


The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Changing the Face
of Lung Cancer in
Kentucky through
the Kentucky LEADS
Collaborative



KORH
Kentucky Office of Rural Health



Center of Excellence
in Rural Health

Mona Huff, Rural
Health Champion:
“There is always next.”

Turning Word
of Mouth, Into
Healthy Mouths



Dear Readers,

Each year, the National Organization of State Offices of Rural Health (NOSORH) sets aside the third Thursday of every November – November 16, 2017 – to celebrate **National Rural Health Day**. Here in Kentucky, this day has also been designated as **Kentucky Rural Health Day**. First and foremost, this day is an opportunity to “Celebrate the Power of Rural” by honoring the selfless, community-minded, “can do” spirit that prevails in rural America.

It also provides the perfect opportunity to talk a little about The Kentucky Office of Rural Health (KORH), and the directives we work toward within the Commonwealth. The State Office of Rural Health (SORH) program is a unique, federal-state partnership through the Federal Office of Rural Health Policy (FORHP) within the U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA).

Established in 1991, the KORH is one of only a handful of SORHs physically located in an underserved, rural area. The UK Center of Excellence in Rural Health, in Hazard, serves as the federally designated Kentucky Office of Rural Health.

The mission of the KORH is to support the health and well-being of Kentuckians by promoting access to rural health services. The program provides a framework for linking small rural communities with local state and federal resources while working toward long-term solutions to rural health issues. The KORH assists clinicians, administrators and consumers find ways to improve communications, finances and access to quality health care while insuring that funding agencies and policy makers are made aware of the needs of rural communities.

Specifically, we have a core charge of: providing technical assistance to rural health organizations; information dissemination of rural-relevant information to key stakeholders and rural entities and; providing coordination efforts for rural health activities to reduce duplication. One of the ways we are able to achieve these goals is by way of this publication as well as through hosting events such as collaboratives, summits, intensives and regional network partnership meetings. In addition, we have found success through the pursuit and administration of multi-faceted grant programs targeting rural health organizations and the communities they serve.

Over 60 million people – nearly one in five Americans – live in rural areas. Today more than ever, rural communities, not only in Kentucky, but nationwide, must address accessibility issues, a lack of healthcare providers, the needs of an aging population suffering from a greater number of chronic conditions, and larger percentages of un- and underinsured citizens. And rural hospitals – which are often the economic foundation of their communities in addition to being the primary providers of care – struggle daily as declining reimbursement rates and disproportionate funding levels prove challenging.

We invite you to help us celebrate the power of rural not only on November 16, 2017, but every day! Become involved in rural health advocacy. Encourage clinicians and students from your community to return “home” to practice. Serve on boards, join organizations and become an engaged member of your community.

We have much to celebrate, but we recognize that we still have much work to do. Working together, we will ensure that those of us who have a heart for rural, will be afforded the same healthcare opportunities and access as our urban neighbors.

Sincerely,

Ernie L. Scott
Director
Kentucky Office of Rural Health



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Old Sublimity Bridge, Rockcastle River between Pulaski and Laurel Counties
Photo by Dexter Alexander



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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 program provides a framework for linking small rural communities with local state and federal resources while working toward long-term solutions to rural health issues.

The *Kentucky Office of Rural Health*, established in 1991, is a Federal/State partnership authorized by Federal Legislation. The KORH receives support in part from the federal Office of Rural Health Policy of the U.S. Department of Health and Human Services. 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 insuring that funding agencies and policy makers are made aware of the needs of rural communities.

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CHANGING THE FACE OF LUNG CANCER IN KENTUCKY THROUGH THE KENTUCKY LEADS COLLABORATIVE

Article by Allyson R. Yates

Lung cancer remains the leading cause of cancer death, killing more Americans than breast, colon, and prostate cancers combined, and Kentucky is the center of the lung cancer issue in the United States. Not only do we suffer a rate of lung cancer mortality that is 50 percent higher than the national average, there are some areas of the state with lung cancer mortality rates that are nearly two and a half times higher than the national average, prompting some to refer to it as the “Commonwealth’s Cancer.” At the University of Kentucky Markey Cancer Center, lowering our state’s mortality and incidence rates is a top priority.

“It is rarely easy to talk about lung cancer risk and lung cancer care in Kentucky, but organizations throughout the state have demonstrated a strong commitment to reducing lung cancer’s devastating impact on the health, quality of life, social well-being, and finances of Kentuckians,” said Jamie L. Studts, director of the Behavioral and Community-Based Research Shared Resource Facility at the UK Markey Cancer Center.

In January 2014, the Kentucky Cancer Consortium — a statewide organization dedicated to reducing the burden of cancer throughout the state — organized a meeting of clinicians, scientists and advocates to consider responding to a funding opportunity designed to improving lung cancer survivorship offered by the Bristol-Myers Squibb Foundation’s Bridging Cancer Care Initiative.

From this meeting, the group identified three main areas that could transform Kentucky’s approach to lung cancer control and care: (1) efforts to change clinical practices,

(2) improve survivorship care options and support, and (3) help establish high-quality lung cancer screening throughout the state. However, it would not be enough to just focus on these areas, but it would likely require extensive community engagement and collaboration among Kentucky’s leading healthcare organizations throughout the Commonwealth.

From this initial meeting and subsequent unified effort, the Kentucky LEADS Collaborative (Lung Cancer Education, Awareness, Detection, Survivorship) emerged as a major new statewide initiative to reduce the burden of lung cancer in Kentucky. Building on the training and expertise of the full team of collaborators from the UK Markey Cancer Center, the University of Louisville Brown Cancer Center and the Lung Cancer Alliance, Kentucky LEADS was awarded a \$7 million, three-year grant for a collaborative effort focusing on prevention and control efforts across the state.

The Kentucky LEADS Collaborative began with the partnerships amongst programs including the Kentucky Cancer Consortium, Kentucky Clinical Trials Network and the Markey Cancer Center Research Network, and further built upon these collaborations and networks to include over 50 community partners and health care systems involved with the project. These partnerships and strong relationships with the communities are the foundation of the Kentucky LEADS Collaborative. United by this vision, Kentucky LEADS is focused on reducing the burden of lung cancer throughout Kentucky, and furthermore is dedicated to the dissemination and implementation of these efforts to change the overall face of lung cancer.

“The real work of the Kentucky LEADS Collaborative is to leverage innovation in early detection, care, and survivorship to improve lung cancer prevention and care throughout the state,” said Studts, who also serves as principal investigator for the Kentucky LEADS Collaborative. “We want to make sure that all Kentuckians have access to the best care options available.”

PROVIDER EDUCATION

The Provider Education component of Kentucky LEADS is led by Dr. Goetz Kloecker, Connie Sorrell, and a team at the University of Louisville with the Kentucky Cancer Program that has substantial experience working with primary care providers throughout Kentucky to provide education and training efforts regarding lung cancer care and control efforts. To take advantage of the wide-ranging innovations in lung cancer research and practice, the Provider Education team has invested substantial effort in working collaboratively with the primary care provider community to develop a Primary Care Lung Cancer Task Force, which produced Lung Cancer in Kentucky: A Primary Care Action Plan.

This work has led to the development of a diverse platform of continuing education programming for primary care providers regarding best practices and evidence-based care for lung cancer that includes coverage of the latest innovations related to lung cancer prevention, screening, diagnosis, treatment, survivorship and end-of-life care. The team has reached over 2,000 primary care clinicians with diverse programming that includes academic detailing, web-based continuing education training, in-person presentations, and webinars to deliver information and build skills.



Building upon collaborations and networks, there are over 50 community partners and health care systems involved with the project.

SURVIVORSHIP CARE

New evidence-based lung cancer screening and substantial improvements in the treatment of lung cancer create an immediate need to place greater emphasis on lung cancer survivorship and meeting the needs of the growing populations of individuals



The program is designed to be directly relevant to the specific symptoms and issues experienced by each unique lung cancer survivor.

who survive lung cancer as well as the caregivers who provide support.

The Survivorship Care component of Kentucky LEADS is dedicated to developing an innovative, precision intervention program that can be offered by survivorship care specialists throughout the state. The intervention is designed for dissemination, meaning that it can be offered in unique settings throughout the state. Additionally, the program is designed to be directly relevant to the needs of lung cancer survivors, but it is also flexible enough to address the specific symptoms and issues experienced by each unique lung cancer survivor.

This component of Kentucky LEADS, led by Studts and a team at the UK in collaboration with partners at the University of Louisville and the Lung Cancer Alliance, has developed comprehensive online and in-person training for survivorship care specialists and research coordinators, in addition to the intervention for lung cancer survivors and their caregivers.

This consists of a program manual and workbooks for the survivors and their caregivers, along with activities and resources for the survivors. Some of the topics addressed include difficulty breathing, lung cancer basics, fatigue, social support and many others. The survivorship care program is currently ongoing at eight community settings throughout Kentucky, from Baptist Health in Madisonville to King's Daughters Medical Center in Ashland.

Kentucky LEADS partner and Senior Manager of Medical Outreach for Lung Cancer Alliance Angela Criswell captures the collaborative nature and passion of the project.

“For too long, the Commonwealth has failed to recognize the devastating toll lung cancer has had on so many Kentuckians — our families, friends, and neighbors,” Criswell said. “Through the Kentucky LEADS Collaborative, key partners and

stakeholders have worked tirelessly to expand the reach of evidence-based prevention and early detection as well as lead in the advancement of survivorship care. Lung Cancer Alliance is proud to participate alongside such a committed and passionate team of leaders in clinical care, research, patient advocacy and public health.”

PREVENTION AND EARLY DETECTION

The third component of the Kentucky LEADS Collaborative seeks to facilitate consistent high-quality lung cancer screening throughout the state. Led by UK investigators Dr. Timothy Mullett and Assistant Professor Jennifer Redmond Knight, this team has translated results of the National Lung Screening Trial (NLST) and recently-established lung cancer screening guidelines into quality screening standards. These quality metrics can help lung cancer screening programs throughout Kentucky offer high-quality lung cancer screening, and deliver the tangible benefits of reducing lung cancer mortality throughout the state.

Importantly, this component proactively tackles the issue of healthcare disparities that could be exacerbated if individuals who live in rural and underserved areas of Kentucky do not have access to optimal lung cancer screening programs. Given that rural and Appalachian residents of Kentucky suffer a disproportionate share of lung cancer risk, incidence and mortality, it is vitally important that residents have access to quality screening and lung cancer care to prevent even greater health inequalities that are already commonplace in these areas.

The Prevention and Early Detection team is working closely with 10 partnering sites throughout Kentucky to support and evaluate lung cancer screening program development, quality and sustainability and provide a platform to enable all sites to learn and share the best practices for lung cancer screening.

“It’s an honor to work with dedicated, passionate and talented people from all around Kentucky who

have decided it is time for Kentucky to no longer be number one in lung cancer,” said Redmond Knight. “As a result of the Kentucky LEADS Collaborative, we have a unique and exciting opportunity to learn what works and what doesn’t work in implementing high-quality lung cancer screening in diverse health care settings and communities. This highlights the goal of collaboration that is embedded within Kentucky LEADS – our community partners have a tremendous amount of knowledge and expertise regarding lung cancer screening that can be harnessed and shared across programs to improve outcomes and reduce lung cancer deaths in Kentucky.”

A UNIQUE OPPORTUNITY

The work of the Kentucky LEADS Collaborative offers a unique opportunity to change the face of lung cancer in Kentucky by harnessing new lung cancer care and control strategies. While the burden is great, this also means that Kentucky stands to benefit most from these innovations, provided they are delivered throughout the state in a manner consistent with optimal care standards. To achieve this lofty goal, partnerships are required, and the community appears ready.

“The most amazing aspect of the Kentucky LEADS Collaborative thus far has been the level of community engagement with organizations throughout Kentucky who want to support efforts to reduce the burden of lung cancer in Kentucky,” said Studts.

The collaborative nature of the project and the continual engagement of the many partners working collectively on this project highlights the recognition of the burden of lung cancer throughout the state, the need for lung cancer-specific education, prevention efforts and survivorship care programs, and the passion our community has in reducing this devastating problem. Ultimately, this project seeks to make us the transformative leader in lung cancer care and control efforts and to reduce the personal, social and economic toll of lung cancer on Kentucky.



“We want to make sure that all Kentuckians have access to the best care options available.” - **Jamie L. Studts**, Director, Behavioral and Community-Based Research Shared Resource Facility, UK Markey Cancer Center



BINGOCIZE® PROGRAM PROVING TO BE A WINNER

Research has shown that for older adults who aren't active, Bingocize® can improve their physical health, cognitive skills, social engagement and quality of life.

"Getting people to do it (exercise) is the real trick," said Crandall, who continued research and development of Bingocize® after joining WKU's College of Health and Human Services in 2013.

The research has been supported by multiple funding agencies including the Kentucky Science and Engineering Foundation, the Retirement Research Foundation, the U.S. Centers for Medicare and Medicaid, and the Owensboro Health Regional Hospital. The program meets the highest-level criteria for evidence-based disease prevention and health promotion programs as established by the Administration on Aging Evidence-Based Programs Review Committee (Department of Health and Human Services).

*Article by K. Jason Crandall, Ph.D., ACSM-EP
Associate Professor, Western Kentucky University
School of Kinesiology, Recreation, & Sport*

When researchers find the simple solution that has been right in front of them, it's called the Eureka! effect or the "Aha! moment." For Western Kentucky University faculty member Jason Crandall, it was more of a "Bingo! moment."

Crandall, associate professor of Exercise Science in WKU's School of Kinesiology, Recreation and Sport, was a faculty member at Kentucky Wesleyan College in 2011 when students in one of his classes wanted to begin an exercise program for older adults at an assisted living facility in Owensboro.

The students put a program together, but things didn't go as planned when they visited the facility. They returned to campus and told Crandall that none of the residents participated in their exercise program because the facility's bingo game was going on at the same time.

BINGO!

"Then it hit me to combine those two things," Crandall said. "When I first thought of it, I looked for research to see if anyone had combined bingo and exercise."

They hadn't, so he began developing Bingocize®, an evidence-based health program designed to increase the functional performance, health knowledge and social engagement of older adults in a variety of settings.

Crandall didn't know what to expect when the idea began to take shape, but six years later, the preventative health promotion program is starting to show its strength and in spreading to nursing homes, assisted living facilities and senior centers across Kentucky and beyond.

Research has shown that for older adults who aren't active, Bingocize® can improve their physical health, cognitive skills, social engagement and quality of life. The low to moderate exercises are designed to build strength and confidence, improve cardiovascular functions, strengthen hands and improve balance.

Bingocize® currently has three versions that integrate a series of exercises into the popular game – original program, mobile app and original program plus health education curriculum. Each version is led by trained individuals in facilities that have purchased a license to use one or more versions of the program.

Training can be completed either on-site or online. The online program consists of educational materials and videos that demonstrate how to set up the game area for comfort and safety, how to do each of the exercises correctly and safely, and how to assess participants. The online training consists of four modules and takes approximately 45 minutes to complete.

After being implemented at facilities in Bowling Green and Owensboro, Bingocize® has grown statewide and is stretching beyond Kentucky's borders.

Thanks to a \$774,000 grant from the Centers for Medicare and Medicaid, faculty and students from WKU and six other universities are working to provide training and support to implement Bingocize® in 23 nursing home across Kentucky. The Bingocize® app for seniors, designed by It's Never 2 Late, launched nationwide in the fall of 2017. WKU also received a \$36,000 grant from Owensboro Health to implement the app in facilities in Muhlenberg County.

Crandall and other faculty members have been conducting on-site sessions as part of the launch of an online training program that has been created to implement Bingocize® across Kentucky and other states, including Tennessee, Alabama, California, Illinois, Indiana, Arkansas, New York, West Virginia and Ohio.

Mark Schafer, an associate professor of Exercise Science who assists Crandall in some of the training sessions, said Bingocize® is a simple concept for participants.

"It's so enjoyable," he said. "It's not joining a fitness facility. We are taking something that's already there and making it enjoyable."

Rural Health Champion: Mona Huff

There is always next



Article by Jennifer Molley Wilson, Rural Project Manager, Kentucky Office of Rural Health

When Mona Huff was 10 years old, her mother informed her that the summer was no longer a time just for play, and that she was old enough to do meaningful things within their community. Young Mona quickly volunteered to read to a blind lady in her neighborhood, and that intergenerational

engagement, along with the gentle nudge from her mother, set her on a lifelong path as an altruistic, and enthusiastic voice for health care activism.

Huff, a Michigan transplant, first arrived in Kentucky in 1990 when she and her husband began Biblical studies at Boyce College in Louisville. In 1993, while still students, the couple was called to rural Henry County to serve as pastors.

"We left that church and went to another church in Henry County as family ministers. I really thought that we would go back home, but it wasn't long until this was home. Our roots were pretty deep, so we've stayed there," Huff said.

Huff quickly became involved with her community, taking on challenges such as teaching English as a second language in the small farm community, training teen leaders to go into the middle schools to teach students the importance of sexual abstinence, and organizing coalitions that focus on health and wellness related education and resources.

"As a community organizer, I know my community and its resources and I provide chronic disease education. I have lived in a rural area, really most of my life," she said. "I've always been a champion for folks and I've always tried to figure out a way that I could help."

Today, Huff doesn't let the fact that she has officially retired twice prevent her from working 50-60 hours each week. She holds dual positions as a Community Organizer at the University of Louisville's Institute for Sustainable Health and Optimal Aging, and as a Community Health Organizer with the North Central District Health Department serving the Kentucky counties of Henry, Shelby, Spencer and Trimble.

In her role with the Institute for Sustainable Health and Optimal Aging, Huff serves as the leader for the health team in Henry and Shelby counties. Within that position, she works with primary care physicians in the area to identify seniors who are age 65 and above and have two or more chronic diseases, and links them with assistance in managing their diseases, which includes locating resources that

allow them to be able to stay in their home in a safe manner.

"It's my job to find ways to get seniors to where they need to go. Often, I can do that through our area agency, The Kentuckiana Regional Planning & Development Agency (KIPDA)," she said. "However, sometimes there are guidelines that may prevent them from qualifying for those services. When that happens, I try to figure out other ways to help them, whether it be through neighbors, family members, churches or whatever," she added.

The health team also consists of U of L social work students, who serve as health navigators, and community organizations willing to work with seniors.

"When I took this job, I thought that I would find out that heart disease and diabetes are the things killing our senior citizens, but I've discovered that the real culprits are loneliness, isolation and depression," she said. "It breaks my heart to think that we have people who are lonely, and then we have other people sitting at home saying they're bored. Somehow or another, if we could just get us all together," she added.

This past summer, a group from Huff's coalition planted mini-gardens for seniors in the community. She was successful in getting local volunteers to do the planting, local farmers donated the plants, and it didn't take long for friendships to grow right along with the tomatoes. Additionally, Henry County Agriculture Club (Previously FFA) members have planted for the senior citizen assisted living center for several years.

"It was about more than tomatoes. It was about relationships," Huff said. "We didn't just plant the tomatoes, and say enjoy your tomatoes. We had someone who visited weekly, sometimes more often if it had been dry, to water."

Huff's attachment to the seniors she works with is clearly evident. She is most vocal about issues related to health care integration, and ensuring that providers have a complete view of their senior patients' health record, even if that means accompanying the patient to the doctor. According to Huff, senior patients can often get lost in the system. As they see specialist after specialist, it can be hard for the patient to keep track of diagnoses and medications.

A favorite success story of Huff's involves an elderly friend whose general practitioner had retired. Weak, tired and confused after surgery, compounded by other chronic disease, the woman reached out to her one day. Huff barely recognized the voice on the other end of the line.

"When I got there, she was so disorganized, the house was looking bad, and she said all she and her husband, who had several chronic care conditions, had eaten for seven weeks was cold cereal for breakfast and canned soup because that was

all the energy either one of them had to prepare," she said. "I would have put my hand on a Bible and swore oh, my good friend has Alzheimer's. That's just how bad she was."

"When we started working with her with the Flourish Program, she was on 28 meds, some of them duplicates," explained Huff. She was seeing multiple specialist with no central person to coordinate care."

"We referred her to a local primary care physician who works on the grant with us and he eliminated duplicate medications. Next to be eliminated were the medications that had significant side effects for seniors."

"To make a long story short, we got her down to eight medications, and she now tells her story in front of groups, and does a beautiful job. All of the problems she had were from multiple interactions with the drugs," she said.

Huff's passion for what she does, lies, in part, to her own personal health battles. Fibromyalgia, obesity, diabetes, and time spent in a wheelchair when it was just too painful and too unrealistic to walk.

"I always say I didn't drink, and I didn't do drugs and probably preached a little too much about it. However, my problem in life was food. I had always been real active, but the late 90s, I just kind of fell apart," she said.

In 2003, Huff was visiting family in Michigan. Her plan was to leave Michigan just before dawn in order to arrive in Northern Kentucky in time to facilitate a noon meeting. As she bent over to pick something up from the floor, she was blindsided with dizziness, which caused her to fall down a flight of steps. The visible injury was a broken collarbone, while the invisible hand that actually pushed her was a skyrocketing blood sugar. Huff was critically ill, very sick and was hospitalized for quite some time.

"At the height of that illness, I was on 11 pills and insulin. I found Dr. Deborah Ballard, an internist who specializes in endocrinology, yet she's very holistic. She believes there are times when you have to have medication, but she's always talking about the importance of lifestyle, and what you want out of life," she said. "I remember her saying to me, what do you want? Do you want to get up and do things with your granddaughter, or do you want to lay on that couch and say oh woe is me?"

Huff buckled down and got serious about her health. Over a period of two years, she lost 90 pounds. With her new lifestyle changes, she was off insulin within four months. Gradually, and under medical supervision, she was able to whittle her dozen original medications down to one, a thyroid medication.

Huff spends her time with the North Central District Health Department building and guiding the health coalitions she was instrumental in forming in Henry, Trimble and Shelby counties. She is currently shoring up the infrastructure of community members, so they will feel comfortable taking the lead.

"I tell them, if it stops when I leave, then in my estimation I've been a failure. It's not Mona's coalition, it's the community's coalition," she said.

According to Huff, coalitions are integral to relationship building and education within rural communities, where resources may be limited. When coalitions are formed, a variety of experts and resources become integrated in ways that may not have occurred otherwise.

"When a group of community members and stakeholders come together, the community members tell our stakeholders what they need, then they just go in and do it," she said. "It's very much coalition guided, and us saying here's what we need, please help us," she added.

The key to the success of the coalitions, is an engaged group of citizens, pastors, health and business professionals and students coming together to do the work and guide the process.

"People say to me how do you get so many people to volunteer? And I answer, ask them," Huff said.

"A lot of people need to be asked. For whatever reason, they either don't feel qualified or they think that maybe they're pushing themselves if they say I'd like to be a part of that. Sometimes it's our fault that we don't have the help that we need because we are just not asking enough," she said.

If Huff is putting people and resources in place to sustain the coalitions, could that mean she's possibly considering a third attempt at retirement?

"When asked why I'm still working, first of all, I say because there is still a lot of work to be done," she said. "Secondly, if I quit, what am I going to do?"

Just like every other milestone and transformation along the way, Huff does indeed know exactly what's included in her retirement plan, and slowing down doesn't appear anywhere as an option. The couple will once again make Michigan home base as they embark upon a couple of travel-filled years to destinations they've longed to visit. And according to Huff, she's going to finally sit down and write that book she's always wanted to write --- a memoir.

"I think the book is going to be called, What's Next?" she said. "There is always next," she said thoughtfully, as if already thinking ahead to her next chapter. "There is always next."

And in spite of planning, positivity and pursuits of health education, a part of Mona's "next" remains uncertain, yet ironically leads back to where it all began.

"I've recently learned that I am in the very early stages of macular degenerative disease. At first, it was pretty traumatic for me, and then I thought of Miss Sara, the little lady I used to read to," she said. "At 10 years old, I might have thought that I was doing something for her, but I can't begin to tell you what all she taught me. So, if indeed that is my fate, I hope that I can be the sweet, gentle soul that she was," Huff added.

Preventing the conversation from ending on a somber note, Mona quickly added a chuckle and a final thought.

"Someone had to bust my bubble once when I said that," she explained. "They said that now they would just give me an audiobook for my computer, and that no one would actually come and read to me," she said.

FUTURE HEALTHCARE PROFESSIONALS

*Article by Catherine M. Malin
Health Programs Specialist
South Central AHEC
Western Kentucky University*

"Sir, are you ok? Someone call 911 and get an AED," shouted a high school student during a recent CPR training course. The high school student was participating in the Future Healthcare Professionals (FHP) program, a health career exploration program offered by South Central Kentucky Area Health Education Center (AHEC) and community partners. Throughout the 20-plus hour program, high school students explore different health careers through lectures, hands-on activities, guest presenters, field trips, and service projects. Students also become CPR and first aid certified.

The goal of the FHP is to foster students' interest in health care and to encourage them to return home to practice after becoming trained, decreasing the health care shortage in these communities. Currently, FHP is offered in Warren County, Edmonson County, and at the Carol Martin Gatton Academy. The Warren County and Edmonson County programs are offered in partnership with the public libraries and are open to interested high school students from the region. The program offered at the WKU Carol Martin Gatton Academy is only open to Gatton Academy students.

Wrap, Grab, Pull – During the program, eager students get to practice basic medical skills. A favorite is suturing. The students love learning how to perform a simple interrupted stitch and are challenged with the horizontal and vertical mattress stitches. As they wrap, grab, and pull the suture, they quickly learn that there is an art to the skill and gain a new respect for the work healthcare professionals do. Many of the students struggle at first, but by the end of the evening, they are taking pictures of their work to share with their friends on social media.

Students also learn how to measure vital signs, take patient histories, intubate, and use laparoscopic surgery simulators. For many of the students, it is the first time they've ever held a stethoscope or listened to a beating heart. It is the first time they understand what high blood pressure means, how it is measured,



and why it is so dangerous. It is the first time they've "practiced" medicine.

Can I get a volunteer? – Another key aspect of FHP is field trips and guest speakers. On a recent field trip to the Medical Center at Bowling Green, students saw the magnetic power of MRI machines. The health professional leading the group held up a brick of duct tape with a string attached and stated that there was a single paperclip inside the brick. After explaining how MRIs work, she asked for a volunteer. After emptying his pockets, the selected student was handed the duct tape block and told to step inside the MRI room. Once inside the room, the student was told to hold the string and throw the duct tape brick towards the MRI tube. As he did, the brick flew into the tube and hovered in midair in the center of the tube. It was so powerful, one could almost see the magnetic field tugging at the very well wrapped paperclip. The gasps from the students were muted by the even louder gasps from the instructors. A very important lesson was learned that day, no metal near an MRI.

"I swear to fulfill, to the best of my ability and judgment, this covenant:" – During the final night of the program, families are invited to attend a closing ceremony. During the ceremony, students give short presentations and receive program completion certificates. One of the most powerful moments, however, is when the students recite the Hippocratic Oath. As they take the pledge in front of their families it becomes clear that south central Kentucky has great future health care professionals.

For more information about the Future Healthcare Professionals program or South Central KY AHEC visit www.wku.edu/scahec or call 270-745-3325.



PREGNANCY & BEYOND

A new model of care in Eastern Kentucky is helping drug dependent mothers put their addictions behind them during pregnancy...and beyond.

*Article by Jennifer Molley Wilson, Rural
Project Manager, Kentucky Office of Rural Health*

Pregnancy and Beyond is a comprehensive program for pregnant women with opioid addiction. The program is a component of Primary Care Centers of Eastern Kentucky (PCCEK) whose providers tend to the physical needs of the patient and Mountain Comprehensive Care Center (MCCC), which contributes a robust behavioral health track to the partnership.

Care is provided throughout pregnancy, postpartum and beyond. Care includes obstetrical services, dental care, medication-assisted treatment (MAT), pharmacy services, prenatal education, pediatrics and behavioral health counseling.

"A little over a year ago, I realized our patients had to travel a couple of hours to access a Medication-Assisted Treatment program so we decided to research the possibility of offering the service," said Barry Martin, CEO, Primary Care Centers of Eastern Kentucky.

Since the launch of the program, it has been lauded by judges, community members, local and state officials, and others.

"The recognition is rewarding but the greatest testimony to the work we are doing is displayed in the daily lives of the women who are in the program," said Martin.

Treating addiction during pregnancy comes with its own set of challenges, not the least of which is consistency in treatment. In today's world of health care specialization, women can often see three or more different providers, in at least as many different locations. Behavioral health at one location, prenatal care in another, and perhaps treatment for addiction somewhere else.

Through the Pregnancy and Beyond program, women can receive prenatal care, peer support services, or even enroll in GED classes all in one location. Pregnancy and Beyond just celebrated their one-year anniversary. According to Lisa Adams, RN, program director, 55 women have participated in the program, and while it's still a little early for hard numbers, the staff is able to track important trends.

"Our most important accomplishment so far is women coming in earlier for prenatal care, increasingly, even within 24 hours of a positive pregnancy test," said Adams. "This means we literally

have the ability to follow them beginning with their first trimester, whereas before, these moms were more inclined to show up at the ER already in labor, and devoid of any prenatal care,” she added.

In addition to care and recovery, the program seeks to create a social safety net for the mothers who participate. Donations and support from the community help provide the women with baby clothes, car seats and cribs, but many participants have needs that are far more basic.

“We try to fulfill any need they have --- housing, food boxes, laundry, a hot shower. We have snacks and fruit for them when they come in. A lot of them are hungry,” said Adams. “We do things like help with transportation, we have GED classes and testing onsite for free.

While the participants no doubt face turbulent times ahead, the Pregnancy and Beyond program doesn’t lose sight of the fact that these women are still just like any other pregnant woman. They are excited at feeling their baby move for the first time, they spend months pondering the perfect name, and they long for their child to be born healthy, and have a bright future. In short, the pregnancy is always celebrated.

“We keep the prenatal appointment separate from the medication appointment. If the appointments are together, the addiction overshadows everything and the pregnancy gets lost,” Adams said. “On the day they come in for prenatal care, they are just like any other pregnant woman celebrating her pregnancy,” she added.

BEHAVIORAL HEALTH

Opioid addiction is more than a physical dependence on drugs. Even after detox, when physical dependence has resolved, addicts are at high risk for relapse. Counseling helps to address issues that are tied to the addiction, such as feelings of low self-worth, history of trauma, difficult situations at home, abusive relationships, and spending time with people who use drugs. Treatment encourages moving into a healthy, addiction-free lifestyle and into recovery.

From the initial evaluation, Mountain Comprehensive Care Center provides intensive outpatient services on-site including; individual and group therapy, case management, community and peer support services. Using a team approach, recovery is nurtured and hope is inspired in a supportive, caring environment.

Medication-assisted treatment (MAT) is treatment for addiction that includes the use of medication along with counseling and support. This type of treatment

helps the patient stop using the addictive drug, regain control of their life, and make rational decisions without the influence of the drug.

Following the six-week post-partum exam, participants transition to the “beyond” phase of the program. It is at this time that a long-term treatment plan is discussed and formulated. Medication is slowly tapered, as tolerated during this phase and all behavioral health services continue to be provided by Mountain Comprehensive Care Center. Additional services such as family therapy, and attachment-based parenting education and guidance are also offered.



In addition to care and recovery, the program seeks to create a social safety net for the mothers who participate.

According to Adams, the post-partum period is a very difficult and fragile time. Not all new mothers are able to take their babies home, and for that reason, some don’t find the motivation to stay in recovery. However, the “beyond” phase continues to evolve as long as the patient is compliant, and doing well.

Once they have progressed in the program, participants can become peer mentors. After a successful recovery, they can then become support staff and work with the program.

“I hope one day that most of our support team is comprised of women who were once enrolled in Pregnancy & Beyond,” said Adams.

According to Martin, bearing witness to the women’s journey towards recovery inspires hope and pushes the service providers, to give their all.

“When I think about the transformation from the first time they walk through our clinic doors, to where they are even three months later, there is no doubt in my mind that lives are being changed, and that’s what makes it all worth it,” he said.



TURNING WORD OF MOUTH INTO HEALTHY MOUTHS

*Article by Kevin Fleming, Rural Project Manager
Kentucky Office of Rural Health*

Have you ever chatted with an old friend in a grocery store and left the conversation with a new solution to your sensitive teeth? Or sought medical treatment for a chronic health condition such as diabetes or heart disease and was informed by the nurse checking your vitals about the relationship between your medical condition and your dental health? How about attending a hometown football game and coming away with the local resources available for getting your child's wisdom teeth removed?

While any of those scenarios are certainly possible, they are not exactly where you would expect to go to get that type of information, right? Located in Prestonsburg, Kentucky, Big Sandy Community & Technical College's (BSCTC) new Community Dental Health Coordinator (CDHC) Program seeks to make scenarios similar to the above much more likely in the future.

The American Dental Association (ADA) started the CDHC program with multiple pilot projects in 2006 based on a concept as simple as it has proven to be effective. Built on the foundation that good oral health is achieved through education and prevention in everyday community interactions, the program seeks to recruit and train students who continue to live in the underserved communities where they grew up.

Given these students' established roles in their communities, any cultural or language barriers are eliminated. This inherent advantage, combined with the knowledge they gain from the program, leads to empowered community members managing their own oral health, improved oral health literacy, and increased engagement with preventative or restorative care.

Having served as BSCTC's first dental hygiene program coordinator from 1995 to 1999, Dr. Jill E. Keaton recently returned to BSCTC to lead Kentucky's first community dental health coordinator program. Now settled into her new role, Dr. Keaton confidently asserts, "BSCTC is excited to work collaboratively with the American Dental Association to offer the Community Dental Health Coordinator program and lead the region in providing

dental health education to the people we serve." She also touts the important partnership BSCTC developed with avésis, a dental insurance company that provided \$30,000 in scholarship funds to BSCTC's first class of CDHCs.

Dr. Keaton's enthusiasm for the new program is apparent as she shares her vision of CDHC graduates being employed in not only private dental practices, but hospitals, health departments, social service agencies, rural health clinics, etc. She also sees CDHCs' roles extending well beyond the walls of their place of employment. As the title of the program implies, "community" is where the key components of education and prevention are to be delivered. Dr. Keaton describes it as "meeting people where they are." She wants the program's CDHCs to be Kentucky's champions of oral health who see every community interaction as ripe with possibility for overcoming not only lack of knowledge, but common practical barriers such as securing transportation or child care for obtaining needed treatment.

One such oral health champion is Sandra Walls, a current member of BSCTC's inaugural CDHC class of 2017. She is employed at Williamson Health and Wellness Center, which is a Federally Qualified Health Center (FQHC) serving West Virginia and Kentucky. She was enrolled in the program by her employer for the purpose of improving their outreach program. "After completing only two classes, I have found that I have grown not only as my patient's hygienist but also as their advocate to their dental health," Walls said. The program's availability in an online format fits her demanding schedule as a mother and full-time employee and by avoiding travel time to and from classes, she has more time for championing oral health in her own community. One recent example she confided was getting a parent the information she needed for removal of her son's wisdom teeth while they attended a football game (yes, that really happened).

So, the next time you are going about your routine activities in your community and you unexpectedly get great advice or an offer of assistance with accessing needed oral health services, thanks to the ADA, BSCTC, and avésis, there is a good chance you are being met by a CDHC "where you are."

A Journey of a Rural Family Medicine Practice on their Road to Patient-Centered Medical Home Recognition

*Article by Julie Stephens, Project Director
Kentucky Rural Healthcare Information Organization*

On an early Monday morning before staff and patients arrive, Community Family Clinic's waiting rooms are calm and quiet. Practice managers begin their morning routine printing reports, logging calls and sending messages to providers readying them for the day. Staff and patients begin to arrive, filling the walk-in clinic's waiting rooms with a diverse group of patients including babies and elderly patients. By the end of the day, one of the clinics in their system has seen over 100 patients.

Since founding Community Family Clinic, PLLC, in 2002, founder and lead doctor Dr. Taufik Kassis, has served rural communities including Frenchburg, Mount Sterling, Owingsville, and recently Stanton, Kentucky. Kassis is Board Certified in Internal Medicine and has more than six years of emergency department (ED) experience. Working in the ED, he observed many patients utilizing the ED for non-emergent complaints prompting a desire to expand primary care to rural areas, specifically implementing a walk-in clinic. This unique feature provides patients with an alternative to crowded and expensive emergency departments.

Kassis and his team of providers strive to provide quality health care that meets the needs of patients, and after learning about Patient Centered Medical Home (PCMH), he knew that the PCMH model was perfect for his clinics. A "patient-centered" medical home suggests that a patient will be at the center of care. Some of the guiding principles of the program include: Care tailored to a patient's preferences and needs, increased involvement of patients and families, easier access to care, and shared responsibility/partnership between patients and providers, such as self-care, shared decision-making. PCMH encourages practices to get-to-know patients in long-term partnerships, rather than through hurried, sporadic visits.

From the clinic's perspective, all clinic members work as a team to coordinate care from other providers and community resources. This maximizes efficiency by ensuring highly trained clinicians are not performing tasks that can be accomplished by other staff, and helps avoid costly and preventable complications and emergencies through a focus on prevention and managing chronic conditions.

Community Family Clinic's PCMH journey officially began after initiating services with the Kentucky Rural

Dr. Taufik Kassis with patient, Louise Perry.



Health Information Organization (KRHIO) who received a Health Resource Services Administration (HRSA) Outreach grant to provide a PCMH consultant to the clinic for one-on-one technical assistance through the entire PCMH implementation process.

"We found the PCMH model especially appealing due to the alignment of core values of the program and our clinic. This program allowed us to expand upon processes and services we have always offered to build a stronger, patient-focused clinic." Dr. Taufik Kassis

With any changes in a day-to-day process of a busy clinic there are challenges. The biggest challenge was working with the clinic's electronic medical records (EMR) to query reports. Meaningful Use reports were helpful, but more specific reports could not always be generated. Luckily for Kassis, his staff was always up for the challenge and worked hard to find solutions. Many reports had to be developed from their EMR vendor. Working so closely with an EMR vendor was quite difficult. However, the end resulting relationship developed between the clinic, KRHIO IT support and the EMR vendor proved beneficial in allowing the organization to obtain necessary information within a tight time frame.

Another challenge was working through new workflow changes and finding time to train staff of those changes. This magnitude of a change in a fast-paced clinic is not easy. Through dedication, creative thinking, willingness to change and the with support from the KRHIO team, the way Community Family Clinic provided care for patients was able to change drastically.

Becoming recognized by NCQA as a PCMH is a long process. With dedicated staff that are passionate about their patients, the process can be empowering and successful. Rural providers face many challenges in providing quality care to patients with communication being among the top issues. During the transformation, providers are more informed about their patient's care and well being outside the clinic than ever before. The staff feels more efficient and knowledgeable of each patient individually and is personally able to provide patients with tools for a healthier life that are customized to their needs.

HMH rehab program celebrates 30 years

Article by Mary Alford

*Photo by Jill Pickett, The News-Enterprise,
Elizabethtown, Ky.*

Five years ago, Johanna Young suffered a heart attack.

"I had a terrible pain. I knew something was not right," she said.

Young said she went to the emergency room and immediately was flown to Baptist East Hospital in Louisville.

Once she was treated, her doctor recommended she attend the cardiopulmonary rehabilitation program at Hardin Memorial Hospital (HMH). The goal of the program is to help patients with heart or lung disease maintain a healthy lifestyle through physical conditioning, education about the disease and support from experienced staff and fellow participants. Young said she was all for it.

"When I came here, all I can tell you (is) they were so efficient and friendly," she said.

The cardiopulmonary department has been helping patients such as Young for 30 years, and recently held a celebration at the hospital.

Denise Horvath, a registered nurse in the HMH cardiopulmonary rehab department, said the celebration is to acknowledge their patients.

"We want them to know how proud we are of them because it means a lot to them to put all this effort in and to be able to take care of their health problems," Horvath said. "We definitely want to give them credit and tell the community that we are proud."

Norva Lark, a registered nurse at the hospital who works in the department when needed, agreed. Lark and Maggie Beville, also a registered nurse, were the two nurses who 30 years ago first envisioned the cardiopulmonary rehab program and saw a need for the service in the area.

Lark said there are three phases in the program.

The first begins shortly after the patient is admitted to the hospital. She said it consists of educational activities to help learn about heart and lung disease and how to lessen risk factors.

The second phase, Lark said, begins shortly after discharge from the hospital when rehabilitation has been ordered by a doctor. Lark said exercise sessions typically are three times a week for 10 to 12 weeks and participants receive educational and counseling sessions.



In the third phase, individual education and counseling are continued as needed.

"It is important for people to improve their cardiovascular strength and get into a good exercise routine," Horvath said. "Everybody needs to have a good exercise routine to keep themselves happy. Your exercise is good for your everything. It's good for your heart. It's good for your joints. It's good for your brain. We all need it."

Young has been going to the rehab center for five years, but Horvath said there are some who have been exercising there for more than 20 years.

"They just use us as a gym, that way they are medically supervised," she said. "It's just a safe place for heart patients to be and lung patients."

Young said patients not only receive physical healing while in the program, there also is spiritual and mental healing.

"Sometimes you don't just need a physical healing, especially at my age when you live alone. You need a little spiritual-ship and companionship," she said. "It's wonderful to have the companionship from other people."

"We feel like we try to nourish the patient, not just in physical health, but spiritual and mental health, and help them feel confident in doing things," Lark said.

The cardiopulmonary rehabilitation program at HMH is nationally accredited by the American Association of Cardiovascular and Pulmonary Rehabilitation.

"I'm proud we started this program and it has come this long way and is still growing," Lark said, noting it started with about 11 patients and now serves more than 200. "It's a wonderful place to be and work because the patients want to be there. This part of the hospital is a really happy place and people like to learn."

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Fall 2017

For additional information,
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National Rural Health Day

Celebrating the Power of Rural!



November 16, 2017

The National Organization of
State Offices of Rural Health sets aside
the third Thursday of every November to
celebrate National Rural Health Day.

First and foremost, National Rural Health
Day is an opportunity to “Celebrate the
Power of Rural” by honoring the selfless,
community-minded, “can do” spirit of that
prevails in rural America. But it also gives us
a chance to bring to light the unique
healthcare challenges that rural citizens
face – and showcase the efforts of rural
healthcare providers, State Offices of Rural
Health and other rural stakeholders to
address those challenges.

Mark your calendar and join the celebration!
For ideas & information: powerofrural.org

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