SUMMER EDITION 2020

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

VOICES FROM THE FRONT LINES

Rural Kentucky Responds to the COVID-19 Pandemic

KORH
Kentucky Office of Rural Health
UK Center of Excellence in Rural Health

A WORD FROM

Ernie L. Scott

DIRECTOR, KENTUCKY OFFICE OF RURAL HEALTH

RECOGNIZING HEROES OF *the pandemic*

They have been called angels. Soldiers. And warriors.

Many were just doing their job.

Others were doing what just seemed like the right thing to do during a national public health emergency — reaching out to help those in need, whether they were neighbors or complete strangers.

No matter what you call them, no matter the motivation behind their work, they are all the heroes of the COVID-19 pandemic: the EMTs, the nurses, the physicians, the medical facility administrators, the government officials, the volunteers and countless others.

They transported patients who needed medical care.

They treated suspected COVID cases. And, when there were limitations on patient visitation, those same health professionals served as surrogate family members.

They kept the doors of medical facilities open and services available to community members.

They made personal protective equipment.

They helped to fight the food insecurity faced by those who were financially impacted by the pandemic.

They volunteered to use their clinical skills in new settings.

They helped to oversee local and state-level responses.

Each one of them stepped up.

This special issue of *The Bridge*, which we've titled 'Voices from the Front Lines: Rural Kentucky Responds to the COVID-19 Pandemic,' is an attempt to document some of what has happened across Kentucky's rural communities during this outbreak. The 16 question-and-answer profiles that follow — based on interviews conducted by our staff in June and July — provide a snapshot of the faces, voices and experiences of nearly two dozen professionals and volunteers who worked in a wide variety of health care and health care-related settings throughout the Bluegrass State's rural counties.

One of Kentucky's local public health directors talks about her efforts to reach out to the Amish and Mennonite communities in her region.

Two nurses from a critical access hospital share their experiences gowning up and serving all of the health care needs of COVID patients at their facility.

A community health worker discusses her attempts to ensure that the medically underserved in her community had food, insurance and health care needs met.

A hospital CEO documents her hospital's response to the Commonwealth's very first COVID case.

That's a small sampling of the voices that we've tried to bring together in this issue.

At the same time, this issue of *The Bridge* also serves as a tribute of sorts. By highlighting the efforts of so many across the Commonwealth who have given so much of themselves — they've made sacrifices to their own personal health and well-being, as well as sacrifices of their time — we're acknowledging and celebrating their selfless commitment to others. Not everyone is made to be a nurse, or a clinic administrator, or a paramedic. Not everyone is in a position to volunteer. But, without each and every one of the health professionals and volunteers we feature in this issue's pages — as well as the countless others we couldn't fit into this issue — who knows where we and our neighbors might be today. We're thankful for every moment, every hour and every day that each gave in response to the COVID-19 pandemic.

So many rural Kentuckians have been painfully impacted by COVID-19. The blow it's caused to our daily lives is not something that will soon be forgotten: Some have lost their jobs. Some have gone without food. Some have become sick. Some have lost a loved one.

But, each of the heroes profiled in this issue helped to make that impact, that hurt, feel just a little less painful.

We should remember them; remember what they did for us, for all of us. And, we should thank them.

This special issue of *The Bridge* attempts to do just that.

CONTENTS

04
PROFILE:
Dr. Steven Stack

06
PROFILE:
Sheila Currans

08
PROFILE:
Patti Boone

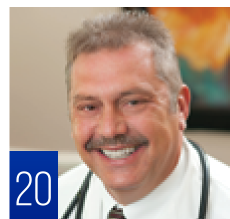
10
PROFILE:
Dewey Rains

12
PROFILE:
Reba & Mickey Bowling

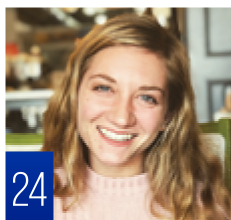
14
PROFILE:
Lisa Dossett & Jessica Belt

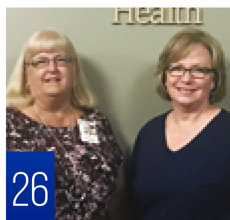
16
PROFILE:
Heather McGuire, Amanda Meier & Meredith Doughty

18
PROFILE:
Jen Harris

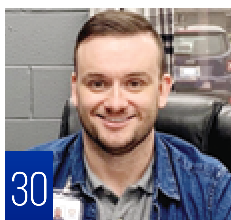

20
PROFILE:
Dr. Anthony Stumbo

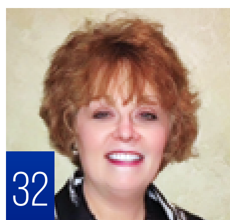
22
PROFILE:
Tammy Spears


24
PROFILE:
Madison Eads


26
PROFILE:
Ina Glass & Paula Ledford

28
PROFILE:
Kimberly Smith


30
PROFILE:
Joshua Embry


32
PROFILE:
Kecia Fulcher

34
PROFILE:
Daryl Flatt

On the Cover

On the Backroads of Bourbon County
Photographer | Michael McGill

The Colville Covered Bridge, originally built in 1877, spans Hinkston Creek near Millersburg, in Bourbon County. The bridge was added to the National Register of Historic Places in 1974.

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.

COORDINATING KENTUCKY'S RESPONSE

Dr. Steven Stack, the recently appointed commissioner of the Kentucky Department for Public Health, has spearheaded the Bluegrass State's response to the coronavirus public health emergency. Stack previously served as medical director of emergency departments at St. Joseph East (Lexington), St. Joseph Mt. Sterling and Baptist Memorial Hospital in Memphis, Tennessee.

Q: You officially began your position as commissioner in the Kentucky Department for Public Health (KDPH) on February 10. And, coronavirus cases started hitting Kentucky, beginning in Cynthiana, less than a month later. How have these first few months on the job been for you — as you've faced the monumental task of helping to coordinate the Commonwealth's response to a pandemic?

A: My first four months as commissioner have been both demanding and a privilege. Public health covers a wide spectrum ranging from maternal-child health, women's health, and prevention and safety to laboratory services and vital statistics (e.g., birth, death, and other certifications). But two other areas, preparedness (e.g., emergency response) and epidemiology, quickly took center stage just three weeks into my tenure. COVID-19 is a public health threat the likes of which we have not seen in more than a century and this crisis has consumed most of my first months on the job. The KDPH, in partnership with local health departments throughout the Commonwealth, have truly risen to the challenge. It is an honor to serve alongside these professionals safeguarding Kentuckians.

Q: How do you think rural Kentuckians, to date, have handled the current public health emergency?

A: This crisis has been a terrible strain on all of society. When Gov. Beshear declared a state of emergency on March 6, though, Kentuckians rose to the challenge and stayed healthy at home to blunt the pandemic curve. And, Kentucky succeeded. The initial wave of illness and death was profoundly lower than protections had modeled. Rural Kentuckians stepped up during these early months to slow the spread of COVID-19.

As the Commonwealth's top public health official, what's been your biggest concern during the COVID-19 outbreak? Is there one thing, for instance, that's regularly kept you up at night and caused you to lose sleep over?

I'll share two. First, complacency. Our need and desire to get back to our regular lives may cause many of us to take this virus for granted and to disregard the serious public health need to practice social distancing, wear masks and practice better hand hygiene. This could result in serious consequences of overwhelmed hospitals and increased deaths in communities where the disease rapidly escalates. Second, the economic and social consequences of this disease are staggering. Early projections estimated that 1 to 2 percent of Kentuckians and Americans could die from this illness in 2020 if it ran through the country unchecked. This drove aggressive mitigation measures across the nation. The difficult trade-offs between widespread loss of life and economic hardship, with its own associated harms, though, weigh heavily on me in many of these decisions.

What is the biggest challenge that you and your staff at the KDPH have faced since the COVID-19 pandemic began? How have you handled it?

The sheer magnitude and rapidity of this crisis have been staggering. In the early weeks and months, nearly every day brought with it new and seemingly insolvable challenges on an enormous scale. We had to continuously define the new problems, identify leaders and teams to take accountability for them, and quickly deploy strategies to address them PPE (personal protective equipment), testing supplies and labs, confined populations (i.e., nursing homes, prisons), factories and plants, schools and childcare, all represent enormous difficulties in their own right, let alone when they all occur at the same time. The public health community at KDPH and at local health departments throughout the state, in partnership with many other public and private sector collaborators, have really been wonderful, though, in working together to confront these threats.

What is the biggest success that you and your staff at the KDPH have been able to achieve during the COVID-19 pandemic? How were you able to make it happen?

Team Kentucky blunted the epidemic curve. The data show that and published research from the University of Kentucky, the University of Louisville and other sources have shown this. KDPH has played a central role advising the governor, organizing supplies, supporting communities in distress and building solutions to address one major challenge after another. The teamwork, comradery and dedication of the KDPH team has been remarkable and is a true testament to the professionalism and compassion of these public health servants. The folks at KDPH and also at local health departments throughout the state have worked tirelessly to keep Kentuckians safe as if they were members of their own families. This commitment arises from the goodness of the people involved — they deserve all the credit.

The COVID-19 pandemic has certainly brought greater attention to public health and the work of Kentucky's public health departments. What's the main message you hope the general public understands about the work of the Commonwealth's public health officials?

Public health plays an essential role throughout the year, every year, in pursuit of its core missions to prevent, promote and protect Kentuckians across the large array of areas I described earlier. Unfortunately, public health has long been underappreciated and under-resourced. Sadly, a once-in-a-century pandemic has vividly shown just how important public health can be to the health and safety of all of society. When we emerge as a society from this crisis, I hope we are able to build back better than we entered it. I sincerely hope we'll find ways to learn and grow from the sacrifices so many have had to endure. Specifically to this question, I hope we can emerge from the COVID-19 crisis with a better resourced, better organized and better appreciated public health community so we are not only better prepared for future crises, but can also tackle other longstanding public health problems such as the opioid epidemic, preventable maternal mortality, health inequities and many others.

Years from now, when historians and others look back at how the Commonwealth responded to the coronavirus pandemic, what do you hope is most clear?

How much we cared and how hard we tried. There will always be critics of the actions taken and the people who took them. In crises such as this, though, perfection is an impossibility. Hindsight is 20/20 and retrospective reflection makes speculation after the fact easy. But, at the end of the day, we live our lives going forward, not backward, in time. As such, one must hope that fundamentally good people approached the problems thoughtfully, responsibly and with sincere care for the people in their charge. Having worked firsthand with hundreds of public health and other state government employees during this public health emergency, I know how much they care, the professionalism they embody and the dedication they demonstrated.

MANAGING KENTUCKY'S FIRST CASE

Sheila Currans, the CEO of Harrison Memorial Hospital in Cynthiana, was the Commonwealth's first hospital administrator to face a COVID-positive patient in their facility. During her 47-year tenure at Harrison Memorial, she's served in the Medical/Surgical Nursing Department, as a registered nurse in Critical and Emergency Care, in Quality and Risk Management, and as COO, prior to being named CEO in 2009.

Your community and your hospital were the first in Kentucky to encounter the new coronavirus back on March 6 — when a patient tested positive. What was that experience like in your role as the hospital CEO?

Well, it was a bit startling when I got the phone call. It was March 6th, it was a Friday. It was late afternoon. I had left the office and I got the call from our county judge executive who had been notified through the Kentucky Department for Public Health. And he was making me aware that I needed to make myself available for some phone calls that were going to be coming from Dr. Stack, [the commissioner of the Kentucky Department for Public Health (KDPH)], from the epidemiology staff with the KDPH and the Centers for Disease Control and Prevention (CDC). So on that evening, it was a whole new experience. But, I'll have to say, there were so many people that were willing to help us. All of those different entities called. We went into incident command at that moment. During the evening, I had several registered nurse managers, support staff, ancillary service managers and the chief of staff who responded immediately. The staff was here until well after midnight, taking the calls and educating staff.

We had a trial run earlier that week, so that was a good thing. We had done a tabletop of incident command for a potential COVID case, obviously never dreaming that we'd be the first. And I was just, at the end of the day, very grateful for the support from Dr. Stack. I had several phone calls with him that night and the CDC that were very helpful to me, on helping me decide what parameters we were going to use to quarantine — self-isolate for that 14-day period — employees that had been in contact with that patient that now was positive for COVID. So that was probably

the most challenging decision: Let's define the parameters and then let's start through the medical record and let's figure out every individual [hospital employee] that has had any contact with this patient.

Harrison Memorial Hospital ended elective procedures on March 6 — more than two weeks before the governor issued an order doing the same for all of the Commonwealth's hospitals. How did you reach that decision?

I ended up isolating 54 clinical staff members [who had come into contact with the COVID-positive patient.] Obviously, in a rural hospital setting, when you remove some doctors, some registered nurses, some respiratory therapists and several radiological technologists, all of a sudden you have to examine how you're going to focus that remaining staff on the most critical needs. We remained open to all urgent and emergent cardiac procedures and surgical procedures. We focused heavily on adequate staffing for the emergency department and our inpatient unit. And so, we kind of had to go ahead of the curve on that elective decision [shutdown] simply based on numbers of available and qualified staff. We suffered through that cessation. We were so blessed that not any of those isolated employees or medical staff ever ended up being infected. We were just about to reopen fully when the state decided that all hospitals had to shut down.

What's been the financial impact of the coronavirus outbreak on the hospital?

It's been overwhelming. It's been a very significant financial impact — millions of dollars — even for a small rural community hospital. It didn't take long for the community to understand that we had had coronavirus at Harrison Memorial Hospital. Lots of people in the community knew that there had been people exposed at this hospital. So, how readily available folks were to want to come in for any elective procedure kind of became an issue anyway, because the community is now becoming much more alert and aware of all of what's being said at the national and state level about protecting yourself against coronavirus. March was a disastrous month from a financial standpoint. We had six days of usual and customary service. Thereafter, it shut down by at least 60 to 70 percent. And that was scary, quite honestly, because you have greater than 450 employees and all of the sudden your revenue streams just shut down. We did furlough for a period of time until we secured a small business loan. We brought all employees back by May 24th.

> "It's still a work-in-progress convincing people to return, not only for urgent and emergent care, but return for chronic care and preventive care."

Now business is still not where it needs to be. Through May, we've seen, still up to, in some areas, a 45 to 55 percent reduction in service because people are still afraid, people are still isolated in some parts of our county. And then we started trying to slowly reopen, as directed by the Kentucky Department for Public Health. We followed their guidance. We did a lot of advertising, marketing and social media, trying to help people understand all along the way that we were disinfecting and cleaning and that we are safe. It's still a work-in-progress convincing people to return, not only for urgent and emergent care, but return for chronic care and preventive care.

Besides financial consequences, have you witnessed any other consequences of the hospital closure?

Sadly, to me, the worst consequences of this COVID have been fear that has kept people away from the hospital for truly urgent and emergent care. We know of at least a handful of people in our community that have died because they waited too long [to come to the hospital], out of fear. We learned that from their family. 'Well, he just didn't want to come because he had been told the hospital, you have to not go.' Well, they don't hear the rest of it — you do go. But if you typically wouldn't have gone with COVID, then you do stay home. But so many people misconstrue that message. And even for a small community like us, we have had unintended consequences with death.

What's the toughest decision you've had to make during the COVID-19 public health emergency?

Probably the toughest decision was bringing all the employees back by May 24th, with the hope and the belief that we'll get through this period and we'll get our community comfortable enough to be back for their preventive and chronic care. At the time I made the decision to bring all employees back to full service, our numbers were not up yet. But from my estimation, we're better off to be prepared and willing and able to serve as the public comes back, keeping them feeling very comfortable about the timeliness of their care.

PROVIDING FOOD DURING THE CRISIS

Patti Boone, a longtime volunteer at the Ohio County Food Pantry in Hartford, has helped to keep the food pantry's doors open throughout the coronavirus public health emergency. She recently retired after serving as an oncology nurse with Owensboro Health.

Across the country, food pantries have faced all kinds of increased demands during the COVID-19 outbreak. Has the Ohio County Food Pantry seen similar trends? Have you seen an increase in the need for services?

The first month [March] there was definitely an increase. And I think a lot of that was because children were not in school, so parents were having to feed their kids three meals a day and they weren't used to that. And kids are a big priority of ours. We were seeing a lot of parents needing extra food for kids. It has slowed down just a little bit. I believe that's due to the government money [coronavirus stimulus checks] that came out, so that's helped families feed their kids. We have seen an increase also in our seniors. Our seniors are vulnerable because they're on Social Security and a lot of them, once this virus started, they were afraid to get out of their home. So we had to do a little shifting and make sure that our seniors were still getting fed, one way or another, in ways that we didn't normally do. Normally people have to come to the food pantry to pick up, but there were some instances where we made arrangements for different organizations and different groups to actually take the food to the seniors. Because otherwise, they were not going to get out and come get it. I believe that once the extra government assistance ends, then we're going to start seeing an upswing in numbers again.

Do you know anything about those families who started coming to the pantry after the outbreak began? Were those families that had been impacted by business closures or layoffs or other factors?

I believe all of that had something to do with it. A lot of people, they either were laid off or they lost their job and then, all of a sudden, their kids are

at home. So it was a big shift in a normal day-to-day routine.

Have you been able to maintain your regular hours during the COVID-19 outbreak? Have you had to close down at all?

Our hours have remained the same. We are wearing our masks and doing our best to maintain distance. Sometimes, it's close quarters inside, but we do our best to do what we're supposed to be doing to be safe. We have no plans to ever, hopefully, cut our hours or the amount of food we're able to help people get. We just want to continue and be there for the people who need it. And that changes all the time. Now the seniors, they're here every month. That doesn't change. Their Social Security checks just don't go far. But, there's other people that have either lost a job or got laid off, or a lot of the time you'll have a family where the husband or the wife will leave and leave a house full of kids. And that's what we want to be there for — people during hard times, tough times. Everybody needs good food.

Some food pantries across the country have faced a dwindling supply of food during the pandemic. Has that been a problem in Ohio County? Has the pantry been able to get food when it was needed in order to restock the shelves?

We have not had any problem getting food. We partner mostly with Feeding America in Elizabethtown, and we have been able to get as much food as we always have, if not more. Our local Walmart and IGA donate food on a regular basis and that has continued. And then we're very fortunate that the Perdue chicken plant is in Ohio County, and they donate chicken to us on a regular basis. So our food supply is just as good, if not better, than it has been. I feel like we are able to give out more food than most food pantries that I'm aware of. We give out a tremendous amount of food each month.

Some food pantries have been struggling financially over the last few months during the COVID-19 crisis. Has that been a concern with the Ohio County Food Pantry?

I can't say enough good about the people here. The pantry has been here for quite a while, and I feel like we've proven ourselves to be trustworthy and good stewards of the money that we get. We operate mostly on donations. We have churches and businesses and individuals in Ohio County that give on a regular basis, and we have not struggled financially. Any time there's a fundraiser, the people definitely are very generous. And I do know that some other pantries are struggling and we share with other food pantries in neighboring counties. If we get something we cannot give out before it goes bad, say we get a load of produce and we know we can't get it to our people, all of it, before it's going to go bad, we will call these other pantries and say, 'Hey, we've got an excess of this, this or this,' and they will come get it. So we share as much as possible so that nothing will go to waste.

Have you seen any increase in the number of volunteers helping out at the food pantry during this public health emergency?

There has been a big increase, especially with teenagers. They're not going to school and they can't do their sports activities or whatever. So we have had a huge amount of teenagers wanting to volunteer. And, on a sad note, we did have quite a few older volunteers, in their 60s and 70s, and we did ask them not to come for a few months for health reasons. And we hated to do it because they love to come, too. But since the senior population wasn't helping out, we had lots of teenagers. And we had to get them to where we almost spaced them out, where they weren't all there on one night. But no shortage of volunteers during the crisis. And I'm just proud, we haven't missed a beat here during the virus and it's all because of our volunteers. Anything that needed to be done, anything that needed to happen, somebody has been willing to step up and manage to do everything that needed to be done and keep on going.

How critical is the role played by the Ohio County Food Pantry in the region?

There's always a story, every time we're open. You'll have somebody tell one of the volunteers, 'You don't know what this means to me to be able to get this,' or 'You don't know how this came at the right time.' Things like that. And they'll tell stories and they're truly grateful we're able to help them out with just this one small part of whatever is going on in their life at that time. And the seniors, they are so grateful and they are so thankful and they can take anything you give them and make it last. I mean, they're so resourceful with what we give them and it's just amazing what they can do. If we get an excess of produce, of some type of fruit, they'll freeze it or they'll can it or they'll do something to make it last. They're just very resourceful people and they're glad to get everything that they get. Food is a necessity.

MONITORING THE MENTAL TOLL ON KENTUCKIANS

Dewey Rains, the behavioral health director at Cumberland Family Medical Center, Inc. in Russell Springs, has provided clinical oversight during the pandemic to the federally qualified health center's mental health professionals. Rains, a licensed clinical social worker with more than 30 years' experience, has worked at Cumberland Family for six years.

What has the COVID-19 pandemic been like for mental health professionals working in rural Kentucky?

When schools closed in early March, everyone was forced to re-think how we do everything, including seeing patients. Our therapists were quickly able to shift their focus to telehealth services as a means to continue providing outreach and counseling for students who we see through our school-based programs. Prior to the pandemic, we were playing an active part in the school environment and treating children on the school premises. Through our NewView Telehelp Counseling [licensed and certified behavioral health professionals who offer services via telehealth], we have been able to use technology to continue to treat children without a disruption for a variety of mental health disorders and behavioral health issues.

Within our traditional primary care settings, including the adult population, the transition to telehealth has been more gradual. In-office visits continue to be available for patients with more severe impairments (emergent-type care situations), but NewView Telehelp has allowed many to continue treatment as they stay safe-at-home. The transition from in-person to telehealth has come with an adjustment period, but overall continues to be successful for all involved.

Has that transition to offering services through telehealth been the most significant way that your work and the work of your staff has changed since pre-COVID days?

From the standpoint of providing behavior health/mental health services, yes, it has been. Most importantly, we have continued to be able to provide care both in the office and through telehealth. While adjustments have

been made and additional safeguards are now commonplace, we feel that the service and our ability to treat our patients continues to be successful. From both the provider standpoint and the patient standpoint, everyone has embraced the telehealth service very well.

Some mental health professionals have voiced concerns that COVID-19 is another form of trauma. And, while some people will show resilience in dealing with the feelings of loss, stress and fear that might be caused by this public health emergency, for others, the crisis might exacerbate existing mental health disorders or contribute to new disorders. Have you seen these differing responses among Cumberland Family patients?

From the school-based standpoint, children have the same concerns as adults do. They wonder about when school will start or if it will start, and what that will that look like. Some are concerned for their health, but I think when all the school-age children went home, they lost access to friends and to groups that play a role in their well-being.

We have patients who are laid off; their businesses are shut down. They have financial concerns. Everyone is living in the unknown with no certainty, and with no certainty, there's not a feeling of safety. This feeling just exacerbates any kind of anxiety that someone may have already been experiencing. We are certainly seeing increased anxiety among folks who already are experiencing anxiety. The isolation has exacerbated pre-existing conditions for those suffering from depression. The intensity and frequency of symptoms are more pronounced during this time.

What's the most challenging patient concern that you and your staff have had to deal with during the pandemic?

Some students treated at school are from marginalized families and often require the supervision of Protective Services. The schools in many ways act as a safety net — providing food and supervision. Some of our biggest concerns are the loss of those safety provisions while the child is not in school.

Patients fear for their safety and health needs; this fear is not only themselves but also for their families who may also be in a state of crisis. I believe we'll see more symptomatology manifest later, after the crisis phase, once people have the availability to process it.

Have you been able to offer any special services to your school-age patients, to help them get through the current health crisis?

Yes, we have developed specific groups via Zoom where we invite children appropriate for those groups to attend. Groups include topics designed to meet specific needs including transitioning from middle to high school, a group for pregnant teens, a group for children with OCD. One of the groups that has surprised me most, in relation to interest, is the group focusing on grief.

How have the children responded to those sessions?

The students appear to benefit immensely from participating in the sessions. They sometimes get to speak with acquaintances they haven't seen since school closures — friends from school. They also get to meet new people. They see that other youth their ages are experiencing similar issues. They have the availability to talk about related feelings and emotions in a safe environment.

You and your staff have found new ways to connect with current patients throughout the public health emergency. Have you also seen an increase in new patients?

We've continued to open new cases all along. We've gotten referrals from many of the social service agencies as well as private referrals. The pandemic has driven an increase in people's mental health issues.

Is there something you could point to as the biggest success that you and your staff have been able to achieve during the pandemic?

A person's hierarchy of need begins with physiological need. Throughout the crisis, the case management services provided through NewView Telehelp Counseling has addressed those needs for several patients who found themselves in dire circumstances. These case managers have been and continue to be instrumental in the total provision of services. They have placed food on front porches, delivered clothing, furniture, and other similar methods of outreach. Their presence lets our patients know that real people are out there and looking out for them.

Programmatically speaking, the use of technology and the services provided by the case managers have strengthen our core programs and service offering. Our staff have risen to the challenge and once the pandemic has subsided, we will be more diverse and seasoned, with the ability to provide services more effectively than before.

PROFILE: REBA & MICKEY BOWLING

KEEPING DOORS OPEN THROUGH THE CRISIS

Reba and Mickey Bowling, the owner/CEO, and director of operations, respectively, at Madison Family Clinic in Richmond, oversaw the rural health clinic's response to the coronavirus outbreak, including the adoption of telehealth services. Reba has worked in the health care field for more than 40 years and began Madison Family Clinic from the ground up in 2004. Mickey joined the clinic in 2007, after working in a range of health-related fields: conducting patient assessments for a long-term care operator, selling hospital equipment and supplies, and serving as a manager at the Kentucky Blood Center.

Madison Family Clinic never closed during the COVID-19 public health emergency. What changes did you implement in order to remain open, while safely caring for your patients and maintaining a safe environment for your staff?

MICKEY: When we heard about the first case coming into Kentucky, we started preparing because we knew that it was going to come this way. So we arranged with the local Madison County emergency management office to have a tent set in our parking lot. We were going to use that for triage to separate sick and well patients. We started sourcing PPE (personal protective equipment). We started a protocol of, if you were sick and coming to the clinic, that you would call us when you got into the parking lot and we would do curbside medicine. Later, telemedicine came into play.

Are any of these practices that you think you'll continue post-COVID?

MICKEY: Yeah, I think so. We did curbside medicine before and it's something we'll continue to do — if people can't come in, for one reason or the other. We'll still do that. If the government allows it, we would love to continue to do telehealth. I think all of the procedures that we have in place, other than full PPE with gowns and shields, all of that we'll probably keep in place because it's a good procedure.

The clinic experienced a significant drop in patient load — just like other clinics and hospitals across Kentucky and across the country. How did you deal with that?

MICKEY: There was a lot of misinformation out there. So we tried to correct a lot of that through social media, through just person-to-person contact with our patients, through telephone, Facebook, Instagram. However we could get

things set straight: That we were open. That if you had an appointment, keep your appointment, because things were safe. We put on a person full time to simply sanitize between patients. The clinic is probably safer now than it's ever been. So we kind of put that out to the public and then Reba, she's a great financial person and she always keeps a very good, positive cash flow. So we had that reserve to lean back on. And of course, she sought every avenue for any kind of PPE or any kind of CARES Act [funding] or anything else that she could obtain.

You began offering telehealth services. How did that go?

REBA: It's been a godsend for us, but for the patient also, because a lot of these patients, here in the rural areas, they don't have access to Zoom meetings or some don't even have Internet. So, it was vital that we be able to even get a phone call and that was a good thing for the patient and for us also.

MICKEY: For the longest time, rural health clinics couldn't do telehealth. So the government changed that [during the health crisis] and allowed us to do that.

Did you have difficulty securing PPE for your staff?

MICKEY: Absolutely, it was very difficult. The only thing that really bailed us out on that was, when this [the coronavirus] first came into Kentucky, we immediately acted and we started sourcing. Everybody in the clinic. We went to eBay, all kinds of places. Just everybody. Everybody was looking. And we were able to secure quite a bit of PPE. And not at an exorbitant rate. We paid a pretty reasonable rate for the stuff we bought, but we bought a ton early.

REBA: And it's the same thing for toilet tissue and paper towels and Lysol. The disinfectant that we use in the clinic, it was just everything. I was just thinking ahead, What do we need? What are we going to need to sanitize? and What are we going to need for the medical providers to be safe? And for the patients to be safe? And then we just started getting all the material or the supplies that we could. And, so, we've been real fortunate that we still have supplies, and we've not had to depend on anyone else for that. So it was a struggle.

So, what has the staff morale been like the last few months?

REBA: At first, it was daunting to think [about] and everyone had that fear. And then we just rallied. We rallied together as a team. And it's there [the coronavirus]. It's out here. And so we came together and everybody was in one mindset to do the best that we could, keep ourselves safe, keep our patients safe and do good medicine, like we always have.

MICKEY: They were completely gowned up: gloves, masks, gowns, face shields, shoe covers. Double masks. Hair covers. And it was hot. Which makes you uncomfortable, physically, and then just the fear of the unknown for the first week or so. But they rallied to it as they learned more about it, as we provided more information, as we obtained that information and provided more information to our staff about it. They became, if you could say, more comfortable with dealing with the situation and everybody rose to the occasion and did a great job.

REBA: This is a new virus. This is a new virus for everybody and very little was known about it. And so, you're going into unchartered territory. You don't know what you're going to find. You don't know what this is going to be. You're just getting news reports. And so it was vital that we continue to keep up with all the information that we could get on it and we were constantly out their trying to get resources to get more information about it.

What's been the biggest challenge for you and your staff during the pandemic?

MICKEY: I think the greatest challenge was adapting to a new paradigm and putting together all the pieces to protect our staff, protect our patients, to continue our patient flow. Our motto is, 'Dedicated to your well-being.' And that's not just something we say. We are dedicated to their well-being. That's the most important thing to us — keeping them well. So we rose to that and were very successful at it.

Is there something that you're particularly proud of, something you would consider the biggest success that you've been able to achieve during this pandemic?

MICKEY: Through all of this, so far, none of our staff has tested positive for COVID-19. We've had several [patients] test positive. But none of the staff has tested positive. And I think they deserve accolades for being aware of the severity of this and taking preparations.

REBA: And, too, I think it brought everyone closer. I mean, we're a family. Our staff, we're all family. We're with each other more than our blood family. So, it's brought everybody closer because we had one cause and that was just to get through this. So that's what we've been trying to do.

What about the future?

REBA: You know, you're hearing it's [COVID-19] going to be here two years. I don't think anyone knows for sure, but we'll keep going.

MICKEY: We'll meet the challenge, whatever it is. Whether it's a different new or a new different. We'll be prepared. We will prepare for it. And that's the key to anything. Preparation. Getting ahead of the curve.

CARING FOR COVID PATIENTS

Lisa Dossett (left) and Jessica Belt (right), a staff nurse and a PRN nurse, respectively, have treated COVID patients at Livingston Hospital and Healthcare Services, a critical access hospital in Salem. Dossett worked at Livingston Hospital from 2000 to 2017 and returned in 2020. She has previously worked as a staff nurse and charge nurse in the emergency department, and in administrative roles as patient education nurse, chart auditor and nurse informaticist. Belt has been a nurse since 2004 and works full time for Livingston County Schools.

What have the last four months been like — since the coronavirus first appeared in Kentucky — for a nurse working at a small, rural hospital here?

DOSSETT: For me, it's been a really different experience because I just started at Livingston in March and, prior to that, I was working in the office more as a nurse informaticist at my previous place of employment. I had worked at Livingston for 18 years in the past. So it was nice coming back to the floor and taking care of patients, but I think my first day out of orientation I had a COVID patient. And so, having to put on all of the PPE (personal protective equipment) was quite challenging. I felt oftentimes I couldn't get to the patient quick enough because you have to stop and put all of it on before you can go and care for them. So that was a little challenging for me, having to just stop and slow down. And now that I've been doing it for these months, I'm more methodical about how I do it. And so it's not quite as daunting. Sometimes it still is, when they need you right then. But you still have to stop and put your protection on.

BELT: It's been very interesting and chaotic. I am PRN (as needed). I work sporadically. So every time I come in, I have to see what the new update is on care for our COVIDs. Of course, our PPE has not changed, we have to put that on correctly before we see the patients. You have to stop and protect yourself and protect our families. As nurses, we're first line here — where we run into the rooms. And we're not able to do that because we do have to stop and put on our gown and gloves, everything. It's taking a little bit more time to do that and then to do patient care. And then we're in there doing everything for the patients — trying to eliminate contact and exposure to others.

DOSSETT: Then you have to kind of think about your day and kind of group everything together when you do go into the rooms and get as much done as you can in that time frame. And there are times where we have to wait for the patient to finish bathing or different things like that. And so, we'll just stay in our garb and wait in what we call the anteroom, which is the room where we can go gown up and everything before we go into the actual patient room. So, there's a lot of time just waiting while we're all gowned up, which can kind of get a little hot. But you just get used to it.

You've both treated COVID-positive patients. What has that experience been like for you?

DOSSETT: In the beginning, it was scary because I didn't want to bring it home to family. But then, for me, as it's going on, I've prayed about it, just accepted that this is the way things are, help me to be what I'm supposed to be. So I'm just protecting myself as much as I can. But it's been a privilege to be able to be in the room with those patients and take care of them because they can't have any family visitors. So the only people that they see is the nurse, and the doctor will round once a day. We end up here at this facility doing care that a respiratory therapist would normally do or a lab technician would normally do. So being that one person, for 12 hours, that they interact with. And, a lot of times, we end up just sitting in the room and visiting with them because of that fact. Even though you still have all your garb on, you just try to make contact with them and help them know that, 'Hey, we do care for you. You're not in this alone.' I think I started out being more scared for myself, but then as time went on, I tried to think of it from their standpoint and how scary it is to be that person. We had one [patient] for several months that we all really got attached to. A couple of the nurses would stop on their way in and bring him special food from the town over. Our CEO would go and get him food. And so, I try to think more about the patient.

BELT: I'd say rewarding, especially when we do get to see them leave, test negative, especially that particular patient that was here so long. You just develop more of a bond because you're one-on-one with that patient doing everything. They are isolated so they don't see anybody but us. And, it is, I'm sure, very scary to be lying there as a patient to begin with. But now you're lying there with COVID — the unknown — and not getting to see their family.

How have your COVID patients responded?

DOSSETT: I think the only response I've gotten has been one of gratitude. Some of them have been a little frustrated — especially if it's someone that, they were tested for COVID, but they're pending. We don't have the results back, so we treat those as if they are going to turn back positive. I think some of those patients have been frustrated because they feel like, 'Oh, I don't feel sick. Why do I have to stay in here?' But for the most part, especially the ones that we've had that are positive, they've been very grateful for the care given.

BELT: And for us, taking extra time with them — because they are usually our only patients, [so] as to prevent transmission to others — we do make sure that they know that we're here and not just leave them in a room by themselves.

What's the biggest challenge that you've faced in your work with COVID patients?

BELT: Time management — trying to be lab personnel and respiratory personnel and housekeeping, plus get our job done on time.

DOSSETT: And especially if you have more than one patient. We try to limit it to no more than two patients for one of us. But there have been times when staff was short, so we had three. For me, that is a huge challenge. You do have to take into [account] the time that you put the PPE on because you have to do that for each room. We can't just gown up and go to each room. You have to gown up individually, three different times or two different times. And, the worst part is, if two patients need you at the same time. Already as a nurse you have to prioritize and triage what needs to be done first. But when you have to factor in the PPE time frame, that is a challenge.

What's been your biggest concern during the COVID-19 outbreak? Is there something that's kept you up at night or caused you to lose sleep over?

BELT: Not really lose sleep, [but] maybe just the extra worry. We're in harm's way here. We've have tuberculosis patients in the past. C. diff. Other things that we do wear PPE for. I do have young children at home. So just trying to be very preventative on bringing anything home to my children and my family.

Is there anything that you've learned from treating COVID patients?

DOSSETT: I think for me, it's just really made me put myself in the other person's place more. I think we do that as nurses. We're always caring for people. It's just made me think about how hard it is on other people. Not just worrying about how it's affecting me. It's made me even more empathetic.

ANSWERING THE CALL TO SERVE

Heather McGuire (left), Amanda Meier (right) and Meredith Doughty (next page), all medical students at the Kentucky College of Osteopathic Medicine in Pikeville, answered a call from the Kentucky Department for Public Heath for student health care volunteers to assist with the Commonwealth's COVID-19 response.

Q: What made you decide to volunteer to assist with the Commonwealth's COVID-19 response? You could have just as easily returned home from your clinical rotations and continued your coursework online. But instead, you decided to help out. What led you to that?

A: MEIER: I think just like a lot of other medical students say, 'We go into medicine to help people.' And that is a prime example of, when, even as students, where sometimes we feel like we're in the way, we were needed and we were wanted. So, Heather [Amanda's best friend and former roommate] said, 'If we get called to do this, let's do it.' I'm really into community service and giving back where you can and medicine isn't always glamorous, it's not a lifestyle. It is hard work and it is something that isn't always predictable. You don't know when a pandemic is going to hit. So, my thought is, if I have a skill set where I can go out there and help people that need it, I'm absolutely going to give my time to assist a community that was in need.

Q: What did your family and friends think about your decision to volunteer?

A: DOUGHTY: They were shocked and a little scared at first, and I kind of said, 'I think I'll be OK.' Dr. Stack [the commissioner of the Department for Public Health] made it perfectly clear that we were [to be] given everything that we would ever need to be protected and the state gave us insurance. So after I divulged all that, they felt a little better, but I don't think my parents slept well at night.

MCGUIRE: I think everybody was pretty apprehensive. When I initially had told my husband and my parents they were like, 'Heather, are you sure you want to do that? I mean, you could get sick. You know, what if something happens to you?' They weren't a hundred

percent on board, but they know who I am and they know the type of person I am and that I always want to help people. And so, I think for them they were just kind of nervous about it. And then after I had explained exactly what I was going to be doing, that I had full protective equipment, that I was being safe and I was with another person that I knew and trusted, they got on board.

Was there ever a moment during your volunteer service when you were worried or scared?

MEIER: I think I would be lying if I said that I didn't have some concerns because I think whenever you have the mindset of 'Oh, you're young, you're healthy, you're invincible,' that's where slip-ups happen and that's where people can get infected and people can spread [COVID-19]. I think there's a fine line, though, between being scared and worried and being aware of your surroundings and knowing that you can do this. Because in medicine, we work with people that have all kinds of illnesses and diseases and you treat every patient, for example, like they're HIV-positive or that they're hep [hepatitis] C-positive or that they could possibly have the flu or tuberculosis. But, you can't let that fear override the potential good you can do.

MCGUIRE: I don't think so. It's one of those things that you kind of just don't have the time to think about it. You're more concerned about other people. And I never once was concerned. I never once was scared for my safety or for anything like that. They provided us with more than other places had, so I knew that we were being taken care of and I knew that the governor wasn't going to send us to a place that did not have protection for us considering we were volunteers.

What was the biggest challenge you faced during this experience?

DOUGHTY: I think the hardest part about our job was just to make them [the facility's residents] feel like a normal human being again. Before we'd gotten there, they had already been held up in their room for a month. So any human-to-human interaction, they were all about. And so, a lot of times towards the end, I personally would spend a lot more time in their rooms. Not that anything was going wrong, but just to talk to them and let them know that someone was there and someone cared about them and, again, just to give that human-to-human interaction that they desperately needed.

Is there any particular moment, sight, sound or smell that you encountered during your time at River's Bend that you'll likely never forget?

MCGUIRE: I think the bond that we had with the residents is really what's going to stick with me. Not the other stuff. Not the laundry, not the cleaning. It's going to be the relationship that I built with them. And I miss them. I found myself thinking about them a lot. And I'm still Facebook friends with a couple [members] of the nursing team that I made friends with. And so, I'll check in on people. I know that it was eight days, but it was a good eight days and it's something I'll always remember.

Has this experience changed in any way your thoughts about practicing medicine?

MEIER: I know that it has absolutely strengthened [my belief] that I know I'm in medicine for the right reasons. One thing that it has opened my eyes to: I have always appreciated nurses. I've always appreciated nurse aides. I've appreciated janitors and anybody that works in the health care field. But health care is a team effort, and nurses know so much, and they have so many skills, and they put up with so much that, man, I want to help them out as much as possible.

With their clinical rotations suspended, the three then third-year students volunteered in April and were assigned to work for eight days with COVID-positive patients at River's Bend Retirement Community, an assisted living facility in Kuttawa. Their duties included, among other tasks, taking vitals, ensuring residents got their medications and food, and doing laundry.

REACHING OUT TO UNIQUE COMMUNITIES

Jen Harris, the public health director in Todd County, has, among other things, reached out to the Amish and Mennonite communities in the region during the coronavirus outbreak, to ensure that they've been kept informed about the seriousness of the public health emergency. Harris has worked more than two decades in the public health field — including as a health educator in neighboring Christian County and as a nutrition program director at a community action agency.

There's a unique population in Todd County — New Order Amish and Old Order Mennonites. They make up about one-fifth of the county's population. Has your office been able to reach out to them and share coronavirus-related information?

So we have a good relationship with our Amish and Mennonite and because of our good relationship, it was a no-brainer to reach out to this community when coronavirus hit. In the beginning, we were really concerned about that community and we wanted to make sure that they understood the seriousness. They don't have TVs and a lot of them don't even listen to the radio. So I wasn't sure that they understood the seriousness of what this was. This isn't just a little flu outbreak, this is going to go on for a while. And so we made some signs [to distribute to businesses] that were neon yellow and had a stop sign in the middle that talked about signs and symptoms of COVID and if someone had the symptoms, they didn't need to come into the business. That was very well received. We printed those off in color. We laminated them and distributed them to all the businesses. But we started with our Amish and Mennonite businesses first. Number one, because there are so many of them. And number two, because spring was coming up. So many people from out of state come to visit the Amish and Mennonite. We knew they were going to be overloaded. So we wanted to get them out there first and make sure they had a good understanding. We just wanted to make sure we had all their questions answered.

We [also] started calls. I kind of started with the [Amish and Mennonite] communities that I was familiar with and the people within the community that I was familiar with. And then as we went along with the call, they would say, 'Hey, can we invite some of our friends in Trigg

County?' 'Well, sure.' So then the Trigg County folks started calling in. And then some folks from Glasgow started calling in. Some folks from Lewisburg started calling in. So I sent a big e-mail out to all the public health directors across the state and said, 'Hey, this is kind of catching on. If you have Amish or Mennonite communities, I'm doing a once weekly phone call update with them. Just kind of catching them up on what the data says.' We ended up having great participation. Probably at our most-attended meeting, about 16 counties in Kentucky were represented and five states. I mean there were people calling in from Pennsylvania and Arkansas and Tennessee and Ohio. It was amazing. Our first call, we had 19 attendees. And then the next week, we increased from 19 to 47 participants. So the word got out pretty good. We did calls for about eight weeks.

I started collecting information from them [the callers]. We started having so many people involved and so many groups from Todd and Christian counties that I hadn't traditionally worked with, I wanted to get all the information from them that I could, so I could continue to send them things. And so we compiled a fax list. Most of the communities have a fax machine, at least one person has a fax machine. So I collected all of that information and started faxing out minutes from our meetings just to let everyone know, if they didn't attend, we would keep them up to date. We wanted to be really transparent with this group. We wanted to answer all the questions that they had.

Are there any signs, locally, that those communication efforts with the Amish and Mennonite communities have worked?

We have not had an outbreak in our Amish community. They're a very intelligent group of people. I think that's discounted so often because their education only goes to the eighth grade. But this is a group of people that are very interested in data. They like to know the numbers. They understand. They take the time to really read. And if they don't understand, they take the time to educate themselves about the numbers, what they mean. They asked some really, really good questions. So I had to be on my 'A' game.

Has the health department taken any other steps to help Todd County residents prepare for a possible outbreak?

Our health department, not in panic mode but just in preparation mode, set up an alternative care site [modeled after one opened by the Buffalo Trace Health Department, where COVID-positive patients can receive medical care while in isolation]. A couple of reasons why we did that: One, because we're so rural and we don't have large hospitals at our disposal. We don't have any hospitals at our disposal. A lot of that, too, was because of my fear of an outbreak in the Amish and Mennonite community. We set it up for people that were too sick to be at home by themselves, but maybe not sick enough for the hospital. We went as far as getting our hands on some BiPAP and CPAP machines that we could convert into makeshift ventilators. We did go ahead and put in a FEMA application just in case we had to activate our alternative care site, because for alternative care sites, that federal FEMA money would cover any costs associated with that. It was a really good little medical center for us. Thank God we didn't have to use it. But it's still set up.

What's going through your mind when you're preparing that sometimes daily press release in which you have to announce new COVID cases?

Well, yesterday was hard because I think there's only one other time that we've had three [new cases] in one day. That's pretty big for our community. So with yesterday's release, I knew it was going to create a lot of fear for a lot of people. We have folks that call on a daily basis just to get an update over the phone from our support staff. So I knew there were going to be lots of calls. And so, I guess my first thought is the confidentiality and protection of the person who's positive. What we've seen as people have been diagnosed is not only fear but anger and hatred towards people who are testing positive. We've had some pretty hateful comments on some of our Facebook posts and calls here to the health department demanding to know where these people live. And then I want to make sure they understand the seriousness of the illness. We want people to understand, even though you're asymptomatic right now, even though you're feeling really good right now, you call us if anything changes. We want to make sure that you get where you need to get, to get the help that you need. The third worry I have when we get positives is, 'Oh my gosh, what kinds of questions are my support staff going to have to deal with?' I try to prepare them. I always share all the information that's put out with the staff, so that they can read it. The information in the release is all the information they have to give out. It's taxing. You know, three in one day rocks my world right now. I can't imagine having 49 new cases in one day [like the Barren River District Health Department has had].

PLANNING FOR A SURGE IN CASES

Dr. Anthony Stumbo, the Regional Community Chief Medical Officer for Appalachian Regional Healthcare's hospitals in Floyd County, has been involved in planning for the system-wide response to the coronavirus outbreak. He oversees the medical staff functions at Highlands ARH Regional Medical Center in Prestonsburg, McDowell ARH Hospital in McDowell and ARH Our Lady of the Way Hospital in Martin.

What have the last few months been like for you and your medical staff in Floyd County?

It's kind of changed the way we deliver health care. In the past we would have patients flocking into our hospitals and to our waiting rooms. And we were seeing everybody basically face-to-face, and that's how things have been done for hundreds of years with physicians. So over the last four months, we basically shut the facilities down. We did not see anyone in our offices on a routine basis. And that was the governor's mandate. As they removed elective surgeries, they also did not want us to do elective visits. So we reverted to telehealth. We started doing a lot of Zoom calls and Doxy.me and some other platforms where we could still talk to the patients, get the information, guide them with their treatment and therapies. So, the first two or three months [of the outbreak], basically medicine was shut down except for the [telehealth] platforms. That being said, if we felt on our calls that they [patients] were truly sick, we would either have them come into the office or come to our emergency room. It [COVID-19] turned medicine on its head.

In your administrative role at Highlands, how have you assisted in coordinating the ARH response to the outbreak?

As far as the system, ARH was very, very proactive from the outset. We were one of the first organizations in the state that limited visitations to our hospitals. Our chief medical officer for our entire system [Dr. Maria Braman] got all the leadership on a call every day, multiple hours a day, to basically surge plan. How are we going to best deal with a potential surge? And each facility made sure we had adequate PPE (personal protective equipment). Each facility made sure we had adequate

beds, and we had contingency plans if those capacities were exceeded. We just did a really good job as an organization. Now, thankfully, the surge did not occur. But I was very pleased and very proud to be part of a progressive organization that really, from the outset, was planning for this.

But we are still planning and meeting. I'm leading a team, what we call the Clinical Protocol Team. We meet once or twice a week — myself and other physicians from across the other 12 ARH facilities — and we meet to make sure that we're keeping up to date with what the current therapies are. And we don't have a lot of cases here, but we are looking at our colleagues in Arizona or China or some of the nations in Europe and looking at the best medical practices to bring to bear in case we do get a surge.

The COVID case numbers in Eastern Kentucky haven't been as high as in other parts of the Commonwealth. Do you have a theory to help explain that? Do you think that might change before the pandemic goes away?

I think that the numbers certainly will rise since the restrictions have been lifted and people are going on vacation and trying to get back with the economy and restarting business. I think there's a couple of things that have limited our number of cases thus far. Geography. That's the number one thing. When I go out on my back porch, I don't see another house. There's not a house within five miles of me. So it's easy to social isolate here. But more importantly, Eastern Kentuckians have been pretty resilient and we've been pretty faithful over the years about following directions. When our governor gets on TV and Dr. Stack [the commissioner of the Kentucky Department for Public Health], gets on TV and says, 'If you guys want to come out of this unscathed, it's a Golden Rule thing, you're wearing the mask to protect your neighbor,' we get behind those things. Eastern Kentuckians, typically, are very patriotic. They are very religious. They do follow the rules.

What's been your biggest concern during the COVID-19 outbreak? Is there something, for instance, that's kept you up at night or caused you to lose sleep?

Three times in the last week, I've had a dream that I've been lost. One time, I was over at the Red River Gorge. It was a wooded area and I parked my car at the lodge and in my dream I kept on trying to find my car and I could not. So I woke up, and I remembered that dream. I thought that's a little disturbing. Then I went back to sleep, and I was in an amusement park, and I was trying to find my way back home. And I couldn't. So I thought that's unusual to have the same dream twice in one night. The interpretation from some of the psychology people of this dream is that when you have a dream that you are lost, that you are suffering from some sort of anxiety — usually work or family. My family is solid. So I think that it's at work. And one of the things that is very disturbing to me and it worries me to such a great extent [is] that the number of [COVID-19] cases are increasing so dramatically. We've had Florida, Texas, Kentucky. All these states are getting more and more cases. It's very anxiety-producing to me that if we do get a surge, if one of our nursing homes in the area, if it gets into one of them, we've got 12 ventilators, capacity of 16 ventilators in our facility. If you have a nursing home with a hundred people in it and they all get sick at the same time, we're going to be overwhelmed. And that's what I lose sleep about.

Is there something that stands out as the most difficult thing you've had to do so far during the coronavirus outbreak?

Probably the most difficult thing I've had to do — and we've not had to implement it yet — [is] developing a process and procedure of how to allocate resources if they're not available. Because no person, I don't care what walk of life, wants to be responsible for life or death. Now as physicians, we deal with life and death every day. Unfortunately, that's part of the profession. But if we are out of ventilators, for instance, and we have to choose between taking off an 80-year-old grandmother that's probably not going to survive, versus putting on a 20 year old that's got 60 years left and is highly functional. Even though you could say, 'Well the 20 year old is more important than the 80 year old,' you could see where those difficulties arise. So, even though we have not had to do that, as of yet, and hopefully we never will have to do that, that's a very difficult thing for me because just the thoughts of it, of having to make those decisions.

Can you point to something that's the biggest success that you and your staff have achieved during the pandemic?

I think that it has brought us closer together as a medical staff, as an organization. It's kind of like World War II, when the threat of an enemy unified the nation. ARH Nation has become unified. And we've all got a unified vision. We've got a unified plan. We've got a unified goal and that goal is to protect our patients at all costs and provide the best possible care for our patients and our community. And as a corollary to that, to keep each other safe — whether it be a dietician or a nurse or a housekeeper or a cook or a physician.

MAKING PPE FOR HEALTH CARE WORKERS

Tammy Spears, a library media specialist at Casey County Middle School in Liberty, borrowed 3D printers from the school system and manufactured personal protective equipment (PPE) — face shields — for health care workers, using templates available for free online. Spears has worked in the school system for 20 years — teaching at the elementary level, and serving as a librarian at both the elementary- and middle school-levels.

What exactly was it that you made?

I was making Prusa face shields using a MakerBot 3D printer. And I was printing them in a stack of five, so the printer could run and print five while I went along and did whatever. Unless something jammed up or slipped, it would print five of those visors at a time. That 3D printer was running 24/7 because 3D printing is a slow process. It was constantly beeping and making random noises. And, I could tell by the noise what it was doing. It's kind of like living with R2-D2 and C-3PO for a while. And then I just took transparency films that we used to use [in the classroom] — before we had projectors attached to computers — and my three-hole punch, and I would just three-hole punch those. It lined right up to fit on that visor to create a shield. Then I used rubber window seal and I would line the inside of the visor with that so that it would be comfortable on their head. The filament [used in 3D printers] is just kind of like a hard plastic. And then, just supply a piece of elastic so that they could make it fit to whoever needed it. You can sanitize the whole thing easily. It was pretty basic stuff that was easy to obtain. I either already had [it], or had to run to the hardware store. I thought that was a good use of a lot of things that I probably would not have ever used up otherwise.

How many of these face shields did you print and assemble?

I've assembled 200. That's how many pieces of transparency film I had. But since then I've ordered more transparency film and I've made more, but I haven't counted them. And now it's kind of slowed down. I guess they [health care workers] can get PPE [more] easily now, where they couldn't at first.

Who did you provide the face shields to? How did they know that you had this PPE available?

I gave them to the local hospital [Casey County Hospital] and Lake Cumberland Regional Hospital in Somerset and some to Ephraim McDowell in Danville. I have a cousin that works for a dentist in Lexington, and they wanted some when they opened back up. So, they've just gone to random places. It was like word of mouth; just people that I knew in the health care field or dental field or home health or whatever. Family, I have several family members that are registered nurses. And, just people in the community that work in home health. They would just come to my house and pick the stuff up. They were glad to come and get it. So I didn't even have to ship anything. Everybody was more than glad and willing to come to my house and pick up whatever I had.

What were their reactions to receiving the donated equipment?

They were grateful. They were just amazed. They didn't know about 3D printing or that here in Casey County we were even teaching it. They were just grateful and glad to get it, of course. One piece of feedback I got: One registered nurse from the Casey County Hospital sent me a message on Facebook and said they just love those shields and everybody [there] had one now. They didn't have to share anymore and were the most comfortable ones they'd had. And people that have wanted to pay me, I just tell them, 'Pay it forward.' Or, if they give me money, I donate it to Toys for Tots because my dad was a marine.

When did you actually start making the face shields?

It was not long after we got out of school in March. Somerset Community College was doing this. And, we [a former student and Spears] just kind of jumped on board, picked up and joined in for Casey County, locally. He [the former student] contacted me and he's like, 'Can't you bring those 3D printers home?' And I was like, 'I'd thought about that, too. I saw where they were doing that too [at Somerset Community College].' I asked the superintendent and the next thing I knew, I was at school picking all this stuff up. Bringing it home. Running the printers. The superintendent was glad for me to use whatever I had. Whatever I needed, he was very supportive. And then I loaned a printer to that student to use also. They [the printers] were just going to sit there [at school] and collect dust.

Did you have some previous experience with 3D printers?

I'm the library media specialist at Casey Middle and I also teach a year-long STEM class and that's part of what I teach — 3D printing or additive manufacturing. I've been teaching that for a couple of years.

What's been the most challenging part of manufacturing the face shields?

At first, it was finding elastic. It was hard to find elastic. But then, after the local newspaper printed a story, through a friend, I wound up with a huge amount of elastic. That was the biggest challenge.

Did you try to print any other PPE?

I printed a few N95-style masks. Those took a while to print. Most of the places, they had plenty of N95, locally. Auto body shops, construction businesses, those types of places, had those types of masks. So, they [health care workers] really wanted the shield because it went over their entire face, it was clear, they could see through it and they could still breathe easy.

So, why decide to step up and volunteer your time in this way?

I guess it's like a random act of kindness. I am not a person who will just sit and do nothing. I do not watch TV. I've always just been a maker — tinkering with something, doing something. And I don't care to do for others at all. It's just part of my nature. And, technology interests me. Just getting a new experience outside of the classroom. I've been busy.

Have you learned anything from this experience?

Just the importance of loving your neighbor and giving to people that you don't even know. I just think it's important to be kind and if you have a talent or skill you should always make sure that you use it when the opportunity presents itself. And just how to take this back to the classroom to show students, 'Skills that you don't think are important, you never know when you might need them.' It shows the importance of being innovative. And, especially, in the 21st century, some of these skills that I teach, like 3D printing, I had never really thought that I would actually do something with it, other than teach it, the basics. So, I think that that's interesting, that I actually got to apply what I teach. I can now have a better example of, 'Yes, this is beneficial.' Because a lot of times kids will say, 'Well, when am I ever going to use this?'

LENDING A HELPING HAND

Madison Eads, a sophomore nursing student at Campbellsville University, was one of hundreds of students who responded to a request from the Kentucky Department for Public Health seeking volunteers to assist on the front lines in the Commonwealth's COVID-19 response. Eads, a Hodgenville native who works as a certified nursing assistant at Sunrise Manor Nursing Home in Hodgenville and as a nurse extern at Taylor Regional Hospital in Campbellsville, spent one week in April volunteering at Ridgewood Terrace Health and Rehabilitation in Madisonville.

What made you decide to volunteer in the fight against COVID-19? You could have just as easily returned home after Campbellsville shut down face-to-face classes for the semester, completed your coursework online and called it a semester. But, instead, you decided to volunteer. Why?

Whenever this first happened, there was so much fear associated with it. From day one, I was like, 'It's a virus. Medical professionals deal with viruses all the time. Yeah, it's new, but it's still a virus. We can conquer anything.' So, I never was fearful of it from the start. When we had to go home, I missed out on almost all my clinicals for the semester in nursing school. Then this volunteer chance came and I thought, 'Oh my gosh, I could go and [it could] just be the perfect clinical experience.' I was so eager for something to dive into and get that good nursing clinical experience. Why would I not take this opportunity to go help?

What did your family and friends think about your decision to volunteer?

Well, my mom, of course, is a mom. And so, her standpoint was, 'I am so proud of you that you want to go and do this, but I also don't want you to go do this because I'm your mom and I don't ever want you to do something that puts you at risk.' But all of my family members and my friends just really humbled me. They were really proud of me to go and to take on this challenge and go and do something that they wouldn't do. Their take was, 'We're really proud of you and we support you in doing it.'

You were assigned to help out at Ridgewood Terrace Health and Rehabilitation, a nursing home in Madisonville where a number of residents and staff had already tested positive for COVID-19. What did you see when you first arrived?

Whenever I got there, I felt just at home. I work at a nursing home back in Hodgenville. I have plenty of experience working in a nursing home. I knew this is where I need to be because I can help in any way. Some [residents] were sicker than others. While there, some groups got better as time went on and then other groups got worse as time went on. The virus affected people differently. So we did have a few residents that passed away — those were residents that had debilitating illnesses already and it just complicated things more.

What were you asked to do while you were there?

I was the only nursing student sent in my group, the rest were medical students and a pharmacology student. At a nursing home you have more of a nursing standpoint that's in control. I taught the medical students how to be a CNA [certified nursing assistant] — since that's what I do at my nursing home. So I taught them how to do the normal stuff, how you change a person. Normally people think about it like, 'Oh, I can change a baby.' But changing an adult is a little different. I taught them how to give baths, how to feed a person. I got to help out with the registered nurses as well because I'm a nursing student and I'm halfway through nursing school. I had a lot of clinical skills that I could use while I was at the facility. So I helped nurses with some dressing changes on wounds. I helped with taking blood glucose sugars. I really got to do a wide variety of stuff while I was there.

Were you ever worried or scared?

No. Whenever I came back [home], I was a little worried just because I didn't want anyone else in my family to get the coronavirus. So I stayed downstairs for a while and made everyone else stay upstairs. But I got tested before I left and I got those results a few days after I returned home. I was negative for it and I never had any symptoms.

What was the reaction of the facility's staff and the residents to your presence?

The staff was just really thankful for all of us coming. They were having some staffing issues because people weren't wanting to work. The people who were at risk weren't wanting to come in and you can't really blame them. They were thankful to have people who were just eager to get in and help in any way that they could. The residents noticed new faces and asked, 'Who are you?' Once we told them, 'We're the volunteers that came to help,' they were also just as thankful and they expressed that gratitude to us.

> "I don't think I'll ever forget any of it just because it was such a different experience. I work as a CNA now as a nurse extern at a hospital, but going and volunteering is a whole different experience. I'm not here to get paid. I'm here solely for the benefit of these people and my goal is to just help in any way I can."

Is there a particular moment, sight, sound or smell that you encountered during your volunteer experience that you think you'll never forget?

I don't think I'll ever forget any of it just because it was such a different experience. I work as a CNA now as a nurse extern at a hospital, but going and volunteering is a whole different experience. I'm not here to get paid. I'm here solely for the benefit of these people and my goal is to just help in any way I can. Honestly, I think leaving was probably the hardest thing because none of the residents wanted us to leave, none of the staff wanted us to leave. I really grew close to one of the residents and staff members. It was hard to leave the facility that last day, but it was even more difficult to leave the other volunteers I had worked so hard with.

Has this experience changed in any way — either positive or negative — your thoughts about going into the nursing profession?

It's definitely strengthened my desire to help people in their times of need. It was in high school that I decided I think I want to go the nursing route. I intend to finish nursing school and take my nursing boards to become a registered nurse. Then proceed to finish my final year of college to earn a bachelor's of science in nursing. I later plan to get a master's degree and become a nurse practitioner. And I chose that route because of my experiences with nurses. I had surgery when I was in high school. And, in all of the experiences I had with nurses, they were caring. I've always felt like I have a very caring personality and as I do more and more in the nursing field, it fits my personality perfect.

LEADING THE RESPONSE AT A SMALL HOSPITAL

Ina Glass (left) and Paula Ledford (right), the administrator and director of the emergency department, respectively, at Ephraim McDowell Fort Logan Hospital in Stanford, have guided the critical access hospital's COVID-19 response. Glass has spent her entire career in nursing at the hospital and was named administrator in 2015. Ledford came to Fort Logan in 1991 and has previously served as the director of surgery.

The coronavirus first appeared in Kentucky almost four months ago. What have the last few months been like in the emergency department and the hospital?

LEDFORD: The emergency department census is about half of our pre-COVID volume. We're slowly going back up every month. This is the third month that we have increased in our census. But it's really decreased. People just aren't coming to the emergency department and when they do come, they're very sick. So we have decreased volume and increased acuity of our patients.

GLASS: Our inpatient census has remained about the same, dropped a little bit when everything kind of hit and everybody started getting their attention focused on COVID. But then really, it's been pretty much maintained. Now, when the elective surgeries were shut down, that's what really hurt our small hospital because, obviously, there's not a lot of things in a small hospital that are making revenue for you, that keeps you going. And certainly elective surgeries are a big one for that. So elective surgeries and then a lot of diagnostic procedures shut down. That really hurt our revenue. We did have staff that went on furlough and were on furlough for quite some time. We're not quite up to pre-COVID [inpatient] numbers, but we're getting closer and we're certainly hopeful that that will continue in its current course.

Have you seen COVID-19 patients in the emergency department?

LEDFORD: We really haven't seen that many. But we have seen some. We have one negative pressure room in our emergency department, and we keep that reserved for any patients that we think are going to be COVID positive. We

wear the N95s, the face shields, the gowns, the whole nine yards. We are still wearing N95s and face shields or eye protection on every patient encounter.

Is there anything going through your mind as you encounter a new patient in the emergency department today that wasn't going through your mind just a few months ago, before the coronavirus public health emergency began?

LEDFORD: Probably a little bit, but for the most part, not like you would expect. Pre-COVID and in the midst of COVID, we really don't know what's going to come through the door, but we treat everyone the same. We're following all the protocol, whatever infectious disease or infection prevention tells us to do. But as far as being afraid that we're going to get COVID if a patient comes in, that's really not a huge issue.

GLASS: I think all of our staff are respectful of COVID transmission. But they don't really have the fear of, 'Every patient I touched is going to give it [coronavirus] to me.'

LEDFORD: And again, our volume is low. If we were just overwhelmed with it [COVID] and overrun with a lot of it, we might feel different and probably would feel different.

How has staff morale been?

LEDFORD: Pretty good. The worst part is the wearing of the mask. Because they're hot. It's not really hard to breathe, but you just feel like you're not getting a really good breath when you wear them. Our faces are breaking out. You're tired at the end of the day.

GLASS: Well at the very beginning, I think people were a little frightened. Probably the first few weeks that it became such a national news [story], there probably was more fear than anything. That's how it did start out. Now, I think it's much more respectful than fearful. But, at first, the staff were a little bit fearful. They were like, 'Give me the mask. Make sure I'm wearing everything. We don't know what this is. We haven't seen it before.' But we have the most wonderful staff here at our facility, I'll just have to say that. They are our greatest asset here. We're a small rural community and county, but our staff are here and they've been here every day.

What's been your biggest concern during this outbreak?

GLASS: I guess just that if there is really a surge of patients that's going to require intensive care. And if our staff were to become [COVID] positive, we're a very small critical access hospital, so it wouldn't take but a couple of staff to put us in a world of hurt. So if our staff do become positive, that would severely cripple us in doing what we do every day for our community.

> "I think we did a wonderful job following the rules, trying to keep our patients and our staff isolated from all the things that we think transmit the disease."

What's the most difficult thing you've had to do so far during the pandemic?

GLASS: I think probably for an administrator, [limiting] visitation was hard because our community is a small rural community and we're used to doing things with families and with friends. And we constantly had visitors in, visitors out and all of a sudden, we wouldn't let your family even go back and see you. Even for our OB unit, [just] one person. That's it. Well, you know, those grandmas or those new grandma's-to-be, that was hard and even though you understand, it's still really hard because that's such a special time in your life. Now, end of life, we made some exceptions for people who needed someone for their care. But for our community, even today, that is still very, very hard.

What's the biggest difference at Fort Logan today — compared to pre-COVID days?

LEDFORD: Our looks. Because you're always in PPE (personal protective equipment) now. The only time we're not is when we're in here, in our office. We don't have to wear them in here. But any time you go out in the hall, you've got your PPE on. So I think that's the main thing — the way we look. And then [it] takes a little more time to be ready to go in and see our patients because you have to gear up and wash in, wash out.

Is there one thing you're most proud of in how the hospital has functioned during the coronavirus outbreak?

GLASS: That we protected our staff and our patients. I think we did a wonderful job following the rules, trying to keep our patients and our staff isolated from all the things that we think transmit the disease. We were very fortunate to keep enough PPE for our staff and we worried we got low sometimes, but we were fortunately able to always maintain that. Knock on wood, right now, we don't have any patients that are positive, but we also don't have any employees that are positive. So hopefully we've protected them and their families.

HELPING TO PROVIDE THE BASICS

Kimberly Smith, a community health worker with Kentucky Homeplace, has worked during the pandemic to provide the medically underserved living in Clay County with access to medical, social and environmental services that they otherwise might have gone without. Smith has been with Kentucky Homeplace for nearly three years, working in Clay and Laurel counties.

Has your work with clients increased, decreased or stayed the same during the coronavirus public health emergency?

Definitely increased. I've had a steady flow on a daily basis. Mainly I've been doing the pandemic or the PE [presumptive eligibility] Medicaid health insurance. The majority of [those clients] have been single parents or grandparents that were just over the income [level] to receive Medicaid and just couldn't afford health insurance or didn't have access. Grandparents that are on monthly income, that are raising their grandkids and they draw too much Social Security or retirement to have insurance on their kids, to qualify for Medicaid. And health insurance is just not feasible. There's a gap there. So that has been a tremendous help to people like that. And then single moms that are raising kids, but they're out of the Medicaid guidelines for income. I had a single mom just call me today for her and her son, both of them. No insurance. She's a grocery store clerk, but she wants to try to get some dental work done and some regular check-ups for her.

We also worked with Humana and got meal plans for some elderly [community members]—a 14-day supply of non-perishable items. In this area, your elderly clients, they go out maybe twice a month. And they were afraid to go out, they were afraid to go to the grocery. Some don't have family that can do their shopping for them.

The word of mouth has just been phenomenal. By word of mouth, I've gained so many new clients and this is going to be helping [them] past this 90-day pandemic or past this 90-day Medicaid [temporary coverage window]. When they don't qualify for this Medicaid anymore, I'm like, 'Hey, I can get this medication for you.' So I'm going to be gaining a lot of services for

[them] after this is over because now they know I'm here and I'm available. They're like, 'I didn't know you could do that.' I'm like, 'Yes, I can get that inhaler for you. I can help you get that insulin.'

Have you also helped community members take advantage of the Pandemic Electronic Benefits Transfer (P-EBT), the supplemental benefits offered to households with children who have lost access to free and reduced lunches from schools?

I have done some of those. If a client already received SNAP [Supplemental Nutrition Assistance Program] or KTAP [Kentucky Transitional Assistance Program], the students automatically got those mailed to their home, as they were already in the system. But you take your working parents that didn't receive any of that information, those are the people that I have helped with that. It's been a simple process of just getting the student ID and the Social Security number and making an application for it. Everyone has been super excited about getting the pandemic EBT. It's been really helpful to a lot of people.

You're now working remotely. Have you had to adapt how you do your work? How you reach out to clients?

Now we can do telephone visits. Before [the pandemic], they came into my office. They walked in, they provided all the necessary documentation [to apply for services]. So now, during this pandemic, we've been able to take that information over the phone. It's made it a lot more feasible for elderly clients. Transportation is such an issue here. Clients couldn't get into my office. Or, the working class. When I'm at work [in the office], they're at work. So it's made it easier and more feasible for our services to get out by doing the telephone visit.

The main thing is just telling people that I am available to help. Telling them what resources we have available: That I'm still able to [help get them] glasses. I'm still able to get their medications. Not that it's, 'Now that I'm working from home we can't offer all the same services that we were before.' Just going after clients. Calling them. 'Listen, you have an aunt, uncle, sister, whatever. I'm here to help you.' I kind of reached out to the clients I had and said, 'This is what we have to offer you. Can we help you get this? Don't go without your medications because I am still working at home. I'm still available. I'm still here to help you.' We may have to do it [paperwork] a little different way — through an e-mail. I've had elderly clients that didn't have access to e-mail and I'm like, 'Does your daughter? Does your son?' And they're like, 'Oh, yeah.' We work around. We just found ways

> "Probably the biggest challenge is, the clients that were scared, explaining to them how to take precautions. Or the ones that weren't taking it so serious. 'You need to be washing your hands. You need to be using hand sanitizer. You do need to wear your mask. These are the precautions that, if you do these, then you can go out in public.' Getting people to understand that it was that serious and getting the ones that were scared [to understand] that if you do this, hopefully you will be OK."

to get the information we needed. I'm still being rewarded by being able to help my clients.

What's the biggest challenge you've faced as you've worked to continue helping clients during this health crisis?

Probably the biggest challenge is, the clients that were scared, explaining to them how to take precautions. Or the ones that weren't taking it so serious. 'You need to be washing your hands. You need to be using hand sanitizer. You do need to wear your mask. These are the precautions that, if you do these, then you can go out in public.' Getting people to understand that it was that serious and getting the ones that were scared [to understand] that if you do this, hopefully you will be OK. That's probably been the biggest challenge, just getting people to understand that.

Do you miss the face-to-face interactions with your clients?

You become friends with them and you just become a big family. They do call me on my cellphone now and [say], 'Miss Kim, this is what I'm doing.' I had a lady [who called and said], 'I got down there and signed those papers.' It's working. I don't feel like any of my clients are being left out. Our agency, down to the doctors, I think everybody is just willing to help and working together to help these clients.

CHALLENGING MISINFORMATION IN COMMUNITIES

Joshua Embry, the recently hired public health director in Grayson County, has worked during the pandemic to challenge misinformation circulating in the community by being transparent and working closely with key opinion leaders in the region. Embry previously served as the coordinator of compliance, emergency preparedness and safety at Breckinridge Memorial Hospital in Hardinsburg.

You began your job as the director at the Grayson County Health Department in December. And then a pandemic hit just a few months later. How have these first few months on the job gone — especially considering you've had to respond to a serious public health emergency?

I actually have a background working in emergency management. I come from a hospital background. I spent about seven years in a hospital setting. It's something that I feel like I've been preparing for, in a sense. I also have a degree in emergency management and safety. So, you put all those things together [and] I wasn't as overwhelmed as some people may think. I'm also very grateful for a wonderful staff. Most of my staff here are seasoned. A couple years ago, they'd been through the hepatitis A outbreak here in Grayson County.

I think I've handled it quite well, given my experience and the cards I've been dealt — which is a wonderful staff that chips in and, actually, they go above and beyond what they're expected to do.

What's the biggest challenge that you and your staff have faced during this pandemic?

I would say the perception that the coronavirus is a hoax. We felt like we had to prepare our community before this even became widespread. We had had some criticism from people who thought that we were just buying into media [messages] or taking something out of context. Or that, 'This is the flu. Why are you blowing it out of proportion?' We had to navigate the waters. How do you prepare some people who don't believe that they're at risk? The majority of the community has been great. They've tried their best to help flatten the curve and they did a wonderful job. But we did have

some people that we felt like we just couldn't reach. I think that was a difficulty. As well as just funding. Not to lay blame on any administration, but it's been going on for years, cuts to public health. And so, when we got to the point where we really need to utilize our tools and everything, we have to face a pandemic, we're dealing with a limited staff. We're dealing with a lot of part-time staff, not full time. We're dealing with contract staff. They all do a great job, but we just don't have the staffing capabilities that we used to have due to funding.

How have you and your staff confronted that belief among some community members that the coronavirus was a hoax? What did you do to counter that?

We were just transparent. We are very blessed to have a wonderful judge-executive. He actually serves on our Board of Health. We had press briefings. There for a while, we were doing it every day. And we were showing people the data and the statistics, letting them know, 'Hey, this is real. It is in Grayson County.' That was another perception we were dealing with, 'Well, this is a real threat, but it's not going to happen here. This is rural America and we're all spread out and we all live on farms and countrysides. That's a big city problem.' But once we were able to show the data and show people that this is happening — and, unfortunately in our community, we've had 11 people that have passed away — I think it became more of a real thing. Our political figures, our judge-executive, who's very respected, coming out and telling people, 'Hey, this is real. This is something we really need to take seriously.' So tapping into those people who are influential and respected in the community, as well as showing the numbers and being transparent.

Has your office been using social media in different ways during the pandemic?

I think we're utilizing it even more. When I came to the health department, and it just wasn't this health department, it was health departments across the United States, people kind of utilize them and then kind of forget that they even exist, unless God forbid, something unfortunate happens. Something negative happens, then you think, 'Oh yeah, the health department is there. I can use the health department services.' I really wanted to open the doors to the health department, breathe life into it. That was my goal going forward — to utilize social media as much as possible. Instagram. TikTok. Facebook. You have all these ways that people are connecting and I felt like the health department needed to be in the midst of all that. Has the coronavirus changed the way we've done things? I think it's made us even more visible on social media platforms. We've utilized Facebook quite a bit to update the community. A lot of people are following us on Facebook. Our Facebook likes have doubled from people trying to stay informed.

Over the last few months, has there has been a specific concern that's kept you up at night? A concern that's constantly been on your mind?

I think just the heaviness we feel in public health, in general. Like I said, I have a seasoned staff who has been here for years. They have to come to work every day and give their best, not knowing what's going to happen with their pensions and their own future. That's what really keeps me up or unsettled, because I'm trying to hold on to the talent we have in public health. There's a lot of uncertainty with the funding. So, as a director, I'm constantly thinking not about today or tomorrow, I'm thinking even further down the road. I'm a younger director. I plan on being here for a long time. So I think it's really concerning to me not knowing 10, 15, 20 years down the road, God forbid, we face another crisis like this, if we're going to have the tools we need and the talent we need to get through it. That's what keeps me up.

You're still new to the public health field, and we're still in the midst of the coronavirus outbreak, but, do you have any thoughts on what kind of impact this particular moment in time might have on you and your career?

I think I'll always carry this with me. People have asked me before I even came to this job, just working in health care and public service, 'Why do you do what you do?' And I'm the type, I have to know that what I'm doing is making a difference in life. When I close my eyes and say goodbye to this world, I want to be able to know that I made a difference. That's what's most important to me. This is something hard to go through [the current public health emergency], but it's a lesson, a learning experience for me on how to serve. As a leader, I've had to really learn, a part of leadership is service — learning how to not only serve the community, but also serve my staff and my team. The coronavirus is just another way for me to serve a community in need. It's all about service and it's about helping people that need help. I don't think there's ever been a moment in my life that I can remember where we've been as vulnerable as we are right now. It's going to be one of those lessons that I keep in my toolbox as I go through my public health career.

PROFILE: KECIA FULCHER

LOOKING OUT FOR PATIENTS AND STAFF

Kecia Fulcher, the CEO at Community Medical Clinic, based in Princeton, shifted her staff at the federally qualified health center to working remotely and utilizing telehealth platforms and telephone communication to remain in contact with patients during the COVID-19 pandemic. She's also been working on some plans to potentially enhance the clinic's telehealth capabilities. Fulcher has been the clinic's top administrator for six years and previously worked for more than two decades at the Pennyroyal Center, one of Kentucky's community mental health centers.

What have the last four months been like for Community Medical Clinic, since the coronavirus first appeared in Kentucky?

When the state started the process of shutting down [schools, businesses], we had a meeting on March the 16th, of all of our providers and our chief medical officer, and a decision was made at that time to switch over and try to do telehealth exclusively. We had planned on trying to roll out some more options regarding telehealth this summer. So we knew we already had the capability and that that would be a pretty easy switch. But we had planned on doing that as a smaller pilot project with a few providers. We started March 18th with everyone working from home, initially. And we were able to make that switch. We just recently brought everyone back in-house. And we may have to make changes again.

Our plan was to have one team of staff on-site and one team at home working. We divided up into teams and they did a rotation. But essentially, two receptionists, a nurse or an MA [medical assistant], and a provider were teamed together and then that way, if there was an exposure or one of those individuals got sick, we would have another team that could come in on-site and we wouldn't have to completely close down. Now, we were encouraging telehealth and telephone contact with patients during this whole time, but we also know that there are occasionally incidents when people need to see a medical provider [face to face] and they would want to see their own, if at all possible, and where they're familiar and comfortable. And a lot of people were very scared to go to the ER or hospital. Depending on what ends up happening, we know that we may have to switch back.

Kentucky's hospitals and clinics have seen their patient numbers drop since March and the arrival of the coronavirus. Did the clinic face similar trends?

We have seen a significant drop, like everyone, even with using telehealth and the telephone. A lot of our patients have chronic health conditions and are in a high-risk category. When you are treating individuals with chronic health conditions, you want them to come in regularly, so that you can help to manage and maintain their quality of life. However, we immediately didn't want anyone to come in unless it was absolutely necessary. And, even though we were trying with the telephone and telehealth, there are barriers still — especially in a rural environment, with people having access to smartphones or laptops. And that's one of the reasons we were very glad when the government opened up the telephone [visit]. Even that — to have a telephone or access — can be challenging for some of our patients. They may have to borrow someone's phone.

At our lowest, we were probably down to about 20 percent [of our normal patient load]. We got up to 35 percent. Our biggest week that we've had since this started is 65 percent of our normal caseload. Now we are maintaining 50 percent, with in-person [visits], telephone and telehealth.

Because of the drop in patient visits experienced during the pandemic, medical facilities were faced with making choices about laying off staff or reducing staff hours. Since Community Medical Clinic experienced similar drops in patient load, did you have to lay off staff? Or reduce staff hours?

We discussed that early on. That, to me, is a last resort measure. My philosophy has always been: If I take care of the employees, the employees will take care of the corporation. I feel like we make a partnership when someone becomes an employee here. Now, there were discussions with the [clinic's] board. We always look at possibilities. But our greatest assets are our employees. And, we knew that as we come out of this [the coronavirus outbreak], we're going to need medical staff to take care of people. We have a lot of people we take care of with chronic health conditions — even before COVID. So you have to maintain your staff. So I went into it with that philosophy in mind, that that would be a last resort measure. And we would look at maybe shutting down a clinic. We could ask people to take some non-paid time off. We looked at different things. Now with the additional funding from the HRSA (the Health Resources and Services Administration), it has allowed us to not have to do that. We are not overly staffed. I don't have a COO and I do not have an administrative assistant. We're still looking for more behavioral health staff. We've actually still been hiring, but it's because we run a very streamlined practice to begin with.

How have the clinic's patients handled the public health emergency?

We've tried to let our patients know that we're here for them, even though it's in a different capacity. That they can still call, have access and we will try our best to meet their needs. We do work with individuals that have a lot of needs. We have, for example, had [patient] concerns regarding food insecurity. And so we have increased some vouchers at local farmers' markets through our Federal Office of Rural Health Policy cardiovascular grant. But I do think it's been a stressful time for everyone.

Have you been looking ahead at all to the near future — and what might happen if there are future surges in coronavirus cases?

It's mainly just keeping the staff aware that I don't think we are through this. And at any time we may have to switch back to smaller numbers of staff working again, more working from home, encouraging them to work with patients so that patients get more comfortable with telehealth and the telephone contacts. We have put in an application — and I'm keeping my fingers crossed — to update some of the telehealth equipment where the provider could be at home, for example, and then actually see patients that are on-site from a distance. In that federal grant, there's also money that we have requested for remote patient monitoring. If we get that grant, it would allow us for some of our most chronic and severe patients — maybe up to 150 patients or so — to be able to put remote monitoring equipment in their home. So that, let's say things were to get much worse in the fall or winter, we could be managing that patient from a distance and getting information uploaded into our electronic medical record for that patient. I'm talking about blood pressure cuffs, blood glucose monitors, scales for weight, a pulse oximeter. And then that way, we can manage those a little bit more hands-on.

Can you point to anything that you've learned as a result of the clinic's experiences with the coronavirus?

Preparedness. I feel like we had some things in place. But of course, I don't think anyone anticipated the level of need. I will probably never, ever again have less PPE (personal protective equipment) than what we would need for a few weeks or a few months. I think the whole medical community learned a lesson from that — being a little better prepared that anything could happen at any time.

TRANSPORTING COVID PATIENTS SAFELY

Daryl Flatt, a paramedic and the assistant director of the Adair County Ambulance Service, based in Columbia, has helped to coordinate the county's EMS response to coronavirus cases. Flatt is a more than 20-year veteran of the service and a nearly lifelong resident of Adair County. He also serves as a magistrate on the Adair County Fiscal Court.

How has your work in EMS changed as a result of the pandemic?

It's changed. It's changed dramatically. We've treated basically every run that we went to like it was a COVID patient. Pre-COVID, you'd go right to the patient, start asking questions and doing your assessment. Well, now we started keeping our distance and talking to the patient. We've got a whole lot of changes as far as how we have to work codes and doing CPR. So some of that's been an adjustment. We do temperature checks when employees come in and then again when they go home. We keep a log of it. Every hospital we go in, they take our temperatures — screen us and the patient. We've had to adjust some of the ambulances — where they had windows between the cab and the box. We've sealed those off. The main issue was the extended amount of time now that we're having to spend on deconning the trucks. We deconned them before, but now, you have to make sure and get every crevice and crack. Make sure the gloves are where they're supposed to be. Anything that's not used on a regular basis, we try to keep it up in a cabinet. As soon as they get back in the truck, they're sanitizing their hands, their faces, their steering wheel. Doing everything that we know possible to do to try to keep from spreading it [the coronavirus]. It's been a change. We've adapted to it.

Early on in the coronavirus public health emergency, there were stories across Kentucky and the country of fairly significant decreases in call volume among EMS services. Did your service also experience that in Adair County?

I think it was March and April and there was a time there where we weren't making very many runs at all. We compared April's revenue this

year versus April's revenue of last year and it was around $50,000 difference. Fifty thousand less this past April versus last year. We were averaging around 9.4 runs a day last year; at one time [during the outbreak] we got down to 7.5 runs per day. So, we didn't have a real significant drop, but there for a couple weeks it was a real significant drop. Then it started creeping back up. It hasn't come back all the way just yet. It's creeping back up, but not quite what it was.

Is there one thing that's been your biggest concern during the COVID-19 outbreak? Is there something that's kept you up at night or caused you to lose sleep over?

I've got two daughters — a 14- and a 16-year-old — and then my wife. Of course, my wife's parents are elderly and my mother is elderly. I have to take care of the employees, but probably the thing that stays on my mind the whole time is, 'Am I going to bring it [the coronavirus] home to my family?' Because I am exposed to it. And, the very first COVID patient that I transported was probably one of the most stressful runs I've ever been on because I was just scared to death. I was completely protected. We had the patient protected. Now they're saying it's not as much contact [transmitted] as it is airborne. At the time, it was 'They can live on surfaces,' 'It could live for so many days, so many hours.' And it's like, 'Man, we can't get rid of this stuff.' And, if I have it on my boot, I take it into my house. The biggest thing that sticks out that's worried me more than anything was bringing it home to my family. And knowing that I was the one that brought it home.

What's the biggest challenge that you and the other staff in the service have faced during the pandemic?

It's probably more a morale thing because EMS staff, we're not the highest paid people in the state. And, I've heard people say, 'Why would I want to put my family through this? Why would I want to do this, knowing that I could contract something and take it home to my family member and kill them, versus just going out and getting a normal job?' I don't think I've heard any of our staff say that. I'm sure they've thought about it, because I've told different people, 'Why would you do this?' We always tell people when we interview them, 'If you're in EMS, you're not in it for the money. You're in it because you love helping people.' And I've told this to everybody and I wholeheartedly believe it. I've been doing it for 20 years. And other than having just a bad shift or being up all night, I have never regretted going into work. I have always loved my job. But I think just a lot of it is keeping the employees' morale up during all this because it was such a stressful time: When everybody else is staying home and the ones that you're transporting are actually the sick.

"I have to take care of the employees, but probably the thing that stays on my mind the whole time is, 'Am I going to bring it [the coronavirus] home to my family?' Because I am exposed to it."

They're the ones that have the coronavirus or potentially have it. That's probably the hardest thing that we've dealt with. Cleaning the truck, disinfecting, having to put on PPE (personal protective equipment) before the runs, that's just the change of the way we do things. That's not a mental thing, like worrying about catching this. I admire them [the EMS staff] so much because they've done exactly what they were told to do. They never tried to cut any corners. It was just amazing that as soon as they would get back [from a run], they would throw the doors open, they would strip the back of the truck and they sprayed everything down. They were scared of getting it themselves. But, I think they knew that they were doing the right thing and we went by what the health department was telling us to do, what KBEMS (the Kentucky Board of Emergency Medical Services) was telling us to do and basically what some of the other counties were doing. So, I think that made them feel better and feel a little bit safer. It was still in the back of their minds, 'What if I get it? Take it home.'

How does responding to calls during this public health emergency rate in your 20-year career?

EMS has always been stressful because you never know what run you're going to. I tell everybody, 'You're not God. But you do everything in the world you can do.' I feel if there's something I can do, I've got to try to figure out a way to do it. I feel like it's my responsibility. Even if it's a car wreck and they passed away, I still question myself, 'Could I have done something different?' Well, now you've got the COVID on top of this. So if we go out and work a code, a code was already stressful enough. You feel like you have to get that person back. Or, I do. That's the way I feel. And then, dealing with the COVID and the PPE, and just the extra amount of time you have to go through, the hassle of trying to work a code with all this stuff on [PPE], it just adds to the stress level a little bit. It just adds a little more stress to it and makes some of the runs a little bit harder to deal with.

Stay connected with the health of rural Kentucky.

Sign up to receive *The Bridge* electronically.

http://thebridge.kyruralhealth.org