

# The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Spring 2018

Mental Health, Education  
are Front and Center for  
Crisis Response Team



 Center of Excellence  
in Rural Health

Four Regional  
Approaches to  
Improve Children's  
Oral Health in  
Kentucky

HEAL Initiative  
Bringing Grassroots  
Solutions to Opioid  
Epidemic





Dear Readers,

Our colleagues at the RHlhub state, "Rural is an inexact term that can mean different things to different people, organizations and governments. Trying to define what 'rural' is, in a nation of diverse geography, and changing demographics, can be a daunting task." I could not agree with this statement more.

I recently found myself engaged in a stimulating conversation with a group of up-and-coming healthcare students. I initiated the discussion by asking the group what the term "rural" actually meant to each of them. At first, they appeared somewhat reluctant to provide frank and open dialogue. After a little encouragement, I found myself jotting down their responses. Some of the more memorable ones were COUNTRIFIED, MOUNTAINS, ISOLATION, and even COWS.

The longer I stood in silence, the more at ease the students grew in their responses. POVERTY. SECLUSION. INSUFFICIENCY. ILLITERACY. These responses saddened me. However, they did not come as a surprise.

If you know me very well at all, you are aware I seldom pass up an opportunity to inform. I sincerely expressed my appreciation for the openness and candor of the conversation. Then, with all the passion, austerity and thoughtfulness I could muster, I confidently offered my own descriptive words for "rural". BEAUTY. INNOVATION. PRIDE.

I say all this in order to ask you- How do you define rural? For I assume if you are reading this publication, you have some manner of vested interest or concern with rural health. I personally have grown exhausted of the continued negative publicity and connotations surrounding rural. I am well aware that in general, rural America is older, poorer, and sicker than many urban communities. However, we must not lose sight of the positive elements that serve as the reason why many of us willingly choose to call rural America "home".

Thank you for taking the time to engage with us through this publication. We hope you find the articles both informative and inspiring.

Yours,

Ernie L. Scott

*"Yesterday I was clever so I wanted to change the world. Today I am wise so I am changing myself."*

*Rumi*



# The Bridge

## KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

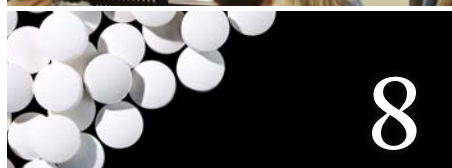
Swinging bridge crossing the Poor Fork of the Cumberland River just south of Cumberland, KY.  
Photo by: Tiffany B. Scott



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*The BRIDGE-Kentucky's Connection to Rural Health Issues* is published on a quarterly basis through a joint effort of the University of Kentucky Center of Excellence in Rural Health and the Kentucky Office of Rural Health. This edition is funded in part by federal HRSA Primary Care Office grant funds.

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.



# MENTAL HEALTH, EDUCATION FRONT AND CENTER FOR CRISIS RESPONSE TEAM

*New program to enhance focus on aftermath of critical incidents*



The Kentucky Community Crisis Response Team (KCCRT) is a free state resource that offers services and support to those who experience a critical incident. Team members can be identified by their blue KCCRT vests when deployed for assistance.

*Article by Deanna Lee Sherman*

Throughout their careers, emergency response personnel experience numerous critical incidents that have lasting impacts on their professional and personal lives. To ensure those working on the front lines are also being looked after, a statewide crisis response team is adapting its services to the ever-changing needs of first-responders and their communities.

“Historically, these professionals rarely receive critical incident stress management services and support. Additionally, available resources are lacking or are cost-prohibitive,” said Deborah M. Arnold, executive director of the Kentucky Community Crisis Response Board (KCCRB), a state entity that oversees a crisis response team made up of more than 22 peer professionals, including firefighters, law enforcement officers, paramedics, public health professionals, and faith-based individuals, to name a few.

The Kentucky Community Crisis Response Team (KCCRT) “is a free state resource that attempts to fill the gap in services and support to those who experience a critical incident,” Arnold said.

Such incidents can vary in nature and can be defined by a single event or the accumulation of multiple, negative career-related experiences, Arnold said.

A critical incident, Arnold explained, is any event that results in an overwhelming sense of vulnerability and or loss of control.

The KCCRT’s crisis response services are designed to lessen the impact on personal exposure to a critical incident, accelerate recovery from critical incidents, provide educational information to help individuals and their communities recover from a critical incident, and provide critical incident interventions before stress reactions can negatively impact a person’s health, family, or career.

The KCCRT offers confidential state resources that provide trained, credentialed peer professionals to support first-responders, schools, industry/businesses, and communities. The crisis response team is available to collaboratively work to support a community’s local crisis response services, Arnold said.

“Emergency services personnel are not the only ones who are exposed to critical incidents,” Arnold said. “School communities are confronted with tragic events such as death or serious injuries to students, faculty, and staff ... bus accidents, fires, and natural disasters.

“Our communities across the Commonwealth experience natural and manmade disasters. Business and industry may also experience critical incidents such as sudden death of a co-worker,



suicide or homicide, or serious injury to self or staff."

An agency may consider contacting the KCCRT when local resources are limited or exhausted and the agency is unable to meet the assessed need for services.

"Team involvement can be as minimal as consultation and advisement to providing all the response services for the event," said Arnold.

When the state was tested with 11 presidentially declared disasters from 2009 through 2014, the KCCRT "responded and provided crisis counseling programs where the need was assessed in all of these events," Arnold said.

With increased terrorist activity, school shootings, and police violence, the nature of the KCCRT's service requests has changed in the organization's more recent history.

"We have changed our marketing strategy in recruitment efforts and educational presentation to enhance the membership of our law enforcement and firefighter and EMS personnel to fortify our peer support teams in these professions," Arnold said.

Because of the broad range of disciplines represented by its members, the KCCRT is flexible with its services, said Captain Christian Ulrich, KCCRB chair and a retired Lexington firefighter who serves on the crisis response team.

"If a tragedy strikes, and support is requested, it

is highly likely we will be able to send a helpful team," Ulrich said. "This includes a one-time meeting, several meetings, or being on site, such as for floods, tornadoes, or large scale manmade disasters, for up to a week."

The emotional demands of first-responders have lasting impacts, Ulrich added. Many of Kentucky's fire departments do not pay their members to serve as volunteers while their jobs require long hours, few days off, wear and tear on their own vehicles, and their own gas dollars as they respond to incidents.

"They leave in the middle of their child's first baseball game, first choir concert, an award ceremony, a family member's funeral, you name it," Ulrich said. "The leave to respond when the tone goes off."

The KCCRB is also the designated state mental health authority when a state emergency declaration is signed by the governor.

"As the state mental health authority, KCCRB is responsible for applying for FEMA Crisis Counseling Program grants (time-limited grant funds made available following a presidential declaration) if assessment substantiates the need," Arnold said. "We continually provide educational presentation on the Commonwealth's plan and actively work to integrate disaster behavioral health services into planning and emergency response exercises both at the local and state level."

Arnold noted the "alarming" results from a 2015 Journal of Emergency Medical Services (JEMS) article revealing that, in a survey designed to measure critical stress and suicide thoughts or attempts among emergency medical service professionals, 86 percent of 4,022 respondents said they experienced critical stress, 37 percent had contemplated suicide, and 6.6 percent attempted to take their own life.

"The Board is working toward filling this void in care by



The Kentucky Community Crisis Response Team (KCCRT) is comprised of more than 22 peer professionals, including firefighters, law enforcement officers, paramedics, public health professionals, faith-based individuals and, in this photograph, a K-9 compassion team.

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# FOUR REGIONAL APPROACHES TO IMPROVE CHILDREN'S ORAL HEALTH IN KENTUCKY

Dr. Nikki Stone, DMD explains that in the past 20 years, there have only been two statewide surveys of children's oral health in Kentucky.

*Article by Mahak Kalra & Nikki Stone*

Oral health is undeniably co-mingled with a person's overall health and wellness in ways we are only beginning to fully understand. Research has found systemic links between poor oral health and nearly every major health and social condition: pre-term/low birth weight babies, difficulty learning, low self-esteem, diabetes, stroke, cardiovascular disease, employment, Alzheimer's disease, pneumonia, etc. The list continues to grow and encompasses not only every major health system and many social psychological conditions, but also affects every stage of life from prenatally through end-of-life.

Interestingly, oral health conditions such as tooth decay and gum disease are considered preventable and there are ample worldwide studies showing the positive effects of preventive interventions, especially in early childhood, which can improve both oral and overall health, learning, and wellness. Despite the knowledge that poor oral health is preventable, many factors still contribute to persistent poor oral health in both children and adults across the nation and especially here in Kentucky. These are myriad and complicated and are disproportionately heavy in the poor and underserved, but recent trends reveal poor oral health in children crosses economic lines and even affluent young children are affected. Poverty, access to care, oral health literacy, dental fear, transportation issues, high sugar diets, sugar sweetened beverages and many other factors contribute to both tooth decay and gum disease.

In the past 20 years, there have only been two statewide surveys of children's oral health in Kentucky, the first one in 2001 and the most recent

one in 2016, leaving a span of 15 years without any data for comparison. Both of these studies revealed significant oral health issues affecting children across the Commonwealth. Many interventions focused on children's oral health have taken place before, between, and after these surveillance studies, allowing us an opportunity to see what has worked, what hasn't worked, and where we need to focus our efforts in the future.

The 2001 study was conducted by the Kentucky Department of Public Health and the University of Kentucky. The most recent study in 2016 was published by Kentucky Youth Advocates and funded by Delta Dental of Kentucky and entitled, "Making Smiles Happen: 2016 Oral Health Study of Kentucky's Youth." This study closely resembled the 2001 study and focused on 3rd and 6th graders, including both clinical examinations as well as survey questions completed by parents/caregivers. Although the study only included clinical data from about 1,500 children and 2,000 parents, this snapshot provided enough data to recognize that children's oral health in Kentucky was far from good and that more resources would be needed to continue efforts toward improving the condition. The 2016 report included four key findings and five recommendations as follows:

## KENTUCKY 2016 KEY FINDINGS:

1. More 3rd and 6th graders are in need of early or urgent dental care since 2001, though more parents report their children having dental insurance and access to a dentist.



2. Two out of five 3rd and 6th graders have untreated cavities.
3. Despite a 14 percent increase in the number of 3rd and 6th graders with a dental sealant on a permanent molar between 2001 and 2016, more than half of 3rd and 6th graders did not have at least one dental sealant on a permanent molar during the 201516 school year.
4. The 3rd and 6th graders eligible for free or reduced lunch (more than half of students in the study) were more likely to have recently experienced a toothache, have visited a dentist more than a year ago, have untreated decay, or to be in need of urgent dental care.

### KENTUCKY 2016 RECOMMENDATIONS:

- Develop goals and objectives for a comprehensive, statewide oral health plan.
- Launch regional networks to develop local, data driven oral health solutions.\*
- Establish school-based sealant programs in all high needs schools.
- Promote oral health literacy campaigns.
- Regularly collect state and county-level oral health data.

Delta Dental of Kentucky quickly announced their commitment to providing up to \$1 million in support to help launch regional networks to develop local, data driven oral health solutions (one of the five recommendations). The Kentucky Oral Health Coalition, a statewide organization operating under the umbrella of the Kentucky Youth Advocates, had already begun efforts to develop regional oral health coalitions and helped identify key community members and oral health champions in each region and then facilitated the initial planning meetings to help kick-start the process. They then allowed each region to study the 2016 findings specific to their region and develop their own local grant proposal to improve the oral health of children.

As expected, each region developed very different approaches and were given the opportunity to submit their unique applications for up to \$200,000 in Delta Dental funding to carry out their projects. The multi-sector networks comprised of business leaders, educators, and health professionals working together to solve problems and create viable oral health solutions for their communities. The concept of local solutions to local issues proved to be essential to the process since the study findings varied significantly from region to region. For example, untreated tooth decay varied from 31 percent in the northern region to 51 percent in the eastern region. Variations like this one highlighted the need for each regional coalition to choose how best use

their grant funds for greatest impact, focusing on what they found to be the most important problems that could best be approached by building upon the existing oral health programs and resources available within their own region.

Each region already had multiple strong oral health projects and programs underway, and each one was home to local oral health champions. Coalitions looked deeper into the survey results in the following areas: reported toothaches, seeing a dentist in the past year, inability to obtain needed dental care, lack of dental insurance, sealants on permanent molars, untreated tooth decay, cavities experience, and the need for urgent dental care. Delta Dental of Kentucky asked that each coalition choose measurable goals and submit proposals drawn from the specific parameters outlined in the study so that results could be tracked over time.

### THE REGIONAL PROPOSALS:

The four regional coalitions' final submissions ranged in emphasis from improving oral health literacy and fluoride varnish utilization to increasing medical-dental collaborations to training and utilization of tele-dentistry to the creation of a coordinated data and training infrastructure. Each unique proposal built upon successful local oral health programs and targeted several of the disparities identified in the survey.


The Western Regional Oral Health Coalition, led by Laura Hancock-Jones, proposed training and educating the front-line regional dental providers by providing several members with the opportunity to attend the National Oral Health Coalition's Annual Meeting in Louisville this year. They also plan to equip several partners to use the new technology of tele-dentistry to increase access to care across the region, looking to the efforts in other states for guidance and direction. They will utilize any remaining funds to set up a pool of money that will pay for dental care for uninsured children through tele-dentistry.

The Louisville Regional Oral Health Coalition, led by Jenita Lyons, proposed ways to bridge the gap between medical and dental providers through an expansion of fluoride varnish application in pediatric primary care settings, offering the Smiles for Life training to both medical providers as well as nurses during short lunch-and-learn training sessions. They will also expand an existing navigation service called Healthify to help families identified as needing oral health services establish dental homes in their communities, and they will further improve oral health literacy thorough educational efforts.

The Northern Regional Oral Health Coalition, led by Lynda Poynter, proposed a strategic increase in both Head Start and school-based fluoride varnish application

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# HEAL INITIATIVE BRINGING GRASS- ROOTS SOLUTIONS TO OPIOID EPIDEMIC



**HEAL**  
Help End Addiction for Life

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*Article by Joshua Ball, Associate Executive  
Director of Shaping Our Appalachian Region,  
Inc. (SOAR)*

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The opioid epidemic and substance use disorder has likely affected everyone in the Commonwealth in some way, shape, or form. While Kentucky has made great strides, especially in the areas of offering expedited treatment options, both in-patient and out-patient, to those struggling with addiction, the eradication of this epidemic must happen at home.

That's the crux of the HEAL (Help End Addiction for Life) initiative in Letcher County. The small county, tucked away on the southeastern corner of Kentucky, is a lot like many other counties. Their hospitals and clinics were full of those struggling with addiction. This overflowed to their court system. It affected every walk of life – from those who were addicted, to families, and children. It was wrecking lives every minute of every day.

The answer to this growing problem is multi-faceted and must include prevention, education, treatment, and lifelong recovery.

It is spearheaded by a vibrant physician in the

area, Dr. Van Breeding. Dr. Breeding, who works at Mountain Comprehensive Health Corporation (MCHC), was named Staff Care's 2017 Country Doctor of the Year. Staff Care's assessment of Dr. Breeding was spot on: "He stands at the confluence of societal ills that are threatening the well-being of his home region."

Dr. Breeding leads the monthly HEAL meetings, which has grown over the last three months from a few people gathered around a table at a local restaurant to more than 50 people during meetings held in February, March, and April. Dr. Breeding's passion for people is unwavering. He talks of how his approach to addiction changed after visiting Karen's Place, an in-patient treatment facility operated by Addiction Recovery Care.

The HEAL initiative, which launched a Harlan County chapter in April and has announced plans for moving into Perry and Owsley counties, is led by a core group of organizations such as MCHC, Appalachian Regional Healthcare, Addiction Recovery Care, and SOAR, which has two employees from the Centers for Disease Control and Prevention (CDC) working in its offices. At any given meeting you will find representatives from multiple health sectors, the local college



(Southeast Community and Technical College), public schools, court system, faith-based organizations, non-profit organizations, civic organizations, and even arts and entertainment.

The meeting in February featured a presentation from organizers from the Levitt Amp Series. Whitesburg was one of 15 towns in America selected for the concert series.

HEAL's involvement? They plan to have a health and wellness fair to complement the first concert on May 31 with an embedded emphasis on addiction.

Through the work of partnerships, such as that with the Letcher County Health Department, Whitesburg and Letcher County will begin a needle exchange program in April.

Also, through a partnership with Addiction Recovery Care, hospitals and clinics in the MCHC and ARH networks now have access to Peer Support Specialists to help clinicians and patients who are dealing with addiction. The idea is to provide a pathway to treatment – a pathway to hope and healing – as soon as possible.

The opioid epidemic is real. According to the Kentucky Office of Drug Control



Policy's 2016 Overdose Fatality Report, overdose deaths in Kentucky grew from 1,248 in 2015 to 1,404 in 2016.

HEAL is showing that real and practical solutions begin at home. And home is where healing begins. To eradicate this epidemic it will take a collaboration of all professions, representing all walks of life. It's our problem. We must create and work our solutions.



Dr. Van Breeding

HEAL demonstrates what is possible when everyone comes together and works towards a common goal. As I like to say, there's something stirring in the mountains of Appalachia Kentucky. It's a movement of hope, promise, and healing.



*Joshua Ball is Associate Executive Director of Shaping Our Appalachian Region, Inc. (SOAR). He can be reached at (606) 766-160 or by email at [joshua@soar-ky.org](mailto:joshua@soar-ky.org)*



# TRAINING KENTUCKY'S NEXT GENERATION OF CANCER FIGHTERS



Kristin O'Leary at the hood

*Article by Allison Perry and Alicia Gregory*

For Carrigan Wasilchenko – and so many others hailing from Eastern Kentucky – cancer is not just a public health issue. It's also a problem that hits far too close to home.

"I don't think I know one person who doesn't know someone who's been affected by cancer in some way," said Wasilchenko, whose mother and grandmother both had cancer. "It's very personal."

Kentucky has the unfortunate distinction of being ranked first in the nation in overall cancer incidence and mortality, with the greatest disparity falling in the Appalachian region of the state. Additionally, the region faces other issues compounding the problem, including lower education rates and a lower socioeconomic status compared to other parts of the country.

Wasilchenko, a freshman majoring in Human Health Sciences at the University of Kentucky, is one of a select group of young students seeking to make a difference in the state's major health problems through the Career Training in Oncology Program (CTOP) at the UK Markey Cancer Center.

Launched in 2016 with a \$200,000 grant from the National Cancer Institute, CTOP is a two-year training program designed to prepare UK undergraduate students from Appalachian Kentucky to pursue cancer-focused careers. The program provides its students with research and clinical experience through the cancer center and UK HealthCare.

"This program is focused on some of Kentucky's

greatest needs," said Nathan Vanderford, assistant professor in the UK College of Medicine and director of CTOP. "With this program, we're focused on providing enhanced cancer training to our students, so that they can move forward into other higher education programs and ultimately be prepared to go into cancer-focused careers to help address the cancer disparities in the region."

As an NCI-designated cancer center, education and research are key elements in Markey's mission to conquer cancer in the Commonwealth. CTOP offers specific, real-world training to the next generation of health care providers, cancer researchers and cancer education specialists early in their collegiate career: students in the program can begin as early as their first freshman semester.

UK junior Trevor Farmer joined the program's inaugural class in Fall 2016. The Somerset native says he's always known he wanted to be a doctor, and CTOP seemed like a natural fit to help shape his future career.

"I knew I wanted to get involved in undergraduate research anyway," Farmer said. "And I saw that this program had multiple components other than research – it had clinical exposure, shadowing, and outreach, and I knew I was going to be able to do more than just research."

Volunteer work and outreach is an essential component to the program, and provides the students with a firsthand look at how their work can directly impact the people who need it most.



Kristin O'Leary, a UK junior from Metcalfe County, studies acute lymphoblastic leukemia in the lab of Jessica Blackburn, an assistant professor in the UK Department of Molecular and Cellular Biochemistry; she's also currently helping put together a community event at TJ Samson Community Hospital in Glasgow, Kentucky, known as "Mamm's Day Out," where under- or uninsured women over the age of 40 have the opportunity to receive free mammograms.

"I've always been interested in working with cancer and studying it," O'Leary said. "The research I'm doing is giving me so many opportunities, and then the program is helping me work with my community."

The themes of "community" and "giving back" resonate throughout the CTOP curriculum. Wasilchenko isn't the only program member with a personal connection to cancer – several of her classmates have close family members who have dealt with the disease – but many participants weren't fully aware of just how heavy a burden cancer is for citizens throughout Appalachia.

"[This program] has reinforced my drive to want to do this," Wasilchenko said. "I knew I wanted to go to medical school, but I wasn't sure if I wanted to specialize in oncology once I go there. But seeing the real impact and the real implication that it has on people, it's what I want to do."

"I've learned the true magnitude of cancer in Kentucky," Farmer said. "I guess I always knew the high prevalence of cancer, but I never really knew how many people it affected until I got into the lab... something's got to be changed about it. And I think that programs like this, and engaging students who

hope to go into medicine or research plays a role towards that goal."

Vanderford himself is a native of Appalachian Tennessee, growing up in a region with similar educational and socioeconomic barriers. He witnessed firsthand the cancer disparities in his community, including the loss of several family members to the disease. Helping these young students understand the severity of the problem – and instilling a drive to do something about it – is a major goal of CTOP.

"I think that the current students in the program were really taken aback by having a better understanding of the disparities in Appalachia," Vanderford said. "Through this understanding, they're beginning to have a deeper desire to help transform their communities in the long run. And

ultimately, I think their newly developed mentality will have generational impacts that will help reduce the rates of cancer in the region."

The initial NCI grant funded CTOP for two years, and Vanderford plans to keep the program going through both additional grant funding and philanthropy. He recently submitted a new grant to support the continuation of the program and expand its scope.

Additionally, Vanderford has also launched a crowdfunding campaign to help support the program until additional grant funds are obtained.

"We hope the community will be interested in supporting this program because Kentuckians in general face an enormous cancer burden," Vanderford said. "Investing in our next generation health care providers, cancer researchers and cancer education specialists, will be highly impactful to the region."

CTOP accepts eight students per year. Current UK freshman, sophomores and juniors who are natives of one of Kentucky's 54 Appalachian counties and who are majoring in life or health sciences are encouraged to apply. For more information, contact Nathan Vanderford at [nathan.vanderford@uky.edu](mailto:nathan.vanderford@uky.edu).



Carrigan Wasilchenko



CTOP meeting



# Rural Health Champion: Bonnie Hale, MSW, CSW



*Article by Melissa Slone*

*"And then some... these three little words are the secret to success. People that follow this are thoughtful of others; considerate and kind...and then some. They are good friends and neighbors... and then some. I am thankful for people like this, for they*

*make the world a better place. Their spirit of services is summed up in these three little words...and then some."* This quote by Carl Holmes captures the essence of Bonnie Hale.

Bonnie has an extensive work history in Eastern Kentucky. Early in her career she worked with the Big Sandy Area Development District (BSADD) as a childbirth educator, nutrition coordinator and home care program coordinator. Bonnie then focused on issues related to children services as an employee of Mountain Comprehensive Care Center (MCCC). Throughout her career she has worked to educate and advocate for services to improve the overall physical and mental wellbeing of others. Bonnie's time in these agencies allowed her to develop a network of resources, which she now uses in her retirement to continue giving back to her community.

"My role at this point in my life is more of an active 'encourager' than active social worker" she said. "I believe that there is a huge place for semi-retired social workers in the 'community engagement' movement to advance community health. Every facet of social work relates to the 'health' of our communities."

Although she speaks of being in retirement, she works part-time with the Floyd County Health Department as a public health services coordinator and is an adjunct instructor teaching master level practicum courses with the University of Kentucky's College of Social Work Southeast Kentucky's off-campus program, located at the Center of Excellence in Rural Health,. A former student, Ashley Shepherd, commented, "The best instructors are able to use the knowledge and experience gained in their social work

career, to give back to students. They help students gain the confidence and skills it takes to advocate for human rights, to stand up for the oppressed, and to do our part to make the world a little better than how we found it. Bonnie Hale was a remarkable instructor and the impact she left on me as a graduate student will last a lifetime."

Jennifer Weeber, a current student, states, "One of the things I appreciate about Bonnie is her enthusiasm for helping students learn. She is adept at finding those teachable moments which further students' learning."

Bonnie is also an avid volunteer within her community. She is currently serving as a facilitator within her church for a 12-week grief support ministry called Griefshare. Bonnie is a founding member of Appalachian Roots Inc., which is currently partnering with the Floyd County Health Department's nutritionist to facilitate the Good and Cheap Cooking Demos to promote healthy eating on a budget and she is facilitating a small community engagement grant to promote farmer's market and local access to fresh food. Past volunteer involvement has included participation in Tri-County Diabetes Partnership, Floyd County Diabetes Coalition, community advisory council representative for Appalachian Cancer Coalition Network, Floyd County Cancer Coalition, Floyd County Community Gardening Club and Hospice of the Bluegrass, just to name a few.

"My husband and I enjoy our church ministries, garden, blueberry bushes and Ava the Cat," she says of her spare time. "We travel to spend time with children and grandchildren, and sometimes just to explore new areas. This is the fullness of my life, for which I am so GRATEFUL."





# Community Medical Clinic Expands Clinics to Better Serve Patients, including Military Families

*Article by Jennifer NeSmith, Executive Director  
Kentucky Health Center Network*

Fort Campbell, located on the Western Kentucky and Tennessee border, is home to United States Military Special Forces, including the Screaming Eagles of the 101st Airborne Division. It is the Army's only Air Assault Division. Those stationed at Fort Campbell are often among the first deployed in times of conflict and are among the last to be brought back home. While an army hospital is available on the base, military families may choose to go outside the base for health care. That's where the Community Medical Clinic at Oak Grove, Kentucky, works to meet the needs of military families.

Community Medical Clinic conducted a needs assessment and found a lot of young families based at Fort Campbell may have to drive to Hopkinsville, Kentucky or Clarksville, Tennessee, to access primary health care. It was important to Clinic leadership that they have a location in Oak Grove, a rural community known as the "Hometown of Fort Campbell." In response to the documented need, the clinic in Oak Grove opened in 2015.

"If an active duty family member is deployed, there may be only one caregiver for what could be several small children," says Community Medical Clinic CEO Kecia Fulcher. "These families are usually far from extended family who could be available to help when one needs a medical appointment. These families sacrifice so much for all Americans. We want to pay them back in some way, so we strive to provide quality health care that is convenient to them."

In November 2017, Community Medical Clinic expanded its Oak Grove location from a small facility with just one exam room to a 3,000 square-foot clinic with six exam rooms. The new clinic is located in a very convenient location, accessible from the road and close to housing developments. They provide a full range of primary and urgent care services, caring



for infants through elderly patients.

Lab services are offered on-site, and they work with the Pennyroyal Center to provide behavioral health and substance abuse services. Walk-ins are accepted, but the clinic is open for appointments 7:30 a.m. to 5:30 p.m. Monday through Friday. Community Medical Clinic accepts Tricare and Champus military insurances, as well as Tennessee and Kentucky Medicaid, in addition to most other insurances.

Other Community Medical Clinic sites are located in Hopkinsville and Princeton. The Hopkinsville clinic also experienced expansion in 2017, moving from an obscure location to a larger, 5,500 square-foot site with seven exam rooms that previously housed the local Veterans Affairs clinic.

Community Medical Clinic proudly serves veterans, military families, and all others in the region they serve. More information about Community Medical Clinic can be found at [www.communitymedicalclinic.org](http://www.communitymedicalclinic.org).



*continued from page 5*

providing acute critical incident stress management responses and creating a new program, the Kentucky Post-Critical Incident Seminar (PCIS)," said Arnold.

"This program will offer firefighter and EMS professionals an avenue to properly manage the aftermath of critical incidents, receive peer support, learn coping strategies and more," she said.

The PCIS program is in the development stages, Arnold said, adding that the KCCRB partners with the state Department of Criminal Justice Training to also provide law enforcement officers with PCIS.

"KCCRT has provided services to many tragedies that make our news media headlines, but they are also there for the numerous critical incidents that many will never have any knowledge of, but for those involved were just as traumatic," Arnold said.

"I am very proud of our dedicated volunteer team members who have continuously demonstrated their willingness to put aside their personal life responsibilities and demands in order to serve the greater need of those who have experienced a

traumatic event," she said.

Robb Chaney, Owen County Fire Department chief, said his department has utilized the KCCRT's services for the past nine years.

"We all know how hard it is to talk to our loved ones and pastors about what we see, feel, and sometimes smell on these runs. We know we can talk to volunteers with KCCRT who have actually experienced some of these situations," Chaney said.

The volunteers of KCCRT are watching out for the well-being of Kentucky first-responders, their "brothers and sisters," he said.

"It helps to have KCCRT, especially when you have loved ones at home who want to help but are not sure how to console your heart and mind," Chaney said. "KCCRT knows what you are going through and are there to help."

For additional information about the KCCRT and its services, visit [www.kccrb.ky.gov](http://www.kccrb.ky.gov) or call (502) 607-5781.



A K-9 compassion team is part of the Kentucky Community Crisis Response Team (KCCRT). The KCCRT's crisis response services are designed to lessen the impact on personal exposure to a critical incident, accelerate recovery from critical incidents, provide educational information to help individuals and their communities recover from a critical incident, and provide critical incident interventions before stress reactions can negatively impact a person's health, family, or career.





*continued from page 7*

by county and district. They already have several well-established efforts in place, but would like to build on those efforts and fill in gaps where services are currently not being provided. They will also increase technology efforts by purchasing intraoral cameras to help with educating parents about their children's oral health conditions. Finally, they propose to increase oral health educational programs, including the existing successful "Plan Ahead Smiles" program.

The Eastern Regional Oral Health Coalition proposed the development of a dual infrastructure in both training and data to help support and strategically coordinate efforts across a huge 54 county region where the heaviest burden of disease exists in the state. County-level data within the region showed significantly higher decay rates than either of the statewide studies have shown, so there is a need for a coordinated, central database within the region and county cluster efforts based on specific local data. The eastern region also hopes to further build on a success, having had the greatest increase in sealants on permanent teeth, by offering to train even more partners to provide the gold standard of school-based sealant programs. Training will occur in the northern and southern parts of the region and will allow for tiered incentives for participation, starting with oral health literacy campaigns, provision of school-based sealant programs, and finally participating in annual data collection and analysis on iPads provided to partners who complete the full training program.

Undoubtedly, these locally drawn creative solutions to region-specific oral health issues will lead to an overall improvement in the oral health of Kentucky's children. Each region has drawn from well-established resources and champions to build innovative new projects that strategically target disparities identified through the 2016 Making Smiles Happen statewide survey. The resources and financial support provided by Delta Dental and the Kentucky Youth Advocates are crucial to the success of these efforts. Furthermore, the volunteer oral health champions in each region are essential and indispensable partners in these efforts.

#### **FAST FACTS ABOUT ORAL HEALTH:**

- Tooth decay is the most common chronic illness among school-age children, but it is almost entirely preventable.
- Dental care remains the greatest unmet need among U.S. children.
- About 1 in 4 children have untreated tooth decay in the U.S. The rate among low-income and racial/



Dr. Nikki Stone DMD, states "There are already several well-established efforts in place, we need to build on those efforts and fill in gaps where services are not being provided."

ethnically disadvantaged children is more than double and those children are also less likely to receive care.

- 80% of tooth decay exists in 20 percent of children, the poor and underserved carrying a disproportionately heavy burden of disease.
- Children with untreated tooth decay suffer pain, infection, trouble eating, socializing, sleeping, and learning, all of which impair school performance. Low income children with toothaches are 6X more likely to miss school and 4X more likely to have a grade point average below 2.8.
- Poor oral health stems from multiple factors including lack of access to care, lack of importance placed on oral health, low oral health literacy, poverty and many others.
- Kentucky has the third highest rate of "toothlessness" in the national among older adults.
- Less than 25% of high-need schools in Kentucky have sealants programs, and Kentucky is not on target to meet the HealthyPeople 2020 sealant objective.
- Dental sealants are one-third the cost of a filling, and school-based sealant programs are an optimal, evidence-based way to reach children, especially low income children.
- In 2011, Kentucky received a grade of "C" from the Pew Foundation for its ability to provide oral health care to children. In 2015, the grade was changed to a "D."



# The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Spring 2018

For additional information,  
questions or comments contact:

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2ND ANNUAL

## KENTUCKY TELEHEALTH SUMMIT MAY 24, 2018

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Midway University, Midway, KY

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DATES

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