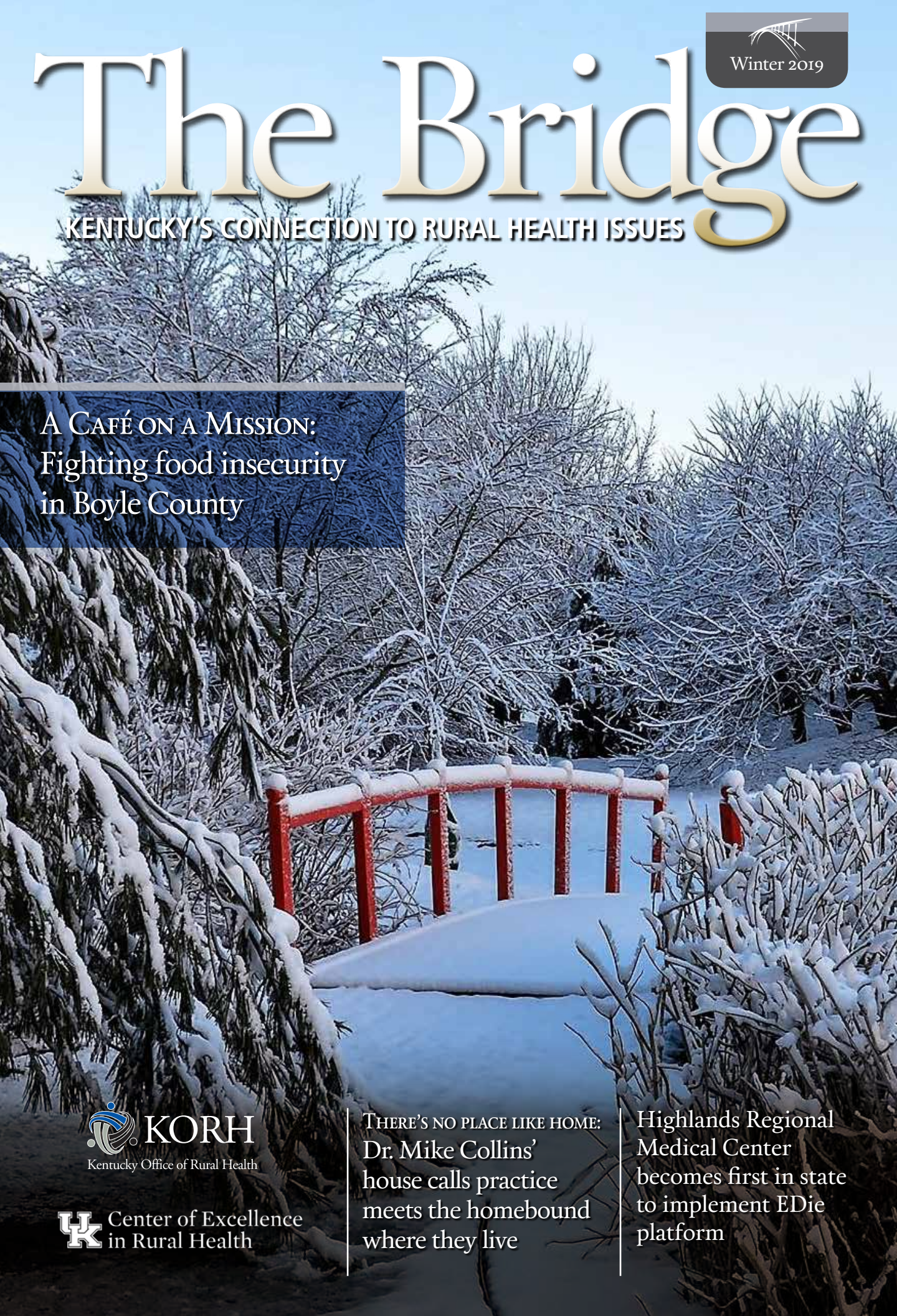


Winter 2019

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

A Café on a Mission: Fighting food insecurity in Boyle County

KORH
Kentucky Office of Rural Health

Center of Excellence in Rural Health

There's no place like home: Dr. Mike Collins' house calls practice meets the homebound where they live

Highlands Regional Medical Center becomes first in state to implement EDie platform

Dear Readers,

The beginning of each New Year brings me a lot of excitement: It's when I get to unwrap my new calendar. It may sound a little bit comical, but there's just something about a new calendar's fresh, clean pages and empty blocks of dates and times that sparks a sense of optimism within me.

And, that optimism is further stoked by the opportunity I have each January to rethink all of my current time commitments — all of those appointments, meetings, conferences, vacation days and the like that fill up each of my days. At the start of the New Year, I've still got plenty of time to consider just how I want my time to be spent and just what events get penciled in on each of those calendar pages for the next 365 days.

While I'm not as enthusiastic about New Year's resolutions as many of my friends are — I don't enjoy exercising every day and I simply like a good piece of butterscotch pie too much to go cold turkey — I have decided to set down one resolution for myself this year: I want to avoid filling up all of those blocks of time in my calendar just to fill up the time. I want to force myself to ask of each of my time commitments: Does my time spent engaged in a particular activity or in attendance at a particular event add meaning and purpose? Does my being there benefit others and the group's mission and goals? Does my commitment of time enhance my well-being? Does it increase my sense of belonging and connectedness to others? Does it provide some level of spiritual closeness and connectedness? Am I doing something that I really love? Or, am I just wasting my time and, likely, others' time as well? Is the activity that I'm engaged in or the event that I'm attending little more than a "babysitter" — serving as a bridge between otherwise filled blocks of time?

Those are the types of the questions that likely ran through the mind of Rochelle Bayless as she was developing what would become Grace Café, a pay-what-you-can restaurant in Danville that strives to serve fresh, locally-sourced organic-when-possible nutritious food to everyone in the Boyle County community — regardless of their ability to pay. (The café is spotlighted in this issue of *The Bridge,* beginning on Page 4.) Bayless found a creative approach to dealing with hunger and food insecurity in her community. She has found a way to devote her time to a project that doesn't make her financially rich, but which does provide a strong sense of meaning and purpose to her life — which is worth far more than extra zeros on a paycheck. Her efforts in Danville could never be called a waste of time. If only the rest of us could be so lucky.

I hope that the stories we cover in the pages of *The Bridge* — in the current issue as well as in all future issues — will excite you with a sense of optimism about the good work that's going on across the rural communities in the Commonwealth. May happiness and good health be yours in the New Year!

Yours,

Ernie L. Scott
Director
Kentucky Office of Rural Health

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

A pedestrian bridge at Yuko-En on the Elkhorn, the official Kentucky Japan Friendship Garden, located in Georgetown, Kentucky. Photo by Jim Dawson

Contents

The Bridge is published on a quarterly basis through a joint effort of the University of Kentucky Center of Excellence in Rural Health and the Kentucky Office of Rural Health. 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 program provides a framework for linking small rural communities with local, state and federal resources while working toward long-term solutions to rural health issues.

The Kentucky Office of Rural Health, established in 1991, is a federal-state partnership authorized by federal legislation. The KORH receives support 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 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.

A Café on a Mission
FIGHTING FOOD INSECURITY IN BOYLE COUNTY

Grace Café, located in Danville, is Kentucky's first nonprofit pay-what-you-can restaurant. The café served 22,590 meals in 2018.

Article by ***Michael McGill, Rural Project Manager, Kentucky Office of Rural Health***

One day the menu includes pulled pork sliders, Portobello mushroom sliders, homemade coleslaw, Cobb salad, potato and corn chowder, and sausage and kale soup.

The next day, the menu reads completely fresh: roasted turkey, homemade stuffing, mashed potatoes smothered in house gravy, sautéed zucchini with yellow squash, as well as a black bean patty served with a side of garlic mashed potatoes and sautéed veggies.

More important than the changing and varied menu offerings, though, is the mission of the restaurant serving the food.

Grace Café, located in the historic Proctor-Bosely House on 4th Street in Danville, just across the street from the Ephraim McDowell Regional Medical Center campus, is Kentucky's first nonprofit, pay-what-you-can restaurant which strives to serve fresh, locally-sourced organic-when-possible nutritious food to everyone in the Boyle County community — regardless of their ability to pay.

The café's mission, since its doors opened in July 2015, is to end hunger in Danville and the greater Boyle County area by providing food security — access to nutritious food — to all who enter. It's part of a larger community café movement coordinated by One World Everybody Eats, an Ohio-based nonprofit that provides consultation and networking opportunities to the more than 60 pay-what-you-can restaurants operating across the country.

Almost four years since its opening, Grace Café is still doing its good work.

"We're still here," says Rochelle Bayless, the founder and executive director of Grace Café. "That is, to me, an amazing feat … we're still making it. Our bills are paid. Our staff is paid. And we are making a tremendous impact in the community."

'Either your time or your money'

Grace Café is open for a three-hour meal service seven days a week — serving lunch on weekdays, breakfast on Saturdays and brunch on Sundays.

The café works like this:

Just inside the café's front door, chalkboards display the day's menu as well as the suggested donations for meals.

Customers place an order and are given the option to pay the full-price donation, pay what they can ("name a price that is fair to us, but also comfortable for you," Bayless explains), or volunteer for 30 minutes inside the café in exchange for their meal.

Volunteers sign a waiver, sign in and are shown how to bus tables and run food to tables. They get their meal after their work is completed.

Patrons are also given the option to pay it forward — to pay for meals for future customers who aren't able to.

"You have to give me something," Bayless says. "Even if it's a dollar. You have to give me something. Either your time or your money."

'No barriers between people and food'

Pay-what-you-can restaurants like Grace Café are an

attempt to, in a dignified way, make food accessible to those who don't have it, Bayless says.

She says that traditional hunger charities — like food pantries and soup kitchens — play a key role in many communities, but there are problems with how they operate: Patrons are only able to get a single box of food once a month. They have to prove their income level. And, the selection of offerings is often of low nutritional quality.

"There's no dignity in that," she says. "That's humiliation. That's outright humiliation."

Instead, Bayless and others in the community café movement call for "a hand up, not a hand out."

"We have a social contract [in this community] to lift you up with food, with joy, with connection, with relationship building," she says. "So that's just a complete different mindset from traditional hunger charity … [where] we're just handing you boxes of food or handing you a plate of food. And, A, you're not accountable for it anyway. B, you're going to become dependent on that. It's not actually feeding your soul in any way, shape or form.

"So, really, at the end of the day, the whole community café movement is about eradicating hunger and the only way to eradicate hunger is to provide food security."

And, Bayless says access to good, healthy food is a human right.

Grace Café Executive Director Rochelle Bayless stands in front of the restaurant's ever-changing menu board. Bayless founded the café in July 2015.

"There's plenty of food available," she says. "Why put a barrier between people and food? Food's the first thing that you need to make a decision. So if you want to better your life, get a job, get a better job, fix something in your life, change something, improve something, you have to eat.

"So that's where I'm coming from — this real basic philosophy that there should be no barriers between people and food."

'It's all real food'

Much of the food served at Grace Café — from the meat ("We buy whole animals and process them ourselves which is the most economical way to purchase proteins," Bayless says) to the kale, butternut squash and every other conceivable type of produce that ends up on the menu — comes from local and regional farmers, growers and artisan food producers. In the peak growing season, Bayless says 98 percent of the menu's ingredients are grown in Central Kentucky.

On top of that, there's also the hundreds of home growers who drop off their offerings as well. Free of charge.

"If we can't use it, we'll send it down to the food pantry," Bayless says. "We pay it forward to them."

Most of the staff preparing meals at the café don't have any restaurant experience, Bayless says.

Head cook and kitchen manager Monariea Wyatt, who's worked at the café for three years, was previously employed as a commercial bread baker. Bayless calls her "an excellent home cook" and notes that she's "creative and understands food."

Wyatt is joined in the kitchen by Lisa Ingram, a cook and assistant kitchen manager. Ingram says that she started off volunteering at the café and was eventually offered a full-time position.

A professionally-trained chef works on the weekends and another chef does fill-in work.

"There are days that we don't have time to breathe," Wyatt says, as she moves from grill to counter, assembling a pulled pork slider, one of the day's specials.

Wyatt says that she, Ingram and Jennifer Earle, the café's business manager, plan the week's menu each Monday. And, everything is made from scratch.

"We don't use processed food," Bayless says. "We don't use food with preservatives. It's all real food."

continued on page 13

STATE'S VETERANS THRIVING IN MEDICAL FOSTER HOME PROGRAM

More caregivers, homes needed for planned expansion

Article by ***Deanna Lee Sherman***

When she first learned about the medical foster home program operated by the Lexington Veterans Affairs Healthcare System, Lisa Gadberry saw an opportunity to give back to those who had served the country.

Gadberry, who lives in Kings Mountain, in Casey County, has been a caregiver in the program ever since — opening her home to veterans from the state who, because of a disability caused by chronic disease or traumatic injury, cannot live independently and who would rather seek their long-term medical care in a home-like setting than in a traditional nursing home.

"You need to love these vets like they are your family," Gadberry said. "Show love, mercy and compassion."

Gadberry is one of the dozens of caregivers across Kentucky who has partnered with the Veteran Health Administration's (VHA) nationwide Medical Foster Home program to provide veterans with an alternative to nursing home care.

And, the benefits of medical foster homes have health professionals taking note: Veterans receive home-based primary care services, they experience fewer hospitalizations and they form personal relationships that further enhance their well-being.

"What we have found in the past is the veterans who come into foster homes tend to live a little bit longer lives mainly because they're happier and stable, and they're feeling safe," said Nicole Morgan-Brown, the medical foster home coordinator for the Lexington VA Healthcare System.

"They become part of that caregiver's family," she added. "That is a huge part of it. They are not strangers. That is their home."

'A stable and safe setting'

VHA's Medical Foster Home program, which operates under the motto 'Where Heroes Meet Angels,' places veterans who are referred to the program in a private home where a trained caregiver resides 24/7 and provides services to, at most, three residents at a time.

Caregivers are recruited to serve in a role that might often be filled by a veteran's own family members: they monitor and supervise residents and provide personal assistance with activities related to daily living — ranging from personal care activities like bathing, dressing and grooming, to other activities like laundry, shopping and meal preparation.

A Veterans Affairs interdisciplinary home care team — consisting of a physician, nurse practitioner or physician assistant, along with a licensed dietitian, registered nurse, social worker, rehabilitation therapist, pharmacist and psychologist — works to address the health conditions of residents.

"All the care is coming into the home, they have a team coming in that will do everything," Morgan-Brown said.

She said treatment plans for residents are individualized and updated as necessary.

"[S]o if there's COPD or any kind of disease, they have their own medical plan," Morgan-Brown said.

Ultimately, the program enables veterans to live in a home designed to meet their own health care needs as well as their personal needs for meals, laundry, cleaning and privacy. Should a wheelchair ramp be needed at a home, for instance, program officials will work with the caregiver to make it happen, Morgan-Brown said.

Veterans pay caregivers directly for the services and supplemental VHA funding may be available to help cover the cost of care for some veterans.

Twenty-one veterans currently live in medical foster homes in Kentucky — 15 in the Louisville area and six in the Lexington area. Plans are underway to expand the initiative in Central and Eastern Kentucky.

The program seeks to honor veterans' preferences to live and receive primary care services in a home as opposed to facility-based institutional long-term care; provide primary care services across veterans' span of life; and, improve the quality of life for veterans.

"This is a way that veterans can stay in a home-like environment where there is 24-hour care. A stable and safe setting," Morgan-Brown said. "They can stay there for the rest of their lives.

"This is not a temporary thing — they consider this their home."

And, she added, living in a home-like setting where veterans can receive care that is oftentimes more extensive than what they would get in a nursing home offers peace of mind.

"I definitely think this program helps vets mentally because a lot of what we see are vets who do not want to be institutionalized," she said.

A higher level of care

VHA's Medical Foster Home program, based on state models of adult foster care, began initially in 1999 as a pilot program designed by two social workers at the Little Rock VA Medical Center in Little Rock, Arkansas. The social workers observed veterans needing a higher level of care than assisted-living facilities could provide.

VA centers in Tampa, Florida, and San Juan, Puerto Rico, implemented medical foster home programs in 2004. Since then, the program has continued a nationwide expansion: now caring for more than 1,000 veterans across 44 states, Puerto Rico and Guam.

Programs in Kentucky were established first in Louisville in 2008 and a year later in Lexington. In total, 255 veterans have been placed in foster homes in the Louisville/ Southern Indiana coverage area and 68 have been placed in the Lexington coverage area.

Currently, 21 veterans are living in medical foster homes in Kentucky — 15 in the Louisville area (which includes homes in Jefferson and Spencer counties) and six in the Lexington area (including homes in Casey and Fayette counties).

More homes needed

The program's biggest challenge in Kentucky remains finding new foster homes, said Morgan-Brown, who is currently working on expanding the initiative in both Central and Eastern Kentucky — in Berea, Hazard, Lexington, Morehead and Somerset. "It's not a lack of veterans, but having the homes available for them," she said.

"Our goal is to expand exponentially," Morgan-Brown said, pointing out that there is a need for this program among both recently discharged veterans as well as older veterans. She said the program is also a good fit for disabled younger veterans who are not able to live alone, but who may feel out of place residing in a nursing home.

Part of the expansion effort is focused on getting the word out that medical foster homes are an option for veterans and that there are distinct

continued on page 14

There's no place like home

Dr. Mike Collins' house calls practice meets the homebound where they live

Article by Michael McGill, Rural Project Manager, Kentucky Office of Rural Health

On his first day in private practice, back in 1979, Dr. Mike Collins was told to never make a house call.

The warning came from Dr. Sidney Farmer, whose Edmonson County practice Collins had just joined, and who was, himself, a three decades-long veteran of the age-old practice of visiting and treating patients in their own homes.

Collins remembers Farmer telling him, "If you do it for one, you'll have to do it for everybody."

And so, Collins, a 20-something University of Kentucky-trained physician who had just completed his family medicine residency a little farther west in Madisonville, in Hopkins County, promised to avoid house calls.

That same afternoon, a man came into the office and asked Collins, "Can you come to my house and see my wife, she's very sick?"

Collins didn't hesitate; the stop was on his way home.

When he arrived at the house, Collins says, the woman was comatose.

"She was breathing about six times a minute," he remembers. "Her heart rate was in the 40s. Her body temperature was sub-normal."

She was in a myxedema coma — a hypothyroid coma — and at the point of death.

Collins says he helped to get the woman to the hospital where he treated her for hypothyroidism. She ended up living for several years after that, he says.

Looking back, Collins says that without his intervention, "I'm sure she would have died at home within a short time."

On his first day in private practice he made his first house call. It had an impact.

"So, I said, that might be my calling," he says with a laugh.

Today, almost 40 years after that first house call, Collins is still making house calls. In fact, his full-time practice, begun in 2006 and based in Bowling Green, his hometown, is devoted solely to making house calls to homebound patients who can't easily get out.

"I enjoy seeing people in their homes — just seeing where people live," he says. "You can learn so much about somebody when you see them in their home setting, than when you see them in the office. You don't really get as much a feel for what they and the family are going through [during office visits].

"I consider it basically to be something that God has provided for me … because I think that I'm just cut out for that."

'The reimbursement is not enough'

Often accompanied by medical students or residents, Collins visits patients in their homes every day of the week — including weekends — and regularly sees four or five patients a day. He says that on his busiest day he might see 11.

All told, he says, he treats about 400 patients a year, but only between 100 and 200 on a regular basis.

Some of his patients are children. Most are adults. The overwhelming majority are over the age of 70, he says.

His regular stops include 11 different nursing-rehab facilities and six assisted-living facilities.

And, since most of his patients are very ill — many suffer from neurologic diseases like strokes, dementia, Parkinson's and traumatic brain injury — there's a high turnover among his patient load. On a recent weekend, four of his patients died.

Collins' patients are, by design, strictly referrals. There are exceptions, of course, like the patient who had been bedbound for eight years and hadn't seen a physician during that time. But, Collins says that he's never wanted to steal patients away from their regular doctor.

"A lot of doctors send patients when they get to where they can't come to their office anymore," he says. "One of the big things I see is patients with dementia. When patients develop Alzheimer's disease and dementia, it becomes a real strain on everybody for them to go to an office. It's a strain on the family to get them there. It's a strain on the patient to be in a new, unfamiliar setting. It's a strain on the office personnel to try and contain somebody in the lobby who has dementia. It's a strain for a doctor to see somebody for 10 minutes that has dementia.

"And they're not the one that has the great need — it's the family who's there with them."

Collins freely admits that his medical practice based on house calls alone doesn't pay all of the bills.

In fact, for the past 12 years, he's had to supplement the income generated by his practice with part-time and as needed employment in the emergency room at The Medical Center in Bowling Green. He typically works four to six shifts a month there.

"I have to work ER because nobody could make a living or support a practice on house calls. It's impossible," he says. "The reimbursement is not enough."

He laughs when he admits that his half-a-dozen ER shifts each month generate as much income for he and his wife as does four weeks of his house calls practice.

And that's the paradox of Collins' medical practice: "If I didn't have to work the ER, I'd be able to do more house calls. But I wouldn't be able to keep the office," he says, referencing his practice's office space in his home basement. "This little office here in my home, our overhead, I couldn't meet our overhead for an office in my house with one employee. I couldn't meet our overhead if I didn't do the ER work."

'His expensive hobby'

Collins' wife, Susan, who has served in the past as his nurse and transcriptionist and who now primarily works as the practice's office manager, says her husband sometimes refers to his house calls practice as "his expensive hobby."

"This was always a dream he wanted to do some day, if he ever left private practice," she says. "Didn't know if he ever would leave private practice. But he always wanted to do house calls and offer this."

A number of factors — both professional and personal — eventually culminated in Collins starting his solo practice in 2006, at age 55, after 26 years working at the Wilkes Clinic in Brownsville.

First, Collins says he saw a genuine need for house calls in Edmonson County.

The county didn't have a nursing home early on in his tenure there and homebound patients would regularly have to travel by ambulance to the clinic in order to be seen.

"I'd have 15 minutes to see a patient in the office who was bedbound," he says. "And then I'd be writing orders and doing paperwork on them and managing their home health for a year without seeing them [again]. And I said, 'This is no good.'"

He adds: "They'd come in with contractures or bed sores. And then I wouldn't see them again for a year. I couldn't make them come over and over. And so we really had to see them at home if we were gonna take care of them the way they should be cared for."

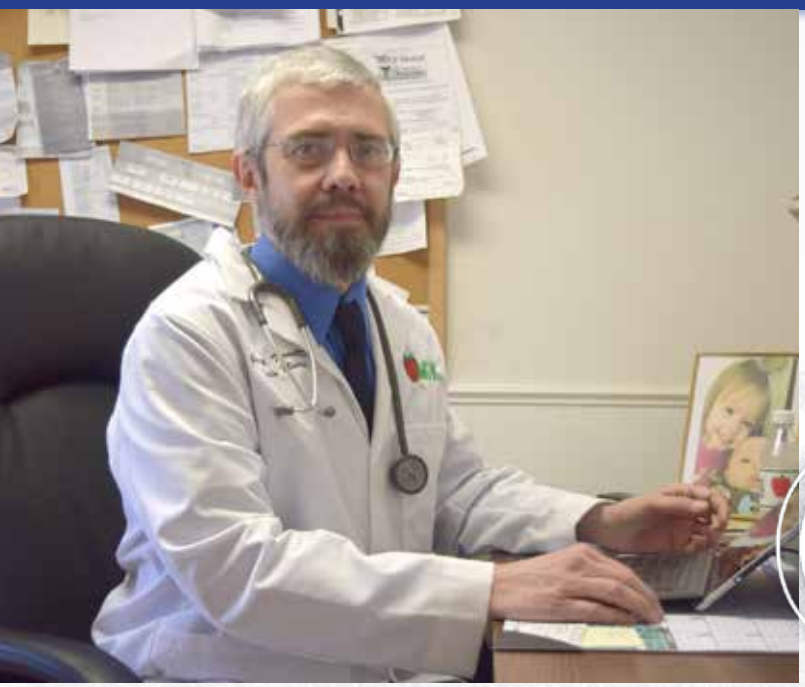
In addition, there was a psychological reason for Collins' interest in house calls.

He suffers from a form of claustrophobia — in particular, an aversion to being stuck indoors. So, being able to visit patients in their own homes, outside of the typical office setting, has been a great benefit to him, Collins says.

"It's very difficult for me to stay in an office for six to eight hours, to be inside," he says. "When I was in Edmonson County, at lunch, I would go over to Mammoth Cave … and eat on the edge of the park there."

He says he just "feel[s] much better when I'm out moving from house to house" and lives by the line, "A bad day on the road is better than a good day in an office."

continued on page 15



Dr. Gary Turner
MCHC Buckhorn Medical Clinic
Buckhorn, Kentucky

Q&A

Are you a current National Health Service Corps Loan Repayment participant? When did your service begin?
Yes. My service began in August 2010. And I'm currently still with the program.

What are your job responsibilities at your NHSC practice site?
I'm the only doctor here (in the clinic). I'm a family medicine physician, so, my job is to provide primary care for the people in the area — pediatrics all of the way up through elderly care.

How did you first learn about NHSC programs?
Through my employer — Mountain Comprehensive Health Corporation. They made me aware of the loan repayment program once I started employment here.

What does it mean to you to be a NHSC participant?
I feel privileged and honored to be able to serve an underserved area. I actually grew up in the area — about 10 miles from the clinic. So, just to be able to provide care in a rural area, in a rural clinic, it's very fulfilling.

What is the most important thing/lesson that you learned during your NHSC service?
Patience is one. Because I practice in a rural area, a lot of times I don't have a bunch of specialists at my fingertips. Having patience with how the system works within a rural setting, I've learned that.

What advice would you offer to someone who is considering participating in NHSC programs?
I think it's (NHSC Loan Repayment Program) an excellent program. And they basically helped me pay off all of my student loans. They're a great program. I would recommend them to anybody. But, at the same time, if it's someone who is more acclimated, more used to an urban area, this may not be the setting they want to practice medicine in. They're an excellent program — they're very prompt and thorough with all inquiries. They just helped me tremendously with my loan repayment. ■

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

Highlands Regional Medical Center becomes first in state to implement EDie platform

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

Highlands Regional Medical Center is the first hospital in Kentucky to do it.

And, others are soon to follow.

The 166-bed acute care facility located in Prestonsburg, in Floyd County, is in its second month of teaming with Salt Lake City-based Collective Medical to implement Collective EDie (Emergency Department Information Exchange), a platform that allows for the real-time sharing of patient health information between participating emergency departments.

The collaboration is part of a larger partnership between Collective Medical and the Kentucky Hospital Association.

The EDie platform — which is linked to hospital electronic health medical records systems — tracks emergency department visits made by patients and then packages that information into a useable form. Patients' past medical history information — including the dates they checked into emergency departments, the hospitals they've been seen at, diagnoses that have been made and medications that have been prescribed — is available immediately to emergency department staff at the time of registration.

The ease of access to information provided by the platform offers clinicians instant decision-making assistance in the care coordination process.

Collective Medical officials say the use of the EDie platform should provide for improved patient care, reduce unnecessary emergency department visits and workups, enhance safety and security in emergency departments, and allow hospitals to identify at-risk patients.

Highlands CEO Harold "Bud" Warman says the hospital's administration was convinced about the potential of Collective EDie after seeing its implementation in neighboring West Virginia.

And, although Highlands staff must momentarily depend on data in EDie from just their own institution and from hospitals across the state line, the full benefits of the platform will be realized once other hospitals in Kentucky sign on to participate.

Even early on, Warman says he sees key recordkeeping benefits to the system.

"Patients are notoriously bad historians," he says. "Many patients have had care or testing in other hospitals but don't recall the details." He says EDie will now do the memory work for patients and "head off unneeded testing."

Collective Medical currently partners with more than a dozen hospital associations across the country to make its EDie platform available. ■

Grace Health initiates in-house training to prepare staff for certification

Article by ***Rhona Creech***

A few years ago, the executive leadership at Grace Health, a federally qualified health center with clinics located throughout southeastern Kentucky, noticed that although they employed many medical assistants, none was certified. And, the community health center's leaders wanted to find a way for their medical assistants to achieve that certification.

Human Resources Director Kim Bingham researched possible training opportunities that could prepare current staff members for certification and eventually planned and implemented a training program in partnership with the National Healthcareer Association (NHA), a national professional certification agency.

The result: In October 2017, Grace Health began offering its medical assistants access to an in-house training program — facilitated by an area trainer — and based on the NHA's curriculum. Completion of the program prepared participants to take the NHA's Medical Assistant Certification Exam, one route to becoming a Certified Clinical Medical Assistant (CCMA).

The community health center agreed to pay for participants' class materials and for each employee to take the certification exam — which covers a range of topics from medical terminology and nutrition to phlebotomy, EKG and cardiovascular testing, and medical law and ethics — one time.

Twenty-six employees participated in that first six-week training course. And, all 26 passed the CCMA exam. The state pass rate was only 79 percent.

A second class was offered beginning in April 2018. Of the 30 participants, 29 passed the exam, for a 97 percent pass rate. The state pass rate was 83 percent.

A third class — with 17 participants — is now underway.

"It's all a positive," Bingham says. "It's positive for the organization. It's positive for the employee. It's positive for their families. It makes their kids proud of them."

When they pass the NHA exam, employees earn the credential as well as a pay bonus and are recognized publicly in a pinning ceremony.

Bingham says it's great to be able to reward employees for taking the initiative to enhance their skill set.

"Most of these people are all working full-time jobs," she says. "Most of them are moms and have families, and they're taking additional time to invest in themselves. And I always admire that.

"So we definitely try to make a big tadoo to say, 'This is a great benefit.'"

In the training program's first year, Bingham says she had to work hard at recruiting participants, trying to convince them to attend the sessions. Since then, she says, she's had a lot of help from current and past participants.

"[M]y cheerleaders or my promoters were the people in the class," she says. "So they would tell their fellow employees, 'The next opportunity you get, you need to take the CCMA class.'"

Bingham says she's even had to cap the clas ssize because of the high level of interest among employees.

The success of the CCMA training program led Grace Health leaders to seek out other areas for organizational and employee improvement. In September 2018, they implemented a training program to certify their clinics' medical administrative assistants as a way "to heighten our patient satisfaction scores and focus on taking care of our patients to the fullest ability," Bingham says.

And, again, they've seen success.

All of the participants in the Certified Medical Administrative Assistant training program passed their certification exam.

"The thing that I tell people … of course I want you to get the credential and of course I want you to get the bonus … but also, this is a learning experience," Bingham says. "If you're willing to learn, you're still worth investing in." ■

continued from page 5

'Exponential growth'

In 2016, the café served 15,403 meals. A year later, the café served nearly 30 percent more meals — 19,598. The growth continued again in 2018: 22,590 meals were served last year.

Those numbers average out to about 66 meals served each day. The record is 155 meals served in one day.

And, in 2016, 99 unduplicated customers volunteered in exchange for their meal. That number rose to 125 in 2017 and 177 in 2018.

"It's been exponential growth each year," Bayless says, after looking up from a spreadsheet chock full of data.

In total, the café has served 63,590 meals since it opened in 2015.

"I'm pleasantly surprised," Bayless says. "We're still here. I'm just so grateful that we're still able to do this work. And it is growing. And thriving."

And, the customers taking advantage of the café's offerings are diverse.

"We have every strata of our society — every age, every color, every identity, every income bracket," Bayless says. "People love coming here for the company, for the food."

She says that, in fact, it's not uncommon to see the president of nearby Centre College eating lunch at the same time as someone who is experiencing homelessness.

A majority of the café's customers are people in need, she says.

"But we're all in the community space together," Bayless says. "And I've learned that one of the best ways to lift people out of poverty is to include them into the larger community. That's going to give people access to resources, access to hope, access to each other — friendships, relationships.

"And I've learned through building those relationships we can really start to help people in our community."

While Bayless says it's hard to quantify the impact of Grace Café — she suggests, for instance, that the café may have contributed to the drop in the region's poverty rate over the last few years —

Customers place their order with café manager Will Cocanougher.

she does regularly hear the personal stories of community members who have been helped by the restaurant.

"I'm told, just anecdotally, that this organization has saved people's lives and made them so much happier, so much healthier, that they don't have to worry about where their next meal's coming from," she says. "That they know that they can count on us."

'Part of the community'

Like most nonprofits, Grace Café's biggest challenge is funding.

About 60 percent of the café's revenues are generated by meal donations from patrons, Bayless says. The other 40 percent comes from fundraising.

"So, really, fundraising is the biggest and most important part of my job," Bayless says. "We write a lot of grants. We try to leverage corporate sponsors. We've got a wonderful individual donor base of almost 400 individual donors. We have some major donors and some major investors. So … cultivating that base of support has been my biggest challenge. And it's ongoing."

Should she be able to secure the needed funds, Bayless says she hopes to one day purchase and operate a food truck — which would allow the café staff to overcome the geographical challenges experienced by some community members, especially children and teenagers who live outside of Danville, as well as senior citizens.

'[I]f you can't get here, you can't be a part of the community," she says. "And we want everyone to be part of the community."

For more information about Grace Cafe, visit them online at www.gracecafeky.org. ■

continued from page 7

benefits for both caregivers and families of veterans.

"We've been going out and talking about the program as much as possible," Morgan-Brown said. "We are going to employment agencies to let people know about the program and we work with different community service agencies."

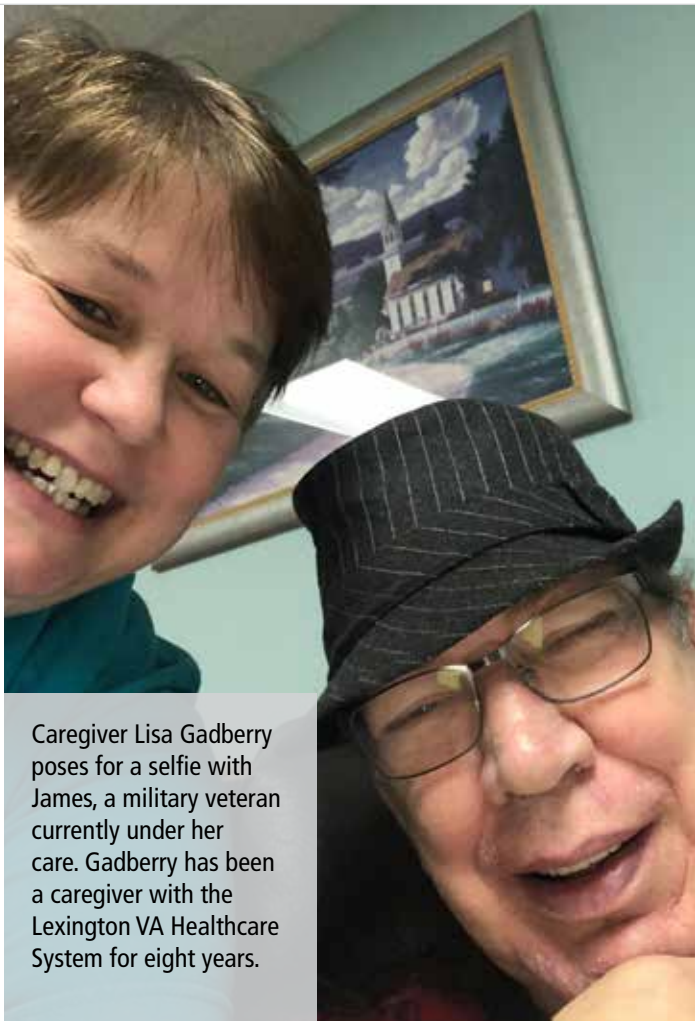
Giving back

A foster family is "the next best thing to their own family" when veterans are too ill or lack family members who are able to care for them, said Dr. Subir Ghosh, the medical director for home-based primary care at the Lexington VA Healthcare System.

"The medical foster home program is one of the most valuable programs we have that aligns with the goals of our service of keeping disabled, elderly veterans at home, comfortable physically, mentally and spiritually."

Being cared for in a home-like environment with the possibility of more intimate relationships developing nurtures both the psychological and spiritual needs of veterans, he said.

"We are very grateful to the dedicated caregiver families who volunteer to run these places for our veterans," Ghosh said. ■



Caregiver Lisa Gadberry poses for a selfie with James, a military veteran currently under her care. Gadberry has been a caregiver with the Lexington VA Healthcare System for eight years.

continued from page 9

And, there were additional personal reasons too.

Collins' own mother was ill at the time. She was bedbound and needed to be attended to both day and night.

"I needed to be here [in Bowling Green] closer by to take care of her," he says.

(Collins and his wife have, in fact, cared for all four of their parents through prolonged chronic illnesses. So, he says, "I understand what it's like for the [patients'] family.")

Collins also had begun volunteering for medical mission trips to the New Vision Children's Home and Clinic in Christiana, Jamaica. He says he felt guilty about leaving his partners for weeks at a time each year. (He's since made more than 40 trips to Jamaica and more than 12 trips to eastern and western Africa.)

When he approached his own partners at the Wilkes Clinic about the possibility of adding regular house calls to their practice — his idea was that each physician would take one day a week and do nothing but house calls — he received a lukewarm response. None of his other partners were willing.

So, he struck out on his own.

"It all fell together at that time," he says. "I knew that was the right time."

'It keeps you going'

When he started his practice, Collins had no competition in the region he serves — that area south of the Green River in both Warren and Edmonson counties, as well as just across the borders of some neighboring counties. (He does draw the line with some inquiries. "Somebody recently called me that lives in Glasgow in Barren County and I just couldn't go," he says. "It's just too far … I can't do them service if I'm just going for one patient.") Since then, other area doctors and even some companies have started making house calls to homebound patients. Collins doesn't view them as competitors. Instead, he welcomes them.

Dr. Mike Collins treats a patient during a medical mission trip to Jamaica. He has made more than 40 trips to the country.

"I'm all for anybody who will provide this service because it's needed," he says. "It's cost effective and it's very beneficial to the family."

He adds: "Now that doctors aren't going to the hospital when their patients are real sick, they should have some flexibility to do a few house calls … So, I'm hoping to see more people take an interest in that. And I would like to encourage or inspire people to do that."

And, although he's in his late 60s now, Collins says he's not thinking much about slowing down or the "r"-word — retirement.

"I switched over and started a new life and a new kind of practice [in my 50s]," he says. "It keeps you going."

He does admit, however, that he'll probably soon need to step aside from his ER work.

"I'm not going to be working ER when I'm 70," he says. "But, I would like to, as long as I'm able and even if they have to wheel me in, I'd like to do a few house calls from this point on. If I didn't have to pay malpractice premiums … you could do what house calls you were able to just on a PRN [as needed] basis and do it forever. But you can't do that. You can't practice without malpractice. There will be a point here where I'll just have to quit it all."

But, until that day comes, Collins says, "I enjoy what I'm doing." ■

Nominate a Kentucky Rural Health Champion

Each quarter, *The Bridge* accepts nominations to recognize an outstanding individual who has made significant contributions to rural health in Kentucky. Please contact Michael McGill (michael.mcgill@uky.edu) for information on suggesting a rural health champion in your area.

Winter 2019

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

For additional information, questions or comments contact:

Kentucky Office of Rural Health
ATTN: Michael McGill
750 Morton Blvd.
Hazard, KY 41701
606-439-3557
michael.mcgill@uky.edu

NHSC PROGRAMS PROVIDE FUNDING TO PRIMARY HEALTH CARE PROVIDERS IN EXCHANGE FOR SERVICE.

- **Students pursuing primary care careers:** The Scholarship Program pays for tuition and fees of future primary care providers, including physicians, dentists, nurse practitioners, certified nurse midwives, and physician assistants.
- **Primary care providers interested in serving communities in need:** The Loan Repayment Program provides up to $50,000 for loans in primary care—medical, dental, or mental/behavioral health.
- **Students in the final year of medical or dental school pursuing primary care careers:** The Students to Service Program provides up to $120,000 to students pursuing degrees in primary care and are in their final year of medical or dental school.

VISIT NHSC.HRSA.GOV

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