

# The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES



## GROWING INTEREST

AHECs help develop  
health workforce

## FILLING A GAP

Program trains clinicians  
to treat hepatitis C

## STARWORTHY

Estill County EMS professional  
named 'Community Star'



A WORD FROM

*Ernie L. Scott*

DIRECTOR, KENTUCKY OFFICE OF RURAL HEALTH

# *Dreaming Big* IN KENTUCKY

Not unlike many other young people, when I was a kid, I had big dreams of being a doctor. Or a teacher. Two very different professions, but two careers connected by a focus on helping others.

I worked hard in school, figuring that was the conventional pathway to both of those fields.

But those dreams shifted somewhat.

In high school, a guidance counselor steered me toward the field of occupational therapy. At one point, she even drove me in her own car to observe a local occupational therapist for several days of job shadowing.

And once I got to college, and after the experience of working at a local inn, I toyed with the idea of hotel and hospitality management as a future profession.

Eventually, I made my way back to the health care field. The *pull* inside of me was too strong. I ended up training in diagnostic imaging and began my professional working life as a radiologic technologist specializing in MRI.

All along that journey of testing the waters in a number of different career fields, I was lucky to have a support structure — parents, extended family members, teachers and others — who helped to guide, aid and mentor me. Together, they assisted me in making my ever-changing dreams come true. And for that I'm forever grateful.

Dreams and dreamers are a theme that runs deep throughout much of this issue of *The Bridge*.

Kentucky's eight Area Health Education Centers (AHECs) — positioned across the Commonwealth from north to south and east to west, and affiliated with either the University of Kentucky or the University of Louisville — help to *create* professional dreams and help *make* those dreams come true on a regular basis. At times both undervalued and underappreciated, AHECs nonetheless play a key role in the colossal task of reducing health care workforce shortages: they help young people to begin that journey toward

a career in the health professions by exposing them to the range of professions out there; they help interested students prepare for and gain acceptance to health professions training programs, and also support advanced students through clinical rotations. In our lead story ("Nurturing Students' Health Professions Passions" beginning on page 4), we look at the programming AHECs offer high school students throughout Kentucky — in clubs and camps, in expo-style events and in high school classrooms.

The New Opportunity School for Women (NOSW), founded in 1987, helps Appalachian women who face barriers to education and employment realize their dreams ("Empowering Women" on page 14). The nonprofit helps women to improve their lives through programming focused on self-esteem and wellness, career and education, the arts, culture and community. The life changes NOSW programs help to bring about in its participants eventually have a ripple effect in many of our communities.

And, at Little Flower Clinic in Hazard, Kristina Stollings, who serves as the federally qualified health center's director of information technology, has turned a dream of running a soup kitchen into a reality by hosting monthly "community feedings" — free events that typically offer a hot, home-cooked meal to anyone who stops by (see the Clinic Spotlight on page 26). Hundreds *do* come by each month: kids, adults, families; the employed and the unemployed; those with homes and those without. The project, initially funded by the clinic's own staff, now receives support through savings from the clinic's participation in the 340B Drug Pricing Program and from occasional donations from individuals and groups in the community.

The possibilities for rural Kentucky today, tomorrow and in the distant future are endless. A little bit of dreaming and a little bit of hard work and resolve can ensure that our ambitions for the future *will* come true.

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### A Winter Wonderland in Fleming County

Photographer | Sherman Cahal

The 63-foot long Goddard Covered Bridge, also known as the Goddard "White" Bridge, crosses Sand Lick Creek near the community of Goddard, in Fleming County. While it's unclear just when the bridge was originally constructed, it has been restored three times: in 1910, in 1968 and, most recently, in the mid-2000s. In the 1930s, it was relocated to its current site because of a road construction project. Looking through the bridge — which was listed on the National Register of Historic Places in 1975 — you can see Goddard United Methodist Church.



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**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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# Nurturing Students' Health Professions Passions

*By Katheran*  
**WASSON**

**Area Health Education Centers play key role in  
educating and growing the health care workforce**



*Kentucky's eight Area Health Education Centers (AHECs) — located in Bowling Green, Florence, Hazard, Louisville, Madisonville, Morehead, Mt. Vernon and Murray — are charged with working to improve the supply and distribution of health care professionals committed to serving underserved populations. A key focus of the work of AHECs is fostering an early interest in health professions among high school students.*

Photo courtesy of South Central Kentucky AHEC





Kentucky, like many states across the country, faces a shortage of health care professionals — especially in rural communities.

Just how big is the problem here?

All but seven counties in Kentucky face a shortage of primary care providers, according to a 2021 report from the Kentucky Primary Care Office. Two-thirds of counties lack sufficient dental care, and all 120 are short on mental health care providers.

And in December 2021, Kentucky Gov. Andy Beshear declared Kentucky's nursing shortage an emergency, saying that by 2024 — less than two years away — the state will need 16,000 additional nurses to meet demand.

Solving the challenge will likely take a multi-year, multi-pronged approach. But one part of the solution will undoubtedly continue to be Kentucky's Area Health Education Centers (AHECs), the eight federal- and state-supported regional offices which are charged with working to improve the supply and distribution of health care professionals committed to serving underserved populations.

While AHECs work with a broad audience — high school students, undergraduate students, health professions students and practicing health care professionals — a key focus of these programs is fostering an early interest in health professions among high school students (and sometimes even younger students) and working to grow that pipeline of professionals. The hope is that by exposing Kentucky's young people to health care careers and supporting their educational development, the best will come back home to serve.

"In 10 years, I've been blessed to see some students we engaged with in high school or early college go on to work in health care, to see the impact that the [AHEC] programs do have," said David Gross, director of the Northeast AHEC in Morehead. "We're not clinical folks, but we can play a role in helping create more clinical providers, and that's very rewarding."

## AHECs in Kentucky

There's always been a challenge recruiting health care providers to work in rural communities, says Dr. Kelli Bullard Dunn, vice dean of community engagement and diversity, and a professor of surgery at the University of Louisville's School of Medicine. That's one of the reasons that most Kentucky medical students do a rural rotation; the hope is "that some fall in love

with that and decide that's what they want to do," she says.

The reality, though, Dunn says, is that students from rural communities tend to be more likely than others to work in rural settings once they're ready to join the health care workforce.

Enter: the AHECs.

Established in the early 1970s by Congress, the Area Health Education Center Program was designed as one remedy to help alleviate the shortage of primary care providers in underserved areas. Federal grants, now coming from the Bureau of Health Workforce in the Health Resources and Services Administration, are made to universities to establish and maintain regional centers (AHECs) in off-campus rural and underserved areas. Each center serves a multi-county geographic region where it engages in a wide range of activities, including: developing and carrying out strategies to foster interest in health professions among students and recruiting them into the field; coordinating clinical rotations for health professions students; and delivering or facilitating continuing education to current professionals. Each center tailors its programs to the specific needs of the region it serves.

The nation's 260 AHECs — located in almost every state and in some U.S. territories — are managed by 56 program offices.

Kentucky's eight AHEC regional centers — North Central AHEC in Florence, Northeast AHEC in Morehead, Northwest AHEC in Louisville, Purchase AHEC in Murray, Southeast AHEC in Hazard, Southern AHEC in Mt. Vernon, South Central AHEC in Bowling Green, and West AHEC in Madisonville — are managed by one of two program offices headquartered at the University of Kentucky College of Medicine and the University of Louisville School of Medicine. (Dunn at UofL has oversight of the four AHECs in the western part of the Commonwealth and the statewide AHEC Program.) Most of Kentucky's AHECs are located in rural communities; all have service areas that include rural communities.

The focus on high school students among AHECs is a key opportunity: Teens are starting to think about future careers, but aren't so far along in the process that they can't refine their plans, organizers say.

"The ultimate goal for our high school programs is getting our students into college, and once they get to that level, what can we provide them with to be competitive applicants, not only for college, but for professions?" says Carlos

*Boyd County High School student Sydney Kinnel, a participant in Northeast Kentucky AHEC's Rural Health Scholars program, practices completing a filling on a dental impression during the program's Dental Career Day earlier this year.*



Photo courtesy of Northeast Kentucky AHEC

Marin, assistant dean for community and cultural engagement at the University of Kentucky and the AHEC program administrator there.

Marin says the AHEC program is particularly special to him because he's a first-generation high school and college graduate who understands the struggles underserved students face when they don't have mentors in their own families or social circles.

"Once they've engaged with the regional or university AHEC, it gives them a resource they can reach out to for the next several years. It's not just that one and done, it's an ongoing, available service to students," he says.

The AHEC programs also offer a built-in support system of peers — other students with similar career goals who know what it feels like to go through what you're going through, says Marin.

### **'Fuel That Fire'**

If you ask Catherine Malin to name the South Central AHEC program for high schoolers that she's most passionate about, the center's director is quick to respond: the Future Healthcare Professionals.

FHP, as it's known for short, is a health career exploration program that's offered in the fall, spring and summer months. It provides high school students the opportunity to investigate, across as few as three sessions and as many as 10, a wide range of health care occupations — from more traditional fields like medicine, pharmacy and dentistry, to dental hygiene, respiratory therapy, surgical technology and optometry — through presentations delivered by working professionals, hands-on activities and field trips. Past activities have included everything from learning how to suture and intubate, to manipulating a laparoscopic surgery simulator, to becoming trained in CPR and first aid. The curriculum is based on students' interests and the resources available at the time, Malin says.

The one-and-a-half to two-hour long sessions typically start with an icebreaker or team building exercise, followed by the planned health care field exploration. Sessions end with a moment of recap and reflection among the up to 25 students participating: they talk about what they've learned, what surprised them and what they're looking forward to at the next FHP meeting.

"And the whole goal of the program is to









*Students attending the Health Careers Summer Camp hosted by North Central Kentucky AHEC are exposed to a wide range of health care disciplines during the five-day camp — including emergency medical technicians and paramedics.*

Photo courtesy of North Central AHEC

expose them to multiple areas of health care, give them some team building skills, give them some leadership skills, give them some hands-on fun experiences, and really ignite and fuel that fire to pursue a health career,” says Malin.

The program partners with area public libraries — in Warren County, in Hardin County and, in the past, in Edmonson County — which serve as the meeting site for FHP sessions. (It’s a win-win for both organizations, she says: FHP gets access to free, safe meeting space located centrally in a community and with free parking, while the libraries get the often-difficult-to-attract teenage demographic into their doors.)

What thrills Malin the most about the FHP meetings — which are free to all participants — is the level of enthusiasm she sees in students.

“You can tell a high schooler’s excited about what they’re doing when they pull out their phone and open up Snapchat and start taking pictures of themselves doing whatever activity we’re doing. And it’s just really exciting to see them get excited,” she says.

It’s an excitement that Amara Danturthi knows from experience as a past FHP participant, one of the group’s student leaders and, most recently, as a co-lead during the 2021 summer session.

The Elizabethtown native and current Western Kentucky University junior says one of the big takeaways from her participation in FHP was learning about the broad and interdisciplinary nature of health care.

“There are so many ways to be involved within health care,” she says. “And I think that’s what FHP really did well with, expressing to students ... there is a career there for them to reach for and be able to get into [no matter their specific interests].”

South Central AHEC isn’t alone in offering this style of programming — an enrichment activity that’s a cross between a class, a club and a camp. In fact, it’s common at most of Kentucky’s AHECs, with some minor variations.

Staff at Southern Kentucky AHEC, for instance, have typically hosted two to four Summer Health Career Camps each year — with camps regularly held at Rockcastle Regional Hospital and Respiratory Care Center in Mt. Vernon, where the AHEC office is located, and at Union College in Barbourville, in collaboration with the college’s nursing department. They’ve also previously hosted camps in Boyle County and at Berea College.

In addition to providing exposure to a range of health care professions, the four-day-long camps also offer students the opportunity to shadow a health care professional working in a field they’re

interested in and complete a group project.

At Southeast Kentucky AHEC, they currently host one- or two-day summer camps in Bell, Breathitt, Floyd and Harlan counties, and a longer four-day camp in Hazard, at the UK Center of Excellence in Rural Health.

In Morehead, at Northeast AHEC, staff take a more longitudinal approach with their Rural Health Scholars Program: It provides a two-year enrichment experience to high school juniors and seniors.

During their junior year in the program, students explore health care careers, meeting monthly with a professional from a different field or specialty. Professionals working in emergency medicine, nutrition and dietetics, medical imaging and other fields discuss their career pathway, their current position and responsibilities, and other career fields related to their own. Students are also given the opportunity to practice some kind of hands-on activity.

In their senior year, Rural Health Scholars primarily focus on job shadowing experiences in fields that interest them most.

Since 2008, well over 200 students from Northeast AHEC’s 17-county service area have participated in the program.

Kirsten Morant, the health careers education coordinator at Northeast AHEC, says staff members also help Rural Health Scholars — there’s 15 students in each cohort — with ACT prep (the standardized test used for college admissions), applications for college and scholarships, and other supports. Once those students graduate from high school and go on to college, additional programs are in place at the AHEC to help them continue to be successful. (Other AHEC programs across Kentucky also try to maintain a continuing relationship with high schoolers after they graduate, offering interview practice, résumé assistance, letters of recommendation or just advice.)

“I view it as our job to take these students who might not be considering health care careers and get them to think, ‘I can see myself doing that,’” Morant says. “I’ve got some gold star students that really start in the pipeline and finish in the workforce.”

## Larger Scale Outreach

Large-scale, single-day events also provide an opportunity for AHECs to reach students.

For more than 20 years, Southern Kentucky AHEC has hosted the Health Occupations Today Expo, which brings students from the center’s 15-county service area under one roof each fall to learn more about health professions



and the educational pathways to those careers. Exhibitors at the event include educational institutions, health care facilities (hospitals, health departments, pharmacies and EMS) and other health-related organizations.

The expo — which was first held on the campus of Eastern Kentucky University and has since moved to a larger space at the Center for Rural Development, in Somerset — targets high school juniors who are taking health career classes at an Area Technology Center and who may be involved with HOSA-Future Health Professionals (formerly known as Health Occupations Students of America), the national, student-led organization that has chapters in many Kentucky high schools.

“So we really try to hone in on those students who really have expressed an interest in a health career field, just simply because they’re a lot more serious about the event,” says Kelly Owens, the Southern Kentucky AHEC director.

The last time the event was held, in 2019, prior to the COVID-19 pandemic, nearly 700 high school students attended.

Owens says many of the participating health care facilities use their time at the expo as a bit of a recruitment tool: encouraging students that, once they receive their health professions training, there may be a job for them back home.

A similar event, the Northern Kentucky Health Career Showcase, is hosted by North Central AHEC each spring and has typically brought together more than 700 students to speak with health care professionals from more than 30 different fields.

## In the Classroom

AHEC staff say there’s also still value in one of the more traditional ways they’ve connected with students over the years: classroom presentations.

Purchase AHEC Director Missy Stokes says one of the key benefits to in-class presentations in health-related high school courses is students’ repeated exposure to both AHEC staff and the messages they share. When you hear something often enough, she says, it can move you to act.

“The more you see someone and the more you learn about health careers in the classroom, the more ... [students are] going to start being inquisitive about that,” says Stokes, who served as the center’s health career coordinator before becoming director in 2016.

Anne Hess, Purchase AHEC’s current health career coordinator, often spends at least three days a week circulating between the 19 high schools located in the center’s 12-county service area. She says there’s a “significant value” to the time she spends in the classroom with students.

Hess usually begins each of those class presentations with a pre-test to see what existing knowledge students have about the career she’s planning to discuss. Then, she shares information about the specific career: where the professional works, what they actually do, the amount of schooling required for the position. She’ll also demonstrate a skill that’s associated with that profession — like intubation, when she talks about respiratory therapy — and allow students to practice the skill as well. At the end of the session, she administers a post-test to gauge what students have learned.

“To me, the most impactful part is providing a hands-on component to the presentation,” Hess says. “Students love learning about the skill discussed and that [the] skill will have an impact on their lives.”

At North Central AHEC, staff members annually share a program catalog with area teachers listing more than 20 presentations they’re ready to deliver to students — everything from a more general “Health Career Overview” to focused sessions on “Epidemiology,” “Blood Typing,” “IVs,” “Physical Therapy/Occupational Therapy/Speech Pathology” and the use of a patient simulator.

The calls start coming in after the catalog goes out, says center director Juliana McGuinn.

“[A]s soon as we send out the program catalog to high schools, we have requests left and right,” she says.

Xavier Harden, the health career program coordinator at North Central AHEC, says she’s seen firsthand the power of the personal connection she’s able to make with students in a classroom setting. For many students, something “clicks” during the presentations, she says.

“And some of them are like, ‘I don’t think I’m really interested [in this profession],’” Harden says. “And then by the time we leave the class, they’re like, ‘I think I might like this.’”

All of the programming organized by the regional AHEC centers — clubs and camps, expos, and classroom presentations — also serve as a springboard for students to later participate in a series of activities and camps offered at the state level: Kentucky AHEC Health Professions Investigators, a bi-weekly Zoom-based series of presentations — co-hosted by most of the Commonwealth’s AHEC centers — that offer participants an introduction to a wide variety of health careers; the Summer Enrichment Program, a three-week long residential camp, hosted by the University of Kentucky Area Health Education Center, that exposes rising high school juniors to health care professions through lectures, labs and observations in clinical settings; and the Health Researchers Youth Academy, a three-week long



residential camp, also hosted by the UK Area Health Education Center, that provides rising high school seniors with an immersive experience in health care research.

## Making an Impact

So, do these programs work?

The staff running Kentucky's AHECs certainly think so. All can point to high school students who have successfully progressed through the pipeline and on to health professions training programs and even jobs in the health care field.

More formal student evaluations of Kentucky's AHEC-led programs coupled with anecdotal evidence suggest a number of areas where these programs seem to be working.

Students participating in AHEC programs tend to develop a greater *awareness* of the full range of health care careers available to them.

While they often enter these programs with some familiarity of "physician" and "nurse" as health care professions, they're less acquainted with the likes of "occupational therapist" and "medical technologist." AHEC programs change that. Eyes are opened to the great diversity of career opportunities in the health care field.

Students also learn more about the *actual work* that specific health care professionals carry out daily.

And these programs spur students to *question* whether any of these health care fields is exactly what they want to pursue professionally.

In fact, it's not uncommon for AHEC-sponsored programming to spark a bit of an "aha" moment in some students' thinking. For some, that means they change their minds about career goals.

"The kids will go in, being ... 'Oh, I'm going to be a pharmacist. Yes, definitely,'" Stokes, the





*AHEC-sponsored expos and showcases — large-scale, single-day events — allow representatives from educational institutions, health care facilities and other health-related organizations to interact directly with students who have an interest in health professions.*

Photo courtesy of Southern Kentucky AHEC

director at Purchase AHEC, says of some summer camp participants. “And by the end of the program, they’re either going to be a physical therapist or, you know, changed from pharmacy to nursing because, ‘I want to engage with people more.’”

In the end, that’s precisely the value of AHEC programs, says Malin, the South Central AHEC director.

“We want them to know what they’re going into,” she says. “And if that changes their opinion and they decide they don’t want to become a nurse, and they’d rather be a social worker, awesome. You learned that early on.”

She adds: “They’re the next generation. If they’re not exposed now, how are they going to know what they *can* do?” ■

**New funding recently included in the 2022-2024 state budget — \$2.5 million a year, for two years — will allow AHEC programs across the Commonwealth to carry out additional efforts to further grow the health professions workforce.**

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Katheran Wasson is a Northern Kentucky-based writer and editor who covers business, health, agriculture and life in Kentucky.



# EMPOWERING

Wor

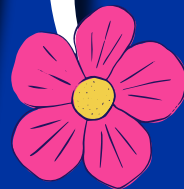


Photo courtesy of the New C





By Jackie **HOLLENKAMP BENTLEY**

Men

New Opportunity School for  
Women helps Appalachians  
build fulfilling lives



Opportunity School for Women

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**EDITOR'S NOTE:** *To protect the identity of one of the women interviewed for this story, her name has been changed to "Chaney."*

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Chaney had known better.

But living in a verbally abusive relationship, raising twins and working a full-time job to make ends meet took its toll on her self-esteem and she "lost" herself.

That was 2018.

In 2010, Jennifer Walden and her husband moved from Georgia to Berea, Kentucky, but then soon fell on hard times. By 2015, she realized she had been "shrinking" within herself as she worked tirelessly to get by.

Fast forward to today.

Chaney is now studying to become a nurse. And happily raising her twins as a single mom.

Walden is a college graduate working a full-time job.

What changed?

They both credit their transformation to the New Opportunity School for Women (NOSW) in Berea, a self-empowerment program with a mission to "serve under-resourced Appalachian women who are ready to build stable and fulfilling lives for themselves, their families and their communities."

## Serving the Underserved

NOSW was founded in 1987 by Jane Stephenson, wife of then-Berea College President John Stephenson. It began as a three-week residential program on campus, limited to just 12 women from Eastern Kentucky, and sought to help them build self-esteem and set realistic life goals. (In 2017, the residential program scaled back to just two weeks in length. It's offered twice a year.)

Now independent from Berea College and located at First Christian Church (next to campus), NOSW has expanded its offerings to include, along with the residential program: a three-day, non-residential program presented throughout the year in communities across Kentucky; an online program; and The Sisterhood, an on-going support system for NOSW's 800-plus graduates.

(Outside of Kentucky, NOSW has also expanded to offer programs based at Lees-McRae College in Banner Elk, North Carolina and Bluefield University in Bluefield, Virginia.)

Walden is visible proof of the residential program's success. She graduated from NOSW in 2015, immediately went back to college, earned her bachelor's degree and now works as the nonprofit's program coordinator.

"I felt like I was entering a bubble of safety and

security," she says. "I was struck by the instant social network that I encountered. I didn't realize in my years of living in poverty that I was also shrinking within myself and self-isolating. I just carried on my roles as mother and caretaker and gardener as best as I could. When you're living in poverty all you can really do is handle what's coming minute to minute. ... So to have that opportunity, that space, just to think about myself and my goals and get in touch with my own personal needs, which I had ignored for quite some time, was a really inspiring experience."

That experience consists of a week of classes and workshops focusing on self-development, self-care, boundary setting, communication and time management skills, and integrative health and wellness. The health and wellness component includes eye exams, meditation workshops and nutrition classes.

The program's second week focuses on "re-entry in the real world" by bringing in off-campus educators for classes on professional development, résumé writing, interview skills, civic engagement, personal finances and entrepreneurship.

Participants are also encouraged to explore their artistic side with creative writing courses, expressive art, crafting and making their own square for a class quilt.

The residential program presents women with a "holistic curriculum" and encourages participants to develop "[a] renewed sense of self and real ways to create change" in their lives, according to the program's promotional materials..

"Ideally, we're capturing women who are ready to launch into this new chapter in life but lack the structure or support in their lives to help get that foundational footing," Walden says. "In my experience, I applied to Berea College immediately after I graduated NOSW because I didn't want the fear or anxiety to settle back in. I wanted to take all this energy I had compounded during the program and launch forward."

Jimmie Lewis, NOSW's recruitment, assessment and graduate engagement coordinator, says many graduates like Walden hit the ground running and resume their educational journey or start their own business. Others return home and make changes on a "very personal, familial level." Regardless, they all leave empowered.

"We measure success by the feedback we get from the women, the improvements that they recognize and acknowledge, and put into action in their lives every day," Lewis says. "Many women who go through this program ... have real motivational, life-changing relationships and they begin to talk about it."

That's exactly what happened to Chaney, after



a co-worker had returned from the residential program.

"She started walking around, head up and perky, and had a glow to her," Chaney remembers.

The co-worker had been encouraging Chaney to apply to the program for some time, but with two young children at a not-so-stable home, childcare would be a challenge. After seeing the change in her friend, "something told me to look at it" more closely, she says.

"I needed self-esteem. I needed to learn my finances. I just needed a fresh start and they could help me do that?" she says. "I see what [my friend] did and she had that one little, fresh jump-start and I was like, 'Man, I need that.'"

After her mom agreed to care for her children, Chaney entered the program in 2018.

She says she began to find her inner glow again, a flame that had been smothered out.

"When they [NOSW] re-lit it, it's like 'Wow, I'm back! Where have you been, Chaney? Were you taking a vacation?'" she says.

Two weeks later, at graduation, Chaney was at peace with herself and no one was going to take it away again.

"Your peace is everything," she says. "Don't let anybody take your peace. If somebody does take your peace, it's time to let that go and move on."

Move on she did. She took on a second, part-time job, left her children's father and took control of her own life. She even took her twins on a trip to Disney World by herself.

"I think I had more fun than my children," she says.

## More Options

NOSW staff recognized that it's not realistic for all women to leave their home for two weeks at a time and, in 2017, created a more easily accessible, community-based, three-day non-residential program, with a condensed curriculum focused on self-esteem, health and wellness, and motivation and goal setting.

Community partners — Volunteers of America, residential treatment centers, county extension offices, adult education centers and the Kentucky Career Center — have helped to provide support for the shortened program and to promote it to eligible women.

In 2020, the COVID-19 global pandemic led NOSW to once again rework its program. This time, classes and workshops were offered virtually.

"We were surprised that we had so much

success with that transition," Lewis says. "We thought there was no way a virtual space would be as impactful, but it really is. You can really make some authentic and sound connections through a video screen."

Lewis says they have opted to keep the online program in place to give even more women the chance to change their lives. They hope to resume the in-person non-residential program in the coming years, while still offering the online alternative.

## Always Free

One thing that hasn't changed in NOSW's 35 years is the cost to attend any of its programs. There is no charge — participation is free.

The nonprofit — which is funded through grants, investments and donations, with contributions from individual donors comprising more than two-thirds of its revenue — covers all of the program costs for participants, in addition to travel and childcare stipends and financial assistance for glasses.

In addition to covering all of the program costs, NOSW provides travel and childcare stipends, as well as financial assistance for glasses.

Women who have graduated from NOSW are eligible for two scholarships to help cover expenses as they continue their education — tuition, books, transportation and childcare.

Graduates can also apply for the Sisterhood Dental Fund to offset the cost of dental procedures.

"A lot of what we do is intangible, but we do have some tangibles and those tangibles are appreciated," Lewis says.

Walden agrees.

"We do so much," she says. "Women's empowerment is the root of it, but through that, it kind of ripples out to educational, professional and economic development in the region."

For more information on the New Opportunity School for Women, visit [www.nosw.org](http://www.nosw.org). ■



[www.nosw.org](http://www.nosw.org)

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Jackie Hollenkamp Bentley is a Louisville-based freelance writer who covers all things Kentucky.




# Filling a Knowledge

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# Kentucky Hepatitis Academic Mentorship Program trains primary care clinicians to treat hepatitis C

*By Shannon* **CLINTON**

Jill Bryant has seen hepatitis C firsthand. Bryant's son, who had been in and out of treatment for substance use disorder, was treated for hepatitis C, the viral infection of the liver that's spread through contact with blood from an infected person.

She's also seen hepatitis C infections among neighbors in Williamsburg, her hometown in Whitley County. As a family nurse practitioner at Bryant Family Medicine, a rural health clinic, she's encountered hepatitis C in patients who were tested for entry into the clinic's medication-assisted treatment program.

Back in 2016, in fact, Whitley County was listed among the top 220 counties and jurisdictions identified by the Centers for Disease Control and Prevention (CDC) as experiencing or at risk for a hepatitis C or HIV outbreak among persons who inject drugs. Fifty-four of those counties were in

Kentucky and Whitley County ranked as the 14th most vulnerable.

So, in 2018, Bryant joined the first cohort of health care professionals to participate in the Kentucky Hepatitis Academic Mentorship Program (KHAMP), a "train the provider"-style educational program that combines in-person and tele-mentoring-based sessions to help increase access to hepatitis C treatment in high-risk, underserved communities throughout Appalachian Kentucky and the rest of the Commonwealth. The program, the brainchild of faculty members at the University of Louisville School of Medicine and staff at the Kentucky Department for Public Health's Adult Viral Hepatitis Program, takes a peer-based training approach: Specialists share with primary care clinicians their expert knowledge about how to screen, diagnose, treat or refer, and care for hepatitis C patients. It's training that most of the

clinicians have never received before and it enables them to better offer hepatitis C-related services in their own communities.

KHAMP not only expands the size of the health care workforce that's capable of treating hepatitis C patients, it also takes that treatment directly to patients where they live — in rural Kentucky.

Since her training more than three years ago, Bryant has now treated hundreds of hepatitis C patients and the cure rate has been nearly perfect. She's had just one patient not complete treatment. In the past, she says, it wasn't unusual for patients to give up and abandon all hopes of treatment since many were combatting financial or transportation obstacles in order to seek out specialized care — which they could only find at that time in Kentucky's more urban centers.

"It's a very good program," Bryant says of KHAMP. "It's been wonderful for us."

## A Stealthy Enemy

Hepatitis C is a stealthy enemy.

It's highly infectious.

People can unknowingly live with the bloodborne virus for years.

And, if left untreated, it can lead to a host of health problems including chronic liver disease, cirrhosis and even cancer or death.

There's also no vaccine to protect against it. (There are vaccines for hepatitis A and B, but hepatitis C is more variable, which complicates vaccine development.)

Studies suggest that more than 2 million U.S. adults are currently living with the hepatitis C virus. Most of those cases are likely tied to sharing needles or other drug paraphernalia. (The CDC now recommends that all adults be screened for hepatitis C at least once in their lifetime and that women be screened during each pregnancy.)

Treatment for hepatitis C, though, is available. In fact, it's curable. Direct-acting antivirals — which target specific steps in the life cycle of the hepatitis C virus — are commonly prescribed and can successfully cure more than 98 percent of patients across an eight- to 12-week treatment regimen.

## KHAMP Beginnings

About seven years ago, early in 2015, rural Scott County, Indiana, just 30 minutes across the border from Louisville, experienced an outbreak of HIV and hepatitis C.

At about the same time, some pockets of rural Kentucky were also becoming inundated with hepatitis C cases. The CDC's 2016 analysis of HIV

and hepatitis C hotspots found that 12 of the top 15 U.S. counties vulnerable to a hepatitis C outbreak were located in Kentucky — all of them in rural Kentucky.

And the numbers were increasing, especially among young people.

Those trends got Barbra Cave and Dr. Claudia Espinosa, at that time both at the University of Louisville School of Medicine, and Kathy Sanders, then with the Kentucky Department for Public Health's Adult Viral Hepatitis Program, talking. They realized that hepatitis C cases were outpacing any treatment the Commonwealth's specialists would be able to provide: There were too many cases and not enough medical professionals available to offer treatment.

What developed out of those conversations was a two-pronged plan to address hepatitis C in Kentucky, says Cave, a family nurse practitioner specializing in gastroenterology and hepatology who currently serves as an assistant professor of medicine at UofL and director of the Hep C Center at UofL Hospital. First, they needed to increase awareness among primary care clinicians about the growing scope of the hepatitis C problem in the Commonwealth. And second, they needed to empower those same clinicians to help treat hepatitis C. While hepatitis C diagnosis and treatment had been the domain of specialists since the virus was first discovered in the late 1980s, the trio reasoned that, as Cave puts it, "the treatments were becoming easier, more effective and simplified in such a way that primary care and non-specialists could manage it if they just knew the details of how it's done."

Between late 2017 and early 2018 Cave, Espinosa and Sanders began crafting the framework of what would become KHAMP — including a planned curriculum and a list of faculty they'd like to see involved with the project.

One obstacle stood in their way: Kentucky Medicaid restrictions in place at that time which regulated the treatment of a majority of the Commonwealth's hepatitis C cases. Among other things, those restrictions limited who could be treated (a patient had to show evidence of liver damage, for instance, and be sober) and who could offer the treatment (prescriptions would only be accepted from specialists or from a primary care clinician and specialist working collaboratively). Over time, those restrictions have disappeared; however, the prescriber-related restrictions shaped how KHAMP would (and continues to) operate.

KHAMP, which is administered by the Kentucky Rural Health Association (KRHA), launched in August 2018 in Lexington, with an in-person training session following the



“So we’re filling in that knowledge gap with KHAMP to provide them [primary care clinicians] the know-how and what to look for, what to consider when making a treatment decision, when to reach out for support.”

Barbra Cave, Assistant Professor of Medicine  
University of Louisville School of Medicine and a KHAMP faculty member



5th Annual Kentucky Hepatitis Conference. About 30 clinicians from 17 counties attended — representing physicians (family medicine, internal medicine, OB/GYN, emergency medicine), physician assistants and nurse practitioners. Since then, the program has trained more than 400 clinicians — at in-person sessions in Hazard, Lexington, Louisville and Morehead, and using webinar-based sessions during the COVID-19 pandemic.

Interest among health care professionals has come as a welcome surprise, says KRHA Executive Director Tina McCormick.

“We were thinking this was one-and-done training, but we’re now in our fourth year,” she says.

## Training Sessions, Mentoring

During the required two full-day training sessions — which are separated by several months’ time — KHAMP participants, they’re called KHAMP Scholars, learn the biology of the hepatitis C virus; its epidemiology (how often it occurs in different groups and why); the recommended testing, care and treatment for hepatitis C patients; the assessment of liver disease and staging; the concepts and practice of harm reduction strategies; the use of naloxone and other overdose responses; and the strategies for avoiding drug-drug interactions. Scholars also receive instruction on providing hepatitis C care to specific patient populations: pregnant women, children and people who inject drugs.

Outside of the training sessions, participants attend bi-monthly webinars and have ongoing access to program faculty — specialists in a range of fields (including gastroenterology, hepatology and infectious disease) who come from a variety of institutions (the University of Louisville, the University of South Florida, Cincinnati Children’s Hospital Medical Center, Three Rivers Gastroenterology and others) — for mentoring

purposes. (The program’s faculty members are volunteers. If KHAMP has available funds, faculty members may receive an honorarium for their instructional time.)

Following their first training session, KHAMP Scholars begin seeing and treating hepatitis C patients. Scholars consult directly with KHAMP faculty members through a secure web-based application — a practice which satisfied Kentucky Medicaid’s original prescriber restrictions. Scholars share basic information about their hepatitis C patients: their medical history, current medications, fibrosis stage, hepatitis A and B immunity status, HIV infection status, and the proposed hepatitis C treatment to be undertaken. Faculty members review the supplied information; discuss it with the Scholar, if needed; and approve the course of treatment, if appropriate. Patients might also be referred on to specialists for follow-up, if necessary.

“So we’re filling in that knowledge gap with KHAMP to provide them [primary care clinicians] the know-how and what to look for, what to consider when making a treatment decision, when to reach out for support,” says Cave, who’s served as a program faculty member since 2018. “And then, once they have that foundation, then they can move forward. And as they have questions, concerns, unusual cases or just need a helping hand, they can, I like to informally say, ‘phone a friend,’ which means contact any of the faculty and we can help guide them through any particular case that they’ve got.”

It takes about a year for KHAMP Scholars to complete their training and continuing medical education credit is awarded. From the start, the program has been free to clinicians. (Funding for KHAMP currently comes from two biopharmaceutical companies.)

Although McCormick says there’s a priority to train clinicians who serve the 54 at-risk counties identified by the CDC in 2016, KHAMP Scholars can come from any part of Kentucky.

# State, Regional and National Impact

KHAMP appears to be working. As of March 2022, clinicians trained through the program have treated more than 1,700 patients. About 60 of the more than 400 clinicians who have completed the KHAMP program are considered very active in treating hepatitis C patients.

And the KHAMP-trained clinicians, who are practicing all over the Commonwealth, are achieving the same hepatitis C cure rate — about 96 percent — that specialists in the field attain.

“At the end of the day, we don’t want people progressing to advanced liver disease. There’s already more than enough liver patients to go around,” Cave says. “And if we can prevent these tens of thousands of people that have hepatitis C from progressing to advanced liver disease, that keeps our [specialist] offices open for the other liver diseases that are problematic in Kentucky as well. You know, hep C is not the only thing we have going on here. There’s not enough specialists for liver disease, in general.”

Beyond patient outcomes, KHAMP has also made an impact both regionally and nationally.

In March 2020, the West Virginia Hepatitis Academic Mentorship Partnership (WVHAMP),

modeled after KHAMP, hosted its first training session. Fifty-three clinicians attended.

And, this past summer, KHAMP and WVHAMP staff hosted a one-day virtual summit where they shared a framework — the United States Hepatitis Academic Mentorship Program, based on KHAMP — that can be adopted by other states to develop their own hepatitis C elimination programs. Representatives from 14 states attended the training.

Meanwhile, in Kentucky, KHAMP training dates are scheduled through the end of 2022 and officials at the state’s rural health association, which administers the program, plan to continue the training as long as support — from sponsors and faculty — remains available.

“As an association, we are proud of the program that KHAMP has become for the state of Kentucky,” says McCormick, KRHA’s executive director. “It is an honor to be part of the ongoing effort to train providers by empowering them to test, treat and cure hepatitis C.” ■

LEARN  
MORE

Learn more about the  
**Kentucky Hepatitis  
Academic Mentorship  
Program** at  
<https://kyrha.org/khamp>

Shannon Clinton is a Lawrenceburg-based freelance writer who for the past 25 years has written feature and business articles for publications across the southeastern U.S.



## NOMINATE A KENTUCKY RURAL HEALTH CHAMPION

Each issue, *The Bridge* spotlights an outstanding individual who has made significant contributions to rural health in Kentucky. Readers are encouraged to nominate candidates as Rural Health Champions.

**Nominees should:**

- Demonstrate leadership and expertise in direct patient care, health care education, health care administration, health promotion or public advocacy.
- Develop or implement innovative solutions to health challenges faced by rural Kentuckians at the local, regional, or state levels.
- Display success in their field and be widely recognized for their achievements.
- Exhibit career and work effectiveness that can be documented.
- Serve as a mentor or role model to others in their field and beyond.
- Work within the state of Kentucky.

Please contact Michael McGill ([michael.mcgill@uky.edu](mailto:michael.mcgill@uky.edu)) to suggest a Rural Health Champion in your area.



# Answering the Call

Estill County paramedic earns national recognition for efforts in her hometown

By Jackie **HOLLENKAMP BENTLEY**

Shelia Wise was well on her way to a successful career in accounting when she decided she wanted something more in her life.

"I was just really bored and wanted to do something else," says the Estill County native. "I started playing in EMS (emergency medical services) on the side, just to have a different perspective because I like the unknown. The more I played in it the more I liked it, and the more I liked it, the more I wanted it."

So it was back to school.

She had already taken classes to become an emergency medical technician (EMT) and a paramedic. She now worked to earn instructor certifications in, among other things, Advanced Cardiac Life Support, Pediatric Life Support, Technical Combat Trauma Certifications and Prehospital Life Support.

"I tried to get everything I could, because the more knowledge I had, the better I was for my patients, and my patients were the community I grew up in," says Wise, who currently serves as a paramedic and training major at Estill County EMS in Irvine. "I actually truly loved working where I grew up. So I wanted everything I could to make it better for them, and to make it better for us [the service] since we were small and didn't have a whole lot."

Over the last three decades, she's used that education to train not only first responders, but also those who work at Mercy Health-Marcum & Wallace Hospital, local clinics, health departments, schools, churches and community organizations.

She's also been involved in efforts to combat substance use disorder in the region. She's played a key role in developing the close relationship that exists between Estill County EMS and Mercy Health-Marcum & Wallace Hospital, the critical access hospital that's the service's next-door neighbor. And she's served as a medical liaison to the county coroner's office.

Those efforts to improve the health of her rural community have not gone unnoticed.

On Nov. 18, 2021, National Rural Health Day, the National Organization of State Offices of Rural Health recognized Wise as one of 50 "Community Stars" — individuals and organizations from across the country who work every day to close gaps, open doors, address challenges and develop solutions to better meet the health needs of the nearly 60 million people who live in rural America.

For Wise, that recognition meant not only a profile in a book alongside the other Community Stars, but also seeing social media posts about the announcement and being interviewed by reporters from the region.

She admits to being somewhat perplexed by the accolades.

"It was like, 'OK, but why?' I really don't do anything special, it's just something that we have done and do every day," she says. "This has been our life. You really don't know any different. So I was really humbled and surprised because why would that be recognized? This is just our normal world."

Her husband, Jimmie Wise, who serves as the coroner in Estill County and as the county's EMS director, says he and the local medical community couldn't be more proud of everything Shelia has accomplished.

"We've got a really progressive service — arguably the best in Eastern Kentucky, and I think she's one of the main reasons for that," Jimmie Wise says. "I don't think there's anybody more deserving, and it's a big thing for a little area like this. We are a rural area, and by definition we pretty much meet all the checkboxes when you say 'rural.'"

Ernie Scott, the director of the Kentucky Office of Rural Health, describes Wise as a health care professional "who really gets it" and understands what it means to work in her rural community.

"She's from rural Kentucky. She works in rural Kentucky. She's devoted to rural Kentucky. She lives and breathes rural Kentucky. It's in her DNA. Shelia gets rural. And we're lucky to have her here," Scott says. "She may have only just now been recognized as a Community Star at the national level, but, in our office, we've known for some years who Shelia Wise is, what she means to her community in Estill County and the important roles she's played at Estill County EMS."

Yet, Wise remains humble, sharing much of the credit for what she's been able to accomplish with others.

"This is huge for me and very humbling, however I couldn't do it without my crews, without everybody here, [and] without the support of the community," she says. "They're a part of what keeps me coming back every day. Without all of them, it wouldn't have even been an option. I'm just thankful I can work in my community and do what we do." ■



Jackie Hollenkamp Bentley is a Louisville-based freelance writer who covers all things Kentucky.



Meet

Dr. Brittany  
*Fugate*

Internal Medicine-Pediatrics Physician  
Juniper Health Breathitt County Clinic  
Jackson, Kentucky

■ **When did your service begin?**

September 2021

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

I serve as a primary care physician for people of all ages. I consider it a privilege to provide care to my community.

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

I first learned of the NHSC programs during medical school and in more detail during residency as I was deciding where to begin my career as a practicing physician.

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

I am very thankful to be an NSHC participant practicing in the community in which I was born and raised. I am grateful for the reward and recognition NHSC provides to those of us practicing in rural areas.



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

There remains a shortage of health care providers in rural areas, particularly in Eastern Kentucky. Throughout the COVID-19 pandemic, many aspects of health care have been shifted and strained. However, as health care providers, we must adapt to these changes and continue to provide consistent quality care to the patients we serve.

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

Practicing in a rural area is gratifying for many reasons. Many of my patients I know on a personal basis, given that we live in a small, close-knit community. I value the opportunity to build these relationships with my patients and their families. If your desire is to practice in an underserved or rural area, please consider NHSC for financial assistance. I was fortunate enough to return to and serve a community I love dearly. Receiving a NHSC Loan Repayment Program award has been icing on the cake. ■





## Meet

Michael

Jennings



Clinical Director & Mental Health Therapist  
Bluegrass Professional Counseling  
Munfordville, Kentucky

### ■ When did your service begin?

September 2021

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

I oversee the day to day operations of a mental health clinic in a rural, underserved area. I routinely complete mental health and substance abuse evaluations. I refer all clients to appropriate individuals on my team as well as carrying a caseload myself. I collaborate with the community to continue offering services that meet the mental health needs of our area.

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

I learned of the NHSC programs through a colleague of mine who had previously participated in the program. This same colleague applied again and was able to get a continuation.

### ■ What does it mean to you to be an NHSC participant?

Being accepted for this program is a dream come true! I have been given financial freedom from debt while completing a job that I am passionate about in an area that is close to my heart.

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

My time in service has only continued to demonstrate for me the rising need of psychoeducation and mental health services. I am thankful that my profession has the ability to participate in programs like these.

### ■ What advice would you offer to someone who is considering participation in NHSC programs?

I would emphasize just how "worth it" this experience has been for me. I would encourage them to seek a site that matches not only the NHSC values, but one that will invest in them as a person and a professional as well. ■

■ 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.



# Feeding the Streets

Little Flower Clinic's monthly 'community feedings' nourish the hungry and provide outreach opportunities

*By Michael* **McGILL**

As far back as she can remember, Kristina Stollings has dreamed about running a soup kitchen. She's always viewed it as a way she could give back to her community.

For much of the last decade, she's found a way to pull off much of that dream at, of all places, a medical clinic — Little Flower Clinic in Hazard, a federally qualified health center (FQHC) that primarily serves patients who are homeless or at risk of homelessness.

What began in 2014 with Stollings, then a newly-hired community outreach worker, sharing food and information about clinic services with a handful of homeless men has grown into a once-a-month "community feeding" that serves more than 200 people at each event — young kids, adults, whole families; people with jobs and people without; people with homes and people without.

"You know, I want to give back to my community. I want to do something for somebody," Stollings says. "I blame it on my mother. It's the way she raised me."

## 'That Destroyed Me'

Stollings, a Hazard native who currently works as the clinic's director of information technology, admits to never having dealt with food insecurity personally. But she knows plenty of others who have — including her mother, Ellen Vance, the CEO at Little Flower Clinic.

But Stollings has seen hunger with her own eyes: In one instance, back in 2014, she knew there

were men living under the parking deck along Main Street in downtown Hazard. It wasn't a secret really; many in the community knew about them.

She and a co-worker, however, decided to do something about it: They took the men bags of food — potted meat and other non-perishable goods — and information about services offered at the clinic, and left it underneath the parking garage.

On those visits, she remembers saying something like, "Hey, we're from Little Flower Clinic. Wanted to let you know about the clinic. And then I got some food here. If you want it, you know, ya'll can have it."

She was asked to leave three times. But she's persistent. She kept going back.

Eventually, after months of visits and food drops, one of the men wandered over to the clinic. At that time, Little Flower Clinic was located less than a half mile — about a 10-minute walk — from the parking structure. (The clinic has since moved a little farther down Main Street.) The man never entered the clinic building itself on his visits. Instead, he would rummage through the facility's dumpster and eat whatever he could find.

"And that destroyed me," says Stollings. "Because ... I don't have to worry about what I'm going to eat."

Inside the clinic, Stollings scrounged for food. Who had an uneaten bag of chips? Anyone have an extra sandwich? She took what she could find and left it outside for the man.

That incident led her to the idea of hosting a monthly community meal at the clinic, offered





free of charge, to feed the community's homeless population. (The meal has since opened up to anyone who stops by, whether or not they're experiencing homelessness.) She began by asking her co-workers for monetary donations each month to finance the meal. With the money collected, she purchased the ingredients to prepare the food. Thirty-three people showed up at the clinic's first "community feeding," as Stollings calls them, in 2014.

She remembers thinking, "Man, that's awesome."

Since then, attendance at the community meals has only increased.

One other thing that's also changed is how the meals are funded. Stollings no longer taps the wallets and purses of her generous co-workers to pay for the meals. Instead, in 2020 the clinic began participating in the federal 340B Drug Pricing Program, which requires drug manufacturers participating in Medicare and Medicaid to provide outpatient drugs to eligible hospitals and clinics at a significantly discounted rate. The savings that

health care facilities, like FQHCs, collect through the program are required to be invested into initiatives that expand access and improve health outcomes. For Little Flower Clinic, those savings support crisis aid interventions (emergency housing, fuel assistance, utility assistance), the purchase of medical equipment — like blood pressure monitors — for patients to use at home and the community feedings.

## Meal Week

During the week of a scheduled meal — they're now slated for the third Thursday of the month, after experimenting with both Mondays and Fridays — stand back. And get out of Stollings' way. Her typical, happy-go-lucky, carefree attitude disappears. It's replaced by an intense level of seriousness. She stresses from the beginning of the week until the meal has been served.

She wants everything to be perfect for the community members who show up for the meal: the food, how the food is arranged in trays and on tables. Everything.



“You make sure you fix it the same way you would [want to] eat it,” she says. “I want them to have just the best.”

The menu for the meals is ever changing: It may be taco salads one week and hot dogs the next. Or sloppy joes. Or BBQ pulled pork. Sometimes there’s hamburgers. Or pizza. And soup — chili and vegetable. (They’ve learned that chili doesn’t stretch very far, says Stollings.) There once was spaghetti, but they’ll never do that again. (“I hate noodles,” she admits.)

And the meal that’s served is always complete: there’s an entrée, drinks and dessert.

“They get it all,” Stollings says. (Well, almost all. She draws the line at onions on hot dogs, she says with a laugh. “I won’t do that. I don’t do onions on hot dogs.”)

Most of the food that’s served is home cooked by Stollings and her team — which regularly includes Tabatha Hanlon, the clinic’s director of quality, and clinic staff members who Stollings refers to collectively and affectionately as “the boys,” the clinic’s custodial staff, security guards and IT staff. (Pizzas, which are served occasionally, are one of the lone exceptions; they’re provided by a local chain at a significant discount.) Vance, the clinic’s CEO, is also more likely than not to be found helping out too on meal days: talking with community members, assisting the clinic’s case management staff in collecting information from diners and serving food.

Much of the meal preparation has always occurred at Stollings’ own home the night before the food is served. That’s her workspace. The final day-of preparations occur in non-clinical space at Little Flower. Since much of the food is home cooked, it’s not uncommon to encounter a sea of crockpots in the administrative wing of the clinic’s first floor on the morning of a meal service day.

Stollings and her crew strive to add a bit of variety to the food being prepared and served up each month — it’s not the same menu items provided over and over again. One recent meal, for instance, included a new Pinterest recipe that Stollings was testing.

“These boys say it’s [the meal served] whatever I get in the mood for,” she says.

On two special occasions — around Thanksgiving and Christmas — the meals offered are more elaborate: turkey and fixings at Thanksgiving, ham and fixings at Christmas. The turkeys — they prepared a dozen this past Thanksgiving — are usually donated by local businesses and political leaders. And many of the side dishes for these special meals are made by community members. (For a typical meal, the food and supplies are purchased at local grocery stores, from a food service company and at monthly runs

to a big-box wholesale store. Some items are also donated.)

When the weather’s nice, meal service is likely to be done outside, at the clinic’s front. When it’s cold or rainy or snowing, the food stays inside the clinic and is carried outside when people walk up or drive up and place an order.

And, once the food is ready to be served, you might catch Stollings walking along East Main Street — like the “women that walk in boxing matches,” she jokes — with a sign advertising “Free Lunch.” The clinic also promotes the meals on social media.

## Developing Bonds

Stollings jokes and carries on with community members attending the clinic’s monthly meals; it’s who she is. She’ll also dress up for major holidays, like Halloween and Christmas.

The clinic’s staff develop bonds with the people they feed. Often the diners who aren’t already clinic patients become clinic patients.

“It’s my way of being able to be me and being goofy and ... get people in here and be like, ‘Hey, listen, we’re not just health care — we care about mind, body and soul. We want it all,’” she says. “I don’t just want your health problems, you know, we want [to help treat] mental health, we want to be able to get your belly full. We want to make sure that you’re taken care of — from the time you walk in to the time you walk out.”

The meals are really more than just a meal: They’re an outreach effort, an opportunity for the clinic’s staff to showcase the services available to patients. The clinic’s case management staff is on hand at each monthly meal to let diners know about the range of services offered: from crisis aid to transportation, and pretty much everything else in-between.

Outside organizations — like the local health department — are also sometimes in attendance to share information about their own programs and initiatives.

Stollings says she’s always on the lookout for a few extra mouths to feed. And to inform.

“I mean, I try to reach out to everyone,” she says. “Because I don’t want it just to be exclusive to our patients, I want it to be everybody that we can reach. Because the way I see it is, if you don’t reach people outside of your little organization, they’re not going to know what you’re here for. They don’t know what Little Flower Clinic is. And so that’s the way to get your name out there.”





*The team that plans and carries out the monthly “community feedings” at Little Flower Clinic includes Tabatha Hanlon, the clinic’s director of quality; Ellen Vance, the clinic’s CEO; and Kristina Stollings, the clinic’s director of information technology. Other clinic staff members — custodians, security guards and IT staff, who Stallings affectionately calls “the boys” — also help out with each meal.*

## **‘Always Looking for One More Service’**

When a fast food restaurant just up the road from Little Flower Clinic went out of business a few years ago, Stollings was giddy. The building had a commercial kitchen. It had plenty of storage space. It had indoor seating.

Its size meant there was more space to accommodate a larger number of volunteers who could assist in meal prep and service.

The building also presented the possibility that meals could be served to the community more than just one day a month — perhaps even daily. A real soup kitchen might be possible. And more lives could be touched.

She tried to talk her mother — “begged” is the word she actually uses to describe it — into purchasing the property, but the clinic didn’t have the funds. A pharmacy eventually moved into the

space.

“I wanted a grant so bad,” Stollings remembers.

Her mother chimes in: “I wish we could have done more. That would have been so awesome. Because people do go hungry and people don’t care. The majority of people don’t care.”

Despite the setback, Stollings’ spirits haven’t been dampened that she might one day secure a physical building that could house a full-fledged soup kitchen.

“I would love for it to be another ministry that Little Flower Clinic can offer, that we can do,” she says.

Adds Vance: “And that’s the thing: We’re always looking for one more service we can provide. ... But that’s what we do. We’re looking, not to hoard up money, but the money goes back into the community to serve the patients. And that’s just what community health centers do.” ■



# Always an Educator

Lake Cumberland health education director plays pivotal role in improving region's health

*By Michael* **McGILL**

Tracy Aaron wasn't expecting the e-mail message.

It hit her inbox back in September 2021, while the Lake Cumberland District Health Department's health education director was immersed in COVID-19 response.

The message, from colleagues at the Kentucky Center for Smoke-Free Policy, alerted Aaron to a development in her own backyard: The Somerset City Council had just heard the first reading of an amendment to the city's nearly decade-old smoke-free ordinance, which outlawed smoking in workplaces and all enclosed public places. A local business owner was seeking an exemption to the law to allow cigar bars to open up within city limits and permit patrons of those businesses to light up inside them.

She was taken aback.

She remembers her initial thought: "Oh my goodness."

It was the first challenge to the city's ordinance, which has had a hand in helping to reduce smoking rates, lung cancer cases and deaths, as well as heart disease cases and deaths. In a nutshell, the city of Somerset and the entire Pulaski County — just one of the 10 counties served by the health department — was healthier as a result of the ordinance.

On top of that, the cigar bar exemption was being supported by the city's mayor. He told council members the cigar bar was an "amenity" missing from the community. "It's something I certainly

support," he said at the mid-September meeting where the amendment was first read.

Aaron immediately turned to the text of the ordinance. She re-read it to remind herself of its contents. It was comprehensive. It was strong.

Then, she rallied the troops.

She sent out e-mails to community members who had been active in the Smoke-Free Pulaski County Coalition, which had originally spearheaded the adoption of a smoke-free policy in the city.

She sent messages to city council members.

She sent out messages to partners across the state — the American Cancer Society, the American Lung Association, the Kentucky Cancer Program and others — encouraging them to help get the message out about the proposed changes to the ordinance.

She connected with a few local physicians — some smoke-free champions — and encouraged them to share their opinions.

She also spoke with local media outlets.

Education was at the heart of her information sharing: She wanted people to know the positive direction the county's health statistics had moved since the smoke-free ordinance was enacted. She wanted people to know there is no "safe" form of smoking. She wanted people to know the current ordinance protects everyone and treats everyone fairly.

Community members also spoke up. In droves. The city council members listened. They never





*Tracy Aaron, the Lake Cumberland District Health Department's veteran health education director, has dedicated much of career to building and maintaining close-knit relationships with community partners — government agencies and officials, school systems, health care providers and others — whose work often has a direct impact on the health of her neighbors.*

“I’m still thinking, ‘What can we do to help our community partners to improve the health in our communities?’ I know there’s going to be a lot of rebuilding that we need to do across our communities because of COVID, because we have not been out there. There has been a lot of changeover in our partners: People have retired. People have changed jobs. There’s lots to continue to move forward and think about. And I am thinking on a continual basis.”

Tracy Aaron, Lake Cumberland District Health  
Department Health Education Director

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held a second reading of the cigar bar amendment. The amendment died.

“Leaders listen, understanding when to push forward and when to press pause,” Somerset’s mayor said in a statement released prior to the planned second reading of the amendment. “City council members and I have listened to residents’ concerns about the proposed smoking ordinance amendment and understand their point of view.”

It was a victory for community members. And a victory for public health.

It’s just one episode in Aaron’s 28-year career that’s been dedicated to the health department and, more importantly, the communities — and residents — the health department serves. It’s a career that, for many of those years, has been focused on building and maintaining close-knit relationships with community partners — government agencies and officials, school systems, health care providers and so many others — whose decisions, actions and support have often had a direct impact on the health of her neighbors.

And there’s still work to be done.

“I’m still thinking, ‘What can we do to help our community partners to improve the health in our communities?’” Aaron says. “I know there’s going to be a lot of rebuilding that we need to do across our communities because of COVID, because we have not been out there. There has been a lot of changeover in our partners: People have retired. People have changed jobs. There’s lots to continue to move forward and think about. And I am thinking on a continual basis.”

## ‘Very Rewarding’

Aaron has always been interested in health.

The Liberty, Kentucky native studied community health education (now, public health) at Western Kentucky University. During her senior year she interned at the Lake Cumberland District Health Department and, for much of that internship, delivered presentations in schools through the department’s grant-funded teen pregnancy prevention program.

She was sold. She calls the experience “very rewarding.”

The department ended up hiring her — following her graduation in 1994 — as a health educator in that program.

And with the exception of just a year away from the health department, she’s been there ever since. In 2001, she was named the health education coordinator for the department’s tobacco prevention and cessation program, and in 2003 she was promoted to the health education director role. In her administrative position, Aaron monitors the region’s key health-related data points, oversees the department’s health educators, writes grants to support health promotion programs (she’s secured more than \$2 million in funding to support teen health), works with the region’s health coalitions, and serves on a variety of boards across the district.

What Aaron’s particularly proud of during her nearly three decades in the public health field is her work with Lake Cumberland’s 10 health coalitions — the formal, long-term alliances, located in each county in the health district’s service area, which have been developed to address both short-term and ongoing problems.

“I love working with the coalitions,” she says. “I love working with the communities. I love seeing individual agencies working together to accomplish a common goal.”

## Coalitions and Partnerships

A few years into Aaron’s public health career, the trendy buzzwords were “coalitions” and “partnerships.”

Since at least the 1980s there has been a move in



## Lake Cumberland District Health Dept. giving COVID booster to anyone who wants it



Image courtesy of [www.wkyt.com](http://www.wkyt.com)

*In her role as health education director, Aaron regularly communicates with local and regional media outlets.*

the public health field to establish health coalitions: groups of individuals, coming from diverse sectors, who work together to achieve a common goal. That project gathered additional momentum in 2002 with the publication of “The Future of the Public’s Health in the 21st Century,” a report from the Institute of Medicine which called on public health departments to “support community-led efforts to inventory resources, assess needs, formulate collaborative responses, and evaluate outcomes for community health involvement and the elimination of health disparities.”

The thinking behind coalitions is this: Changing health behaviors is often beyond the ability of any one single organization. And more traditional one-shot or periodic health interventions, like health fairs and educational programs, can only accomplish so much. Coalitions, however, take a community-wide approach to alleviating health challenges: They seek to change policies, systems and the environment through advocacy, community mobilization, policy development and the development of social norms.

It’s an approach that enables “more of a global or community initiative to address the health of

individuals,” Aaron explains.

In the case of the Lake Cumberland region, Aaron has had a hand in establishing or expanding the health district’s 10 health coalitions: the Adair County WATCH (Working Actively Toward Community Health) Coalition; the Casey County Community Health Empowerment Coalition; the Clinton County Health Coalition; the Cumberland County Health Coalition; the Green County Health and Wellness Coalition; the McCreary County Health and Wellness Coalition; the Pulaski County WOW (Working on Wellness) Coalition; the Russell County Health and Wellness Coalition; the Taylor County Wellness Coalition; and the Wayne County Health Council. It’s where her work at the crossroads of health education and health promotion meets and where grassroots support for community-wide initiatives gets sparked.

Each of the coalitions looks a little bit different.

They’re each at different stages in development — some are newer, others are long established.

Each has a slightly different member composition, though most include key policymakers, and the movers and shakers from a wide range of sectors in the communities they

serve: city and county government officials; law enforcement officers; members of the faith-based community; representatives from school systems; staff from community-based services; and also members of the local media, and staff from county extension offices and tourism departments. (It's a "strength in numbers" approach, says Aaron.)

Each is also focused on different health-related projects, tailored to their own communities.

But they share some commonalities, too.

The health district's health educators — Aaron's staff — facilitate the work of each of the groups. (However, the direction each takes — the initiatives they choose to address — are up to the coalition members, Aaron says. "It's not Tracy's group," she says. "It's the community and the county's group.")

Each of the coalitions have also had an impact. In fact, Aaron credits them with helping to make some of the region's most important recent health-related gains.

"[T]hey have been the key for us," she says.

The coalitions spearheaded the creation of tobacco-free school policies in nine of the 13 school districts in the region — all before the state legislature's passage of a statewide tobacco-free schools bill in 2019.

They've led efforts to successfully adopt smoke-free ordinances in two cities in the region — Somerset and Campbellsville. (In those adoptions the coalitions achieved something that a more-than-a-decade old *Lexington Herald-Leader* story warned might not be possible. The story was headlined, "Passing smoke-free laws in Southern Kentucky is a hard sell.")

They've guided campaigns to establish syringe exchange programs in five of the region's 10 counties: Adair, McCreary, Pulaski, Russell and Taylor. ("And we're still rallying for some of our communities," says Aaron. "And hopefully in the future we'll have more of an opportunity for that to expand.")

Some of the coalitions have formed walking programs.

Others have directed the process for their communities to become certified trail towns, designated hubs along or near recreational trails that provide goods and services to trail users.

The coalitions have also played a continuing role in helping health district staff develop community health assessments to identify the key health needs and concerns in the region, and community health improvement plans to address those needs.

"It's not, I can't say it enough, it's not, 'Oh, Tracy, you've done this, this and this,'" she says. "It's really the group of people working together to improve the health of the counties."

And while it's true that the *coalitions* are the

forces behind so much of this work in the Lake Cumberland region, it's also true that *Aaron* has played a pivotal role in helping those coalitions achieve what they have.

Amy Tomlinson, the director of the Lake Cumberland District Health Department, calls Aaron the "spearhead" to the region's coalition work.

"Tracy's ability to form these coalitions and to use her team to kind of manage them is critical," says Tomlinson, who first met Aaron almost 18 years ago when Tomlinson completed her own undergraduate internship at the health department.

Tomlinson says much of Aaron's success with the coalitions can be attributed to the health education director's keen ability to meet people where they are.

"I mean, her ability to connect with people in our communities and to share information across multiple disciplines ... to be able to reach one target audience or one discipline with a message is one thing, but Tracy has the ability to break down the message in a way that's needed for the individual audience," she says. "And that's very important in health education and policy promotion ... because you have to be able to say the public health message at a level that someone can receive it and understand it. It can't just be a party line, you know, it's not just the same, one size fits all message. You have to be able to creatively tailor those messages to the group that you're speaking to and Tracy does that really well."

## A Realist

That doesn't mean the world of public health is free of frustrations. Far from it.

And Aaron admits that she can occasionally get a little discouraged.

Discouraged, for instance, when she thinks about community members who knowingly choose to make poor health decisions.

Discouraged that the rates of obesity, teen pregnancy and tobacco use — three key health challenges facing the region's youth and three health challenges she's most passionate about trying to solve — aren't dropping fast enough.

But at the end of the day, she chooses to look at the big picture through an optimist's glasses: There are positive trends in health behaviors across time in Southern Kentucky. The numbers could always be better, but progress is being made.

"I choose to look at it, 'Hey, look at the accomplishment that we have made thus far,'" she says.

She's also a bit of a realist. She knows the work of health educators, coalitions and public health departments is long term. Changing health-related



behaviors is hard work. And it doesn't happen overnight. It's a fact that she constantly reminds her staff.

"What we're doing today, it may be 30 years before we really see the impact of the education, the programs, the policies, environmental changes that we're making," says Aaron. "That's just the reality when we think about individuals and their health and how long it takes people to make those changes."

That lag in behavioral change means that "planting seeds" — laying the groundwork today for healthy behaviors tomorrow — is so important, she says, especially with young people.

"I know it's sometimes a struggle because of the situations they [young people] live in their community or even at home and the choices that they may or may not be able to make, but if we can plant those little seeds, so that an individual will know, 'Hey, if I pick up a cigarette, I may become addicted and I may want to smoke.' Or, 'I can use that money as I get older — that I'm buying cigarettes with [now] — to go to school,'" she says. "So it's just planting that seed for an individual to grasp a hold of and realize to make those changes."

Her ability to successfully plant those seeds for nearly three decades comes as no surprise to Randy Gooch, the public health director at the Jessamine County Health Department. He's known Aaron for more than 20 years and worked directly with her for half of that time while part of the leadership team at the Lake Cumberland District Health Department.

He says she's a kind, caring and compassionate person, with a calming personality. Someone who doesn't get "wound up and uptight about anything," he says.

And in her professional work, Gooch says she's consistent and persistent.

"You know, her messaging was difficult at times ... because she was doing a lot of policy work throughout the schools and throughout our communities. And that's not always well received and accepted readily ... but she kept a consistent message. And she was persistent with it," he says. "So, you know, she's one of those people where, yeah, you might tell her 'No' once, you might tell her 'No' twice, but, just very calmly, she continues coming and providing the message to you. And within time, it seems like she was very successful at changing a lot of policy throughout the district."

The Kentucky Public Health Association has also taken notice. In 2020 Aaron was presented

with the organization's Sara C. Stice Award, which "honor[s] an individual who has made an outstanding contribution in the field of health education in Kentucky."

"It was a total shock," says Aaron. "I was not expecting it at all. I was overwhelmed with joy and surprise."

## 'Change is Good'

If you hang around with Tracy Aaron long enough, you're liable to hear a phrase pop out of her mouth: "Change is good."

She says it to her staff about their day-to-day work.

She also says it about the communities in the Lake Cumberland region.

Most of us don't like change, she says. Just the word "change" by itself frightens many people. We don't like interruptions. We're afraid of the unknowns that come along with change: What will the results be? On top of the general uneasiness associated with change, sometimes proposed policies become overly politicized.

It's a hesitancy she's seen in all kinds of people: from regular residents to regional leaders.

Aaron warns that if we want to improve the health of our communities we've got to move forward with changes — new policies and programs that protect and improve the health of people and their communities.

She's known for putting in the time to reach those who are hesitant about health policy-related changes. To do that, she often turns to the tried and true relationship building skills she's practiced for years: one-on-one listening and civil conversation. But mostly, listening. Listening to questions. Listening to concerns. In the process, she gains trust. And maybe a few converts.

"I think we have to be open minded and I think you have to build that relationship," she says. "You know, I say this to my staff all the time too: It's just building that relationship and being able to talk to those individuals and hearing why they feel that way. Why? Why? Why do you think we're OK the way we are? ... You know, how might we better our county, our community? And our children, think about our children. Do we want our children to prosper and be healthy? Everyone does."

Acceptance often doesn't happen immediately. It takes time. But Aaron's patient — it's a quality she's demonstrated for years.

"You just have to keep educating," she says. ■



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