

# The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES


Summer 2017

Christian County  
welcomes the world  
for historic summer  
solar eclipse

 **KORH**  
Kentucky Office of Rural Health

Opening a  
Screen Door

Georgia Heise,  
Rural Health  
Champion

 Center of Excellence  
in Rural Health





Dear Readers,

I consider it a privilege to have the opportunity to travel across the Commonwealth in my role as Director of the Kentucky Office of Rural Health. Until I took this role a little over five years ago, I had yet to experience the diversity of our state from both a geographical and cultural lens. While similarities exist, a strong sense of independence and individuality shine through in each community I visit. From my vantage point in the driver's seat, I am privy to a comprehensive, insider's look at the wealth of creative strategies and innovations impacting our rural communities.

We should never underestimate the power of passionate rural providers, administrators and community members when they are doggedly determined to forge ahead with quality

programming, even when our industry is facing turbulent and uncertain times.

We are no longer seeing cookie-cutter approaches as solutions to the health disparities and access issues that plague our rural communities. More and more the focus is on initiatives that cross the divides whether they specifically target children, the working uninsured or seniors. In fact, you will read about several such programs in this issue, and can look forward to even more coverage of this type of approach in upcoming issues.

Along with the hands-on health initiatives, I would be remiss if I didn't mention the importance of an engaged group of leaders who are serving as change agents across the state. Here at the Kentucky Office of Rural Health, we are charged with developing a framework for linking small rural communities with local state and federal resources while working toward long-term solutions to rural health issues. We assist 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, but the most important "products" we offer are highly knowledgeable staff willing to immerse themselves in each opportunity, and provide stakeholders with an autonomous evaluation or linkage to an appropriate resource.

We appreciate your continued support and, of course, we can't thank you enough for the things you teach us each time we have the opportunity to meet. We are fond of posting news of our travels on the KORH Facebook page, so if you see that we are out and about in your part of the state, please say hello and let us know what you are up to. Often, amazing things can be accomplished with a chance meeting, and a slice of butterscotch pie.

Sincerely,

Ernie L. Scott  
Director  
Kentucky Office of Rural Health



# The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

The William H. Natcher Bridge is a cable-stayed bridge that carries U.S. Highway 231 over the Ohio River. The bridge is located in Maceo, Kentucky and Rockport, Indiana, and opened on October 21, 2002. At the time of its construction, it was the United States' longest cable-supported bridge over an inland waterway.



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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.





# CHRISTIAN COUNTY WELCOMES THE WORLD FOR HISTORIC SUMMER SOLAR ECLIPSE

With precautions in place, Christian County and Hopkinsville officials as well as the locals, are ready to welcome eclipse chasers for an unforgettable weekend of celebration and eclipse viewing August 21.

## Article by Deanna Sherman

It will be the most exciting two minutes and 40 seconds in astronomy. One of nature's most awe-inspiring sights. It's the Great American Eclipse, and it's coming this summer.

For rural Christian County, plans for those two minutes and 40 seconds have been underway for years. On Aug. 21, a total solar eclipse will cross the United States from Oregon to South Carolina. It will be the first total solar eclipse visible in the contiguous United States since 1979, and the first one coast to coast since 1918.

According to NASA, if the weather permits, the entire country will be able to view a partial eclipse as the moon passes in front of the sun, casting a shadow on the Earth's surface. But along a 70-mile-wide path beginning near Lincoln City, Oregon, and ending in Charleston, South Carolina, a total solar eclipse will be visible.

Because Christian County lies directly in the eclipse's path of totality, that 70-mile-wide stretch from Oregon to South Carolina, it has become a hot spot for viewing the historic summer solar eclipse. In fact, the county seat of Hopkinsville will be the point of greatest eclipse, meaning that eclipse viewers there will have the best view of the eclipse for the longest duration of time. To add to the excitement, Venus, Jupiter, Mars and Mercury will be visible during the eclipse.

"We have a population of 75,000, so we are looking to substantially increase what we normally have here every day," said Randy Graham, Christian County emergency management director. "

"50-60,000 in Christian County is our planning number," he added, explaining there is no real way to project what the county could be dealing with in terms of a mass influx of people. "The last total solar eclipse was 99 years ago. We're a different world now. We're more mobile."

Graham said county officials have been preparing for the Aug. 21 event by working closely with state and federal officials, as well as "local stakeholders," including hospitals, public health departments and non-governmental organizations such as the American Red Cross and The Salvation Army.

Transportation and medical needs have been the primary focus of eclipse planning, Graham said. Booked hotels and designated viewing sites are a good indication that population projections are on point. Still, there is the unknown of exactly how many vehicles will be rolling into Christian County in the days leading up to the eclipse.

"There are 21 counties impacted in one way or another," Graham said, explaining that six counties in the path of totality could face unprecedented traffic issues and 15 surrounding counties will experience congestion from the influx of traffic. County officials will be bringing in reinforcements from the Kentucky State Police and the National Guard to assist the Hopkinsville Police Department and the Christian County Sheriff's Office with traffic points.

"We're doing a lot of planning for transportation," Graham said.

But directing traffic is only part of the issue. Visitors might not be prepared for the August heat and humidity. Graham said that all-terrain vehicles, utility task vehicles and ambulances will be staged in the largest gathering areas.

"If an ambulance cannot get through, we can go in with medical personnel and drive them out to an ambulance," he said.

Graham said that once the eclipse ends, officials expect thousands of vehicles with two to three people per vehicle to start leaving around 1:30 p.m.

Amanda Bassingthwaite, health education manager for the Christian County Health Department, said county officials have had numerous meetings to discuss the influx of visitors and the infrastructures needed to accommodate and care for them.

"We have been working with state and federal agencies, as well as other local county governments, to ensure the eclipse event is safe and organized for the patrons, those living in our community and those visiting us," Bassingthwaite said.

Graham and Bassingthwaite both noted that Christian County communities have played a key role in helping the county prepare for the solar eclipse.

"We're providing information to them so that they can

make decisions, and we're going to start pushing requests for volunteers to help us," Graham said. "It's going to take a huge group effort by a lot of people."

Bassingthwaite said many residents will be opening their homes and land for people to rent, as hotel rooms are limited in the area.

"One of the most important things the people of our community can do to help is to be kind and courteous to our visitors and try to remember that this is a once-in-a-lifetime event," she said.

Despite the unknowns for an event of this magnitude, there is an incredible aura of excitement in the air for the summer eclipse. Brooke Jung, solar eclipse marketing and events consultant for Hopkinsville, is helping to plan more than 20 festivals and events for the eclipse weekend. She has helped establish a website full of detailed information that is helping locals and visitors sort out plans.

"Guests to our area will have an opportunity to build a unique itinerary and celebrate this extraordinary event with eclipse chasers," Jung said. "We are facilitating campsite villages and viewing locations and spots designated for RVs that will allow visitors to share this experience with others from around the world."

Jung said she has already received reservations from 30 states and 11 countries, along with several NASA scientists and Guy J. Consolmagno, the chief observer of the Vatican Conservatory in Rome, one of the world's oldest astronomical research institutions.

"Since the last eclipse traversed the country in this nature 99 years ago, it is hard to approximate exact numbers, but we do know it will be larger than life. With 81 percent of the U.S. population within 600 miles of the path of totality, this will easily be the most viewed solar eclipse in history," Jung said.

In neighboring counties, the excitement and detailed planning for eclipse weekend is much the same. Charles Hiter, director of the Pennyryle District Health Department, which serves Trigg, Lyon, Caldwell, Crittenden and Livingston counties, said safety measures are in place for lodging, camping and festivities.

"Our preparedness coordinators are attending the meetings to make sure we understand what the local community is doing in regards to medical support, sanitation and trash disposal," Hiter said. "We are also working to understand where and who food vendors are going to be serving so we can ensure the food being sold is in accordance with guidelines."

Dean Regas, an astronomer with the Cincinnati Observatory, explained the Aug. 21 solar eclipse process as a partial eclipse beginning at 11:56 a.m. Central time, "when you can start to see the moon in front of the sun." The moon will then slowly creep across the sun, with totality running from 1:24 p.m. to 1:26 p.m. The last partial phase of the eclipse will end at 2:51 p.m.

"Hopkinsville just happens to be on the center line of the eclipse, at the spot where the eclipse will be greatest," Regas said. "Now many areas around Hopkinsville will see

pretty much the same duration of the eclipse. You're getting two minutes, 40.1 seconds of totality, so the sun will be completely blocked by the moon for that time period."

Regas said astronomers can predict a solar eclipse centuries in advance.



"We've known about this eclipse on Aug. 21, 2017, for a long time," he said. "Personally, I've been looking forward to it since I began teaching astronomy back in 1998. I saw this eclipse coming and mentally circled the date. I have been wanting to see it for my whole adult life."

Regas saw his first total solar eclipse in March 2006 when he joined an eclipse tour that sailed from Athens, Greece, to several islands in the Mediterranean Sea. It's the only total solar eclipse he has seen to date.

"It was the most amazing astronomical sight I have ever seen. The sky became an eerie purple, a shadow swept over us, the bright stars and planets shone in the middle of the daytime, the temperature dropped 16 degrees and when you looked up the sun was gone," Regas said. "It was life-changing."

Christian County and the City of Hopkinsville are, however, up for the challenge of welcoming the world to their corner of the planet. With precautions in place, county officials and locals alike are ready to join eclipse chasers for an unforgettable weekend of celebration and eclipse viewing. Solar eclipse signs adorn the city. Hotels, farms, cornfields and parks are filling up. Solar eclipse glasses, a must-have for safe eclipse viewing, line the shelves of local businesses. Planning meetings for various eclipse committees, health professionals and regional leaders fill calendars between now and Aug. 21.

The countdown to the second is on, as evident by the clock on the Hopkinsville eclipse website.

"It is events like this that can inspire a whole new generation of scientists, Regas said. "Share this experience with friends and family. It is definitely the ultimate wow moment," he added.

The next total solar eclipse in the mainland United States will be April 8, 2024.

\*For more information, visit Hopkinsville's solar eclipse website at [www.eclipseville.com](http://www.eclipseville.com)



# Harrison Memorial Hospital Announces Development of Senior Living Community

*Article by Elizabeth G. Cobb, MPH Vice President, Health Policy, Kentucky Hospital Association*

The leadership of Harrison Memorial Hospital (HMH) in Cynthiana, Kentucky, puts the needs of their community members at the forefront as they plan for health care access, resource development and the future of their hospital and community.

There have been two central factors driving the HMH administrative and board leadership to plan for a senior living development. First, the hospital conducted a Community Health Needs Assessment (CHNA) several years ago. The CHNA is an assessment of the health needs of the community and the available resources to meet those needs. Hospitals use this information for planning. HMH's CHNA indicated the community has a significantly growing aged population. Secondly, Sheila Currans, CEO of HMH, became aware of several long-time community members who were ready to transition into retirement living, away from caring for their larger homes and property. However, there are no senior living communities in Cynthiana. So these people left the community, their life-long homes, in order to live in the best setting to meet their needs.

The Medicare population is the single-largest population served by rural hospitals. The out-migration of the senior population to larger cities in the later years of their lives, when they utilize health care resources the most, displaces them from their life-long homes, community and family. Currans recognized this challenge in the Cynthiana community, and realized to secure the future of HMH, the leadership team needed to create a long-term plan to meet the needs of the community throughout their lives.

HMH was presented a tremendous opportunity nearly four years ago when 26 acres of land became available for purchase. The land was just a quarter of a mile away from the land-locked hospital. During the months that followed, there was a great deal of brainstorming to determine how to best utilize the land. The need for a senior living community was at the forefront of Currans' mind, but she realized there were also other health care needs that the hospital needed to meet.

Currans had long recognized that an enhanced rehabilitation center with a warm aquatic rehabilitation pool was needed at the hospital. However,



availability of space would not allow for the expansion. The new land purchase created an opportunity for the new rehabilitation services. This idea became the "anchor" for the new community. Thus, the development plan took form with a senior living patio home community, centralized community center and exercise and aquatic center. The community center will also be utilized by residents for social gatherings and wellness checks and health resources will also be provided by HMH on a regular basis.

Development will be phased over several years. Initially, the aquatic and exercise center will be constructed, along with 10 patio homes. There is space for the development of as many as 40 patio homes in the future. The hospital will provide a la carte services like wellness checks, exercise classes, transportation to medical appointments and even meals for those that need the service.

The overall objective is to create a community where residents can phase out of home maintenance, have access to wellness and social activities and enjoy their lives at home. And for HMH, the goal is that over time, there is potential for the community to be profitable and create a stable revenue stream to support HMH into the future.

With the support of the HMH Board of Trustees, Currans is thinking outside of the box to plan for the long-term future of HMH, and the community, as a whole. A senior living center of this magnitude is not at all common in rural Kentucky. Its development takes creativity, thoughtful planning, investment of resources and commitment. As Currans said, "When you're in rural health care, you can't think like the rest of the world."

## OPENING A SCREEN DOOR



Introduction of technology via iPads and education has opened the door on new worlds for Hyden Health & Rehabilitation residents.

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

The humble screen door is too often taken for granted. Just a gate of sorts separating us from the outside world, needing only a slight push of the hand to escape our home's solitude. What awaits us is entirely up to our choosing. Catching up with old friends? Taking in a movie? Going to a place of worship? Visiting with family? Pursuing a romantic relationship?

For those of us who are healthy enough to enjoy an independent life in our own home, the possibilities that lie outside our screen doors are almost limitless.

Now consider what happens when our health or life circumstances require a level of health care that is not available in our home? For many, transitioning to a nursing home is the next best option to remaining in their homes. Unfortunately, the same limitations that force our loved ones to leave their homes also prevent them from continuing all those life-enriching activities they found on the other side of their home screen doors. Refusing to accept that long-held reality, the pioneering staff at Hyden Health & Rehabilitation Center (HHRC) developed an innovative program that allows residents who no longer have a screen door to push open at home, to hold a technological screen door in the palm of their hands.

The idea took hold in early 2014, with a single computer in the facility. The staff noticed how much interest their residents had in exploring social media and began discussing how the facility could give their residents access to the same technology staff enjoy when they go home.

"Our goal is to provide a homelike setting so that the resident has exposure to all activities that they would if they were living at home," said Melissa Sparks, HHRC Administrator.

By early fall, five iPads had been purchased, and Karen Honeycutt, HHRC Activities Director, began a weekly class for residents called "How to Use an iPad."

In a matter of weeks, the positive benefits of the new program began to bloom. Residents who had previously opted to remain in bed or in their rooms for much of the day, were now motivated to make their way to the activity room where the iPads could be checked out. Once logged into the iPad, apps such as Facebook and Skype reconnected residents to the family and friends who were not able to visit them. Old relationships were restored, along with new ones being formed. Residents' circles of friends and acquaintances began to expand for the first time in years. Others

discovered apps for listening to their preferred genre of music, apps for following religious teachings, for casual or competitive gaming, and even apps that allow them to watch television shows from their youth (Bonanza, Gun Smoke, and Gilligan's Island being facility-wide favorites).

The facility's health care professionals can attest to the impact of the program. Following implementation of the program, negative behaviors requiring staff intervention have dropped and resident reports of anxiety have been reduced.

HHRC Director of Nursing Kim Mullins credits HHRC's staff with maximizing the positive outcomes of the program.

"By meaningful engagement with residents who are experiencing stress via iPad activity, game or favorite show, the resident was able to focus on that activity," said Mullins. Consequently, the facility saw a 20-percent reduction in their overall use of psychotropic medications following the program's implementation. Staff further report improvements in residents' memories, mental stability, socialization skills, comfort level and healthcare-delivery satisfaction.

In 2016, the HHRC iPad program was recognized by the Kentucky Association of Health Care Facilities (KAHCF) when both the facility staff and administrator Sparks received the "Innovative Program" and "Administrator of the Year" awards, respectively. Surely the praise is fitting, but such awards were never the motivation behind the program; the true motivation is revealed when HHRC Education Coordinator Carrie Adams verifies medical goals are being met in the nursing department, and staff get the opportunity to see a resident connect with her granddaughter for the first time in 18 years.

For HHRC staff, finding and opening a new screen door for their residents is award enough.



# Rural Health Champion: Georgia Heise, DrPH, Director, Three Rivers District Health Department



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

When Georgia Heise became director of Three Rivers District Health Department in 2004, in addition to a wall full of impressive degrees, she also brought along experience from years of working not only in other health sectors, but in industry as well.

It was in manufacturing that she learned the importance of quality measures and employee health, but it was at Three Rivers she would implement that non-traditional experience to turn Three Rivers into not only one of the most highly-functioning health departments to be found, but also one of the first 11 departments nationally, to receive accreditation.

The four rural counties that are part of Three Rivers District Health Department include Carroll, Gallatin, Owen and Pendleton. The combined counties are home to about 50,000 people. Three Rivers also has a home health agency, which is a different entity from the health department. When Heise first arrived thirteen years ago, she had a team of 100 employees. Now, that employee number hovers around 60 individuals carrying the same work load, if not more.

"Most people think everyone in the health department is a nurse," said Heise. "But today our work is centered around education and policy development, so we have employees with degrees in public health, public administration and other fields outside of traditional health care," she added.

Heise arrived at a time when Three Rivers was in the throes of financial distress due to changes in how they were funded. Heise explained that health departments had become involved in providing a lot of clinical services. The funding for that at one time was really good, but it eventually dwindled to nothing. When that funding dried up, health departments had difficulty making the transition from providing clinical services back to population health, and getting over the hump of no longer having that funding stream. Three Rivers was no exception.

"We were in a really bad financial crunch and I was looking for some mechanism to get us where we needed to be operationally. We

were staring down either cutting half the staff of the health department, or increasing our public health tax," Heise said.

Every county in Kentucky has a public health tax that is required to be 1.8 cents on every \$100 of assessed property value. At that time, it was unheard of for health departments to raise that tax. Heise and the Three Rivers staff took their show on the road. They visited citizens, schools, businesses and politicians with a presentation about the services that the health department offers, the health status of the community and an explanation of what Three Rivers would be able to accomplish with the tax money if an increase was allowed. The ask was significant --- increase the public health tax from 2.8 cents to 5.4 cents.

Coincidentally, the accreditation board was drafting standards and initiating pilot studies at the time, working toward a full accreditation process for health departments. Although accreditation wasn't officially ready to launch, Heise and her staff seized the opportunity to follow the accreditation standards and best practices the board had created, and even served as "guinea pigs" in the early pilot programs.

"That process helped us move our entire health department forward in terms of how we operate --- from being clinically-based, depending on Medicaid, to population-based and receiving our funding from more grant-based types of opportunities," said Heise.

The tax was raised in 2005, and that amount of money allowed Three Rivers to take a step back to look at operations, pursue accreditation and right the ship in terms of getting the health department moving from the services it was doing, to the services that needed to be done.

"The fact that we were able to show our community the need for the health department and the things that we could do if they were willing to raise that tax, and the fact that accreditation came online at the time it did, created the perfect storm that saved the operation of Three Rivers," Heise added.

That's how Georgia Heise became a pioneer in the field of health department accreditation.

"There are about 2800 local health departments across the country, and of course there are 50 states, so there are 50 state health departments. In all of those, only 11 in the first round of accreditation applied to be

accredited, and my health department, Three Rivers, was one of them," she said proudly.

While accreditation is not a requirement for health departments at this time, Heise explains that being accredited has been beneficial in many ways.

"The increase funding opportunities helps with the operations of your health department. There are a lot of policies and procedures and you can follow their examples and set them up to help with efficiency. "I can say that as a result of the accreditation, we've had a lot of entities give us grant money and involve us in projects that otherwise would not have happened," Heise said.

Heise said that while the health department has changed the way it operates, some have been slow to accept that change.

"The health departments only provide preventive care, and that is hard for folks to understand," she said. "They feel like they should be able to go to the health department and there will be a doctor there who will give them something to take care of whatever ails them at the moment. But that's not what we do and that's difficult to relay to the public. We do well checks on anyone, we provide WIC, we also provide immunizations and treatment for STDs, but if you have a virus, a broken arm or anything you would go to the doctor or hospital for, we can't provide that," Heise said.

As the focus of the health department's role morphs more into a population health, policy leadership role, Heise sees an increasing interest in the community in taking a collaborative approach to healthcare and wellness.

"Everybody sees us as a place where they can get



education programming if they need it. They can get education themselves or they can have us set up a program for them. We also direct them toward funding they might find for their own projects, we'll help people write a grant --- our customers have moved from somebody looking for individual service of some kind, to other agencies and organizations in the communities that are trying to provide a service to their communities also," Heise explained.

The moral of this story is, "live small, but think big." Never underestimate what can be achieved by a small facility with limited resources, as long as those involved suit up and show up.

"I am proud of Three Rivers, and I'm proud of our staff. I'm very proud that we are very rural, we achieved accreditation and we do some very helpful projects for our community," Heise said. "A lot of times, people think it has to be a great big health department, in a big city, with a lot of resources to be able to do anything. I just refuse to accept that, because I think small health departments can do a lot for the communities they serve," she added.

"When there is something hurting our community, the health department assembles everyone together to take a look at our resources and assess how we can make the situation better. That's what we do," Heise said.

## 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](mailto:jennifer.molley.wilson@uky.edu)*



## KentuckyCare Program Promotes Youth Activity Through Shoe Program

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

When KentuckyCare opened its first community health center in Bardwell, Kentucky, in January 2012, the organization's leadership knew they needed to show the community who they are—that they are a different kind of health care provider. Its parent organization, ARcare, a large community health center organization based in Augusta, Arkansas, has been locally known for years, not only for the access to primary health care services it provides, but also for dedication to making the communities it serves be as healthy as they can be. But how could they demonstrate that differentiation in Kentucky?

KentuckyCare now operates five community health center sites in Western Kentucky and has been working to reveal their big heart for their communities since operating in Kentucky. For several years, they have provided turkeys to local families for either Thanksgiving or Christmas. But they wanted to do more. In the spring of 2015, they began the KentuckyCare Shoe N 4 Kids program, which provides new athletic shoes for



children ages 3 to 18 who need them. Proper athletic shoes are needed for most outdoor activities and exercise, so the program encourages healthy lifestyles by providing kids with the right shoes to get out and get active.

The KentuckyCare Shoe N 4 Kids has received a lot of community support, and has been extremely rewarding, according to KentuckyCare Corporate Regional Director, Emerson Goodwin. "I've seen the smiles on the kids' faces when they receive a new pair of shoes. It's really



heartwarming."

The first year's goal was to provide 100 pairs of athletic shoes, but they tripled that goal with 303 pairs of shoes collected. In year two, 779 pairs were collected. This year's goal is 1,000 pairs of shoes. Many community businesses are involved with the program, and have set their own goals for numbers of shoes collected. KentuckyCare's staff is no exception. If the KentuckyCare staff collects 300 pairs of shoes, Goodwin will shave his head. If they collect 750 pairs, he will cut his hair in a mohawk and dye it blond. He will then visit each clinic for a picture with the staff.

The KentuckyCare Shoe N 4 Kids runs for 60 days and recently ended on June 2 with shoe distribution provided by the school Family Resource Centers and West Kentucky Allied Services, a local community action agency. New athletic shoes sizes 3 to 15 can be donated at nearly 50 collection boxes across the eight-county area of Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Marshall and McCracken Counties. The boxes are at every library, and many businesses and schools in the area.

More information and specific donation locations are available on KentuckyCare's Facebook page and via local media, including WKMS radio, WPSD-TV Local 6 and local magazines. One person responded to a media announcement and sent a \$500 check.

"There are a lot of generous people in this area, and they are the backbone of the program," Goodwin said.

## LOSERS ARE THE WINNERS AT PIKEVILLE FITNESS BOOT CAMP

**Losing weight and gaining friendships, Pikeville Fitness Boot Camp participants forge a network for long-term success.**

*Article by TJ Caudill*

A fitness boot camp located in Pikeville, Kentucky, has helped hundreds of people lose weight, get off their diabetes and heart medications, gain confidence and self-esteem, and develop everlasting friendships. For many, the weight-loss journey and the end result offer a new lease on life.

Physician assistant Shelebra Bartley said the idea of the fitness boot camp came after a friend, Bobbi Campbell, lost weight in fall of 2014. Several people approached Campbell asking how they could lose weight themselves.

Campbell knew she wanted to help people, but she did not know the nutritional aspect of weight loss. She could help people get in shape because of her skills as a Zumba instructor. She knew what she had to do next. Campbell reached out to Bartley and both decided they wanted to help overweight individuals in the region by offering a free fitness boot camp.

Bartley is the owner of Bartley Medical Weight Loss Services, which helps people with their weight-loss journey by offering nutritional advice. Her practice is located in Pikeville and is open six days a week.

Bartley offers nutritional counsel to the boot camp participants.

Once they had everything set up, they were surprised by how many people wanted help with losing weight. "Our computers exploded with messages. We had no idea so many people wanted help. I had no idea the fitness boot camp would take off," Bartley said. During their most recent session, more than 350 people applied in 24 hours.

Before the applicants joined the fitness boot camp, Bartley asked for them to write an essay about why they wanted to join. She said some of them wanted to lose weight because of their children, while others wanted to get in shape and become healthier overall.

Bethanie Bentley, 30, of Coal Run, was a participant in Session Five. She wanted to lose weight so she would be able to play with her three children and act a little like a fool with them at the park, instead of just watching from the park's tables.

"I lost 70 pounds in the Session Five boot camp, and 90 pounds altogether," said Bentley.

Teeni Tina Lowe, 55, of Pike County, joined Session Five to stay healthy for her kids and grandkids. Lowe lost a total of 90 combined pounds during and after the boot camp.

"Words can't explain the way I felt, and still feel today. It was a very emotional time for me. Now, I can shop in the regular size clothes section!" said Lowe. Lowe added this was the first time in 34 years she could take off her wedding ring.

During the 12-week boot camp, boot campers learn how to eat healthy and exercise. No weight-loss medicine is prescribed to participants. All natural supplements are used, instead.

Most of the exercise is done at Shake Senora Fitness in Pikeville. Shake Senora Fitness is owned by Tara Hatcher. Hatcher is also one of the instructors that help the participants get in physical shape during the sessions.

According to Bartley, by the time the 12 weeks have ended, several of the boot camp participants no longer need their diabetes and heart medications.

"As a physician assistant, that means more to me than their weight loss. It increases their lifespan and increases their quality of life," she said.

There were 16 graduates of the first class; participants lost a total of 500 pounds combined. Bartley said by the end of the boot camp, some of the participants were running half-marathons. That was the case for Bentley, she takes part in 5K and 10K races now with her new lifestyle changes. Lowe has also run in numerous 5K and 10Ks, as well. She continues to eat healthy and exercise after her time in the fitness boot camp. Others participate in group walks that developed a sense of fellowship and friendship for many of the participants.



# The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Summer 2017

For additional information,  
questions or comments contact:

Kentucky Office of Rural Health  
750 Morton Blvd.  
Hazard, KY 41701  
606-439-3557



## The Kentucky State Loan Program: making a difference for providers and facilities

"This program has allowed me to pay my loans so that I can stay at a place like this. Everyone should be able to have access to healthcare. With the KSLRP, I'm fulfilling my life's dream, and that's to help the underserved."

*Cystal Narcisse, MD  
Staff Physician specializing in Internal  
Medicine & Pediatrics  
Park DuValle Community HealthCenter,  
Louisville, Kentucky*

### Offering loan repayment opportunities to providers working in rural and underserved areas.



Kentucky State Loan Repayment Program

## KSLRP

The Kentucky State Loan Repayment Program (KSLRP) is a 50/50 matching loan repayment program funded through National Health Service Corps (NHSC) and administered by the Kentucky Office of Rural Health. The program requires a two-year commitment by the provider to practice at an eligible site, with an equal commitment by the employer. Eligible sites must provide primary care services, be in an identified HPSA, accept all forms of public insurance, offer a sliding fee scale and see all patients regardless of ability to pay.



#### Who's Eligible?

- Physicians (MD/DO)
- Physician Assistants
- Nurse Practitioners
- Certified Nurse Midwives
- Licensed Mental Health Professionals
- Dental Professionals (DMD, DDS)
- Registered Dental Hygienists
- Pharmacists
- Registered Nurses



#### 50/50 Match

The KSLRP 50/50 matching requirement means that for every federal dollar provided by KSLRP, there must be a 1:1 match. This match may come from a variety of sources, called a Sponsor, including:

- Employers
  - Local, State, and National Foundations
  - Family, Friends, or Self-funded
- Sponsor matches must be non-federal dollars.



#### Funding

Applications are accepted through a 30-day Request for Applications (RFA) period. The RFA generally opens in September for a 30-day application window. Application materials and instructions are made available on the KSLRP website. Subsequent RFA periods may open depending on funding availability. Total funding limits for a two-year commitment vary by profession as follows:

- Physicians, Dentists, and Pharmacists: \$80,000
- PAs, NPs, and Behavioral Health Practitioners: \$40,000
- RNs and Registered Dental Hygienists: \$20,000

More information online: [kyruralhealth.org/KSLRP](http://kyruralhealth.org/KSLRP)

Contact: Jennifer M. Wilson | [kslrp@uky.edu](mailto:kslrp@uky.edu) | 606.439.3557 X83518 | 1.855.859.2374 | [kyruralhealth.org](http://kyruralhealth.org)

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additional information, contact  
Jennifer Molley Wilson at  
[jennifer.molley.wilson@uky.edu](mailto:jennifer.molley.wilson@uky.edu)