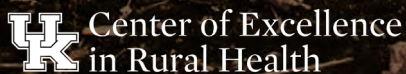


The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Spring 2017

Where Change Begins,
Drug free Communities



Health partners step
up against radon in
northeastern Kentucky

Telemedicine
Technician Program



Dear Readers,

Working in today's rural health environment requires creative strategy, a willingness to take smart risks and an openness to viewpoints and even discussions that may not always feel comfortable. In other words, making it in our world, requires both tenacity and flexibility- attributes that are rarely compatible. If this sounds superhuman or beyond reach, consider the practical strategies and real-life stories highlighted in the following pages. I'm betting you will recognize aspects of your own work that could potentially foster inspiration for collaborative efforts within your own rural communities.

We love hearing from you, our readers. The success of this publication depends on your continued engagement. We ask that you keep the ideas and articles coming and we will do our best to continue sharing the positive work being accomplished throughout rural Kentucky.

Sincerely,

Ernie L. Scott
Director
Kentucky Office of Rural Health

*"Coming together is a beginning.
Keeping together is progress.
Working together is success."*

Henry Ford

UK CENTER OF EXCELLENCE
IN RURAL HEALTH

invites you to...



WEDNESDAY, MAY 24, 2017



Community-based research begins at the local level, built upon the foundation of relationships with individuals, neighborhoods and groups who have common questions and concerns. Appalachian Research Day is an opportunity to join in the discussion and learn about findings from research studies that have occurred in local communities.

APPALACHIAN RESEARCH DAY

For more information, contact Beth Bowling at 606-439-3557



The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Broke Leg Falls bridge in Wellington, KY, Menifee County by Samantha Moria Reynolds



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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.

The statements and opinions contained in the articles of *The BRIDGE- Kentucky's Connection to Rural Health Issues* are solely those of the individual authors and contributors and not of the University of Kentucky Center of Excellence in Rural Health, Kentucky Office of Rural Health, affiliates or funding agencies.



WHERE CHANGE BEGINS, DRUG FREE COMMUNITIES

Metamorphosis Project – Healthy Choices for a Beautiful Future. This is the project including Monarch Butterflies and gardening to relate the importance of living a substance free lifestyle.

Article by Kristy Robinson Horine

The little girl leans over the table. She pushes her hands down into a bag and brings up fistfuls of dark, rich earth. With her lips pursed together in concentration, she empties her hands into a clay pot and then smooths the dirt out for her classmate. In turn, he strategizes about the best places for the zinnia seeds and, together, they press the tiny pieces into the dirt.

It is cold and gray outside the classroom in Kenton County, but the children don't focus on the weather right this minute. They are planting seeds today, preparing for the near future, and learning quite a bit more about their own value than they realize.

"We may not always enjoy bugs or snakes or crickets, but the garden wouldn't work without them. Just like we may encounter people in our lives who we may not like and they play a vital role in our community. We need to respect them and know they are important," says Lisa Anglin, Project Coordinator in Kenton County.

She takes the time to talk to the children about the effects of pesticide use in the garden as well. Some pesticides are beneficial, but abuse them and the whole garden suffers, just like whole families suffer when one member abuses drugs.

Anglin and her team have developed lesson plans, procured books for the students, and supply t-shirts for the kids. In a few months, she will come this way again and will be able to smell the zinnias that the children have been so careful to plant today. By then, the flowering pots will be nestled in a small school garden.

Then Anglin, the teachers, and the students, will wait for the monarchs together.

"It's a butterfly project. Who can say they hate butterflies?" Anglin asks, then answers her own question. "Nobody can say that. And we have to plan for a garden to help the monarchs, just like we have to plan for life."



The planting, growing, waiting and learning is all part of a multi-layered, community-wide initiative called The Metamorphosis Project - Healthy Choices for a Beautiful Future. The project is partially funded by a federal Drug Free Communities Grant (DFC), housed under the umbrella of the Office of National Drug Control Policy. This year marks the ninth year that Kenton County has received the annual amount of \$125,000 in DFC Grant monies.

The Metamorphosis Project is only one of several programs which have been started by the Kenton County Alliance, a collaborative coalition formed from 12 different sectors of the Kenton County community. The sectors include education, business, the court system, civic groups, faith-based groups and others. Their mission is not to combat current drug use and

abuse necessarily, it is to prevent drug use and abuse in the first place.

"I have yet to speak to a family in Northern Kentucky who is not in some way affected by substance abuse. Overdose behaviors, the social acceptance of substance abuse - particularly alcohol and marijuana - are very damaging to the families of children. It affects academic achievement, attendance in school and presents health concerns," Anglin says. "And our goal is preventing that first use so an individual will never have to deal with an addiction."

"Addiction is the only preventable brain disease that we have," she adds.

The Kenton County Alliance first received funding from the DFC in the mid-2000s. They initiated Project Sticker Shock in 2005. This project saw alliance member volunteers working with the 157 alcohol retailers in Kenton County from April through June, to place underage warning stickers on every package of beer. The alliance's goal wasn't to interfere with the sale of alcohol to those of legal age, it was to help curb the sale to underage drinkers.

Anglin cites research done by the current director of the National Institute on Drug Abuse, Dr. Nora Volkow, regarding the science of brain development. Young people have brains that are still developing pleasure centers. A child could derive pleasure from a sport like football, or an activity like painting and then carry on the pleasure they receive - through either participating in or observing those activities - well into adulthood. The same science applies to children who use substances to cope with adverse experiences like abuse, difficult home lives or the consequences of having family members who suffer from addiction.

And then there are the mixed messages children receive about the reliance on a substance as normative behavior.

"How many times have you heard an adult say they've had a hard day and need a beer? Or that they need a

cigarette to calm down, or a glass of wine to unwind?" she asks. "That is a kind of mixed message and it teaches kids that the way to unwind, or cope with a situation, is to use a substance."

Even when parents, school administrators and coalitions make all the right decisions and say all the right things, children will still make their own decisions. That's just the way life works, but it wasn't until Anglin heard her own college-age son make the statement, "I wish there were more benefits to remaining drug free," that the whole scope of her work changed.

Flutter in a Different Direction

"I had been talking to him about 'Don't, don't, don't,' and I should have been talking to him about having stronger relationships, better relationships," she says. "I should have said you are going to have a better future, a more successful work life, better health, and a potentially longer life. It's about positive messaging."

The coalition started an advertising campaign that covered busses with positive messages, like "Encourage Integrity" and "Encourage Knowledge." They even included statistical information from Louisville's bi-annual Kentucky Incentives for Prevention (KIP) Survey. The survey collects data from students in sixth, eighth, 10th and 12th grades. It measures underage use of alcohol, tobacco, marijuana and prescription drugs, mental health status, bullying, and other pertinent issues that youth face today. The survey asks questions regarding past 30-day use, the perception of harm or risk, the perception of parental disapproval, the perception of peer disapproval.

If the use rates are high and the perception of harm and disapproval rates are low, communities have a problem. That's where the DFC Grants can help coalitions, like the Kenton County Alliance, to begin changing the culture. Again, this points to prevention at early ages to avoid addiction treatment later.



The Kenton County Alliance worked with a design team to produce large banners for TANK Buses. The buses traveled throughout Northern Kentucky and Greater Cincinnati from September thru February with positive messaging about remaining substance free. The messages also prompted parents to 'encourage' healthy behaviors.

Ada May stands outside her Frenchburg home, which tested high for the lung cancer-causing gas radon. A grant received in February by the Gateway District Health Department, a member of the northeastern Kentucky Step Up to Reduce Radon Alliance, will allow May and others within the region to apply for financial assistance with home radon mitigation.

Photo by Brandy Esham, Northeast Kentucky Area Health Education Center

HEALTH PARTNERS STEP UP AGAINST RADON IN NORTHEASTERN KENTUCKY

Article by Brandy Esham – Marketing Assistant, Northeast Kentucky Area Health Education Center

Ada May prides herself in providing a safe, healthy home for her two adolescent children in the small, northeastern Kentucky town of Frenchburg. But last year, she discovered a horrifying truth: her family was being exposed to an invisible, odorless, and tasteless – but very deadly – gas in what they thought had been the safety of their own home.

This gas, radon, is produced by the natural decay of uranium, which is found in most soils. The U.S. Environmental Protection Agency (EPA) reports that radon “typically moves up through the ground to the air above and into your home through cracks and other holes in the foundation. Your home traps radon inside, where it can build up. Any home may have a radon problem. This means new and old homes, well-sealed and drafty homes, and homes with or without basements.”

In fact, radon is the second-leading cause of lung cancer mortality and is estimated to cause thousands of deaths each year in the U.S., according to the EPA. Most radon-induced lung cancers are in those who also are exposed to tobacco smoke.

To help address the issue within its region, in early 2016 the Northeast Kentucky Area Health Education Center (NE KY AHEC) began collaborating with the University of Kentucky College of Nursing’s BREATHE (Bridging Research Efforts and Advocacy Toward Healthy Environments) team. Together they provided education about the dangers of radon exposure and free in-home radon test kits to St. Claire Family Medicine patients in

Bath and Menifee counties. Less than one percent of the homes in these counties had been tested for radon, according to statewide home-radon testing data.

Many other rural Kentucky counties have similarly low levels of in-home radon testing. As a result, an additional concern is the relative absence of certified radon mitigators within northeastern Kentucky – and most other rural areas of the state.

Through the NE KY AHEC/BREATHE project, 58 patients took a test kit and 28 – including May – returned theirs for evaluation. May did not have any previous concerns

about the radon levels within her home, but since her mother had died of lung cancer, she decided the test might be beneficial to her health and the well-being of her children.

When the results came back, May was “floored.” Hers was one of

eight homes (or 29 percent of those in which the test kits were returned) found to have elevated levels of radon. While the EPA’s action level for home mitigation is four picocuries per liter (pCi/L), the levels in May’s home were more than double that rate.

“I wouldn’t have been so scared if it would have been four or even five, but when they told me eight, that really scared me,” May said. She said learning the results made her feel helpless, knowing she could not afford the \$1,200 to \$2,500 it typically takes to rid a home of radon through mitigation.

May’s primary concern is her children – not only their



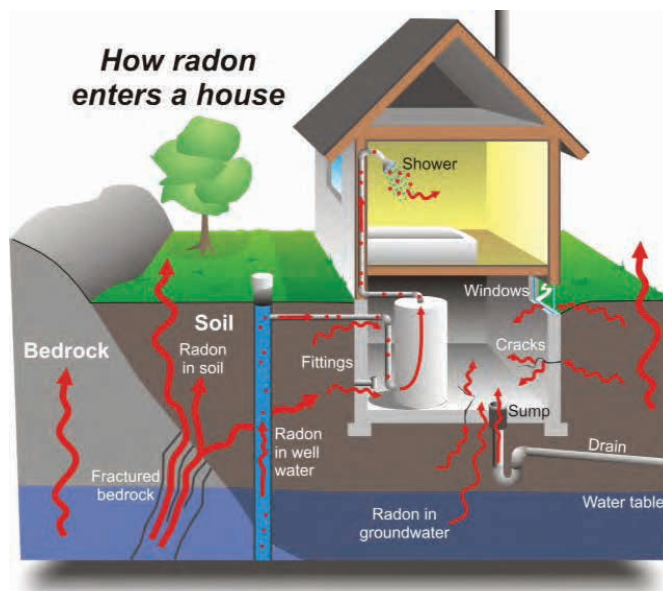
health, but what would happen to them if she were to die from lung cancer. Her story is one of many that could be found across rural Kentucky; indeed, other NE KY AHEC/BREATHE project participants had even higher in-home radon levels, with the highest being 19.5 pCi/L.

"If your home's radon level is four picocuries per liter or higher, it is like getting 200 chest X-rays a year," said Ellen J. Hahn, PhD, director of Kentucky Center for Smoke-free Policy. "Breathing radon is dangerous, but it is even more harmful when you also breathe tobacco smoke. People who breathe both radon and tobacco smoke are 10 times more likely to get lung cancer."

After considering northeastern Kentucky's high adult smoking and lung cancer incidence rates, along with the region's low median household income, NE KY AHEC and BREATHE representatives felt obligated to seek assistance for those whose homes had tested high for radon. What resulted in mid-2016 was the Step Up to Reduce Radon Alliance, which has the goals of increasing the availability of certified radon mitigators in northeastern Kentucky, improving access to affordable mitigation for low- to middle-income property owners in the region, and increasing awareness of the combined risk of radon and tobacco smoke exposure.

Hahn said the alliance is the first of its kind in Kentucky due to its focus on the multiple aspects of radon mitigation.

"Radon exposure over time is a silent killer," said James "Bobby" Ratliff, director of the Gateway District Health Department (GDHD), one of the alliance's founding members. "Through this local collaboration, we are beginning the work to



reduce this risk."

The group's efforts are starting to pay off. In February, the alliance helped the GDHD receive a mini-grant from EnviroHealthLink (envirohealthlink.org), Kentucky's environmental public health tracking network, which is a partnership between the Kentucky Department for Public Health and the U.S. Centers for Disease Control and Prevention.

The \$22,500 grant will allow May and other residents of Bath, Elliott, Menifee, Morgan, and Rowan counties who have a documented need for radon mitigation to apply for financial assistance. The funds also will be used to distribute hundreds of in-home radon test kits throughout the region and to help local individuals become certified in radon mitigation.

"Lung cancer continues to be one of northeastern Kentucky's most serious health concerns," said David A. Gross, director of the NE KY AHEC. "We developed this alliance to increase awareness about the dangers of radon and to make home mitigation more accessible within the region. This grant is a tangible first step toward achieving both of those goals."



Chuck Grone, of Villa Hills, has been through the process of radon testing and mitigation. As a respiratory therapist and asthma sufferer, he understands the importance of lung health. When his home tested at a level higher than 4pCi/L, he knew he needed to have his home mitigated. He hired a radon professional to install the system pictured here. He will continue to ensure that his mitigation system is working properly by re-testing his home.

Through the efforts of the Step Up to Reduce Radon Alliance, May and others with elevated in-home radon levels might soon be more at ease in their own homes. For now, though, she lives with a constant, nagging fear.

"We have to protect our children from the evil outside by locking our doors, but this evil is already inside, lurking around," May said. "Instead of thinking of ways to protect your children from the evil that is coming through the doors, I think of the evil that is coming through the floors." ■



TELEMEDICINE TECHNICIAN PROGRAM

photo by Evelyn Wood

*Article by Sean Neace, Director Telemedicine Technician Assistant Program,
Hazard Community and Technical College*

Hazard Community and Technical College (HCTC) is poised to launch a new course of study that will train students for a new mode of care delivery and monitoring.

With the advent of the Telemedicine Technician Assistant Program at Hazard Community and Technical College (HCTC), pioneering students will be trained on the future of health care delivery.

According to Shaun Neace, director of the program, telemedicine is new to the HCTC service region, but due to improvements in technology and broadband internet services through KentuckyWired in the area, and across the state, the use of telemedicine is about to see a significant increase.

"Several hospitals and other health care institutions are currently using or preparing to launch their own telemedicine services," said Neace. "These companies are going to need skilled individuals with the proper training to make these services viable and sustainable," he said.

According to Neace, HCTC graduates will have the knowledge and skills to be successful in obtaining those positions and helping healthcare organizations provide high quality patient care via telemedicine.

Telemedicine is the use of telecommunication and information technology to provide clinical

health care from a distance. It helps eliminate distance barriers and can improve access to medical services that may not be consistently available in distant rural communities. It may also be used to save lives in critical care and emergency situations.

Although there were distant precursors to telemedicine, it is essentially a product of 20th century telecommunication and information technologies. These technologies permit communications between patients and medical staff with both convenience and fidelity, as well as the transmission of medical, imaging and health informatics data from one site to another.

Telemedicine can be beneficial to patients in isolated communities and remote regions, enabling them to receive care from doctors or specialists far away, without having to travel to visit them. Recent developments in mobile collaboration technology can allow healthcare professionals in multiple locations to share information and discuss patient issues as if they were in the same place.

Remote patient monitoring through mobile technology can reduce the need for outpatient visits and enable remote prescription verification and drug administration oversight, potentially significantly reducing the overall cost of medical care. Telemedicine can also facilitate medical education by allowing workers to observe experts in their fields and share best practices more easily.

Neace's goals for the classroom experience are for it to be educational, fun and interesting.

"Our curriculum calls for dedicated classroom time, lab time and clinical time at various sites. Hopefully, having a variety of teaching environments for our students will keep it fresh and engaging as we help them achieve their goals," he said.

Students in the program will learn about the health care system. Examples include communication, delivery systems, legal issues and nurse aide training. Coordinating and presenting telemedicine encounters via videoconferencing and using telemedicine in general is the major focus of the program.

HCTC is one of the recipients of SOAR's Kentucky Appalachian Regional Development Fund grants in the amount of \$250,000. The funds were used to create the telemedicine technician certificate and workforce training program that began in January 2017, and according to Neace, is one of the first such programs to be implemented.

Portable Telehealth Systems were purchased to be used by students in classroom settings at HCTC

and clinical settings at Hazard Appalachian Regional Healthcare (ARH), Paul E. Patton East Kentucky Veterans Center and the University of Kentucky's Center for Excellence in Rural Health (UKCERH).

Scholarships are being offered to credential-seeking students, as well as incumbent workers participating in workforce training and will train 20 students or incumbent workers each year.

For additional information about the program, contact Shaun Neace at (606) 487-3590. ■



photo by Evelyn Wood

Kentucky Rural Health Champion Nomination

Each quarter, *The Bridge- Kentucky's Connection to Rural Health Issues*, will accept nominations to recognize an outstanding individual who has made significant contributions to rural health in Kentucky.

Nominees should include individuals who:

- ▶ Demonstrate leadership and expertise in direct patient care, healthcare education, healthcare administration, health promotion or public advocacy.
- ▶ Have played a key role in developing or implementing innovative solutions to problems or challenges for rural Kentuckians at the state, region or local level.
- ▶ Are widely recognized as extraordinarily successful in their field.
- ▶ Have career and work effectiveness that can be documented
- ▶ Have served as a mentor or role model to offer positive influence on others in their field and beyond.
- ▶ Reside and/or work within the State of Kentucky.

Please contact Jennifer Molley Wilson for information on suggesting a rural health champion in your area.
jennifer.molley.wilson@uky.edu

Who Wouldn't Want a "War Room" on Their Side?

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

Patients at Bluegrass Community Hospital (Bluegrass), located in Versailles, Kentucky, can now take comfort in knowing their hospital has a 24-hour "war room" focused on their health while they receive inpatient care. The affectionate term refers to a room located 42 miles away at Clark Regional Medical Center, located in Winchester, Kentucky. This war room provides centralized telemetry monitoring for their patients, two sister hospitals, as well as Clark Regional's own patients. All four of the hospitals involved in the program are facilities operated by LifePoint Health, which created the program to standardize telemetry monitoring and better utilize resources focused on patient care.

The centralized telemetry program has given Bluegrass Community Hospital big hospital capabilities while also providing excellent care in a smaller, more intimate setting," said Tommy Haggard, CEO of Bluegrass, explaining the value of the new program. "Our patients benefit from the bedside care of the nurses as well as the assurance of 24-hour dedicated monitoring of their health status. It's comforting for the patient to know they have someone's full attention at all times.

A broad definition of telemetry is the process of recording and transmitting the readings of an instrument. In a healthcare setting, telemetry (at times referred to as "biotelemetry") more specifically refers to the remote detection and measurement of a human function, activity, or condition. Examples include heart rate, respiratory rate, blood pressure, oxygen levels, etc. The traditional method of healthcare telemetry involves monitoring devices connected to a hospital patient, the corresponding equipment for translating the data located in the patient's room, and pre-set triggers for when the translated data indicates a potential concern. When abnormalities are detected, alarms are heard in the patient's room and monitoring stations, where personnel are immediately aware of the problem.

Studies have identified concerns within the healthcare world regarding the traditional method of telemetry monitoring, including lack of standardization across hospitals, training costs for operating equipment, and "alarm fatigue" by attending medical personnel. Alarm fatigue can occur when medical personnel are exposed to a large number of frequent alarms and consequently become desensitized to them. Desensitization



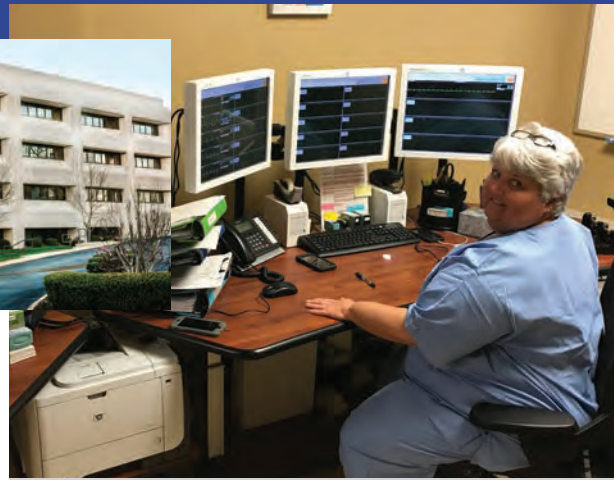
can lead to longer response times or to missing important alarms. While the original reasons for Bluegrass changing to an off-site war room were to improve quality and consistency of care, stabilize staffing for fluctuations in the number of monitored patients, and retaining the best trained and most competent staff for monitoring, shielding medical personnel from alarm fatigue has been an added bonus. Both patients and staff benefit greatly from a designated person initiating an on-site response for alarms requiring immediate medical attention. Conversely, the off-site telemetry monitoring eliminates distractions and allows "false positive" alarms to be more quickly identified, thus removing alarm fatigue as a potential issue for on-site medical personnel.

Bluegrass and Clark Regional saw a need for this new way to monitor patient telemetry in an off-site, centralized location in 2015. The project was in the preparatory planning stages for the better part of the year, with development of policies and protocols, as well as working out the technical components, processes, procedures, and communication aspects. Bluegrass implemented and made operational the centralized telemetry program in September 2016. The program has been in place for six months, currently utilizes four full-time monitor techs, and has the capacity to increase to eight full-time techs. That capacity to grow will be important as the program is expected to expand to other sister hospitals in 2017.

Clark Regional and Bluegrass hospital have partnered to provide quality safe care to the citizens of our

communities,” said Barbara Kinder, Clark Regional’s Chief Clinical Officer. Summarizing the overall effect the program has had over the previous six months, Haggard adds, “our nurses like the fact that a certified telemetry technician is watching and interpreting data for these telemetry patients.

“A solid communication strategy has been worked out with the “war room” that alerts us early on to any arrhythmia or change in our patients’ rhythms. Clark Regional Medical Center developed training for all nursing staff and telemetry techs to train all of our staff in this process. The project has enhanced quality and safety in a very cost effective manner. It’s been great for the patient as well as the care providers.” ■



“War Room” at Clark Regional Medical Center

Patrick “Pat” Donahue: Rural Health Champion



Article by Sam Neace

Kentucky has been defined throughout its existence by pioneers. Those brave trailblazers, who travel from distant lands to conquer new horizons, have not only become part of the Commonwealth’s population, but they have also served as the backbone of its legacy.

Such is certainly true in the field of healthcare.

Patrick “Pat” Donahue fits the mold of brave pioneer perfectly. Donahue began his life’s mission of providing health care for others in his native state of Georgia. In 1986, Pat Donahue’s spirit guided him to Kentucky, where he became administrator of Methodist Hospital Union County, and there, he helped move mountains all the way through the day he retired as vice president and administrator on December 31, 2016.

Within that time, Methodist Hospital Union County became known as one of the Top 20 Critical Access Hospitals in the entire country. The competition to receive the Top 20 status runs mighty steep. Yet Methodist Hospital Union County managed to receive this recognition from 2012 through 2014. In terms of the state, Methodist Hospital Union County is one of nine locations to gain certification as a Level 4 Trauma Facility.

Donahue’s influence on the institution will carry on long after his retirement. Plans have been developed to open an emergency wing for the hospital this year, an

addition Donahue praised by saying it will give the room needed to do what emergency staff is trained to do when treating emergency patients.

Thanks, in large part, to Donahue’s vision, Methodist Hospital Union County now offers emergency services around the clock, with ambulances stationed at the facility. Everything from scans and surgeries to therapy is available. The positive effects of Donahue’s work are also felt economically, as Methodist Hospital Union County provides jobs for more than 200 overall employees.

Pat Donahue’s devotion to health care extends beyond his work at Methodist Hospital Union County. He has served as chairman of the Board of Directors for the Kentucky Hospital Association, as well as serving on several boards for local organizations, including YMCA, Kiwanis, Lions Club and Relay for Life.

One might wonder, “What fuels the spirit of such a pioneer?” Pat Donahue claims the answer lies in a ‘Higher Power.’ Faith guided Donahue’s footsteps away from all he found familiar in Georgia to the community he now calls his old Kentucky home. In statements given to Methodist Hospital Union County prior to his retirement, Donahue said:

“When we were considering moving, we asked God to guide us to a place where we could grow closer together and closer to Him. We could never imagine how much He had in store for us when we arrived in this amazing community. It has been far more than we ever could hope for.”

Donahue is a modern example of the pioneer’s timeless legacy in Kentucky. The trail needed blazed, and because he was willing, He enriched lives with his work and, along the way, became a rural health champion. ■



Kentucky River Foothills Development Council Continues to Advance Healthcare for the Homeless

*Article by Jennifer NeSmith, CEO,
Kentucky Health Center Network*

Since 2005, Kentucky River Foothills Development Council (KRFDC) has been providing a wide array of health care and related services to the homeless in Powell and surrounding counties. In less than a dozen years, the program has grown from services delivered from a 40-foot mobile health clinic to the opening and expansion of a permanent building.

While many people may not think of there being homelessness in rural areas, there are hundreds of individuals and families who experience homelessness in Estill and Powell Counties alone. The definition of homeless is also more broad than most people think – an individual is considered homeless if they are without permanent housing. They may live on the streets, “doubled up” with friends or extended family members, or stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle. Homelessness includes any unstable or non-permanent housing situation. Homeless people are often plagued with multiple health problems, perhaps due to the lack of availability of quality food and places to keep good personal hygiene. Poor health can also contribute to a person’s or family’s homelessness. Several studies have found that one-third to one-half of homeless adults have some sort of physical or mental illness.

To address the health care needs of this population, the KRFDC mobile unit traveled to where homeless people were found, which could be at food banks, churches, and shelters. The mobile unit provided primary health care services including exams, immunizations, screenings, behavioral health, and dental services, as well as referrals to other needed care. The mobile unit had two exam rooms and was staffed with nurses and a family nurse practitioner. KRFDC also provided outreach and supportive services, education, and treatment plans

that promoted self-sufficiency.

After more than 20,000 patient encounters, KRFDC broke ground on a permanent, 3,000 square foot clinic facility in Clay City in Powell County in 2011. The permanent site, called Foothills Health and Wellness Center, allowed for increased access for primary care and outreach services, as well as a better situation for behavioral health consultations. The fixed-site clinic has four exam rooms, and added more space for outreach and care coordination/chronic disease management in a 2015 expansion. Comprehensive medical services are provided, including physical exams, immunizations, well-woman exams, and counseling for nutrition, behavioral health, and substance abuse.

In addition, Foothills Health and Wellness Center has been responsive to the needs of their patients by providing parenting and anger management classes, prescription assistance programs that increase access to needed medications, transportation assistance, help in enrolling in Medicaid, and dental and eye care vouchers. A sliding fee scale program provides discounts to patients so that they can access care at a cost consistent with their income level.

Foothills Health and Wellness Center strives to provide care that meets the needs of patients, fits with the patient’s goals and values, and that is safe and high quality. In doing so, they are recognized by the National Committee for Quality Assurance as a Patient Centered Medical Home.

One patient describes how comprehensive care he received at Foothills Health and Wellness Center helped lower his blood pressure and cholesterol through access to medication and nutrition services that led to weight loss. He sleeps better and has more energy. He says, “I can’t say enough about my experiences with Foothills. I am so thankful they are here.”■

The Congregational Network for Healthcare and Baptist Health of Paducah; performing healthcare miracles for rural people through congregational outreach

Reed Lee, Pastor Neil Eidson and Bailey Lee of Providence Baptist Church.

photo by Angie Timmons

Article by Sam Neace

Imagine yourself collapsed on the floor, as you desperately gasp for breath. Pain shoots through your veins with each rapid beat of your heart. Right away, you know, you are having a heart attack.

This horror could, at any second, become reality for the thousands of people living in rural Kentucky. When something as serious as a heart attack comes creeping over the horizon, rural folks are the same as anyone else. They need medical attention and they need it fast. A mere matter of seconds can prove to be the difference between life and death.

For 15 churches in Western Kentucky, help for their congregations can come within those precious seconds. These churches now have automated external defibrillators on hand to use in times of emergency. The churches taking part in this program were chosen specifically because of their locations in rural areas, a considerable distance away from medical assistance facilities.

Anyone, who has watched TV medical dramas, will be familiar with automated external defibrillators (AED). An AED is a portable, electronic device that shocks the heart back into rhythm. This piece of equipment is common in the medical field and is used to save lives daily.

The AED program for churches in Western Kentucky is offered through The Congregational Network for Healthcare at Baptist Health Paducah. Funding for the program, which is free of charge to the churches, is provided by the Baptist Health Foundation Paducah and the Baptist Health Auxiliary. Pastors of congregations participating in this program must sign a covenant agreement, which covers training and patient confidentiality regulations, among other necessary measures in patient care. Overall, there about 50 churches utilizing services through the Congregational Network for Healthcare. Not all 50 have AED's available. The 15 that do are all in rural locations and have met the proper training requirements.

Ruthanne Cockrell and Rick Johnson are two major players behind this initiative. Cockrell is a registered nurse for Baptist Health Paducah, and serves as nurse navigator. Johnson is the chaplain navigator for the program. A chaplain navigator helps patients with spiritual matters, meeting with the patients while they are admitted at the hospital, and continuing to check with them after they are released to give support with matters of faith.

"We started The Congregational Network for Healthcare a little over a year ago. Right now, we have about 50 churches partnered with us," said Rick Johnson. "Each church selects

liaisons, or volunteers, and they are trained and made familiar with the program. We have received great response to the program so far. Others have called wanting information about it."

According to Johnson, the idea for this service came from Nurse Ruthanne Cockrell, and she deserves the credit. Cockrell's idea has really taken off, as now, The Congregational Network for Healthcare boasts about 1,000 people registered in the program.

"It makes the health care world seem smaller, which is important," says Johnson, "Sometimes the health care

system seems so large. It can be overwhelming. This program also helps establish more trust between the patient and the health care system."

Sometimes the best plan is the simplest plan. Giving rural communities more control over their healthcare is simple brilliance. Rural people living a healthier lifestyle is the foundation behind this project.

"We often say that we are kind of building the plane as we're flying it," says Johnson, "We hope this idea grows and helps more people."

The Congregational Network for Healthcare is an initiative launched through Baptist Health Paducah, with a goal of bringing healthcare to rural people through church congregations. Already, the results seem miraculous. For more information about this program, call 270-415-7695 or 270-415-7694. ■



Providence Baptist Church, one of the churches that is a part of the hospital's Congregational Network for Healthcare. It is located near the community of Monkey's Eyebrow in Ballard County

WHERE CHANGE BEGINS



The Kenton County Alliance works with alcohol retailers April thru June (Prom and Graduation Season) to raise awareness about underage drinking and to remind adults it is against the law to provide alcohol to minors. Coalition members implementing this 'Project Sticker Shock'.

"Heroin is such a hot topic in our region right now and we have people say we aren't doing anything about the heroin issue but no one starts with heroin," Anglin explains. "People don't wake up on a Saturday morning and say I think I'll fill a syringe with heroin and try it today. It begins with cough syrup. It begins with prescription medication misuse. It's a path paved with the substances we are trying to prevent."

If prevention is the key to stopping drug use and abuse, thereby curbing future addiction issues, then the projects and programs started by the Kenton County Alliance over the last decade have opened a new door of hope. One verifiable indicator of the success is found in the very survey that showed they had a problem in the first place.

"We have been tracking KIP cohorts that show a decrease in the student's alcohol use that has occurred

since implementing Project Sticker Shock. That is a very measurable outcome," she says.

And as far as the success of The Metamorphosis Project, what Anglin thought would be just an elementary school, two-school program has turned into an 11-site project that has even expanded across Kenton County borders.

"We want good for our community. There has to be hope, there can't always be despair," she says.

The hopeful narrative is one that other Kentucky counties are writing as well.

Local Problems, Local Solutions

The DFC Grants are available to help communities reach two specific goals: to strengthen coalitions and community collaboration, and to basically create a substance abuse-free future.

The Commonwealth of Kentucky already had about 10 existing coalitions who received the five-year grant of \$125,000 per year. The Kenton County Alliance is one of them. Four counties received initial five-year funding in 2016 including Pendleton, Lyon, Owen and Grant counties.

Grant County sits on the I-75 corridor in Northern Kentucky, and shares borders with Boone and Kenton counties, two of the Commonwealth's 'front line' counties in the addiction war.

When Camille Croweak and Nancy Howe saw the latest (2014) KIP survey results, and listened to the students, families and leaders around them, they knew they had a local problem that needed a local solution.

"I think it was 14 of the 16 areas where we were worse



The Kenton County Alliance, coalition members work together to create a messaging plan that is always positive and focuses on the benefits of remaining drug free.

than the state average. This is not something we are bragging about," Howe says. "This has been difficult for us as a school district, when you get data back that suggests you have a problem in your community."

Howe works as the Public Information Officer for Grant County Schools and is the Community Education Director for Grant County. It is in the latter position that she found herself involved with the Grant County coalition, Champions for a Drug Free Grant County, which had formed in 2003. Croweak holds the paid position of Project Coordinator for the DFC Grant.

"We knew our area was in the middle of this heroin epidemic, but when we started looking at the DFC grant, we realized that heroin wasn't something that our kids reported using," Croweak says. "Based on KIP data, we saw that our need in both districts fell on two substances, alcohol and marijuana. The last 30 day usage was high and the perception of harm was going down. This is telling as to why students are willing to use more frequently."

Social acceptance also plays a role, Howe says. One trusted or respected adult saying "It's only alcohol," or "It's only marijuana," erases the positive narrative the coalition seeks to write.

According to statistics in the Grant County grant narrative, the county was considered dry until 2004. At that time, three cities voted for alcohol sales. In 2015, the entire county voted to 'go wet'. In the 2014 KIP survey, a whole year before the change in liquor laws, 72 percent of seniors viewed alcohol as easily accessible, mostly from friends and family. Results from the 2016 survey won't be available until late winter or early spring, but the Grant County coalition couldn't wait on new numbers to seek help.

To qualify for the grant, the Champions for a Drug Free Grant County had to demonstrate they had a coalition of concerned citizens who were willing to work toward positive changes. They also developed a 12-month action plan, detailing as many strategies as possible.

"Basically, we are strengthening our entire community and resources that we have available. We are raising awareness. We are making it more of a community effort," Croweak says. "Even if we change the culture in the school, if we don't fix things on the community level, things aren't really going to change. We will introduce programming at a variety of levels so that no matter where they go they are getting the same message every single time - at school, at church, at a liquor retailer, at home. We all need to be sending the same message."

To aid in this effort, the coalition has an established website, a Facebook page, and works on raising awareness at community health fairs and social events. As part of their 12-month action plan, the coalition has gathered professionals to help spread the word that the majority of the students in school are not using substances. In addition, there is a timeline for positive messaging and a local mentoring program, as well as tools that parents and caregivers can use to begin conversations about the positive benefits of remaining substance free.

"For a long time, I thought it was somebody else's problem. It has not impacted my family and for that I am very grateful, but I'm seeing a lot of families who are and it's become very important that we do whatever we can as a community," Howe says. "We're not sure we have the answers, but we are going to give it our best shot. This isn't somebody else's problem anymore." ■



KCA Drug Free Posers Simon Kenton - These images are taken by a professional photographer. We work with high schools to implement an expanded prevention program and the 3' X 4' vinyl banners are the result. The messaging is always positive and focuses on the benefits of remaining drug free

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Spring 2017

For additional information,
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