

WINTER
2022
EDITION

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES



LIGHTHOUSE PROGRAM

JCEMS, a beacon of hope
in the Bluegrass

MAKING A DIFFERENCE

Camp Robin is helping children heal
one smile at a time

LANDMARK HEALTH

200 years serving Lexington's
mental health



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CONTENTS



04

Lighthouse Program

Jessamine County's EMS life-saving voice is alive in the Bluegrass



02

In Memoriam: Ernie Scott

The Bridge honors its director and his legacy



10

Making a Difference

Camp Robin is helping children heal one smile at a time



14

Landmark Health

After nearly 200 years, Eastern State Hospital eyes the future of Lexington's mental health



20

The Kay Campbell Nursing Scholarship

Giving back to the communities in her memory

DEPARTMENTS

19

National Health Service Corps Spotlight
Meet Courtney Day

On the Cover

Appalachian Snowfall

Photographer | Frances Everage

This photo of the Mayor William D. Gorman Memorial Bridge was made in the heart of downtown Hazard, Ky. This bridge is actually a replacement for a bridge that stood in nearly the same spot for many years. In 2010, the City of Hazard finished construction on the new bridge and dedicated it. Situated at the end of Main Street, the Mayor William D. Gorman Memorial Bridge and its predecessor have been central to traffic and business through Hazard, and for decades provided the people of Perry and surrounding counties a safe thoroughway to new and old Hazard.



For additional information, questions or comments, contact:

Kentucky Office of Rural Health
Attn: Amelia Holliday
750 Morton Blvd.
Hazard, Kentucky 41701
amelia.holliday@uky.edu

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

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

The statements and opinions contained in the articles published in **The Bridge** are solely those of the individual authors and contributors and not of the UK Center of Excellence in Rural Health, the Kentucky Office of Rural Health, its affiliates or funding agencies.



Ernie Scott



It is with the deepest sadness that the Kentucky Office of Rural Health must share that KORH Director Ernie Scott unexpectedly passed away Sunday, March 12, 2023, at his home in Partridge, Ky.

Ernie served as KORH Director for 11 years and touched the hearts, minds, and lives of countless people across the state in that time. He served as principal investigator for Kentucky's State Offices of Rural Health Program (SORH), Medicare Rural Hospital Flexibility Program (Flex), Small Rural Hospital Improvement Program (SHIP), Kentucky State Loan Repayment Program (KSLRP), and National Health Service Corp (NHSC) promotion project. He also served as editor for The Bridge magazine. He brought over 20 years of valuable rural health care experience to the KORH, ranging from clinic to hospital to academic settings.

As a Midway College graduate, Ernie actually began his career in health care as a radiologic technologist, but his passion for helping people led him ultimately to his position at the KORH. He has had an immense impact on the work the KORH and UK Center of Excellence in Rural Health has done for rural health in Kentucky as well as across the country during his tenure.

It has often been said of Ernie that you would never see him without a smile on his face, and while it might seem impossible right now, we're going to further his legacy of positivity and continue our work of improving the lives of rural Kentuckians. It's what Ernie would have wanted.

This is an unimaginably difficult and shocking time for all of Ernie's colleagues, friends, and family. Ernie was a brilliant friend, coworker, and champion for many, and his absence will be forever felt. ■

"Ernie was a true Mentor, with teaching skills that were unmatched by anyone I have ever known. Always taking it one step further. Not just how you do something, but why, and why it is important. He was a true friend. My only regret is that I didn't get to know him longer. I still had so much to learn from him. If I can really be anything – I want to be more like Ernie. This world needs more Ernie Scotts."

—Janice Vance, KORH Rural Project Manager

"I had known Ernie for over nine years and he was not only a great and respected leader but also a true friend to all. He will be deeply missed by his friends, family, coworkers, and many others that were blessed and fortunate to have known him."

—Marcus Pigman, KORH Rural Project Manager

"I only knew Ernie a few short months, but from the start he made you feel welcome and like family. He had a great sense of humor and truly loved Rural Eastern Ky. I'm thankful for the opportunity I had to meet and work with him. He truly loved people and most of all his Eastern Kentucky roots. He will definitely be missed."

—Anita Watts, KORH Rural Program Specialist

"When I think of what I enjoy most about rural Kentucky, I think of...family, friends I treat like family, smiles and warm greetings, communities uniting together in times of need, innovation and creativity, and the 'give you the shirt off my back' compassion for others. If we rolled all the good thing about 'rural' into one person, we'd get Ernie Scott. He was a leader and advocate, counselor and friend, and so much more to so many people. To me, he wasn't just a mentor, he was also a friend; and it's the laughter, stories, and smiles that I'll remember most. While it's difficult to fill the void left in his absence, we'll strive to honor his efforts through our actions and our work.

'Don't cry because it's over, smile because it happened.' – Dr. Suess"

—Matthew Coleman, KORH Director

"Ernie was a staunch supporter of not only his own community, but small rural communities across the Commonwealth. In addition to the tireless hours he put in as a fierce advocate for Rural Health, he somehow always found gas left in the tank to give back to his beloved mountain region. He never met a stranger and always left you feeling seen and appreciated. At any point one of us would go to the others office and just collapse in the extra chair with a deep sigh; both of us always there to lift the other up with humor or words of encouragement if the tasks of the day got a bit too overwhelming. As much as I miss my great boss, I miss my good friend even more." —Lisa Garza, KORH Rural Project Manager

Ernie was a person that had many ideas and plans to help improve healthcare in Rural Kentucky and anywhere else. He knew that he couldn't do this alone, so he surrounded himself with a team that could move mountains. He gave his team the tools and support they need to achieve his vision of a healthier Rural Kentucky. Whatever we needed to improve ourselves to help improve Kentucky, he was for it. Sometimes he would lose a team member but he was still supportive of us because he was still achieving his vision of a healthier place as that member would go on to another organization to continue the work that Ernie had envisioned. So today Ernie is still working towards his vision that he had, just through team members that he once worked with and supported." —Scott Helle, KORH Rural Project Manager

"Ernie had a significant impact on the work of the UK Center of Excellence in Rural as the Kentucky Office of Rural Health Director, his reach across the University of Kentucky, and national partnerships made a significant impact on improving the health and well-being of not only rural Kentucky but, rural America. He will forever be remembered in the hall ways of the Center and certainly in our hearts as his smile has touched each of us." —Fran Feltner, UKCERH Director

"When I accepted the position here at the KORH, Ernie had been what won me over for the job. He was so full of joy that it was impossible not to feel it too when you were around him. Ernie was the embodiment of everything that's right with rural Kentucky, and he had such a passion to help anyone and everyone in need. This is a loss that has been and will be felt for a long time, but if we can all be a fraction of the person Ernie was when he was with us we can hopefully continue his work and mission."

—Amelia Holliday, KORH Rural Project Manager

Jessamine COUNTY

Emergency Medical Services



Creating a
life-saving
voice in the
Bluegrass



By Katheran Wasson

Cardiac arrest is a leading cause of death in the United States, with about 350,000 cases each year. Unfortunately, where you live can determine whether you survive.

According to the American Heart Association, cardiac arrest deaths have dropped significantly in the last 20 years. But it's fatal more than twice as often in rural areas – 8.1 deaths per 100,000 residents compared to 3.5 in big cities. Rural communities, like many in Kentucky, suffer from longer response times and more limited access to emergency medical services than their urban counterparts.

“Saving lives mostly just requires a lot of hard work, and it’s not very expensive.” You just have to have people willing to put in their time and effort to do the work.”

But EMS leaders in Jessamine County are working to make their community – and others like it – a place more people survive cardiac arrest.

Last spring, Jessamine County Emergency Medical Services was named a “Lighthouse Community” by the Resuscitation Academy Foundation, a Seattle-based nonprofit that works to save lives from out-of-hospital cardiac arrest. They do so by training first responders and others using an approach that earned Seattle and King County, Washington, some of the best cardiac arrest survival rates in the world – around 60%.

“We started the Lighthouse program to help amplify our voice and spread the message even further,” said Tegan Hampton, Director of Engagement for the organization. “Our Lighthouse Communities volunteer to take on this mission because of their passion for saving lives.”

Lighthouses are “all-star” communities when it comes to resuscitation, Hampton said. They go through a rigorous application process and are selected based on their commitment to improving their response to out-of-hospital cardiac arrest. They also agree to take on the mission of educating others in their region, especially low-resource or rural communities.

The program is run entirely by volunteers who are passionate about the mission, Hampton said. Jessamine County was the 9th community to earn the designation.

“The team in Jessamine County is simply incredible,” Hampton said. “They are so driven and passionate about saving lives.”

Getting started

Floyd Miracle, a 13-year paramedic, had been interested in the Resuscitation Academy for many years when he learned that JCEMS was hiring. Chief Jamie Goodpaster was looking to hire someone to focus on improving cardiac arrest outcomes – and the match was made.

“He gave me full reign to do what needed to be done,” said Miracle, now Assistant Chief. “At that time, we didn’t even know what our survival rates were – it’s not something that’s routinely tracked. But the goal is to measure and improve, and if you don’t track your analytics, you don’t know where you need to focus.”

Miracle attended a three-day workshop at the Resuscitation Academy in 2019 and returned with a long list of things they needed to accomplish. That year, the agency’s Utstein survival rate – defined as a cardiac arrest witnessed by a bystander with the patient found in a shockable rhythm – was 12.5%.

By spring of 2022, JCEMS had been named a Lighthouse Community and had partnered with the Kentucky Office of Rural Health to launch Kentucky’s branch of the Resuscitation Academy. And the agency’s Utstein survival rate has nearly doubled to 23.1% last year.

Miracle believes that improving cardiac arrest survival rates is a matter of the community coming together. Where you live shouldn’t determine if you live, he said.



JCEMS crews take a celebratory photo with one of their cardiac arrest survivors.



Cardiac arrests are fatal more than twice as often in rural areas – 8.1 deaths per 100,000 residents compared to 3.5 in big cities. Rural communities, like many in Kentucky, suffer from longer response times and more limited access to emergency medical services than their urban counterparts.



JCEMS honor one of their own dispatchers for successfully talking a caller through CPR for a loved one.

“Saving lives mostly just requires a lot of hard work, and it’s not very expensive,” he said. “You just have to have people willing to put in their time and effort to do the work.”

In Jessamine County, that effort includes not only EMS, but local fire, police and dispatch, and even CPR training for community members. In fact, when a cardiac arrest call comes in – approximately 80-90 times each year in Jessamine County – dispatch notifies all first responders, including police and fire, to optimize response times.

One of the most important initiatives JCEMS undertook was partnering with the local dispatch center. They simplified the protocol for instructing a 911 caller to begin CPR, condensing it to three steps. They also conduct refresher training for dispatch staff on a regular basis and review cardiac calls for quality assurance.

“We figured we could train 1,000 people in Jessamine County and out of those 1,000 people, one might save a life,” he said. “Or, we could train 20 dispatchers to save a couple dozen lives.”

JCEMS and its staff of 45 implemented a High-Performance CPR program, focusing on optimal technique and collaboration. Miracle likened it to a NASCAR pit crew, where everyone knows their role inside and out, so they can perform it flawlessly.

But the changes go beyond the emergency response itself. The team conducts a detailed post-event review of each cardiac arrest case. They measure and track analytics, which allows them to

benchmark against their past performance and other communities. They were one of the first Kentucky communities to submit data to the national cardiac arrest registry.

Culture is also key. Miracle said the department keeps things positive by emphasizing the fact that cardiac arrest is survivable, and they promote “radical transparency” among their team.

Spreading the word

Educating others is a critical function of Lighthouse Communities, and JCEMS is no exception. They spread their knowledge both informally and through training events. Sometimes, it’s as simple as answering a phone call or email with a question from another EMS department. In other cases, Miracle has helped departments analyze their data, taught their paramedics high-performance CPR techniques and more. Kentucky’s next Resuscitation Academy event takes place April 26-27 in Elizabethtown, which is expected to bring together EMS leaders from around the state.

Miracle says he hopes more EMS agencies take the plunge and work to improve their cardiac arrest survival rates.

“A lot of EMS agencies in a lot of communities might be afraid of what they’re going to find,” he said. “I think you’re robbing yourself of an opportunity to turn over stones and do something to change it.” ■

Good stories, positive impact.

The Bridge

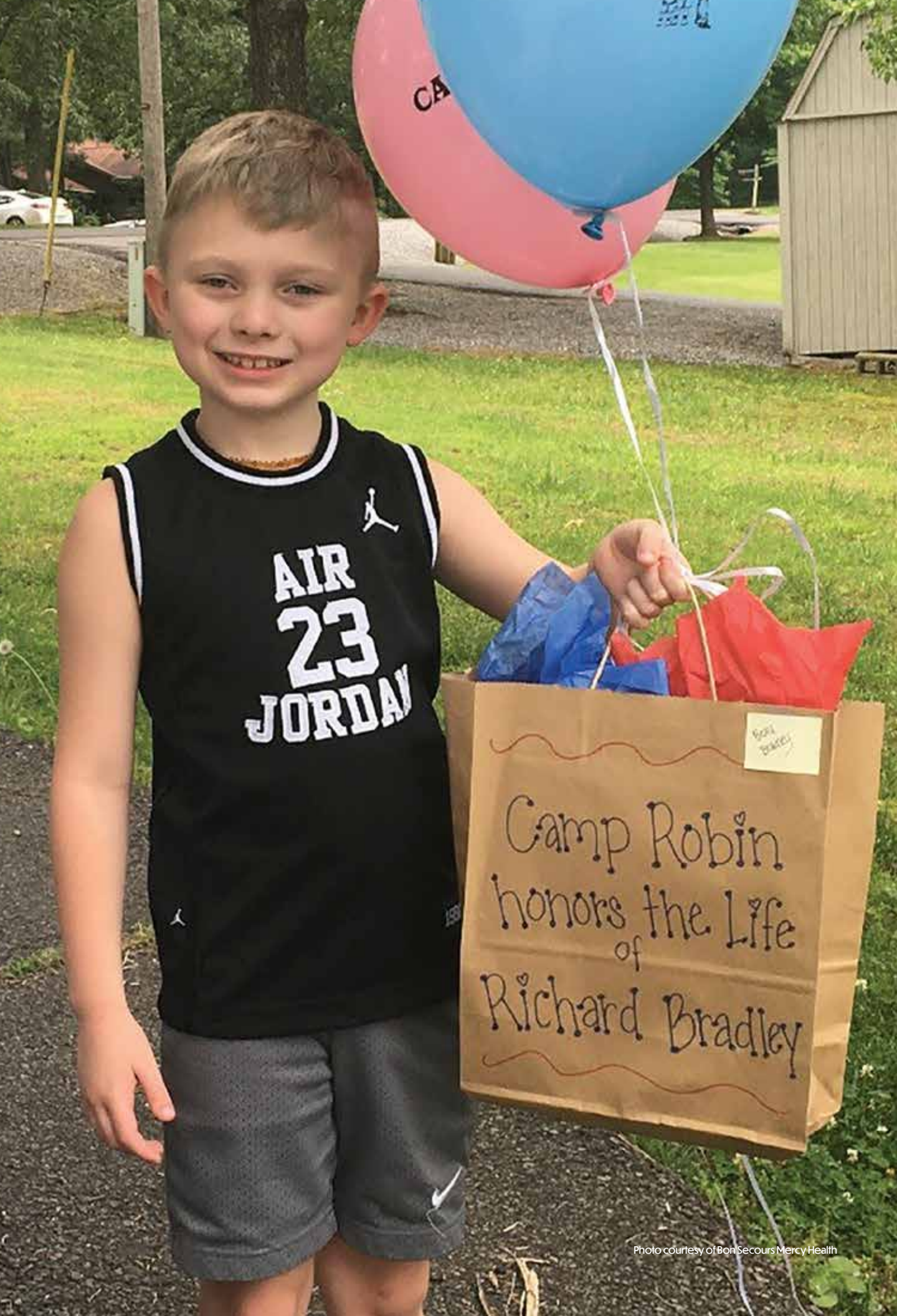
KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES



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

Visit <https://medicine.uky.edu/centers/ruralhealth/bridge> to read previous issues online.
To receive **The Bridge** electronically, please visit <http://thebridge.kyruralhealth.org>

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CAMP ROBIN

Helping Children heal One Smile at a Time

By Shannon Clinton

Camp Robin volunteer Reta Lewis said she knew the one-day camp was making a difference during a past session when she saw an interaction between two young participants.

“These two little boys we were talking and introduced each other, and one of them was very quiet,” she said. “One youngster said he was attending the camp because his daddy had died, and the other boy said, ‘Oh me too, that’s why I came here.’”

Lewis added that the rest of the day the boys talked, smiled, and participated in activities together as fast friends.

“If we can make the difference, for one, it’s worth it and we’ve surely reached many more, and it has grown,” she said. “...It’s a time for fun, a time for fellowship, a time to make some kind of little craft or takeaway, and therapeutic time to just help kids realize what the word ‘grief’ is, what the feeling is, that there’s other children that are like them. More than anything I think it’s the camaraderie that we see with that.”

Lewis, a nurse whose own grandchildren have attended Camp Robin to cope with a loss, is only one of many volunteers with the Paducah-based camp, which was named in memory of a Lourdes Hospital patient named Robin who passed away in 2005 at age 13, Bon Secours Mercy Health Community Liaison Shannah Poindexter said.

Robin had many young brothers and sisters who loved her dearly and were grieving her loss, Poindexter added.

“Several of us got together and decided we wanted to do something to help them remember and memorialize Robin and help them with the grief that they had,” she said.

The camp is supported by Mercy Health Lourdes Hospice. Staff members also reached out to other children who had lost loved ones and invited them to the inaugural camp, held in 2006. This year’s

camp will be held 9 a.m.-2 p.m. April 22 at Relevant Church, Paducah.

Funded by grants and donations, Camp Robin is free to attend and is open to youth ages 4 to 17 (age 18 if still a senior in high school, with additional age exceptions for special needs individuals), who are separated into age-appropriate groups. There’s no waitlist or enrollment cap, Poindexter said, and enrollment can be completed online.

As for eligibility, a camper will have had someone in their life who was important to them pass away, whether it was recently or even years ago. Loved ones don’t have to be a hospice patient or even be within Bon Secours Mercy Health’s service area, and children come from as far as Missouri or Tennessee to attend.

Campers can also return in subsequent years - there’s about a 20 percent return rate - to reunite with old friends and gain new insights and experiences.

Pre-COVID, the camp typically welcomed about 80 campers, but there was a two-year pause due to the pandemic. When campers returned last year, numbers were a bit lower, Poindexter said, and organizers are considering this a rebuilding era.

When camp rolls around each year, participants gather for an initial welcome and opening entertainment like a magic show, a show-and-tell with animals and their handler, or live music. Then the children are broken up into groups for age appropriate activities.

Throughout the day, Poindexter said, participants cycle through different stations, talking to different counselors, social workers and therapists. Each session has its own activity to help youth express their feelings in a safe, understanding and empathetic environment.

In one activity, campers threw colored balls of yarn back and forth, with each color representing a different feeling. When catching the ball, a child



would give an example of a time that such a feeling - whether it was sadness, anger, guilt or others - occurred.

Their feelings were validated as being perfectly normal with reassurances that they might happen at different times and what they might mean.

During young campers' time together, parents and/or guardians who brought them may, if desired, participate in their own activities to help them navigate grief and their young camper's feelings. Typically, about 40 adults attend these sessions, Poindexter said.

Therapy dogs are on hand throughout the day to lend furry, friendly comfort as needed, she added.

Groups gather together for a lunch, often donated by a restaurant such as Texas Roadhouse, and campers receive commemorative T-shirts.

At the end of the day, names are read aloud of the loved ones the participants are missing. Campers have written letters to them, and the letters are attached to balloons that are released into the sky.

Though it's normal for a few tears to be shed, there are just as many laughs and smiles during the day.

"It's a really uplifting day," Poindexter said. "It's really not sad at all. People think, 'Oh, gosh, a grief camp - that sounds terrible,' but it's not like that at all."

Particularly in rural areas, children may not have access to grief-specific mental health services, Poindexter said. She said the biggest thing that Camp Robin strives to do is to allow children to grieve in their own way.

Poindexter said one goal is to expand the camp to three days, but that would require additional funding, chaperones and an established camp facility willing to let Camp Robin use their site for the duration.

Melinda Dew is a licensed social worker and Camp Robin volunteer since 2007. Since 2011 she's served as coordinator for Camp Robin, helping line up donated services, mental health services providers, vendors and scheduling.

"One of the best feedbacks that we get is return campers," she said. "About a third of our campers each year are return campers, sometimes more than that, and I think that speaks volumes."

Dew echoed Poindexter's observation that Camp Robin isn't a solely somber occasion, noting that when kids share their feelings, it's often with smiles on their faces.

It's important for kids to honor their departed loved one in a natural way that a child would want

to express themselves, she said.

"It's not just this horribly sad day it's a fun day," she said. "We laugh a lot, there's a lot of color and activity."

Lewis, who's been in charge of Camp Robin's craft activities for a few years now, invites youth and adults grieving a loved one to come and see for themselves the difference a day can make.

"I would encourage them to come, because grief has many levels and I think if you're brand new to grief and it's raw, or whether it's two years out, where that person is in that level of grief, I think they could find something there that they could take from that day," she said. ■

How To Help

Solely volunteer-run, Camp Robin could use your help to continue providing its one-day camp activities and services to youth and their parents/guardians working their way through the grieving process.

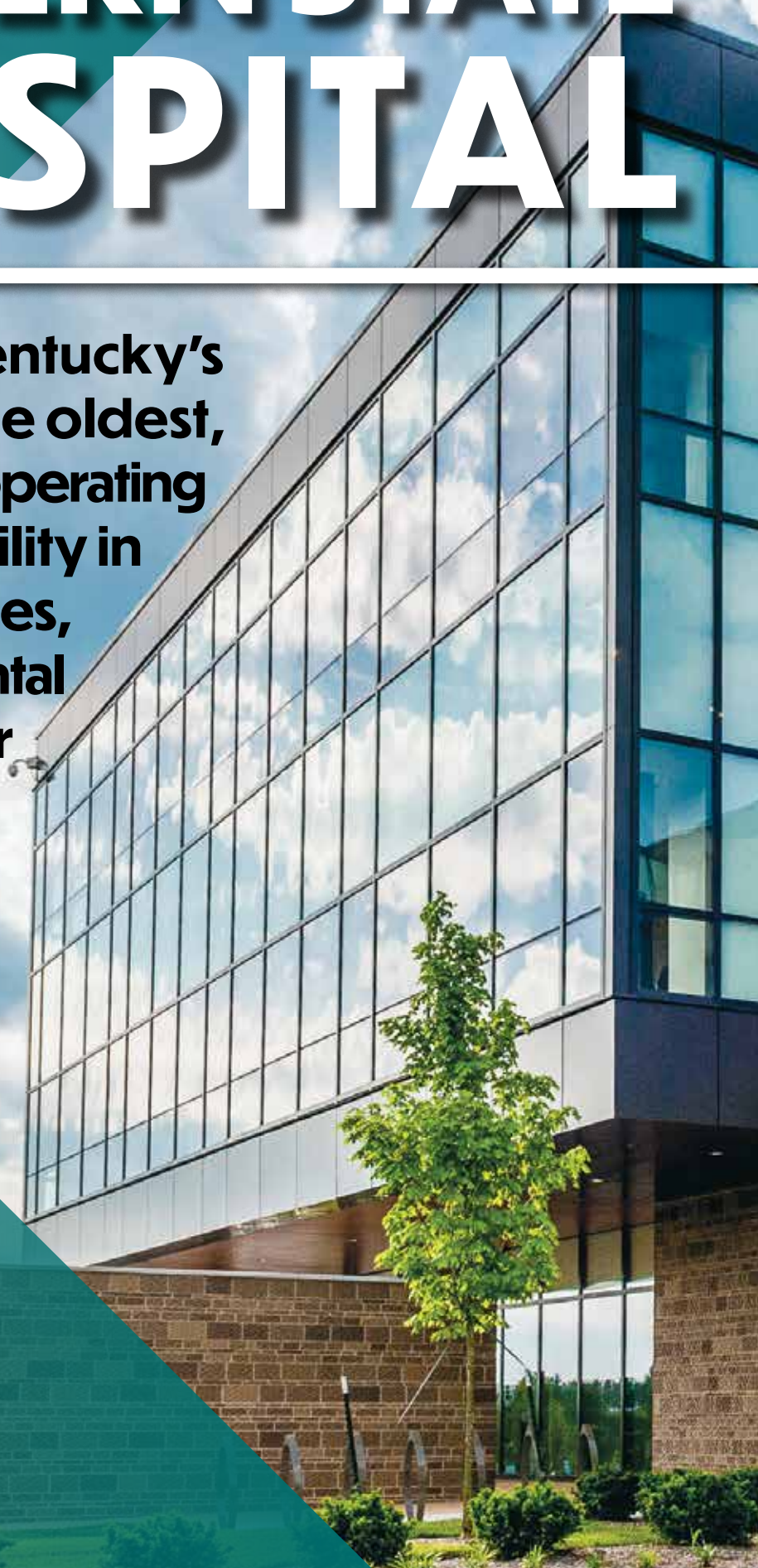
In addition to in-person volunteer opportunities, donations of craft materials are always welcomed, as well as monetary donations and donations of gift cards to places like Hobby Lobby, Walmart and Michael's that can be awarded as prizes.

For more information about Camp Robin visit: <https://www.mercy.com/about-us/regions/kentucky/camp-robin> and watch this video at <https://www.youtube.com/watch?v=js3sGqpfg08>.

Source: Shannah Poindexter

EASTERN STATE HOSPITAL

**As of 2024, Kentucky's
own will be the oldest,
continuously operating
psychiatric facility in
the United States,
providing mental
health care for
200 years.**





Offering several dimensions of wellness, Eastern State Hospital is removing stigmas of mental illness and how it's treated.

By Debra Gibson Isaacs

Located in Lexington, Ky., the hospital provides acute psychiatric care for adults (18 and over) with severe and persistent mental illness who live in the 50 counties surrounding and including Fayette County. Eastern State Hospital is licensed for up to 239 beds for inpatient care.

“Eastern State Hospital provides recovery-focused, individualized inpatient acute care mental health services,” said Lindsey Jasinski, Ph.D, MHA, licensed clinical psychologist at Eastern State Hospital/Central Kentucky Recovery Center and chief administrative officer at Eastern State Hospital/Central Kentucky Recovery Center.

Meeting a need

More than 50 percent of Americans will be diagnosed with a mental illness or disorder at some point in their lifetime, according to Carlin Barnes, MD and Marketa Wills, MD, MBA, in Psychology Today.

In the not-so-distant past, such a diagnosis carried a heavy social stigma, so those in need of care often put off seeing a mental health professional for a year or more, the two psychiatrists said. They said the stigma associated with mental illness remains “the most problematic barrier to raising mental health awareness.”

“While stigma has certainly diminished over time, it remains in many areas of society and for certain psychiatric conditions, particularly for severe mental illness (e.g. schizophrenia) Jasinski said. “Medical advancements in understanding brain changes associated with mental illness have helped combat the notion of weakness or moral failure. A movement toward use of person-first language helps focus on the individual, not the illness.”

Not a one-size-fits all type of illness

“Individuals may experience a wide range of

symptoms that suggest mental health treatment may be warranted: a significant change in mood, loss of interest in things previously enjoyed, or any emotional symptoms that interfere with their ability to do their usual routine.

In short periods, these aren't always an issue, Jasinski, said, “but if they last longer than two weeks, it may be time to seek help. Immediate help is warranted if the individual has suicidal thoughts, is seeing or hearing things others are not, or experiences very severe emotional distress.

“Hospitalization isn't always needed, and seeking help through therapy or medications when symptoms start is the best way to ensure that the person doesn't reach a crisis situation. Family members caring for someone with mental illness



Lindsey Jasinski, Ph.D, MHA, licensed clinical psychologist at Eastern State Hospital.



Eastern State Hospital, located in Lexington, Ky., provides acute psychiatric care for adults (18 and over) with severe and persistent mental illness who live in the 50 counties surrounding and including Fayette County.

Photo by Allison Perry Deputy Public Relations Director -Medical Campus
UK Public Relations & Strategic Communications

should also consider seeking support, as caretaking is very challenging.

“Public acknowledgment of mental health struggles in the media have served to reduce stigma. On the other hand, automatic affiliation of mental illness and violence serves to perpetuate stigma in many ways. Every person has a role in helping reduce stigma, by sharing stories, welcoming conversation about mental health, asking openly about suicide or substance

“Psychiatric care is best when the person is living in the community, fulfilling preferred life roles.”

use, and being willing to support someone in finding services when needed.”

Jasinski said societal attitudes toward behavioral

health care continue to change, and the stigma is slowly fading.

“This allows people to talk about their needs and seek help more readily than in the past. Advancements in medication and psychotherapy treatment allow individuals with mental illness

to live independent lives in recovery outside the hospital.

“Hospitals take care of individuals in crisis, and outpatient services support those individuals while they live their lives in the community, working and socializing like anyone else, the psychiatrist said. “Individuals are in charge of their care, and treatment with respect and dignity as well as quality and safety are top priorities.”

The Eastern State Way

In fact, Jasinski said one of the most significant misunderstandings about psychiatric care is that it must occur in a hospital setting over a long period of time.

“Psychiatric care is best when the person is living in the community, fulfilling preferred life roles. Additionally, many studies show that brief (8-10 session) interventions can be highly effective at reducing mental health symptoms. While mental illness is a chronic condition for many, it can also be an acute condition for some, and can be treated quite effectively.

“Other misunderstandings about psychiatric



The stigma associated with mental illness remains “the most problematic barrier to raising mental health awareness,” which is something Eastern State works to combat daily.

Photo by Allison Perry, Deputy Public Relations Director -Medical Campus UK Public Relations & Strategic Communications

care are that it remains barbaric, involuntary, and does not work well. Medical advancements mean that care is provided primarily through medications and talk therapy that have a strong evidence base. Even for individuals with severe illness, recovery is possible with comprehensive community supports.

Managed by UK HealthCare, admission to the state-owned Eastern State Hospital is just one of the paths to recovery.

“Individualized care means care that is provided with respect and dignity in mind,” Jasinski said. “We see each patient as a person: someone who has hopes, dreams, family, friends and many roles in society. We work with each patient to identify ways we can support them psychiatrically, but also holistically, through spiritual care, coping skills, and recovery-oriented goals. We help ensure patients have housing, food, transportation, communication options (e.g. phone), connections with jobs, income, and positive community social support.

“Our recovery process is oriented by SAMSHA’s eight dimensions of wellness: physical, emotional, intellectual, environmental, occupational, spiritual, financial, and social. Individuals are expected to make decisions in their care, be part of the treatment team, and include others (e.g. family) as they prefer.”

The 300,000-square-foot hospital includes three, three-story patient care towers – Allen, Gragg and Wendell. Staff operate up to seven acute care units of 27-28 beds each in a mix of private and semi-private rooms.

The Recovery Mall, where patients have

the opportunity to participate in a variety of activities, is located on both the first and second floors. The first-floor Recovery Mall includes the gym/auditorium, the retail shop, beauty shop and library. The second-floor Recovery Mall features a crafts room, pottery equipment, and a social activity area.

Designed with a focus on convenience and safety, the patient care units have their own dining rooms, screened-in porches and laundry rooms.

Located on the Eastern State Hospital campus, Central Kentucky Recovery Center consists of personal care homes for individuals with severe and persistent mental illness. The homes offer less restrictive care that promotes residents’ return to a community setting.

“Eastern State Hospital/Central Kentucky Recovery Center is proud of the care we have provided for nearly 200 years,” Jasinski said, “and continue to provide care to some of the most vulnerable Kentuckians. We provide empathic, supportive and comprehensive care to more than 3,000 patients each year.

“We are also proud of the ways in which we innovate and drive care forward: through an award-winning recovery model; improvements in safety for our staff and patients; development of new models of care; and collaborations with agencies across the state that are working to continually build a better behavioral health system. ■

Mental Health Awareness Month

In 1949, the national advocacy organization—Mental Health America— established mental health awareness month, which is now in June.

The objective of World Mental Health Day is to raise awareness of mental health issues around the world and to mobilize efforts in support of mental health.



Meet
Courtney Day
DMD
Grace Health



■ **When did your service begin?**

My service began August 8, 2022.

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

My responsibilities as a Dentist include:

- communicating effectively with patients about diagnoses and treatment plans
- making decisions using critical thinking to solve problems
- directing and leading my hygienists and assistants
- delegating tasks to my support staff
- prioritizing treatment needs to create effective treatment plans
- taking initiative and being a leader

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

I learned about NHSC through research of scholarship opportunities for postgraduate programs and online forums.

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

This program has given me the chance to come back to my hometown in eastern Kentucky and give back to the underserved area. I take it as an honor that I received this scholarship throughout my dental school education and I'm proud to be treating my friends and family. On the other hand, it has helped me financially to get through dental school, which is a blessing in itself.

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

Through my service thus far, I have learned just how underserved an area can be. I thought I knew before coming into this, but I didn't. I have patients that drive 2 hours just to see a dentist for a tooth ache. NHSC has helped create access to care for underserved areas. Eastern KY has benefitted from this program.

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

Make sure to do research on the opportunity before applying for the program. I suggest talking with current participants or past recipients. There are also online forums and Facebook groups to ask questions on or to provide more insight of the programs available. ■

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

THE KAY CAMPBELL NURSING SCHOLARSHIP

Giving Back to Communities in Her Memory

By Kim Kobersmith

Kay Campbell was a beloved member of the team at Grace Health's Wooten Clinic, passionate about her work as a nurse practitioner and deeply committed to quality rural patient care. When she was diagnosed with cancer, Campbell was determined to keep working as long as possible. The staff helped fulfill her wish. In her final days, when her strength was waning but not her sense of mission, they were able to share their plan for honoring her dedicated nursing practice - a scholarship in her name.

The Kay Campbell Nursing Scholarship is given annually to a senior from each of Grace Health's service area counties (Bell, Clay, Laurel, Leslie, Knox, Whitley) in Southeastern Kentucky. The scholarships are awarded to graduating seniors pursuing a career in nursing or, if there are no nursing applicants, another medical-related field. The students are chosen on a competitive basis of high scholarship, community service and leadership, and promise of future contributions, preferably to the nursing profession.

Each scholarship is a one-time, \$3000 award. The funds, totaling \$18,000 a year, are part of Grace Health's annual budget. More than 30 area students have been the beneficiary of this community investment in higher education and skilled health care workers.

Karen Hubbs is a pharmacist, a Grace Health Board Member since 2009, and the Chair of the scholarship committee.

"The Board had been talking about ways to give back to the communities in our service area," she said about the decision to establish the scholarship. "Kay was so dedicated, so we decided to help students who want to have a career in nursing but might not be able to without scholarship assistance."

The scholarship, at its inception and now, is fully a project of the health center's Board of Directors. Board members formed the scholarship committee to develop the application process, intentionally including members from all six service areas. The committee reviews the application every year and promotes it through local schools, then uses a standardized rubric to score each candidate. Recipients are presented to the board for final approval.

"It is our intent to keep the board involved and an active part in it, since we are all passionate about it and giving back to our service area," said Hubbs.

Hubbs and the rest of the Grace Health Board hope the scholarship recipients are inspired by seeing practitioners like Campbell who provide quality rural care. While the national nurse shortage was not one of the identified reasons they began the scholarship, supporting nursing students in this way can make an impact on the number of those who graduate. Then, they will consider returning home with their professional health care skills as a viable option for making a living and serving their communities.

Many of the recipients are in still the midst of their studies, either working towards their bachelor's or master's degrees. But a couple of those who have graduated have made the decision to return to the region, and now work in local hospitals.

The scholarship is just one way that Grace Health is in service to its community. It is the first of its kind Federally Qualified Health Center in the multi-county area that it serves in Southeastern Kentucky. FQHC's serve medically underserved areas and populations and provide primary care services on a sliding scale fee based



Madison Hopper of Whitley County receives the 2019 Kay Campbell Nursing Scholarship at the Corbin High School awards ceremony, presented by Michael Stanley, Grace Health CEO.

on the patient's ability to pay.

For over 50 years, community health centers have played a vital role in America's healthcare system. According to the latest statistics from the Health and Resources Service Administration, the program nationally supports approximately 1,300 community-based and patient-directed health centers and serves nearly 24 million people.

Grace Health began its work in 2008 with its first clinic in Gray, in Knox County. It has since expanded to 11 clinics that provide complete health care services: primary care, internal medicine, women's care, pediatrics, integrated behavioral health, pharmacy, dental, X-rays and labs. They are in the process of increasing dental care accessibility by adding services in their primary care clinics. In addition, they have 34

school-based health clinics that serve the majority of schools in their service area. They care for 30,000 people a year.

The Grace Health mission is to show the love and share the truth of Jesus Christ to southeastern Kentucky, through access to compassionate, high quality, primary health care for the whole person.

"That includes physical, emotional, and spiritual care," said Hubbs. "From that first clinic to six service counties, and the ability to offer this scholarship, it has been amazing to watch it unfold." ■



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