

FALL
2019
EDITION

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

HELPING HANDS

Courier Program trains future professionals

HORSES THAT HEAL

Equine therapy provides comfort to kids, adults

KEEPING OUR OWN

New residency program seeks to develop local talent



A WORD FROM

Ernie L. Scott

DIRECTOR, KENTUCKY OFFICE OF RURAL HEALTH

Celebrating RURAL HEALTH ACROSS THE COMMONWEALTH

No matter where you live in Kentucky, at this time of year — right around the time when the leaves have begun to turn and the temperatures have started to dip — you are likely to find yourself at a community festival. Or two. Or more.

For some of you, it might be the Cumberland Mountain Fall Festival in Middlesboro or the Daniel Boone Pioneer Festival in Winchester. There's also the Monroe County Watermelon Festival in Tompkinsville, the Knott County Gingerbread Festival in Hindman, the Trigg County Ham Festival in Cadiz, the Hatfield McCoy Heritage Days in Pikeville, and many more.

You can about guarantee that my family will always be at the Mountain Heritage Festival in Whitesburg and the Kingdom Come Swappin' Meetin' in Cumberland.

Chances are, if you're anything like us, the reasons that you attend these community and regional festivals has a little something to do with wanting to purchase some of the arts and crafts made by the area's talented artisans, taking in the sounds of an entertaining musical performer or group, connecting and reconnecting with friends and family, or just wanting to devour some good festival food. Or, maybe a combination of a number of these.

But the sights, the sounds and the smells of any festival are really all about celebration: Carving out some time from our regular schedules to observe and honor the heritage, history and culture of a place.

That's just what they do at the Mary Breckinridge Festival in Hyden, where they commemorate the life of the founder of the Frontier Nursing Service. It's what they do at the Anderson County Burgoo Festival in Lawrenceburg, where organizers celebrate the stew which is one of Kentucky's specialties. And, it's what happens at the Horse Cave Heritage Festival in Horse Cave, where attendees remember the community's past and its simpler times.

A similar kind of celebration is just what our office organizes each November as one part of a nationwide effort. On the third Thursday of November each year — this year it's November 21 — the Kentucky Office of Rural Health, other State Offices of Rural Health across the country and partnering organizations join to celebrate National Rural Health Day. It's

an opportunity to showcase the people and organizations who serve selflessly to fulfill the health needs of residents living in rural America. Activities planned for the day across the country range from hosting ceremonies to honor rural health heroes to undertaking rural health-related community service projects. The day's tagline is "Celebrating the Power of Rural!"

"Community Stars" — individuals or organizations that cultivate a vital, innovative rural health landscape and infrastructure; develop leadership capacity to grow rural population health and health equity; build capacity for rural data-driven program planning and decision making; and/or contribute to rural health innovation, education, collaboration and communication — are also announced on National Rural Health Day. Last year, a total of five individuals and organizations from Kentucky were recognized as Community Stars. We look forward to celebrating and honoring additional Community Stars this year.

One goal of National Rural Health Day is to extend the day-long celebration into a year-long conversation about all things rural health. We think that, in its own small way, *The Bridge* helps to do just that. Four times a year, this magazine — which you may have noticed has undergone a bit of a transformation in appearance since our Summer issue — attempts to highlight best practices in rural Kentucky health care, as well as draws attention to innovative solutions that are reducing the health challenges experienced throughout rural parts of the Commonwealth.

Our hope is that the articles that fill each issue of *The Bridge* serve as a springboard of sorts — that they help launch conversations about what's working in rural Kentucky and what just might be possible in other communities. Rather than reinventing the wheel when confronting health challenges, hospital and rural health clinic administrators, medical providers, EMS professionals, educators, and community and nonprofit leaders could look to *The Bridge* to see what's working in other parts of Kentucky and adapt and tailor those ideas and practices to meet their community's own unique needs.

Any successes that may come about as a result of efforts like this would be something we can all celebrate.

CONTENTS



04 | Frontier Nursing University Courier Program: Training the next generation



10

Horses and Hope Equine Program Offers New Lease on Life



14

Hitting the High Notes Providing an Outlet for Self-Expression

DEPARTMENTS

20 Hospital Spotlight ARH Opens New Residency Program

21 National Health Service Corps Spotlight Meet Carman Beth Howard

22 Rural Health Champion More than a Country Doc

On the Cover

Autumn at the Red River Gorge Photographer | John W. Snell

The Sheltoewe Trace Suspension Bridge spans the Red River in the Red River Gorge Geological Area, located in the Daniel Boone National Forest in east-central Kentucky. The bridge is just one small segment of the more than 300 miles that make up the Sheltoewe Trace, a trail that runs from Rowan County, Kentucky to Scott County, Tennessee. "Sheltoewe" means "Big Turtle" and was the name given to Daniel Boone by Chief Blackfish of the Shawnee tribe.



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The Kentucky Office of Rural Health (KORH), established in 1991, is a federal-state partnership authorized by federal legislation. 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 ensuring that funding agencies and policymakers are made aware of the needs of rural communities. The KORH receives support from the Federal Office of Rural Health Policy in the Health Resources and Services Administration of the U.S. Department of Health and Human Services.

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Training the Next Generation of Rural Health Care Providers

By Robin Roenker

FRONTIER NURSING UNIVERSITY®



Members of the 2019 cohort of Frontier Nursing University's Courier Program relax at the Bluegrass Festival in Hyden, Kentucky. The service-learning experience brought nine participants — eight from the U.S. and one from Canada — to rural Kentucky this past summer to see what it's like to provide medical care to an underserved population.

COURIER PROGRAM

Anna Carey left her home near Rochester, New York, in 2003 to take part in Frontier Nursing University's Courier Program — a rural public health learning experience that brings a small group of volunteers to Eastern Kentucky annually — not realizing the experience would be literally life changing.

"I definitely didn't plan on staying originally," said Carey, who ended up relocating permanently to Hyden, in Leslie County, following her time as a Courier. "But I found that there were a lot of opportunities to do things in public health and health education in the area."

Carey — whose active and varied community service work over the past 16 years in Leslie County has helped place nurses and preventative health education programs in schools, established reading tutoring programs for students, facilitated mobile dental clinics, and provided affordable pet spay and neuter services to residents, among other initiatives — looks back on her summer service as a Courier as the launching off point to her public health career.

"The Courier Program is just a great program," Carey said. "It's an experience that really lets you see firsthand the needs and the issues that are going on in rural communities."



Couriers Pamela Dunn, Lucy Conant and June Donald, who served in the mid-1940s, cross what is likely the Middle Fork Kentucky River near Frontier Nursing Service founder Mary Breckinridge's home in Wendover, in Leslie County.



Two Couriers ride on horseback near Wendover.



Kate Ireland served as a Courier during the summers of 1951-1954 and again as a part-time Courier from 1959-1960. She later played a number of different roles on the board of the Frontier Nursing Service, which later became Frontier Nursing University.

A Long History

In 1928, Frontier Nursing founder Mary Breckinridge established the Courier Program as a means of recruiting young volunteers willing to come to the Eastern Kentucky mountains to deliver medical supplies on horseback to remote clinics, support nurse-midwives during home visits and births, and generally assist in providing health care to rural communities with limited access to providers.

In the nine decades since, the Courier Program has welcomed more than 1,600 participants and evolved over time — the program now follows a summer-based, eight-week model and outreach no longer requires horses — but its mission has remained largely the same. Each year, Couriers are given a chance to see, firsthand, the challenges and rewards of providing health care in underserved areas.

The number of Courier participants varies from year to year, with most years welcoming around 10 attendees. Funding from Breckinridge Capitol Advisors — a Boston-based investment firm whose president, Peter Coffin, also serves as president of the Frontier Nursing University Foundation — has covered the cost of meals and lodging and provided a gas and food stipend for the most recent Courier classes, so that Couriers face limited out-of-pocket expenses during their stay with the program.

Attendees come from across the U.S. and from a range of educational and professional backgrounds — some are still in college, while others have started their careers. Many Couriers are drawn to the program as a way of exploring rural health care in a very tangible, grassroots way.

“A lot of times our Couriers already know they plan on going into a medical field, and they come to us seeking more exposure to public health issues and rural health care specifically,” explained Tara Dykes, the Courier Program coordinator.

Couriers typically live together for the summer at Frontier Nursing University’s Wendover Bed & Breakfast and Retreat Center — site of the original Frontier Nursing Service health care clinic — just a few miles south of the Frontier Nursing University campus in Hyden. During the days, participants shadow and volunteer at clinics and other health care partner sites in the region, including the Red Bird Mission in Beverly and the Little Flower Clinic in Hazard.

“Many of the Couriers come to us new to Kentucky and new to Appalachian culture, but by the time they leave, they’re like family to the people here,” said Ellen Napier, CEO of the Little Flower Clinic, which provides low-cost health care services for citizens who are homeless or at risk of becoming homeless.

While a few Couriers, like Carey, may decide to stay in Appalachia to serve rural populations there, having Couriers relocate to Eastern Kentucky is not necessarily a primary goal of the experience. Rather, organizers hope the program can empower and inspire participants to work in rural health settings wherever they may end up across the country.

“We’re really using Hyden, and Appalachia more broadly, as an example of a rural community,” explained Frontier



Martha Woodworth, a Courier from Boston, carries saddlebags for a Frontier Nursing Service nurse-midwife in the early 1960s.

Nursing University's President Susan Stone. "We want participants to be exposed to the types of challenges a typical rural community faces in terms of accessing health care, with the hopes that they can take those insights with them into their future chosen professions."

The Courier Program also seeks to show participants that rural residents want — and deserve — to play an active role in their own health care.

"All too often the traditional model of health care is where the provider has all the power in saying, 'Here's the plan. Here's what you need to do to make your life better,'" said Nancy

Reinhart, a 1998 Courier who later served as the program's coordinator for several years before leaving to pursue her master's degree in midwifery at Frontier Nursing University.

"Looking back on my time as a Courier and my introduction to midwifery through the program, I realized it was my first exposure to a shared-decision making model, where I observed providers working together with their patients to create a health care plan that was realistic and that the clients themselves were actually able to realize and want," Reinhart said.

Community Partnerships

During the Courier experience, participants are typically matched with one of the program's many community partner sites — made up of an array of community clinics, health departments, and other rural health care providers in Eastern Kentucky and even across the border in Virginia — where they are encouraged to not only shadow and assist staff but also create and launch their own projects to address a specific health care challenge facing rural residents.

This past summer, 2019 Courier Dorn McMahon's project aimed to increase year-round access to affordable, fresh fruits and vegetables — especially for those with dietary restrictions due to diabetes or heart disease — by partnering with the Letcher County Farmer's Market to offer canning classes for residents.

The county's FARMACY program, sponsored by Mountain Comprehensive Health Corporation, lets Letcher County

residents with pre-existing health conditions redeem vouchers for fruits and vegetables at the farmer's market — an initiative that struck McMahon as something worth replicating elsewhere.

"It's a really great model, because it's targeting a high-risk population and supporting the local economy at the same time," said McMahon, a longtime medical social worker from Portland, Maine, who is now pursuing a nursing degree at the University of Maine at Fort Kent.

In hopes of helping extend residents' access to affordable, healthy foods beyond the summer harvest, McMahon presented canning classes for residents in which all the jars and other materials were supplied.

"It's a way of contributing to people's confidence that they can take care of themselves with food in a way that is both joyful and also really practical," he said.



Couriers from 1967 pose on a rock likely located near The Garden House on the grounds of the Frontier Nursing Service's historical headquarters in Wendover. Current Couriers still stay in the house's second-floor guest rooms.

At the Little Flower Clinic, past Couriers have helped build community gardens and create diabetic care kits — complete with pill counters, blood pressure cuffs, suggested menus, food scales and more — among many other successful projects, Napier said.

While Couriers aren't allowed to engage in active or direct medical care with individual patients — the program's motto is "Hearts On, Hands Off," Dykes said, since not all Couriers come to the program with medical training — they are able to assist with community public health initiatives and to shadow care providers to witness some of the challenges facing rural residents.

Californian Audrey Cameron, a 2019 Courier and current junior at the University of British Columbia, spent time this

past summer helping coordinate Red Bird Mission's annual Tri-County Health and Resource Fair. She also assisted Red Bird's nurse, Angela Hubbard, in leading exercise classes and a hearing screening clinic at a local senior center.

"Through a grant, Red Bird Mission was able to have audiologists come in from all over the country and provide free hearing aids to seniors in the area," Cameron explained. "Getting residents set up with their hearing aids was an incredibly moving experience, even though I really had done nothing other than be the person to call and tell them their hearing aids were in. To hear the gratitude in their voices made me realize how isolating it must be to not be able to hear clearly — and that for people in a rural community, addressing that need can be incredibly challenging."

Breaking Down Stigmas

Because most Couriers do come from outside Kentucky, some may enter the program with preconceived assumptions about Appalachia and the root causes of residents' lack of ready access to health care, employment and stable housing.

After completing the program, they often view things differently.

"The biggest takeaways our Couriers cite after their time in the program are the ways that it changes their perspective and reinforces their commitment to serving rural populations," Dykes said. "So many arrive with preconceived notions about Southeastern Kentucky due to things they've heard or read or seen on TV, but once they get here, they realize things are quite different [than the stereotypes], and they become a part of our community."

Molly Craig, a college junior from Pennsylvania majoring

in biology with a concentration in public health, signed on for the Courier program in 2018 hoping to gain real world community health experience before attending medical school. The experience, she said, "changed [my] life."

"I think it was one of the most meaningful periods of time I've ever spent working on anything in my life," said Craig, who is now one of the Courier alumni serving on the program's Advisory Council. "It gave me increased knowledge of public health problems — including, particularly, the opioid crisis — and insights into the limited resources to combat them in rural areas. Also, I think there's a lot of stigma about people residing in rural Appalachia. And through the Courier Program, I learned that rural people really shouldn't be stigmatized, because that oversimplifies and overshadows their realities."



In most years, the Courier Program welcomes about 10 participants. The 2019 Couriers included (front row) Daniel Goold, Eric Lakomek and Dorn McMahon; (second row) Breanna Bowling, Emily Cross, Audrey Cameron, HaLee Morgan, Sarah Baldree and Reilly Hail.

An Ideal Place to Serve

Participants apply to the Courier Program by submitting an online application and providing a college transcript and up to three letters of reference. On the online form, participants — who must have completed at least two years of college before applying — are asked to describe attributes that would allow them to thrive in a rural setting and to share about a time when they successfully navigated an encounter with someone different from themselves, among other questions.

No annual cap is placed on Courier class size, and Dykes said there is room for the program to grow.

For Jonathan Allotey, a 2015 Courier originally from Ghana who now works in Cleveland as a clinical trial coordinator, the opportunity to become immersed in a rural American community was eye-opening and instrumental in shaping his long-term goal of becoming a rural health physician after he completes medical school.

“The rural patient population [in Kentucky] was so warm and so wonderful,” said Allotey, whose Courier project included creating a bulletin board detailing low- and no-cost regional health resources at the KentuckyOne Health clinic where he volunteered. “It’s almost as if you’re received into their family just for caring for them. I would love to serve in a place with patients like that, where you can see a need, and you can work to address it appropriately.”

Carey, who stumbled into her lifelong calling and a new permanent home thanks to her decision to become a

Courier in 2003, views the Courier Program as an ideal first step for students and others considering a potential career in community health.

“Because it’s such a small population here, people are pretty welcoming to those who want to come in and help,” she said. “If you have that kind of service orientation, there’s really no better place to come and do this work.” ■



2019 Courier Dorn McMahon helps a woman pick out and try on eyeglass frames at the Remote Area Medical clinic in Wise, Virginia.

Robin Roenker is a Lexington-based freelance writer who covers sustainability, travel, business trends, and Kentucky people and places.

HORSES

AND

Hope

By Jackie Hollenkamp Bentley



GARRARD COUNTY EQUINE PROGRAM OFFERS PARTICIPANTS A NEW LEASE ON LIFE

Sit up tall. Heels back. Ask her to walk on. Kick, kick. There it is! Very good Macy!

Therapeutic riding instructor Laura Friday is firm, yet encouraging, as she guides 27-year-old Macy Maynard around a Garrard County arena.

Look up Macy! Good! Nice turn!

Macy's mother, Lisa Maynard, looks on from an observation room.

Steer around the yellow. Make a right turn. You got it! High five!

As a self-described "overprotective mom," Maynard exhibits no anxiety as her daughter, who has multiple disabilities, sits astride a 1,000-pound horse.

"She loves it. She dearly loves it," Maynard said. "Everyone has been so willing to work with her ... and I would leave Macy here by herself. They are very in tune with her."

"They" are the men and women of Hooves of Hope Equestrian Center, Inc., a nonprofit equine-assisted therapy program in Lancaster, Kentucky.

Blair Newsome, the center's executive director, started the organization on her own farmland in the summer of 2007 to provide an alternative form of therapy for people with physical and mental disabilities — serving individuals with conditions ranging from autism to attention deficit hyperactivity disorder to sensory disorders to post traumatic stress disorder (PTSD).

"Instead of being in a therapeutic rehab room or center, you're using your horse as a therapy tool," Newsome said.



THE OPPORTUNITY TO SEE WHAT HORSES CAN DO

What began as a summer-only program with a skeleton staff and a few horses has grown into a year-round service with a team of five paid employees, 38 volunteers and interns, 13 horses and a donkey named Maya.

All work together to offer five different equine-based programs: Therapeutic Riding, Therapeutic Carriage Driving, the Eagala (Equine Assisted Growth and Learning Association) approach to psychotherapy and development, the Equine Assisted Learning Youth Program, and Operation Hope, a program for veterans. All use horses to help humans in need. Each program's methods, however, vary.

The Therapeutic Riding program, one of the first programs Newsome launched 12 years ago, helps participants develop skills while actually riding a horse.

"The movement of the horse mimics the movement of the human walk, of our gait, so they're getting that same rhythmic movement that they would if they were walking," Newsome said. "If you have somebody with cerebral palsy, or spina bifida, they start to use the same muscles [as] if they were ambulatory, [as] if they were walking."

The Carriage Driving program is offered to those individuals who may not yet be ready for the saddle. Although they are not physically on a horse, the act of driving a horse-drawn carriage can be calming, all the while improving the driver's confidence, posture, balance and motor skills.

A third form of therapy, using the Eagala approach, is ground-based and involves participants working with horses while keeping both feet on the ground. With licensed mental health professionals and equine specialists on hand, participants are encouraged to learn about themselves while interacting with their horse, all at their own pace.

"Instead of doing your traditional talk therapy, you now use your horse," Newsome said. "Horses can mirror your emotions and your behavior pretty much right back to you, it's kinda like a reflection of what you're giving off."

The Equine Assisted Learning Youth Program uses those same principles with at-risk youth ages 13-17. Newsome said these teenagers, who come to Hooves of Hope from Jessamine, Garrard and Lincoln counties, have truancy issues at school, made bad life choices or a combination of the two.

Equine sessions help these students develop personal responsibility, as well as skills in team building, conflict resolution and problem solving.

The final program, Operation Hope, incorporates all equine therapy techniques to specifically help veterans cope with either PTSD or substance abuse recovery.

"For me, it's to be able to offer the community — from kids to veterans to anybody who wants to be around horses — the opportunity to see what horses can do," Newsome said.

All Hooves of Hope therapeutic riding instructors are certified through the Professional Association of Therapeutic Horsemanship International. Mental health providers and equine specialists have certifications from Eagala.

Over the years, these instructors have helped more than 800 children and adults. Students are often referred by their doctors or other medical professionals. However, Newsome said many — including Macy Maynard — have come via word of mouth.

FINDING A HEALTHY CONNECTION

Lisa Maynard, who has been bringing her daughter to Hooves of Hope for six years, said she has personally seen Macy improve medically, socially and mentally.

"The lessons work on her core muscles, her balance and coordination," she said. "It gives her quite a bit of confidence to sit up there and to be able to steer her horse and be in control of something when she has so little control of the rest of her life. She really thinks she's accomplished something when she can do that."

Beth Feeback knows that feeling. As a recreation therapist for the Lexington VA Health Care System and someone who recommends patients to Hooves of Hope, she has personally seen what horses can do for veterans who participate in Operation Hope.

"I have had veterans who find a healthy connection with certain horses when meeting them, veterans who were scared of horses overcome the fear," Feeback said. "Veterans who have never been around horses find a new hobby in equine therapy. They often voice decreased anxiety, decreased depression, and increased confidence and self-esteem after equine therapy."

That's because horses can read body language and emotions to the point that they know what each person needs, Newsome said.

"It's not glorified pony rides, it's not just coming out and petting on them," she said.

Shane Adams, who served in the U.S. Army as an infantryman, a Ranger and a sniper, has lived through his share of horrific experiences. He may have left the



Hooves of Hope has helped more than 800 participants since its founding in 2007. Participants include veterans — like those pictured above with Hooves of Hope volunteers and staff — who take part in Operation Hope, an equine-based program that helps them to better cope with post traumatic stress disorder and substance abuse recovery.

military in 1997 — after six years of service — but he still carries the scars of PTSD with him every day.

Fortunately, he said, working with horses has helped him survive and thrive over the decades.

“I’ve got a whole basket of cats in my head,” Adams said. “However, regardless of how bad PTSD is with vets and first responders, there are good points of it. You have to learn to live with it and use the strength that it gives you because, obviously, it makes you a little more adaptive to dealing with traumatic situations and it makes you a lot more understanding when somebody has been through a traumatic situation.”

Adams now uses that understanding to help his fellow veterans. He began volunteering at Hooves of Hope in early 2019 and has since logged hundreds of hours helping to maintain the grounds and working with veterans who are now trying to overcome the same demons he had to conquer.

“I’m very hands-on and do what I call ‘mentoring,’” he said. “As long as I keep my monster under control, I feel like I can give that guidance to other folks that need somebody the way I needed somebody. When going to the VA to deal with post traumatic stress, their whole thing was to take you to an office and talk to the doctor and stuff, but for most of us vets, claustrophobia is a big problem. You can’t just sit in that little doctor’s office crying all the time. You gotta get out, have a life, have a family. Move on.”

Veterans suffering from substance abuse also attend

Operation Hope sessions, either through a referral from the Lexington VA or by personal choice. Either way, there is no cost to veterans.

“I would never ask them to pay for anything,” Newsome said.

MONEY WELL SPENT

One other Hooves of Hope program — the Equine Assisted Learning Youth Program — is also offered free of charge to its at-risk youth participants.

Participants in the other three programs — Therapeutic Riding, Therapeutic Carriage Driving and Eagala — pay out of pocket.

Hooves of Hope is also funded through grants and the generosity of others through fundraising events including horse sponsorship, golf scrambles, Kroger Community Rewards and Amazon Smile.

For Lisa Maynard, paying for her daughter’s therapeutic riding sessions is money well spent.

“To try to find something that’s beneficial for her, something that she enjoys can be a real challenge,” Maynard said. “Absolutely no regrets. This, it’s just wonderful.” ■



VISIT HOOVES OF HOPE ONLINE AT:
WWW.HOOVESOFHOPEEQUESTRIANCENTER.COM

Jackie Hollenkamp Bentley is a Louisville-based freelance writer who covers all things Kentucky.





Hitting the high notes

Kentucky's music therapists strive to educate, provide patients with an outlet for self-expression

By Emily Smith

For more than 30 years now, board-certified music therapist Cheryl Benze has devoted her career to improving the quality of her patients' lives through the power of music.

Benze, who serves as the Creative Arts Clinical Coordinator at UK HealthCare in Lexington, has provided music therapy to a wide variety of populations — from early intervention to hospice — and has completed advanced training in Neurological Music Therapy, the Bonny Method Guided Imagery and Music and through the National Institute for Infant & Child Medical Music Therapy.

But ask her to describe the feeling that washes over her when she walks away from a patient's bedside, leaving them more at peace than they felt when she sat

down beside them only a matter of minutes earlier, and she will likely struggle to find words that even begin to do it justice.

"There are not a lot of other things that are as powerful as music therapy," Benze said.

Benze is just one of nearly 100 certified music therapists practicing throughout Kentucky. Although the largest pockets of music therapists in the Commonwealth remain in the Lexington and Louisville areas — offering their services at places like UK HealthCare and the VA Medical Center in Lexington, and Central State Hospital, Norton Hospital, and UofL-Peace Hospital in Louisville — they are beginning to spring up all across the state: at psychiatric hospitals, at medical hospitals, at schools and in senior residential living facilities.

A New Weapon

Benze defines music therapy as the use of evidence-based musical techniques and interventions, provided and assessed by a board-certified music therapist, to address individualized, non-musical goals. In practice, the format of music therapy sessions might range from playing and making up music on a wide range of percussion instruments, or singing improvised or familiar songs, to creating songs or rap music, listening to music, dancing or moving to music, performing music or writing stories in music.

Patients facing highly stressful situations might even be taught how to play an instrument, Benze said.

“It gives them an appropriate leisure activity, but also appropriate self-expression,” she said. “It gives them something to talk with staff about that isn’t medically related, so it makes the staff realize that they are people and not just patients on an IV pole. But the goal is not for them to learn to play, the goal is for them to increase their self-esteem or have an outlet for self-expression.”

When first meeting with a new patient, Benze said music therapists start by explaining just what music therapy is. Then, therapists can work on getting to know patients and what music they like best so that the therapist can devise a plan to meet the patient’s needs — through the introduction of music interventions or experiences tailored specifically for them.

In the end, one of the most important gifts music therapists can give to their patients, Benze said, is a new weapon to wield in the fight for peace and comfort in



The format of music therapy sessions ranges from playing and making up music on a range of percussion instruments to dancing or moving to music.

the midst of their current situation.

“We give them techniques on how to breathe with the music and how to utilize the music for other relaxation techniques,” Benze said. “We’re giving them a technique that they can take and use when they need to. We’re giving them power over their own needs, which is really important.”

“Feeling Much, Much Better”

According to the website of the American Music Therapy Association (AMTA), a national organization that seeks to advance public awareness of the benefits of music therapy and increase access to quality music therapy services, music therapy can benefit children, adolescents, adults and the elderly who may be dealing with mental health problems, developmental and learning disabilities, Alzheimer’s disease and other aging-related conditions, substance abuse problems, brain injuries, physical disabilities, and acute and chronic pain.

Olivia Yinger, the Lucille Caudill Little Associate Professor of Music and chair of the music therapy program at the University of Kentucky, points to three key benefits for patients participating in music therapy sessions: physical benefits, cognitive benefits and psychosocial/emotional benefits.

The physical benefits of music therapy are realized





access and talk about how they feel, Yinger said.

“Every time I bring music to someone, 90 percent of the time, I leave and they’re feeling much, much better than they were before,” she said. “Getting to see immediate results is so rewarding.”

The Power to Heal, The Power to Harm

Many misconceptions persist about music therapy — chief among them, that anyone can play music for another person and call it “music therapy.” Instead, Yinger said, for it to be considered music therapy, the session needs to be led by a credentialed music therapist.

“One thing about music therapy is that there are other uses of music that are beneficial but are outside of what we would call music therapy,” she said. “Many people accept the idea that music has the power to do good, but I think we also have to recognize that the reverse is potentially true — that music has the power to heal and the power to harm. So the wrong music at the wrong time for someone in a really vulnerable state, who has no control over whether or not they have music in their situation, can be really detrimental. We have to monitor really carefully to make sure that music is helping and not hurting. That’s why the training that music therapists receive is so important.”

Benze added that since music therapy has as much power to harm as it does to heal, clinical training in the music therapy field is rigorous.

by people in pain, Yinger said. And, in fact, those suffering from pain may experience a combination of both physical and cognitive relief, she said.

“[P]eople perceive less pain when they’re focused on something else, like music they really enjoy,” Yinger said. “I’ve walked into hospital rooms and had someone tell me their pain is intense, and pain medicine can only do so much, and they can’t sleep because of it. I’ve had people say that and then 30 minutes later, I leave the room and they’re sleeping because I just helped sing them to sleep.”

Yinger said music therapy’s cognitive benefits relate to enhancing a patient’s attention and memory, among other things.

“I’ve worked with children who have been able to recall information that was important for them to remember through song,” she said. “For example, the alphabet. Most people use that song to help them remember this long string of information. I once worked with a teenager and helped him learn his morning routine through a rap that he helped write, that he listened to on headphones. So he didn’t need reminders, he eventually just internalized this song that helped him remember what he needed to do to get ready in the morning.”

And, the psychosocial and emotional benefits of music therapy center around helping patients to better



Not just anyone can provide music therapy sessions. Music therapists are credentialed – they must complete academic and clinical requirements developed by the American Music Therapy Association and pass an exam administered by the Certification Board for Music Therapists.



“Music is something that touches people’s emotions and touches their memories, so we know how powerful it can be, and we’re very intentional about how we train our students before they sit for the board exam,” she said.

To earn the Music Therapist-Board Certified credential, music therapists must complete the academic and clinical training requirements set out by the AMTA and must sit for and pass an exam administered by the Certification Board for Music Therapists. Music therapists must also complete continuing education credits for renewal of board certification every five years.

Lorinda Jones, a board-certified music therapist based in Rineyville in Hardin County, said the path to a career in music therapy includes a diverse range of course work, including classes in psychology, special education, and anatomy and physiology.

Jones’ company, Music Therapy Services of Central Kentucky, has provided contract music therapy services for children and adults with mental, physical and emotional disabilities in many rural parts of the state — including in Bradenburg in Meade County, in Glasgow in Barren County, in Bardstown in Nelson County, in Leitchfield in Grayson County, as well as in other communities throughout Franklin, Green, Hardin, Hart, Madison, Metcalfe, Monroe and Warren counties.

“We have a background in, first of all, music,” Jones said. “If you’re trained to be a music therapist, that means you have successfully auditioned on a major instrument and have been admitted to a school of music. So you’re starting out with a degree of music knowledge that can take you into different music fields. You start out with the music tool and continue to develop those as you learn how to work with people.”

Establishing Relationships, Building Trust

Music therapists are not entertainers, Benze and Jones both say. Therapists always have a specific goal in mind before each session with a patient.

“Probably the most important thing that separates a music therapist from an entertainer is that the music therapist works to establish a relationship so that the patient trusts you and you can work on ongoing goals,” Jones said.

During her time interning at a state hospital, Jones said, she had one of many experiences that demonstrates the potential of music therapy to make a lasting change in a patient’s life.

“We had a patient who had become very depressed,” Jones said. “She had a diagnosis of schizophrenia and she had been in the hospital for a while. Her health and her mood were declining, she wasn’t participating in things, and so I was able to work with her individually.”

Jones said it took a long period of time working with the patient to form a bond.

“After several weeks, we started to develop this relationship and she started to talk, and eventually, by the end of my internship, I had seen her able to leave the area that she had been confined to and she was starting to play the piano again, she was starting to interact with other people, she was able to go outside from time to time and walk, which she had not been before,” Jones said.

Although their interactions did not cure the patient of her ailment, Jones said music therapy made a big difference in her ability to cope with what was happening.



The staff of Music Therapy Services of Central Kentucky, based in Rineyville, has provided contract music therapy services to children and adults living in at least a dozen counties throughout the state.

Growth Across the State

While Louisville and Lexington may be the geographic centers of music therapy practice in Kentucky, Benze said therapists are starting to appear throughout the state.

“I think it [music therapy] will continue to grow because the evidence behind its effectiveness continues to grow,” she said. “The more that we have brain research and show how music affects the brain and utilizes the whole brain, it will continue to grow. We have a lot of evidence now, and it’s not just anecdotal evidence, it’s really empirical evidence of how effective it is.”

Yinger added that advances in neuroimaging technology will likely help people understand the effectiveness of music therapy even better in the years to come.

“People have understood for a long time that music affects people in different ways,” Yinger said. “But now, through neuroimaging, we can start to see why and how. I think the research in that area is going to get even more specific about how music influences. And not just any music, but specific kinds of music. I think we’re going to be able to tailor music therapy interventions more specifically because of that research.”

Benze said one of the biggest impediments to music therapy’s more widespread access, however, is the difficulty faced by therapists in securing third-party reimbursement for these sessions.

“Insurers want a state licensure, which we don’t have yet in Kentucky,” Benze said. “We have a national certification and a task force that is working on the state

licensure. There are other states in the country that have gotten state licensure or some type of state recognition.”

Benze said she believes recognition of music therapy will continue to grow in the state, eventually making third-party reimbursement more available to those seeking out sessions with music therapists.

“People are really willing to reach out and pay out of their own pocket for music therapy because they appreciate the effectiveness of it,” she said. “Particularly for children with autism, children with developmental delays, people with Parkinson’s disease, Alzheimer’s disease. There are not a lot of other things that are as powerful.”

“Amazing Power”

Having seen firsthand the powerful things that can happen with music, Benze said she’s a true believer in music therapy.

“I’ve seen deaf children learn to sign with music,” she said. “I’ve seen people who were so anxious that they couldn’t have procedures done relax when music is playing and those procedures get done. I’ve worked with Alzheimer’s patients who were combative and angry and lashing out until the music started, and then they would calm down and resume a normal, or a typical presentation until they fell asleep. It has allowed family members to share an experience with an Alzheimer’s patient that was normal and to see their parent as their parent again.

“It has amazing power.” ■

Emily Smith is a Paducah-based freelance writer who covers health, arts and culture.



ARH opens new residency program in Southeast Kentucky

By Katheran Wasson

Appalachian Regional HealthCare, Inc. (ARH) has launched a new internal medicine residency program at two of its hospitals in Southeast Kentucky.

The program, which operates at Harlan ARH Hospital in Harlan County and Whitesburg ARH Hospital in Letcher County, is a collaboration between Lexington-based ARH and Lincoln Memorial University's DeBusk College of Osteopathic Medicine (LMU-DCOM). It is the first internal medicine residency program to operate at a hospital in Eastern Kentucky.

Six residents began the program in July.

"The idea is that we can train and keep our own folks here, and recruit others who have an interest in providing service to Appalachia," said Dr. Bernie Sergent, program director of the three-year residency program. "ARH sees the value in that."

UNIQUE FOCUS ON RURAL HEALTH CARE

The ARH program follows a standard curriculum of rotations among subspecialties like surgery, women's health and research. But the program is unique for its focus on rural health care, Sergent said. Residents will complete a community health rotation, which will allow them to work with a variety of people to understand the needs of patients in the region.

"The fact that it's based in a rural area, we've really embraced the idea of breaking down barriers to care in a rural area," he said.

And, having residents in a hospital "elevates the level of care," Sergent said, adding that the community has really embraced the program and its new residents.

"Residents will keep you on your toes," he said. "We want to practice evidence-based medicine, and they force you to do that. It's a higher level of care for the patients."

Two of the program's current residents are graduates of LMU-DCOM in Harrogate, Tennessee. Two other residents are recent graduates of the University of Pikeville—Kentucky College of Osteopathic Medicine (KYCOM) in Pikeville. A fifth, who has family ties to Hindman, Kentucky, graduated from the American

University of the Caribbean School of Medicine. And the sixth resident graduated from the Edward Via College of Osteopathic Medicine—Carolinas campus in Spartanburg, South Carolina.

After completing the residency program, the physicians will take their licensure exams and then go on to fellowships or practice. Sergent said most will likely practice internal medicine in clinics, hospitals or both.

PROVIDING CARE TO APPALACHIA

Sergent is no stranger to the region. A native of Deane, Kentucky, a community in Letcher County, he completed his undergraduate studies at Morehead State University and earned his medical degree from KYCOM. After spending most of his 13-year career in Norton, Virginia — just over the state border, about 35 minutes from Whitesburg — he came back to Kentucky after speaking with ARH officials about their desire to host a residency program. He's now practicing medicine and teaching in the same hospital, Whitesburg ARH Hospital, where he was born.

In March 2018, Sergent and the ARH team began the process of gaining accreditation from the Accreditation Council for Graduate Medical Education, which certifies residency programs. The full process was completed about a year later.

Interviews are already underway for the residency program's next cohort, which will start on July 1, 2020. After interviews, hopefuls will go through "the match," the national program that pairs new doctors with residency programs. ARH is accredited for 18 residents across the program's two locations.

"We're certainly interested in anyone who has an interest in providing care for the Appalachian population," Sergent said, adding that the program is open to physicians who hold either Doctor of Osteopathic Medicine or Doctor of Medicine degrees. ■



Meet Carman Beth Howard

APRN
Grace Health Women's Care
Corbin, Kentucky

■ **What were the dates of your service?**

September 2016 to September 2018

■ **What were your job responsibilities at your NHSC practice site?**

To serve women of Southeastern Kentucky by providing routine Pap tests, OB visits, office procedures, assisting on-call physicians.

■ **How did you first learn about NHSC programs?**

Grace Health.

■ **What does it mean to you to have been a NHSC participant?**

It was the opportunity of a lifetime. As a native of Southeastern Kentucky, it was important to me to be able to come back to this area and serve these people. With the help of the NHSC, I was able to accomplish that goal.

■ **What is the most important thing/lesson that you learned during your NHSC service?**

The most important lesson I've learned is: Anything is possible for anyone. If you take the time to seek out the resources needed, we can all make health care better for Southeastern Kentucky.



■ **What advice would you offer to someone who is considering participating in NHSC programs?**

Again, this is an opportunity of a lifetime. Take the time to serve the underserved and be inspired and benefit from it in many ways, including financial. ■

If you have participated in a National Health Service Corps program or know of someone who has, please let us know. We're looking for participants to feature in future issues of *The Bridge*.



MORE THAN A COUNTRY DOC

Munfordville physician takes community-wide approach to improving health

By Michael McGill

For years, Dr. James Middleton and his father engaged in a recurring philosophical debate.

The Munfordville physician and his Baptist preacher father sparred over whose job was more important: “looking after people’s souls or looking after people’s bodies.”

He admits that neither side ever won.

“Without your soul, your body’s not worth anything,” Middleton explains. “But if you haven’t got your body, it’s hard to take care of your soul.”

And yet, for more than four decades now, Dr. Middleton’s work and his impact in Munfordville and Hart County has extended far beyond treating sore throats, mending broken bones or diagnosing the cause of back pain. Much of his life’s work has been devoted to improving the health and well-being of his region’s community members in both conventional ways and, for a physician, unconventional ways — by practicing medicine, as well as by promoting and protecting the region’s rich environmental landscape.

“My obsession is love of Hart County,” Middleton says. “Love of the people. And love of the land here.”

“The Pull to Come Back Home”

Middleton is, by his own account, a country doc.

It means, he says, that he lives in a rural area and takes care of a lot of people — most often, those living on the lower end of the socio-economic spectrum. That he knows the people he treats. That he knows their families. That he knows their personalities, their lifestyles, their circumstances. That he’s familiar with the environment where they live.

“And he tries to take care of whatever kind of problems they’ve got,” Middleton says.

Over his 42 years in private practice in Munfordville at the Family Medical Center of Hart County, a rural health clinic just a block off Main Street, he’s set bones. He’s repaired tendons. He’s delivered babies. You name it, and he’s probably treated it. (Times have changed, as has malpractice insurance for physicians, so he’s now a bit more limited in the kind of medicine he can practice. He no longer delivers babies, for instance. But he still will do tendon repairs in his office, but only for non-paying patients.)

It’s the type of medical practice that Middleton was drawn to because of family circumstances and a need to come home to Munfordville.

After earning an undergraduate degree from the University of Kentucky — where his classes in a sophomore semester were as wide ranging as Medieval Latin, and Feeds and Feeding, an animal science course — he entered the doctoral program in agricultural economics there. He was recruited by the department chair and influenced, in part, by books like 1968’s “The Population Bomb,” which argued for the need to increase food production in order to feed the world’s growing population.

At the same time, Middleton was also being pulled in another direction entirely.

While fully immersed in his graduate studies at UK, he was traveling to Munfordville every other weekend to help supervise his family’s farming operations — three farms managed in a crop-share, tenant-style arrangement. His aunt, Mary Elizabeth Carden, known to the family as “Sister,” had been overseeing the farms for decades, since her father’s death. She was a single woman who was getting older.

“[T]he pull to come back home was greater than

*Dr. James Middleton has practiced medicine in
Munfordville, in Hart County, for more than 40 years.
He still sees patients five days a week — including on
weekends — and generally works 80 hours a week.*



the pull to feed the world,” Middleton remembers. “And I became a little more realistic. And I realized that we needed somebody back here in Hart County, they needed a doctor a whole lot more than they needed another farmer.”

He finished his dissertation in 1970 and immediately entered medical school at the University of Louisville. He completed his residency at the Trover Clinic in Madisonville. (Every other weekend when he wasn't on call, Middleton was still traveling to Munfordville to help take care of the family farm.)

“And that was a great decision,” he says of his choice to complete his residency in Madisonville. “[Dr.] Loman Trover was one of the most amazing doctors I ever knew.” Trover was the founder of the Trover Health System, which stretched throughout Western Kentucky. In 2012, the health system merged with Louisville-based Baptist Health to form Baptist Health Madisonville.

“They Sure Showed Up”

In 1977, fresh out of his residency and after turning down a lucrative job offer to remain in Madisonville, Middleton returned to Munfordville to establish his own practice — the Family Medical Center of Hart County — in a log house where Dr. Sarah Felt Richardson, the first woman doctor in Hart County, had practiced for more than four decades, beginning in 1900.

His was initially a two-person practice: He treated patients in the back and a staff member handled the front of the practice.

Within the clinic's first year, he needed to hire additional staff.

“They sure showed up,” he says with a laugh, referring to the practice's earliest patients. “I never had trouble with patients. We're a rural area. We're always short of doctors. There are more folks than I can take care of and the rest of the docs [can] take care of. There wasn't a problem with patient shortage.”

He can't help but remember one of his first patients — Mildred. She accidentally got a fishing hook caught in her mouth. A friend of Middleton's brought her in.

“So, poor Mildred came in and he [Middleton's friend] said he didn't know what to do for Mildred,” Middleton remembers. “So I got the worm out and I got the hook out, but she kind of lost her voice. She could never quack again after that.”

Mildred was a duck.

He's seen everything from snake bite victims to patients suffering from gunshot wounds walk through his practice doors. He remembers successfully treating the town's former mayor who suffered a stroke. He also recalls the case of a kid who was stabbed in his femoral artery during a fight. Middleton tried to help save the young man, but couldn't.



Medical bags and other equipment from his great-grandfather, who practiced medicine in the region from the 1870s to 1890s, are displayed in Middleton's office at the Family Medical Center of Hart County.



“But that's part of being a country doctor and it's part of taking care of your people,” he says. “So it has great moments and it has tough moments.”

One of his most unique patients has probably been a child he delivered. She just happened to be the great-granddaughter of a woman his great-grandfather — an early doctor in the region who practiced from the 1870s through the 1890s — had delivered.

Middleton displays that great-grandfather's medical bags and other equipment on a shelf in his clinic office.

“And I've thought so many times, I would love to be able to bring him back and just let him see what we can do right here in Munfordville,” he says. “How I can look inside people. How I can take body fluids and things like that and analyze them. And then the treatments, the things I can do right here, right here in the office two blocks away from where he was [working]. He would be blown away. He would be blown away. And it really gives you an appreciation for what a fabulous thing modern medicine is.”

A “Real Rural Practice”

Middleton describes his clinic as a “real rural practice.”

The 75-year-old, who typically arrives to work in a suitcoat and tie and then dons a white coat, sees patients in the clinic five days a week, including on weekends. On Wednesdays and Thursdays he makes hospital rounds and nursing home rounds and then turns to administrative duties at the office.

He generally works 80 hours a week. It used to be at least 100 hours a week.

“I’ve gotten a little older and I just can’t quite [do that anymore],” he says. “And I don’t deliver babies anymore, so I’m not staying up all night. And then for many years, to pay for this clinic, I would work here in the daytime and then go do ER work at night.”

Middleton’s is the kind of practice where you take care of people you’ve known all of your life and people who you may owe a debt to.

“It’s harder to take care of those people, emotionally,” he says. “If you can be kind of objective and don’t get yourself emotionally attached, sometimes it’s a lot easier on you. If you got folks that you have attachments to and debts to, things like that ... teachers, the local cops, different kind of people like that, you really don’t want to screw up. You really want to do it right. And you still make mistakes sometimes, I don’t care who you are. And you always, you really worry because you have that emotional attachment to them and quite frankly you have obligations, you know, your personal obligations. Those people help me and it’s my obligation to return that.”

The clinic has also renovated space across the street — moving its physical therapy department in 2014 to the historic McCandless House, which had previously fallen into disrepair.

Renovations over the years have led to a greatly expanded facility — the clinic is now a two-story, cedar-shingled building, more than 15,000 square feet and housing exam rooms, a clinical department, laboratory and x-ray services, and administrative offices. Besides Middleton, the clinic employs one other full-time physician, a part-time physician (Middleton’s wife), five nurse practitioners, and scores of other medical and administrative staff members — nearly 50 in total. The facility treats around 25,000 patients a year.

No doubt the biggest challenge that Middleton’s faced through the years is recruiting physicians. It’s a struggle faced by many rural practices.

Some physicians may be put off by the hospital rounds, the long hours or the pay differential between working in rural and urban communities.

But, Middleton says, if he can get doctors through the door of his clinic, he can almost guarantee that

they’ll stay.

“Once you get here, you’ll love it so much you’ll never want to leave it,” he says.

That’s a message that he’s preached on visits to every family practice residency in the state, where he’s gone to try to convince young doctors to join a country practice.

It’s also a message that he’s shared in recruiting letters and in YouTube videos.

“I’ve got the best profession in the whole medical profession — being a country doc. I’m convinced of it,” he says. “I’m a lucky guy. It’s a great way to practice. A great medical life.”

He adds: “The payoff is when you do make a difference, you can do something for the people that you live with. It’s one of the greatest experiences a person could ever have. And I get to do that almost every day in my practice.”

“A Love for the Land”

Even though he wasn’t born in Hart County, Middleton has deep roots in the region and an intimate connection to the land.

He’s originally from Atlanta and was reared in Shreveport, Louisiana. Formative years spent in the Deep South help to explain the lack of “r’s” in his spoken words.

But, his mother was a native of Hart County. Her family had lived and farmed in the county for more than 200 years. And, she loved Munfordville, her hometown, Middleton says. That meant that every chance he, his parents and his three siblings got — especially in the summertime, once school let out — they would return to his mother’s hometown and the family’s farmland there. Munfordville *became* Middleton’s home.

He remembers playing on the farms. And working on the farms, too.

He remembers his first brindle cow, purchased by his parents to help generate an interest in him in farming. Any income that came from the sale of the cow’s calves was his.

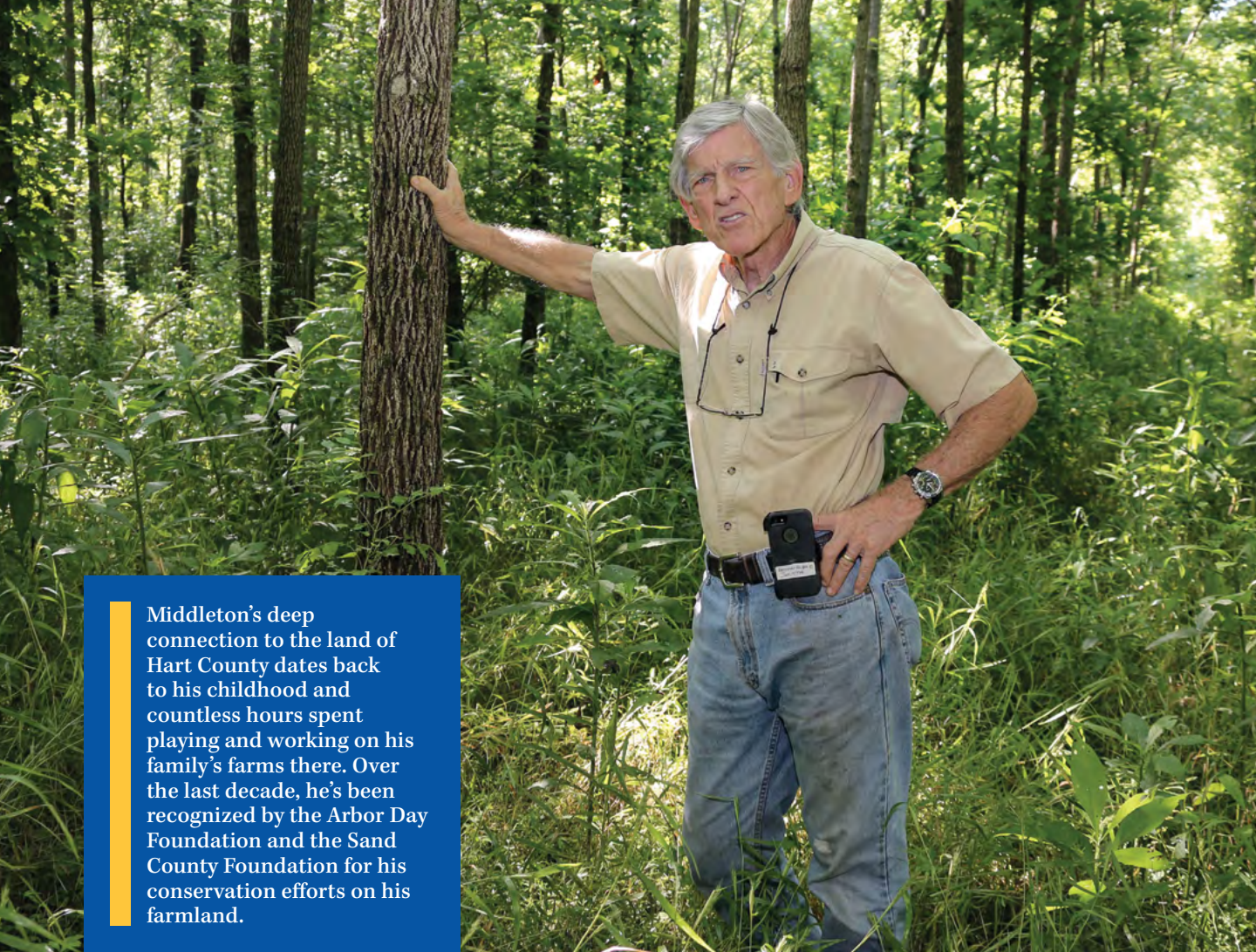
He and his father raised and released wild turkeys in an effort to reestablish the population.

He was doing forestry work on the family land before he was out of high school. One of his earliest projects was completing a timber inventory.

He also remembers days spent on the Green River, which meanders alongside his family’s land.

“So those kind of experiences, you develop the love for the land like my folks had before [me]. Like my grandfather did,” Middleton says. “And Sister loved it too because she took care of it for years, because she loved it. I inherited a love for the land from my folks.”

Back in the late 1960s, when he was making his



Middleton's deep connection to the land of Hart County dates back to his childhood and countless hours spent playing and working on his family's farms there. Over the last decade, he's been recognized by the Arbor Day Foundation and the Sand County Foundation for his conservation efforts on his farmland.

regular visits to Munfordville to help his aunt tend to the family farm, the property amounted to around 1,500 acres. Today, Middleton owns about 5,800 acres. He started buying the additional land in the 1970s.

And, while the family harvested tobacco for years — Hart County was, at one time, the fourth-leading tobacco-producing county in Kentucky, Middleton notes — once federal incentives ended in the early 2000s, Middleton ended the practice of row cropping since most of the county's land "is not really suited for continuous cropping," he says. "It's rolling ground, it's cherty ground, and you can't crop it on a regular basis over a period because you start having erosion, washing and that kind of stuff."

Middleton says he was concerned about the impact of the tools of a row cropping operation — the pesticides, herbicides, fertilizers and nitrates commonly used — on the Green River watershed.

So, he transformed the farm — replacing the row crops with pastures, forests and hay fields. It was a new style of land management designed to benefit the natural environment.

"[Y]ou know, economics runs everything, but

environmentally, it was the right thing to do, too," he says.

Today, the farm generates revenues from a cow-calf operation, from managed timber sales — Middleton says he's planted more than a million trees on his property — and from leasing land to hunters. (Hunters help to control the overpopulation of deer and turkey, he says, which has been caused by a loss of natural predators.)

He's also planted more than 200 acres of vegetation to attract pollinators, birds and wildlife.

And donated conservation easements totaling more than 100 acres, including more than two miles along the river. He and his farm employees have planted more than 100,000 hardwood trees on that land.

The majority of his farm — about 60 percent — is now forestland.

"What I'm doing, I'm actually getting my woods more like it was when Daniel Boone spent two winters here in Kentucky, in Hart County, surveying this country," Middleton says. "Those primeval forests were much more valuable forests than this cutover, three or four time cutover junk we've got left out here on a lot of our Hart County hills. So I want to get it back [to that]."



NOMINATE A KENTUCKY RURAL HEALTH CHAMPION

Each issue, *The Bridge* spotlights an outstanding individual who has made significant contributions to rural health in Kentucky. Readers are encouraged to nominate candidates as Rural Health Champions.

Nominees should:

- Demonstrate leadership and expertise in direct patient care, health care education, health care administration, health promotion or public advocacy.
- Develop or implement innovative solutions to health challenges faced by rural Kentuckians at the local, regional, or state levels.
- Display success in their field and be widely recognized for their achievements.
- Exhibit career and work effectiveness that can be documented.
- Serve as a mentor or role model to others in their field and beyond.
- Work within the state of Kentucky.

Please contact Michael McGill (michael.mcgill@uky.edu) to suggest a Rural Health Champion in your area.

‘You Shoulds’ and ‘Oughtas’

Middleton points to a Southern Baptist upbringing full of “a lot of ‘you shoulds’ and ‘oughtas’” to help explain the full scope of his work in Hart County — from treating patients in his clinic to his conservation work on the family farm.

“So, this is my home. These are my people,” he says. “And I have a responsibility to take care of my home and take care of my people.”

That work has led to both local, state and national-level recognition.

Middleton or his clinic have received awards from the Hart County Chamber of Commerce — including the Business of the Year in 1987 and the Lifetime Achievement Award in 2008.

In 2012 he was named the Kentucky Academy of Family Physician’s Citizen Doctor of the Year, an award that honors an outstanding, community-minded family physician who provides compassionate, comprehensive care.

That same year, he was a recipient of an Arbor Day Award for his efforts in tree planting, conservation and

stewardship.

And, earlier this year, he was awarded the Kentucky Leopold Conservation Award, presented by the Sand County Foundation in partnership with the Kentucky Agricultural Council and the Kentucky Association of Conservation Districts. The award recognizes and celebrates private landowners who are actively committed to a land ethic — those who are dedicated to leaving their land better than how they found it.

The honors, Middleton says, push him to work a little harder each day.

“Most people who work hard are never satisfied with what they’re doing, they always feel like they should be doing more, should be achieving more, accomplishing more, should be more successful, or do a better job. You know you’re never satisfied,” he says. “And that’s just the nature of goal-oriented, hardworking people, a lot of them, I think. And to have someone recognize that every now and then kinda makes you want to work harder. You need to do a better job.

“It’s nice to have someone say, ‘Doc, thank you, we appreciate that. And it makes me work harder.’ ■

Michael McGill is a Rural Project Manager in the Kentucky Office of Rural Health.



Get involved.

Any time of the year is a good time to become a sponsor and partner of the National Organization of State Offices of Rural Health. In doing so, your organization becomes a part of the important work of State Offices of Rural Health. As a sponsor, we will recognize your support through our ongoing Power of Rural campaign, on National Rural Health Day, at our Annual Meetings, and in the many platforms, we use to promote our work on behalf of an estimated 57 million people across America's magnificent rural landscape. Does your organization need ideas on how to celebrate National Rural Health Day? Visit www.powerofrural.org

