

# The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Winter 2018

Partnerships, friendships  
credited with successful  
Anabaptist health outreach



**UK** Center of Excellence  
in Rural Health

Mobile Harm  
Reduction Pharmacy  
Unit Addresses  
Drug Overdose  
Epidemic

Fighting Fire with FIRE  
Tobacco barn counter-  
marketing campaign  
for smoking cessation  
awareness





Dear Readers,

Sorrow fills our hearts, a sorrow that is deep and personal. Our colleague and friend, Jennifer Molley Wilson, closed the door of life and departed from us on January 17, 2018. It is for this reason we dedicate this issue of The Bridge Magazine in her honor.

From the time we first met, Jennifer brought about an energy to our team like none other. From her active involvement with The Bridge Magazine to the management of the Kentucky State Loan Repayment Program to the many other projects she touched

and people with whom she engaged, Jennifer's purpose was simply to make a difference. She took pride in her work and gave much. Her amazing artistic flare and her unique ability to engage with all people made her a valuable asset to our team. Her life was a life that demanded notice....a life that exemplified brilliance....a life that inspired emulation.

Alert Einstein once said "The value of a man should be seen in what he gives and not what he is able to receive." Jennifer Molley Wilson was a woman who gave.

I will close with the words from her friend and colleague, Kayla Combs as she reflected on Jennifer, "Take risks, wear colorful shoes, create often, love deeply, and don't be afraid to be who you were meant to be."

Ernie L. Scott



*Jennifer Molley Wilson*

June 28, 1962 ~ January 17, 2018



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The Edward M. Gatliff Memorial Bridge, Photo by Dexter Alexander



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The *UK Center of Excellence in Rural Health* was established in 1990 to address health disparities in rural Kentucky, including a chronic shortage of health professionals and residents' poor health status. The Center accomplishes this through health professionals education, health policy research, health care service and community engagement. The Center serves as the federally designated Kentucky Office of Rural Health. The program provides a framework for linking small rural communities with local state and federal resources while working toward long-term solutions to rural health issues.

The *Kentucky Office of Rural Health*, established in 1991, is a Federal/State partnership authorized by Federal Legislation. The KORH receives support in part from the federal Office of Rural Health Policy of the U.S. Department of Health and Human Services. The mission of the KORH is to support the health and well-being of Kentuckians by promoting access to rural health services. The KORH assists clinicians, administrators and consumers find ways to improve communications, finances and access to quality health care while insuring that funding agencies and policy makers are made aware of the needs of rural communities.

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.



# PARTNERSHIPS, FRIENDSHIPS CREDITED WITH SUCCESSFUL ANABAPTIST HEALTH OUTREACH

*‘Shade tree and porch swing’  
conversations crucial to growth*

According to the Young Center for Anabaptist and Pietist Studies, more than half of the Amish settlements in Kentucky, 27 of 42, have begun since 2000. The other 15 settlements began in the 2010 to 2017 time period.

## Article Deanna Lee Sherman

Health care professionals are seeing tremendous success with a health services program in three Western Kentucky Anabaptist (Mennonite and Amish) communities thanks to the vision more than two decades ago of a group of nursing students at Western Kentucky University.

When a group of nursing students approached Dr. Susan Jones with a study proposal on health care and Anabaptist groups in Kentucky, Jones knew how to turn the vision into reality. Jones, professor emerita at WKU's School of Nursing, happened to have a contact who could help -- a family friend who was a mail carrier for an Anabaptist community in Scottsville. He was also a friend of the Old Order Mennonite and Amish groups living there. He helped Jones communicate her proposal to a friend but it was up to Jones to write letters and make personal visits to community members as there were no other means of communication.

"And that was how it all started," Jones said.

Old Order Mennonites and Amish are collectively referred to as Anabaptists. They share a common religious heritage and seek separation from mainstream society. "Old order" refers to Mennonite and Amish populations that follow a conservative lifestyle, avoiding many technologies and relying on horse and buggy for transportation.

It was in 1995 that Jones made initial contact with the Anabaptist group in Scottsville. Shortly after, nursing students completed their first

successful project with the community members there: horse and buggy safety on rural roads. They presented their work to the community during a fall festival. That model of partnering and presenting projects together would carry on.

"We have always taken the results back and shared with them," said Jones.

The relationships established from that first health care partnership blossomed into more community visits, more projects and more relationships. In 2001, WKU's South Central Area Health Education Center (AHEC), which offers educational support services to health profession students and health care providers, came on board and a monthly health promotion day was established in Scottsville.

"It's like a lot of things, it was the right people, the right place, at the right time," said AHEC Director Lucy Juett, noting that the Department of Family Medicine at the University of Louisville and the Glasgow Family Medicine Residency program were instrumental in helping to develop the monthly health promotion event, referred to as "Clinic Day" among the community members.

"It's a mutual benefit for them and us," said Jones, explaining that on the second Tuesday of each month, the Scottsville community, several health professionals and students come together to discuss health education in a morning meeting that is followed by health screenings for glucose, cholesterol, and other acute disorders, such as sore throats and earaches.

As the personal and professional relationships grew, so did the program. The program has opened the door for a number of future physicians and nurses to participate in a cross-cultural educational experience while offering basic health screening, education, and primary care to community members. It has also encouraged Anabaptists to choose wide-ranging educational topics to discuss, including cardiopulmonary resuscitation (CPR) training, mental health issues, diabetes, obesity and immunizations.

When WKU's Institute for Rural Health (IRH) became a program partner in 2015, a monthly health promotion meeting was added in an Anabaptist community in Fairview. The third location for a monthly health promotion meeting, Munfordville, came along in 2017.

The approach to working with Anabaptist groups and their health care needs has not changed; it has remained a sensitive one. "You have to learn how to ask the right questions to get the information you need," said Juett.

It's a learning experience in cultural sensitivity, and students involved in the outreach program are offered "an overview of expectations" when planning community visits and participating in the health promotion days, Jones said.

Technology, for one, is limited in Anabaptist communities and most residents do not participate in health insurance programs or accept any government-sponsored programs. Some simply do not seek health care unless an illness interferes with their work. The reliance on the horse and buggy for local transportation is one of the more noticeable ways they seek separation from the world.

Accessing these communities as learning sites for health education for community members and health care students alike required a long-term commitment, Jones said.

"It goes back to open communication and respect," said Jones, noting that the similarities between Anabaptist communities and other groups of society are greater than the differences.

"They care about their families, their children and their education. They are more like us than different," she said.

Dr. Eve Main, associate professor and coordinator of the Doctor of Nursing Practice program at WKU, completed a health care project in an Old Order



The movement of Amish and Old Order Mennonites to Kentucky has largely been driven by the search for affordable, rural land, as well as proximity to other large Anabaptist populations in Ohio, Indiana, and Pennsylvania

Mennonite community as a student in the University of Kentucky Doctor of Nursing Practice program. The project entailed working within the community to offer colorectal cancer screening.

"The most important part of my project was developing trust within the community and allowing them to communicate their preferences for colorectal cancer screening to me," said Main.

Main completed a successful project, but it was the "participatory model" that offered the greater lesson. "This model was integral to the success of the project," she said.

Matthew Hunt, director for the Institute for Rural Health at WKU, emphasized the importance of community involvement in the ongoing monthly health promotion meetings.

"We need the communities to participate in as much of the planning process as possible," Hunt said. "We like for the community to suggest the topic and we provide the health education. We follow that up with the services."

In studying rural health issues, the focus is on combatting what Hunt calls the three barriers to care: geographic, financial and educational.

"What better area to combat these barriers? They don't drive, they seek separation from the world," said Hunt. "But they still have the same health challenges such as hypertension and cardiovascular issues."

Hunt said the IRH utilizes mobile health units for its medical and dental services. These units, along with the partnerships that go into the Anabaptist health promotion days, have given many WKU students first-hand experience in healthcare in rural settings,



# MOBILE HARM REDUCTION PHARMACY UNIT ADDRESSES DRUG OVERDOSE EPIDEMIC

*Innovative outreach strategy provides free education about recognizing drug overdoses, training in the use of Naloxone and testing for communities*

*Article by Barbra Fox, Public Information Officer,  
Kentucky Cabinet for Health and Family Services  
Communications Office*

Drug abuse, particularly among those who inject heroin or other forms of opioids, is an epidemic in Kentucky. It is clear to health officials that responding to this crisis requires more than just drug rehabilitation. All of the outlying health issues attached to injection drug use need to be addressed and that means treating all the forms of harm associated with it.

Following a record number of opioid drug overdose deaths reported in Kentucky since 2016, state health officials were compelled towards an innovative strategy that now employs a mobile harm reduction pharmacy unit and onsite testing for Hepatitis-C and HIV, both of which can be spread through injection drug use.

The Department for Public Health (DPH), within the Cabinet for Health and Family Services (CHFS) and the Kentucky Pharmacists Association (KPhA) first implemented the Mobile Harm Reduction Pharmacy Unit program at the Madison County Health Department locations in Berea and Richmond on Nov. 18, 2016. Staffed with pharmacists who visit various locations at the request of local health departments, communities receive training on Naloxone (sold under the drug name Narcan), an opiate antidote that blocks the effects of opioids and reverses an overdose. Following the training, Narcan is given to anyone asking for it free of charge so it can be administered to reverse the effects of opioid overdoses when provided urgently to someone in need. Testing for Hepatitis-C

and HIV is also offered during the visit and if individuals tested on site are found to be infected, they are then referred for appropriate treatment.

Harm reduction programs like this particular model focus on reducing the risks and harms associated with unsafe drug use, which is linked to serious health consequences such as viral hepatitis, HIV transmission and even death from overdose. Their goal is to reduce the transmission of disease as much as possible and to provide help to those who need it.

"Harm reduction activities like this mobile pharmacy unit traveling to communities across Kentucky are important public health measures for making sure we are working to reduce the prevalence of deaths associated with injection drug use as well as preventing the spread of potentially fatal diseases," said Dr. Ardis Hoven, Infectious Disease Consultant with DPH.

Since November 2016, the mobile pharmacy unit has traveled more than 3,500 miles to 29 different events in more than two dozen communities. KPhA reported that 50 pharmacists and 75 pharmacy students have dispensed 1,515 Narcan kits and trained 1,576 individuals on how to prevent, recognize and respond to an overdose by properly administering the opiate antidote. During these outreach events, local health department staff and AIDS Volunteers, Inc. (AVOL) have tested 82 individuals for HIV and 65 for Hepatitis C. Statewide community site visits for 2018 are currently being scheduled by public health officials.

"Being involved with the harm reduction mobile pharmacy unit program has been a beneficial partnership from our perspective at the Kentucky

Pharmacists Association because we believe that pharmacists are crucial in the healthcare chain and also as part of a team," said Jody Jagers, director of Pharmacy Emergency Preparedness at KPhA. "We are privileged to be able to demonstrate the utilization of this mobile pharmacy unit as a preparedness asset to Kentucky. But more importantly, we are also utilizing our pharmacists' expertise and ability with a program like this to change the perception of pharmacists in the community acting as a vital part of the harm reduction outreach team and more than just men and women behind the counter.

"The current opioid crisis that we are dealing with now will take an all hands-on-deck inclusive response working with our statewide partnerships. We hope to show that by working together with public health assets like the mobile harm reduction pharmacy trailer that we are also part of that solution as well."

"We, as health officials, would like to commend our partners at KPhA, local health departments and communities across the Commonwealth for their willingness to assist us in getting a handle on this growing problem," said Hoven. "It may be a small step in addressing a huge health crisis, but it is certainly a step in the right direction and is just one part in making our nation the healthiest in a generation."

Kentucky is only one of a few states in the entire nation with a mobile pharmacy unit. The trailer is pulled by a large truck and is fully self-contained with its own generator, water tank, electricity and secured internet. It is managed by KPhA and can provide patient counseling and care, immunizations, public health education and medication preparation and dispensing. While not in use, the mobile pharmacy is stored in a warehouse without medications.



Available on the mobile pharmacy, Narcan can reduce the effects of an overdose immediately and save a life.

DPH first acquired the 28-foot-long mobile unit as an emergency response asset in 2009 to provide pharmaceutical services in support of disasters and emergencies for affected populations that cannot get to a pharmacy or those forced to be evacuated without their medication. During emergency responses, the trailer is staffed by trained pharmacy volunteers. It has been used to assist local communities in response to disasters such as the 2012 tornadoes that devastated the Morgan County area. Funding for the mobile unit was provided through a federal grant from the Centers for Disease Control and Prevention (CDC).



Kentucky is only one of a few states in the entire nation with a mobile pharmacy unit.



# FIGHTING FIRE WITH FIRE

## FIRE SUMMIT

Finding Innovation in Rural Education

KENTUCKY VALLEY EDUCATIONAL COOPERATIVE

The Bi-Annual Fire Summit serves as a catalyst for energizing and accelerating strategies to improve the quality of education for learners everywhere.

The next FIRE Summit (Forging Innovation in Rural Education) will be at the East Kentucky Expo Center in Pikeville on April 11th,

2018. The Summit showcases learning innovation taking place across the east Kentucky region as a direct result of the Race to the Top-District Grant awarded to Kentucky Valley Educational Cooperative (KVEC) and 22 outstanding rural school districts, supporting the Appalachian Renaissance Initiative.

*Article by Rose Shields, Rural Project Manager,  
UK Center of Excellence in Rural Health*

Opioid addiction runs rampant throughout Eastern Kentucky, leaving devastation in its path. The addiction is akin to a fire that sweeps through a community indiscriminately engulfing homes regardless of color, wealth, education or employment status.

Fire and addiction leave a similar path of destruction affecting the person, their family and community. Three Eastern Kentucky schools are taking a unique approach through education to fight the opioid crisis in their communities — the schools are fighting fire with FIRE.

Teams from Pike, Magoffin and Johnson county high schools convened in Pikeville on Oct. 25, 2017, for the Finding Innovation in Rural Education (FIRE) Summit. This is a semi-annual event hosted by Kentucky Valley Educational Cooperative's Appalachian Renaissance Initiative (ARI).

The teams brainstormed solutions for the opioid drug epidemic affecting

their communities during a "Healthalachia Innovation Project" hosted at the FIRE Summit. "We must get a handle on this huge problem and reclaim our sense of community that has made us who we are in Eastern Kentucky," said Kaisen Estep, a junior from Magoffin County High School and Summit team member. "Ignoring our families' and neighbors' pleas for help can't be silenced any longer."

The Kentucky Office of Drug Control Policy reported 1,404 overdose deaths in Kentucky in 2016. Out of those deaths, opioids were blamed for 623 overdose deaths; that is 47 percent of all overdose deaths. The report stated opioid overdose deaths have increased 34 percent since 2015.

"It's no secret that the region we love and call home has several health obstacles in which to navigate," said Dr. Jeff Hawkins, KVEC executive director. "While we do not mean to diminish the importance or severity of any health determinants within our region, drug use -- specifically opioids -- repeatedly surfaces in many of our conversations. Its impact is far-reaching and does

not exclude our educational system. Schools and communities have to work together in creating and implementing resourceful ideas in rural Kentucky."

For the Healthalachia Innovation Project, teams were given a specific health issue topic affecting their communities. The teams, which are comprised of students, teachers and community members, work together to research local data and trends and come up with viable solutions to the issue. The teams then carry out their proposed solutions during a determined timeline.

Dr. Fran Feltner, director for the University of Kentucky's Center of Excellence in Rural Health (UKCERH), participated in the Healthalachia event as a team mentor. She stated its part of UKCERH's outreach efforts to work alongside local communities to improve the well-being and prosperity of Eastern Kentucky.

"It's our goal to provide a framework for linking small rural communities with local, state and federal resources while working toward long-term solutions to rural health issues," Feltner said. "The discussions and work of these teams can be the catalyst for some amazing outcomes. When we engage different sectors of our local communities together in pursuit of answers, we will enjoy the fruits of those labors."



Baliley Lovern, Lyndsie Bartley, Olivia Whitfield, Sarah Belcher of Pikeville Independent School District. Photo by Tanner Brown

To help promote the success of the teams a \$1,000 grant was awarded to each team from the UK Center of Excellence in Rural Health. In addition, CERH is providing technical assistance for each team as they continue working on their projects to combat the opioid drug epidemic in Eastern Kentucky. The teams will also present their projects and findings at UKCERH Appalachian Research Day in April 2018 and at the FIRE Summit in May 2018.

"It's going to take us all working together to accomplish this goal of ridding our communities of opioid abuse. It may not be easy, but it is worth it," said ARI Wellness Lead Sandy Hogg. "We accept the challenge!"



Seth Ousley rallying the Paintsville team as they create a plan to fight opioid addiction in their community. Photo by Tanner Brown



John Ward, Jayden Hackworth, Kaisen Eastep, and Dr. Fran Feltner. Dr. Fran Feltner presents The Magoffin County School district team with a 1000.00 grant to complete their project to fight opoid abuse in their community. Photo by Tanner Brown



# “Nothing Succeeds Like Success” – Marcum & Wallace Memorial Hospital

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

Marcum & Wallace Memorial Hospital (MWMH) is a Critical Access Hospital (CAH) located in Estill County, Kentucky. The hospital provides many acute care services, including a 24-hour Emergency Department (ED), a Level-IV Trauma Center and an Accredited Chest Pain Center. MWMH provides laboratory, radiology, respiratory care, sleep medicine and a host of specialty care clinics and is ever striving to meet the health care needs of the community.

Nearly a decade ago, MWMH partnered with Federally-Qualified Health Centers (FQHC), rural health clinics (RHC) and an emergency medical services (EMS) provider to successfully seek and be awarded a Health Resources Services Administration (HRSA) Office of Rural Health Policy (ORHP) Network Planning Grant to better serve uninsured patients seeking primary care

in the emergency department. This funding allowed for a network of rural health providers to coalesce into the Project HOME (Helpful Opportunities for Medical care Enhancement) Network.

Successes from this grant-funded network prompted Project HOME to next pursue

and receive a Rural Health Care Outreach Grant from HRSA ORHP. This grant continued a focus on emergency department over-utilization but also further expanded the number of network members. Brought under the network tent were community mental health and substance abuse treatment providers, public health departments, a community health worker provider and a hospice provider.

Having successfully planned, developed and grown their rural health network through grant funding, Project HOME later identified a need for one-on-one medication assistance within their service



areas. Meeting this need was yet again only a grant away. MWMH once again served as the lead applicant on behalf of Project HOME and secured an HRSA Small Health Care Provider Quality Improvement Grant. This funding allowed the network to build a Medication Therapy Management (MTM) program, accessible to communities across three rural Kentucky counties. The innovative program is medical care provided by a pharmacist whose goal is to optimize drug therapy and improve therapeutic outcomes for patients.

Within the first year, over 130 patients have benefitted from the one-on-one, specialized focus that the MTM program offers. This no-cost-to-the-recipient service has resulted in multiple positive outcomes for both participants and providers. Success stories include significant reductions in patient out-of-pocket medication costs, discovery and correction of overdosing or underdosing due to patient confusion, and collaborative work between the network providers for reducing “red tape” experienced by patients.

Patients likely credit their medication therapy management success to their favorite nurse or doctor who referred them to the program or the skills and attentiveness of pharmacist Kristen Blankenbecker as she finesses their medication quandary. However, what may go unnoticed are the previous years of purposeful, grant-funded network-building which make a program like MTM possible. Through MWMH’s collaborative-driven leadership, development of a cohesive health care network, and utilization of HRSA grants along the way to build the network, successes were occurring like brick stacked upon brick.

Whether there is praise enough for both the developers of Project HOME and the frontline staff driving the MTM program, the undeniable is good things are happening as a result of both. MWMH, Project HOME and those involved with the implementation of the MTM program are the embodiment of the truism. “Nothing succeeds like success.”

## Rural Health Champion: Dr. Kenneth Slone



Photo by Beth Bowling

*Article by T.J. Caudill*

Former Kentucky Governor A.B. “Happy” Chandler was fond of declaring, “I never met a Kentuckian who wasn’t either thinking about going home or actually going home.” Had he crossed paths with Dr. Kenneth

Slone in 1987 as he made his way back to Hindman, Kentucky, he would have had one more confirmation of his adage.

Slone, on the other hand, was returning home not as a Kentucky cliché, but as an embodiment of a much deeper purpose. Prior to leaving Hindman, he studiously absorbed Alice Lloyd College’s teachings of “The Purpose Road Philosophy.” This philosophy teaches students that they will find their purpose in life by the service they do for others. The generations of patients who have called Dr. Slone “my doctor” since his return has reaped the rewards of this philosophy.

Slone graduated from the University of Louisville School of Medicine in 1984, became certified in Geriatric Medicine from the American Board of Family Medicine and completed his residency at the Trover Clinic Foundation Regional Medical Center in Madisonville, Kentucky. Following this residency, he made the trek back to Hindman to begin his family medicine practice at June Buchanan Medical Clinic.

In a story befitting a “Rural Health Champion,” Slone had the unique experience of practicing for several months alongside Dr. Denzel Barker, who had been his family doctor since birth. “He gave me a lot of history about how medical care has changed through the years and the experience he had,” Slone said. “I enjoyed hearing all that from him.”

In addition to his practice at the June Buchanan Medical Clinic, Dr. Slone sees patients at the Knott County Health & Rehabilitation Center, is chair of the Knott County Board of Health and serves on the Kentucky River District Board of Health. He has patients of every age, but the majority are now

elderly patients with chronic illnesses. He finds himself most frequently treating hypertension, diabetes and Lymphoproliferative disorders. He tries to treat patients primarily with preventive medicine by focusing on health maintenance.

Practicing family medicine in a rural setting has allowed him to develop important and unique relationships with his patients. “Family physicians develop long-term relationship with their patients, not only medically, but know them personally,” Slone said. “We know how we feel about their disease.”

Another area of family medicine that is rewarding for Dr. Slone is teaching the next generation of doctors. Since he started at the June Buchanan Clinic, he has taught on average six to eight students each year. “I try to teach them about family medicine and how I approach family medicine,” Slone said. He has had students from the University of Kentucky, University of Louisville and the Kentucky College of Osteopathic Medicine at the University of Pikeville. “It’s rewarding to me. It keeps me current and to be able to answer their questions,” Slone said. “Teaching helps keep me on the ball and helps me provide them with useful information in medicine in general, particularly rural family medicine.”





# Juniper Health Increases Access to Important Preventive Annual Wellness Visits

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

In 2011, the Centers for Medicaid and Medicare Services (CMS) began paying for Annual Wellness Visits (AWV), a preventive service for Medicare Part B beneficiaries. However, less than 20 percent of eligible patients received this service in 2016, according to CMS. AWVs provide a great opportunity for patients to identify health risks and understand their personal health status and promote patient engagement. So why are patients not utilizing this opportunity?

Explanations often include that some doctors may have believed that patients are getting what they need during their regular clinic visits and patients may feel “slighted” for a visit to the doctor with no physical exam. The leadership at Juniper Health in rural Eastern Kentucky, however, is taking a different approach and is fully utilizing the AWV to reach the triple aim of improving quality, increasing patient satisfaction and decreasing overall costs of care.

In January 2017, Juniper Health implemented a focused process to increase their AWV encounters. Quality Improvement Director Chasity Watts, a registered nurse, took the lead with full support from Chief Medical Officer Dr. Derrick Hamilton and CEO Karen Ditsch. Eligible patients are identified mainly from population health management reports in their electronic health record and also through care gap reports provided by insurance companies and the Accountable Care Organization (ACO) in which Juniper Health participates. Watts or the care coordinator contact patients to inform them that they are eligible for this free visit – it is 100 percent covered by their insurance and they will not be charged. Watts reports that this is an important factor in getting patients to come to that first AWV.

The patient is scheduled for an hour-long visit with Watts, although Juniper Health is currently training other registered nurses to perform AWV services. The visit is scheduled with the RN, not a traditional provider, so Watts can be flexible to the patient’s schedule when making the appointment.

The parameters of an AWV are very well defined by CMS, and they provide a checklist of what must be done and discussed during the visit. The prescriptive tasks include collecting vital signs, performing a BMI calculation, and several types of risk assessments, but no physical exam. This means the AWV doesn’t have to



be done in a traditional exam room and requires only a small, private space.

Juniper Health has used the visit to spend more time with patients than is available during a traditional provider office visit. In addition to the required AWV tasks, Juniper Health uses the visit to ensure patients understand the importance of any medication they are taking, as well as required lab work and what the results mean – why their A1C is increasing, for instance. Watts is also able to spend time with patients to answer any questions, discuss chronic conditions, and educate patients on how to maintain or improve their health. She works with patients to develop a care plan tailored to the individual and helps them set what both of them agree are attainable goals to improve their health.

While Watts or other Juniper Health RNs perform the AWV, the patient’s regular primary care provider is always available if an emergent condition is identified. Watts also works toward meeting any gaps in care during the AWV – for example, a flu or pneumonia shot may be given with provider approval.

The new process has provided more than 60 percent of Juniper Health’s ACO patient panel with AWVs in 2017, and the number is expected to grow with program expansion utilizing other RNs in all clinic locations. While some Juniper Health patients were initially skeptical – one patient hadn’t been to the clinic in a couple of years because she reported only going to the doctor when she was sick - the program has been very well received by patients. Juniper Health focuses on making sure appointments are flexible to meet patient needs, and they use the time to improve patient understanding of how to improve their overall health.

Juniper Health will continue to monitor and improve their program but is confident that the new AWV process improves quality of care, and patient health and satisfaction. This visit provides an important opportunity to reduce care gaps, as well as educate and engage patients in their own health care.

Juniper Health is a non-profit Community Health Center organization with four primary care sites in the rural Kentucky communities of Beattyville, Campton, Jackson and West Liberty. The organization provides pediatric and adult medical care, behavioral health care, oral health care, social services and diabetes interventions including Diabetic Self-Management Education (DSME) and the Diabetes Prevention Program (DPP). More information can be found at [www.juniperhealth.org](http://www.juniperhealth.org). More information about AWVs for patients and providers can be found by visiting [www.medicare.gov](http://www.medicare.gov) and typing Annual Wellness Visit in the search box.



## 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 *Rose Shields* for information on suggesting a rural health champion in your area. [rose.shields@uky.edu](mailto:rose.shields@uky.edu)



# TOBACCO BARN COUNTER-MARKETING CAMPAIGN FOR SMOKING CESSATION AWARENESS

An old tobacco barn with a brand new purpose. Quit Now.

*Article by Rana Sullivan*

In mid-2017, Kaylene Cornell, Purchase District Health Department's health education coordinator, applied for and received a mini-grant from the Kentucky Department of Public Health. She then brainstormed the idea of painting a message, a public service announcement to promote QuitNow Kentucky on a barn: a former tobacco barn.

QuitNow Kentucky is a resource that is available to tobacco users seven days a week by phone or online. When someone utilizes this service, they receive support from an experienced quit coach. They receive a personalized "quit plan" and self-help materials. They also receive the latest information about medications that can help users quit.

The Purchase District Health Department which serves the Western Kentucky counties of McCracken, Ballard, Carlisle, Hickman and Fulton hired Scott Hagan, a professional barn artist from of Jerusalem, Ohio, to come down and paint the "QuitNow" message on a former tobacco barn.

Hagan spent a week in his camper on the property belonging to Mike and Jackie Vaughn on Highway 60 between Kevil and LaCenter, Kentucky.

"I enjoy being part of a message that could be seen by just the right person to either quit smoking or perhaps not

even start the habit," Hagan said. "I am very glad there is a community dedicated to providing help with this."

Sullivan says the reason they picked this barn was that it is located in a high traffic area. Another reason was the barn used to be an old tobacco barn and was used to cure Black Tobacco and later to hang Burley Tobacco. A counter-marketing strategy of sorts.

Sullivan said they talked to several other farmers about using their barns but most were reluctant. Even the Vaughn family was a little apprehensive at first because they didn't want to offend any tobacco farmers. After realizing it was for a good cause, the Vaughn family

allowed the use of their barn. They understood that the project wasn't against the tobacco farmer but a tool for those who wanted to quit smoking and simply didn't know where to start.

"If it will help keep a lot of teenagers from ever starting, it will be great," Mike Vaughn said. "It would also be great if we could inspire people to quit."

"The Tobacco Program designates \$230,000 each year for special projects like this one. Health departments can apply and then we select which projects will be funded for the year," said Bobbye Gray with the Tobacco Prevention and Cessation Department of the Department for Public Health.



*continued from page 5*

including nursing, pre-med, biology and dental students.

Hunt said two main factors to Anabaptist growth in Kentucky are the affordability and availability of rural land here.

"The movement of Anabaptists to Kentucky started around 1960 and expanded ever since then," he said.

Dr. Steven Nolt, senior scholar for the Young Center of Anabaptist and Pietist Studies in Elizabethtown, Pennsylvania, said the movement of Old Order Mennonites and Amish to Kentucky has largely been driven by the search for affordable, rural land, as well as proximity to other large Anabaptist populations in Ohio, Indiana and Pennsylvania.

"Historically, all households in these 'plain groups' were farmers, but since especially the 1980s, there has been a marked shift away from farming toward a variety of small businesses, from woodworking to small retail stores to greenhouses to construction trades and more," he said.

The move away from farming, however, does not mean that the Amish are giving up rural life.

"Even when not engaged full time in agriculture, they almost all live in rural locations. Thus, the search for affordable land is not always farmed, but is virtually always for rural land," Nolt said.

Even when not engaged full time in agriculture, almost all Anabaptists live in rural locations

According to Young Center data, more than half of the Amish settlements in the state, 27 of 42, have begun since 2000. The other 15 settlements began in the 2010 to 2017 time period.

"Clearly the interest in Kentucky has been on the upswing," Nolt said.

"It's absolutely amazing, the growth," added Jones, who, with Hunt, in 2016 conducted an extensive research project on Anabaptist healthcare needs. That research, combined with the Anabaptist growth in Kentucky, helped secure a nonprofit Anabaptist health clinic for genetic disorders that is expected to open later this year in Fairview.

One significant lesson from that joint research effort is in the age of technological growth, change and reliance, is to not underestimate the power of dinner table and porch swing conversations, Jones said.

"I think the best lessons come from when you engage. When you talk, when you share," Jones said. "It's been a privilege to work with them. It's been quite a journey."

"You have to develop trust," added Hunt. When it comes to the Anabaptist groups helping to promote health care education in their communities, that means making time for "shade tree and porch swing" conversations.

"I can appreciate so much their slower pace of life," Hunt said. "It all boils down to relationships. These conversations that are happening are crucial to what we do."



Collectively referred to as Anabaptists, the Old Order Mennonites and the Amish share a common religious heritage. They rely on horse and buggy for local transportation, one of several ways they seek separation from the world.



# The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Winter 2018

For additional information,  
questions or comments contact:

Kentucky Office of Rural Health  
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WEDNESDAY, APRIL 18, 2018



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.

## Save *the* Date

APRIL 18, 2018

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UK Center of Excellence in Rural Health invites you to the 4th Annual

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