

WINTER
2021
EDITION

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

FEDERAL SUPPORT

Students, clinicians receive financial awards for service

PROJECT CARAT

Program delivers medical equipment to those in need

SHINING STAR

Western Kentucky health consortium wins award



A WORD FROM

Ernie L. Scott

DIRECTOR, KENTUCKY OFFICE OF RURAL HEALTH

Showcasing RURAL HEALTH INNOVATIONS

If you've watched a television news broadcast before, you've seen a "kicker."

It's that final story of the broadcast. The story about the mom returning home from a year-long military deployment and surprising her kids at their school. The pet cat that's been missing for more than a year and that shows up unexpectedly at a family's new home, in a different state. The country doc who's still making house calls, even in his 90s.

It's the one story in the 30-minute newscast that's certain to make you smile. Or laugh. Or maybe even cry. Undoubtedly you'll feel some real, positive emotion after watching it. And, you'll be reminded of the fact that people are basically good.

It's positioned there, at the very end of the broadcast, for a simple reason: A positive story in that final segment can help to balance out those earlier stories that preceded it: stories about political debates, natural disasters, economic crises, wars — all the bad stuff that tends to dominate the news.

In some ways, I'd like to think of each issue of *The Bridge* — now entering its seventh year of publication — as a compilation of kicker-style stories that is delivered four times a year to your e-mail inbox or postal box.

What's that mean?

Well, first, here's what it doesn't mean: It doesn't mean that we avoid discussions of the serious health problems that rural Kentuckians face. And, it doesn't mean that our stories are just fluff. Far from it. In fact, take a minute and flip through the pages of this issue. You'll see that our current stories cover a wide terrain of serious concerns: health care workforce shortages, the cancer epidemic, the lack of maternal care in hospitals. We don't shy away from covering the Commonwealth's health challenges.

But, in our coverage, we approach each of these topics from a slightly different angle than other publications. We're not here to just share dry facts and make pronouncements about Kentucky's shortcomings in health and health care. There's plenty of voices doing that already.

Instead, *The Bridge* seeks to document and highlight the people, the organizations and the programs that are truly making a difference. We showcase what's working in rural Kentucky and we try to explain why it's working. We try to humanize those solutions and innovations. Our content is one part informative and one part inspirational.

Sometimes the subjects of our stories have been covered by other media outlets. More often than not, though, they've escaped coverage for any number of reasons.

Take Project CARAT (Coordinating & Assisting the Reuse of Assistive Technology), the subject of the second story in this issue. The statewide program collects assistive technology and durable medical equipment from those who no longer need it, cleans it up, makes any necessary repairs and gets it into the hands of those who do need it. Unfortunately, the program is not particularly well known. As one Project CARAT administrator says, "It's a very well-kept secret and it's not meant to be a secret." A quick search of news databases shows just a mention or two of any substance about Project CARAT in Kentucky newspapers over the last decade.

The Bridge, then, is often able to fill a gap. It's a venue where important stories can reach a wider audience and can be shared statewide, throughout the Southeast region and across the country. (We have subscribers beyond Kentucky's borders.)

Back in 2015, in the very first issue of *The Bridge*, I wrote, "We hope to provide you the opportunity to learn about something new, possibly feel moved to dig a little deeper, but most importantly inspire you to 'Move Rural Forward.'"

That wish remains true still today.

If there's a story or two or three in this issue of *The Bridge* — and in every issue of *The Bridge* — that sparks some new thinking, leads a health coalition in a new direction, or spurs people to have new conversations about just what might be possible in their community, we've done something right.

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Winter at the Fayette and
Madison County Line
Photographer | Sherman Cahal

The Old Clays Ferry Bridge, which sits on Old Richmond Road and crosses the Kentucky River at the Fayette and Madison county line, was originally built in 1869. The bridge replaced a ferry service that operated there. The state eventually purchased the bridge in 1929. It was rehabilitated in 1955. The new Clays Ferry Interstate Bridge sits just south of its predecessor, along Interstate 75.



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

The Kentucky Office of Rural Health (KORH), established in 1991, is a federal-state partnership authorized by federal legislation. The mission of the KORH is to support the health and well-being of Kentuckians by promoting access to rural health services. The KORH assists clinicians, administrators and consumers find ways to improve communications, finances and access to quality health care while ensuring that funding agencies and policymakers are made aware of the needs of rural communities. The KORH receives support from the Federal Office of Rural Health Policy in the Health Resources and Services Administration of the U.S. Department of Health and Human Services.

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Getting Health Professionals To Where They're Needed Most

National Health Service Corps programs support soon-to-be clinicians and working professionals with scholarship and loan repayment awards

By Shannon Clinton

Chelsey Adamson knew she always wanted to help other people.

The Morganfield, Kentucky native attended therapy sessions when she was younger to help her better deal with severe anxiety. And, at some point, she decided that she wanted to “give back to the field.”

That led her to study psychology as an undergraduate at Western Kentucky University and also complete a master's degree in social work there.

She's now a clinical social worker at LifeSkills, Inc. — a community mental health center, based in Bowling Green, that provides services and supports to people who are experiencing mental illness and substance use disorders, as well as to those who have a diagnosis of an intellectual or developmental disability. Adamson works with clients dealing with substance use disorders at the organization's facilities in Allen and Simpson counties.

“I love my population, I love my clients,” Adamson

said. “It's a rural area that has a lot of challenges ... so it's definitely a service that's needed.”

But, immediately after college, Adamson worried about how she'd pay back the more than \$100,000 in student loans, plus interest, that she accumulated during her studies.

Once at LifeSkills, she learned about financial support available to clinicians through the National Health Service Corps (NHSC), a federal program which provides scholarship support and loan repayment awards to health professions students and clinicians in exchange for their commitment to work in underserved communities. Adamson applied for the NHSC Substance Use Disorder Workforce Loan Repayment Program, which offers participants up to \$75,000 in student loan repayment assistance in exchange for a three-year commitment to provide substance use disorder treatment services at an approved site. And, she was





“I felt thankful and like a weight had been lifted.”

**Chelsey Adamson
Clinical social worker,
LifeSkills, Inc.**

accepted into the program.

“I felt thankful and like a weight had been lifted,” Adamson said, after learning of her acceptance. “(I’m) thankful there are programs like NHSC that grant us the opportunity to continue to be able to serve my clients while providing some much-needed monetary relief that I and so many others with student loan debt so desperately need.”

Across Kentucky, more than 200 students and clinicians currently participate in NHSC programs, which are administrated by the Bureau of Health Workforce, located in the Health Resources and Services Administration. The agency is part of the U.S. Department of Health and Human Services. NHSC programs range from those designed for health professions students (Scholarship Program, Students to Service Loan Repayment Program) to those intended for working clinicians (Loan Repayment Program, Rural Community Loan Repayment Program, Substance Use Disorder Workforce Loan Repayment Program). At the heart of each is the NHSC’s mission to increase access to primary medical, dental, and mental and behavioral health services in communities that face workforce shortages.

ADDRESSING UNEVEN DISTRIBUTION, LACK OF ACCESS

The National Health Service Corps was created by the Emergency Health Personnel Act of 1970 to address the uneven geographic distribution of health care clinicians and the resulting lack of access to health care services.

When it became fully operational in 1972, it started small: Just 20 clinicians were sent to work in 16 communities. Since then, more than 63,000 clinicians have participated, benefiting communities nationwide.

In fiscal year 2020, the NHSC provided nearly \$420 million in scholarship and loan repayment awards, including \$117 million to support more than 1,700

clinicians providing substance use disorder treatment.

The first of the NHSC’s programs, the Scholarship Program, was begun in 1972 to help create a pipeline of sorts from medical schools to communities where primary care health professionals were needed. More recent programs — like the Rural Community Loan Repayment Program and the Substance Use Disorder Workforce Loan Repayment Program — are designed to recruit and retain clinicians who can provide substance use disorder treatment.

For all NHSC programs, participants receive some form of financial assistance — tuition assistance or loan repayment awards — in exchange for a commitment to provide health services in an underserved community. That service commitment, which is a minimum of two years for all programs, must be completed at an NHSC-approved site. Those sites, located in federally-designated health professional shortage areas, include a wide range of health care facilities that provide outpatient primary health services: federally qualified health centers (FQHCs), rural health clinics, public health departments, hospital-affiliated outpatient primary care clinics and critical access hospitals, among others.

Participant eligibility requirements vary somewhat between all programs. The two NHSC programs designed for students, for instance, accept applicants from differing health professions fields. One of the newest NHSC programs, the Rural Community Loan Repayment Program, only supports clinicians who provide substance use disorder treatment in rural communities.

FINANCIAL ASSISTANCE, TANGIBLE DIFFERENCE

There’s no mistaking the fact that one of the key benefits for participants who take part in NHSC programs is the financial assistance that’s provided — either to help students pay for current educational expenses or to help clinicians pay off their educational loans.

Jenna Doyle, a third-year dental student at the University of Kentucky, is eyeing a 2022 graduation date thanks in part to four years of financial support provided through the NHSC Scholarship Program.

That program offers students — medical and dental students, as well as those completing programs to become nurse practitioners, certified nurse-midwives and physician assistants — scholarships to cover tuition and fees, as well as a monthly stipend to assist with living expenses. The support is available for up to four years.

Since she received four years of scholarship support through the program, the Flemingsburg native will, in exchange, owe four years of full-time service in an underserved community once she graduates.

“I think I could see myself in an inner city, but I could also see myself serving in rural Kentucky too,” she said, adding that she’d prefer to work in a large practice.

For Tammy Gross, a nurse practitioner working in Irvine, participation in the NHSC Loan Repayment Program “was a tremendous relief financially, and I got to do it while still doing a job I enjoyed and wanted to do to start with,” she said.

Gross first learned about NHSC programs while working at a rural health clinic. But she didn’t apply until she started working for White House Clinics, the Richmond-based FQHC that operates clinics in seven different Kentucky communities. After a few unsuccessful attempts, she was finally accepted as a participant in the loan repayment program about four years ago.

And, the Albany native, who completed her training at Eastern Kentucky University, has since been able to pay off the remainder of her student loan balance. She said she’ll likely remain in the area.

For many NHSC participants, being able to make a tangible difference in the lives of the community members they serve is another benefit of their work.

Lori Humphries, a Madisonville native who works as a behavioral health therapist at Health First Community Health Center’s Earlington office, said she expects to pay off all of her student loans with her three-year commitment in the NHSC Rural Community Loan Repayment Program.

Just one year into her NHSC contract, Humphries said she’s happy to have the opportunity to work in a rural community near her hometown and to help make a positive difference in the lives of her clients, many of whom have substance use disorders or are referred from child protection services or offices of probation and parole to receive behavioral health

NATIONAL HEALTH SERVICE CORPS PROGRAMS

The National Health Service Corps (NHSC) administers a range of scholarship and loan repayment programs that aim to reduce health workforce shortages in underserved communities:

■ NHSC SCHOLARSHIP PROGRAM

Provides funding (tuition, fees, other educational costs and a monthly stipend) to students pursuing a career in primary health care in exchange for a commitment to provide primary care health services in an underserved rural, urban or tribal community, upon graduation and licensure.

■ NHSC STUDENTS TO SERVICE LOAN REPAYMENT PROGRAM

Provides loan repayment assistance to students in their final year of training in medical school, dental school, nurse practitioner programs and certified nurse-midwife programs in exchange for a commitment to provide primary care health services in an underserved rural, urban or tribal community, upon graduation and licensure.

■ NHSC LOAN REPAYMENT PROGRAM

Provides loan repayment assistance to a range of primary care medical, dental, and behavioral and mental health clinicians in exchange for a commitment to provide primary care health services in an underserved rural, urban or tribal community.

■ NHSC RURAL COMMUNITY LOAN REPAYMENT PROGRAM

Provides loan repayment assistance to medical, nursing, and behavioral and mental health clinicians who provide quality evidence-based substance use disorder (SUD) treatment or associated health care services at a rural NHSC-approved SUD treatment facility located in a health professional shortage area.

■ NHSC SUBSTANCE USE DISORDER WORKFORCE LOAN REPAYMENT PROGRAM

Provides loan repayment assistance to medical, nursing, and behavioral and mental health clinicians who provide quality evidence-based substance use disorder (SUD) treatment or associated health care services at a NHSC-approved SUD treatment facility located in a health professional shortage area.

LEARN
MORE

To find out more visit:
<https://nhsc.hrsa.gov/>



therapy.

“I’m from here and so I’m connected to the community,” she said. “I know the resources so I’m able to help my clients out just by knowing the resources in a rural area, because they’re so far and few between.”

A RECRUITMENT AND RETENTION TOOL

Employers often see NHSC programs as a tool to help in the recruitment and retention of clinicians — helping them to attract health care professionals who may not have previously ranked working in a rural or underserved community, or even working in Kentucky, among their top choices, and keeping those professionals who do work in these communities there.

After Dr. Craig Burrows finished medical school at the State University of New York at Buffalo and his residency at Saint Vincent Health Center in Erie, Pennsylvania, he made his way, in 1996, to St. Claire Medical Center (now St. Claire Healthcare) in Morehead. Burrows, who received financial support through the NHSC Scholarship Program, was offered a job at the hospital’s primary care clinic in Frenchburg, where he could complete his required service commitment.

He’s been there ever since.

While at St. Claire, Burrows helped to develop a residency training program — the University of Kentucky Rural Family Medicine Residency Program. He served as the program’s first site director from 1999-2005 and returned to the director role again in 2017.

Burrows has also served as the chair and vice-chair of St. Claire’s Department of Medicine, as the medical staff president and as a member at large of St. Claire’s Executive Committee. He has faculty appointments at the University of Kentucky and the University of Louisville.

“(NHSC) provided me an opportunity to offset some of the costs of school and it’s a place I wouldn’t have come to,” he said of his original position at St. Claire. “I wouldn’t have considered Kentucky without it.”

Mike Caudill, the CEO of Whitesburg-based Mountain Comprehensive Health Corporation (MCHC) said NHSC funds are invaluable to smaller facilities that may not have the financial wherewithal to offer prospective new hires loan repayment perks during the recruitment phase.

“Certainly it’s a big help or if they’re not eligible, it’s a big hurt, because we’re really not in a position to pay off people’s student loans yet,” he said.

MCHC, an FQHC that employs 70 clinicians and served 46,000 patients in 2019, currently employs 21



staff members who participate in NHSC programs, said Stephen Kincer, the organization's director of professional relations.

"MCHC has had many providers stay on staff after their loans have been paid off," Kincer said. "The NHSC Loan Repayment [Program] has been and is still one of our best recruitment tools."

At LifeSkills, Mark Saderholm, director of service centers, estimates about 20 LifeSkills clinicians have previously participated in NHSC programs. He is himself a past recipient of NHSC support.

Like him, most LifeSkills employees who take advantage of NHSC programs are existing employees, not new recruits. But, he said, participation enables them to start in an associate position, gain full licensure and remain working there.

"I think we do a pretty good job of using the program to its full benefit for our region," Saderholm said.

NHSC programs tend to aid retention more than recruitment at White House Clinics too, said Stephanie Moore, the FQHC's CEO. That's in part due to the structure of most NHSC programs: When Moore is

hiring a new clinician, she can tell them that her clinics are NHSC-approved sites where program participants can carry out their required service commitments, but, she can't immediately guarantee their acceptance into one of the competitive loan repayment programs.

However, for those who are able to secure NHSC loan repayment approval, it "really keeps people in the community, it allows them to establish roots, which makes it a little more difficult [for them] to think about taking on a new position," Moore said.

'I SEND THEM TO THE NHSC WEBSITE'

Adamson, the clinical social worker at LifeSkills who's a participant in one of the NHSC's substance use disorder-related loan repayment programs, said she's a member of a Facebook group where social workers and therapists regularly have discussions and share ideas.

Whenever the topic of affordability in higher education comes up, she's quick with a response.

"Every time I send them to the NHSC website," she said. ■

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

RECYCLING for Better Health

Project CARAT provides refurbished assistive technology and durable medical equipment to those in need

By Jackie Hollenkamp Bentley

Peter Lopez loves to walk.

But it's next to impossible for him to do so unless he gets considerable help. The 54-year-old Hazard, Kentucky man was born with cerebral palsy, which severely limits his mobility.

"Peter was born in the era when they didn't have all the services for children that they have now," said his aunt, Kim Dean. "He never got early intervention. All the intervention he got was completed by his mom and his grandmother and his family."

Even with his family's support, Lopez could never walk on his own and was dependent on others to prevent his muscles from atrophy.

"His mom does table push-ups with him and leg-lifts and those kinds of things trying to keep his legs moving ... but she can't do a lot of the heavy lifting," Dean said.

Dean had heard that a gait trainer — an advanced walker providing additional balance support — would help get her nephew safely on his feet and moving. But where to get one?

Enter Project CARAT (Coordinating & Assisting the Reuse of Assistive Technology). The statewide program, operating within the KATS Network (Kentucky Assistive Technology Services Network), collects assistive technology and durable medical equipment that is no longer needed by its original owner — everything from shower chairs and grab bars to crutches, wheelchairs and walkers — cleans it, makes any necessary repairs and redistributes it to those who *do* need it.

Staff at Project CARAT's Hazard location were able to connect Dean with a gait trainer that had been donated in Lexington, at one of the program's other sites. Now, Lopez can get much-needed exercise.

"We've got it in our church gym so we can take him down there where it's flat, and he can walk around the gym," Dean said. "He enjoys it and it's been a great help."

Lopez is just one of thousands who have been helped by Project CARAT since its inception nine years ago.

A Footprint Across Kentucky

Dr. Patrick Kitzman, a professor in the University of Kentucky's Department of Physical Therapy, said Project CARAT was created as a bridge between two worlds: those who need home medical equipment and those who no longer need it.

"We know there is a need for free or inexpensive used medical equipment, such as walkers, wheelchairs, canes, beds and the like," Kitzman said. "And we also know that these items are being thrown away."

Thanks to a grant from the federal Health Resources and Services Administration, Project CARAT was officially launched in May 2012. Since then, the initiative has provided more than 12,000 assistive medical items to more than 3,000 people across Kentucky. That's a value of more than \$3 million in equipment that would otherwise have been discarded.

Michael Karman, the statewide Project CARAT coordinator, goes even further, describing the program



Physical therapy students at the UK Center of Excellence in Rural Health, in Hazard, learn how to inspect, clean and sanitize, and repair durable medical equipment as part of their training. Their efforts support the Project CARAT site at the Center.



as a “green initiative.”

“Somebody no longer needs a pair of crutches so they chuck them out with the garbage, or they’re sitting in their attic or their basement,” Karman said. “We check a lot of boxes. We keep things out of the landfill and we’re serving an at-risk population who really needs these items.”

That population includes the uninsured, the underinsured and those who otherwise couldn’t afford the equipment.

Kitzman helped launch Project CARAT at the UK Center of Excellence in Rural Health, in Hazard, one of two of the program’s original sites. The other initial site was at the Carl D. Perkins Vocational Training Center, in Thelma. Since then, Project CARAT has expanded to sites in Lexington, Louisville and Paducah. An online database — the Kentucky Assistive Technology Locator (www.katsnet.at4all.com) — connects all five sites and provides an easy way for community members to loan, borrow, donate or acquire needed equipment.

Karman said each location has its “own unique flavor,” while operating under the common mission of helping those in need.

“The great thing about [each site] is that it gives us a good footprint throughout the Commonwealth,” he said.

“We’re corner-to-corner, which is what we want to be doing.”

Challenges Faced

When Kitzman started the Project CARAT program in Hazard, he utilized an obvious resource: his physical therapy (PT) students.

“As a physical therapist who has done home health, I was always having to repair something, so that is a skill I believe the PT students should have,” Kitzman said.

He created a service learning program which enables his students to learn the ins and outs of durable medical equipment and earn college credit for their work.

“We take a lot of time and pride in assessing the equipment,” he said. “That’s part of the training. We train you how to visually inspect all the equipment and how to properly clean and sanitize all the equipment. If parts need to be fixed, we show you how to fix it.”

The real challenge, Kitzman said, lies in physically collecting or delivering the equipment.

“The mountains are beautiful, but the mountains can be a challenge,” he said, referring to the topography of Southeast Kentucky. “We don’t have a mode to transport the equipment to people’s homes ... and we have so many people that need it but they literally cannot travel to pick



Project CARAT
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more than **12,000**
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Kentucky.



it up.”

That geographical challenge is common to all five Project CARAT sites and it’s one that administrators hope to alleviate by building a cadre of volunteers who can help transport equipment, once “we get on the other side of COVID-19,” Karman said. “We may have a donor who has some great equipment, but they may not have the capacity to drop it off at one of our centers ... So that’s a real growth area for us.”

Another challenge facing Project CARAT sites is that their work often flies under the radar, despite efforts to promote their services.

Darrin Breeding, the site coordinator at Project CARAT’s Thelma location, said many people still don’t know the program exists.

“It’s a very well-kept secret and it’s not meant to be a secret,” Breeding said.

Breeding relies on word-of-mouth and relationships with other nonprofits in the region to help identify those who may need medical equipment. One of those nonprofits is Kentucky Homeplace, a UK Center of Excellence in Rural Health program that provides access to medical, social and environmental services to underserved residents living across 30 Eastern Kentucky counties.

Elizabeth Smith, a Homeplace community health worker, said she and Breeding work hand-in-hand to help residents get the devices they need to improve their quality of life.

“They are my go-to. If I need something [for one of my clients], that’s where I go,” Smith said. “If we don’t have [a piece of medical equipment] in one of my offices ... all I have to do is pick up the phone and say ‘Hey, Darrin! If I get something donated [to us], I’m going to call him.’”

While those donated items will eventually help someone with daily living, they may first help another population build a better future.

Project CARAT’s Thelma location partners with the Carl D. Perkins Vocational Training Center to help those with disabilities gain skills for employment.

“All of our students have some kind of major disability — whether they’re physical or mental or emotional,” Breeding said. “The students would come in for a couple hours a day and the instructor shows the students how to clean, maybe repair the equipment and learn skills of work readiness. Once the students realize they’re helping people, they enjoy participating.”



Terri Ross, who started the Paducah location of Project CARAT, says obtaining funding to support the organization is a challenge — especially during the COVID-19 pandemic. However, she says the community has been “very generous” in its giving in past years.



Project CARAT Paducah is Born

While the Hazard and Thelma locations work in partnership with other organizations, Project CARAT Paducah is an autonomous operation complete with its own board of directors. What makes it even more unique is that it started out of founder Terri Ross’s home.

Ross lost a leg in a motorcycle accident in 2003. During her extensive rehabilitation, she would overhear fellow physical therapy patients talk about their need for home medical equipment and the difficulties they experienced with insurance companies.

“I kind of held on to that,” Ross said. “I was able to get [equipment] because my job’s insurance paid for it. I had no idea that there were people out there who could not get pieces of equipment through insurance. That stuck in my mind, thinking how fortunate I am when there are other people not being able to.”

She later partnered with her best friend, Sonya Windt, and the two scoured yard sales looking for equipment and even placed an ad in the local paper asking for items.

“Once they started seeing that we were asking for

equipment, they started asking us for the equipment,” she said. “I spent days, hours, all kinds of time and money just running around Paducah. Both of our houses were full of equipment, and we both had barns full of medical equipment.”

They eventually teamed up with the KATS Network and, in 2014, they officially became Project CARAT Paducah. Lourdes Hospital (now Mercy Health-Lourdes Hospital) donated office and warehouse space.

Ross said they now have their own board of directors and rely solely on monetary donations to pay for an office worker, rent and utilities.

Funding is a challenge, but Ross said she has confidence in her community — it’s proven over the years to be “very generous.”

‘A Blessing for Us’

As a member of a family that’s been on the receiving end of such generosity, Kim Dean said she will always be grateful for her nephew’s gait trainer.

“Whoever donated it has been a blessing for us,” she said. ■

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

◆ ◆ P R O J E C T ◆ ◆

CARAT

Project CARAT seeks to collect donations of durable medical equipment and assistive technology, and to get those items into the hands of those who need them the most.

To help facilitate those efforts, the program offers a searchable database — at www.katsnet.at4all.com — for those who need equipment and for those who want to donate.

Project CARAT also has five physical locations across the Commonwealth where people can reach out directly for help:

Project CARAT – Hazard

UK Center of Excellence in Rural Health
750 Morton Road
Hazard, KY 41701
(606) 439-3557
Contact: Keisha Hudson

Project CARAT – Lexington

UK Human Development Institute (HDI) –
Center for Assistive Technology Services (CATS)
2358 Nicholasville Road, Suite 180
Lexington, KY 40503
(859) 218-7979
Contacts: Christina Espinosa, Joan Hager

Project CARAT – Louisville

Kosiar Charities Enabling Technologies of
Kentuckiana at Spalding University
812 S. Second St. | Louisville, KY 40203
(502) 992-2448
Contacts: Laura Starck, Joe McCombs, Peter O'Connor

Project CARAT – Paducah

Lourdes – North Plaza
911 Joe Clifton Drive
Paducah, KY 42001
(270) 538-6844
Contact: Terri Ross

Project CARAT – Thelma

Carl D. Perkins Vocational Training Center
5659 Main Street
Thelma, KY 41260
(606) 788-7080
Contact: Darrin Breeding



A Shining Star

Purchase Area Health Connections earns national award for work improving region's health

By Michael McGill

You've heard the phrase, "It takes a village." Paducah-based Purchase Area Health Connections (PAHC) may be the perfect illustration of the truth contained in that proverb.

The Western Kentucky health consortium, first formed in 2014, brings together more than 80 partners from across nine counties — colleges and universities, hospital systems, health coalitions, health departments, law enforcement, EMS and fire departments, public school systems, local government agencies, mental health clinicians, treatment and recovery organizations, and civic organizations — to address and improve the health and well-being of the region. The consortium's particular focus is on the social determinants of health — those social, economic and physical factors that have a direct impact on a community's health.

"No organization can do it by themselves," said Kaitlyn Krolkowski, PAHC's network director. "And I think that's what's so great about Purchase Area Health Connections ... we try to incorporate and bring on different people with different expertise to really drive the consortium where it needs to go."

She added: "You don't know what you don't know until you know it. And so, you really need different

perspectives on the problem and different possible solutions."

It's that spirit of collaboration coupled with the regional health improvements the consortium has been able to secure that led Purchase Area Health Connections to be named Kentucky's 2020 Community Star by the National Organization of State Offices of Rural Health. The consortium is one of 48 organizations and individuals from across the country who were honored on November 19 — National Rural Health Day — for their work serving the health needs of the nearly 60 million people who live in rural America.

The group was nominated for recognition by Melissa Slone, the research inter-disciplinary director at the UK Center of Excellence in Rural Health, in Hazard. She called PAHC "an example to other consortia of effectively working together to improve individuals' health and well-being in their communities." Added Slone, "Purchase Area Health Connections is making a difference."

Ernie Scott, the director of the Kentucky Office of Rural Health, said PAHC's work is a model of what coalitions and consortia can achieve in rural communities.

"Kentucky's rural communities face challenges.

But when organizations from a variety of sectors come together to address a need and address a problem or a series of problems head-on, they're able to take a more comprehensive approach," Scott said. "They can pool their resources, their expertise and help to develop new leaders. That's just what Purchase Area Health Connections has done and continues to do. They have a history of conscientiously serving Western Kentucky communities and tackling the problems that affect residents there the most. They're working to make those communities better places to live, work and raise a family."

Four Task Forces

PAHC's four task forces — the Transitional Care Taskforce, the Childhood Obesity Prevention Action Team, the West Kentucky Mental Health Workgroup and the Opioid Taskforce — each target one of the region's key health challenges and lead efforts in that area.

And, the work of each of those groups has led to some rather visible results, particularly in the areas of transitional care and substance use.

Two recent grants from the federal Health Resources and Services Administration, for instance, have enabled the consortium to implement a community health worker (CHW) program to address hospital readmissions. High-risk patients who have just been released from four of the five local hospitals — patients who are dealing with a range of health conditions, from COPD and pneumonia to stroke and coronary artery bypass grafting — are referred to the program. CHWs, trained frontline public health workers who are trusted members of their community and who serve as a link between patients and the health care system, then visit patients at their homes and work to address any social determinant needs they may have. In addition, CHWs help patients to better understand

their discharge orders, to increase their health literacy and to work on a personal goal plan.

The program appears to be working: There's been a decrease in avoidable hospital readmissions in the region as well as a decrease in preventable hospital stays, Krolikowski said.

In the fight against opioid use in the Purchase Area, PAHC has, among other things, distributed Narcan and offered training on its use; and purchased an incinerator for local law enforcement agencies to use to dispose of drugs deposited in take-back boxes. (Previously, agencies had to pay a third-party to take and destroy unused prescription medicine that was turned in to the boxes.) The consortium has also worked with one of its partners, Murray State University, to include training on the prevention and treatment of opioid use disorder in its nurse practitioner program.

More broadly, PAHC also hosts an annual Health & Wellness Summit and has developed a searchable online database of community services available in the Purchase Area. The group also developed and maintains an online community calendar listing events, trainings and meetings across the region.

Not Done Yet

And, the consortium's work isn't done yet.

Krolikowski said PAHC will continue working to increase services in the region and access to those services and clinicians. They're also looking into the possibility of telehealth services and offering future webinars.

"Sometimes Western Kentucky is forgotten. We're way off to the side," she said. "So we want to make sure that we have capacity, that we have resources." ■

Since 2015, the National Organization of State Offices of Rural Health, through its Community Stars program, has showcased the work of individuals, organizations and consortia that make a positive health impact in rural America. Nominations for the national recognition open up each summer. A committee reviews and evaluates all nominees. The selected Community Stars, one from each state, are announced on National Rural Health Day, the third Thursday in November.

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

FOCUS ON THE FUTURE

FACING CANCER HEAD-ON

Andrew Davison, of Rowan County, has faced cancer in his own family. He's learned medical research skills. He's written about cancer. And he plans to be an 'ambassador' to help neighbors in the future.

By Kim Kobersmith

Andrew Davison has experienced cancer as a near-constant presence in his life.

His aunt just recently lost her 14-year battle with breast cancer.

His grandmother passed away in 2017 after her breast cancer metastasized to her salivary glands.

Another aunt had surgery to remove her colorectal cancer.

His grandfather died from a combination of brain and lung cancers.

And, his mother was diagnosed with breast cancer in 2016. She entered remission the following year.

You'd never fault someone who's been this close to cancer, someone who's felt the pain and hurt of losing loved ones to the disease, to run in the opposite direction when they hear the "c" word. But not Davison, a Rowan County native and a current high school senior. When his biology teacher encouraged him to apply for the University of Kentucky Markey Cancer Center's Appalachian Career Training in Oncology (ACTION) Program — Davison happened to be absent from school the day the program's coordinator visited to talk with students about the program — he jumped at the opportunity. The program provides Appalachian Kentucky high school students and the university's undergraduates with hands-on cancer research experience, the knowledge to serve as health advocates in their communities and the tools to pursue a cancer-focused career.

Davison was, in part, attracted to the program precisely because of his family history of cancer. That history coupled with a desire to make a difference and an

interest in STEM fields were what prompted him to apply to the program and take part once accepted, beginning in the summer of 2019 — just after completing his sophomore year of high school.

While Davison's participation in the program helped him realize that a future job in the medical field, in direct patient care, wasn't something he's interested in, it also opened his eyes to the possibilities of what he can do to fight cancer in Appalachia, no matter what his career choice.

Hands-on Research Experiences

The ACTION Program, formerly known as the Career Training in Oncology Program, is a two-year experience. One component, a five-week summer residential program, brings students to the UK campus and introduces them to cancer research, clinical oncology and life in college. Each student is paired with a research faculty mentor and does a deep dive into the field. Participants then return to campus once a month throughout the following academic year to attend seminars — led by graduate students and faculty members — that are designed to deepen students' understanding of oncology and health issues. Those seminar sessions serve as a key component to fostering a sustained mentoring network among students, faculty and staff. (The ACTION Program expanded in 2018 to include not just undergraduate participants, but also high school students. Davison was in the first cohort of high school students — there were 20 of them — to participate.)

Program participants have the opportunity to follow their own interests. One of the students in Davison's cohort,



for instance, had a strong interest in pathology and was able to work alongside a nationally-renowned pathologist. Other peers worked with samples in wet labs, administered community surveys, gained an understanding of patient care and shadowed a surgical oncologist.

Davison told the program staff that he wasn't really interested in patient care. He was assigned, instead, to a dry lab — where computers are used to complete analysis, modeling and simulations — to work on finding correlations between human genomes and disease. The research team he was part of studied brain arteriosclerosis — the buildup of plaque in the small arteries of the brain that causes them to harden and restrict blood flow — and its possible links to other neurodegenerative diseases, like Alzheimer's.

He spent the first four weeks of the summer program learning a computer coding language called R, which is used for statistical data manipulation and analysis. After processing volumes of data in the lab, Davison says his team's study indicated a link between APOE4 — the so-called "Alzheimer's gene" — and brain arteriosclerosis.

"This was my first experience with computer science," shares Davison. "The discovery of the link was really a unique first experience for me to have." He says that previous genome-wide association studies on brain arteriosclerosis — an approach to genetics research that tries to match specific genetic variations with particular diseases — had not found a connection with APOE4.

He adds, "This meant that not only was I making my first discovery in a research setting, but I was actually contradicting some previous research."

Alongside that hands-on research experience, Davison was also exposed to other areas of cancer care. ACTION students, for instance, have the opportunity to shadow doctors during routine checks and even surgeries. Davison scrubbed in and got a firsthand look at what happens in the operating room. The experience was short-lived: He passed out before the end of the procedure.

The full summer experience, though, was crucial to Davison's understanding of the direction he wants to take for his future career. His time in the dry lab planted a seed that has since grown into a deep love of computer science.

"ACTION helped me realize that maybe the medical field isn't for me," he says. "In a lot of ways that can be just as important as knowing it is."

Davison says one of the strengths of the program was being exposed to peers from all different walks of life. Some students came from farming families; another was a recent immigrant to the country.

"The relationships were really important," he says about his time with the ACTION Program. He plans to continue nurturing those relationships, and build new ones, as a volunteer with the new cohort of ACTION participants.

The Cancer Crisis in Appalachia

There's also the book.

ACTION participants are encouraged to become change agents in their own Appalachian Kentucky communities. Some in Davison's cohort, for instance, led informational sessions on Facebook. Others hosted fundraisers for community members impacted by cancer.

Davison chose a slightly different path: His initial project involved collecting oral histories from Appalachians who were affected by cancer. His plan was to deposit those oral histories at UK's Louie B. Nunn Center for Oral History. There, they would have been used in UK courses and for research purposes. Those efforts were cut short by the COVID-19 pandemic.

Davison, however, found himself immersed in writing and assisting in the editing of a book, *The Cancer Crisis in Appalachia: Kentucky Students Take ACTION*. The project was the brainchild of ACTION Program administrators.

Program applicants are required to submit a short essay describing why they're interested in ACTION. Administrators found those stories to be compelling and thought a book of essays written by program participants might serve an educational purpose: sharing with readers not just the personal impact of cancer on real people, but also the realities of cancer disparities, cancer risk factors and modifiable behaviors.

ACTION participants were invited to "write an essay of about two thousand words that would briefly introduce themselves; describe their personal experience with cancer; explain why they think cancer impacts Kentucky so harshly; and discuss what they think can be done to address Kentucky's cancer epidemic," according to the book's preface. The submissions were then peer-reviewed and peer-edited by students — Davison among them — and further reviewed and edited by ACTION staff.

"It was different and very exciting to write something that was going to be published," Davison says. "We really pushed each other to be better writers and tell better stories. I was so lucky they held my hand through the whole process."

The book, published by the University Press of Kentucky in March 2020, contains essays written by 20 high school students and five UK undergraduates.

Davison's contribution to the collection is titled "Survivor's Guilt." The phrase comes from a conversation he had with his mom when she was entering remission. She was struggling with the term "cancer survivor"; that label seemed to signal to her that beating cancer was due to her own personal efforts. The corollary of that idea — that those who have died from cancer might have survived if they had only tried harder — is not true, she reasoned.

"In my writing, I am trying to give my own story about what it is like to live in Appalachia in regards to cancer," Davison says. That story includes the painful

images of his youth: his grandmother's slumped face after a surgery, his mother rushing to cover her bald head, his health teacher smoking a cigarette.

But Davison also adds a dose of hope in his essay.

Through ACTION, he met young people like himself who are inspired to care for others in their communities. He is part of a younger generation that is creating their own livelihood and moving away from economies reliant on tobacco, the leading preventable cause of cancer and cancer deaths. He sees movement toward a future with improved cancer rates.

Davison says the book adds a range of perspectives to the larger cancer conversation in Kentucky.

"The figures show Kentucky has the highest cancer incidence," he says. "To understand why and what that means and what we can do to change them, it is important to look at the personal stories of people in the book." He points to another essay in the collection that shares the experiences that a grandmother, an immigrant to Kentucky, had with cancer and how those experiences differed greatly from others in her community.

While Davison didn't consider himself a writer before his work on the book, he says the experience instilled a desire in him to do it again. He and his father, a philosophy professor at Morehead State University, both share an interest in the discipline, which led the two to collaborate on a chapter in the book, *The Good Place and Philosophy*, about themes in the popular television show.

On to Gatton

In the fall of 2019, following his ACTION summer session, Davison took advantage of another opportunity to pursue his academic interests: He was accepted to and began studying at The Gatton Academy, a two-year residential STEM school for high school juniors and seniors which operates on the campus of Western Kentucky University. Each year the academy accepts about 95 students from across Kentucky to take part in the science, technology, engineering and math program. Like ACTION, it's a research-focused program that's intended to help students jumpstart a future career in the sciences.

Gatton's students take college classes at WKU and engage in faculty-led research. They're also able to study abroad. The tuition, fees, and room and board are paid for by the Commonwealth of Kentucky.

At Gatton, Davison is following in his big brother's footsteps. His brother applied when Andrew was in the eighth grade. And, even then, Andrew started to work toward attending himself.

"Growing up in a home with parents working in higher education drives home the value of education," he says. "Seeing my brother go to Gatton before me made it

seem reachable and tangible."

In the first semester at Gatton, all students take a computer science class. Building on his summer work with ACTION, Davison found the class life-changing.

"It lit the fuse," he says. "This sort of science clicked with me. It is more about self-discovery and is largely self-taught, which is how I like to learn."

That appeal only grew when he enrolled in his second computer science class — on computational problem solving. Davison says the course is considered one of the more challenging ones at Gatton, while sheepishly admitting that he loved it. His class project — developing a board game and the artificial intelligence needed to play it — got him excited about some of the practical applications of the field.

Gatton students are able to take any class at WKU as an elective, and Davison has taken full advantage. He's developed his interest in philosophy, attracted by the way it challenges his thinking and introduces new concepts. He points out the huge role that logic plays in both computer science and philosophy.

Derick Strode, the assistant director of academic services at Gatton, calls Davison "an intent listener, mature well beyond his years, and a born leader." Kindness and thoughtfulness are Davison's hallmarks, Strode says.

He adds, "His future is bright."

'Act as an Ambassador'

As he begins to plot out that future, Davison, who's finishing his senior year at Gatton, says his experiences in the Markey Cancer Center's ACTION Program were beneficial.

"I only had vague ideas about my math and science interests before the ACTION program," he says. "I learned a lot about myself. I am really passionate about being able to help people, and I saw how I can use the things I am interested in — like data and computer science — to do that."

He anticipates weaving together his twin passions for computer science and philosophy in college. And, the college credits he's earned at Gatton will give him plenty of opportunity to double or even triple major.

His outreach efforts in the ACTION Program also showed him that he can benefit others in a volunteer capacity. The program developed within him an awareness of the needs of his Appalachian neighbors and a motivation to be a regional force for good.

"No matter my occupation, I can act as an ambassador and have a conversation that drastically changes someone's life," he says. "I hope that the measure of my life will be taken in what I have done for others and I hope that I measure up well." ■

Kim Kobersmith is a freelance writer based in Berea.



Delivering in Stanford

Ephraim McDowell Fort Logan Hospital is the Commonwealth's lone critical access hospital to deliver babies

By Debra Gibson Isaacs

Nearly 400 babies. Three hundred and ninety-three, to be exact.

That's how many were born at Ephraim McDowell Fort Logan Hospital in 2019.

To put that into some perspective, the hospital, located in Stanford, in Lincoln County, delivered more babies in 2019 than 14 other hospitals across Kentucky. (A total of 46 hospitals reported obstetric deliveries to the Kentucky Hospital Association that year.)

But even more amazing is the fact that, in 2019, the medical staff at Fort Logan delivered 393 more babies than any other critical access hospital (CAH) in the Commonwealth. That's because the hospital, which is part of the Danville-based Ephraim McDowell Health System, is the *only* one of Kentucky's 28 CAHs to deliver babies and offer obstetrics (OB) care.

"It is very important for people in rural areas to have access to a hospital," said Ina Glass, Fort Logan's administrator and chief nursing officer. "If you have a heart attack or your baby is about to be born, driving many miles to another hospital is out of the question. Lives can depend on how quickly you get care."

She added: "We want our community to be able to access quality OB care close to home."

Obstacles to OB Care

Offering OB services at a rural hospital in the U.S. is becoming increasingly rare.

A 2019 report from the Chartis Center for Rural Health revealed that since 2011, more than 130 rural hospitals have eliminated OB services. Put another way: Since 2011, 12 percent of all rural hospitals that offered



OB services have discontinued those services.

The report also noted that just 46 percent of the country's rural hospitals now provide labor and delivery services.

The challenges faced by rural hospitals in providing OB services range from workforce shortages to the cost of providing labor and delivery services.

Fort Logan's administrators said they face a mix of concerns: financial worries — about the high cost of malpractice insurance and the low levels of insurance reimbursement for care — as well as concerns related to addressing quality measures and patient safety.

"Unfortunately malpractice insurance for OB providers is often cost prohibitive and folks in rural areas are finding it harder and harder to find quality OB care near their hometown," said Glass, who's lived in Stanford her entire life and has spent the past 43 years working at the hospital. "We have made a commitment to our community to provide these services."

Glass said she worries, too, every legislative session about how changes in reimbursement rates may affect the hospital. Medicaid, which pays for around half of all

rural births in the U.S., has lower reimbursement rates than other insurers.

"We are a nonprofit, but we still have to make enough to update equipment and technology," she said. "We also want to reach out with programs for our community."

In addition, Lincoln County and the hospital's larger service region are located in a high-risk area for adverse pregnancy outcomes, said Shannon Long, the hospital's OB director.

"Some patients do not get prenatal care. Some patients lack the resources to seek that care. Some don't have transportation," she said.

Long said some of the region's residents also struggle with high levels of substance use disorder, heart attacks, obesity and hypertension.

'Excellent Care of Our Patients'

Despite the challenges, Long credits her staff with helping to make the hospital "one of the best places in the world to have a baby."

"We take excellent care of our patients," she said. ■

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



GROWING DOCS

UofL administrator oversees programs that train next generation of physicians

By Robin Roenker

Since moving to Kentucky in 1998, Dr. William Crump has helped hundreds of rural and small-town students envision a career in medicine.

As associate dean of the University of Louisville School of Medicine Trover Campus at Baptist Health Madisonville, Crump has helped create an array of educational pathway programs — for students from high school through medical school — that have, at their core, one founding truth.

“If there is a thread in what we’re doing, it is, ‘Go to where people live,’” says Crump. “Don’t ask them to come to you. The sense of place is interwoven in everything we do.”

Rather than working to import rural doctors from more urban areas, the Trover Campus model works to develop the next generation of physicians by reaching out to students with an interest in medicine who already live in rural communities.

The approach is working.

To date, more than 290 high school students from Hopkins and surrounding counties have participated in the Trover Campus High School Rural Scholar Program, a summer program launched in 2000 to boost rising high school seniors’ knowledge of health care career paths. Participants shadow health care professionals in their

home community and attend virtual classes that provide tutoring to help improve their ACT scores. They are also offered insights into the medical school admissions process. Seventy-five percent of the program’s participants have chosen to go into health careers.

“We purposely positioned our program opposite the Kentucky Governor’s Scholars Program,” Crump says. “The kids going to Governor’s Scholars don’t need any help getting into medical school. We are targeting students who need that bit of extra assistance.”

Trover’s College Rural Scholar Program, which began in 2002, offers pre-med college students from rural communities across Kentucky an opportunity to develop their science and math skills over the summer with assistance from faculty at Murray State University and UofL. The students also get to room with and shadow current UofL medical students in Madisonville. Of the 97 students who have participated, 60 percent have gone on to attend medical school.

“We build learning teams, so these college scholars are paired with someone who has finished one year of medical school, who is also from a small town, and they think, ‘They look like me, and they made it. Maybe I can, too,’” Crump says.



Dr. William Crump, associate dean of the University of Louisville School of Medicine Trover Campus, has spent more than two decades designing and managing pathway programs that aim to develop the next generation of rural physicians.

A Model That Works

Since the University of Louisville School of Medicine Trover Campus rural track began in 1998, 147 UofL students have completed their third and fourth years of medical school in Madisonville. Each year, the program provides eight to 10 medical students a unique opportunity to focus on rural health care after the completion of their two years of preclinical training on UofL's main campus.

Additionally, Trover's pre-matriculation program allows first-year medical students who plan to do their third and fourth year in Madisonville to visit the campus the summer before they begin medical school. The popular program serves as a building ground for friendships that forge a support network for students as they begin their studies in Louisville.

Taken together, the various Trover pathway programs provide a structured, real-world view of the practice of rural medicine for students who may not have considered such a career path otherwise.

"We are one of the best rural programs in the United States," says Crump, who has published papers on the pathway programs' success in scholarly journals including *Teaching and Learning in Medicine*, *Family Medicine* and *The Journal of Rural Health*.

While national studies show that only 5 percent of medical students choose to go into rural practice, 48 percent of Trover's medical school graduates have returned to small Kentucky towns to practice.

Trover's rural placement rate is routinely among the highest in the country when compared against the other roughly 40 medical school rural health programs currently in operation in the U.S.

And, Trover's success has not gone unnoticed.

In spring 2020, the Association of American Medical Colleges (AAMC) presented the Trover Campus with a National Educational Innovation Award for regional campuses. Earlier, in 2014, AAMC had named Trover the recipient of its national Community Engagement Award, in part for the medical students' work in leading a free health care clinic in Madisonville, which remains a vital asset for the community.

In Crump's thinking, the dual accolades go naturally hand in hand, since he and the campus's other medical faculty view education and community engagement as two sides of the same coin.

For example, Trover students, with Crump's advising, have helped provide required school physicals at Western Kentucky-area health departments. The work is an effort to ease the caseload burden on already overstrained health care providers in the region.

"We don't separate education and community engagement," Crump says. "All of our programs view community engagement as an essential educational tool."

Dr. Michael Howard, who previously served as the vice president for education and research at Baptist Health Madisonville and worked with Crump, says he was struck by Crump's talents as a teacher and his dedication to his students.

"He's very good at what he does," says Howard, who is now the founder and CEO of ARCH Community Health Coalition. "He is an extremely good teacher, and he's an extremely good mentor. His students are very fortunate. He takes his work very seriously. He takes the making of doctors very seriously."

Finding His Calling

A native of Savannah, Georgia, Crump earned his undergraduate degree at the University of Georgia, where — despite being a student in the honors program — a pre-med advisor once told him he didn't have high enough math scores to make it into medical school.

"That was like waving a red flag in front of a bull," Crump says. "By golly, I was going to prove him wrong."

Upon his graduation in 1975, Crump was not only admitted into medical school, but in fact received one of five, prestigious full-ride scholarships to Vanderbilt University School of Medicine.

As a fourth-year medical student at Vanderbilt, Crump did a 20-week rotation at Nashville General Hospital in obstetrics and the neonatal intensive care unit, cementing his decision to focus on family medicine, and labor and delivery.

Following a residency in family practice at the University of Alabama at Birmingham (UAB) and a fellowship in family medicine at the University of North Carolina at Chapel Hill, Crump worked for a decade as a professor of family medicine at UAB — a period of time that sparked his lifelong passion for rural health care.

"At UAB, we built a perinatal outcome project which included 40 family doctors from all over Alabama," says Crump. "I would go visit them, and we would collect hundreds of data variables on every delivery they did."

In 1993, Crump was recruited to develop and direct the Rural Health Program at the University of Texas Medical Branch at Galveston (UTMB). The goal of the program was to move UTMB medical students' third and fourth years of training off the island of Galveston and into community health practices on the Texas mainland, in order to give them more hands-on clinical experience.

"When I arrived, we had four community faculty involved in the program. And when I left, we had 750 scattered across East Texas," Crump says of his time in Galveston. "I went in every single office. Some of these places were six and seven hours away. I went through three sets of tires on my Jeep."

“The typical medical school student in the United States delivers half a baby. I always joke, ‘I wonder which half of the baby they deliver?’ But our students do eight or 10.”

– Dr. William Crump

During his travels to the small-town clinics to evaluate students’ progress, Crump had what he calls his epiphany.

“It hit me,” he says. “I realized, ‘The best way to get a doctor to a small town is to get a medical student from a small town and then train them in a small town.’”

This ‘cultivate doctors where you need them’ mantra has since driven every aspect of Crump’s approach to medical education.

Thanks to the success of the UTMB model, Crump was recruited to lead UofL’s Trover Campus in 1998, after a former research colleague at Galveston became chair of family medicine at the University of Louisville.

Initially, Crump felt disinclined to move his wife and four children, then in their teens and preteens, from their home outside Houston. But while sitting in a Holiday Inn Express during a visit to Madisonville, Crump realized the Trover Campus was “where he needed to be,” he says.

Crump credits this realization in large part to the rich history of the Trover Campus, which dates to the early 1950s, when Dr. Loman Trover and his brother, Dr. Faull Sanders Trover, first began work to bring a community-based medical training facility to Western Kentucky.

“There was a tradition of teaching already here,” says Crump, who leads classes in UofL’s Department of Family and Geriatric Medicine, in addition to his role as Trover’s associate dean. “The ‘grow your own’ [approach] had become a key strategy. Trover had a surgery rotation in place here since the mid-1970s, so hundreds of UofL medical students had done their only required surgery clerkship here. It was that tradition that drew me here.”

Training the Next Generation

Since moving to Kentucky more than two decades ago, Crump has continued to practice family medicine in Madisonville, with a particular focus on mother-baby care. In his more than 40 years as a physician, he’s delivered well over 1,000 babies, often multiple generations in the same family.

“To me, the most fascinating part of medicine is the way families work,” says Crump, who recently retired from delivering babies after leading a weekly obstetrics

and prenatal care clinic in Princeton for more than 20 years. “It never made sense to me to separate care of the mother from care of the baby from care of the father, the way our medical sub-specialties want to do.”

At the Trover Campus, UofL medical students are particularly encouraged to explore the advantages of practicing as a rural or small-town family doctor — in part because there is such a shortage of them across the country. (Figures from the federal Health Resources and Services Administration, for example, show that 113 of Kentucky’s 120 counties have a shortage of primary care health professionals.)

Because the program at Trover is small, its medical students get a breadth and depth of clinical experiences often not possible at larger medical school campuses.

“The typical medical school student in the United States delivers half a baby,” Crump says. “I always joke, ‘I wonder which half of the baby they deliver?’ But our students do eight or 10.”

Leeandra Cleaver, a fourth-year Trover Campus medical student from Murray, says her time at Trover has exceeded her high expectations, largely because instead of standing at the back of a crowded group of medical students listening, she’s been on the front lines with her attending physician, actually treating patients — including one young cardiac arrest patient with whom she particularly bonded.

“The best thing about this program is the fact that we have one to one [medical student pairing] with an attending for the most part,” says Cleaver, who also is a former Trover College Rural Scholar. “So, you are getting one-on-one attention for your learning.”

‘I’ll Do Whatever is Needed’

For Crump, the development of such wide-ranging pathway programs at Trover mimics, in many ways, his overall, barrier-breaking approach to medicine.

Over the years, Crump has — rather uniquely — incorporated not only labor and delivery into his family medicine practice but also geriatric care.

“I’ve never seen any barriers to care,” Crump says. “If you need me to be a geriatrician, I’ll be a geriatrician. The theme of my career is, I’ll do whatever is needed.” ■

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



Rural Health Research Gateway

ruralhealthresearch.org

The Rural Health Research Gateway is a free, online library of research and expertise. The website provides access to the work of the Rural Health Research Centers and Analysis Initiatives funded by the Federal Office of Rural Health Policy, Health Resources and Services Administration.

The Rural Health Research Center program is the only federal program that is dedicated entirely to producing policy-relevant research on health care in rural areas. The Centers study critical issues facing rural communities in an effort to secure adequate, affordable, high-quality health services for people living in rural areas.



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