

ANNUAL
2025
EDITION

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

 Center of Excellence
in Rural Health

 KORH
Kentucky Office of Rural Health

A SEAT AT THE TABLE

Community collaboration stops
crises before they start

BUMPS ON THE ROAD

A mobile clinic keeps maternal
care on track for moms-to-be

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"Nature's Curves"

By Kristie Slone

This photo showcases a striking sandstone rock formation near the Pine Island Double Falls



hiking trail in London, Kentucky. With its rugged textures and natural archway, the natural bridge frames a forested backdrop, highlighting the region's scenic beauty and geological history. The Pine Island Double Falls trail is known for its peaceful atmosphere and winds through the Daniel Boone National Forest, leading hikers to the picturesque twin waterfalls that give the trail its name.

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

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

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A WORD FROM

Amelia Holliday

EDITOR, THE BRIDGE MAGAZINE

LOOKING TO THE FUTURE

Thinking Outside of the Box

Change is a constant in rural health care—something we know all too well at *The Bridge*. Over the past year, we've seen shifts in our communities, in how care is delivered, and even in this very publication.

The Bridge has always been about connection—linking people, ideas, and solutions. It's been a place to share stories of resilience, creativity, and progress from every corner of rural Kentucky. That mission hasn't changed—but how we tell those stories has.

This issue marks a new chapter: our first as an annual publication. But don't worry—we're not slowing down. In fact, we're reaching more people than ever through *The Bridge Podcast*, now on its seventh episode, bringing you real conversations with the people shaping rural care across the Commonwealth.

Each podcast episode builds on the story of rural health you'll find in these pages—diving deeper, asking tougher questions, and amplifying voices that deserve to be heard. From rural hospital leaders to front-line providers to community advocates, the podcast gives our listeners a front-row seat to the

realities and the victories of rural health. If you haven't tuned in yet, now's a great time to catch up.

The stories in this issue reflect a familiar theme in rural health care: when challenges arise, our communities step up.

You'll read about hospitals making bold moves to keep their doors open, clinics finding new ways to connect with patients, leaders pushing boundaries, and small towns proving that innovation doesn't need a big city ZIP code.

Rural health care keeps evolving—and we're here to make sure every mile, every challenge, and every win gets the attention it deserves. That's what this work is all about. Because these stories don't just inform—they inspire.

So whether you're flipping through these pages or tuning into the podcast, we're glad you're with us. Rural health care keeps moving forward—and we're proud to help tell the story.

Enjoy the issue—and as always, keep building the bridge. ■

Good stories, positive impact.

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES



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

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Preserving Rural Health Care: The Expansion of Kentucky's Critical Access Hospitals

By Amelia Holliday

A Lifeline for Rural Communities

In the rolling hills and small towns of Kentucky, rural hospitals have long served as the backbone of local health care. For many of these facilities, financial struggles and changing health care demands have put their futures in jeopardy.

That's where the Critical Access Hospital (CAH) program has stepped in, offering a sustainable model to keep essential services available in communities that need them most.

The Origin of the CAH Program

The CAH designation was created as part of the Balanced Budget Act of 1997, designed to support rural hospitals facing financial instability. By providing cost-based reimbursement from Medicare, the program helps small hospitals maintain operations, invest in new services, and ensure patients don't have to travel as long for essential care.

Director of the Kentucky Office of Rural Health (KORH), Matt Coleman, explains that the CAH program has played a pivotal role in stabilizing and strengthening health care access across the state.

"Without the CAH designation, many of these hospitals would struggle to keep their doors open," Coleman says. "It provides them with the resources they need to remain viable and continue serving their communities."

New Additions to Kentucky's CAH Network

In 2024, Kentucky welcomed two new hospitals

into the CAH program, the Kentucky River Medical Center (KRMC) and The Medical Center at Albany.

Located in the Eastern Kentucky coal fields in Breathitt County, KRMC has been a cornerstone

"Without the CAH designation, many of these hospitals would struggle to keep their doors open... it provides them with the resources they need to remain viable and continue serving their communities."

— Matt Coleman, KORH Director

of health care in the region since 1988.

Before transitioning to a CAH, the hospital provided specialized services ranging from cardiology and general surgery to

emergency care and pain management.

KRMC CEO/CNO Susie Morgan says the decision to transition to CAH status was the result of careful evaluation and consultation with KORH.

"We knew this move would help us sustain and expand critical health care services for our community," Morgan explains. "The financial stability provided by CAH status means we can keep providing the care our patients need while introducing new services that enhance recovery and rehabilitation."

Coleman highlights the broader impact of that decision.

"The sustainability of rural hospitals depends on their ability to adapt," Coleman says. "By

Pictures of Rural Health Care:

Kentucky River Medical Center (KRMC), located in Breathitt County, has been a cornerstone of health care in Eastern Kentucky since 1988. The hospital recently transitioned to critical access hospital (CAH) status to sustain and expand essential services.

Kentucky River Medical Center (KRMC) is one of two hospitals in Kentucky that received CAH designation in 2024, ensuring continued access to care for rural patients. With CAH designation, Kentucky River Medical Center (KRMC) introduced swing beds for short-term rehabilitation, expanded rehabilitation services to include speech and occupational therapy, and reinforced its commitment to 24/7 emergency care.

With CAH designation, Kentucky River Medical Center (KRMC) introduced swing beds for short-term rehabilitation, expanded rehabilitation services to include speech and occupational therapy, and reinforced its commitment to 24/7 emergency care.



A committed team at KRMC embraces the hospital's mission to provide critical health care services to rural Kentucky residents.



Employees at Kentucky River Medical Center (KRMC) show their dedication to patients and the community they serve.



Dedicated nurses at KRMC continue to provide high-quality patient care following the hospital's transition to CAH status.



KRMC staff play a crucial role in ensuring seamless hospital operations and patient care.



The team at KRMC celebrates their commitment to serving the community after their transition to CAH status.

joining the CAH program, hospitals like KRMHC gain a financial cushion that allows them to expand services, retain staff, and better meet the needs of their communities.”

The Transition Process: Challenges and Rewards

For hospitals considering a CAH transition, the process involves extensive planning, feasibility studies, and regulatory approvals.

Morgan explains that KRMHC leaders worked closely with consulting firms and state agencies to ensure a smooth transition, which took approximately a year to complete.

“We conducted a feasibility study to determine how CAH status would impact our hospital and community,” she says. “Throughout the process, we prioritized transparency with our staff and patients, ensuring they understood how this transition would enhance care.”

With CAH designation, KRMHC introduced swing beds for short-term rehabilitation, expanded rehabilitation services to include speech and occupational therapy, and reinforced its

“These additions are critical for rural patients who might otherwise have to leave their communities for post-acute care.”

– Matt Coleman, KORH Director

commitment to 24/7 emergency care. Morgan says these additions reduce the need for patients to travel long distances for post-acute recovery.

“These changes mean our patients can heal closer to home, surrounded by their families and support systems,” she says. “We’re especially proud to offer swing bed services, allowing patients to receive skilled nursing care without transferring to another facility.”

Beyond financial stability, becoming a CAH has enabled these hospitals to recruit specialists, develop partnerships with larger health care networks, and strengthen local health care access.

“These additions are critical for rural patients who might otherwise have to leave their communities for post-acute care,” Coleman says. “Keeping people close to home during recovery improves outcomes and supports local families.”

A Stronger Future for Rural Health Care

As more hospitals explore the potential of CAH designation, the program continues to be a beacon of hope for rural health care in Kentucky. With the financial stability it offers, hospitals can focus on their core mission—providing high-quality care to the people who depend on them.

For hospitals considering making the transition, Coleman emphasizes the importance of engaging with experts early.

“Having the right support system—whether it’s from KORH, consulting firms, or peer hospitals—makes all the difference,” he says. “The goal is not just survival, but long-term success.”

Looking ahead, continued education about rural health care initiatives and ongoing investment in CAH facilities will be essential to ensuring these hospitals remain strong. Coleman adds that with the right resources and support, Kentucky’s CAH program will remain a vital part of the health care landscape, ensuring that no community is left without access to the care it needs.

To find out more about the CAH program and what KORH does, visit www.kyruralhealth.org. ■



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Reaching Mothers Where They Are: *How a Mobile Clinic is Changing Maternal Health in Eastern Kentucky*

By Michelle Goff



Big Sandy Health Care (BSHC), a community health clinic headquartered in Prestonsburg, Ky., is helping to meet Kentucky’s maternal health needs through a Women’s Health Mobile Clinic. The mobile health unit, funded by a \$2 million Health Resources Services Administration (HRSA) grant, allows BSHC to take maternal health into the communities it serves in Johnson, Magoffin, and Pike counties.

Reaching Patients Who Need It Most

Although the mobile women’s health clinic provides care to any BSHC patient who needs obstetrics or gynecological care, BSHC staff say the majority of patients who utilize the clinic require prenatal care. Many are managing chronic health conditions such as gestational diabetes and hypertension. Patients with these high-risk conditions require weekly or biweekly prenatal visits because they’re at risk for preterm deliveries and other complications.

“It’s not just gestational diabetes. It’s pre-existing diabetes,” BSHC Chief Medical Officer (CMO) Lesley Dotson said. “We have an issue with chronic diseases [in this area], and those chronic diseases don’t go away when women become pregnant.”

“They have trouble getting childcare so the mobile clinic helps them not have to take as long away from their children.”

– Haley Meade, Nurse Manager

blood pressure and sugars are out of control, we say, ‘Let us help you and come to you,’” Meade said. “We’re hoping to have deliveries at 37-plus weeks.”

In its 2024 Report Card, the March of Dimes gave Kentucky a preterm birth grade of D-, noting that “chronic health conditions make people more likely to have a preterm birth,” which is defined as less than 37 completed weeks gestation.

“In Kentucky, 48.7 percent of women had one or more chronic health conditions compared to 37.8 percent in the U.S. overall,” the March of Dimes further noted. “Women with one or more chronic health conditions have a 48 percent increased likelihood of having a preterm birth compared to those without any chronic health conditions.”

According to BSHC Director of Nursing Laken Meade, clinic staff screen patients for need and are also on the lookout for patients who would benefit the most from the mobile unit.

“If they’re missing appointments, if their



The Big Sandy Health Care Women’s Health Mobile Clinic is bringing vital maternal health care to underserved communities in Eastern Kentucky. Funded by a \$2 million HRSA grant, this unit is designed to reach patients in Johnson, Magoffin, and Pike counties who struggle with access to care.

According to the Centers for Disease Control and Prevention (CDC), preterm births could result in babies having breathing problems, feeding difficulties, cerebral palsy, developmental delays, vision problems, and hearing problems. Preterm births could also affect families emotionally and financially.

Measuring Success: Improved Health Outcomes

More than a year into operation, the mobile health unit is already positively addressing the chronic health conditions that contribute to preterm birth. Meade says they’ve treated approximately 180 patients and have seen improvements in health outcomes in gestational diabetes and hypertension.

Assistant Director of Nursing Cari Perry credited the mobile aspect of the clinic for contributing to these improved outcomes, explaining that some patients have to travel an hour to access maternal care when not utilizing the mobile unit.

Nurse Manager Haley Meade, who provides care on the van, agreed.

“They have trouble getting childcare so the mobile clinic helps them not have to take as long away from their children,” Meade says. “It cuts down on travel time and wait time as well.”

Indeed, providing the clinic even once a week in Johnson, Magoffin, and Pike counties to patients who need biweekly care results in those patients



Patients can comfortably receive care without the burden of long travel times thanks to the mobile clinic. By bringing services closer to home, the mobile unit has reduced appointment no-shows and improved maternal health outcomes in the region.

reducing their travel time by half. BSHC utilizes dedicated spaces at local businesses and also, when needed, takes the van to patients' homes.

Navigating Rural Kentucky's Challenges

Of course, the van doesn't navigate Eastern Kentucky's mountainous terrain during inclement weather.

Outreach Logistics & Support Manager Nick Kellough, who manages the unit's technology and drives the van, explained that the mobile unit uses Starlink technology that allows it to link back to BSHC's clinic. Kellough said environmental factors could cause connectivity issues, especially when they travel to a patient's home.

"We've never had a zero connection issue. The van is connected everywhere we go," he added.

That's important in Kentucky where, according to the March of Dimes, traveling to access maternal health care is prevalent, with 45.8 percent of counties defined as maternity care deserts compared to 32.6 percent of counties nationwide. A maternity care desert is a county with zero hospitals and birth centers offering obstetric care, zero obstetric providers (per 10,000 births), and a proportion of women aged 18-64 without health insurance.

From Hesitation to Confidence in Mobile Care

Before she started accessing the mobile women's health clinic, Jessica Slone, a BSHC employee, was

one of those patients in Kentucky who traveled to access maternal care.

Slone, who works in Pike County, was being seen in BSHC's Floyd County clinic before the establishment of the women's health clinic. Due to advanced maternal age—anything above age 35—she required prenatal care weekly and then biweekly.

The mobile clinic was "definitely a matter of convenience" for Slone.

"Before they offered me the [opportunity to use the] mobile unit, I was missing half a day of work [for every appointment], so it saved me time," she said.

"I did have a little reservation to be seen on a van just because it's odd at first," Slone admitted. "But they had everything (ultrasounds, testing, labs) on the van that they have in the office."

BSHC Assistant Director of Nursing Cari Perry said other patients have shared Slone's reservations.

"A challenge was patient buy-in. The mobile unit was new to the area and patients were more hesitant because they didn't know it was a clinic on wheels" she explained. "They had a horror picture of a big white van pulling up to get them. We also floated providers at first. Now we have a nurse mid-wife and patients feel at ease scheduling an appointment."

The Role of Community Health Workers

With funding from the grant, BSHC was also able to add a dedicated maternal community health worker (CHW).



The fully equipped exam room inside the mobile clinic allows BSHC providers to offer the same quality care as a traditional office visit.



The clinic operates in designated locations but can also travel to patients' homes when necessary, eliminating barriers like transportation and childcare that often prevent women from seeking care.

“The community health worker contacts patients between visits and connects them to services,” BSHC CMO Dotson says. “She talks to them about needs. She’s someone who cares and who connects with them. That means a lot to the patients.”

The CHW also helps patients complete their treatment plans by linking them to the HANDS (Health Access Nurturing Development Services) program, WIC (Women, Infants, and Children) nutrition program, housing, and other community and social programs provided by partners. When needed, the CHW also delivers medications and other items such as diabetes testing strips to patients.

BSHC’s gestational diabetes counselor also identified nutrition as a need, so the clinic now offers food boxes (perishable and non-perishable) for patients and also partners with local organizations that donate fresh food and vegetables for patients, which the CHW delivers to their homes. This helps meet their transportation and nutrition needs.

The success of the utilization of CHW for maternal health patients does not seem to have been lost on state and national levels.

According to the March of Dimes, the state’s infant and mortality rates are higher than the national rates. In fact, the state’s maternal mortality rate was 34.6 (per 100,000 births) compared to 23.2 nationally.

With funding from HRSA, researchers and providers at the University of Kentucky have joined with community and state leaders across the state to create a task force to determine the reasons for this disturbing rate and to prevent future deaths. HRSA also provided additional funding to be used for Medicaid redetermination and postpartum care coverage. The task force is utilizing those funds to establish a Perinatal Community Health Worker Program.

Looking Ahead:

Expanding Access to Care

BSHC has identified postpartum as a need as well. In addition to prenatal care and social services, Meade said they provide postpartum support through screenings and linkages to additional services and care.

BSHC staff said the biggest reward the mobile unit has given them—other than the more than a dozen babies who have been born to patients—is the satisfaction of knowing that women are now accessing care they had delayed or not gotten at all.

“When there’s a strain on transportation and child care, they don’t keep appointments,” Perry said. “By us having the clinic and going to their homes [or communities], they’re more likely to keep appointments and have better outcomes.” ■



Big Sandy Health Care’s mobile clinic plays a crucial role in reducing Kentucky’s high preterm birth rates by ensuring expectant mothers receive consistent medical attention. More than a year into its operation, the unit has already served over 180 patients and continues to expand access to care.



Meet

Alecia Fields

DO, FACOG

■ **When did your service begin?**

My NHSC service began in July 2019. My first job was at a FQHC in Indianapolis caring for an underserved urban population. In May of 2022 I moved back to Kentucky and took a position with a FQHC in Somerset KY.

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

I am an OB/GYN physician and provide outpatient care at a federally qualified health center as well as inpatient care at the Regional Hospital. In addition to providing preventative medicine in the clinic, I provide prenatal care and deliver babies. I treat common gynecologic concerns, perform office gynecologic procedures and operate at the hospital.

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

I first heard about NHSC programs as an undergraduate student at the University of Kentucky. I knew that I wanted to go to medical school but I was concerned about how to pay for school. I was interested in working with underserved communities and I was hoping to return to Kentucky to practice after my training. I applied for the scholarship program in my first year of medical school and began my service once I had completed residency.

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

As an NHSC participant, I have been able to provide healthcare to underserved populations in both urban and rural settings. The federally qualified health centers that I have worked in offer their patients a tremendous network of services. These are the patients that are otherwise left behind and often have the worst health outcomes. They deserve high quality and compassionate care and I appreciate that NHSC is working to support clinicians in these areas.



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

You are never alone. Our healthcare system is complex and hard for patients (and providers) to navigate. The care I provide is incomplete without the help of advanced practice practitioners, nurses, social workers, pharmacists, administrative support, etc. Your team helps you and your patient receive the best possible care.

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

You have to think big picture and long term. I committed to NHSC in 2014 and I will finish my service this fall (2023). I did not officially begin my service commitment until after medical school and residency but you need to consider what area of medicine you are interested in, where you want to live and what practice setting (clinic or hospital) you want to work in. Many of those questions are hard to know as a brand new student. NHSC does offer a wide variety of programs including loan forgiveness that may be a better fit for those who are unsure about what their life will look like after training. That being said, I am now working in a practice that I love and plan to stay at even after my NHSC service is complete.

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*.



Meet

Andrea Quillen

APRN



■ **When did your service begin?**

I was awarded the NHSC Loan Repayment Program in July 2021 after beginning to work for Mountain Comprehensive Care Center Homeplace Clinic.

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

I am a family nurse practitioner at the NHSC site in which I practice. My responsibilities include providing preventive treatment, treating acute illness, and performing physical assessments for clearance to medication assistant treatment.

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

I learned about the NHSC program from a preceptor while performing clinicals while in nurse practitioner school.

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

Being a NHSC participant has given me the opportunity to stay in my hometown and care for the people of the area. I grew up here in southeastern Kentucky. I know the struggles of this area. I wanted to be able to stay here and give back to the community and I could not have done that without the NHSC program.

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

The most important lesson that I have learned during my NHSC service is that many of the patients in rural communities want a provider that they can relate to. My patients have expressed to me that they

enjoy being able to come into a medical clinic where they know the providers and staff personally.

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

I would encourage all eligible candidates to participate in NHSC programs. This program is beneficial to the recipient and to the community in which the recipient works. It allows for skilled professionals to provide care that may otherwise not be available to the area.

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*.



A Lifeline for the Vulnerable: How Situation Tables are Transforming Communities

By Kyle Collier

Across Kentucky, thousands of people struggle to find safe housing. According to state data, more than 25,000 of these individuals are school-aged children. Houselessness is most common in larger cities, but it also exists in rural areas — often out of sight.

It’s a complex issue with multiple root causes. While many may conclude that substance use is the main reason for houselessness, the lack of affordable housing and economic challenges such as low-paying jobs and high unemployment are also significant contributing factors.

In Frankfort, Ky., a homeless high school student faced a dire situation in 2024. Struggling with housing insecurity and limited access to basic resources like food, he was on the brink of falling through the cracks. But thanks to the city’s innovative Situation Table, a network of community partners quickly mobilized to intervene. They provided the student with a bicycle, a prom suit, meals, and early enrollment at Morehead State University—complete with summer housing. This holistic intervention didn’t just stabilize his immediate circumstances—it transformed his future.

“That’s how powerful the community can be when it works together,” Shelley Hearn, a community policing advocate in Frankfort, said. “It was truly a

community-wide effort to get this young man the support he needed.”





What are Situation Tables?

Forums with community partners that bring together a diverse group, including law enforcement, healthcare providers, schools, social services, and public health agencies, Situation Tables aim to identify and address acute, elevated risks in the community. The goal is to intervene

“The makeup of the table evolves based on the community’s needs.”

– Dan Meloy,
Director of Operations

before these risks escalate into full-blown crises.

“We don’t want that crisis to happen,” Dan Meloy, director of operations at Operation 2 Save Lives, said.

Each partner assesses the risk through their unique lens to determine the most effective intervention. This collaborative approach represents a shift from traditional, siloed service delivery models.

Meloy reflects on his early days as a police officer. “We weren’t talking about partnerships,” he explained. “We responded to incidents as they happened.”

Situation Tables foster regular communication and teamwork, meeting weekly with a structured script to identify risks and mobilize resources swiftly, he added.

Building Trust and Filling Gaps in Powell County

Powell County was one of the first counties in Kentucky to implement a Situation Table, starting in August 2021. LeAndre Knox, a project manager with the Kentucky Regional Health Information Organization (RHIO), has played a pivotal role in its implementation and ongoing success.

Law enforcement initially brought many cases to the table, helping establish the program’s credibility and momentum.

Knox says the Powell County Situation Table revealed surprising gaps in community resources, particularly for elderly residents.

“We saw many situations involving elderly individuals, which opened our eyes to the need for more support,” Knox said.

Through the table, community partners have built trust and strengthened relationships, enabling more timely and coordinated support. Partners can now reach out directly between meetings if urgent needs arise, eliminating delays in service delivery.

“The Table’s ‘we, not me’ approach has been instrumental in making a real difference for community members,” Knox emphasized.

Rapid Response During Crises

Situation Tables also excel in crises.

The first Situation Table in Kentucky started during the response to the Western Kentucky tornado outbreak. Meanwhile, a month before the 2022 floods, leaders in Perry County implemented Situation Tables. The idea of communities coming together to highlight these risks has made them adaptable to all situations.

“The makeup of the Table evolves based on the community’s needs,” Meloy said.

This flexibility allows Situation Tables to respond to a wide range of challenges—from natural disasters to mental health crises—by leveraging the strengths of each partner organization.

Transforming Public Health and Safety

Communities with active Situation Tables are seeing measurable improvements in public health

and safety. Some communities are measuring success with data like emergency department visits, Medicaid costs, and crime rates.

Tricia Hamilton, a police social worker in Frankfort, notes how the proactive approach of Situation Tables makes a significant difference.

“The traditional approach is often reactive, waiting until something bad happens before we get involved,” Hamilton explained. “The Situation Table allows us to catch risk factors early and get people the help they need before a major incident occurs.”

For law enforcement officers on the front lines, the emotional impact of these success stories is profound.

“When you see the difference you can make in someone’s life, it’s incredibly rewarding,” Hamilton

shared. “It reminds us why we do this work.”

“This isn’t just about one homeless student. It’s about transforming the way we address poverty, mental health, and other systemic challenges in our community,” Hearn added. “The Situation Table is a model for how we can come together, put aside our differences, and truly make a difference in people’s lives.”

As more communities across Kentucky adopt this collaborative approach, the hope is that the ripple effects will lead to lasting, positive change for the state’s most vulnerable residents.

To learn more about QRTs and Situation Tables, go to www.o2sl.com. ■



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A Lifeline Restored: **Carroll County Memorial** **Hospital's Journey from** **Crisis to Stability**

How CEO/CFO
Kim Haverly and Her
Team Transformed
a Struggling
Rural Hospital
into a Thriving
Community Asset

By Amelia Holliday

Kim Haverly knows what it's like to live in a place where access to health care isn't guaranteed.

"I remember being about five years old, home with my mom and sister, when my mom suddenly got very sick. We didn't have a car, and my dad was at work. My sister had to run a mile and a half to my grandparents' house to get help," she recalls. "Then, we had to drive over an hour to the nearest hospital."

That experience left a lasting impression.

"As a little kid, that was terrifying," she adds.

Today, as the CEO and CFO of Carroll County Memorial Hospital (CCMH), Haverly carries that memory with her, making it her mission to ensure her community never has to face such barriers to care.

From the Brink of Closure to a Model of Stability

Nestled in northern Kentucky between metropolitan Louisville and Cincinnati, Carroll County is a rural harbor in a region few associate with rural. A tight-knit community where neighbors

know each other

"We had incredible talent right here in our hospital. People who had dedicated their careers to CCMH, who knew the community, and who were willing to step up."

— Kim Haverly, CEO/CFO of CCMH

by name and generations of families have called it home, it's a place where small-town values thrive.

However, like many rural areas, access to health care has long been a challenge. CCMH has stood as a pillar in the community

since 1955, providing essential medical services to residents who would otherwise have to travel long distances for care. As a designated Critical Access Hospital (CAH), CCMH plays a vital role in ensuring that rural Kentuckians have access to quality health care close to home.

When Haverly joined CCMH five years ago, the hospital was teetering on the edge of financial collapse, she explains. With less than two days of cash on hand and overdue bills stacking up, the situation was dire. But instead of shying away, she stepped into the challenge with a clear-eyed determination and a plan.

"We implemented a zero-balance budget—every dollar that came in was allocated to specific needs," Haverly recalls. "Payroll first, then supplies, then



Carroll County Memorial Hospital (CCMH) staff and community members gather in the hospital lobby to celebrate being named Kentucky's 2024 Community Star by NOSORH. Just five years ago, CCMH was on the brink of closure. Today, thanks to strategic leadership and a commitment to transparency, CCMH is thriving as a pillar of the community.

whatever we could spare for overdue bills."

By working closely with vendors to set up payment plans, CCMH was able to eliminate \$25,000 in late fees each month, according to Haverly, which was a small but significant victory in their turnaround journey., a small but significant victory in their turnaround journey.

The hospital also took a hard look at staffing, streamlining operations without layoffs by not backfilling positions when employees left, she adds. Cross-training became the new standard, with nurses rotating between surgery, the emergency department, and med-surg units. This not only improved efficiency but fostered a culture of teamwork and adaptability.

Haverly says she and her leadership team continued to make what some would consider unconventional decisions, including not hiring outside administrators and again promoting from within.

"We had incredible talent right here in our hospital," she says. "People who had dedicated their careers to CCMH, who knew the community, and who were willing to step up."

A longtime radiology manager was elevated to director of ancillary services, overseeing multiple departments, she explains as one example of their strategy. A former receptionist-turned-office manager became the head of all Rural Health Clinics (RHCs). Staff were given opportunities to



CCMH team members serve a warm meal to attendees at the Community Star celebration. Under CEO/CFO Kim Haverly's leadership, the hospital made a complete financial 180—ensuring that the hospital could continue to serve its community for years to come.

grow through training, certification programs, and mentorships, ensuring leadership stability for years to come.

More Than Just Survival—

A Commitment to Growth

Another key to CCMH's revival was transparency. Haverly held what she calls regular "State of the Union" meetings with employees, updating them on financial progress, challenges, and future plans.

"When people know where things stand, they feel invested in the solution," she says.

These meetings created a culture of accountability and trust, helping employees understand the tough decisions being made, Haverly adds.

To keep the hospital financially viable, Haverly implemented a Dave Ramsey-style zero-based budgeting system.

"When people know where things stand, they feel invested in the solution."

— Kim Haverly, CEO/CFO of CCMH

Every dollar that came in was assigned a role—whether for payroll, supplies, debt reduction, or growth.

"We still do this every day," she says.

"And now, we even

have money in a savings bucket. That was unthinkable five years ago."

Haverly notes that CCMH's transformation wasn't just about cutting costs; it was about reinvesting in the hospital's future. Haverly and her team strengthened relationships with the community and sought strategic partnerships, most notably with the University of Louisville. Through this collaboration, the hospital gained access to top-tier specialists without sacrificing its independence.

Haverly explains that new providers and services began attracting patients who once bypassed CCMH for larger hospitals, a sign that their efforts were paying off. Today, the hospital boasts an eye surgeon performing corneal transplants, a podiatrist offering foot and ankle surgeries, and a seasoned general surgeon providing critical procedures close to home. The addition of a walk-in clinic operating six days a week has also improved access to urgent care.

A Rural Hospital That Feels Like Home

One of the biggest challenges for any rural hospital is reputation. For years, Haverly says, CCMH was seen as a "Band-Aid station," a place people avoided if they had a choice. Haverly and her team set out to change that narrative by focusing on patient experience and community trust.

"We're not just a hospital—we're neighbors, family, and friends," Haverly says. "When people walk through our doors, they see familiar faces."



With smiles and great food, CCMH staff celebrate the hospital's remarkable transformation. By focusing on patient care, community engagement, and strategic partnerships, CCMH has expanded its services, attracting patients who once had to travel long distances for specialized care.





Team members pose with the 2024 Kentucky Community Star Award, a recognition of their dedication to rural health care. Once considered a “Band-Aid station,” CCMH has reinvented itself as a trusted health care provider.

That connection matters.”

Their efforts have paid off. Community perception has shifted, and patients now speak highly of their experiences. The hospital’s patient satisfaction scores have climbed, and CCMH is no longer just surviving—it’s thriving.

CCMH’s efforts have not gone unnoticed by other health care organizations, either.

In 2024, the hospital was awarded the NOSORH Community Star Award for Kentucky, recognizing its outstanding contributions to rural health care. This prestigious award highlights CCMH’s dedication to innovation, patient care, and community engagement.

Investing in the Future

With a firm financial foundation, CCMH is

“We’re not just a hospital—we’re neighbors, family, and friends. When people walk through our doors, they see familiar faces. That connection matters.”

– Kim Haverly, CEO/CFO of CCMH

looking ahead. Haverly says major expansion of the emergency department is in the works, doubling its size to accommodate growing demand. The hospital’s outpatient pharmacy is being relocated to include a drive-

thru, a crucial addition after the county’s only Walgreens recently shut down. Additionally, new swing-bed units with private bathrooms will enhance rehabilitation services for patients recovering from surgeries.

Through it all, Haverly remains focused on the hospital’s mission.

“I never filled the CFO position when I became CEO,” she admits. “It’s not about titles—it’s about making sure this hospital remains a lifeline for our community.”

Lessons for Other Rural Hospitals

CCMH’s journey offers valuable lessons for other struggling rural hospitals. Haverly emphasizes the importance of transparency with staff, building trust with vendors, and making strategic investments in both people and infrastructure.

“You can’t do it alone,” she says. “Rely on your team, lean on your partners, and never stop looking for ways to improve.”

To learn more about CCMH, please visit www.ccmhosp.com. ■



Carroll County Memorial Hospital staff proudly hold their Community Star Award, a testament to their resilience. By promoting from within and cross-training staff across departments, CCMH created a culture of adaptability and teamwork—key elements in its financial and operational turnaround.



DR. KANTA ARYA

A Life of Healing:

Dr. Arya's Journey to Becoming a Rural Health Champion

By Amelia Holliday

A Calling That Began in Childhood

Dr. Kanta Arya's path to medicine began in an unlikely place—her childhood home in Latur, Maharashtra, India. Even as a young girl, she felt the pull toward healthcare.

"I was in middle school when I decided I wanted to be a doctor," she recalls. "I thought a physician's life was fascinating—so much respect, the ability to change lives, to help people feel better. And at the same time, it allowed for a good living."

That dream carried her through years of rigorous education, leading her to medical school in Hyderabad, India. Yet even as she trained in urban settings, she admits, her heart remained in rural areas.

"I always imagined that I would return to my village," she says. "There were no pediatricians there—just a small hospital. I wanted to go back and care for the children."

Fate, however, had other plans, she explains. Instead of returning to India, Dr. Arya found herself in an unexpected new home—Hazard, Kentucky, where she would spend nearly four decades serving as one of the region's most beloved pediatricians.

Finding a Home in Rural Kentucky

During her residency at Children's Hospital in Detroit, Michigan, Dr. Arya says she formed a close bond with a fellow physician whose husband was practicing in Whitesburg, Kentucky. It was through this friendship that she first heard about Eastern Kentucky and the urgent need for pediatric care. When an opportunity arose in Hazard, she took a leap of faith.



From a small village in India to the heart of Eastern Kentucky, Dr. Arya's career has been defined by service, love, and dedication.



Even in retirement, Dr. Kanta Arya remains a symbol of dedication to rural health care. Honored as a Kentucky Rural Health Champion, she reflects on a lifetime of service, overcoming challenges, and forging deep connections with the families of Eastern Kentucky.

“The hospital administrator personally reached out to me, and the community was incredibly welcoming,” she remembers. “They brought me and my family to Hazard, set us up in a motel, and introduced us to the town. Their hospitality was amazing.”

Still, the transition wasn’t easy. The rolling hills of Appalachia were a stark contrast to the bustling cities she had trained in.

“It was a culture shock,” she admits with a laugh. “But what kept me going was the people—their kindness, their love, their sense of community.”

Before long, she says she realized how much Hazard reminded her of home.

“It felt familiar. The strong family ties, the way people cared for their elders, the children being brought in by their grandparents—it was just like my village in India,” she says. “That’s when I knew. This is where I belong.”

A Life Dedicated to Children

For nearly 40 years, Dr. Arya cared for generations of children in Eastern Kentucky, a role she describes as deeply fulfilling. More than just a pediatrician, she says she became a trusted figure in the community and guided families through the ups and downs of childhood health.

Rural medicine came with its challenges; specialty pediatricians were scarce, and when faced with complex cases, she explains she had to rely on her instincts and her network of specialists in Lexington and Louisville.

“I had to pick up the phone and consult with pediatric cardiologists or neonatologists,” she describes. “If a premature baby needed urgent care, I would stabilize them, place them on a ventilator, and wait for the helicopter. I never turned my back on that ventilator.”

Despite these challenges, she found immense fulfillment in her work, she says, emphasizing the importance of community support in her journey.

“I discovered abilities I didn’t even know I had,” she says. “The community’s needs pushed me to grow as a doctor. I proved to myself—and to my patients—that I could give them the best care possible.”

A Legacy of Love and Sacrifice

Dr. Arya’s dedication did not come without personal sacrifices. As a single mother, she confesses she had to work tirelessly, often missing moments with her daughter to care for the children of others.

“I regret not being there for all the little things—parent-teacher conferences, school events,” she admits. “But you can’t have everything. You give and take.”

“God had a plan for me. I was meant to be in Eastern Kentucky, and I am so thankful for that.”

– Dr. Kanta Arya

She says her daughter, now an adult, reassured her that the sacrifices were worth it.

“She told me,

‘Mom, I used to be bothered by you working all the time, but now I see the tremendous impact you had on our community. That made all the sacrifices worth it,’” she says.

Dr. Arya’s daughter, Anupa Arya Trumbo, has since left Hazard and admits it was a complex situation to be raised by a parent so passionate about her work. However, that experience growing up only strengthened her bond with her mother.

“My Mom is not only my best friend, she’s my hero. She epitomizes everything I feel a woman should be—loving yet firm, tender-hearted yet fierce, brilliant yet relatable, successful yet humble,” Trumbo says. “All of these incredible qualities, in addition to her unflappable tenacity and steadfast courage, led her to become one of the most beloved and highly respected physicians in not only Eastern Kentucky but in the entire Commonwealth. I couldn’t possibly be prouder or feel more blessed to be her daughter.”

Even in retirement, Hazard remains close to Dr. Arya’s heart, a place she still considers home. Though she now lives in Lexington to be near her daughter, she frequently returns to her home in the mountains.

“Whenever I feel homesick, I jump in my car and drive back to Hazard,” she says. “There’s a peace that comes over me when I’m there. It’s home.”

Honoring a True Rural Health Champion

Throughout her career, Dr. Arya has received numerous accolades for her work, though she has always remained humble. Most recently, she was honored as a Rural Health Champion in the Kentucky Office of Rural Health’s (KORH’s) The Bridge magazine, a recognition of her unwavering service to Eastern Kentucky’s children.

Reflecting on her decades-long career, she expresses nothing but gratitude.

“God had a plan for me,” she says. “I was meant to be in Eastern Kentucky, and I am so thankful for that.”

For the thousands of children and families whose lives she touched, the feeling is mutual. Dr. Arya has become more than just a doctor—

she is a healer, a mentor, and a beloved part of the community. And though she may no longer see patients daily, her impact will be felt in Eastern Kentucky for generations to come. ■

“I discovered abilities I didn’t even know I had. The community’s needs pushed me to grow as a doctor. I proved to myself—and to my patients—that I could give them the best care possible.”
— Dr. Kanta Arya

A Photographic Journey: Dr. Kanta Arya



A portrait of Dr. Arya, her grace and wisdom, gathered from years of experience, are evident in her expression.



Dr. Arya in her early years as a physician, standing with her stethoscope draped around her neck. Her passion for medicine and dedication to her patients made her a trusted caregiver throughout her career.



Dr. Arya embraces her daughter on her wedding day. Dressed in rich, embroidered saris, mother and daughter celebrate the start of a new chapter together.



Dr. Kanta Arya holds her grandson, Arjun, one of the many newborns she cared for during her nearly 40-year career as a pediatrician in Eastern Kentucky. Arriving in Hazard as a young doctor, she became a beloved figure in the community, ensuring that generations of children received compassionate, quality care.



Dr. Arya tending to her garden, surrounded by vibrant flowers. Even outside the hospital, she cultivated beauty—whether in her patients, her family, or the flowers she so lovingly cared for.



Dr. Arya and her grandson, Arjun, share a joyful embrace against the backdrop of a glowing sunset. His smile and her loving gaze reflect the deep bond between them—a connection woven from love, wisdom, and the legacy she has cultivated.

Rural Health on the Front Lines: Community Health Workers Fight for Eastern Kentucky

By Nathan Lyttle

Eastern Kentucky's position in the foothills of the Appalachian Mountains makes for a beautiful backdrop for its vibrant communities. Families living in these "hollers" have long embraced the rural lifestyle that comes with winding drives over and around mountains and the occasional trip "into town" for errands and supplies.

However, the rugged terrain and dispersed populations create real hurdles for residents seeking consistent health care services. These challenges, from limited medical facilities to lengthy travel times, have prompted a growing reliance on community health workers (CHWs)—local individuals trained to offer vital links between health care providers and those who call Eastern Kentucky home.

Reaching the Underserved: Community Health Workers in the Appalachian Foothills

The Kentucky Homeplace, operated by the University of Kentucky Center of Excellence in Rural Health, has been a driving force behind the training and placement of Community Health Workers (CHWs) in the state's most remote areas.

"We've been in operation for 30 years, and right now we have 20 community health workers

covering 26 counties in Eastern Kentucky," says Mace Baker, interim director of the University of Kentucky Center of Excellence in Rural Health.

Founded in 1994 as a demonstration project in 14 Appalachian counties, Kentucky Homeplace evolved into a nationally recognized model for deploying community health workers where they are needed most. The program was created to address unusually high levels of chronic disease, including cancer, heart disease, and diabetes—

"It's to help people who are underserved. People in our area are fighting a lot of barriers that other places don't."

— Mace Baker
Interim Director, UK CERH

conditions often worsened by environmental factors, inadequate insurance, and limited healthcare literacy. Over the decades, Kentucky Homeplace has connected

thousands of rural Kentuckians with medical, social, and environmental services they otherwise might have gone without.

"It's to help people who are underserved," Baker says. "People in our area are fighting a lot of barriers that other places don't."

Baker explains that the Center's CHW training



Carole Frazier, a community health worker with Kentucky Homeplace, assists with drone operations for post-flood assessments in Eastern Kentucky.

program has been refined over three decades, shaped by insights from “all types of professions, from medical providers to nurses to social workers to other CHWs to community partners.” As healthcare needs evolve and systems change, CHW training is adjusted to meet the needs of the community. By blending specialized skill-building with a deep understanding of local culture and terrain, CHWs fill a critical role in bridging the gap between marginalized communities and the broader healthcare system. In Eastern Kentucky, where a gravel road can represent a world of difference in care, these committed workers turn barriers into pathways for healthier lives.

From Holler to Clinic: Connecting Neighbors with Care

Carole Frazier has spent nearly a decade as a Community Health Worker for Kentucky Homeplace, serving Perry County. After 15 years as a special education teacher in Hazard, Frazier made a career change that saw her providing for Perry County in ways the community hadn’t been cared for in a long time.

“When I came into this office, there had not been a Community Health Worker here in Perry County in years,” Frazier says. “I had to build it up from the bottom. I had no clients. I had no resources. I knew I had a challenge.”

Frazier’s co-workers rallied around her and

helped her find people who needed someone to advocate on their behalf to get the health care they needed. The crew had to get out in the community and put flyers on cars and set up shop at food box giveaways. They set out to meet the people who needed them the most and got to work.

“We help set up doctor visits. We take care of transportation. We read them their mail. Diabetic shoes. Eyeglasses. You name it,” Frazier explains. “We offer home visits. Transportation is a big barrier around here.”

Building a client base from scratch demanded some creativity and a wealth of empathy, but the community would be on its way to seeing some of its most underserved people having access to healthcare they had been struggling to find. Frazier’s commitment would soon be tested though, as back-to-back crises would provide new challenges for people seeking healthcare.

Rising to the Challenge: COVID-19 and the 2022 Floods

When the COVID-19 pandemic hit, Frazier—like many community health workers—found herself suddenly operating from home.

“As a community health worker, you have to be available in your office,” she says, recalling the frustration of being limited from a lot of face-to-face communication.

Despite these constraints, Frazier quickly adapted. She enrolled more than 500 individuals in temporary Medicaid coverage and helped existing clients maintain their medication regimens. She even helped organize a car-side pickup program for medical equipment, diapers, wipes and other vital resources. Even under lockdown, the people of Perry County had somewhere to go for their



CHW Carole Frazier meets with a patient in their home, ensuring they have access to necessary healthcare services and medications.



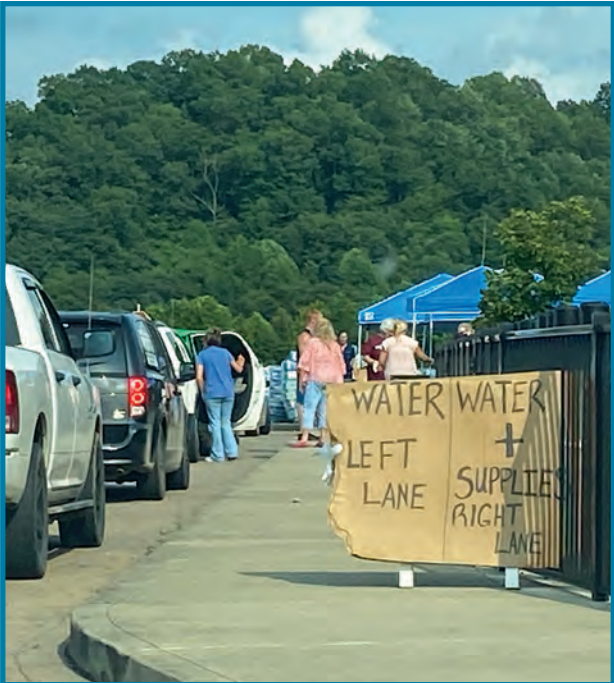
CHWs travel into rural areas, delivering aid directly to residents impacted by the 2022 Eastern Kentucky floods.



A CHW assists a resident with paperwork at a flood relief event, ensuring access to health care and emergency resources.



Flood relief distribution efforts take place at a local school, with essential supplies like water, food, and hygiene products being provided to affected families.



Lines of cars form at a flood relief distribution center in Eastern Kentucky, as residents pick up clean water and supplies following the 2022 floods.

“We’ve been in operation for 30 years, and right now we have 20 community health workers covering 26 counties in Eastern Kentucky.”

– Mace Baker
Interim Director, UK CERH

healthcare needs.

Not long after the pandemic’s disruptions slowed down, another crisis struck Eastern Kentucky: the devastating floods of 2022. The local CHWs leaped into action, pulling in help from nearby

counties to hit the ground running. The crew would go to shelters housing people displaced because of the floods and get them whatever assistance they could provide.

“I live locally here in town. My garage got water in it, but I didn’t lose what these people lost,” Frazier says. “You know, they lost everything. They lost their driver’s license, their ID, their social security card, their birth certificates.”

Homes were destroyed, bridges were washed away and roads were impassable. The CHWs found ways to deliver water and supplies to residents who were still in their homes but couldn’t get out. Frazier’s group served as a much-needed lifeline. Although the floods presented a vastly different set of challenges than COVID-19, the guiding principle remained the same: connecting our neighbors with the resources they need most.

Answering the Call: The Ongoing Need for Community Health Workers

In a region where mountains and hollers can limit access to essential services, Community Health



Kentucky Homeplace team members provide bottled water and supplies to assist flood-affected residents.



Kentucky Homeplace staff members distribute essential supplies to flood-impacted families outside the Pine Mountain Youth Center in Eastern Kentucky.

Workers like Frazier have proven invaluable in building bridges between neighbors and the care they need. CHWs receive specialized training that covers topics like patient advocacy, resource navigation, and lifesaving skills, including CPR and first aid. Yet, as Frazier points out, one of the most important aspects of her work isn’t just the formal training, it’s the fact she was born and raised in the community she serves.

“It’s always somebody that says, ‘Oh, I know you. You know my dad,’” she says, underscoring how personal relationships can make or break healthcare access in tightly knit communities.

For those considering a career as a CHW, Frazier offers words of both caution and encouragement.

“It’s very challenging, and sometimes you feel defeated,” she admits. “But if this is your passion and you like helping people, then go for it.”

The same sense of purpose that guided her through 15 years in special education is what now drives her commitment to bridging health disparities in Perry County.

If you’re inspired to become a Community Health Worker, you can explore training opportunities approved by the Kentucky Office of Community Health Workers through organizations like Kentucky Homeplace.

To learn more about CHWs and Kentucky Homeplace, go to www.kyruralhealth.org. ■



Meet

Jeremy Steffens

LCSW, CCTP

■ **When did your service begin?**

I began service July 2022, but have been working in community mental health since 2018.

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

I am an outpatient therapist at a community mental health agency in Princeton, KY.

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

I first heard about NHSC while I was under clinical supervision at the same agency. It was talked about as an incentive to stay in community mental health after receiving independent licensing.

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

I am happy to be a participant and am just thrilled to continue to work in community mental health. This is such an underserved area, and helping those who are often overlooked is why I get out of bed each day.

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

The most valuable lesson I have learned is that people are grateful to just be treated as human, while some places treat them like a nuisance because they have Medicaid or no insurance at all. This is why I love bringing services to people that can only be typically found in private practice, giving everyone the opportunity to receive the best in mental health care. I have been told that I



am wasted in community mental health, but I cannot imagine working anywhere else.

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

I would urge them to get involved in NHSC if possible since it gives a sense of fulfillment while gaining valuable experience for whatever direction they plan to take with their professional career.

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*.



Meet

Michelle Stone

APRN

■ **When did your service begin?**

My service began in 2022.

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

My job responsibilities are to obtain a detailed patient history, provide general and preventative care, perform detailed examinations, treat acute and chronic illnesses, perform simple procedure across all age groups. One thing that our facility is letting me start in April is the MAT program and I am super excited to get that started. Our community, as with any community, has its fair share of addiction issues. Our community is in such need of this service.

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

I first learned about the NHSC program through a co-worker that had received the benefits. I had applied the very next time it was offered and was actually denied due to limited funding. However, that did not discourage me from reapplying the next year.

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

I am so proud to be a NHSC participant, in that I know I am not only servicing a rural community with limited access to healthcare, I am also lucky enough to work in the community where I was born and raised.

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

I never realized how much the citizens of my



hometown, my rural community, needed access to healthcare until I started working in my community. I never realized the patients could not afford their medications or didn't even have access to transportation or even the amount of addiction issues in this community.

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

I would advise someone to definitely apply. Even if you are denied the first time, try and try again. The NHSC program helps with the burden of student loan debt in addition to servicing rural communities with top level health care providers.

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*.

Rural Hospital Breaks Barriers. One Surgery at a Time

By Jessica L. Ritchie

Access to quality health care is a barrier identified as to why some populations are non-compliant with primary care, screenings, surgeries, and other preventative measures. It can often be a life-or-death matter.

In rural Ohio County, with a population of 26,700, the Ohio County Healthcare (OCH) system is working towards breaking health care barriers for those in their community and beyond. Besides being the area's Critical Access Hospital (CAH) offering 24-hour emergency care, OCH provides specialty practices in cardiology, ENT, internal medicine, pain management, and more.

A Vision for Expanded Surgical Services

With all these types of specialties often comes additional referrals and procedures, which patients in a rural area would typically need to travel to larger hospitals to get additional care. Being a patient-centered organization, OCH recognized this barrier and knew they wanted to make a change.

"OCH's Governing Board, Administration, and medical staff make strategic decisions with a strong focus on increasing the availability of services for our patients," states Shellie Shouse, Chief Executive Officer of OCH.

From there, almost a decade ago, the dream of a surgical unit at OCH was born.

Turning a Dream into Reality

In the years to follow, strategy, perseverance, and the mindset of "rural citizens deserve the same access to health care as anyone else" led the dream to become a reality, Shouse notes.

She adds that OCH purchased over \$1 million in real estate surrounding the hospital campus for space to build. Then in August 2020, OCH announced that a \$21.5 million investment was secured through a bond partnership with the Ohio County Fiscal Court and the Rural Development Office of the United States Department of Agriculture. The investment would fund the construction of a state-of-the-art, 27,000-square-foot surgical unit right in Ohio County. Three years later, in 2023, OCH opened the doors to the surgical facility, increasing the size of their hospital campus by almost 40%.

Bringing Cutting-Edge Technology to Rural Patients

Not only does OCH now have more space to offer quality health care close to home, but they also unveiled that the surgery center would be



Aerial view of the Ohio County Healthcare (OCH) campus, showcasing the newly expanded surgical center. The 27,000-square-foot addition brings advanced surgical capabilities to rural Kentucky.

using two of the most innovative robotic surgical platforms in healthcare – the Da Vinci Xi and the Mako SmartRobotic systems. This was just another testament to the community and patients that they only wanted the best care for them.

Robotic surgery is aimed at being minimally invasive, with the goal of smaller incisions, shorter hospital stays, less room for error, and overall faster patient recovery time. The cameras of the robots provide magnification of the surgical areas, allowing for better visualization for the surgeon.

“Our purpose as an organization is to provide our communities with outstanding care here,” states Athena G. Minor, MSN, RN, OCH Chief Nursing/Chief Clinical Officer. “Our updated and expanded surgical wing provides us the ability to

“We do not let our rural location or the size of our system determine what we offer; instead, we concentrate on service lines that our patients need.”

– Shellie Shouse, CEO of OCH

deliver advanced, comprehensive surgical care at the highest standard of practice to those who need the services.”

Pioneering Robotic Surgery in Kentucky

After extensive training,

proctoring, and testing, Elizabeth Ottman, MD, OB/GYN, Medical Director of Surgical Services, and Michael Campbell, MD, General Surgeon, were approved and eligible to perform robotic surgeries independently with the OCH Da Vinci

Xi system. According to the administration, this designated OCH as the first—and still only—critical access hospital (CAH) in the state of Kentucky to offer Da Vinci Xi robotic surgery services.

Dr. Campbell performed the first robotic surgery in the new surgery center—a gallbladder removal—on October 13, 2023, and since then, nearly 500 robotic procedures have been completed. Some of the most common



Dr. Michael Campbell, General Surgeon at OCH, performed the hospital's first robotic surgery in October 2023. Since then, nearly 500 robotic procedures have been successfully completed.



The Da Vinci Xi robotic surgery system at OCH provides surgeons with enhanced visualization and precision, allowing for minimally invasive procedures and faster recovery for patients.



The OCH surgical wing expansion includes modern operating rooms designed for both traditional and robotic-assisted surgeries, reinforcing the hospital's commitment to innovation in rural medicine.



The Da Vinci Xi robotic surgery system at OCH provides surgeons with enhanced visualization and precision, allowing for minimally invasive procedures and faster recovery for patients.



The new surgical center at OCH is a \$21.5 million investment in expanding rural healthcare access, featuring cutting-edge technology and increased surgical capacity.

procedures done at the surgery center include gynecological procedures, hernia repairs, colon resections, gallbladder removals, and knee or hip replacements. If not for the OCH surgery center, these patients would have to travel to other locations at least thirty minutes to an hour—or more—for the same types of procedures. Now with OCH’s surgery center available, patients can stay local, get quality care from people they know and trust, and hopefully have better health outcomes for the days ahead.

Commitment to Quality and Patient Access

“We do not let our rural location or the size of our system determine what we offer; instead, we concentrate on service lines that our patients need,” Shouse says. “We stay relevant and competitive by not adhering to an industry standard of what a critical access hospital should offer but instead focusing on increasing access to care and providing quality outcomes.”

Their dedication and quality have been



The surgical team at OCH utilizes the Da Vinci Xi robotic system, enhancing precision and minimizing recovery time for patients in rural communities.

recognized on a national level, as OCH was awarded the Centers for Medicare and Medicaid Services (CMS) five-star designation for “Patient Experience,” which is based on feedback from patients about their overall hospital care.

Looking Ahead for OCH

As for the future, the OCH administration and the board of directors—who are all volunteer community members—will continue to evaluate growth opportunities not based on revenue, but on access to care. With a mindset that “revenue will follow good patient care,” they will continue recruiting additional robotic surgeons to practice at their site and maximize their current space.

“Our organization continues to evaluate and explore ways to expand and improve services for our patients, families, and communities that allow for healing and wellness opportunities surrounded by family and friends,” Minor adds.

More importantly, whatever the future holds, Ohio County Healthcare will always be committed to its motto, which is providing “Outstanding Care Here... Every Encounter. Every Location. Every Time.”

To learn more about OCH and its services, go to www.OCHcares.com. ■



Dr. Elizabeth Ottman, OB/GYN and Medical Director of Surgical Services at OCH, has been instrumental in launching the hospital’s robotic surgery program and expanding healthcare options for local patients.

Providing a Bridge Between Primary and Emergency Care: *Kentucky's Mobile Crisis Response Teams in Action*

By Shannon Clinton

A New Approach to Mental Health Crisis Response

Recipients of a new state grant have been busy in recent months hiring mental health professionals to accompany police and/or emergency medical service personnel on calls as part of teams designed to help those experiencing a mental health crisis.

These new hires, funded by the Kentucky Community Crisis Co-Response (CCCR) Grant Program, are swiftly assessing mental health issues that are the root cause of some emergency calls. And getting sufferers assessed—and hopefully treated with ongoing support for them and their families—faster, without jails or hospital emergency departments as automatic first destinations, is their goal.

Kentucky's Mental Health Crisis by the Numbers

The need for these programs is clear, as the National Alliance on Mental Illness estimates two out of five incarcerated people in America, or about 40 percent, have some history of mental illness. According to a Kentucky Hospital Association report, over the past decade, Kentuckians have reported an above-average rate of poor mental health, peaking in 2019

***“Two out of five
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mental illness.”***

— National Alliance on Mental Illness

at 17.2
percent,
where it
stayed in
2020.

Though the
percentage
decreased
about one
percentage

point thereafter through 2022, the most recent figures cited in the report, Kentucky's 15.2 percent poor mental health rate was still above the 14.1 national average.

State Support for Crisis Intervention Programs

To help in evaluating and responding to the needs of those suffering mental health crises and their families, early last year the Kentucky Cabinet for Health and Family Services and Governor Andy Beshear allocated \$4.7 million in three-year competitive grant funding for a community-based crisis response effort.

Grant recipients include the Cynthiana Police Department, Perry County Ambulance Authority, Lexington-Fayette Urban County Government, Warren County Sheriff's Office, Boyle County Fiscal Court, Christian County Fiscal Court, and Maysville Police Department. Local governments agreed to a 90/10 percent match for grant funds, meaning recipients would be responsible for providing 10 percent of the total funds for their project while the other 90 percent would come from the grant.

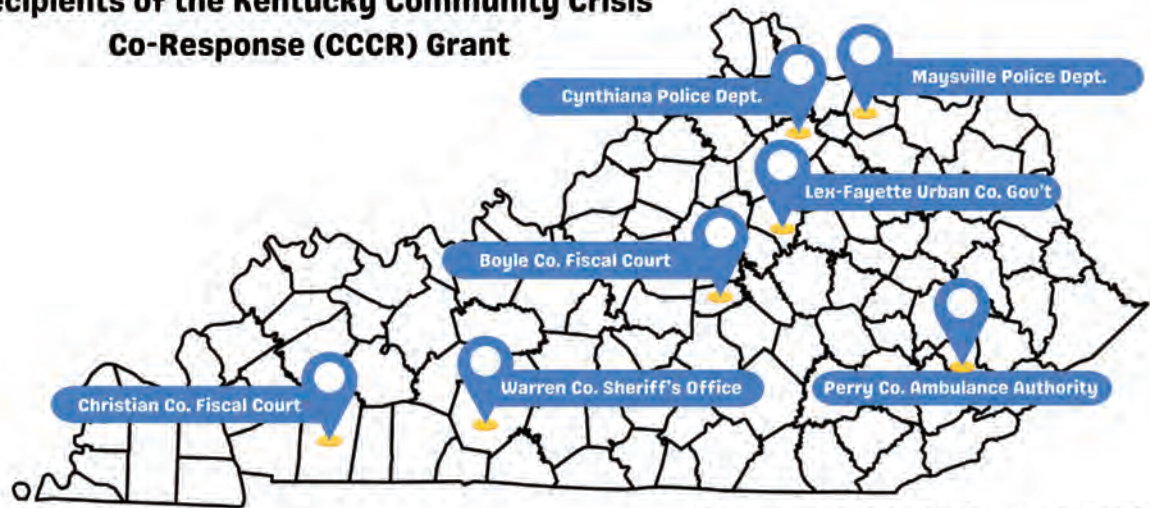
Warren County's Mental Health Crisis Unit

Warren County Sheriff Brett Hightower says on average, his deputies transport between 40 and 55 people to Western State Hospital, an acute-care adult psychiatric facility, for treatment each month after they've been certified as needing a higher level of inpatient care.

Other departments statewide transport patients to Central State Hospital or Eastern State Hospital for similar services.

The Warren County Sheriff's Office launched its mental health crisis unit on February 1, 2025,

**Recipients of the Kentucky Community Crisis
Co-Response (CCCR) Grant**



Source: Kentucky Cabinet for Health and Family Services

after learning about the grant, participating in an explanatory webinar, and successfully applying for funding. The office has had a long-term partnership with mental health care provider LifeSkills Inc., and funds for a program pairing a therapist there with the department had ended, making this new opportunity even more appealing, Hightower says.

On-the-Ground Crisis Response

“[We were] trying to orchestrate this and kind of building on what we had, but we also wanted to have somebody who had a bit more credentialing on the mental health side [on the force],” Hightower explains.

Now, a crisis-intervention-trained deputy will be the primary contact for distress calls, such as threats of self-harm or a psychotic episode, to assess whether additional resources should be sought to help.

“He’s kind of the tip of the spear, once he can get there and see that things are safe, then our mental health therapist would respond with him,” Hightower says.

Dispatchers are also being trained to help distinguish which calls need the involvement of additional mental health professionals.

The department has hired a therapist working toward a Qualified Mental Health Professional designation outlined in state statute to help evaluate and determine next steps for those in crisis. The therapist will follow up to ensure those involved in crisis calls are attending any mental health appointments and taking their medications, for example, to hopefully avoid

future incidents.

Families or sufferers can also call 988 to have crisis intervention calls with trained individuals who can help determine whether police or available mobile crisis intervention therapists need to be dispatched, he notes.

“The idea is to get people to the right resources they need, for whatever crisis they’re involved in, getting them the right resources,” he says.

**Expanding Crisis Response
Across Kentucky**

Lexington-Fayette Urban County Government received \$850,000 from the CCCR grant for a mental health professional to respond with police to potential mental health crises, and to offset overtime costs for Lexington police trained in mental health response tactics, according to multiple media outlets.

The Perry County Ambulance Authority received funding to hire a case manager and community paramedic, and the Cynthiana Police Department hired a full-time social worker to accompany officers on crisis calls as part of a team that also includes the local health department, Harrison Memorial Hospital, and Harrison County Drug Courts.

“This will be an invaluable resource to the most vulnerable members of our citizenry,” Cynthiana Police Department Assistant Chief Robert Peak states in a state-issued press release announcing grant recipients. “Realizing that mental health and chemical dependency cannot be fully addressed by traditional police strategies is key to implementing programs such as this. To say



The Boyle County EMS Crisis Response Unit (CRU) team stands together, ready to bridge the gap between emergency medical care and mental health support. Funded by an \$850,000 grant, the CRU is a groundbreaking initiative aimed at responding to mental health crises with trained professionals rather than relying solely on law enforcement or emergency departments.

our agency is appreciative of this grant would be an understatement, and we look forward to the challenges and impactful potential of this endeavor.”

Boyle County Addressing Substance Abuse Alongside Mental Health

Boyle County EMS officials outlined how they’re putting their grant funds to use.

Mike Rogers is director of Boyle County Emergency Medical Services, which recently, with the aid of \$850,000 in grant funding, launched its Boyle County Crisis Response Unit (CRU).

Mark Smith, behavioral health specialist, and Jessica Wigginton, clinical director of the CRU, are part of the team hired to assist when mental health crisis calls come in. EMS Outreach Director Terry Dunn is also the social worker involved with the CRU after being hired with the University of Kentucky HEALing Communities grant funding to help combat the opioid crisis.

Rogers says Dunn employs a quick response model for overdose calls, accompanying EMS crews to contact patients and families to explain what’s happening and next steps, while also providing other information and Narcan kits.

Once a patient is stabilized and awake, Dunn follows up with them and tries to get them to agree to treatment. He says more of his calls these days are mental health-related than substance-abuse-related.

For this reason, substance abuse is addressed along with mental health in the team’s response.

“Substance abuse and mental health are so intertwined, it was hard to tease the two apart,” Rogers says. “And we heard about this grant for CRU and we applied for it.”

Training First Responders for Crisis Situations

Rogers says part of the grant application process was conducting a needs assessment, which revealed that of 2.4 million ER visits statewide, 50 percent were medical/trauma-related, and the remaining half were substance abuse and mental health.

“What we’re required to do is meet the needs of the community, whatever it is,” Rogers says. “And it was evident that mental health was a large piece of that puzzle.”

With the first grant installment of \$100,000, Wigginton and Smith were hired, an unmarked Jeep was purchased for call response, a team began to assemble, and meetings were held with mental health providers for advice.

Wigginton helped with writing the grant application and structuring the CRU’s elements to model those used successfully with similar programs across the U.S. She says she’s ready to perform follow-ups with patients and families and build trust and rapport with them in the process.

Dispatchers have also been trained on not sending mental health personnel without law enforcement if the situation may be dangerous, and Wigginton added that dispatchers have a flowchart to help determine what to do and who to summon when potential mental health-related calls are received.

Developing Long-Term Solutions for the Future of Crisis Intervention in Kentucky

Additionally, to receive the grant and make the CRU team operational, recipients had to take two classes, including a crisis intervention training seminar. In Kentucky, such classes are offered by the Department of Justice specifically for law enforcement, but with Wigginton’s help, it was modified for other first responders with a classroom and site visit format, Rogers says.

The course has been held in Boyle County twice already, with responders from across Kentucky attending, he added.

Hightower says his overarching goal is to do what's best for the people with whom his department is coming into contact.

Longer-term, the department is working on "The Anchor Project," a local drop-in center for

people in a mental health crisis. Once open, law enforcement will be able to bring in those in need of care for assessment by an onsite team. This

"The idea is to get people to the right resources they need, for whatever crisis they're involved in, getting them the right resources."

– Sheriff Brett Hightower,
Warren County

would change the current process of transporting people to Western State Hospital one and a half hours or having a deputy stay with the person in a hospital emergency department, potentially for hours, before being evaluated there.

"We were able to secure a little over \$20 million last year for the potential of building this and we

hope that this spring we'll be able to do a groundbreaking ceremony and begin building the facility," Hightower says.

Overall, Hightower says the goal is to collaborate with other departments statewide to improve and refine processes to make them more user-friendly and get people the help they deserve.

The grant funding for mobile mental health crisis response teams is one good step toward that end.

"I applaud the people who looked at this and provided these types of grant opportunities," he says.

Thanking Boyle County Fiscal Court for its matching funds and support, Rogers pledges to use every grant dollar to its fullest, underscoring the importance of partnering with Ephraim McDowell Health and other providers in the future to develop other resources to help those with mental health disorders.

He says law enforcement, emergency services, local governments, the public, and mental health providers must continue working together to combat mental health issues in their communities.

"It's going to take all of us to fix the mental health problems that we're having," Rogers says. ■

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