Quarterly Reports](#) for detailed statistics.

The Kentucky Department for Public Health (KDPH) now offers a Certificate of Credential for CHWs who successfully demonstrate eight core competencies through completion of an KDPH approved training program and work-related experience. The Homeplace leadership and CHWs were members of the KDPH advisory committee who help develop the curriculum for training and the qualifications for CHW certification in Kentucky. The Center is an approved training site for the KDPH. The Kentucky Homeplace training curriculum of 40 hours of didactic instruction and an 80-hour practicum (shadowing experience) and mentorship is approved through the KDPH to apply for a CHW Certificate of Credential. Kentucky Homeplace leadership and CHWs, along with many other partners assisted with the formation of the [Kentucky Association of Community Health Workers](#) (KYACHW). Kentucky Homeplace staff served as the founding members of the board to apply and receive KY 501c3 status. The Homeplace CHWs continue to hold leadership roles in the association.

The Kentucky Homeplace model and Center leadership was also instrumental in the passing of [House Bill 525](#), sponsored by Representative Kim Moser. Representative Moser pointed to a **Kentucky Homeplace** study that found between July 2001 and June 2021, community health workers achieved a return on investment of \$11.32 saved for every \$1 invested in their services. The bill requires the Department for Medicaid Services to seek federal approval for a state plan amendment, waiver, or alternative payment model, including public-private partnerships, for services delivered by certified CHWs. The legislation allows a clinic to bill for CHW services and receive reimbursement or count them in their cost of operations. The bill also requires CHWs to be employed and supervised by a Medicaid-participating provider and states effective as of Jan. 1, 2023, “no person shall represent himself or herself as a community health worker unless he or she is certified as such” in accordance with the provisions laid out in the act.

Homeplace in the Communities

- **Community Based Programs** – Homeplace CHWs are trained to facilitate community-based health education and coaching workshops to assist people with chronic illness to achieve improvements in nutrition, medication use, exercise, communication, decision-making, and more.

- **Community Based Research** – Homeplace CHWs are trained to assist with research within the community. They provide researchers access to local communities and are the boots on the ground in implementing innovative interventions and pilot projects.
- **Walk with Ease** – Developed by the Thurston Arthritis Research Center and the Institute on Aging of the University of North Carolina, the Walk with Ease (WWE) program can be experienced on your own or with a group. Comprehensive studies demonstrate the WWE reduces pain, increases balance and strength and improve your overall health.
- **Chronic Disease Self-Management Program** – Homeplace CHWs are trained as lay leaders in the Chronic Disease Self-Management Program (CDSMP) developed by Stanford University. Small group education workshops are conducted for six weeks, meeting once a week for 2 ½ hours per session. Classes are highly participatory. Mutual support and success build participants’ confidence in their ability to manage their health and maintain active and fulfilling lives. Homeplace CHWs are also cross-trained in the **Diabetes Self-Management Program** (DSMP) as lay leaders.
- [Appalachian Community Health Days](#) - Homeplace CHWs has partnered with UK CERH and USA Drone Port on a grant project “Increasing the COVID-19 Vaccination Rates in Rural Appalachia Kentucky “to host Appalachian Community Health Days. The mission is to intensify efforts at the local level to work through barriers, alleviate fears, dispel myths, educate and ensure access for addressing any needs people may have that could be holding them back from being vaccinated.

[Healthy WAY](#) - **Empowering Youth to Create Solutions (2020-Present)** Healthy WAY (Wellness in All Youth) is a signature program of the UK CERH that provides leadership development and research training for rural Kentucky high school students to empower them with skills to identify and develop solutions to health and social issues at the school and community level. Student-led teams have the opportunity to work with school personnel and community partners to address real world concerns youth are facing today that impact their health and well-being. Project funding, hands-on research experience, technical support and research mentoring are available to student teams selected for this competitive program.

STAR Programs of the Center Throughout the Years

Through the years the Center has developed and managed a variety of projects and programs throughout the state involving access to care, community empowerment, health promotion and indigent care, which all provided a service, but also created an opportunity for applied research. While it would take several pages to mention all the programs the Center has been involved in, below are a few that are considered STAR Programs that demonstrated innovative approaches to improving the health of the citizens of the Commonwealth.

“County Profiles”, Volumes I and II (1995-1996) Because of the Center’s capacity to develop a rural health database a partnership was fostered with the Good Samaritan Foundation, Inc. The Foundation contracted with the Center to develop a set of county health economic and population profiles for each of the counties in the Foundation’s service area. With the support of the

Foundation, the report was later expanded to include all Kentucky counties, “County Profiles,” Volumes I and II. This was a significant achievement for both the Center and for health advocates as data had to be manually extracted and compiled.

The Robert Wood Johnson (RWJ) Practice Sights Initiative (1996 - 2000) The Sights Initiative had an overall goal to increase access to primary care in rural areas. The Kentucky RWJ Practice Sights was a collaborative effort among the Center, the University of Louisville, UK College of Allied Health, UK College of Nursing, the Kentucky Primary Care Association, and the Kentucky Department of Health. The initial planning group evolved into the Kentucky Primary Care Coalition. Through this initiative, primary care specialists were strategically placed throughout the Commonwealth to provide technical assistance for the improvement of primary care.

Southeast Kentucky Community Access Program (SKYCAP) (2000-2003) The SKYCAP initiative began as a joint endeavor of the Center, Harlan Countians for a Healthier Community, and Hazard Perry County Community Ministries. The program was funded by a grant from the U.S. Department of Health and Human Services. SKYCAP was designed to serve individuals who have little or no insurance in Perry and Harlan counties. The program would hire and train “patient navigators” who live in the community to help break down barriers to care for uninsured and underinsured rural families, which are disproportionately affected by chronic diseases such as asthma, diabetes, and heart disease, and hypertension. A major component of SKYCAP was the Management Information System (SIS) which allowed health providers and agencies in Perry and Harlan counties to share information about clients and services. This system provided responsive data for details with regard to all the factors that affect health. The MIS system helped prevent overuse of the health care system such as “doctor shopping” or using the Emergency Room (ER) for routine health visits. As a result, hospital admissions dropped by 80 percent and ER trips by 92 percent among the SKYCAP participants, proving that preventative care works. SKYCAP was one of eight winners of the first Innovations in Prevention Awards, which highlighted businesses and organizations that are leading efforts to promote healthy lifestyles in their communities. SKYCAP also was honored for outstanding efforts in improving the care of older persons. SKYCAP was the winner of a Best Care Practices Award by the Ohio Valley Appalachia Regional Geriatric Education Center.

Telehealth - Health Buddies (2007-2009) With support from a state grant, the Center, Appalachian Regional Healthcare, Kentucky Homeplace and few other partners implemented telehealth into the homes of approximately 40 patients who faced mobility or communication issues. The in-home units – accompanied by devices such as scales, glucometers and blood-pressure cuffs – enable home health personnel to monitor patient care via a Web-based electronic patient and data management system. Kentucky Homeplace workers trained patients to use the technology and assist home health staff members in tracking data. The project allowed physicians, nurses and pharmacists to have timelier access to a heightened level of care. The enhanced response to patient needs reduced the rate of hospital readmissions. This project confirmed that a content-driven telehealth system combined with care management had the potential to improve health outcomes.

The Health of Kentucky: A County Assessment (2007) The Kentucky Institute of Medicine (KIOM) in partnership with the Center compiled a statewide comprehensive report on the Commonwealth's health status, with an emphasis on rural areas. "*The Health of Kentucky: A County Assessment*" would contain local health and health-related data, including a ranking of all 120 counties' health status relative to the other counties. The report provided citizens at the county level with the needed information, knowledge, and methodologies to hopefully make better health-related decisions. The KIOM and Center also compiled a "Comprehensive Statewide Physician Workforce Study". The study examined the changing patterns of physician practice, the impact of other health professions and services, and physician pipeline issues.

Kentucky Rural Health Works: Connecting Health Care and Economic Development (2006 - 2016) In 1998, Kentucky, Missouri, Nevada, Oklahoma, and Pennsylvania initiated a five-state pilot project, Rural Health Works, that would expand public awareness of the economic importance of the health care sector in rural communities. Kentucky Rural Health Works (KRHW) originated from the five-state pilot project. Through the KRHW program, the University of Kentucky's College of Agriculture's Department of Agricultural Economics, the Cooperative Extension Service, the Center, and the KORH worked collaboratively to assist Kentucky communities in promoting access to health care and economic development. The major goal of the KRHW program was to promote and support rural economic development and local healthcare networks. KRHW would show rural communities and their leaders the direct and indirect impact of health care on rural development and business growth.

Appalachian Kentucky Bridges to Success (2008 – 2014) The primary goal of the project was to engage promising rural Appalachian community college students in academic, research, psychosocial, and financial support networks to enable them to successfully complete their baccalaureate degree in the biomedical and behavioral sciences. In the spring of 2008, the National Institutes of Health awarded the UK Center of Excellence in Rural Health and Hazard Community & Technical College a \$750,000 grant for a program to increase the number of local students who pursue a bachelor's degree in health fields. The five-year Appalachian Kentucky Bridges to Success project will develop a health careers pipeline for community college student in southeastern Kentucky, a medically underserved region with historically low educational levels.

Operation Change (2019) A group of women teamed up with *Movement is Life* to bring Operation Change to Perry County. A program where women can come together to **decide** to change themselves to have a healthier life. An 18-week community-based behavioral health program that integrates: • structured physical activity • culturally tailored education • motivational interviewer-led discussions to identify and address barriers to positive change.

Rural Intervention for Caregivers' (Heart Health) (2016 -2022) In the patient-family caregiver dyad, emphasis traditionally has been on the patient and on helping the caregiver take care of the patient. This approach ignores the health of the caregiver. Family caregivers of patients with chronic disease are at uniquely high risk for development of cardiovascular disease (CVD). Because of the environment they share with the patient, lack of personal time due to caregiving, psychological distress, and the austere healthcare environment, rural caregivers of patients with chronic illness, particularly those living in Appalachian Kentucky are at elevated

risk for CVD. To reduce this risk, cardiovascular health interventions aimed at (1) CVD risk reduction using a self-management focus, (2) reducing caregiver stress, and (3) preventing and managing depressive symptoms are required. Because Appalachia Kentucky is characterized by marked CVD health disparities, persistent poverty, and lack of social and healthcare resources, an innovative intervention program is needed to improve cardiovascular health among caregivers while overcoming personal and environmental barriers to achieving this goal. The Rural Intervention for Caregivers' Heart Health (RICHH) program proposed in this study will address the important components of CVD risk reduction for rural caregivers of patients with chronic illness – most notably improved self-management of CVD risk reduction, including prevention and management of depressive symptoms.

A population-based case-control study of lung cancer in Appalachia Kentucky: Dr. Arnold (2011 -2016)

Background Appalachian Kentucky has one of the highest incidence rates of lung cancer in the United States (115.2 per 100,000 compared to 61.6 per 100,000 nationally). The disproportionately high incidence is not explained by tobacco alone; environmental carcinogens in the form of trace elements are known to promote carcinogenesis by several mechanisms, including increased oxidative stress, inflammation, DNA damage, and reduced DNA repair efficiency. Studies of environmental exposure in this Appalachian region are incomplete; however, preliminary analysis of trace element content in toenail samples reveals higher levels of arsenic, chromium and nickel in Appalachian Kentucky residents compared with other Kentuckians. This translational research will fundamentally improve our understanding of the causes of the disproportionately high incidence of lung cancer in Appalachian Kentucky, foster collaboration among scientists dedicated to the study of lung cancer, and provide a permanent resource to be used for future research.

ACADEMICS

The Center is a national example of the affinity model. This model suggests that graduates are more likely to practice in settings and sites similar to where they received their final training. The most recent scan of graduates indicates that a high percentage are practicing in rural areas of Kentucky.

[East Kentucky Family Medicine Residency Program \(1992-Present\)](#) In 1989 there were 83 physicians for every 100,000 people in southeastern Kentucky as compared to the national average of 223 physicians for every 100,000 people. More than 53 percent of Kentucky's practicing physicians were located in Fayette and Jefferson counties. In order to meet the legislative mandate for a rural residency program, a Family Practice Residency Development Grant application was submitted and awarded by the Bureau of Health Professions. The focus of the Rural Family Practice Residency Program would be to select and train family practice residents who would hopefully choose to practice in rural areas. The new residency program was community-based, university administered, and combined the first year of training in Lexington with rural educational opportunities in rural Appalachia in the second and third years.

The East Kentucky Family Medicine Residency Program received Accreditation from the Accreditation Council for Graduate Medical Education (ACGME) in July 1992 and was approved for four residents in each postgraduate year. The Residency Program leaders soon began the planning and development of a model family practice clinic. The UK Family Practice Clinic would serve patients in the Hazard and surrounding area while providing educational experiences for family practice residents and medical students.

The East Kentucky Family Residency Program was later approved and accredited by the American Osteopathic Association (AOA), establishing it as an osteopathic residency program. The program is now the only Family Medicine Residency in the Commonwealth with dual accreditation for all three years from both the ACGME and the AOA. See the [Center Annual Report](#) for detailed statistics for graduates.

- **UK Family Practice Clinic (1992-2005)** - latter converted to - [North Fork Valley Community Health Center \(2005-Present\)](#) Kentucky Governor Brereton Jones dedicated the UK Family Practice Center, the clinic served patients in the Hazard area while providing educational experiences for family practice residents, medical students, nurse practitioner students, physician assistant students and clinical laboratory science students.

The University of Kentucky College of Medicine and the newly established North Fork Valley Community Health Board came together and partnered to apply for and later receive a federal grant to extend health care services to more low-income, uninsured Eastern Kentuckians. Upon receipt of grant funding, the Family Practice Clinic became known as the UK North Fork Valley Community Health Center (UK NFVCHC). The grant made the joint venture between the University of Kentucky and the community health board the 16th health center organization in Kentucky and the first affiliated with a academic and family medicine residency training program.

The clinic is named after June Buchanan, a New York native. Ms. Buchanan was a co-founder of Alice Lloyd College, a private liberal arts college also located in Knott County, and former mayor of Pippa Passes, where the college is located.

The June Buchanan Clinic originally opened in 1974, named after a New York native who was a co-founder of Alice Lloyd College and mayor of Pippa Passes, where the college is located. June Buchanan Clinic became part of the UK network in the spring of 2009. The clinic is managed by a partnership of UK Health Care and the UK NRVCHC Health Board. UK June Buchanan Medical Clinic is a Community Health Center located in Hindman, Knott County, and offers comprehensive primary care services including pediatric and adult medical care, behavioral health, lab testing, and dietary consultations. Community Health Workers are also available to help provide patient access to needed social services.

The UK NFVCHC added a Family Dental Clinic that included five treatment rooms. Lack of access to preventive dental care for all ages was a public health challenge particularly in Eastern Kentucky. A collaboration between the UK NFVCHC and the Ronald McDonald House Charities Global resulted in the Eastern Kentucky Ronald

McDonald Care Mobile. The program began in 2005 and provides preventive dental care to Head Start children in Perry, Knott, Letcher, and Leslie counties and to all public elementary schools in Perry and Knott counties. A dentist, two dental hygienists, and a dental assistant provide services such as examinations, cleanings, fluoride treatments, sealants, and both classroom-based and individualized educational sessions to students, parents, Head Start and school teachers, and at various community events. Services are offered to Head Start children using a lap-to-lap model of care twice per school year, and once per year to elementary students on a mobile dental unit. Annually, about 2,400 children receive services. Every child served receives a caries risk assessment and a dental report card is sent home to parents; those with “urgent” dental needs such as seven or more caries, active oral infections, or pain, are referred immediately for treatment. All children with tooth decay are case managed to the fixed dental clinic in the Federally Qualified Health Center (FQHC) that houses the program’s administrative offices, to partnered pediatric dentists in the region, or to area dental offices. Referred children receive navigation services and treatment completion is tracked. In the first ten years, over 9,000 individual children were seen in the four-county service area. During that span of time, tooth decay rates have decreased nearly 20 percentage points, urgent dental needs have been cut in half, and treatment completion rates for Head Start children with urgent dental needs have increased dramatically from 8% to over 60%.

Currently the UK North Fork Valley Community Health Center provides Primary Care, Psychological Care, Dental and Pharmacy services. All patients are treated regardless of their income or ability to pay. The clinic serves all patients equally, without regard to race, color, religion or national origin. The clinic has a sliding fee scale to help reduce the financial burden that health care costs can create and accepts all insurances.

[Physical Therapy Program \(1992-Present\)](#) - A physical therapy program was seen as a high priority among local hospital administrators due to extreme difficulty in recruiting this discipline to rural areas. Many relied on recruiting therapist from overseas. There were eight physical therapists for every 100,000 people in southeastern Kentucky as compared to the national average of 36 for every 100,000.

The College of Health Sciences, originally called the College of Allied Health Professions, was one of the first 13 colleges formed following passage of The Allied Health Professions Personnel Training Act of 1966. The College of Health Sciences was among the first colleges within the University of Kentucky system to have a complete distance learning degree program. Relying on University of Kentucky and Center resources, the process began to build the infrastructure needed for an ambitious and robust distance education program for Physical Therapy; Using a hybrid instructional design that included both in-person lab instruction and distance education via synchronous interactive television, the Bachelor in Science (B.S.) Physical Therapy Program began on a full-time basis in January 1992, with eight Kentucky students. Future plans were to enroll 16 students each year thereafter. This program would be the first PT expansion program to be developed and accredited (1994) in the United States.

During the developmental years, critics of the Center were concerned as to whether the quality of education received by Center students was as good as that in Lexington. Those concerns were answered, however, when all eight Center physical therapy students had board scores above the national mean, and one of them scored highest in the nation.

In 1995, the physical therapy program transitioned to an integrated curriculum that included a research component, which would culminate in the awarding of dual degrees, Bachelor of Health Science and a Master of Science in Physical Therapy. In 2007, the Physical Therapy program transitioned once again to a Doctor in Physical Therapy (DPT). Per annum, 18 students enter the program following completion of University and professional program required courses. See the [Center Annual Report](#) for detailed statistics on graduates.

Physical Therapy Assistant Program

The original legislative mandate called for the development of an Associate Degree Physical Therapy Assistant (PTA) program. Because the Center had developed the Bachelor's Degree Physical Therapy program the decision was made to place the PTA program at the Hazard Community College (HCC) located across town from the Center. At the time, HCC was part of the University of Kentucky's Community College System but has since migrated into a separate college system. HCC continues to offer the PTA program for our rural students.

Clinical Laboratory Science Program (1991-1996) / [Medical Laboratory Science Program \(2012-Present\)](#) - In the early 1990s local hospital administrators also reported a workforce shortage of Clinical Laboratory Scientist in Eastern Kentucky. The establishment of a rural baccalaureate program in medical technology would provide educational opportunities in a local setting to students. Two facility members were initially recruited to head the Clinical Laboratory Science Program; additional instructional support was provided through the use of Lexington-based faculty. Facilities development and program planning were carried out in collaboration with Hazard Community College and the Appalachian Regional Hospital Regional Hospital. The First Class consisting of eleven part time students was admitted in September of 1991. The program would enable a Medical Laboratory Technician (MLT) with an associate degree to pursue advanced courses leading to a baccalaureate degree in Medical Technology (MT), a 2+2 program. The articulation option was an evening and weekend program, which accommodated the needs of working students. Eleven full time students began the program in January of 1993. The first full-time Hazard class of Clinical Laboratory Science students graduated in May of 1995 and the second full-time class graduated in May of 1996.

The program was successful in meeting the immediate needs for clinical laboratory scientists in Eastern Kentucky within a fairly short period of time. The shortage of Clinical Laboratory Scientist in Eastern Kentucky had been alleviated so the full-time program was discontinued. The Center's graduates passed the American Society of Clinical Pathologists Registry Exam at a higher rate than the national average. Eighty-one percent of the Center's graduates passed, while only 71 percent succeeded in the nation as a whole. A total of **73** students graduated with a Bachelor of Medical Laboratory Science Degree.

As a result of a workforce needs assessment conducted by the Center in 2011, a decision was

made to re-establish the Bachelor of Health Science in Medical Laboratory Science. The program is administered through a partnership with the UK College of Health Science. The 18-month program provides sequential instruction in laboratory medicine for the student who has been well prepared in science and mathematics during the first 2 years of study. The first class began with a cohort of 4 students in the fall of 2012 which graduated the following December of 2013. Class size has increased to an average of 8-10 students. See the [Center Annual Report](#) for detailed statistics for graduates.

[Social Work Programs \(2002-2022\)](#)

In 1996, the Commonwealth of Kentucky Cabinet for Families and Children approached UK with data indicating a shortage and need for Master of Social Work (MSW) level social workers. At the time, only one MSW was employed by the Department of Social Services in the five-county area around Prestonsburg. Yet, the Department for Social Services had set a goal for all supervisors to possess a Master's degree in Social Work within five to ten years in order to increase the employment standard and education for social services. To meet the goal, the need for accredited educational opportunities in reasonable proximity to those with a desire to learn was critical. In 1999, the UK College of Social Work (COSW) began offering MSW courses at the Big Sandy Community and Technical College, and in 2002, the UK COSW began to offer the MSW program at the old ARH Hospital. These programs were designed for working students to attend part-time. Educational tools were distributed between interactive television (ITV), web-based activities, Saturday classes, and trips to the main campus for events.

In 2012, a workforce analysis identified a significant need for greater access to social work undergraduate education in the Hazard area, the UK COSW Curriculum Committee approved the expansion of the South East KY MSW Program to include an undergraduate Social Work degree. The Center and the UK College of Social Work partnered to offer a Bachelor of Arts in Social Work (BASW) degree locally beginning in the fall of 2013.

In August of 2017, the UK COSW celebrated 20 years as an off-campus site at the UK CERH. The extended campus provided students of Eastern KY an opportunity to earn a degree from the University of Kentucky without leaving their rural community. The program has proven to be an invaluable asset to the region. As of 2021, **273** students have completed their Master of Social Work (MSW) degree, and 50 have completed their Bachelor of Arts in Social Work (BASW) degree. The internet has opened up a world of learning possibilities, and with it came a deviation from traditional education to online learning. After 2022 the UK CERH will no longer offer Social Work Programs on-site. Undergraduate and graduate [Social Work Degrees](#) will be available 100% online through the University of Kentucky College of Social Work. See the [Center Annual Report](#) for detailed statistics for graduates.

Nursing Program (1991-2002) - In 1989 there were 16 advanced registered nurse practitioners for every 100,000 people in southeastern Kentucky compared to the state average of 20 for every 100,000. The Centers nursing programs goal was to develop the professional skills of non-traditional students who live in rural areas and who intended to remain in rural health nursing but had a strong desire to further their education. The closest Bachelors of Science in Nursing (BSN) / Masters of Science in Nursing (MSN) programs were at least two hours away making it nearly impossible for these students to attend classes and maintain their jobs.

Two faculty members were initially recruited to assist in the delivery of an Associate Degree in Nursing to MSN Program as well as BSN to MSN, these programs would accept RNs with either an associate degree or diploma in nursing or a bachelor of science in nursing degree. Additional support was provided by Lexington-based College of Nursing and other basic science faculty members using compressed video.

The College of Nursing received funding from the Good Samaritan Foundation for scholarships for nursing students enrolled at the Center. Community Health and Primary Care Nurse Practitioner tracks were the predominant ones chosen by Center students. The UK College of Nursing wrote for and received federal funding to develop additional programming for the Center. In 1995, The College of Nursing established two new tracks; nurse care manager and acute care nurse practitioner. These tracks were shared between two specialty groups; adult nursing and community health nursing. The nurse care manager would be prepared to maintain continuity of care for chronically ill patients and their families. The graduates may work in managed care organizations, acute care facilities, and community-based agencies. The acute care nurse practitioner would provide comprehensive care to high-intensity patients to manage care across the continuum of acute care services. Graduates would most likely work in acute secondary or tertiary care hospitals in rural or urban areas.

From a modest beginning of two students in 1990, the program gained popularity and had admitted 118 students by 1999, with 78 graduating by May 2000. Of those 78 graduates, 25 completed the R.N. to M.S.N. program and received their master's. Another 53 entered with a B.S.N. degree and completed their master's. Seven students enrolled in the post-master's certificate program. Eight faculty served on-site, with support from 30 faculty located in Lexington.

In 2002, due to the ongoing difficulty of recruiting faculty and the feeling that the immediate need had been met; the Center began phasing out the nursing programs. The program produced **105** MSN graduates that perhaps otherwise would not have been able to achieve an additional degree. Of the 72 graduates the College was able to follow 88 percent has remained in the southern Appalachian region.

Community-based Research Education in Eastern Kentucky (CREEK) (2004-2010)

In 2003 Dr. Gil Friedell approached Center administration to request resources to be devoted to the development of an educational program that would complement their primary academic programs. Soon thereafter, a multi-disciplinary group of faculty members from the Center, the UK Colleges of Medicine, Public Health, Social Work, and Education, regional universities and community colleges began meeting regularly to design a program. Dr. Friedell worked with the National Cancer Institute to obtain funding to defray some of the startup, administrative, educational and student support expenses associated with developing the CREEK program.

The mission of the CREEK (Community-based Research Education in Eastern Kentucky) program was to educate community-based research and to build community capacity to address major health concerns affecting people in rural and underserved communities.

CREEK promoted the capacity of communities to identify and understand their own health issues so that they can act to improve community health status and quality of life. It included an educational program that introduced health-related research skills to students interested in Appalachia by building community capacity to address the major health concerns of people in rural and underserved communities.

The first undergraduate CREEK course was offered in the fall of **2004**, CREEK students came from a wide variety of disciplinary programs, including psychology, sociology, physical therapy, nursing, social work, and gerontology. In 2006, the Appalachian Regional Commission (ARC) awarded seed money to the CREEK program to establish the CREEK Clearinghouse, which was the community engagement arm of the CREEK program. The purpose of the ARC funding was to establish the infrastructure to involve community members in health-related research, to encourage faculty researcher to partner with community member to enhance the quality and relevance of behavioral health research, to promote employment opportunities in health research roles for individuals with community-based interest, to gather and disseminate research-based information through internet-based databases, and to increase opportunities for student to participate in relevant community-based health interventions and research projects. To support the latter, endeavor an organization called Pathfinders of Perry County was established.

Clinical Leadership and Management Bachelors program (2006-2008)

In 2006, the Center began offering an academic program designed to prepare health care professionals in southeastern Kentucky for management roles and responsibilities. The program was intended for current workers who have an associate degree in a health-related discipline and at least one year of employment experience in a health care setting. The program offered a career ladder for those wanting to pursue a bachelor's degree. Unfortunately, the program was discontinued due to a low volume of applicants.

After more than a decade of delivering successful academic programs and services the **KRS 164.937** was amended in 2001 to provide the Center with the flexibility of tailoring academic programs and services in response to workforce analysis and rural healthcare needs.

- (d) Provide educational opportunities for students committed to rural health care:
1. To obtain education in needed health professions as determined by the workforce analyses, rotating these programs as necessary;
 2. By testing and developing innovative models for learning; and
 3. By reserving funds budgeted for specific educational programs that in the future are deemed no longer necessary for use for educational programs for other health professions;

RESEARCH

[Research](#) at the Center initially focused on studies that could be applied to the development of rural Kentucky Health Policy. Priority study areas were: health care access, rural health personnel availability, and the development of resources for technical assistance for small rural

hospitals. Through **HB 310 – KRS 216.375**, the legislature also gave the Center responsibility for helping small rural hospitals with strategic planning.

216.375 Long-range strategic plan requirement -- Technical assistance -- Office of Rural Health.

- (1) By January 1, 1996, all acute-care hospitals which meet at least one (1) of the following criteria shall have long-range strategic plans:
 - (a) A reported acute-care occupancy rate in the six (6) months prior to March 16, 1992, which is less than thirty percent (30%); or
 - (b) A reported acute-care average daily census in the six (6) months prior to March 16, 1992, which is less than twenty (20) patients.
- (2) On request of the hospital, the University of Kentucky Center for Rural Health Excellence shall provide technical assistance to the hospital in the development of the long-range strategic plan on a shared-cost basis.
- (3) The Governor shall designate an entity to serve as the Office of Rural Health for the Commonwealth. This office shall report to the Legislative Research Commission, no later than October 1, 1993, on the status of strategic-planning activities.

In September 2001 the Foundation for a Healthy Kentucky in partnership with the Research Challenge Trust Fund, established and funded an Endowed Chair/Distinguished Scholar In Rural Health Policy. Recruitment work in Kentucky began in March of 2003 targeting a professor and chair of the Department of Health Administration at the University of South Carolina’s School of Public Health who had also been director of the South Carolina Rural Health Research Center at the University of South Carolina, one of the six national Centers funded by the Health Resources and Services Administration. Research studies highlights included a study of Influenza in KY, Rural-Urban disparities in insurance coverage, Health benefits for employees of county government, and Rural-Urban differences in hospital performance in the U.S.

The first Appalachian Research Day “Come Sit on the Porch” was held at the Center in April 2015. More than one hundred people attended the event to hear outcomes and updates about community-based research studies focused on diabetes, stroke, heart disease and cancer. Posters were also presented by UK researchers, residents and doctoral students. The event was developed as a way for local research participants and members of our community to hear directly from researchers whose work focuses on improving health outcomes.

The Center has a long history of partnerships with other colleges, programs and centers within the University of Kentucky, as well as external partners within our communities and other universities. In addition to diversity in partners, the Center also plays a variety of roles in each research project. In some, we serve as a connection to the community and may only be initially involved to introduce the researcher to the area and people. In others, we have a very active role in which our project managers facilitate the proposed projects within the community, and in many cases, our faculty and staff are in principal or co-principal investigator roles. Regardless of our partner, or our role, we make sure we remain true to our research objective, which is to improve the wellbeing and effectiveness of healthcare for rural Kentuckians. We do this by ensuring each project aligns with our research mission of conducting rural health research related to health disparities, health outcomes, health policy, health care delivery systems and workforce needs.

The Center currently has a dedicated research team of faculty, providers, and staff to conduct research related to health disparities, health outcomes, health policy, health care delivery systems, and workforce needs. As an invested stakeholder in the local community, the Center is uniquely positioned to facilitate partnerships between community members and other researchers interested in community-based research in rural areas. Research outcomes are disseminated through publications and presentations to help raise awareness, develop solutions, and identify best practices for rural health issues. Current Research Focus Areas are: Hepatitis C, Substance Abuse, Diabetes, Youth Wellness, and Disabilities. See the [Center Annual Report](#) for research projects.

OUTREACH & ENGAGEMENT

[Kentucky Rural Health Association \(KRHA\) \(1998-Current\)](#)

The vision for a state Rural Health Association began in 1998, the concept was developed according to the National Rural Health Association. The Center and the KORH played a significant role by providing administrative support for the organization. The first KRHA conference was held in 1999 with about 60 people in attendance. Today the KRHA has its own Executive Director and its annual conference hosts a variety of state and national level speakers to an attendance of 300 health-focused professionals and health professions students.

[Kentucky Appalachian Rural Rehabilitation Network \(KARRN\) \(2008 – Present\)](#)

KARRN is a statewide network of people with spinal cord injury (SCI), stroke, and brain injury (TBI), healthcare providers, educators, researchers, and other community members committed to the health and well-being of people with neurological impairments who live in the Appalachian region. The KARRN network continually engages community members and conducts research in the areas of SCI, TBI and stroke. Each year, the network holds an annual conference, which provides CEUs physicians, nurses, social workers, physical therapists, occupational therapists, and speech therapists. In addition, KARRN assists with the Kentucky Congress on Spinal Cord Injury Conference.

[Project CARAT \(2012 – Present\)](#) Project CARAT is a community outreach, service learning program that aims to make assistive technology and durable medical equipment (DME) more accessible to those who need it in the underserved areas of Kentucky. The Center and Carl D. Perkins Center were the original sites for Project CARAT. The Center site is unique in that it is a service learning program run by Physical Therapy students. Students are trained to clean and refurbish DME to distribute to those in need.

[Eastern Kentucky Stroke Warrior Support Group \(2015 - Present\)](#) The Eastern Kentucky Stroke Warriors support group is the first group of its kind in rural Perry County to offer support for stroke survivors and caregivers. The group welcomes individuals from Perry and surrounding counties. The stroke support group is very active in the community conducting educational campaign, providing stroke risk screenings, creating public service announcements, and many other activities.

[Community Leadership Institute of Kentucky \(CLIK\) \(2014 - Present\)](#) CLIK is a leadership development training program offered by the Center and the UK CCTS Community Engagement and Research Program. The Institute is designed to enhance community research and capacity-building competencies in community leaders, directors, and administrators.

The overall goal of the program is to assist community leaders associated with organizations that engage and empower communities to reduce health disparities, leverage funding, and learn how to use data to improve services and programs.

[Community Health Worker Career Pathway for High School Students \(2019 – Present\)](#) The initiative, made possible with a gift from UnitedHealthcare, enabled students to complete a tuition-free CHW curriculum at Hazard Community and Technical College's K-TECH program, taught by industry experts from Kentucky Homeplace who have a training model built upon more than 25 years of experience. The program addresses the shortage of trained health care workers in the Commonwealth with a focus on rural Kentucky. The high school students receive apprenticeship training in areas including Mental Health First Aid, an education program of the National Council for Mental Wellbeing, American Heart Association certification as a CPR provider, participation in virtual chronic disease self-management classes, University of Kentucky trainings covering HIPAA compliance and data security, and shadowing Kentucky Homeplace CHWs and attending staff meetings. The students must complete a paid apprenticeship with Kentucky Homeplace to earn 80 hours of required observation and field experience to be eligible for certification through the Kentucky Department of Public Health. The initiative covers the costs for up to 23 high school students, include a UnitedHealthcare virtual mentor internship and a paid apprenticeship. Students from Hazard Independent and Perry County high schools are eligible.

[Kentucky River Health Consortium \(2017 - Present\)](#) The mission of the Consortium is to use collective expertise and resources to address the health burdens of the Kentucky River counties of Breathitt, Knott, Letcher, Leslie, Lee, Owsley, Perry, and Wolfe. The Consortium created three workgroups whose focus populations are youth, ageing and substance use disorder. The overall consortiums serve as a resource to the workgroups by offering a place for them to share ideas, promote projects in the community and look for additional resources when needed.

Connecting Rural Communities in Western and Eastern Kentucky (2020-Present) The Center realized the need to strengthen relationships with rural partners in Western Kentucky. Work groups were established and meet quarterly to discuss ways of partnering to address rural issues. Several projects are being considered: Developing a Rural Health Webinar Series, developing a Rural Health Leadership and Development Program and Creating a Research Conference Opportunity in the Delta similar to Appalachian Research Day. Each work group has representatives from eastern and western rural communities.

BOARDS AND COMMITTEES

Center leadership encourages community involvement through service on various boards and committees. Participation usually occurs based on professional association or areas of interest. The majority of the service occurs in three focus areas: academics, research, and community

engagement/service. Roles held by employees vary, ranging from simple membership to leadership positions with the various boards or committees.

EXTERNAL FUNDING

External funding enhances the Centers success through opportunities that might otherwise be limited by financial resources. The Center has successfully competed for and received more than 200 funding opportunities from a variety of sources, including state and federal government agencies, non-profit organizations, and corporations.

CONCLUSION

Since the Center's inception over 30 years ago, the Center has partnered with communities, providers, students and individuals to provide health professions education, health policy research, health care service and community engagement toward reaching its mission to *Improve the Health and Wellbeing of Rural Kentuckians*. Hundreds of students have graduated with health professions degrees offered at the Center, including the East Kentucky Family Medicine Residency. Technical assistance is provided to rural health care facilities and communities all across the Commonwealth by the federally designated Kentucky Office of Rural Health (KORH). The nationally-recognized Kentucky Homeplace offers Community Health Workers to help residents address issues related to lifestyle choices, environmental factors, inadequate health insurance and general lack of understanding of the healthcare system. Workforce analysis is an integral part of the Center's work. The workforce findings are utilized to guide educational program at the Center and to help our communities find innovative ways to recruit and retain needed health professions in our rural areas. Valuable research is also conducted at the Center to contribute to the knowledge base that supports improvements in health outcomes in rural communities. The Center also engages in the efforts of our rural partners by providing an array of resources- staff time, funding, expertise, data and evaluation support, etc.- to assist them in improving the overall wellbeing of our communities.

APPENDICES

CENTER DIRECTORS

Dr. Wayne Myers (1990 – 1998) a pediatrician was recruited from the University of Washington to serve as the **first Center Director**. Myers, nationally renowned for his work in rural health care, was one of the original faculty members of the WAMI Medical Education Program, an initiative created in 1971 to address the need for health care in rural Washington, Alaska, Montana and Idaho. He served as director of WAMI Rural Health Research Center for the University of Alaska from 1975 to 1984. At the University of Alaska, Myers was professor of medical sciences and deputy director of the division of life sciences from 1979 to 1984. Myers had authored several publications focusing on rural health care needs and was awarded numerous national grants for research on these issues.

Lloyd Kepferle, M.S. (1998 – 2002) was named director of the UK Center of Excellence in Rural Health in 1998 following the departure of Dr. Wayne Meyers. Kepferle was a previous General Director of Mountain States Health Corporation. He also served as the Director of the Nevada Mountain States Regional Medical Program. His experience in health and human resource development included executive positions with the inter-Tribal Council of Nevada, and with the Peace Corps in Liberia and The Gambia, West Africa. He was on the Board of Directors of the WAMI Rural Health Rese Center, the Treasure Valley AHEC, and the University/Community Health Sciences Association at Boise state University.

Judy Jones, Esq. (2003 – 2005) a lawyer, journalist, and long-time advocate for rural Kentuckians, was named the new director of the UK Center of Excellence in Rural Health. Prior to being appointed interim director in April 2002, Jones served as director of the Kentucky State Office of Rural Health. Jones spent her career living and working in rural Kentucky and Tennessee. She earned a Bachelor of Arts degree in psychology from UK and graduated from the UK College of Law in 1992. She did policy work for the Ford Foundation, the Frontier Nursing Service, and city and county agencies throughout rural Kentucky. Jones was also a reporter for the Louisville Courier-Journal, the Lexington Herald-Leader, the Owensboro Messenger Inquirer, and the Daily News in Bowling Green. She received state and national recognition for her reporting on rural education and health.

Dr. Baretta Casey, (2005 – 2010) a native and former practicing physician from Pikeville, Kentucky was named the new director of the UK Center of Excellence in Rural Health. Prior to that, she was the program director for the UK College of Medicine, Hazard-based East Kentucky Family Medicine Residency Program. She was a 2006 graduate of the Johnson & Johnson/UCLA Health Care Executive Program, a management development program exclusively for executive directors and leaders of community-based health care organizations. In 2008, she completed the prestigious Executive Leadership in Academic Medicine (ELAM) program sponsored by Drexel University. Casey was a past president of the Kentucky Medical Association and the Kentucky Academy of Family Medicine. She has won several awards and honors related to her work with medical education, domestic violence, and community service.

Dr. Frances J. Feltner, (2010 – Present) a longtime nurse and lay health worker administrator, was selected as director of the UK Center for Excellence in Rural Health. Feltner is the Center's fifth full-time director. She served as interim director of the Center since July 2010, succeeding

Dr. Baretta Casey. Feltner earned a licensed practical nursing degree from Hazard Area Technical College, a registered nursing degree from Hazard Community College, a Bachelor of Science and Master of Science in nursing from Eastern Kentucky University, and a doctorate in nursing practice from University of Kentucky.

Dr. Feltner is a teacher, mentor, researcher and health advocate. She has served as a principal investigator and co-investigator on numerous health disparities research studies in collaboration with bench scientists, social scientists and clinicians at the University of Kentucky. She has authored and co-authored numerous articles about rural health for peer-reviewed journals. Dr. Feltner is a compelling spokesperson for the public health of our most vulnerable populations and has testified in Washington D.C. before multiple congressional subcommittees in support of federal patient navigation bills. She has also been integrally involved with educational efforts at the UK Center of Excellence in Rural Health, providing training for residents, graduate students, and others. She has promoted junior researchers' efforts to improve the health of rural Kentuckians. She has been integrally involved in training community leaders in evidence-based programming to improve public health.

Dr. Feltner's efforts have been recognized with a number of distinguished honors and awards including, but not limited to:

- 2020 Healthy Kentucky Policy Champion award recipient from the Foundation for a Healthy Kentucky
- 2020 WellCare of Kentucky's Statewide Community Health Champion Award recipient
- 2019 Fred and Marcielle de Beer Award from the Barnstable Brown Kentucky Diabetes and Obesity Center
- 2017 Honorary Membership Award and Lifetime Commitment to Community Health Workers from the Kentucky Association of Community Health Workers
- 2017 Unsung Hero: Champion for Social Change Award from the University of Kentucky College of Social Work
- 2016 Dan Martin Lifetime Achievement in Rural Health Award from the Kentucky Rural Health Association
- 2016 Paul Mason Memorial Award from the Kentucky Public Health Association
- Southern Health Association's Charles G. Jordan Memorial Award, in recognition of her contributions to public health
- The 2015 Health Impact Award, presented by Congressman Hal Rogers
- Recognition in Healthy People 2020 for Kentucky Homeplace: Improving Colorectal Cancer Screening Rates Through Tailored, Community-Based Approaches

Center Awards and Recognition

2016

The Center received the A. O. Sullivan Award for Excellence in Education during the MedStar Awards ceremony.

2013

The Health Careers Enrichment Camp offered each summer by the University of Kentucky Center of Excellence in Rural Health (CERH) and the Southeast Kentucky Area Health Education Center (AHEC) has received a 2013 Innovation Award from the Appalachian Innovation Collaborative (AIC), a group whose focus is on educational excellence and economic development in Eastern Kentucky.

2004

The Center was awarded the Johnson & Johnson Community Health Care Leadership Award for Rural Health along with a \$50,000 grant.

2001

The National Rural Health Association named the Center Outstanding Rural Health Program in the U.S.

1997

The Center was awarded the prestigious Pew Award for Excellence in Primary Care. The award recognizes “excellence and superior contributions to the advancement of primary care.”

Homeplace Awards and Recognitions

2018

Community Star

Kentucky Homeplace was recognized during National Rural Health Day 2018 by the National Organization of State Offices of Rural Health (NOSORH) as a [Community Star](#), which honors individuals and organizations working in and serving rural communities that support rural health collaboration, communication, education, or innovation.

Hosparus Health Innovation Award

Kentucky Homeplace received the Medistar Award's Hosparus Health Innovation Award, which is presented to an organization that has developed a new procedure, device, service, program or treatment that improves the delivery of care.

2017

Helen M. Lewis Service Award

Kentucky Homeplace received the Helen M. Lewis Service Award, which is given to an individual or an organization that has made exemplary contributions to Appalachia through involvement with and service to its people and communities. The award was given at the 2018 Appalachian Studies Association Conference in Cincinnati, Ohio.

2015

Featured by the Rural Assistance Center

Kentucky Homeplace was included as a program in [Rural Health Models and Innovations](#) by the Rural Assistance Center (RAC). The program is also featured in RAC's [Community Health Worker Toolkit Program Clearinghouse](#).

2014

Health Impact Award

Presented by Congressman Hal Rogers, Kentucky Homeplace received the Health Impact Award for its Improving Diabetes Outcomes (I DO) education initiative. Funded by a grant from the Anthem Foundation, I DO is a nurse-led outreach initiative coordinated by community health workers to educate diabetics about their disease.

2013

Featured in Health People 2020

Kentucky Homeplace was recognized by the U.S. Department of Health and Human Services' Healthy People 2020 initiative for their work to improve colorectal cancer screening rates. Read more about [Improving Colorectal Cancer Screening Rates Through Tailored, Community-Based Approaches](#).

2008

Outstanding Rural Health Program Award

Kentucky Homeplace received the National Rural Health Association's Outstanding Rural Health Program award, which recognizes a community, regional or statewide program that facilitates the development of rural health delivery systems.

2007

Advocacy Award

Kentucky Homeplace received Health Kentucky's annual Advocacy Award.

2005

Models that Work

Kentucky Homeplace was one of 13 programs selected as "Models that Work" by the Foundation for a Healthy Kentucky. These programs were featured on the Kentucky Educational Television series, *Be Well Kentucky*.

Article published in Journal of the Kentucky Medical Association

Kentucky Homeplace Director, Fran Feltner's research note, "Kentucky Homeplace Defeat Diabetes Screening Test: An Analysis of Rural Kentucky's Challenge to Overcome the Growing Diabetes Epidemic," was published in the peer-reviewed *Journal of the Kentucky Medical Association*.

2004

A. Paul Nestor Creativity Award

Kentucky Homeplace Director, Fran Feltner, MSN, RN, received the University of Kentucky's A. Paul Nestor Creativity Award in recognition of her fiscally efficient management. She also testified for the first of what became multiple occasions before congressional subcommittees in support of federal patient navigation bills.

2003

Charles G. Jordan Memorial Award

Kentucky Homeplace Director, Fran Feltner, MSN, RN, was honored with the Southern Health Association's Charles G. Jordan Memorial Award in recognition of her contributions to public health.

Innovations in Prevention Award

The Southeast Kentucky Community Access Program, a spin-off of Kentucky Homeplace, was one of eight initial winners of the Innovations in Prevention Award, which recognizes organizations that have implemented innovative and creative chronic disease health promotion and prevention programs. The award was given by the secretary of the U.S. Department of Health and Human Services.

2002

Group Award

Received the Kentucky Public Health Association's Group Award in recognition of valuable services in community health.

2001

Article published in Journal of Rural Health

Kentucky Homeplace's orientation toward the provision of culturally appropriate health services was documented in a case study in the National Rural Health Association's peer-reviewed *Journal of Rural Health*.

Innovations in American Government Award

Kentucky Homeplace was a semifinalist for Harvard University's John F. Kennedy School of Government Innovations in American Government award, which highlights exemplary models of government innovation and advances efforts to address the nation's most pressing public concerns.

Center Legislation

[KRS 164.937](#) The University of Kentucky shall develop a Center of Excellence for Rural Health Care to collect and maintain statistical and other information relating to health manpower needs, health care delivery research, health policy, and health problems unique to rural populations and shall:

- (1) Coordinate clinical rotations for health science students;
- (2) Maintain the rural health science library;
- (3) Establish a family practice residency program at a regional public medical center with decentralized clinical practice sites;
- (4) Develop an accelerated program to enable registered nurses with associate degrees to pursue a master's degree in nursing in locations on and off affiliated college campuses;
- (5) Coordinate the placement of emergency medicine clinical residents in rural hospitals;
- (6) Implement the provisions of [KRS 164.935](#) (Physician recruitment and placement services for underserved geographic areas)
- (7) Maintain clinical training sites for students in the health professions;
- (8) Establish and coordinate associate degree and bachelor degree programs for the education of physical therapists in a rural area;
- (9) Establish and coordinate associate degree and bachelor degree programs in laboratory technology in a rural area; and
- (10) Provide continuing education for health care professionals.

Created 1990 Ky. Acts ch. 482, sec. 15, effective July 13, 1990.

KRS 164.937 is amended to read as follows:

- 1) The University of Kentucky shall maintain a Center of Excellence in Rural Health.
- 2) The mission of the Center of Excellence in Rural Health shall be the improvement of the health of all rural Kentuckians and the improvement of rural health care systems through education, research, and service.
- 3) The Center of Excellence in Rural Health shall:
 - a) Support a site-based director, core faculty, and staff;
 - b) Collect and maintain statistical and other information relating to rural health status, rural health care systems, rural health policy, and other issues affecting the health and well-being of rural populations;
 - c) Collect, analyze, interpret, disseminate, and make recommendations regarding the availability, distribution, and sufficiency of the health professions workforce;
 - d) Provide educational opportunities for students committed to rural health care:
 1. To obtain education in needed health professions as determined by the workforce analyses, rotating these programs as necessary;
 2. By testing and developing innovative models for learning; and
 3. By reserving funds budgeted for specific educational programs that in the future are deemed no longer necessary for use for educational programs for other health professions;
 - e) (e) Maintain site-based family practice residencies;
 - f) (f) Serve as the federally designated Office of Rural Health and perform the duties prescribed by the United States Health Resources and Services Administration;
 - g) Demonstrate or provide innovative programs that improve the health of rural Kentuckians and strengthen rural health care systems; and
 - h) Advocate for rural health care.
- 4) To the extent additional funds are appropriated, the Center of Excellence in Rural Health shall establish additional sites throughout the Commonwealth as necessary to achieve the mission of the center.
- 5) Nothing in this section shall be construed to restrict the study of rural health policies, workforce analyses, or the training of health professionals in or for rural or medically underserved areas by other state universities.
- 6) The University of Kentucky shall report to the Council on Postsecondary Education and the Legislative Research Commission a detailed, audited statement of expenditures for each program function in the Center of Excellence for Rural Health Care by September 1 of each year which enumerates expenditures for the preceding fiscal year.

Approved: March 2001

History: Amended 2001 Ky. Acts ch. 30, sec. 1, effective June 21, 2001. – Amended 1997 (1st Extra. Sess.) Ky. Acts ch. 1, sec. 131, effective May 30, 1997. – Created 1990 Ky. Acts ch. 482, sec. 15, effective July 13, 1990.

KRS 164.935 Physician recruitment and placement services for underserved geographic areas.

(1) As used in this section:

(a) "Physician" means a medical doctor practicing full-time family medicine, general obstetrics and gynecology, general pediatrics, or general internal medicine; and

(b) "Underserved geographic area" means a county in which the ratio between physicians practicing full-time in that county and the county's population results in each physician serving two thousand five hundred (2,500) or more residents, based on population data acceptable to either the University of Kentucky or the University of Louisville.

(2) The University of Kentucky and University of Louisville shall establish and maintain physician recruitment and placement services, the principal function of which shall be to recruit or place family or general practice physicians in underserved geographic areas. The Cabinet for Health and Family Services shall pay each university fifty thousand dollars (\$50,000) annually for basic administrative costs in addition to the fees enumerated in subsection (4) of this section.

(3) Physician recruitment and placement services may be contracted by licensed health-care facilities or services to assist in recruiting physicians in underserved geographic areas. Fees shall be charged by the University of Kentucky or the University of Louisville to the contracting party in an amount not to exceed ten thousand dollars (\$10,000) per physician.

(4) If no licensed health-care facility or service has contracted for recruitment services, when the University of Kentucky or the University of Louisville places a physician in an underserved geographic area or a psychiatrist in a state mental health facility, the following fees shall be paid to the university by the Cabinet for Health and Family Services, the total of which shall not exceed fifty thousand dollars (\$50,000) per university in addition to the fifty thousand dollars (\$50,000) per university enumerated in subsection (2) of this section:

(a) Ten thousand dollars (\$10,000) for a family practice physician entering permanent, full-time practice;

(b) Ten thousand dollars (\$10,000) for a psychiatrist entering full-time permanent employment in a state mental health facility;

(c) Eight thousand dollars (\$8,000) for a general obstetrician-gynecologist entering permanent, full-time practice;

(d) Two thousand dollars (\$2,000) for a general pediatrician or general internal medicine practitioner entering permanent, full-time practice; and

(e) One thousand dollars (\$1,000) for any other licensed medical practitioner entering permanent, full-time practice.

(5) Fees paid to the universities under the provisions of subsection (3) of this section shall be made only after sufficient proof has been presented documenting the university's principal role in influencing the physician's practice location. Correspondence from physicians placed, as well as all their parties directly involved, shall state that the university substantially influenced the

physician's choice of practice location and describe in detail the services provided by the university.

Effective: June 20, 2005

History: Amended 2005 Ky. Acts ch. 99, sec. 141, effective June 20, 2005. -- Amended 1998 Ky. Acts ch. 426, sec. 120, effective July 15, 1998. -- Created 1990 Ky. Acts ch. 482, sec. 14, effective July 13, 1990.

KRS 216.375 Long-range strategic plan requirement -- Technical assistance -- Office of Rural Health.

- (1) By January 1, 1996, all acute-care hospitals which meet at least one (1) of the following criteria shall have long-range strategic plans:
 - (a) A reported acute-care occupancy rate in the six (6) months prior to March 16, 1992, which is less than thirty percent (30%); or
 - (b) A reported acute-care average daily census in the six (6) months prior to March 16, 1992, which is less than twenty (20) patients.
- (2) On request of the hospital, the University of Kentucky Center for Rural Health Excellence shall provide technical assistance to the hospital in the development of the long-range strategic plan on a shared-cost basis.
- (3) The Governor shall designate an entity to serve as the Office of Rural Health for the Commonwealth. This office shall report to the Legislative Research Commission, no later than October 1, 1993, on the status of strategic-planning activities.

Effective: March 16, 1992

History: Created 1992 Ky. Acts ch. 61, sec. 2, effective March 16, 1992.

KRS 216.380 Critical access hospitals --Designation by secretary --Licensure --Required and authorized services --Staffing requirements --Medicaid reimbursement.

- (1) The licensure category of critical access hospital is hereby created for existing licensed acute-care hospitals which qualify under this section for that status.
- (2) It shall be unlawful to operate or maintain a critical access hospital without first obtaining a license from the Cabinet for Health and Family Services. An acute-care hospital converting to a critical access hospital shall not require a certificate of need. A certificate of need shall not be required for services provided on a contractual basis in a critical access hospital. A certificate of need shall not be required for an existing critical access hospital to increase its acute-care bed capacity to twenty-five (25) beds.
- (3) Except as provided in subsection (4) of this section, only a hospital licensed as a general acute-care hospital may be relicensed as a critical access hospital if:

- (a) The hospital is located in a county in a rural area that is:
 - 1. Located more than a thirty-five (35) mile drive, or, where the terrain is mountainous or only secondary roads are available, located more than a fifteen (15) mile drive, from another acute-care hospital or critical access hospital; or
 - 2. Certified by the secretary as a necessary provider of health care services to area residents;
- (b) For the purposes of paragraph (a) of this subsection, a hospital shall be considered to be located in a rural area if the hospital is not in a county which is part of a standard metropolitan statistical area, the hospital is located in a rural census tract of a metropolitan statistical area as determined under the most recent modification of the Goldsmith Modification, or is designated by the state as a rural provider. The secretary shall designate a hospital as a rural provider if the hospital is not located in a county which has the largest county population of a standard metropolitan statistical area;
- (c) Except as provided in paragraph (d) of this subsection, the hospital provides not more than twenty-five (25) acute care inpatient beds for providing acute inpatient care for a period that does not exceed, as determined on an annual, average basis, ninety-six (96) hours;
- (d) If the hospital is operating swing beds under which the hospital's inpatient hospital facilities are used for the provision of extended care services, the hospital may be designated as a critical access hospital so long as the total number of beds that may be used at any time for furnishing of either extended care services or acute inpatient services does not exceed twenty-five (25) beds. For the purposes of this section, any bed of a unit of the hospital that is licensed as a nursing facility at the time the hospital applies to the state for designation as a critical care access hospital shall not be counted.
- (4) The secretary for health and family services may designate a facility as a critical access hospital if the facility:
 - (a) Was a hospital that ceased operations on or after ten (10) years prior to April 21, 2000; or
 - (b) Was a hospital that was converted to a licensed primary care Center, rural health clinic, ambulatory health Center, or other type of licensed health clinic or health Center and, as of the effective date of that conversion, meets the criteria for licensure as a critical access hospital under this subsection or subsection (3) of this section.
- (5) A critical access hospital shall provide the following services:
 - (a) Twenty-four (24) hour emergency-room care that the secretary determines is necessary for insuring access to emergency care services in each area served by a critical access hospital; and
 - (b) Basic laboratory, radiologic, pharmacy, and dietary services. These services may be provided on a part-time, off-site contractual basis.
- (6) A critical access hospital may provide the following services:
 - (a) Swing beds or a distinct unit of the hospital which is a nursing facility in accordance with KRS Chapter 216B and subject to approval under certificate of need;

- (b) Surgery;
 - (c) Normal obstetrics;
 - (d) Primary care;
 - (e) Adult day health care;
 - (f) Respite care;
 - (g) Rehabilitative and therapeutic services including, but not limited to, physical therapy, respiratory therapy, occupational therapy, speech pathology, and audiology, which may be provided on an off-site contractual basis;
 - (h) Ambulatory care;
 - (i) Home health services which may be established upon obtaining a certificate of need; and
 - (j) Mobile diagnostic services with equipment not exceeding the major medical equipment cost threshold pursuant to KRS Chapter 216B and for which there are no review criteria in the State Health Plan.
- (7) In addition to the services that may be provided under subsection (6) of this section, a critical access hospital may establish the following units in accordance with applicable Medicare regulations and subject to certificate of need approval:
- (a) A psychiatric unit that is a distinct part of the hospital, with a maximum of ten (10) beds; and
 - (b) A rehabilitation unit that is a distinct part of the hospital, with a maximum of ten (10) beds notwithstanding any other bed limit contained in law or regulation.
- (8) Psychiatric unit and rehabilitation unit beds operated under subsection (7) of this section shall not be counted in determining the number of beds or the average length of stay of a critical access hospital for purposes of applying the bed and average length of stay limitations under paragraph (c) of subsection (3) of this section.
- (9) The following staffing plan shall apply to a critical access hospital:
- (a) The hospital shall meet staffing requirements as would apply under section 1861(e) of Title XVIII of the Federal Social Security Act to a hospital located in a rural area except that:
 - 1. The hospital need not meet hospital standards relating to the number of hours during a day, or days during a week, in which the hospital shall be open and fully staffed, except insofar as the facility is required to make available emergency services and nursing services available on a twenty-four (24) hour basis; and
 - 2. The hospital need not otherwise staff the facility except when an inpatient is present; and
 - (b) Physician assistants and nurse practitioners may provide inpatient care within the limits of their statutory scope of practice and with oversight by a physician who is not required to be on-site at the hospital.
- (10) A critical access hospital shall have a quality assessment and performance improvement program and procedures for review of utilization of services.
- (11) A critical access hospital shall have written contracts assuring the following linkages:
- (a) Secondary and tertiary hospital referral services which shall provide for the transfer of a patient to the appropriate level of care and the transfer of patients to the critical access hospital for recuperative care;

- (b) Ambulance services;
 - (c) Home health services; and
 - (d) Nursing facility services if not provided on-site.
- (12) If the critical access hospital is part of a rural health network, the hospital shall have the following:
- (a) An agreement for patient referral and transfer, development, and use of communications systems including telemetry and electronic sharing of patient data, and emergency and nonemergency transportation; and
 - (b) An agreement for credentialing and quality assurance with a network hospital, peer review organization, or other appropriate and qualified entity identified in the state rural health plan.
- (13) The Cabinet for Health and Family Services and any insurer or managed care program for Medicaid recipients that contracts with the Department for Medicaid Services for the receipt of Federal Social Security Act Title XIX funds shall provide for reimbursement of services provided to Medicaid recipients in a critical access hospital at rates that are at least equal to those established by the Federal Health Care Financing Administration or Centers for Medicare and Medicaid Services for Medicare reimbursement to a critical access hospital.
- (14) The Cabinet for Health and Family Services shall promulgate administrative regulations pursuant to KRS Chapter 13A necessary to implement this section.

Effective: June 20, 2005

History: Amended 2005 Ky. Acts ch. 99, sec. 57, effective June 20, 2005--

Amended 2004 Ky. Acts ch. 56, sec. 1, effective April 2, 2004. -Amended 2000 Ky. Acts ch. 439, sec. 1, effective April 21, 2000. --Amended 1998 Ky. Acts ch. 426, sec. 425, effective July 15, 1998; and ch. 559, sec. 3, effective July 15, 1998. --Amended 1996 Ky. Acts ch. 299, sec. 3, effective July 15, 1996. --Created 1992 Ky. Acts ch. 61, sec. 3, effective March 16, 1992.

Legislative Research Commission Note (7/15/98). This section was amended by 1998 Ky. Acts chs. 426 and 559. Where these Acts are not in conflict, they have been codified together. Where a conflict exists, Acts ch. 559, which is a nonrevisory Act, prevails under KRS 7.136(3).

Kentucky House Bill 525

AN ACT relating to community health workers.

WHEREAS, community health workers are frontline health workers with a uniquely close relationship to and understanding of the community they serve; and

WHEREAS, community health workers serve as a liaison between patients, their healthcare providers, social service providers, and the community; and

WHEREAS, community health workers facilitate improved communication between patients and their healthcare providers, help patients learn to effectively comply with medical care instructions, improve the quality and cultural competency of service delivery, and educate patients to improve healthy behaviors; and

WHEREAS, the Association of State and Territorial Health Officials has recognized the effectiveness of community health workers in improving health outcomes, reducing healthcare costs, and closing the health disparities gap across multiple settings and health issues; and

WHEREAS, according to the Kentucky Homeplace Program ROI Study, Rural Health Information Hub, between July 2001 and June 2021 community health workers served 177,777 clients in Eastern Kentucky, provided medication and services valued at over \$363,709,647, and achieved a return on investment of \$11.32 saved for every \$1 invested in community health worker services; and

WHEREAS, community health worker certification offers a path to college credit for healthcare workers who are interested in pursuing a college degree in the healthcare field and is thereby a necessary step towards addressing the ongoing and well-documented healthcare worker shortage; and

WHEREAS, the Department for Medicaid Services is currently considering the coverage and reimbursement of community health workers in the Kentucky Medicaid program to improve the health status of those it serves in a manner that is cost-effective, directed to areas and populations most in need, and ensures program integrity; and

WHEREAS, Medicaid Managed Care Organizations and some providers are

employing community health workers to coordinate care, reduce costs, and meet quality measures required by value-based purchasing or supplemental payment programs that drive outcomes; and

WHEREAS, providers are to provide quality services using evidence-based practices to improve health outcomes of individuals in the Medicaid program and play a role in increasing the number and aptitude of the community health worker workforce to meet the needs of providers in the communities they serve;

NOW, THEREFORE,

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

➔ SECTION 1. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO READ AS FOLLOWS:

(1) As used in this section, "certified community health worker" has the same meaning as in Section 2 of this Act.

(2) (a) By January 1, 2023, the Department for Medicaid Services shall seek approval from the federal Centers for Medicare and Medicaid Services for a state plan amendment, waiver, or alternative payment model, including public-private partnerships, for services delivered by certified community health workers.

(b) Any state plan amendment, waiver, or alternative payment sought by the Department for Medicaid Services pursuant to paragraph (a) of this subsection shall provide reimbursement for services described in subsection

(3) of this section when provided by a certified community health worker who is employed and supervised by a Medicaid participating provider who is employed by:

- 1. An alcohol and other drug treatment entity;***
- 2. A behavioral health services organization;***
- 3. A community mental health center;***

4. *A federally qualified health center or a federally qualified health center look-alike;*
5. *A health system consisting of either at least one (1) hospital and at least one (1) group of physicians or more than one (1) group of physicians;*
6. *A hospital;*
7. *A local health department;*
 8. *A primary care clinic;*
 9. *A rural health clinic; or*
 10. *Another Medicaid participating provider approved by the Department for Medicaid Services.*

(3) A certified community health worker may provide the following services:

(a) Direct preventative services or services designed to slow the progression of chronic diseases, including screenings for basic human needs and referrals to appropriate services and agencies to meet those needs;

(b) Health promotion education to prevent illness or disease, including the promotion of healthy behaviors to increase awareness and prevent the development of illness or disease;

(c) Facilitation between a beneficiary and a provider when cultural factors, such as language, socioeconomic status, or health literacy, become a barrier to properly understanding treatment options or treatment plans;

(d) Diagnosis-related patient education regarding self-management of physical, dental, or mental health; and

(e) Any other service approved by the Department for Medicaid Services.

(4) Certified community health workers shall not enroll as independent Medicaid participating providers.

(5) If a Medicaid managed care organization contracted by the Department for

Medicaid Services for the delivery of Medicaid services employs a certified community health worker, the services provided by that certified community health worker shall not be considered to be duplicative of services, and shall not provide a basis to deny services or reimbursement for services, provided by a certified community health worker employed by an entity described in subsection (2)(b) of this section.

(6) The Department for Medicaid Services shall, in accordance with KRS Chapter 13A, promulgate administrative regulations necessary to carry out the provisions of this section and obtain all necessary approvals from the federal Centers for Medicare and Medicaid Services.

➔SECTION 2. A NEW SECTION OF KRS CHAPTER 309 IS CREATED TO READ AS FOLLOWS:

For the purposes of Sections 2 to 4 of this Act:

(1) "Department" means the Kentucky Department for Public Health as established in KRS 194A.030;

(2) "Certified community health worker" means an individual who has been certified, in accordance with Sections 3 and 4 of this Act, by the department as a community health worker; and

(3) "Core competencies" means the knowledge and skills a certified community health worker is expected to demonstrate in order to carry out the mission and goals of the profession as defined by the department through the promulgation of administrative regulations in accordance with KRS Chapter 13A.

➔SECTION 3. A NEW SECTION OF KRS CHAPTER 309 IS CREATED TO READ AS FOLLOWS:

(1) Effective January 1, 2023, no person shall represent himself or herself as a community health worker unless he or she is certified as such in accordance with the provisions of Sections 2 to 4 of this Act.

(2) In order to be eligible to apply for community health worker certification, an individual shall:

(a) Be a legal United States resident;

(b) 1. Be a resident of Kentucky; or 4

2. Be employed as a community health worker in the state of Kentucky;

(c) Be at least eighteen (18) years of age; and

(d) 1. Complete a competency-based community health worker training and mentorship program offered by an organization approved by the department to provide community health worker training and mentorship; or

2. Meet requirements established by the department through the promulgation of administrative regulations, in accordance with KRS Chapter 13A, for certification based on relevant and verifiable past community health worker related work experience.

(3) Community health worker certifications shall be renewed annually and shall expire on October 31 of the year following the date of certification or recertification.

(4) In order to be eligible for recertification, a certified community health worker shall annually complete continuing education, as required by the department through the promulgation of administrative regulations in accordance with KRS Chapter 13A, related to the core competencies of community health work provided by an organization approved by the department to provide continuing education for certified community health workers. Administrative regulations promulgated pursuant to this subsection shall include requirements for continuing education related to oral health care, infant and maternal health care, and geriatric health care.

(5) Notwithstanding any other provision of law to the contrary, an individual shall be

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eligible to earn college course credit for training, mentorship, and continuing education completed pursuant to subsections (2) and (4) of this section.

➔ SECTION 4. A NEW SECTION OF KRS CHAPTER 309 IS CREATED TO READ AS FOLLOWS: 4

The department shall:

(1) Promulgate administrative regulations, in accordance with KRS Chapter 13A, necessary to carry out the provisions of Section 3 of this Act, including establishing:

(a) The core competencies of community health work;

(b) The community health worker certification application and renewal process, including training, mentorship, and continuing education requirements;

(c) A certification application and renewal fee;

(d) Procedures for certification denial, suspension, and revocation; and

(e) The scope of practice for certified community health workers;

(2) Approve competency-based training programs and training providers, which shall include the Kentucky Community and Technical College System;

(3) Approve organizations to provide continuing education for certified community health workers; and

(4) Work with the Kentucky Council on Postsecondary Education and the Kentucky Community and Technical College System to ensure that appropriate college course credits are awarded to individuals who complete certified community health worker training, mentorship, and continuing education provided by competency-based providers approved by the department.

➔ Section 5. KRS 205.6497 is amended to read as follows:

(1) As permitted by federal law, in any plan submitted for federal Title XXI approval of a children's health insurance program for Kentucky, the cabinet shall include

provisions for a preventive health insurance program for children with no copayment, deductible, coinsurance, or premium.

(2) The plan referred to in subsection (1) of this section shall include:

(a) Preventive dental services, tooth extraction, and emergency dental services;

and

(b) *Coverage for certain services rendered by certified community health workers, as defined in Section 2 of this Act, equivalent to the coverage requirements established in Section 1 of this Act.*

UNOFFICIAL COPY 22 RS HB 525/EN

22 RS HB 573/GA

AN ACT relating to healthcare 1 workers, making an appropriation therefor, and declaring an emergency.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

➔SECTION 1. A NEW SECTION OF KRS CHAPTER 164 IS CREATED TO READ AS FOLLOWS:

(1) The General Assembly hereby establishes the statewide Healthcare Worker Loan Relief Program designed to be in alignment with the federally funded state loan repayment program authorized under KRS 211.165 in providing student loan repayment for eligible healthcare workers within the Commonwealth. The Healthcare Worker Loan Relief Program shall be administered by the University of Kentucky through the Center of Excellence in Rural Health, and all costs associated with the program, including the reimbursement of any expenses incurred by the center in its administration of the program, shall be funded by state appropriations and other funds held in the healthcare worker loan relief fund, which shall be excluded from the comprehensive funding model established in KRS 164.092.

(2) The board of trustees of the University of Kentucky, on behalf of the Center of Excellence in Rural Health, shall adopt policies for the administration of the program that are in alignment with the policies implemented in the administration of KRS 211.165 and the federally funded state loan repayment program it authorizes, and shall include:

(a) The professional, certification, education, employment, and worksite

eligibility requirements, except that the professional requirements shall also grant eligibility to ophthalmologists, optometrists, and audiologists;

(b) Student loan eligibility requirements;

(c) A process to consider applications from eligible healthcare workers, except the policy shall include an application cycle that is open at least biannually;

(d) Program admission guidelines;

(e) The conditions under which admitted healthcare workers shall receive awards;

(f) To the extent that funding is available, the process for determining award amounts, which shall include the tiering of award amounts based on provider type, student loan amounts, and other factors, except that the policy shall not require a dollar for dollar match component from admitted healthcare workers' employers; and

(g) Procedures to provide repayment to loan servicers.

(3) (a) The healthcare worker loan relief fund is hereby created as a trust fund in the State Treasury to be administered by the University of Kentucky on behalf of the Center of Excellence in Rural Health for the purpose of providing loan repayment as described in this section.

(b) The trust fund shall consist of state general fund appropriations, gifts and grants from public and private sources, and federal funds. All moneys included in the fund shall be appropriated for the purposes set forth in this section.

(c) Any unallotted or unencumbered balances in the trust fund shall be

invested as provided in KRS 42.500(9). Income earned from the investments shall be credited to the trust fund.

(d) Notwithstanding KRS 45.229, any fund balance at the close of the fiscal year shall not lapse but shall be carried forward to the next fiscal year and continuously appropriated only for the purposes specified in this section.

➔Section 2. KRS 164.937 is amended to read as follows:

(1) The University of Kentucky shall maintain a Center of Excellence in Rural Health.

(2) The mission of the Center of Excellence in Rural Health shall be the improvement of the health of all rural Kentuckians and the improvement of rural health care systems through education, research, and service.

(3) The Center of Excellence in Rural Health shall:

(a) Support a site-based director, core faculty, and staff;

(b) Collect and maintain statistical and other information relating to rural health status, rural health care systems, rural health policy, and other issues affecting the health and well-being of rural populations;

(c) Collect, analyze, interpret, disseminate, and make recommendations regarding the availability, distribution, and sufficiency of the health professions workforce;

(d) Provide educational opportunities for students committed to rural health care:

1. To obtain education in needed health professions as determined by the workforce analyses, rotating these programs as necessary;

2. By testing and developing innovative models for learning; and

3. By reserving funds budgeted for specific educational programs that in

the future are deemed no longer necessary for use for educational programs for other health professions;

(e) Maintain site-based family practice residencies;

(f) Serve as the federally designated Office of Rural Health and perform the duties prescribed by the United States Health Resources and Services Administration;

(g) Administer the Healthcare Worker Loan Relief Program established under Section 1 of this Act;

(h)[(g)] Demonstrate or provide innovative programs that improve the health of rural Kentuckians and strengthen rural health care systems; and

(i)[(h)] Advocate for rural health care.

(4) To the extent additional funds are appropriated, the Center of Excellence in Rural Health shall establish additional sites throughout the Commonwealth as necessary to achieve the mission of the center.

(5) Nothing in this section shall be construed to restrict the study of rural health policies, workforce analyses, or the training of health professionals in or for rural or medically underserved areas by other state universities.

(6) The University of Kentucky shall report to the Council on Postsecondary Education and the Legislative Research Commission a detailed, audited statement of expenditures for each program function in the Center of Excellence for Rural Health Care by September 1 of each year which enumerates expenditures for the preceding fiscal year.

➔Section 3. There is hereby appropriated General Fund moneys in the amount of

\$2,000,000 in fiscal year 2022-2023 and \$2,000,000 in fiscal year 2023-2024 to the healthcare worker loan relief fund created in Section 1 of this Act and administered by the University of Kentucky.

➔Section 4. Whereas there is currently a shortage of healthcare workers in the Commonwealth, an emergency is declared to exist, and this Act takes effect upon its passage and approval by the Governor or upon its otherwise becoming a law.

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