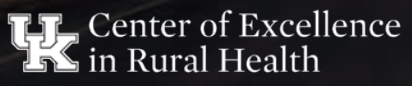


The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Kentucky Homeplace celebrates 25 years of helping the underserved access needed care



Now I LAY ME DOWN
TO SLEEP
Hope for Kentucky's
rural homeless youth

Pathways expands
access to mental
health care for
children, adolescents
in northeastern
Kentucky



Dear Readers,

While I was finishing my final review of the contents of this issue of *The Bridge*, I couldn't stop myself from thinking about the notion of community — those strong ties that bind neighbors together in order to accomplish a common goal. It's a broad theme that runs through all of the stories in this issue.

Take Kentucky Homeplace. The community health program, now in its 25th year of operation, literally takes a "neighbors-helping-neighbors" approach to assist residents of rural Kentucky in securing the care they need. The program's community health workers — who are trusted members of the communities where they operate — have linked tens of thousands of rural Kentuckians with medical, social and environmental services that they otherwise might have gone without.

There's also Pathways, Inc. The community mental health center, which serves 10 counties in northeastern Kentucky, has recently partnered with the United Health Foundation to offer better mental health care to children in the region through telehealth services. The Pathways staff say they hope to eventually develop a device-based app that would even more quickly connect patients — especially adolescents — with needed behavioral care.

Jimmie and Shelia Wise also exude a sense of community. He's the director of the Estill County EMS. She's the service's training officer and office manager. They're jointly profiled as the issue's "Rural Health Champion" — the first time *The Bridge* has ever featured a husband and wife as Champion. Collectively, Jimmie and Shelia have spent close to five decades of their professional careers ensuring that residents of Estill County receive the best pre-hospital care possible.

A deep sense of community — and a willingness to embrace the opportunity to reach out and offer a helping hand to others — runs through every one of the Commonwealth's rural communities, across all 120 counties.

That selfless spirit is something that I witness day in and day out in my own small corner of Eastern Kentucky.

I've proudly watched as local citizens rallied together to construct a park so that area families would have a fun and safe place to play.

I have witnessed a group of volunteer firefighters attempt to save a neighbor's family and home.

I've seen concerned passersby stop to assist a complete stranger who was experiencing car trouble.

There's also the church youth group that keeps our area roadways clean as part of the Adopt-A-Highway program.

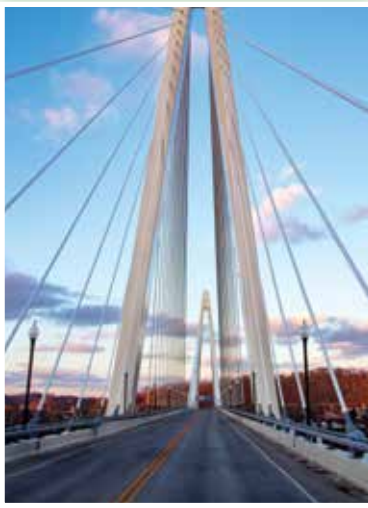
From feeding the hungry to simply providing a supportive ear, the examples of kindness and generosity in my own region — two of the true products of community — are endless and seem to be found around almost every curve in the road.

Having called the mountains of Eastern Kentucky home for more than four decades, I sometimes overlook the benefits of rural living. Those living here face hardships and inconveniences. And, at times, there's no doubt that we've got our hands full.

But, the simple joys of community — of neighbor helping neighbor, of neighbor supporting neighbor — remind me time and again that I'm living and working exactly where I need to be.

Yours,

Ernie L. Scott
Director
Kentucky Office of Rural Health



The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

The Oakley C. Collins Memorial Bridge, a white cable-stayed bridge that opened in 2016, connects Russell, Kentucky with Ironton, Ohio. Photo by Jonda Maden.



4



6



8



10



12



14



16

Contents

- 4 Kentucky Homeplace celebrates 25 years of helping the underserved access needed care
- 6 Now I lay me down to sleep: Hope for Kentucky's rural homeless youth
- 8 Pathways expands access to mental health care for children, adolescents in northeastern Kentucky
- 10 University of Louisville Trager Institute works to integrate care, address opioid misuse for older adults in southern Kentucky
- 12 RURAL HEALTH CHAMPION
Their Hearts Are In EMS - Husband and wife devote lives to emergency care in Estill County
- 14 NURSE CORPS SPOTLIGHT
Joseph Lowery, APRN, Health First Community Health Center-Calhoun
- 16 HOSPITAL SPOTLIGHT
Staff at Saint Joseph Mount Sterling make strides in preventing patient falls

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.

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

KENTUCKY HOMEPLACE CELEBRATES 25 YEARS OF HELPING THE UNDERSERVED ACCESS NEEDED CARE



Kentucky Homeplace's community health workers seek to address health disparities in the more rural parts of the Commonwealth. Since 2001, they have provided more than 4.9 million services to 161,968 clients.

*Article by Dr. Fran Feltner, Director,
UK Center of Excellence in Rural Health*

A woman called seeking help in obtaining insulin. She needed it to control her diabetes. But the new health insurance plan she had just purchased had a high deductible and she couldn't afford her medication.

A man stopped by with several teeth that were hurting, two of which were infected.

An elderly woman called to say that the ceiling in the mobile home she shared with her husband had caved in.

A man in his 30s came by. He had been laid off from work and had his vehicle repossessed by the bank. He was uninsured, lacked transportation and had no way to pay for training that would help him transition to a new job.

All four are recent examples of the wide variety of people who have been helped by the diverse services provided by staff at Kentucky Homeplace. This nationally recognized community health worker (CHW) initiative has aided thousands of the Commonwealth's rural residents in accessing health, social and environmental services that they might otherwise have gone without.

Now in its 25th year of operation, Kentucky Homeplace continues its mission to educate rural Kentuckians to identify risk factors and use preventive measures to become healthier people who have the knowledge and skills necessary to access the health care and social systems.

Origins

In 1994, the University of Kentucky's Center for Rural Health, based in Hazard (and now known as the Center of Excellence in Rural Health), began recruiting staff for what was then called the Kentucky Homeplace Project. The state legislature-funded, \$2 million demonstration project was established as a way to link residents who lived in areas without ready access to care with available services. The program's name, Kentucky Homeplace, came from a recognition of the need to reach people where they are — at their *homeplace*, in their homes, in the communities where they live.

The project's ultimate goal was to address health disparities throughout the more rural parts of Kentucky where cancer, heart disease, hypertension, asthma and diabetes were found at unusually high levels.

Family health care advisers (FHCAs) — now called community health workers — were hired to serve as the link between clients and services. They were lay health workers: trusted members of the communities they served who received some training to promote and carry out health care services, but who were not themselves health care professionals. They visited clients in their homes, completed assessments and directed those clients to agencies where their needs could be met.

Three dozen women were initially hired and trained as FHCAs. Five hundred had applied.

FHCAs originally operated in the west end of Louisville and 13 counties — Bell, Clay, Floyd, Knott, Letcher, McCreary, Owsley, Perry and Whitley counties in

continued on page 16

INSIDE KENTUCKY HOMEPLACE

Nearly two dozen community health workers are employed by Kentucky Homeplace. Below are two of their stories.

Pollyanna Gilbert

To hear Pollyanna Gilbert tell it, she deserves little recognition for the services she's been providing as a community health worker with Kentucky Homeplace for more than two decades.

"I don't take credit for anything," she says.

But, once you hear some of the stories of the many clients she's helped in Wolfe and Powell counties, you might start to think that a lot of this just wouldn't be possible without her.

There's the older woman who stops by Gilbert's office once a month, unannounced, with a canvas bag in tow. Inside is a stack of the woman's mail. She doesn't read. She saves all of her important-looking mail and brings it to Gilbert, who goes through it with her.

"If that's what it takes, than that's what you do," Gilbert says. "You go through the mail."

There's the older man from Ohio who dropped by Gilbert's office. He and his wife had recently moved to



the area, planning to retire. Unfortunately, his wife got sick and died. He was a people person who now found himself alone. He didn't know very many people in the area. And, he desperately wanted a job.

It just so happened that earlier that same morning Gilbert had spoken with a representative from Goodwill Industries of Kentucky who was seeking senior citizens in Wolfe County for its Senior Community Service Employment Program, which helps low-income older workers move into paid employment.

Gilbert loaned the man \$20 so that he could update his driver's license (he still had an out-of-state license) and \$10 for gas. Gilbert sent all of his completed paperwork to Goodwill and the man began working the very next day.

continued on page 17

Samantha Bowman



Samantha Bowman might just have a little bit of Kentucky Homeplace in her DNA.

Her mother, Linda Thacker, was a Homeplace family health care adviser — the title previously given to the program's staff, who are now known as community health workers (CHWs) — for more than a decade in Lee County.

Then, a little less than 10 years ago, Bowman became one of her mother's Homeplace clients.

Bowman was a smoker. One day while sitting inside her mother's office on Main Street in Beattyville, she heard

her mother say matter-of-factly, "You know, you need to quit smoking."

Since Bowman qualified for Homeplace services, her mother was able to get her, free of charge, a prescription to aid in helping her quit. She hasn't smoked in seven years. ("I'm very thankful for that," she says.)

And now, for the last five years, Bowman has been serving as the CHW in that same office in Beattyville where her mother once worked. She also provides services in neighboring Owsley County.

"I got a very warm welcome here because people were devastated when my mom decided to retire ... because she was their lifeline," Bowman says. "And, you know, when they would come in here, they would want to know where she was at. But when they found out that I was her daughter, that changed everything. They knew that I had been trained by her and worked with her."

It might also help, Bowman admits, that she once sat in the same seat where her clients now sit. She knows firsthand what's it's like to be a beneficiary of the program's services.

continued on page 19

NOW I LAY ME DOWN TO SLEEP

HOPE FOR KENTUCKY'S RURAL HOMELESS YOUTH

Article by Kristy Horine



His is one in a sea of faces that pour out from classrooms at final bell. During this particular Friday, he's blended in with his classmates from English, science, history, and that elective art class he crossed his fingers for at the beginning of the school year. As he passes through the school's foyer and steps out into the sunlight, he's thankful that at least it's not raining.

He waves goodbye to his friends and shoulders his backpack with resolve. This is simply one of many long walks toward his only after-school extracurricular activity — finding a safe place to sleep for the night. If he's lucky, it'll be a good enough spot for the whole weekend. If he's not lucky ... well, he can't think about that right now.

This nameless boy is, unfortunately, not alone: He's one of the more than 25,000 Kentucky students who match the definition of homeless youth — those under the age of 24 who do not know where they will sleep on any given night. A series of programs and initiatives in place across the Commonwealth — especially in rural areas — are working to change that reality.

It's a reality that one school resource officer knows firsthand.

When the world fits in a quilt

Betty Shepherd Lawson grew up at the head of a holler called Mason's Creek in Perry County, in Eastern Kentucky. The eighth of nine children, Lawson remembers thinking school was a place where nothing could hurt her.

Compared to her home life, she was right. Lawson, the daughter of an alcoholic, learned the feel of abusive fists and the pangs of hunger.

"This was our common, what we lived with," she says. "School was a safe place. It was a place we could go and eat. I could go and laugh. I didn't tell my story of what was going on at home."

One day she went home and found all that she owned in the world was tied up in a quilt.

"I was told to get out. I was devastated," she says.

What might have seemed like a blessing was actually a curse. Lawson found herself homeless at age 18.

"I went from place to place," she says. "I ended up in this shack. It had a freezer, and a bed and a sink with cold water only. I had a few bags of clothes and that's it. I felt so unwanted."

Eventually, she left the place that had shaped her early years. She took with her the compassion that comes from understanding and wisdom gleaned from the lean years.

The center of help

In Kentucky, most schools have Family Resource and Youth Services Centers, or FRYSCs (pronounced "frisks") for short. These centers fall under the umbrella of the Kentucky Cabinet for Health and Family Services. The primary goal of FRYSCs is to remove non-academic barriers to learning as a means to enhance student academic success.

Lawson works as coordinator of the Youth Services Centers at both Bondurant Middle School and Western Hills High School in Frankfort. Her job duties vary based on need. On any given day, she can find herself working with a pregnant teen, mediating peer conflicts, assisting families with food, connecting youth to counselors, and even handing out deodorant, filler paper or pencils with good erasers to students who need them.

In her office at the high school, Lawson has closets, shelves and drawers full of personal hygiene products, school supplies, blue jeans, shoes and t-shirts. She maintains contacts with just about every resource in town that can offer tangible help to her students.

She helps because she's been there. At the same time, it's hard to help someone who hasn't been identified.

While there is an option for students to self-identify as being homeless, most won't. To help fill that gap, Lawson is intentional about forming relationships with students, faculty and staff, and community members who can listen for needs that others might miss.

On a recent Friday in March, Lawson received a text message from her principal. He had heard from a teacher, who, in turn, had listened to a student's seemingly random comment in class. After some investigation, Lawson learned the student had been kicked out of his home. He had found a place to "couch surf" with a friend whose family didn't mind him sleeping there at night – at least temporarily.

Lawson said she would give the situation a week to see if mother and son could reconcile. If not, she would take the appropriate steps.

Often, doing the right thing is easier said than done.

Students who are 18 or older are considered adults. They can apply for public assistance to help meet their basic needs for food and health care. They can enter a homeless shelter on their own. They can work because they have exceeded the age restrictions of Kentucky's labor laws.

Those under 18 are supposed to be under the guardianship of their parents. If they are not, Lawson is required by law to report the situation to the Department for Community Based Services, who then have to investigate potential cases of neglect. Even then, assessing the situation is troublesome.

Student homelessness is a problem with many roots.

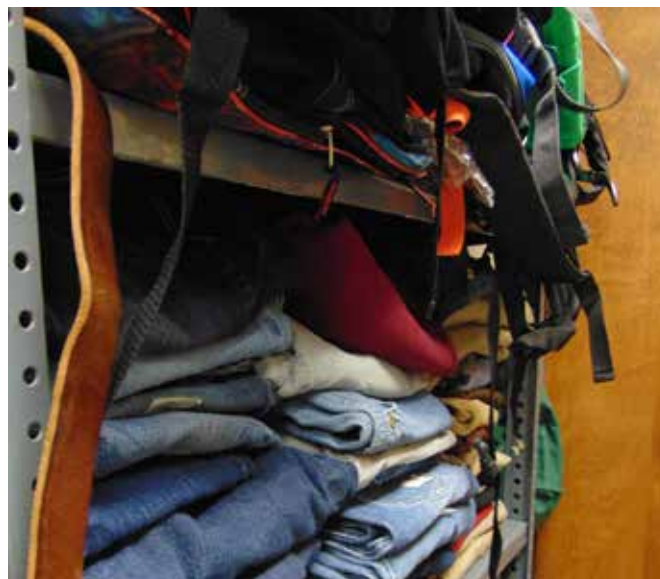
In some cases, there is significant parental neglect due to mental illness or substance abuse and addiction. In some cases, students are homeless because their families just can't seem to get back on solid financial footing due to job loss or the lack of job opportunity. No matter the cause, the problem is real and it affects Kentucky's most vulnerable population.

Sleepless in Kentucky

In urban settings, shelters for men, shelters for women, and special houses for mothers and children, are more plentiful and easier to access than in rural locations. In rural areas, the landscape itself proves a physical barrier. A lack of concentrated population centers also means those needing assistance might need to walk two to three hours to even get to a homeless shelter. It's a problem that Sandi Curd has been working to solve.

Since 2014, Curd has served with the Kentucky Highlands Investment Corporation as Promise Zone coordinator. The Promise Zone refers to the eight-county federally designated region in southeastern Kentucky where partnerships between local, state and federal governments; nonprofits; public schools, colleges and universities; law enforcement agencies; and private-sector investment are working collaboratively to improve the overall quality of life in the area.

Curd explains that the Promise Zone initiative — which covers Bell, Harlan, Letcher, Perry, Leslie, Clay, Knox and most of Whitley counties — "tries to attack



Clothing and other supplies that may be needed by students sit in a closet maintained by Betty Shepherd Lawson, a coordinator of Youth Services Centers at two schools in Frankfort.

continued on page 18

PATHWAYS EXPANDS ACCESS TO MENTAL HEALTH CARE FOR CHILDREN, ADOLESCENTS IN NORTHEASTERN KENTUCKY



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

A nearly \$1 million grant is helping one of Kentucky's community mental health centers to provide children and adolescents with better access to behavioral health services via telehealth.

Ashland-based Pathways, Inc., which was awarded a three-year, \$930,000 grant in November 2018 from the United Health Foundation, has already implemented the project's first of three phases: connecting all 16 of the organization's outpatient offices via telehealth equipment. Now, specialty therapy services and access to a child and adolescent psychiatrist can be offered remotely —

via secure audio and video — to patients all across the organization's rural 10-county service region in northeastern Kentucky. Any service provided at one Pathways office is now available at all Pathways offices.

The equipment not only eliminates potentially long drives for patients seeking care, but also allows clinicians the ability to see more patients — which helps to ease the reality of clinician shortages in the region, says Jennifer Willis, Pathways' chief clinical officer.

"I think the availability of telehealth allows us to expand our footprint and to be able to reach consumers that we couldn't potentially reach before," Willis says.

Positive patient reaction

She says patient reaction to the new telehealth services has been “much better than we anticipated.”

The overwhelming majority of feedback from Pathways patients — who are asked to complete a survey following each telehealth experience — has been positive. Patient ratings indicate that telehealth appointments tend to be as effective as face-to-face appointments, she says.

Patients are given the option of returning to more traditional, face-to-face meetings with clinicians. However, Willis says, most continue with their virtual visits.

“Obviously, telehealth is not perfect for everyone,” she says. “And we knew that going into it. When you’re dealing with behavioral health issues, it’s just not going to be a good fit for everyone.”

The new telehealth equipment also allows therapists at Pathways’ Children’s Crisis Center in Morehead the ability to assess patients in their home counties to determine their appropriateness for admission to the unit, thereby eliminating a previously necessary drive to Rowan County.

Project’s other phases

In the project’s second phase, which is currently being piloted at St. Claire Regional Medical Center in Morehead, telehealth equipment will connect the region’s six emergency rooms to Pathways’ behavioral health staff. When ER staff need an immediate assessment by a behavioral health specialist, they’ll

be able to communicate directly with a Pathways clinician.

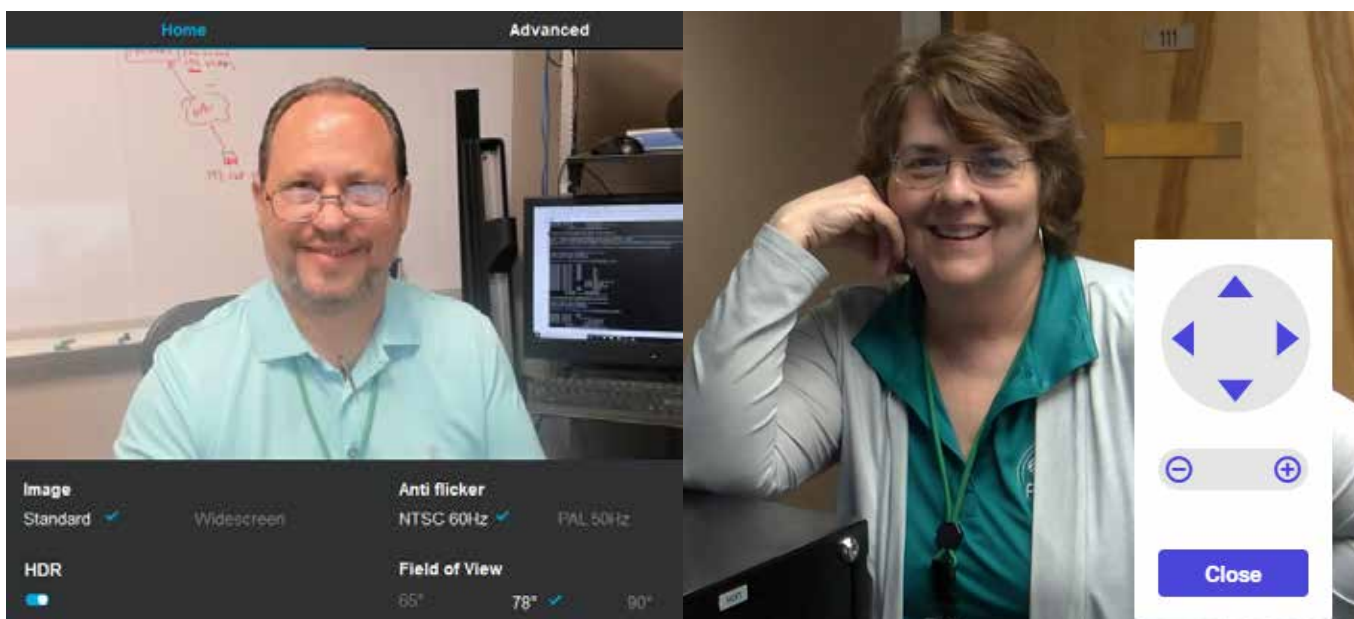
Willis says that if all goes well with the ER pilot, Pathways staff plan to expand to the five other ERs in the region before the end of the year.

Eventually, Pathways staff hope to offer an on-demand app to their patients. The app will allow patients to connect — by cell phone, tablet or computer — to behavioral health staff from the privacy of their own home.

“Teenagers are very app-friendly,” Willis says. “They will do things on their phone, type things in a text form, that they wouldn’t say face to face. So, there’s a good reception [to this technology] from kids in general, but especially our adolescents that are sometimes hard to reach.”

Dr. Kimberly McClanahan, Pathways CEO, says the health center’s new telehealth services have already had noticeable effects.

“The addition of telehealth allows us to leverage our professional resources in ways we have not been able to in the past ... becoming better able to meet the needs of the people we serve and wish to serve,” she says. “I truly believe that we are already seeing an impact in our region due to this grant funding, and, as we expand these services, I believe that impact will grow in a positive manner.” ■



The patient view (left) and clinician view (right) from Pathways' new telehealth system. The health center's patients have tended to rate their telehealth appointments as being just as effective as more traditional face-to-face appointments.

UNIVERSITY OF LOUISVILLE TRAGER INSTITUTE WORKS TO INTEGRATE CARE, ADDRESS OPIOID MISUSE FOR OLDER ADULTS IN SOUTHERN KENTUCKY



Article by Natalie Pope, Marketing & Business Specialist, University of Louisville Trager Institute

The University of Louisville Trager Institute (formerly the UofL Institute for Sustainable Health & Optimal Aging) is addressing the complex health challenges of older adults living in rural southern Kentucky, including opioid misuse, through an innovative integrated care coordination program called FlourishCare.

FlourishCare: Making a difference in the lives of older adults

In 2015, the Trager Institute launched a grant-funded care coordination program called FlourishCare as part of a broader program that includes education, dementia awareness and a community health coalition. This multi-pronged initiative seeks to improve the health and well-being of older adults in nine counties — including Barren, Bullitt, Hart, Henry, Metcalfe, Oldham, Shelby, Spencer and Trimble counties.

FlourishCare uses health care navigation to link patients' clinical and mental health needs with community resources. Patients receive a comprehensive assessment that looks at six aspects of their health — biological, psychological, health behaviors, health services, environmental aspects and social aspects. A team of experts reviews the results to create a customized care plan for each patient.

“All too often, older adults have to navigate multiple doctors and social services all on their own — this can be overwhelming and cause their health to suffer further,” says Darla Handy, a FlourishCare community organizer who manages the program's efforts in southern Kentucky. “In FlourishCare, we help ensure that our patients' entire health picture is being addressed and that they receive the necessary services and supports to improve their health.”

And, Handy says, patients in the FlourishCare program have shown significant improvements across all six areas of health.

“In my time with the FlourishCare program, it has been incredible to see the impact that addressing the whole health picture can have,” she says. “We help patients with doctor’s appointments and in obtaining medication as well as addressing issues of lack of transportation, housing, insurance and social isolation.”

Addressing medication mismanagement among FlourishCare patients

One important observation made by FlourishCare staff relates to patients’ use of opioids: Of the more than 170 patients who have already received services through the program, medication management issues related to opioid prescriptions and interactions with other medications were a factor with more than 90 patients. Opioid misuse among older adults can lead to severe health risks such as breathing complications, confusion, drug interaction problems and an increased risk of falls.

In addition, FlourishCare staff found medication safety to be a problem: Family members or caregivers took opioids from patients in at least 10 percent of cases.

After recognizing a need to address opioid misuse among program patients, the UofL Trager Institute recently received supplemental federal funding to expand efforts related to opioids and older adults. These additional funds will be used to increase the Institute’s ability to screen for potential opioid misuse and to educate patients, students and practitioners on best practices for pain management for older adults.

“Chronic pain management is a challenge that many people face as they age,” Handy says. “While opioids can be safe at the correct dosage for certain patients, there are other ways to effectively manage chronic pain for older adults. As part of our care coordination program, we are working with patients and primary

care providers to ensure that older adults’ pain is being managed appropriately in a way that supports their whole health picture.”

Next steps

The UofL Trager Institute has recently applied for additional funding that will expand its FlourishCare program throughout Kentucky. In southern Kentucky, the program hopes to:

- Increase alternative pain management education content in Kentucky Coalition for Healthy Communities monthly meetings.
- Partner with Western Kentucky University to provide more student education opportunities. This partnership will increase the number of patients in the FlourishCare program.
- Increase the number of tele-mentoring opportunities for health care providers.
- Expand community-based education programs provided by the program’s Kentucky Coalition for Healthy Communities.

For more information about the FlourishCare program, visit www.tragerinstitute.org/flourish. ■



FlourishCare patients receive a comprehensive assessment – looking at their biological and psychological health, health behaviors, health services, and environmental and social aspects – before a customized care plan is created.



THEIR HEARTS ARE IN EMS HUSBAND AND WIFE DEVOTE LIVES TO EMERGENCY CARE IN ESTILL COUNTY

Shelia Wise and husband Jimmie Wise have served nearly 50 years in EMS, most of that time in Estill County, in Eastern Kentucky.

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

Shelia Wise comes from the accounting world.

Ledgers. Balance sheets. Accounts payable. Net margins.

But she got bored with it. Everything was always running smoothly in the accounting office where she worked.

“[T]here was nothing to work toward, it’s running smoothly, it functions,” she says.

So, she began to “play” with emergency medical services (EMS). She took some classes and in 1992 became an emergency medical technician (EMT).

In 1997, while still working full time in the accounting field, she went back to school to become a paramedic.

And, in 1998 she started working at a couple of ambulance services.

Jimmie Wise came to the EMS world from an altogether different direction.

In the late ‘80s he was in a bad motorcycle wreck and “broke just about everything I had,” he recalls. Laid up in a hospital bed, his attention was drawn to news broadcasts showing first responders — police, fire and EMS — in action following an earthquake in San Francisco.

He was hooked.

He was no longer going to attend electronics school.

Instead, he talked his dad, a master electrician, into letting him take an EMT class. Then he began working as an EMT.

He soon took a further step into the field: He trained to become a paramedic.

And, all of a sudden, what his dad had been calling a “neat hobby” became his profession.

Today, between the two of them, Jimmie and Shelia Wise, who have been married since 2002, have served for nearly 50 years in the world of EMS, with most of that time spent working at the Estill County EMS in Irvine, in Eastern Kentucky, helping to shape that service into what they consider one of the best in the state.

“We have a strong, a really strong community that’s behind us,” Jimmie says. “We have a fantastic board [of directors] that’s behind us. We’ve got great employees. We’ve got a lot of positive resources.”

‘This is our home’

Jimmie and Shelia really are the faces of Estill County EMS. He’s the service’s director; she’s the training officer and office manager.

As the service’s top administrators, they oversee six ambulances — they run three on most days — a staff that numbers between 35 and 40 part-time and full-time personnel, and a \$1.7 million budget.

The service’s EMTs and paramedics will likely go out on 4,200 runs this year, making it a “pretty busy service” for a rural county in Kentucky, Shelia says.

Some in the county even refer to it as “Jimmie and Shelia’s EMS,” Jimmie says.

That's probably bound to happen if you've been working in leadership roles at the same location — and in the county where you were both born and raised — for so long. (He's from Irvine; she's from nearby Ravenna. Growing up, they didn't know each other, but their parents did.)

Jimmie quotes the national average burnout rate for EMS personnel as five years. They both passed that decades ago.

"I think our passion has always been EMS," says Jimmie, who was the first paramedic ever hired by Estill County EMS. "It's not *what* you do. When somebody asks you, 'Well, what do you do?' 'Well, I work on this, I work on that.' When you ask somebody in EMS, [it's], 'I *am* a paramedic.' That's what I *am*. That's *what* I do. And I've been fortunate enough to be able to do that job in Irvine, Kentucky. I was born and raised here. Went to high school here. And I've been fortunate enough not to have to drive two and a half hours to get a job."

Shelia adds that their longevity is based on not just a love of the work, but also a supportive board and a love of the community.

"We love EMS, in general," she says. "And I think ... if you don't love it, there's no in-between, you either love it or hate it. The other thing, we are fortunate to have the board behind us to help us keep growing and keep learning, and keep doing something better or different. Without those things, I'm not sure that you keep that interest. And we love the community. We love being part of it."

While there have been opportunities in the past for the two to leave Estill County, — often tied to better-paying jobs — they've never taken them.

"This is our home," Jimmie says.

He adds: "Your larger areas are always going to get more glitz and glamour, more bells and whistles. So, not to take anything away from them, but this is our home and this is where we wanted to stay."

'Never lose that bond'

One of the things the Wises say they are both proudest of in their careers is the close working relationship that's developed between Estill County EMS and the local hospital — Mercy Health-Marcum & Wallace Hospital, whose ER sits just a stone's throw from the service's main station. (In fact, the station was built in 1991 on property owned by

the hospital and leased by the county's ambulance board.)

That close connection is something that they've worked at. And also something that hospital staff and administrators have worked at, too.

There's training, for instance. Whenever the county's EMS staff train locally, they always invite the hospital's ER staff to participate.

"They need to understand what we do on this side of the fence, the same as we need to understand what they're doing over there," Shelia says. "So we really try to intertwine them because we remember when all we had was each other."

That last line is a reference to the days when Jimmie and Shelia first started at the service and the hospital didn't have full-time doctors staffing the emergency room (ER).

"We had to call [the hospital] and say, 'Can you meet us in the ER? We've got a bad patient,'" Shelia says. "So, the hospital ER and EMS are extremely close."

The EMS service also invites the hospital's ER director to travel with their contingent to the Gathering of Eagles, an annual national conference that brings together EMTs, paramedics, EMS system directors, medical directors and others to share cutting-edge information and developments in EMS patient care, research and management issues, and trending challenges. The ER director serves as the assistant medical director for Estill County EMS.

On the hospital side, the county's EMS staff are included in the daily ER huddles at Marcum and Wallace, where they're regularly sharing information — the number of ambulances running that day, the expected routine for the day (clinic visits, planned transfers), whether there are students on ride-alongs, and so forth — with representatives from all of the hospital's departments.

And, there's also Susan Starling, the hospital's longtime president and CEO. She's always been a strong supporter of and advocate for the county's EMS service.

"She's very open-minded in the fact that we're very small and we do the best we can do," Shelia says. "Sometimes that's not good enough. Sometimes it's more than good enough. But we can always do better. And she understands that. So we work really hard and we hope whoever succeeds us in the



Joseph Lowery, APRN
 Health First Community
 Health Center-Calhoun
 Calhoun, Kentucky



When did your service begin?

September 2017

What are your job responsibilities at your NURSE Corps practice site?

Perform physical examinations and preventative health measures within prescribed guidelines and clinical protocols. Order, interpret and evaluate diagnostic tests to identify and assess patients' clinical problems and health care needs.

How did you first learn about the NURSE Corps program?

Employment with Health First Community Health Center.

What does it mean to you to be a NURSE Corps participant?

This repayment program decreases the amount of my loans which in turn decreases the amount of stress after incurring debt. Knowing that my monthly installment is handled allows financial security at home.

What is the most important thing/lesson that you have learned during your NURSE Corps service?

That each patient is different and a large number of patients depend on you for numerous comorbidities. Working in a rural setting, some patients do not have access to other ancillary

services like gynecology, orthopedics or physical therapy. These patients have some obstacles that can hinder their care, and you are most likely their only access to care.

What advice would you offer to someone who is considering participating in the NURSE Corps program?

There is not a one size fits all. Each patient is unique and is putting 100 percent of their trust in you. Working in a rural setting, you are their provider, counselor, mentor, pastor, financial advisor and insurance agent. You can expect that you will get attached to patients on an emotional level, share their fears and failures, their ups and downs, and worry about them when you lay your head down at night. Consider this program as a blessing, but with the understanding that your commitment isn't about putting in time to get your loan assistance, it's about providing care to someone who might not have had the chance for treatment unless you made the commitment. ■

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.

Staff at Saint Joseph Mount Sterling make strides in preventing patient falls

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

Falls are not uncommon in health care settings. They continue to be a challenge in patient safety.

Patients' age and mobility, their history of falls, the types of medications they take, the care equipment they use and their own cognitive abilities can all influence the risk of falls.

In addition, hospitalized patients and patients who are medically fragile or injured also face a greater risk of suffering additional injuries during a fall.

Recently, the staff at Saint Joseph Mount Sterling (SJMS), a 42-bed acute care hospital in Montgomery County, implemented a number of evidence-based practices to try to decrease patient falls. They've seen some success: The hospital, which operates as part of KentuckyOne Health, reduced its fall rate from 11 percent to 1 percent.

The hospital's comprehensive multi-disciplinary team, which is focused on improving care and eliminating patient harm, worked in conjunction with KentuckyOne Health and the Hospital Improvement Innovation Network (HIIN) to decrease falls and fall-related injuries. HIIN is a national initiative led in the Commonwealth by the Kentucky Hospital Association.

Team members identified key areas that needed to be addressed at the facility, among them: a lack of continuity with fall prevention processes; a staff turnover rate that made standardizing care a challenge; and a culture that needed to be changed.

The team then identified four evidence-based practices to implement to help solve these challenges: reinstating the facility's multi-disciplinary falls team; creating a "No Passing Zone," so that



staff do not pass an active call light without first identifying the patient's needs; using exit alarms to signal to nursing staff when a patient is moving out of a bed or chair and using yellow material cues (e.g., yellow socks on patients) to identify at-risk patients; and running fall drills and audits.

The successes achieved by SJMS demonstrate how the institution and many other rural Kentucky hospitals approach patient safety, while ensuring they provide the highest quality of care for their patients and community. That success is, in part, based on seeking proven, evidence-based interventions or methods; creating a team of multi-disciplinary and engaged people; collecting data to measure how effective the work is; and ensuring continuity throughout the facility and among all staff. ■

Do you have an idea for a Hospital Spotlight? Let us know. We're always looking for best practices and innovative programs to profile.

continued from page 4

Eastern Kentucky; and Allen, Butler, Monroe and Wayne counties in south central Kentucky.

All services were offered to clients free of charge.

After a little more than seven months, FHCAs had made about 850 visits.

Early supporters of the program included state Reps. Paul Mason, from rural Letcher County, and Leonard Gray, from Louisville, who together introduced House Bill 2 that established Kentucky Homeplace. In addition, Dr. Gilbert “Gil” Friedell, the first director of the Markey Cancer Center at the University of Kentucky, provided testimony during legislative sessions in support of Kentucky Homeplace. He had earlier developed a program, known as Mountain Scouts, which trained women from the community to deliver lifesaving information on cancer prevention and cancer screening.

“There’s a world of service out there; but there’s a chasm as wide as the Grand Canyon between access and availability,” Mason said at the time.

Current Status

Fast forward to today.

Kentucky Homeplace is still in operation. And, it’s needed today more than ever before.

Twenty-two CHWs now provide services to residents across 30 counties in Eastern Kentucky, where residents are statistically poorer, less educated and less likely to have medical coverage than those in other parts of Kentucky and the nation. At one point, the program’s service area grew to 58 counties — nearly half of the Commonwealth. But, due to budget cuts over the years, some Homeplace offices were shut down and the service area decreased in size.

Homeplace CHWs, who now operate out of offices in their assigned communities and also make home visits, continue to serve as advocates to help the medically underserved access the health and social services they need. CHWs have been trained using a curriculum, developed at the Center of Excellence in Rural Health, which emphasizes preventive care, health education and disease self-management.

The services that CHWs offer have grown to include: assisting in accessing crucial resources like eyeglasses, dentures, home heating assistance, food, diabetic supplies and free medical care and prescriptions; facilitating communication between

clients and their physicians; helping clients to effectively comply with their medical care instructions; and, helping clients to improve their health behaviors through educational programs targeting nutrition, physical activity, weight management, smoking cessation and diabetes self-management.

CHWs possess an enormous wealth of knowledge which enables them to fulfill their role, says Homeplace director Mace Baker.

“Each day they encounter new and unique barriers that their clients face and they utilize a combination of years of knowledge of available resources and of building connections within their communities to meet these needs,” he says. “They also have the unique ability to draw upon the collective knowledge of all Kentucky Homeplace CHWs to assist clients with a multitude of services.”

Since July 2001, Kentucky Homeplace has provided more than 4.9 million services to 161,968 clients.

Just this past fiscal year, from July 2017 to June 2018, Kentucky Homeplace provided 82,967 services to more than 5,000 clients. Delivering health education programming and helping to alleviate some of the barriers of the social determinates of health — economic instability, health literacy, lack of insurance, transportation, access to healthy food, housing, lack of knowledge about services, and inadequate knowledge about a client’s own health conditions, to name a few — were the top services provided during the year. All of the services offered, including medications accessed for clients, were valued at more than \$8.4 million.

Dr. Friedell, one of Kentucky Homeplace’s longtime supporters, used to say, “If the problem is in the community, the answer is in the community.” Kentucky Homeplace continues to do just that — attempting to solve the key health challenges that affect rural Kentuckians by working directly with the region’s residents. ■



Members of the Kentucky Homeplace staff accept the Hosparus Health Innovation Award in 2018 at the MediStar Awards ceremony in Louisville. The award recognizes an organization that has developed a new procedure, service, program or treatment that improves the delivery of care.

continued from page 5

And, less than a month ago, a woman called Gilbert's Homeplace office reporting that her house had burned down three weeks earlier. The woman was living in the part of the house that the fire hadn't gutted. She had no running water, no electricity.

"I'm at the end of my rope. I don't know what to do," Gilbert recalls the woman saying.

The area fire chief, who just happened to be sitting across the desk from Gilbert when the call came in, confirmed that a house fire had occurred at the site and that what remained was uninhabitable.

Although the woman wasn't yet a Homeplace client, Gilbert knew it was a community member in need. She made more than a dozen phone calls and got the woman an appointment with a regional organization that provides housing assistance to those who unexpectedly find themselves homeless.

"Just being able to do that kind of thing and know who to talk to, [to] have that community connection, it's an awesome thing," Gilbert says.

There's also the nursing home residents who she's been able to get hearing aids, dentures and eyeglasses for.

The hundreds of residents who are now wearing diabetic shoes thanks to her efforts. Most were not able to afford the co-pays associated with their insurance or with Medicare. But, Gilbert's been able to partner with an area medical equipment company that will help make this possible.

The list goes on. She sees hundreds of clients a year and offers thousands of services.

She's been at it for going on 21 years — spending four days a week at the Homeplace office in the Wolfe County Courthouse in Campton and one day a week in an office tucked in the back of a thrift store, in neighboring Powell County. Her office desk and walls include "treasures" from clients — small tokens of appreciation, like a wall hanging hand embroidered with her and her husband's names.

"They've got a friend here," Gilbert says, "somebody that cares and don't care to try to help."

'I don't give up'

She says one of the secrets to her success in helping others is her belief in persistence.

"I don't give up," says Gilbert, a self-described "farm girl" who's lived her entire life in Wolfe County.

If a client is denied for prescription assistance, for instance, she turns to the appeals process that most programs have.

"A lot of people won't pursue that," she says. A phone call and sharing some additional information often leads to a reversal.

"Don't give up just because someone said no, especially if you know someone is really in need," Gilbert says. "And being in the position that I'm in and knowing the people that I know, we know. It's not like [clients are] milking the system. We know who's in need."

That doesn't mean that she's always successful in solving people's problems.

One woman, for instance, needed an injection for cholesterol. Each injection costs \$14,000. Her income was a little bit too high to qualify for additional assistance, so she was left to go without.

"There's things that you just can't help with," Gilbert says. "And that's the ones that get to you. I hate to say that I can't find anything. I don't like to do that at all, to say I can't find something that's going to help you."

'Death is hard'

Even tougher still is the death of a client.

There are the diabetic clients who she's helped to secure needed medication, but whose symptoms progressively get worse. And the clients who have cancer, who she's seen struggle through chemotherapy and radiation treatments.

"Death is hard," she says. "It's hard on the family, the whole family. If they've been a client for a long time, it's like part of your family."

And, when a client does die, family members often ask Gilbert if she'd be willing to sing at the funeral service. They know she has a bit of a music background: she once performed in a band and she helps to organize a local music-in-the-park performance series.

"You can't say no," Gilbert says. "I say, 'I'll be there and I'll do my best, [but] it may not be very pretty.' It's the last thing that you can do to show respect to the client ... and to the family. That's a hard thing to do."

She admits to occasionally waking up in the middle of the night worrying about her clients — wondering if she returned phone calls and making mental to-do lists for the next day.

"You take it home with you," she says. "This is not a faucet, you don't just turn it off."

But, a few minutes of missed sleep are the least of her worries. She's got neighbors to continue to help.

"That's what we're supposed to do," she says, "Love thy neighbor." ■

--Michael McGill, Kentucky Office of Rural Health

continued from page 7

complex, interdependent problems from multiple sides.”

One of these problems is homelessness — more specifically rural youth homelessness.

According to Kentucky Department of Education estimates, the eight counties in the Promise Zone have more than 3,000 homeless students.

“This problem is real,” Curd says. “It is much bigger than anyone thought and it has a major impact on our ability to improve the quality of life for everyone who lives in our Promise Zone. It has a major impact on our students who are not able to succeed in school.

“We have to address this to see a sustainable long-term enhancing of the quality of our lives.”

Problems can't be solved unless they are identified. For this reason, multiple partners in the southeastern region of Kentucky have converged in the last few years to participate in a Promise Zone Youth Homelessness Summit. Held in late March, the objectives of the summit are to increase awareness of rural youth homelessness, connect people working to solve the problem, raise the youth voice, and facilitate collaborative action planning going forward.

The annual summit is a good first step toward solving a problem that was barely even recognized just a few years ago.

The center of hope

Everyone who works with the rural youth homeless population understands one thing: If the problem of youth homelessness is not addressed now, the effects will haunt Kentucky for decades.

Beverly Isom, a homeless services manager with KCEOC Community Action Partnership, knows all too well.

“We have an opportunity to start with our clients in their youth years so that they aren't showing up at the homeless shelters as 30- and 40-year-olds,” she says. “We can get them on the right track early on and get them the behavioral health, the rehab they need, the education they need.”

The KCEOC Community Action Partnership is no stranger to serving those in need. Since 1964, it has worked to advance Head Start, helped with housing assistance, and ensured that homeless shelter facilities are available in Knox and surrounding counties. The focus on youth homelessness is a relatively new direction thanks to a stream of federal funds from the U.S Department of

Housing and Urban Development (HUD).

Isom worked with the Partners in Education at Berea and the Kentucky Housing Corporation to help secure a two-year, HUD Youth Homelessness Demonstration Grant (YHDG) for areas in the Promise Zone.

Some of the results from the grant are a bright spot.

When Isom worked on the grant, she assembled a Youth Action Board comprised of homeless youth. Ryan White was on the board.

Isom had worked with White since he was fifteen. He was in and out of school, in and out of homes. His mother had mental disabilities caused by drug addiction. Isom says White was counting down the days until he turned 18 so he could do for himself.

“He wanted all youth to have a safe place to go,” she says. “He would come to our shelter, but we couldn't help him because he was 17. He went to social services and social services said that because he was going to be 18 in four or five months, there really wasn't much they could do.”

HUD approved the YHDG application and part of the money went toward outfitting one of KCEOC's rental properties in Barbourville, transforming it into a crisis center for displaced youth ages 18-24. The center offers four two-bedroom apartments. Each young person can stay for a period of up to six months and has access to extensive case management, mental health services, drug rehabilitation, education and life skills.

White never had an opportunity to use what he had worked to build. He was killed in a car accident in Tennessee just a few weeks after his 18th birthday.

Even though he never reaped the reward of his efforts, other homeless youth have. In the four months that the crisis center — now named Ryan's Place — has been open, Isom says they have tried to help 21 homeless youth.

“Some of those [homeless youth] are enrolled in college,” Isom says. “We have one who has almost completed their high school diploma. We have another client who has completed CNA [certified nursing assistant] training and has secured stable housing. He once was sleeping in his truck with no resources.

“We have some who came in and went right back out again, but it gives us hope to see a part of the plan working.” ■

continued from page 13

future ... that we never lose that bond because it's always been so valuable to us and to the community. Because that makes us all better."

Starling says that Jimmie and Shelia's hearts are in emergency medicine and in improving access to quality care in rural Kentucky.

"They're very quality focused and they want everybody else to be quality focused," she says. "They want to make sure that we're providing the patient with the best care we can give them."

The kind of relationship that exists between the ambulance service and hospital just isn't the norm in most communities, Shelia says.

And, in fact, it's the same kind of relationship that Jimmie, Shelia and the rest of the EMS staff have tried to cultivate with other local businesses, offices and agencies.

"I'm proud of the relationship we have with the hospital, the nursing homes, the health care facilities, the emergency services, the police department, the fire departments, 911 dispatch, the school system. All of them," Jimmie says. "I'm proud of the relationships we have with all of them, the open door policies we have with everybody."

continued from page 5

Bowman says the ability to listen is one of the most important skills of a Homeplace CHW.

When a client enters her office with a problem – whether it be related to health care or transportation needs – Bowman says the most important thing she can do is just listen.

"They've been sent here, there and everywhere and nobody really listens," she says. "So when they come through our doors it's almost like the last stop, when, had they known we were here, then it would have been the first stop and saved them a lot of running. ... We listen to them, we find out exactly what the need is and we just start a plan of trying to fix it or figure it out. And we do all of that together."

A caring ear is just what was needed with one of Bowman's most memorable clients.

A diabetic, who for years had been going without insulin and testing supplies, eventually made his way to Bowman's Homeplace office. He had run all over town, visiting a number of different agencies. He stopped by, she says, as a last resort.

"Nobody would listen, nobody would try to help," she says.

'To keep moving forward'

EMS is in Jimmie and Shelia's blood. It's got to be after devoting so much of their lives to the field.

But, at some point, they plan on stepping down from their administrative duties.

"We've talked to the board and they know that eventually that's coming," Shelia says. "And we have told them that we don't want anything to change as far as going backwards. We've worked really hard to get Estill County where it's at and we want to keep moving forward.

"So we have told them we will make sure there are people in our positions or [who] can take our positions before we would ever leave them. We would never do that."

They've talked about traveling and perhaps incorporating EMS service into that travel — working in EMS as they island-hop in the Caribbean, teaching some and maybe even working disaster EMS. Or, there's the possibility of consulting.

"When that time comes and we move on, I have all of the confidence in the world that the supervisors here and the board of directors will help move it [Estill County EMS] forward," Jimmie says. ■

He was eventually pointed to Kentucky Homeplace. Bowman listened and was able to get him his much-needed supplies.

"This client was so grateful that I would even listen to him," she says. "Because he'd been given the run-around so much. He wasn't looking for a handout, he was looking for a hand up. ... And he's living a better life now just because he came here and somebody listened to him."

Although Bowman says her clients come from all walks of life, the goal for each is the same: "when everybody leaves here, they feel like they have been helped in some way."

And, she says, those who come seeking her help eventually become like family.

"I see them at the grocery store and we hug. I see them at church and we talk about family," Bowman says. "So it's not just they come in here, they're looking for a handout and then they leave. That's not it at all." ■

--Michael McGill, Kentucky Office of Rural Health

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



**3RD ANNUAL
KENTUCKY
TELEHEALTH
SUMMIT
MAY 23, 2019**

Knically Conference Center | Western Kentucky University
Bowling Green, Kentucky

Save the



Dates

**6TH ANNUAL
KENTUCKY
RURAL HEALTH
CLINIC SUMMIT
JUNE 7, 2019**

Carl D. Perkins Conference Center | Eastern Kentucky University
Richmond, Kentucky

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