

SPRING
2020
EDITION

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

BEYOND BOOKS

Libraries deliver health, wellness programming

ENDING HUNGER

Nonprofit gathers, distributes excess produce

LESS SCARY

Eastern Kentucky hospital hosts tours for area kids



A WORD FROM

Ernie L. Scott

DIRECTOR, KENTUCKY OFFICE OF RURAL HEALTH

FINDING WAYS TO *Adapt* AND *Recover*

Had you asked me just a few short months ago what a coronavirus was, I would have been a bit stumped.

I may have been able to fumble together some semi-coherent sounding description of a coronavirus. But it wouldn't have been pretty. And I know that I'm not alone in this.

Of course, today, we all have a fairly thorough understanding of the coronavirus. How could we not? It's dominated the news, our politics and our daily lives.

In fact, the coronavirus has impacted nearly every facet of our daily lives: Our families. Our churches. Our workplaces. Our health care industry. Our schools.

And, really, that's what we all know *most* about the coronavirus — its impact. Impacts that are lived and felt, day in and day out.

Face masks. Social distancing. Quarantines. Drive-thru testing. Contact tracing. Remote working. Furloughs.

Rural Kentucky has not been immune from any of it.

We've seen coronavirus outbreaks in our long-term care facilities and our prisons. Our health departments have been inundated with the work of collecting data, sharing information and testing. We've seen health care providers and hospitals temporarily suspend some of their services and furlough employees. We've seen our children have their daily routines turned upside down. We've seen our neighbors die.

While the number of positive cases of coronavirus in any given rural community in Kentucky has not matched what's been experienced in the Commonwealth's urban centers, that doesn't make what *has* been felt here any less painful. And frightening. (And, in fact, the rates of coronavirus

infection in some rural communities — the number of cases per 100,000 population — is, at this writing, far higher than in each of Kentucky's urban centers.)

When will it all end? We don't know yet. But our businesses, our health care facilities and our communities are slowly beginning to reopen.

Many of the organizations that work to assist rural Kentuckians have remained open — in one form or another — during the coronavirus outbreak.

The state's public libraries, for instance, featured in a story by Shannon Clinton (on pages 4-9), have found creative ways to adapt to the pandemic despite their doors being closed. They've implemented curbside pickup. Started online book clubs. Posted videos online of staff members reading aloud to patrons. Much of their health-related outreach work — the focus of our story — has, however, been temporarily suspended.

Also profiled in this issue is Glean Kentucky (pages 10-13, 26), the Lexington-based nonprofit that has continued its work of gathering and redistributing excess fruits and vegetables to those in need. While the group has had to cancel face-to-face fundraising events, staff members have developed protocols for its volunteers to safely "glean" (gather leftover produce from growers, farmers markets, restaurants, stores and other sources) and distribute those goods to food pantries, soup kitchens, congregations and other nonprofits. And, Glean Kentucky has even had more volunteers step up to help out during the current public health emergency.

Kentuckians — both rural and urban alike — are a resilient people. We've faced hardships and struggles before, and we are certain to face more in the future. Each time, though, we've found ways to adapt and, eventually, recover.

We *will* do the same today.

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A privately-owned bridge that crosses Dry Run and provides access to a farm along Cincinnati Road (U.S. 25) in Georgetown, in Scott County.



For additional information, questions or comments, contact:
Kentucky Office of Rural Health
Attn: Michael McGill
750 Morton Blvd.
Hazard, Kentucky 41701
michael.mcgill@uky.edu

To receive **The Bridge** electronically, visit
<http://thebridge.kyruralhealth.org>

The Bridge is published on a quarterly basis through a joint effort of the UK Center of Excellence in Rural Health and the Kentucky Office of Rural Health. The magazine highlights best practices and innovative solutions to rural health challenges in the Commonwealth. This edition is funded in part by federal Health Resources and Services Administration Primary Care Office grant funds.

The UK Center of Excellence in Rural Health was established in 1990 to address health disparities in rural Kentucky, including a chronic shortage of health professionals and residents' poor health status. The Center accomplishes this through health professionals' education, health policy research, health care service and community engagement. The Center serves as the federally-designated Kentucky Office of Rural Health.

The 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.

The statements and opinions contained in the articles published in **The Bridge** are solely those of the individual authors and contributors and not of the UK Center of Excellence in Rural Health, the Kentucky Office of Rural Health, its affiliates or funding agencies.

**“More than just the
appreciation of books”**

Kentucky’s rural public libraries serve as community hubs

By Shannon Clinton

In years past, public libraries were thought of as somber, quiet places, where a person might get “shushed” for talking above a whisper.

But today’s libraries are vibrant facilities — where, in addition to community members checking out books or other media, you’re just as likely to see a Zumba class exercising to lively music and people of all ages gathering for health screenings, bike rides, yoga and gardening or cooking classes.

Kentucky’s libraries have increasingly become community centers where residents can find free health and wellness information and programming, or, what Terry Manuel, the state librarian and the commissioner of the Kentucky Department for Libraries and Archives, calls information hubs for the communities they serve.

“Your local library can help you find a physician, look up drug interactions and discover healthy recipes,” he said. “Many public libraries also host yoga classes, provide on-site health screenings, conduct diabetes workshops and many other low-to-no cost health-related programs and opportunities.”

And, in rural communities, public libraries may play an even more vital role.

There, residents may face challenges accessing health care and health-related information. But, in most cases, rural residents live, on average, less than 20 minutes from a public library, Manuel said, where they can find a wide range of health resources and programming, usually free of charge.

Yoga, Cooking Classes and Seedling Exchanges

For about five years now, the Bell County Public Library District in Southeast Kentucky has offered chair yoga classes at its Pineville location. A walking club that meets there also holds scheduled excursions around town a couple of days a week. And, in the future, yoga and walking programs will be expanded to the Middlesboro branch location as well, Director Jeanna Cornett said.

Both library locations currently offer healthy cooking classes in partnership with the local extension office, Cornett said.

“They come in, it’s not like a lot of intensive cooking, but they do some of the prep there for a meal in front of them, talk to them about nutrition, talk about what you need to keep at home so it’s easier to cook a nutritious meal than just eat junk food or fast food,” she said.

In 2019, the library district received a grant from the National Center for Families Learning meant to encourage literacy and promote outdoor activities. Both library locations already had well-established programs in which vegetable plant seedlings were started and exchanged at the library, and the grant funds have allowed even more information to be provided to families about growing their own healthy produce, Cornett said.

promoting health and wellness information, programming

She said people who receive free seeds and seedlings may not have been able to afford purchasing them on their own and may not have fully trusted their abilities to grow a successful garden. The library is happy to help with both needs — supplying information about how to grow the vegetables and herbs along with the starter plants.

“We recognize that people everywhere, but especially in our area, they have limited resources,” Cornett said. “That’s why they’re using the library some of the time ... they have limited resources.”

At the Anderson Public Library in Lawrenceburg, in Anderson County, Library Director Pamela Marks said her location offers morning and chair yoga classes and a series of gardening classes that help residents learn the basics about making their home gardens thrive. Library officials have been working on a seed giveaway as well, providing families and individuals with 10 free vegetable seed packets each.

“The goal is, we’re trying to get families outside and enjoy the outdoors and teaching their children how to plant a garden,” Marks said, adding that in the past the library offered healthy meal prep courses for kids.

Marks, who takes one of the yoga classes herself, said the class is “a huge hit” and very well attended.

A Tai Chi program is in the development phase, and the library also has a good selection of workout DVDs that can be checked out, along with, of course, health- and wellness-themed books.



Alongside its other health- and wellness-related programming, the Madison County Public Library hosts an Active Aging Series, formerly called Senior Wellness Series, that serves the region's senior citizens. Each monthly session explores a topic — ranging from fall prevention to staying active and fit — relevant to adults of all ages. Events are held at the Richmond Senior Citizens Center, at the library's Berea branch, and at nursing homes and assisted-living facilities in the area.

Answering Seniors' Health Questions

Alongside the free yoga, PiYo (a mixture of Pilates and yoga) and Zumba classes offered at the Madison County Public Library's locations in Richmond and Berea, the library also offers programming which caters to the region's senior citizens — its Active Aging Series.

First begun in 2016 and rebranded earlier this year, the Active Aging Series explores a new topic each month that's relevant to the health and wellness of adults of all ages. Topic ideas are solicited from the county's active senior population. Series events are hosted at the Richmond Senior Citizens Center, at the Berea library branch and at nursing homes and assisted-living facilities in the area.

"It arose very quickly that there was a big need that wasn't being fulfilled," said Brandon Thompson, the library's outreach services coordinator and the program's creator. "Our seniors had all these important topics [that they wanted to learn more about], some stuff that really surprised me."

One of those topics was healthy senior romantic relationships.

For that event, Thompson arranged for a

couple who had been married for 69 years to hold a roundtable discussion with seniors to answer all of their questions candidly.

Other topics for the series have included fall prevention, diabetes information, and staying active and fit. Guest speakers have included a chiropractor and a fitness instructor.

Thompson estimates the program's reach is between 250 and 300 seniors each month.

In 2018, Thompson presented training for the Active Aging program to state librarians during the Kentucky Library Association's annual conference in Frankfort, in hopes that more libraries can host their own series.

Regular Health Screenings, Fairs

In Carroll County in Northern Kentucky, library officials also use members' feedback and interest to help determine programming.

"We kind of try to let our community dictate how they want to use our facilities and we probably experienced a fitness boom in our community probably five, 10 years ago," said Hillary Arney, director of the Carroll County Public Library in Carrollton.



Many of the Commonwealth's rural public libraries offer a variety of yoga classes for community members — from chair yoga to kids' yoga programs. Pamela Marks, the library director at Anderson Public Library in Lawrenceburg, participates in one her library's yoga classes. It's "a huge hit," she says.



A number of the Commonwealth's rural public libraries offer seedling exchange programs and gardening classes that help community members to grow their own healthy produce.

That interest led to a Zumba program that is still ongoing and a class that gathered to do a walking exercise DVD — though it has since disbanded.

The library sponsors regular health screenings and fairs in partnership with local hospitals and has teamed with downtown businesses to provide flu shot clinics. And, with cooperation from St. Elizabeth Hospital and the Susan G. Komen Foundation, the library hosts a mobile mammogram van one to two times a year to provide free mammograms to patrons.

The library also has weekly “make and take” programs that feature healthy recipes — homemade granola and DIY smoothie programs are in the works, Arney said.

Libraries are great sources of free, reliable wellness information and instruction for the public, she said.

“You can have everybody come in here, from all walks of life, and have access to the same information,” she said.

Cycling and Fighting Food Insecurity

In Western Kentucky, McCracken County Public Library Director Susan Baier said her library is often busy hosting one health-related program or another: the Pedal in Paducah bicycling program, six yoga programs, a walking program and flu shot clinic.

Pedal in Paducah, hosted in partnership with a local cycling club, encourages community members to develop a healthy hobby by taking part in “a series of laid-back, leisurely-paced, family-friendly rides” to notable spots around Paducah. Rides start and finish in the library’s parking lot. BikeWorld, a local bicycle shop, also provides bikes that can be borrowed free of charge for the rides.

Participants have logged nearly 1,000 miles so far.

Bike World co-owner Martha Emmons said about 35 to 40 people participate in the library-based rides.

“It’s just a really nice outreach for the library,” she said.

The library has also partnered with a local

“You can have everybody come in here, from all walks of life, and have access to the same information.”



Pedal in Paducah, hosted by the McCracken County Public Library in partnership with a local cycling club, encourages community members to take part in “a series of laid-back, leisurely-paced, family friendly rides” to spots around Paducah.

organization, Project Pomona, to help alleviate food insecurity in the community. Twice a month, project volunteers distribute donated food and household goods to anyone who needs it. The pickup location is the library’s parking lot.

In-between those bi-monthly food distribution days, a “tiny pantry,” located just outside the library, allows community members to donate or accept free nonperishable food as needed.

The library’s free yoga classes are also very popular with members, Baier said, including a “Book and Bend” program, a kids’ yoga program and others for different age groups.

“We’re here to support the overall health and well-being of a community and that takes many different forms and looks like many different things,” she said.

Paducah resident Susie Sigler, who’s attended a few yoga classes at the library, said she’s happy her

local library is always finding new and exciting ways to bring people like her inside.

“It’s about community coming together,” she said. “... I just found that wonderful.”

Teach Them Skills, Give Them Experiences

Back in Bell County, Cornett said special events and programs serve as a gateway into libraries, encouraging those who may not otherwise frequent the library to come in and learn something new, and ideally, become regular visitors.

“There’s always been a push in Kentucky libraries to widen the horizons of their patrons, to teach them more than just the appreciation of books but to teach them skills, give them experiences that they wouldn’t have otherwise,” she said. ■

Shannon Clinton is a Lawrenceburg-based freelance writer who for the past 25 years has written feature and business articles for publications across the southeastern U.S.





FEEDING KENTUCKY'S HUNGRY

**Glean Kentucky
gathers, distributes
produce to those
in need**

By Debra Gibson Isaacs

The numbers were outrageous, unacceptable.

It was 2010. One in six Kentuckians didn't know where their next meal was coming from. At the same time, 50 percent of food grown in America went to waste.

Friends John Walker, Jennifer Erena and Erica Horn had become aware of the issue and agreed the situation needed to change — drastically and fast. They didn't want to just discuss it; they wanted to do something. But what and how?

There wasn't just one problem, but two — hunger and food waste. They brainstormed and talked to their many friends who raised gardens and worked in restaurants or other nonprofits involved with food in the Lexington area.

Connect the dots, they decided.

They could collect food that was being grown but wasted and get it to people who needed it. They ended up forming an organization now known as Glean Kentucky. In March, Glean Kentucky celebrated its 10th anniversary.

A nonprofit based in Lexington, Glean Kentucky volunteers gather excess fresh fruits and vegetables and get them to the Commonwealth's hungry. The group gets its produce from farms, orchards, grocery stores and farmers markets, and then distributes it, free of charge, to more than 100 feeding programs — soup kitchens, food pantries, congregations and other nonprofits. While the organization originally served just the Lexington area, it has expanded its reach to more rural parts of Central Kentucky — Berea, Georgetown, Paris, Richmond, Stamping Ground and Winchester.



Do You Glean?

If you haven't heard of gleaning, don't feel alone.

Walker first learned about the practice back in the late 2000s, but few others knew about it then.

“There were a number of articles on the Web about people gleaning — gathering and redistributing — on the east and west coasts,” Walker recalled. “I'm sort of well connected with people who know about food in Lexington, so I asked them, ‘Do you glean?’ The answer was the same each time, ‘What's that?’”

Walker explained each time, and soon a cadre of



Glean Kentucky volunteers gather excess produce from farms, orchards, grocery stores and farmers markets and distribute it to more than 100 feeding programs. The food is delivered immediately after being harvested — which cuts down on spoilage as well as storage costs.

people were gathering to figure out how to glean in Kentucky. Gardeners all, the friends wanted to start with gleaning fruits and vegetables — which are fragile and perishable, and often are lacking in most of the meals served by organizations that feed the hungry.

It was time to set a goal for the first year. They set two: get 10 suppliers and 10 recipients, and glean 10,000 pounds of produce.

‘Give Us Your Food’

Like most good ideas, making it a reality was harder than it seemed at first.

“When you turn up at someone’s door and say, ‘Give us your food, and we will give it away,’ it is a big call,” Walker said. “They had to trust we would do what we said we were going to.”

Trudie Reed with Reed Valley Orchard in Paris, in Harrison County, was one of the first farmers willing to participate. She wanted to donate fruit from her orchard to God’s Pantry Food Bank, which serves 50 counties in Central and Eastern Kentucky.

Glean now had one supplier and one recipient.

“I can’t speak too highly of Trudie,” Walker said. “Because of people like the Reeds, we have succeeded. People trusted us and have been extremely generous.”

In its first year, Glean Kentucky put 37,000 pounds

of produce into the hands of people who needed it, more than tripling the organization’s original goal.

It wasn’t easy. Each bit of donated produce had to be picked up and driven immediately to a recipient organization.

“Glean Kentucky is not a unique model, but the way we put it together 10 years ago was unique,” Walker said. “Some people store food and people come to them to get it. We deliver straight away. It’s where it is going within a half an hour. There is no potential for spoilage, and we don’t incur any storage costs.”

Even so, it can be a logistical nightmare.

The organization made it four years on volunteer power alone, but eventually needed a full-time staff member to coordinate the ever-increasing number of volunteers, pickups and deliveries, as well as carve out a path for growth. Stephanie Wooten was hired as executive director in October 2014.

“We have experienced exponential growth,” Wooten said. “We now typically glean 250,000 to 300,000 pounds of produce a year. Since 2010, we have gleaned 1.8 million pounds.”

That has happened one partnership at a time, Wooten said.

“We formed partnerships with grocery stores,” she said. “We identified neighborhood-based programs



In its first year of operation, back in 2010, Glean Kentucky volunteers harvested 37,000 pounds of produce. Today, volunteers typically 'glean' 250,000 to 300,000 pounds. Over the last 10 years, the organization's volunteers have gleaned 1.8 million pounds of fruits and vegetables to help feed Kentucky's hungry.

that had [a] need for fresh produce. We were and always are open to hearing from farmers.”

Farmers are Invaluable

One of those farmers is Maggie Dungan, owner of Salad Days Farm, a certified organic GAP (Good Agriculture Practices) farm in Versailles, in Woodford County. She grows produce for fresh market sales, wholesale institutions and direct sales.

She has been farming since 2015, working in a profession she considers one of the most important.

“There are a lot of professions, but when it comes down to it, food, water and shelter are what we all have to have,” she said.

Dungan learned about Glean Kentucky at a farmers market.

“They came at the end of the day and asked if we had anything we wanted to donate and explained what they did with it,” she said. “I had some radishes that did not sell but needed harvesting. They told me they would harvest them, and they did. They didn’t leave a single radish. They do not let anything go to waste. They put the food to good use with very little work on my part. They have come out and gotten greens, peppers, cucumbers and herbs.”

Other produce donors stretch from Berea to

Georgetown, Owenton to Shelbyville.

And, the benefits to those donors are straightforward: Glean Kentucky serves as an outlet for produce that can’t be sold because there’s just too much of it, a surplus; because it’s unmarketable; because it has imperfections; or because there may be shortages of time and staff to harvest it. In addition, donors may be eligible for tax deductions.

The volunteers who travel to farms and other sources to harvest produce are also an important part of making the program work, according to Wooten. Those volunteers, who receive special training from the organization, may make one harvest trip a week or multiple trips. Since Glean Kentucky serves a large region and is looking to expand — eventually into a statewide organization — more volunteers are always needed.

“Volunteers help us do the bulk of our mission,” she said. “There are 500 to 600 people each year who help, but we are always looking for volunteers.”

Jillian Pyatte, who lives in Lexington, has volunteered for two years after first learning about Glean Kentucky at a volunteer fair. This year she is president of the organization’s board of directors.

“Glean is taking produce that otherwise would be

Glean Kentucky *Continued on page 26*

WORKING

TO FILL THE

GAPS

Community Paramedicine Programs Provide Care to Kentucky's Vulnerable

By Kim Kobersmith

Ruth Patton lives by herself in rural Montgomery County.

And, she has a history of hospital admissions due to chronic health conditions.

In 2018, the 72-year-old made eight visits to the emergency room — each of which resulted in a seven-day hospital stay.

After an additional lengthy hospital stay in January 2019, her health care team referred her for follow-up care to the community paramedicine program operated by Montgomery County Fire/EMS. That program, one of two running in rural parts of Kentucky, uses emergency medical services (EMS) providers in an expanded role: Rather than delivering patient care for acute or emergency events — the work we tend to expect of EMS professionals — community paramedics instead provide non-emergency care to patients who might unnecessarily use 911 or emergency department services, or those who may be at risk of hospital readmission.

In Patton's case, the community paramedics who treated her made regular visits to her home following her release from the hospital. They helped her decipher her discharge instructions, aided her in calling in to her pharmacist to get prescriptions refilled and introduced her to exercise games.

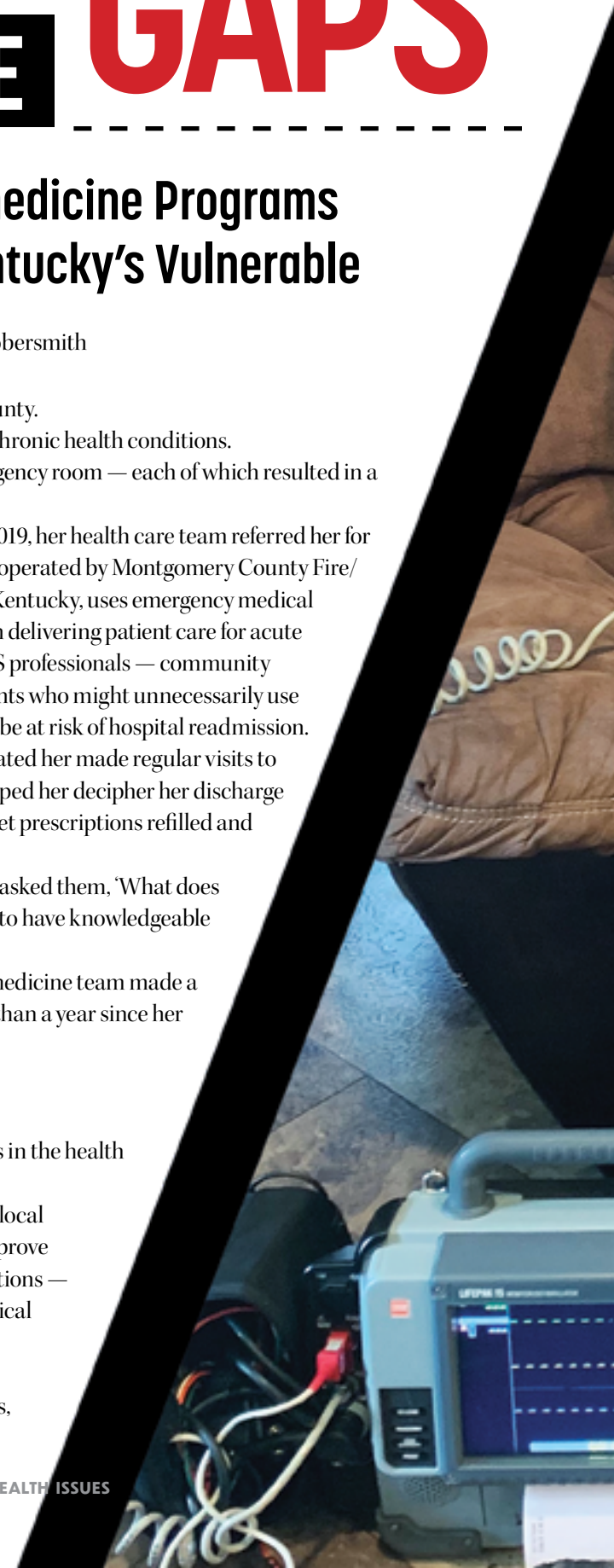
"They helped take me out of a depression," she says. "I asked them, 'What does that mean?' and 'Is that good or bad?' It was really helpful to have knowledgeable people to answer my questions."

Six months of interventions by the community paramedicine team made a significant difference in Patton's health: In the now more than a year since her last hospital stay, she has not been readmitted.

A Healthier Community

Community paramedicine programs work to fill gaps in the health care system.

While the specific goals of any program are based on local needs, they all have in common the use of EMS staff to improve the health outcomes among medically vulnerable populations — the chronically ill who have difficulty getting to their medical provider's office or who frequently cancel appointments, patients who have recently been hospitalized and would benefit from monitoring in order to prevent complications, and patients in need of social supports who regularly call





Zach Adams, a community paramedic with Montgomery County Fire/EMS, checks the vitals of one of his patients. Much of his work, he says, “is about educating patients.”

911.

Community paramedics can offer a range of patient care services: from encouraging patients to manage their care and treatment, and educating patients on medication administration, to providing assistance in locating community-based resources, working with a health care team to follow a care plan, and providing immunizations and wound care.

So, the work of community paramedics is really a mix of home health care and education, community health outreach and social work.

And, the end result of those efforts is a healthier community and financial savings in the health care industry.

Mike Poynter, executive director of the Kentucky Board of Emergency Medical Services (KBEMS), is a big proponent of community paramedicine.

He first heard about the specialty at a conference five years ago and foresaw its benefits — personal, communal and financial.

He quickly became the first community paramedic in the state and enacted plans for KBEMS — the state agency that certifies and licenses emergency medical personnel, establishes education and training for the education of those personnel, and licenses ambulance services — to proactively expand community paramedicine programs throughout the Commonwealth.

Since 2017, eight EMS services across Kentucky have participated in a multi-year community paramedicine pilot program to gather data, share information and report cumulative statistics back to KBEMS.

The results, so far, are promising.

In the pilot program's second year — which ended in May 2018 — KBEMS reported that the participating EMS services prevented 1,500 emergency transports and 2,500 calls to 911. Services also prevented 139 readmissions.

In addition, 159 participants were referred to primary care physicians for on-going care.

Two rural areas — Calloway County in the western part of Kentucky and Montgomery County in the east — implemented community paramedicine programs as part of that statewide pilot program. While the community paramedicine programs in these two communities have the same objectives as their urban counterparts — to reduce 911 calls from frequent users and decrease hospital readmissions — EMS leaders

note they also have a different emphasis to meet community needs.

“Rural programs usually focus more on prevention, education and follow-up care,” says Poynter. “They see fewer ‘friendly faces’ [frequent users who are not in medical distress, but need social services] and more clients with chronic illnesses.”

‘I Got to Know Everything’

Scott Adams was serving as a shift captain at Murray-Calloway County EMS when director Marty Barnett invited him to change roles in 2017. Adams was asked if he had an interest in developing the service's community paramedicine program.

Over the last three years, he has forged a supportive relationship with the chief medical officer at Murray-Calloway County Hospital and has become an integral part of the whole health care picture in the hospital and EMS system.

Adams says he's learned at the hospital's daily discharge briefings about patients who might benefit from the community paramedicine program. The medical staff there view him as part of the team, he says, and they've seen firsthand the program's results. The hospital's readmission rate at its highest was 22 percent. It's now closer to 4 to 5 percent. And, the community paramedicine program has played a role in that.

One of the program's primary concerns is keeping older residents healthy after they leave the hospital.

To help ensure that, Adams uses a home safety survey which aids in identifying and correcting potential safety hazards in patients' homes — making sure there is gripper tape on the bottom of throw rugs, checking for adequate lighting throughout the home, and confirming there are handrails in showers and accessibility ramps in necessary places. The hospital's foundation assists financially with making the required home improvements.

Adams has also been tapped by both the hospital and the hospital's physician's group to be part of the community effort to slow the spread of COVID-19.

He has worked with five assisted living centers in the region to perform more than 80 on-site flu, strep and COVID-19 tests as well as deliver medications — which eliminates the need for the high-risk population living there from having to leave their home. Local clinics have also tapped his services to visit the homes of high-risk patients who need phlebotomy work. That



Mike Poynter, executive director of the Kentucky Board of Emergency Medical Services, became the first board certified community paramedic in Kentucky in 2017. His certification is through the International Board of Specialty Certification.

way, the patients can avoid possible exposure at an outpatient lab.

Adams says the community paramedicine program's team can easily become family to their patients.

That's just what happened with Dennis, who was suffering from some wounds that were not covered by insurance. He lived alone and had no family.

Community paramedicine program staff tended to Dennis for seven months, sometimes up to three days a week. The entire EMS service became his family. And, they ensured that he could celebrate Christmas.

Months after Dennis's wounds healed and after he was no longer receiving services from the community paramedicine program, he called Adams when his health was deteriorating. And, it was Adams who convinced Dennis to request hospice end-of-life care.

"I attended his funeral," says Adams. "As a community paramedic, I got to know his backstory. I got to know everything."

Building Relationships, Educating Patients

Zach Adams, no relation to Scott, has worked as a community paramedic with Montgomery County Fire/EMS since February 2019.

The service employs three community paramedics so that one is on duty around the clock. Those paramedics also serve as extra hands for the regular EMS crew when needed. The department developed its own protocols based on those of practitioners in Minnesota, a community paramedicine leader, but tailored to the Eastern Kentucky community.

In trying to reduce emergency calls in the region, the Montgomery County community paramedics provide empowering care in patients' homes and work to build a personal relationship with each one. And, they're always available to help with non-life-threatening medical concerns.

Refrigerator magnets remind patients to call the community paramedics first.

"A lot of it is about educating patients," says Zach Adams, who was one of the community paramedics who assisted Ruth Patton.

When patients like Ruth — who have complicated chronic conditions — are discharged from the hospital, they're often presented with a dizzying array of instructions for home care. One of the things Zach

Adams did for Ruth, he says, was interpret the complex language of her hospital discharge packet.

He also found ways to help her creatively implement her treatment plan.

She was prescribed a breathing machine that she wasn't using because it was uncomfortable to wear at night. Together, the two developed a plan for her to use it instead while she watched movies during the day.

Zach Adams knew the community paramedicine program's interventions were making a difference with Ruth when, after a few weeks of care, he arrived at her home to see her furniture rearranged. Her energy had increased to a point where she felt capable of physical tasks again.

Zach Adams says the community paramedicine work boosts the morale of the entire EMS service.

"Going on calls to the same person over and over is hard on them," he says. "Now those patients can save their non-emergency concerns for my scheduled visit."

Challenges for Programs

Alongside the health benefits of community paramedicine programs, there are obvious financial benefits.

The reduction of unnecessary emergency transports, for instance, cuts costs for EMS services.

And, hospitals see financial benefits, too. When patients are readmitted within 30 days of discharge, hospitals may be penalized, including the possibility of receiving no insurance reimbursement for the treatment provided.

But, there's also a cost factor: Most of the community paramedicine programs involved in the Commonwealth's pilot program are self-funded entirely by the EMS services that operate them. It can be hard for EMS agencies to justify program costs since the savings to the health care system are hard to see and quantify. (An exception to this funding model is the community paramedicine program in Lexington. When city officials recently announced the end of funding for the program there and its potential elimination, three area hospitals donated funds to ensure its continuation.)

Poynter, the KBEMS director, says insurance companies are supportive of community paramedicine programs but billing details for these services have not yet been ironed out.

The work of community paramedics also reveals



additional gaps in society — especially in the area of social interaction — that these programs are not equipped to fill.

Scott Adams points to a patient who lived alone, had no family and cherished Adams' regular visits. The patient enjoyed his companionship as much as she did the health care Adams provided, and, she didn't want the visits to end. She went so far as to check into the local emergency room with no medical concern hoping it would give her another 30 days of his care.

Officials in Montgomery County have also had to deal with a different kind of challenge.

Patients in community paramedicine programs are required to have a supervising physician and Montgomery County Fire/EMS does not yet have one of their own.

In addition, the county's primary hospital was initially reluctant to sign on to and refer patients to a program with unknown liabilities. So, instead, the service partnered with a regional hospital to refer patients — enabling the program to provide care to about 25 percent of the county's population.

Now that the community paramedicine program has made a positive and visible impact in the area, officials at the primary hospital have begun conversations about partnering with the program.

State Certification Coming

Under KBEMS' leadership, Kentucky has developed one of the country's most comprehensive community paramedicine programs. The current pilot program has laid important groundwork for seeing the impact of community paramedicine and building support. Most states do not have licensing procedures in place yet, but a Kentucky statewide task force is on a fast track to finalizing certification procedures by the year's end.

Those regulations will specify the training, education and clinical requirements for community paramedics. And, the licensing process will allow established community paramedicine programs to become permanent and open up possibilities for new programs across the Commonwealth.

Poynter and both Scott Adams and Zach Adams say they see only an increase in the need for this kind of health intervention and the resulting benefits for citizens, communities, EMS staff and health care institutions.

"I really believe community paramedicine will save the state millions of dollars in health care costs," Poynter says. "And people will realize the breadth of what EMS is and how we are trying to improve the health of Kentuckians." ■

Kim Kobersmith is a freelance writer based in Berea.



Pikeville Medical Center hosts tours for kids to help make hospitals seem *less scary*

By Katheran Wasson

The next time you visit Pikeville Medical Center, you might just see a small troop of lab coat-clad children walking through the halls.

It's part of a new tour program meant to help kids understand that visits to the hospital don't have to be scary.

"We all just felt like there was a need to show our pediatric population that going to the emergency department is not as scary as you may think it is," said Brandi Adkins, a clinical manager in the hospital's emergency department. "We wanted them to know that we are here to take care of them and help them feel better."

'They Have All Kinds of Questions'

Adkins, along with fellow clinical manager Megan Allen and Director of Emergency Services Dale Morton, dreamed up the tour program last year. The first tour was held in November 2019.

Following some local publicity, requests for tours grew.

And, although the emergency department

spearheaded the tours, participants — students in kindergarten through third grade from area schools — are guided to different stations throughout the hospital.

Respiratory therapists explain breathing treatments and play sound clips of healthy lungs and sick lungs.

Kids learn about IVs and X-rays and how splints and slings work.

They practice good hand-washing techniques and learn how medical staff takes vital signs with tools like blood pressure cuffs and fingertip pulse oximeters.

They also visit the pediatric floor so the kids know what to expect if they ever have to spend the night in the hospital.

After the three-hour tour, the visitors stay for a box lunch served in the cafeteria.

They go home with their own lab coats and a goodie bag filled with coloring sheets and other treats.

"They have all kinds of questions — they think of stuff we never think of," Adkins said, adding that teachers have reported their students continue to talk



about what they learned during the bus ride home and also once they are back at school.

Amanda Lawson, who works in the hospital's public relations department, praised the team for its efforts.

"They have big hearts and a big passion for what they do. Not only do they provide good care, but they take it an extra step to make sure kids feel welcome and know what's going on and inspire young minds," Lawson said. "The kids could be a future doctor in our emergency department — you never know what impact you're having on a little mind."

The tours are part of a larger push toward providing pediatric care at Pikeville Medical Center.

The hospital's emergency department has been seeing an increasing number of pediatric patients — which prompted hospital staff last November to seek certification as a Pediatric Ready Emergency Department from the Kentucky Emergency Medical Services for Children Program. A new pediatric wing is planned for the emergency department. And, the hospital recently launched a telehealth program with local schools.

'A Very Rewarding Experience'

The hospital chose to pause tours during this past flu season, with plans to restart in March. Then, the COVID-19 crisis hit and those plans were quickly halted.

"I think it gives us more time to revisit the tours we've had, to figure out what worked and what we could do better," Adkins said. "It gives us topics to talk about when the tours do start again."

Once they do start again, the hospital's staff will be waiting.

Many staff members have volunteered to help out. They like doing the tours.

And, Adkins said, the tours have influenced how the facility's staff interacts with kids.

"Knowing you can help mold the future that might replace you some day is very rewarding, and the kids are funny. It brings a light into the emergency department," Adkins said. "I would absolutely recommend it to other hospitals. It is a very rewarding experience to bring them in and teach them and show them it is nothing they should be scared of." ■

Katheran Wasson is a Northern Kentucky-based writer and editor who covers business, health, agriculture and life in Kentucky.



One Patient at a Time

Southeastern Kentucky ENT surgical specialist retires after 45 years of service

By Robin Roenker

Back in the mid-1970s when Dr. Samir “Sam” Guindi first set foot in Harlan, in the mountains of Eastern Kentucky, he came looking for a job. The community was in need of an ear, nose and throat (ENT) physician.

For much of the ensuing nearly five decades, he’s remained the only ENT surgical specialist serving the region.

He’s seen more than 200,000 patients in that time and conducted more than 30,000 surgical procedures.

And, although he was born and educated thousands of miles away in Egypt, Guindi found his home — and the headquarters for his 45-year career — in Harlan County.

That career ended earlier this year, in February, when Guindi retired from his practice at the ARH Daniel Boone Clinic.

“Dr. Guindi was second to none in terms of the quality of his surgical specialty and his skill as a provider,” said Mark Bell, the patient and community advocate at Harlan ARH Hospital. Guindi’s “humble, compassionate nature” made him a favorite with his patients, Bell added.

Serving the Region

Guindi, 80, graduated from medical school at Ain Shams University in Cairo in 1964 before completing an ENT residency at the Air Force General Hospital in Egypt’s capital.

Following his marriage in 1968 to Laila Guindi — who herself has a doctorate in organic chemistry — the couple moved to England, where Guindi completed a postgraduate appointment at The Royal College of Surgeons of England in London. He later completed a fellowship at the Royal College of Surgeons of Edinburgh, in Scotland.

By 1975, Guindi, his wife, and their two young sons, Sherif and Alfi, had immigrated to the United States, and were staying in New York City with Guindi’s brother-in-law.

In October 1975, the couple traveled to Harlan for the first time — in order to weigh the possibility of moving there.

“I looked up job listings for ENTs, and there were three advertisements,” Guindi recalled recently, speaking by phone from his home in Knoxville, Tennessee, where he moved following his retirement.



Dr. Samir “Sam” Guindi has served Eastern Kentucky as an ear, nose and throat physician for nearly 50 years. In that time, he’s seen more than 200,000 patients and conducted more than 30,000 surgical procedures.



To reach out to more patients, Guindi established satellite clinics in Whitesburg, Hazard, Middlesboro and Barbourville. He was supported in this expansion by the Kentucky Office for Children with Special Health Care Needs.

“One was for a position in New Jersey. One was in Virginia. And the other was in Harlan, Kentucky. Both Virginia and New Jersey were prepared to accept me without even having an interview, but we decided to give Kentucky a look to see what was going on there.”

The beauty of the region and the friendliness of the people in Eastern Kentucky convinced Guindi that his calling was in Harlan.

“My appointment [with administrators from Appalachian Regional Healthcare] was on October 25, and the mountains were beautiful in all of their fall color,” he recalled. “And they really spread out the red carpet” to welcome us.

In order to reach more patients, Guindi kept his base in Harlan but also eventually opened weekly satellite clinics in Whitesburg, Hazard, Middlesboro and Barbourville with support from the Kentucky Office for Children with Special Health Care Needs.

“I opened the clinic in Whitesburg first,” he said. “I’d open at 7 a.m. and stay till 7 p.m., and we’d see around 70 patients a day.”

Early in his tenure, the University of Kentucky had no dedicated ENT program, so Guindi was often charged with handling extreme specialty cases — such as cancers of the throat — independently from his operating room at Harlan ARH Hospital.

“I had one memorable 37-year-old patient with cancer of the larynx which was spreading to her lymph nodes,” Guindi said. “I did a laryngectomy with radical neck dissection single-handedly [with no assistant physician] with the help of two nurses. She was cured for many years and was able to retain her ability to talk.”

Welcoming to Everyone

More often, though, Guindi saw and treated both children and adults with more routine conditions — including chronic ear infections or other ear ailments, such as tinnitus (ringing in the ears) or hearing loss.

“I used to do surgery three days a week,” he said. “On Friday, I’d do small cases like [ear] tubes and things like that, where they didn’t have to stay the night. We’d do maybe nine or ten a day. And on Monday and Tuesday, I would do the other [more complicated] cases.”

Guindi credits tenacity — and a love for his job — for keeping him going strong for so many years, despite grueling hours and a difficult travel schedule to his clinic sites.

Once, in the early 1980s, Guindi and one of his nurses were involved in a car accident with a tractor trailer while on their way to the Whitesburg clinic. Their car was totaled and the nurse suffered a broken nose — which Guindi reset on the spot. But, rather than miss their scheduled appointments for the day, they had a colleague from Harlan pick them up so they could continue on to Whitesburg.

“He is just wonderful. I can’t say enough good things about him,” said Kathy Sherman, a registered nurse in Hazard who worked with Guindi at his ENT clinics in Whitesburg and Hazard every Thursday for 23 years.

“In all the years we worked together, I never one time saw him upset with a co-worker, an employee, a patient or a family. He just was totally professional, down-to-earth, friendly and welcoming to everyone,” Sherman said.

Early in his career, Guindi would routinely purchase cases of Dimetapp in order to have the over-the-counter decongestant for children on hand at his

“I took my profession very seriously, but at the same time enjoyed it very much. For a doctor or a surgeon, you can see the results [of your work] in front of your eyes. It’s very rewarding.”

-Dr. Samir “Sam” Guindi

clinics. He’d often distribute bottles to parents of his young patients when buying it themselves may have been financially difficult, Sherman said.

“At that time, we didn’t have KTAP [the Kentucky Transitional Assistance Program] and most of our kids didn’t have medical cards or insurance,” Sherman said. “Many times, he would call in a prescription saying, ‘This will work best.’ But families would then call me and say, ‘I can’t afford this.’ So, he would call in something cheaper, or he would give me samples that he’d received to give to them.”

Sherman noted that, in many ways, Guindi was also on the front lines of bringing “telemedicine” to the region.

“The patients that we saw routinely, if they had a child with another ear infection, he would not make them have to wait a week [until the next weekly clinic in their city] to see him,” Sherman said. “They would call me, and I would call him, and he would call in antibiotics or other prescriptions to hold them over until they could come in. That saved a lot of eardrums from bursting.”

A Rewarding Career

Now fully relocated from Harlan to Knoxville, where he’d kept a second home throughout much of his career so that his sons could attend middle and high school there, Guindi is relishing the opportunity to enjoy retirement with his wife.

The couple are avid tennis players, having played competitive doubles together for years — often winning state titles in Tennessee and once even finishing in fourth place at a national championship for amateur players.

The couple have also added hiking to their weekly regimen, something that Guindi hadn’t had the time to do regularly during his busy career.

Plus, they’re enjoying more family time with their

sons — Sherif, a former public defender and assistant commonwealth attorney in Harlan who now lives and works in Knoxville, and Alfi, a former Marine Corps captain who now practices as an intellectual property rights attorney — as well as daughters-in-law and two grandsons.

Looking back, Guindi admits his career trajectory could have gone very differently had he not been so admittedly — in his words — “stubborn.”

When the Guindi family initially moved to Harlan, several events unfolded in their first few months in Kentucky that might have convinced a less tenacious young physician to rethink his chosen job location.

Their first winter was brutally cold with lots of snow and temperatures reaching as low as 20 degrees below zero.

“I lived on a hill without four-wheel drive, and we got stuck often at the bottom,” he recalled.

Strikes at area mines were also underway.

And, the family’s first spring in Eastern Kentucky was unusually wet. Roads were flooded. It made a planned Easter visit from his wife’s family in Georgia impossible.

Still, the family stayed.

“The manager of the Harlan clinic became my neighbor, and he and his wife and kids became our family’s best friends,” Guindi said. “We knew we wanted to live in a small town, and Harlan was such a nice community.”

Reflecting on his long and successful career, Guindi said he can’t imagine having chosen a more worthwhile path than becoming a physician and surgeon.

“I took my profession very seriously, but at the same time enjoyed it very much,” he said. “For a doctor or a surgeon, you can see the results [of your work] in front of your eyes. It’s very rewarding.” ■

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

in the landfill,” Pyatte said. “Glean is getting [food] to people in true need.”

Size Doesn’t Matter

Glean Kentucky has no limits on size in any regard — whether it is the amount of food donated or the size of the organization receiving that food.

James Barnett, executive director of ACCESS Soup Kitchen and Men’s Shelter in Frankfort, said Glean Kentucky helps his group provide food to those who visit the soup kitchen. Sometimes, there’s even produce for the soup kitchen’s patrons to take home as well.

“When Glean brings us more vegetables than we need to prepare a meal, we have enough for people to take some back to their home,” Barnett said. “Sometimes these are the only fresh vegetables people get.”

ACCESS, the acronym for Actively Caring



Christians Enlisting Support Services, was established by the Coalition of Committed Christians, Inc. in 1984 after a man froze to death under the Capitol City Bridge. The organization formed to ensure this never happened again. And it hasn’t.

Instead, the group’s soup kitchen and shelter has provided those who need it a hot meal every day, a warm place to sleep as well as clothing and other needs.

Empathy and Compassion

Back at the home office, Wooten is in charge of big picture planning so others might be able to use the model Glean Kentucky has created. She’s assembling a guide to help those interested learn how to glean and form their own gleaning organizations.

Like the fruits and vegetables they distribute, Wooten hopes to grow Glean Kentucky in a sustainable way.

“Our most immediate goal is to identify another region in Kentucky to implement our regional model,” she said. “Once we get that area down, we will work with another area.

“For me it is about honoring our process. The last thing farmers want to do is throw away food. We encourage people to glean with us. I have such respect for the farmers who grow our food. I know the blood and sweat and tears that went into it.”

Adds her friend John Walker: “If you have ever grown food, you know that wonderful feeling of picking a tomato at just the right time, having fresh beans to cook or realizing you have too many beans and can give some away. We as a people have lost our ability to be resilient and our sense of empathy and compassion. If we all turned on our empathy and compassion, we would see a huge difference.” ■

**LEARN
MORE**

To find out more about Glean Kentucky or to donate to the group, visit them at www.gleankentucky.org. The organization is particularly interested in hearing from farmers.

Debra Gibson Isaacs is a Lexington-based writer and photographer who has worked in the field for more than 35 years. She enjoys telling the stories of diverse people, places and organizations.



Meet

*Elizabeth
Scheidler*

APRN
COMMUNITY MEDICAL CLINIC
Princeton, Kentucky



- **When did your service begin?**
September 2018
- **What are your job responsibilities at your NHSC practice site?**
Primary care provider for patients of all ages.
- **How did you first learn about NHSC programs?**
I learned of the NHSC program during my graduate program at Murray State University.
- **What does it mean to you to be a NHSC participant?**
Participation in the NHSC requires service in an underserved area. To me this is important because it helps to assure access to care for patients in medically underserved areas. These areas are typically more rural and patients do not have access to providers and specialists without having to travel significant distances. The NHSC encourages providers to practice in these areas so that patients can receive needed treatment and preventive services to vastly improve the health of these communities.

- **What is the most important thing/lesson that you've learned during your NHSC service?**
Participation in the program has shown me that there is a significant need for more health care services in rural, underserved communities.
- **What advice would you offer to someone who is considering participating in NHSC programs?**
I would encourage providers to take advantage of this program. It is an excellent way to get student loans repaid and provide a valuable service to populations that need providers. There are excellent videos and information on the website to provide help and guidance to help you navigate the process. It is definitely worth it. ■

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*.



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