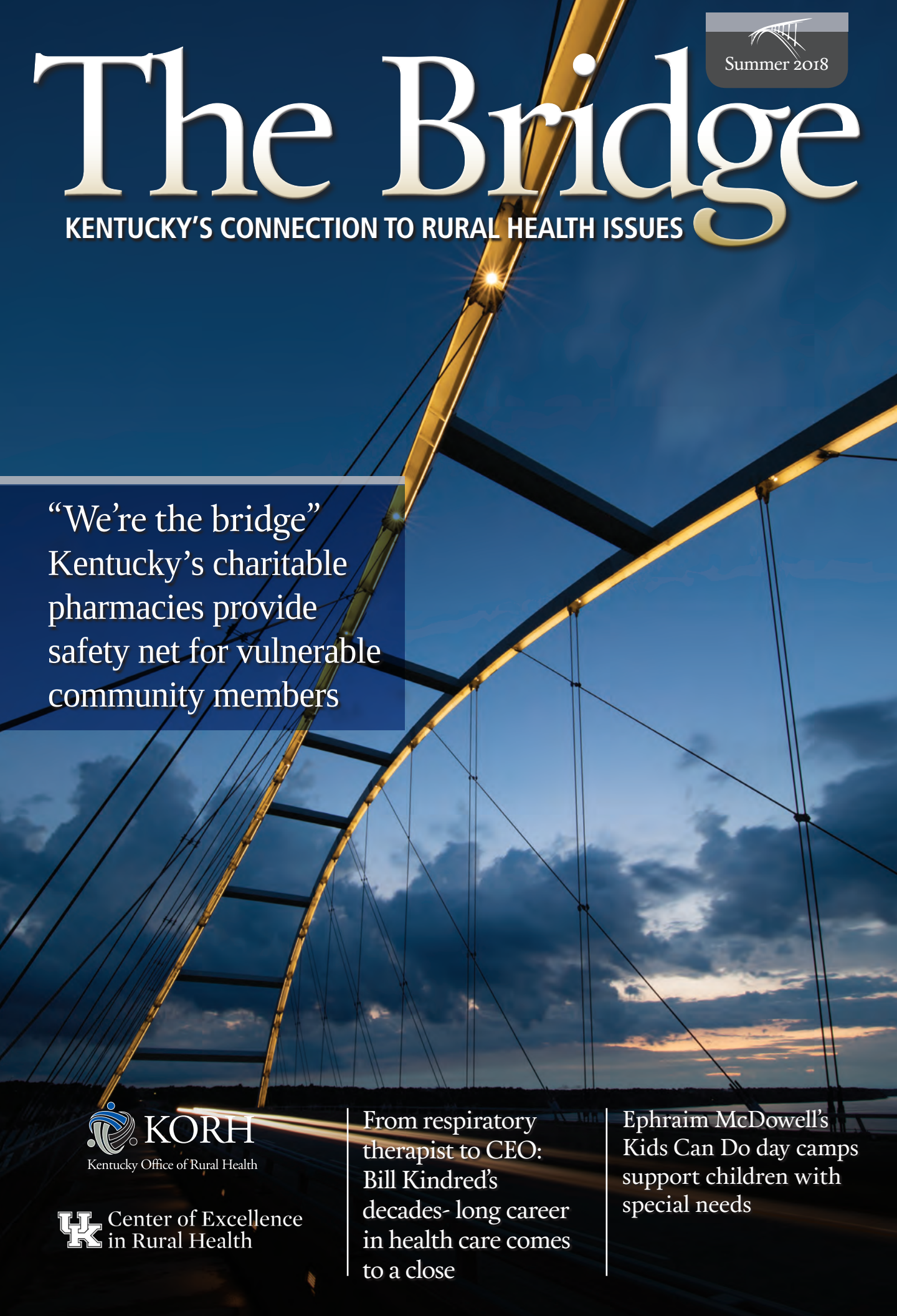


Summer 2018

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

"We're the bridge" Kentucky's charitable pharmacies provide safety net for vulnerable community members

KORH
Kentucky Office of Rural Health

Center of Excellence in Rural Health

From respiratory therapist to CEO: Bill Kindred's decades- long career in health care comes to a close

Ephraim McDowell's Kids Can Do day camps support children with special needs

Dear Readers,

There is no shortage of catch phrases connected to innovation and thinking outside of the box. You've heard them all before: Being "on the cutting edge." Being "forward-looking." Having an "innovative mindset." Engaging in "lateral thinking."

New, creative ideas are certainly good things. In fact, they're often vital to making advances in most fields — whether it's the business world, health research or even public education. At the same time, it's important that we not simply rush headfirst into making new decisions, implementing new programs, and the like, without taking some time during the planning process to consider all of the ways that these proposed changes will impact those they are designed to help. We've got to ask, what are the consequences — both positive and negative — of any proposed action? (Remember the lesson from high school science class: For every action, there is an equal and opposite reaction.)

We should necessarily be a bit cautious about hastily changing things. We should step back and evaluate our proposals. We should think about short-term and long-term effects. We should consider how any changes will impact all of the various stakeholders who are invested in our organizations, our companies and our communities.

In short, we should ensure that each and every decision we make and all of the policies that we put into practice are sound.

Few rural health issues can be addressed successfully while working in isolation. We can't productively solve the problems of access to health care services nor reduce health disparities — both complex problems — by sitting alone in a room and brainstorming new, innovative solutions. We'd probably label such an approach to solving these multifaceted issues as pure nonsense. We would simply miss out on too much — most especially, the fresh viewpoints, perspectives, insights and questions that are generated when you assemble a diverse group of people together to tackle a problem.

It certainly sounds simplistic, but communication is the primary tool that helps us to reduce and perhaps even eliminate the negative, unintended consequences that might spring up when we're working to solve a community's health problems. Luckily, communicating with others is something that we're often pretty good at doing here in rural America: We're known for pulling up a chair and inviting others to sit down and talk with us. We're pretty good listeners. When confronting community problems, what's critical is that we offer those chairs to anyone and everyone: to those in our inner circle, to those whose perspectives we may consider threatening, and even to those who are not "subject matter experts," but who have personal experiences that can inform the entire problem-solving process. All key stakeholders should have a seat at the table and be free to participate in an open exchange of ideas.

Whether to embrace or ignore innovative, outside-of-the-box thinking is never the question we should be asking. Instead, we should always be focused on the impact that those innovative, outside-of-the-box ideas have on the people we seek to serve on a daily basis. To do that, we need to always keep an open mind, and we need to always be on the lookout for opportunities to learn from one another.

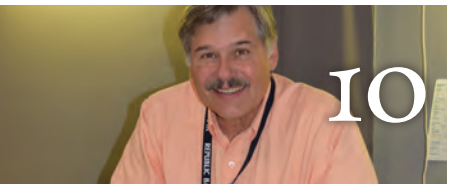
Sincerely,

Ernie L. Scott
Director
Kentucky Office of Rural Health

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

The new U.S. 68/KY 80 Eggners Ferry Bridge, spanning Kentucky Lake at Aurora, Kentucky, opened to traffic in August 2016. Photo by Nancy Sidelinger Herring



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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 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.

"WE'RE THE BRIDGE"

Kentucky's charitable pharmacies provide safety net for vulnerable community members

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

Harold Galley gets his insulin for free from the charitable pharmacy in Elizabethtown — which operates in the Community Health Clinic of Hardin and LaRue Counties.

He spends $170 a month on his other prescriptions at another pharmacy. He says he had insurance for a while, but no longer does.

If he had to pay for the insulin out-of-pocket, he says he wouldn't get any at all.

Galley, who lives in nearby Cecilia, said of the clinic, "It's the only place I can afford to come."

The clinic in Elizabethtown and six other charitable pharmacies like it located across the state — from Angels Community Clinic in Murray to Lexington's Faith Pharmacy — serve as a safety net for residents like Galley: they provide prescriptions, free of charge, to those who lack insurance, are underinsured or who don't have the money to pay for them.

"We're the bridge," said Rebecca Farris-Allen, the executive director of the Community Health Clinic, referring to the organization's mission of serving those who fall between the cracks. The clinic serves five counties: Hardin, LaRue, Breckinridge, Grayson and Meade.

First appearance

Charitable pharmacies — organizations that are licensed by the Kentucky Board of Pharmacy to dispense prescription drugs, free of charge, to those who are unable to afford them — began to spring up in the state in 2000. The first, Faith Pharmacy, appeared in Lexington.

By the end of that year two more pharmacies were established: at St. Nicholas Family Free Clinic in Paducah and at Angels Community Clinic in Murray.

And, by 2006, there were 11 charitable pharmacies operating across the state, either as part of clinics or as standalone facilities.

Today, there are seven pharmacies — all located in either western or central Kentucky. Many have service regions that include rural communities.

Pharmacy clients

Clients at charitable pharmacies are screened and must be approved to receive services.

While eligibility requirements vary by facility, clients generally have to be from the pharmacy's service area and meet specific income, and work or disability requirements. Standalone pharmacies also typically require referrals from physicians.

"We screen diligently to keep people from abusing what we're doing," said Farris-Allen.

Common to most pharmacy clients — who are often facing chronic illnesses like diabetes, heart disease, hypertension and respiratory issues — is a concern about how to pay for their prescriptions.

"We hear time and time again that, before they found us, 'It might have meant I had to pick between my electricity and my heart medication,'" said Tara Leen, the executive director of Faith Community Pharmacy in Florence. The pharmacy, which was previously known as the St. Vincent de Paul Community Pharmacy, serves the 14 counties of the Diocese of Covington. "And now they know they can get that for free. It's a huge weight lifted off of them."

And, while patient numbers at Kentucky's charitable pharmacies have fluctuated due to the Affordable Care Act (ACA) and, after that, the state's Medicaid expansion, they may be on the rise again.

Sara Nell Payne, the director of St. Luke Free Clinic in Hopkinsville, which serves Christian, Trigg and Todd counties, said the clinic's patient numbers "dropped dramatically" but are now "on a slow increase."

Farris-Allen said she sees the same trend at Community Health Clinic.

"Our numbers are going up daily," she said. "A lot of people thought that the ACA would mean that there would be no need for charitable care. But there's always going to be the poor among us."

Securing prescriptions

Charitable pharmacies are able to get their medications in any number of ways: some are purchased from wholesalers and retail pharmacies, some are secured directly free of charge from drug manufacturers through prescription assistance programs, and some are samples that have been donated by doctor's offices.

Faith Community Pharmacy and the Community Health Clinic also partner with Americares, a Stamford, Connecticut-based nonprofit that provides free medicine — generally short dated — and supplies to health care organizations that work with low-income populations.

Leen said her pharmacy tries "to find multiple, different ways to get the product in the door." But, she said, products like insulin, a necessity for diabetic patients, is expensive to purchase outright.

"We cannot afford, we don't have enough funding to purchase the insulin our clients need," she said. "So we're relying on the sample medications from the doctor's offices. And we're working really hard with our health care system to try to find a lower cost solution for some of our clients."

Staffing, volunteers

Most of the state's charitable pharmacies have a limited number of staff members on payroll. Instead, they depend on volunteers to help dispense prescriptions and answer patient questions.

Rebecca Farris-Allen, the executive director of the Community Health Clinic of Hardin and LaRue Counties, and Takishia Johnson, a medical assistant intern, review a patient's chart.

The Community Health Clinic, for instance, has three volunteer pharmacists who staff the pharmacy two days a week. St. Luke Free Clinic has five volunteer pharmacists who come in, when needed, to fill prescriptions.

Larry Hadley, the executive director of the Kentucky Board of Pharmacy and a former long-time volunteer and pharmacist in charge at Mission Frankfort Clinic, said volunteers at charitable pharmacies tend to be motivated by what they get out of the experience.

"We provide something, but we get something," he said. "And these people [volunteers] are people who work all day and then go down there and work into the night — sometimes as late as 11 o'clock at night, depending on how many patients we had.

"Speaking for myself, and, I'm confident for everybody else in this situation, on the days that I was down there, and it didn't matter how tired I was or how bad a day I had had … when I left at the end of the night, I always felt better. I felt refreshed or rejuvenated, or whatever, just having the opportunity to serve."

Added Farris-Allen: "There's a lot of passion here in a lot of people. It's amazing."

Funding difficulties

Like other nonprofits across the state, charitable pharmacies face the primary struggle of finding funding — a mixture of donations, fundraising and grants — to keep the doors open.

The pharmacies do not bill insurance companies and they do not receive government funding.

"We've struggled ever since we opened to keep this place open because funding has always gotten eliminated in one form or fashion," said Farris-Allen. "But, it's a resource that we don't want to lose. It's a critical asset. If you're in need, you want this place to be here as a safety net pharmacy and clinic. So, we fight the good fight."

Added Leen, "We work really hard for all of our funding."

Payne said funding issues make the future of the St. Luke Free Clinic "a little bit murky."

"Keeping funding up is always a problem because we do need those donations," she said. "And quite honestly, some of the older generation are the ones who donated the most and they are getting ill and passing on, and we have to somehow generate that spirit in the younger people."

She added: "But you know, we've been here 25 years. I do believe the community will come through." ■

RANGERS ARE ON FRONT LINES FOR HEALTH CARE NEEDS AT STATE PARKS; HEALTH, SAFETY OF VISITORS TAKE PRIORITY

Rangers in Kentucky's 49 state parks deal with wildlife issues, direct traffic and respond to reported incidents. Guests' health and safety, however, is their priority.

Article by ***Deanna Lee Sherman***

Kentucky's state park rangers might be best known as the first faces that visitors see when they enter a park.

What's probably less known about them is this: Since hospitals and emergency medical technicians (EMTs) are often located miles away from most of the state's 49 parks, it's park rangers — sworn peace officers — who are working on the front lines as medical and health care providers in the parks they patrol. Park rangers are the ones who provide the initial medical care that visitors may require until backup arrives.

"We work alone most of the time and have to rely on our training," said 4th District Supervisor Sgt. Darrell Tomlinson. "Some rangers may have to wait 30 to 45 minutes for any kind of backup or assistance."

Range of medical emergencies

Tomlinson said he has responded to a wide range of medical emergencies in his nearly two decades serving as a ranger in the parks system — from twisted ankles and broken bones caused by falls, to bee stings, snake bites, bad burns sustained from fireworks, overheating and dehydration, car wrecks, drownings, overdoses and even suicides.

"Each day is different," he said. "It can go from a quiet day to who-knows-what in the blink of an eye. It's something different all the time. Obviously you don't want anyone hurt or to be injured — none of them are good — but those that result in death are the worst and thankfully that is a very rare occurrence."

He added that "anything dealing with a child sticks with you."

Park campgrounds and waterways are also closely monitored for possible health hazards, said 3rd District Supervisor Sgt. Brian Brooks, a 10-year veteran of the parks system.

"Rangers enforce the fire bans that they put in place," he said. "Rangers monitor campfires and their size in our campgrounds, as well. Lakes create a different dilemma as our parks don't typically own the lakes that are around them. Rangers patrol the beaches and common areas around the lake looking for unsafe behavior and anything else that may cause someone to inadvertently do something that could endanger themselves or others."

Brooks said the medical situations that rangers respond to are "as varied as our parks." He noted that injuries are common occurrences at parks — with the type and severity of those injuries varying depending on the park's terrain and location.

"Natural Bridge State Resort Park [in Slade, Kentucky] has some of the most rugged terrain found in the state with over 20 miles of trails, high cliff areas and rocky terrain," he said. "Due to the diverse environment of the park and its terrain, guests tend to have more fall-related injuries and ankle injuries."

Control the situation

Rangers are police academy graduates who are re-certified in first aid and CPR every year.

Tomlinson said rangers are required to take 40 hours of additional training each year through the Kentucky Department of Criminal Justice Training, which offers

entry-level and in-service training to the state's law enforcement personnel. Those training sessions can cover topics as varied as basic officer skills, patrol procedures, legal issues, firearms, investigatig sexual assault, crisis intervention and dealing with stress.

In addition, he said rangers complete intra-agency training in first aid, the use of automated external defibrillators and active shooter scenarios.

Brooks said that much of a ranger's health and safety training is park-specific.

For instance, he said that low-angle rescue training — which refers to a rope rescue in which the rescuer descends slopes at angles that are less-than vertical — is often offered only at parks with vast trail systems.

Their training allows rangers to control the situation until medical professionals arrive on scene, Tomlinson said.

4th District Supervisor Sgt. Darrell Tomlinson says every day is different when you're working in a state park. "It can go from a quiet day to who-knows-what in the blink of an eye," he says.

Relationships with other first responders

Most rangers try to maintain a good working relationship with their region's other first responders — police officers, EMTs and firefighters — since they are the ones who rangers depend on when medical emergencies arise.

Brooks said those agencies are vital to the ranger mission of protecting park visitors.

Tomlinson agreed.

"In critical situations that could be life or death, we rely on each other and could be each other's best friend," Tomlinson said. "I like to visit mine (local agencies) at times, we discuss events, or things going on."

He said that it's important that other first responders know the layout of the parks they respond to.

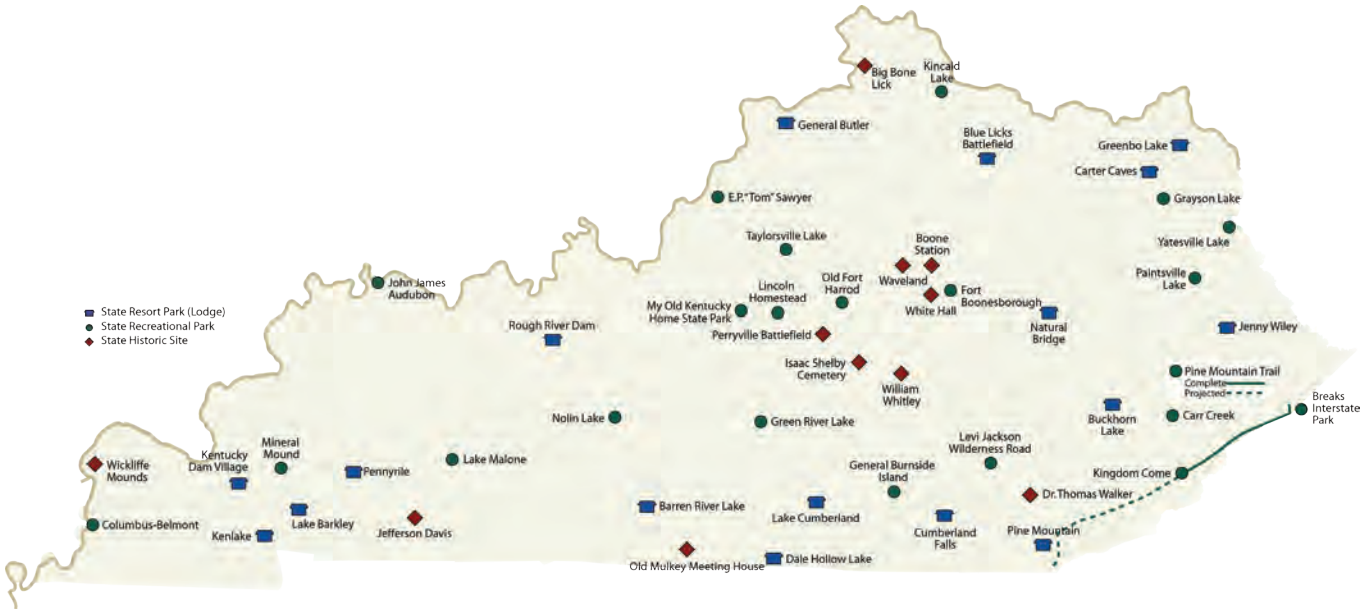
And, Tomlinson said that other area agencies often invite him to their training classes.

He added, "[W]e learn from each other."

Health, safety is top priority

Dealing with wildlife issues, directing traffic and responding to reported incidents are all in a day's work for park rangers. But, it's the health and safety of park guests that take priority, said Capt. Chris Early, the state park system's eastern region commander, overseeing the 5th and 6th districts.

"It's a law enforcement role, just like anywhere else," said Early, who has worked for the parks system for 26 years. "We feel a big responsibility to keep people safe." ■



BAPTIST HEALTH, MADISONVILLE COMMUNITY COLLEGE TEAM UP TO OFFER SIMULATED TRAINING TO ADDITIONAL HEALTH CARE PROVIDERS

Article by ***Craig Dixon, Grants Specialist, Madisonville Community College***

When it first opened in 2015, the high-fidelity simulation lab at Baptist Health Madisonville – a collaborative project between the hospital and nearby Madisonville Community College (MCC) – served as a training facility for the hospital's current staff as well as students enrolled in one of the college's 10 health care-related associate degree programs.

The MCC Interprofessional Simulation Hospital gave current and future health care professionals hands-on clinical experience in a no-risk environment: they could practice skills on lifelike computerized manikins that simulate real-life scenarios, gain experience working in a team setting, and develop and refine their thinking and communication skills.

But soon, thanks to funding from the United States Department of Agriculture's (USDA) Delta Health Care Services Grant program, the lab's use will be opened up to a wider group of health care providers in western Kentucky.

Training manikins

Located in former patient care rooms within Baptist Health's 410-bed hospital in Madisonville, the simulation lab — which was originally funded by the USDA, coupled with a generous gift from the estate of Brown Badgett Sr. — is equipped with the same state-of-the-art medical training manikins used by the U.S. military.

The life-size manikins — two adults that can be configured as either men or women, a child, a newborn and a premature infant — exhibit a pulse, and simulate lung, heart and bowel sounds. Some manikins have dilating pupils, can turn cyanotic, can be injected with fluids, and can be shocked with a defibrillator.

Voice actors — located in a centralized control room in the lab — can be used to enable the manikins to respond verbally to participants.

And, the college's health care faculty members write and conduct the simulation scenarios — which range in severity from basic patient care and monitoring, to complicated birth scenarios and even life-threatening "code" situations. The simulations are recorded for later playback.

"The debriefing is where the real learning takes place," said David Schuermer, the college's director of grants, planning and effectiveness.

Loretta Elder, a nursing program faculty member who also sits on Baptist Health's Professional Development Council, said the simulation training has tangible benefits for students and working professionals alike.

"The ability to practice 'high risk, low volume' events in a safe environment is key to improving participants' clinical judgment and improving patient outcomes in a live situation," she said.

Elder's doctoral thesis — "Simulation: A Tool to Assist Nursing Professional Development Practitioners to Help Nurses to Better Recognize Early Signs of Clinical Deterioration of Patients" — examined the simulation program. Her research was later published in the Journal for Nurses in Professional Development.

Opportunities for others

A recent follow-up grant awarded this year by the USDA will allow the college and hospital to make the simulation training available to all Coalfield Regional Healthcare Network members — including staff at a critical access hospital, two federally qualified health centers, a county health department, a behavioral health provider, and the West Area Health Education Center (AHEC) — over the next two years.

College officials are also beginning to experiment with taking the manikins and equipment directly to employers for on-site training.

Earlier in the year, faculty members conducted on-site training for mine emergency technicians at the River View Coal Mine in Union County and for school nurses in the Hopkins County School system.

In addition, conversations are already underway about training area first responders who are on the front lines of the fight against the growing opioid epidemic.

Funding through the college's Office of Workforce Solutions is available to offset as much as 60 percent of the training cost of simulation sessions.

Recruitment and retention benefits

Research shows that access to high-fidelity simulation training can aid the recruitment and retention of health care professionals in rural areas like western Kentucky, where most of the counties are designated as Health Professional Shortage Areas.

"Often, students we train locally think they will have better professional opportunities by relocating to Evansville, Nashville, Louisville or Lexington, but this [simulation lab] shows them that we can provide great opportunities right here at home," said Martha Pleasant, director of the West AHEC.

Seeking accreditation

College staff are currently seeking accreditation for the simulation program through the Society for Simulation in Healthcare (SSH), a nonprofit organization committed to furthering and supporting the science of health care simulation. There are currently 123 SSH-accredited programs in the U.S.

As part of that process, a delegation from Madisonville recently traveled to the Health Sciences Simulation Center at Nashville's Belmont University, which houses the nearest SSH-accredited simulation program.

Should the college's efforts succeed, the program would be the only accredited program in Kentucky as well as the only accredited program in the eight-state, 252-county Delta Region that the USDA grant targets. ■

NORTHEAST KENTUCKY AHEC WINS CENTER OF EXCELLENCE AWARD

The Northeast Kentucky Area Health Education Center (NE KY AHEC) was awarded the Center of Excellence for Distribution Award at the National AHEC Organization's biennial conference held July 8-11 in Arlington, Virginia.

The award recognizes an AHEC program that is improving health care workforce distribution throughout the country, particularly among rural and underserved areas and populations.

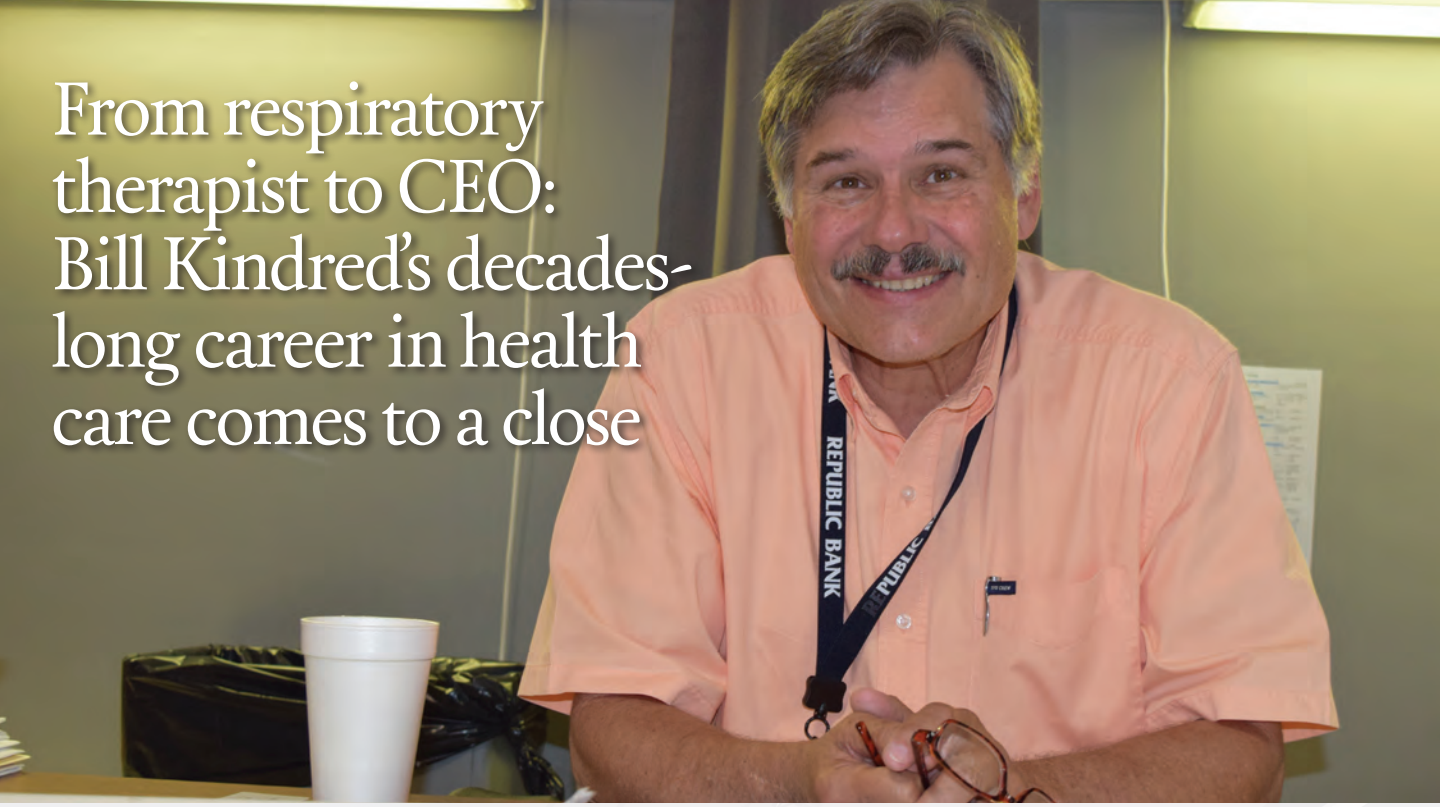
The NE KY AHEC was nominated for its Successfully Training and Educating Pre-medical Students (STEPS) program, which, since its establishment in 2013, has attempted to level the playing field for local students interested in applying to medical school.

The STEPS program helps northeast Kentucky students overcome key barriers to entering the medical profession — inadequate academic preparation, limited exposure to health care occupations, low self-confidence and financial struggles — by providing participants with Medical College Admission Test preparatory courses and mock interviews, tutorials for completing the application process and writing personal statements, opportunities for physician shadowing and other activities.

Since 2013, three cohorts of students have completed the STEPS program and the subsequent medical school application/interview/matriculation cycle. Of the 25 students who met all program requirements, 22 matriculated to a medical school.

The NE KY AHEC recently entered into a two-year contract with the Kentucky Primary Care Office to replicate parts of the STEPS program at other AHEC locations.

From respiratory therapist to CEO: Bill Kindred's decades-long career in health care comes to a close



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

When he was a child, Bill Kindred wanted to be a fighter pilot.

He didn't have the eyesight for it, it turns out.

He never dreamed, however, of a career in the health care industry.

And yet, that's what he's been doing for more than four decades — in positions ranging from entry-level respiratory therapist to hospital human resources director. And hospital CEO. Twice.

It's a career that ended in June when he retired as CEO at Russell County Hospital in Russell Springs.

"Health care's been very, very good to me," Kindred says. "And I wouldn't change a thing if I had it to do over."

'You'd make a great respiratory therapist'

Kindred's career in the health care field could just as easily have never begun.

The Pinckney, Michigan, native was an undergraduate at Eastern Michigan University, attending college on a track and field scholarship, when, after two years of classes, he dropped out and found a job. He didn't think college was for him.

The mother of a friend just happened to be the secretary in the respiratory therapy department at the University of Michigan Hospital (now known as the University of Michigan Medical Center). Kindred says that she told him, "Bill, I think you'd make a great respiratory therapist."

He confessed to her, "Well, I don't even know what that is."

So, she invited him to come to the department for a day to "hang out and see what you think," he recalls.

He did.

"I was really intrigued," he says. "I thought, 'What a great thing to get paid to help people.'"

Kindred says he must have impressed the department's director during that visit since he was hired as an on-the-job trainee.

Soon after, he applied for and was accepted into the two-year program in respiratory therapy at nearby Washtenaw Community College. And, in 1976, he started working full time as a respiratory therapist at U-M's hospital.

'I think I can do more'

Over the next 20 years, Kindred held supervisory positions in respiratory therapy departments at Atlanta West Hospital, the University of Kentucky's Albert B. Chandler Hospital and the Medical Center at Bowling Green.

While working in Bowling Green in the mid-1980s, Kindred — who at the time was married to his wife Teresa, had three kids, and was commuting from Edmonton in Metcalfe County to work each day — says he decided, "I think I can do more." He had his eyes set on becoming a hospital administrator.

He worked the night shift at the Medical Center for three years while attending a full load of day classes at Western Kentucky University in order to earn an undergraduate degree in Healthcare Administration.

And, since he knew that an advanced degree was a

prerequisite for hospital administrators and hospital CEOs, he decided to earn one.

Kindred noticed that John Desmarais, the Medical Center's longtime president and CEO, had earned a master's degree in Health Administration from the Medical College of Virginia. So, Kindred applied to the college and was accepted into its Executive Program, a two-year program which made it possible for working professionals in the health care industry to pursue an advanced degree without interrupting their careers.

And, in his last year of the Executive Program, Kindred was appointed as an administrative resident at the Medical Center.

In 1990, he accepted a position at Glasgow-based T.J. Samson Community Hospital as the facility's director of human resources — his first administrative job, and a job that didn't even exist at the hospital before he was hired. His role eventually morphed into a chief operating officer-like position.

It was, he says, "a good place to start."

When T.J. Samson CEO Glenn Joiner retired in 1998, Kindred applied for the job. He was a finalist, but he didn't get it. Instead, Dwayne Moss, who had previously served as a hospital CEO in Greenville, Alabama, was hired for the top job.

"I was kind of down on my luck and kind of sad," Kindred says. "But my wife in her infinite wisdom said, 'When God closes one door, he opens another.' And it turned out to be true. In hindsight, I wasn't ready for the job."

Kindred remained at T.J. Samson and during Moss's tenure became the chief of support services — in charge of the hospital's non-clinical departments. He was eventually appointed the chief of patient care services, which included — in addition to his current responsibilities — supervising the facility's nursing and clinical areas.

When Moss died unexpectedly in 2007, Kindred was appointed interim CEO. A month later he was named CEO. And, he remained in that role until an early retirement in 2014.

"When you spend [nearly] 24 years somewhere, that's a big part, that's half of my career," Kindred says. "[The] Medical Center gave me opportunities when I went to grad school. Mr. Desmarais gave me an opportunity as an administrative resident. Glenn Joiner at T.J. actually gave me my first administrative job and gave me the opportunity to show what capabilities I might have and if I could help the organization."

The leadership at T.J. Samson had faith in him, Kindred says.

"They had the wisdom to know when I wasn't ready to be CEO," he says. "And it sounds like I'm bragging, but I'm not. Don't take it that way. They had the confidence to make me CEO when they felt the time was right and I think we did a lot of good things there. They gave me the chance to grow and shine and it's been a very fulfilling career."

He adds, T.J. Samson "has a special place in my heart."

"It's a good place"

When he left T.J. Samson, Kindred did what any recently retired hospital CEO would do — he went to work on his family's blueberry farm.

The 60-acre farm, located in Edmonton, just off the parkway, has been in his wife's family for more than 150 years. Ten acres of the farm are devoted to growing blueberries which are sold under the label "Bellview Blueberries."

In late fall 2014, less than a year after he stepped down from T.J. Samson, Kindred's cellphone rang. He was in the blueberry field mowing for probably the last time for the year. He says he didn't recognize the number, so he turned off the mower and answered the call.

"This is Jerry Westerfield. Would you want to be our CEO?" Kindred recalls hearing.

"He didn't say, 'hi," Kindred says, while smiling. He thought it was a prank call.

"I said, 'Who is this?'"

The caller, it turns out, was Jerry Westerfield, a radiologist at nearby Russell County Hospital, a 25-bed critical access hospital. And, Kindred remembers him saying, "I've already arranged a meeting with the chairman of the board tomorrow to meet you."

Over the years, the hospital had been managed by a number of systems. They were looking to become independent again. And, they needed a CEO.

Kindred says when he was considering the possibility of leaving the retired life to run a hospital again, he relied on his dad's wisdom — "No matter what you're doing, if an opportunity comes your way, always take a look at it before you turn it down."

It also didn't hurt that the timing was good — there's not much to do on the farm in the winter, Kindred says.

So, he interviewed for the position, was offered it, and accepted.

And, he says he warned board members that his time at the hospital might be limited.

"I said, 'You know, I'm getting older,'" Kindred says.

"'I promise I'll stay here three years. I'll give you three years. But after that, I don't know.'"

He ended up staying at the hospital for three years and three months. He stepped down in June.

"It's a special group of people here [at Russell County]. I'm going to miss them," he says. "When I came here, I really wasn't looking for a job. I met the board, interviewed with them, and it went well. But I came and interviewed with the directors, with the staff. I walked around and met everybody. And that's what made me come here — just the attitude and the frame of mind that everybody had.

"It's a good place."

'The Pavilion was special'

Kindred says that one of his greatest achievements across his career was overseeing the construction of the T.J. Health Pavilion — a $30 million transformation of a vacant Walmart in Glasgow into a state-of-the-art outpatient facility that houses specialized care in cardiology, hematology/oncology, internal medicine, kidney care, obstetrics and gynecology, pain management, primary care, surgery and urology.

The Pavilion — which opened in May 2013 — also includes physicians' offices, an urgent care office, and a community center for health education and community use.

"The Pavilion was special," Kindred says.

He says the facility filled a void and made it easier for patients to receive care.

"[H]ealth care has really done a 180 over the last 40 years," he says. "And when I started in health care, the largest part of what we did was inpatient care. And today, it's the exact opposite, it's outpatient care. Probably 80 percent outpatient, 20 percent inpatient.

"And the hospital (T.J. Samson) was not designed to care for people on an outpatient basis. It was very fragmented. Flow was poor. It just wasn't made for that."

In addition, Kindred says that The Pavilion — which "is as nice as any facility that you'd find in the Commonwealth," he says — helped the community economically. He says that a shopping center that had only two or three stores remaining ("because when Walmart leaves, the traffic leaves and everything kind of dries up") is now flourishing.

"Every space is full of businesses," he says. "And it's thriving. … It kind of reinvigorated that part of the town."

But, Kindred says he may be most proud of the role that he's played in mentoring future hospital administrators and helping them to advance their careers. He likens the mentor-mentee relationship to the connection that develops between a parent and a child.

"You want them to do well and to be successful," he says. "That's what you hope for the people you mentor as you move along in your career. And I get a lot of satisfaction [in their success] and hopefully I've positively influenced and effected others' careers."

Kindred says that mentoring administrators-to-be is all about giving people responsibility and "[m]aking them not afraid to fail."

"You've got to convince people, if you do things in good faith, for the right reason, we're all going to fail somewhere along the line and we're going to make bad decisions," he says. "At the time we think they're good decisions, but they don't work out to be. … I would never criticize someone for making a decision if I thought they did it in good faith. So I think that's important. Otherwise what you're going to get is someone that's going to sit on their hands and be afraid to take risks and be afraid to be visionary and look forward to other things."

He says, of course, that leaders have to do their homework and make the best decision possible.

"But when the day's done, we're all going to fail — somewhere along the line," Kindred says. "Learn from it. Try not to repeat the same mistakes. But give them [mentees] the courage to be innovative and to not be afraid to do things that they think will improve health care."

Lessons learned

Kindred says that the most important thing he's learned over the last 40 years working in the health care field is the importance of patients. And staff.

"If you take care of your patients and the people that care for your patients, everything else will take care of itself," Kindred says. "Now that's simplifying it. But if you don't do that, it's very difficult to be successful in health care and do what you should be doing.

"Patients are very perceptive. If your staff is not happy, they know it. It's translated into the care that they give their patients. So, patients first. Right behind them, I'd say 'first-and-a-half' maybe, is making sure that you take good care of your staff and do right by them. Give them the tools that they need to do their job. Give them the support they need to do their job." ■

EPHRAIM MCDOWELL'S KIDS CAN DO DAY CAMPS SUPPORT CHILDREN WITH SPECIAL NEEDS

Article by ***Vanessa Welty, Camp Director, Kids Can Do Pediatric Therapy Center***

For nearly a decade, Ephraim McDowell's Kids Can Do Pediatric Therapy Center has been working to meet the summertime needs of children with special needs.

The staff at Kids Can Do, an interdisciplinary, outpatient clinic located in Danville that provides physical, occupational and speech therapy services for children from birth to age 21, recognized years ago that children with special needs who lived in surrounding counties had limited access to summer camps and activities that were tailored specifically to them.

So, Camp Can Do — a half-day summer camp for children with special needs — was born.

The camp, which is offered each year at the end of June, includes traditional activities like hiking, boating, fishing, swimming, crafts and games. All campers are paired with their own volunteer, and activities are modified and adapted to ensure that each camper is successful.

Three additional camps have been added since then, including two that are new this summer.

Camp Healthy Kids launched in 2017 after Kids Can Do staff members observed a year-after-year increase in the number of referrals their center was receiving for children with feeding aversions, severely limited diets or poor feeding skills. The day camp's programming focuses on food education, exposure, interaction and preparation in a group setting. Campers learn how to safely try new foods, and parents learn how to expand their child's diet.

The camp — which runs in early July — also encourages physical activity and healthy habits.

New in 2018 are the Kids Can Bike Camp and the School Prep Camp.

The Kids Can Bike Camp, offered in mid-June, is designed to teach children with special needs both how to ride a bike and biking safety. The camp provides opportunities for children with special needs to get involved with physical activities and promotes improved health, well-being and self-esteem.

An additional goal of the camp is to reverse the trend of children spending their time indoors engaged in sedentary activities. Staff members hope that once camp participants learn how to ride bikes, they will continue that activity throughout their life.

The School Prep Camp, which runs at the end of July, is a half-day camp that seeks to promote the social, emotional, language, cognitive and interpersonal skills that children need to be successful in a school environment. Campers engage in play, arts and crafts, and school-related activities and routines.

The camp is intended for children entering into the school environment for the first time — those about to enter either preschool or kindergarten.

In addition to providing fun, safe and enjoyable activities for children with special needs, the camps — which are funded by the Ephraim McDowell Health Care Foundation and which each last for four days at Camp Horsin' Around in Perryville — also provide experience, growth and skill acquisition in the areas of fine and gross motor skills, social skills, language and communication, feeding, and overall health and well-being. ■

THREE KENTUCKY ORGANIZATIONS AWARDED OUTREACH GRANTS

Article by ***Kevin Fleming, Rural Project Manager, Kentucky Office of Rural Health***

Three Kentucky organizations have been awarded a Rural Health Care Services Outreach Program grant for 2018 from the Health Resources and Services Administration's Federal Office of Rural Health Policy.

The federal grant — which was presented to 60 rural communities — supports projects that focus on the improvement of access to services, strategies for adapting changes in the health care environment, and the overall enrichment of a community's health. The grant program requires collaboration between three or more local providers of health or social services.

Funding from the grant can be used to meet a broad range of health care needs — from health promotion and disease prevention to expanding oral and mental health services to case management for rural HIV patients.

Kentucky's three recipients are:

Lake Cumberland District Health Department — Heart4Change Project
To achieve the goal of reducing morbidity and mortality rates related to cardiovascular disease in rural Casey and Cumberland counties, the Lake Cumberland District Health Department (LCDHD) is partnering with Centerpoint Church of the Nazarene, Dunnville Christian Church, Marshall University, the Casey County Extension Office, the Cumberland County Extension Office, and the American Heart Association-Green River Affiliate to form the Heart4Change consortium.

The project — which targets congregation members at two churches and other residents in the surrounding communities — will attempt to reduce participants' cardiovascular risk factors through blood pressure monitoring, blood pressure control education, and other education and activities.

"Improving population health statistics often means changing a community's culture so that it embraces concepts of healthier living," said LCDHD director Shawn Crabtree. "With limited human and financial resources at its disposal, how does public health deepen its reach into communities? The Heart4Change Project could be the answer."

Crabtree said the project focuses on something the "Bible Belt" is well known for: community churches.

"This project endeavors to create partnerships between public health and local churches so that community congregations can focus not only on spiritual, but also on physical health," he said.

Mountain Comprehensive Care Center — Carter County HomePlace Clinic
Mountain Comprehensive Care Center (MCCC) will expand the reach of its Healthcare for the Homeless clinics into Carter County, creating the Carter County HomePlace Clinic. The clinic will offer integrated preventative and primary medical and behavioral health care, case management, and enabling services to ensure a holistic service system for homeless and very low-income community members.

"MCCC is excited to extend the reach of our Healthcare for the Homeless program to Carter County, Kentucky," said program director Rachel Willoughby. "After reviewing data and soliciting feedback from our Consumer Advisory Council, it was clear that Carter County was an area we wanted to serve. Carter County HomePlace Clinic will improve access to and use of comprehensive integrated quality health care for the homeless and very low-income patients in Carter County."

MCCC will partner with PrimaryPlus, a federally qualified health center with offices in neighboring Boyd and Lewis counties, and the Carter County Health Department to provide medical services and dental care outside the scope of the Carter County HomePlace Clinic.

Pennyroyal Healthcare Services, Inc. — 4HeartsSake Program
Residents in Caldwell, Christian and Lyon counties will soon benefit from services provided through the 4HeartsSake Program.

The program — whose partners include Pennyroyal Healthcare Services-Community Medical Clinic, the Pennyroyal Center-Regional Prevention Center, the Pennyrile District Health Department, the Christian County Health Department, the Kentucky Cancer Program, the American Cancer Society-North Central Region, and the American Heart Association — seeks to improve the culture of "heart health" in the Pennyroyal Region by recognizing and addressing cardiovascular disease risk factors such as hypertension, obesity, diabetes and tobacco use.

Program partners will execute a comprehensive, coordinated project to enhance access to and delivery of prevention, screening and treatment services for improving cardiovascular health across the three counties.

The program will address obesity, diabetes, physical activity, nutrition and cancer screening, as well as tobacco use prevention and cessation. The goal of the program is to shift participants' attitudes through education and tools to empower residents to take charge of their own health. ■

"Operation Bobcat" brings free medical care to Eastern Kentucky communities

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

More than 2,600 residents received free medical care June 15-24 at temporary clinic sites in Breathitt, Estill, Lee and Owsley counties as part of "Operation Bobcat," a joint effort of the Air National Guard and the U.S. Navy Reserve.

Visitors to the four clinics — located at Breathitt County High School in Jackson, Estill County High School in Irvine, Lee County High School in Beattyville, and Owsley County High School in Booneville — received services ranging from medical screenings to dental cleanings and extractions to eye exams. Prescriptions for single-vision eyeglasses were also filled by the U.S. Navy's mobile optical lab.

During the 10 days of service, the visiting doctors, dentists, optometrists and medics performed 11,275 procedures and distributed 1,457 pairs of prescription eyeglasses, totaling more than 13,000 training hours.

The services, offered on a first come, first served basis, amounted to more than $1 million in value.

Lt. Col. Amy Mundell, a medical administrative officer in the Kentucky Air Guard's 123rd Medical Group and the mission's officer in charge, said Operation Bobcat — which was supported by the U.S. Department of Defense's Innovative Readiness Training (IRT) program, the Kentucky Department for Local Government and the communities and school boards in the four counties served — benefited both the military and the local public.

First, the clinics provided the military's medical staff with an opportunity to train — to mimic what happens when the military is deployed to a remote location during a time of crisis or disaster and must set up clinics, she said.

In addition, Mundell said the clinics offered "a unique opportunity to serve a community that's in need."

She said that IRT-sponsored operations — like what occurred in Eastern Kentucky — are a win-win for both the military and the communities being assisted.

"[W]e get deployment-like training and we also get to go in and help a community," Mundell said.

The state's county health departments also played a role in Operation Bobcat.

Vivian Smith, the county coordinator of the health departments in Lee and Owsley counties, said the department's staff was involved in initial planning discussions about the clinics, and also assisted in both promoting the clinics and hosting a resource table at the two clinic sites.

Smith said that she even received treatment at a clinic site as a patient — she had her eyes examined and was issued a pair of new eyeglasses.

"Everyone in both communities have been very positive about it, very appreciative of them coming in and doing this for this area," Smith said.

Mundell said she heard many stories about how the services provided by military personnel helped to change people's lives — from having painful teeth removed to getting a new pair of eyeglasses for the first time in years. ■

Summer 2018

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

For additional information, questions or comments contact:

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

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

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