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# Kentucky

## *Rural Health Update*

## Rural Health Matters

Submitted by Dr. Brent Wright, President

In September, I was honored to become President of the Kentucky Rural Health Association. When delivering remarks at our annual meeting, I made the statement that, “Rural Health Matters”. This simple statement, only three words, elicited applause from the audience. This was humbling in that the truth resonates. All of us who work within Rural Health understand the importance of what it means to work within this area. When we achieve results in rural healthcare delivery, it is not just healthcare. The work we do promotes healthy communities, healthy families, economic development, and health education for future members of our rural workforce.

Kentucky is a state with challenges. But along with those challenges we have to understand the promise of being a resilient state. Our success in the coming years will

only be measured by how well we work together as a team. Gone are the days of individual accomplishment. Success going forward will be noted by the ability to align, collaborate, and deliver results in a complex environment.

The Kentucky Rural Health Association has members from all areas of healthcare delivery, public health, advocacy, and education. We realize that our strength will be bringing together the multiple stakeholders in healthcare, economic development, and education to set our Commonwealth on a pathway to prosperity. This year we are reaching out to other organizations across the state to align interests in delivering the promise of improved healthcare throughout the state.

If you believe personally that rural health matters, please join us in transforming health in the



Commonwealth. Become a member of the KRHA by going to [www.kyrha.org](http://www.kyrha.org). We need your commitment, your voice, and your ideas in the days, weeks, and years ahead.

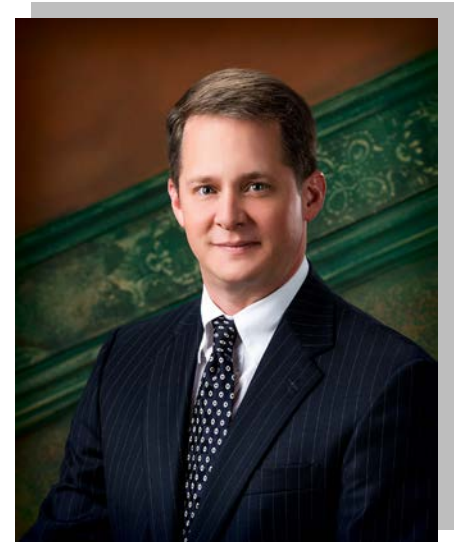


Photo Courtesy of Kentucky Medical Association

# Bowling Green and the South Central AHEC: It's the Place to Be!

Submitted by Lucy Juett, South Central AHEC

Medical education is something most of us take for granted. We know students who want to be physicians must go to medical school but beyond that the general public knows very little about medical education. Medical education, like all clinical health related educational programs, involves both didactic and clinical training. But did you know current health professionals like doctors, dentists, pharmacists, nurses, etc. provide much of the clinical education for students in training? These people are called preceptors or community faculty and they agree to train students because they enjoy teaching and students challenge them to explain their practice protocols. They also agree to teach students because this is how they were taught and it is one way they can give back to their profession.

Nationwide, we are in the process of expanding enrollment in our medical schools by 30%. In Kentucky, all three medical schools

have expanded their enrollments. The KY College of Osteopathic Medicine started with 60 students in 1997 and now has 135 students. The University of Kentucky College of Medicine increased their enrollment from 113 to 136, and the University of Louisville School of Medicine increased their enrollment from 149 to 160 in the current class. Kentucky has more than doubled enrollment in all three medical schools since 1997.

The increase in enrollment in medical schools in KY has also increased the demand for community faculty across the state to provide much of the clinical education required by medical students. It is impossible for UK, UofL, or UPIKE to train their medical students without using community faculty throughout the Commonwealth.

Many communities and community faculty have embraced this need for clinical training, but none more than the Medical Center at Bowling Green and the

numerous physicians in Bowling Green and the surrounding communities. The leadership of The Medical Center at Bowling Green understands the importance of training medical students and the positive impact this can have for their future physician recruitment efforts.

Because of the leadership of The Medical Center at Bowling Green, there are three new initiatives related to medical education. Each of these initiatives includes partnerships with one of the medical schools and the AHEC.

## University of Kentucky Western Kentucky Initiative (UK-WKI)

The University of Kentucky received a HRSA grant to implement the UK-WKI in Bowling Green. This initiative is targeted to UK medical students who are from Bowling Green and who would be interested in returning for 5 consecutive clinical rotations. These rotations include out-patient pediatrics, OB/GYN, family medicine, neurology, and psychiatry. Since these students are

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# 2015 KRHA Annual Conference

**SAVE THE DATE**

**DATE:**  
SEPTEMBER 17-  
18, 2015

**LOCATION:**  
KINCELY  
CENTER,  
BOWLING  
GREEN, KY

# Remember, Remember the Third Thursday in November

Submitted by Chris Salyers

In Kentucky over 1.8 million people call a rural community home, that's nearly 42% of our total state population. Additionally, statistics show us that health care needs in rural areas are vastly different than those in more urbanized areas. To better address the needs of rural populations, there are a number of national and state initiatives aimed at highlighting rural health.

In 2011 the National Organization of State Offices of Rural Health (NOSORH) began a nation-wide initiative to not only draw attention to the unique health care challenges facing rural residents but to celebrate those who live, work, and thrive in rural America. They set aside the third Thursday of every November as National Rural Health Day, selecting the tagline "*Celebrate the Power of Rural.*"

Their aim was simple and yet complex – celebrate and honor the “selfless, community-minded, ‘can do’ spirit that prevails in rural America” while bringing the unique health care struggles of rural citizens to the forefront of the local, state, and national agenda. In order to complete this task, NOSORH enlisted the assistance of their membership – the 50 State Offices of Rural Health (SORH) across the country.

## **2014 Kentucky Rural Health Day**

Since 2011, the Governor of Kentucky has proclaimed Kentucky Rural Health Day each year on the same day as National Rural Health Day. In his proclamation, the Governor identifies the importance of health care professionals in rural areas and celebrates rural communities all across the



Commonwealth. This recognition on the importance of rural health in Kentucky is something that all individuals working in rural health across the Commonwealth should be proud of. This year was no exception, as Governor Steve Beshear signed a proclamation identifying November 20, 2014 as Kentucky Rural Health Day.

For the month leading up to National Rural Health Day, the KORH partnered with the UK Center of Excellence in Rural Health (UK CERH) and the Kentucky Rural Health Association (KRHA) to engage in the celebration of rural Kentucky. The 2014 Kentucky Rural Health Day Photo Contest was themed “Bridges to Rural Health” and received over 50 submissions from all corners of the state. Voting was conducted through the KORH Facebook page, and the top four photos were sent to judges who represented the three sponsoring organizations. We were honored this year to have the KORH project officer from HRSA, Sarah Young, join us as a judge.

On November 20<sup>th</sup> the KORH joined with the UK CERH and the UK Center for Clinical and Translational Science (UK CCTS) in the graduation of the inaugural class of the Community Leadership Institute of Kentucky (CLIK). The graduates presented the crowd with their projects, aimed at reducing health disparities of rural Kentuckians, which will be funded by grants of \$1,500 from the UK CCTS. Projects and participants were selected based on their

location in Appalachian Regional Commission (ARC)-designated counties, spanning from Floyd County to Hart County. We are excited to see the results of these community-level projects and the future ability to replicate their successes across the state.

## **Making a National Rural Health Day Impact in Kentucky**

So why is National Rural Health Day so important to Kentucky? National Rural Health Day should be a day that we, the daily supporters of rural health, band together as a single voice and promote the amazing contributions of each and every rural health organization in Kentucky. That is why the KORH is asking individuals and organizations from across Kentucky to help in planning activities for the 2015 National Rural Health Day. Whether you're a clinic administrator who wants to put out a box of cookies in your break room, or you're a CEO who wants to bend the ear of a policy maker – there is room for collaboration.

Beginning in the spring of 2015, the KORH will hold conference calls with anyone interested in hosting or participating in a National Rural Health Day activity. The goal of these calls will be to allow participants to discuss potential activities, coordinate those activities on a local, regional, or state-wide level, and identify resources at the state and national level to assist with implementation. If you're interested in joining the calls, or have ideas for activities that we can plan, please contact the Kentucky Office of Rural Health by emailing Chris Salyers at [chris.salyers@uky.edu](mailto:chris.salyers@uky.edu) or call (606) 439-3557.

# Executive Director's Report

Submitted by Tina McCormick



It is definitely a busy time for your Executive Director. Members of the Kentucky Rural Health Association can expect to see some changes in your association. We are becoming even more active in the issues that relate to Rural Kentuckians. I'm also actively working on the NHSC activities through a contract that KRHA was granted that started in July. This contract will continue through March 2015. You will see me throughout the state promoting NHSC with primary focus in Western and South Central Kentucky. We have also contracted with the American Heart Association to support the Smoke Free Legislation.

I just attended and exhibited at the KAPA (Kentucky Academy of Physicians Assistants) conference in Lexington. I was able to promote the association, NHSC and Smoke free Kentucky. Our presence is being felt. I was able to obtain at least 25 new students for the association, what a way to increase our student chapter? I also

am attending the KACo conference this week to promote the association, as well as "talk the talk" about Smoke Free and NHSC. I was not able to obtain exhibit space, but am able to network to promote KRHA.

In December Kentucky Rural Health Association co-sponsored the Office of Health Policy Stakeholder Summit in Frankfort. It is an exciting and growing time for us as we continue to work on developing partnerships throughout the state. I am daily looking for ways to obtain new sponsorships, memberships, and involvements. I have been able to reach out as I am working on the activities with NHSC and Smoke Free Kentucky to introduce the Kentucky Rural Health Association.

We are still working on obtaining 501c3 status for the association, which allow us to apply for additional grant funding. We have been able to setup credit card transaction capability for our members as well, which allows

membership and registration fees to be paid online. The conference committee is busy working on the 2015 conference details. You will be hearing details soon. Ernie Scott is chair of that committee.

I continue to look for ways to move us forward. If you have any suggestions for ways that I can increase that effort, please let me know. Also, if any of you hear of an activity that I should be involved in or attending, please let me know and I will be sure KRHA is represented.

Please let me know anytime if you need any assistance.

As always, please feel free to contact me if you need assistance. You can reach me by phone (270) 577-1707 or email: [krha@twc.com](mailto:krha@twc.com)

## National Health Service Corps Update

Submitted by Tina McCormick

Wow, can you believe that 2014 is practically over? During the recent election process, I heard a lot of discussion about student loans. Kentucky Rural Health Association if working with the National Health Service Corp to promote their Student Loan Repayment and Scholarship Programs. What better way can individuals needing assistance with loans or scholarships than with the National Health Service Corp

program?

And how do Rural Kentuckians benefit from this program? It's simple; we get to have those providers in our rural areas providing services. My hope is that once the individual works at a rural location for the time specified by the scholarship or loan repayment program that they will be grounded there and make it their home. We win!

Please share the

information below to promote these programs to the individuals that could benefit from them.

The Kentucky Rural Health Association has contracted with CHS DPH Resource Management Branch to provide educational information individually, group settings and well as other modes educating regarding NHSC. You will see me presenting at some of the sites and schools. If you would like to

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from Bowling Green, the need for housing is eliminated. The students participating in this initiative are also required to participate in a community project. This past year UK-WKI students selected the topic of obesity and physical activity, and the AHEC was able to connect them with Dr. Gretchen Macy in the WKU Department of Public Health. Dr. Macy and her colleagues are involved in a research project called the Barren River Initiative to Get Healthy Together (BRIGHT) which was an outcome of the Barren River District Health Department's on going community needs assessment. This research project utilizes an experimental design and also includes implementation of the 5-2-1-0 educational program. The goals of the BRIGHT Project include:

- Measure Obesity levels among elementary students in kindergarten through fifth grade.
- Reduce obesity by promoting healthy habits among elementary students.

In addition to Bowling Green, the UK-WKI is also being implemented in Owensboro and Paducah.

**University of Pikeville Kentucky College of Osteopathic Medicine (KYCOM)**

Osteopathic medical schools use a clinical hub model for training their medical students. The first two years of medical education is conducted in Pikeville and is similar to the first two years of medical school at UK or UofL. However, KYCOM students move to a clinical hub site for their third year of medical school. These clinical hub sites can vary in size but the theory is the students will stay together as a group and will do all of their required third year clinical rotations in one area. This requires a tremendous amount of coordination, cooperation, and partnerships to

make this a reality. The Medical Center at Bowling Green entered into an agreement with KYCOM to develop a clinical hub site for 20 third year medical students beginning August 1, 2014. This means a total of 240 clinical rotations for these 20 medical students over the next 12 months. In addition to the clinical rotations, The Medical Center at Bowling Green has also developed a journal club and included the students in grand round presentations for a more comprehensive medical education experience.

**The Medical Center at Bowling Green Osteopathic Internal Medicine Residency Program**

Although medical school enrollments have increased substantially over the last 15 years, residency programs have not kept up in terms of new programs being developed or existing programs expanding. The result is a huge need to increase residency programs. The reality is, medical students need to complete a residency program before they will be given hospital privileges and allowed to function as a physician. The Medical Center at Bowling Green is in the process of developing an Osteopathic Internal Medicine residency program which will accept the first group of residents on July 1, 2015.

Currently, osteopathic medical school graduates are allowed to enter allopathic residency programs but allopathic medical school graduates can only attend allopathic residency programs. The Accreditation Council for Graduate Medical Education (ACGME), which accredits allopathic residency programs, and the American Association of Colleges of Osteopathic Medicine (AACOM), which accredits osteopathic residency programs, announced last February an agreement to merge the accreditation process for graduate medical education. When fully implemented by July 2020, medical

students will be able to apply to either type of residency program and this will enhance the capacity for graduate medical education.

**Moving Forward**

Health care is in a state of change and the same is true for medical education. These new initiatives in Bowling Green are exciting and also challenging. The most difficult rotations to schedule are family medicine and pediatrics; both of these primary care rotations are required for all medical students, physician assistant students and many doctorate of nursing practice (nurse practitioner) students. And like medical school enrollments, enrollments in the physician assistant and nurse practitioner programs have also increased. The need for more community faculty preceptors continues to increase to meet the demand for all of the required clinical rotations for students.

Leadership, vision and partnerships are critical to the success of any new initiative. The Medical Center at Bowling Green has provided the leadership and vision. The partnerships include all of the physicians who have accepted the challenge to train medical students in addition to their other patient care responsibilities. The South Central AHEC is also a valuable partner in all of these projects. Since these projects are less than a year old it is too soon to determine the impact, but the ultimate goal is to provide excellent training for medical students and residents in Bowling Green and ultimately recruit some of these students to remain in south central Kentucky and establish their medical practices here. Time will tell how successful these investments will be.

*For more information on activities occurring in the South Central AHEC region, contact Lucy Juett at [lucy.juett@wku.edu](mailto:lucy.juett@wku.edu).*

# Governor's National Association Health Care Workforce Policy Academy

Kentucky In-State Meeting Stakeholder's Summit, December 2<sup>nd</sup>, 2014

“Building A Transformed Health Workforce: Moving From Planning to Implementation”

Kentucky Rural Health Association was proud to be involved in the recent stakeholder summit held at the Kentucky History Museum in Frankfort Kentucky. There were over 100 in attendance at the summit which was addressing the healthcare workforce issues in Kentucky. We were part of a group of stakeholders that truly care about creating a plan to move Kentucky forward by developing specific goals and strategies. Today's focus was about getting input from stakeholders.

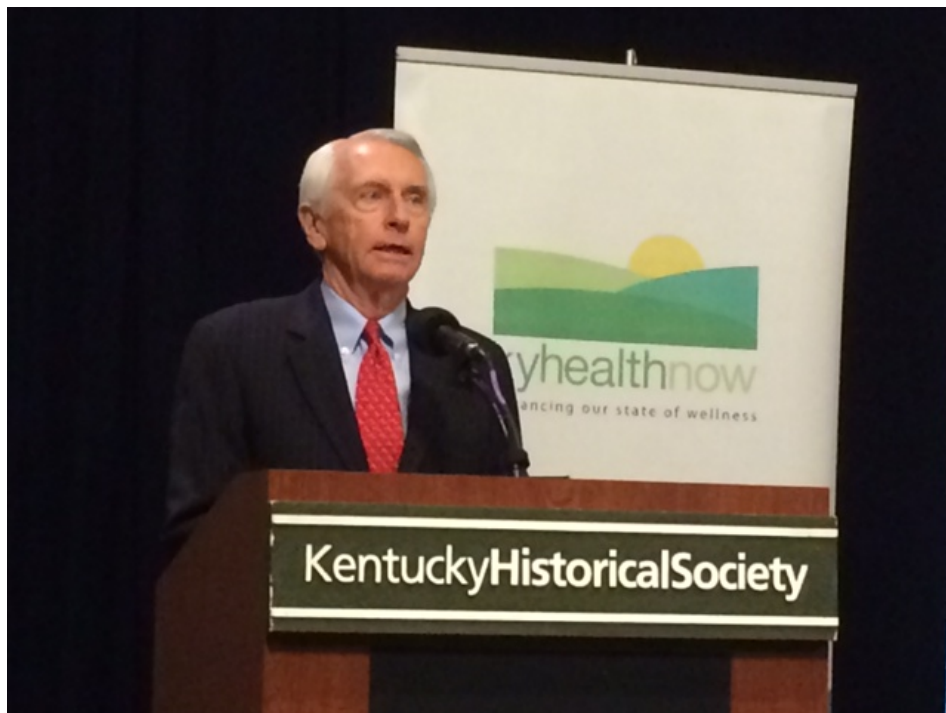
During preliminary planning stages prior to this meeting, it was determined that Kentucky has four Core Areas that need to be addressed: Data, Redesign of Health Workforce Planning, Pipeline and Policy Coordination. For each of these areas, goals and strategies were outlined and discussed.

This action plan will at least be an eighteen month process with timelines already in place.

Timeline for goals: 1-2mo; Engage 2-8 mo; Draft 1 at 9 mo; Begin implementing 10-13 mo, submit Draft 2 14 mo., Final Action Plan 18 mo.

Governor Beshear stressed to the group that even though Kentucky is and has been making great strides, we are still ranked 45 of the 50 states as the sickest state. We must have a mechanism in place that updates data accurately. We currently have not standardized process for obtaining data. Cost of care needs attention.

Individuals in the group stressed that we need a Healthy Echo System that interconnects and interacts.





## Continued from page 4: NHSC

request a presentation regarding NHSC, please contact Tina McCormick at (270) 577-1707 or [krha@twc.com](mailto:krha@twc.com). Each issue of the Rural Health Update will have information for our members:

Some information you can share with your contacts or you might find useful:

### 1. Scholarships:

The next Scholarship application is scheduled to open in March or April.

**You can apply to the Scholarship Program if you are committed to primary care and accepted to or enrolled in a fully accredited training program for**

- Physicians (MD or DO)
- Dentists
- Nurse Practitioners
- Certified Nurse-Midwives
- Physician Assistants

The scholarship pays **tuition, fees, other educational costs, and provides a living stipend** in return for a **commitment to work at least 2 years** at an approved outpatient facility in a medically underserved community.

The scholarship can be awarded for as many as 4 years. With each year (or partial year) of support beyond the first year, the student agrees to provide one additional year of service, with a maximum of four years.

Service begins upon graduation (and completion of primary care residency training for doctors and dentists). The NHSC helps scholars find a practice site that's right for them among the hundreds of NHSC-approved sites in medically underserved urban, rural and frontier communities across the U.S. When in service, scholars earn a market-rate salary, paid by the employing facility.

Scholarship payments other than the living stipend are federal income tax-free.

The Scholarship Program accepts applications once each year. Applicants chosen to receive the scholarship are notified no later than September 30.

### 2. Steps to become a NHSC approved site:

**Determine if Your Facility is in a HPSA** Your facility must be located in a Federally-designated Health Professional Shortage Area (HPSA).

**Check Other Eligibility Requirements** Confirm that your site meets all of the eligibility requirements.

**Review the NHSC Site Reference Guide** This document provides important program detail you should understand before applying.

**Get Questions Answered** Contact your local PCO before starting your application to make sure your site qualifies and to determine your HPSA designation. Your PCO will review your application once it is submitted. You may also contact the NHSC Customer Care Center at 1-800-221-9393 or email [GetHelp@hrsa.gov](mailto:GetHelp@hrsa.gov) for additional assistance.

**Create an Account to Apply Online** Create an account with the NHSC, which will allow you to apply online to become an NHSC-approved site.

**Gather Required Documentation** Compile the required documentation to submit with your application.

***-Policies on Non-Discrimination.*** Submit a copy of the site's policies on non-discrimination of patients based upon race, color, sex, national

origin, disability, religion, age, or sexual orientation, as per the NHSC Site Agreement.

***-Sliding Fee Schedule Documents.*** Submit documentation (see list below) of the site's sliding fee schedule (SFS).

- Discounted Fee Schedule/SFS
- Patient Application for SFS
- Site's Policy on the SFS

***-Required Signage.*** Submit a photograph or copy of posted signage that meets the requirements of the NHSC Site Agreement.

***-Proof of Access to Ancillary, Inpatient and Specialty Care.*** Attach proof of referral arrangements for ancillary, inpatient, and specialty care.

***-NHSC Site Data Tables.*** Attach the completed with information on the individual site location.

### **Apply Online**

Log in to complete the online application. If an organization has multiple sites located in HPSAs and would like all sites (e.g., satellite site, mobile unit, etc.) to be NHSC-approved, each location must submit a separate Site Application and be approved individually.

***For Solo and Private Practitioners*** Please note that private practices may require a site visit before the application review is completed.

***Learn About the Approval Process*** Applications are generally processed within 6 to 8 weeks, however, some may take longer due to application volume, pre-approval site visit requirements, and the quality of submitted information.



Last year, we had many letters to the editor written urging Kentuckians to become engaged in the Smoke-Free Legislation. As the Executive Director of the Kentucky Rural Health Association, I am requesting all Kentuckians, to contact your elected state officials to support a strong, statewide, smoke-free workplace law during the 2015 Kentucky General Assembly session.

It's time for Kentucky to join the growing number of states, counties, and cities that have enacted smoke-free laws that apply to all workplaces and public places, including restaurants and bars. Twenty-four states and nearly 500 municipalities have enacted such laws. Nearly half of the U.S. population now lives in areas with this important health protection.

Regrettably, many residents and workers in Kentucky do not yet have the right to breathe clean, smoke-free air. Too often when they enter a workplace or public establishment, Kentuckians are still exposed to harmful secondhand smoke, which contains more than 7,000 chemicals, including hundreds that are toxic and at least 70 that are proven to cause cancer. In addition to the danger to public health, secondhand smoke also harms Kentucky's business image. That's why the Kentucky Chamber of Commerce has joined hundreds of health and medical organizations and community groups in supporting a state law to make all indoor workplaces smoke-free.

The good news is that about 31% of Kentuckians are protected by comprehensive, smoke-free laws or regulations passed at the city or county level. These laws are an appropriate response from local leaders to the overwhelming scientific evidence that secondhand smoke is a serious health hazard that causes heart disease, lung cancer, and other serious illnesses. As smoke-free laws have spread, the evidence in Kentucky is that these laws protect health without harming business in bars, restaurants, and other hospitality venues.

As Kentucky legislators again prepare to consider smoke-free legislation, I want to share with you the evidence that secondhand smoke is hazardous to human health and that smoke-free laws protect health without harming business. I also want to share information about the Kentucky Rural Health Association, and other members of the Smoke-Free Kentucky coalition, advocating for a comprehensive, smoke-free law that applies to all workplaces and public places and is free of exemptions that would leave some people exposed.

### **Secondhand smoke is a serious health hazard**

There is now overwhelming and irrefutable evidence that secondhand smoke harms human health. As the U.S. Surgeon General stated when releasing a landmark 2006 report on secondhand smoke, "The debate is over. The science is clear. Secondhand smoke is a serious health hazard that causes premature death and disease in children and non-smoking adults." In 2010, the Surgeon General's Report confirmed that even a little bit of tobacco smoke causes damage to DNA, blood vessels, and lung tissue. The Surgeon General's conclusions from both reports include:

- Secondhand smoke is a toxic mix

of more than 7,000 chemicals that attack every organ in the body.

- Secondhand smoke causes lung cancer and heart disease in non-smoking adults and respiratory and ear infections, more severe asthma attacks, sudden infant death syndrome, and low birth weight in children. According to the Centers for Disease Control and Prevention, nearly 50,000 Americans die each year from lung cancer and heart disease caused by secondhand smoke exposure.
- There is no safe level of exposure to secondhand smoke. Even brief exposure can trigger immediate, harmful changes in the cardiovascular system that increase risk of heart attack or stroke.
- The only way to protect non-smokers from secondhand smoke is to require smoke-free workplaces and public places. Other approaches, such as air ventilation systems and smoking and non-smoking sections, do not work.

These findings lead to one clear conclusion: no one should have to put up with the serious health risks of secondhand smoke in order to earn a living or enjoy an evening at a bar or restaurant.

### **Smoke-free laws protect health without harming business**

As we debate smoke-free legislation, opponents continue to make the usual, unfounded arguments that smoke-free laws hurt business. These arguments are not supported by the facts. Dozens of scientific studies and the experience of the growing number of smoke-free states and cities all show the same thing: smoke-free laws at worst have no impact on the restaurant and bar business and even have a positive impact in some cases. This



conclusion is based on comparisons of objective economic data, such as employment, sales, and profits, before and after smoke-free laws take effect. As the Surgeon General's 2006 report concluded, "Evidence from peer-reviewed studies shows that smoke-free policies and regulations do not have an adverse economic impact on the hospitality industry."

In Lexington, which went smoke-free in April 2004, a study concluded, "In general, selected key business indicators in Lexington restaurants, bars and hotels have not been affected by the smoke-free law." The same was true of an economic study that examined the economic impact on northern Kentucky border counties when Ohio went smoke-free.

These findings are not surprising given the strong public support for smoke-free laws and strong preference for smoke-free establishments. A 2014 poll found that Kentucky voters support a statewide smoke-free law by a 65%

to 29% margin. The Zagat Survey, the authoritative survey of restaurant dining trends, has consistently found that consumers strongly prefer smoke-free restaurants. The 2008 Zagat Survey of 132,000 Americans showed 77% of diners said they'd eat out less if smoking were permitted in local restaurants, and only 2% saying they'd dine out more.

**Smoke-free laws that are comprehensive are also the most effective**

Kentucky can learn from other states that passed partial, smoke-free laws in the past. Many were challenged in the courts, often because they exempted certain businesses, forcing states to fund costly legal battles. When exemptions have not been overturned, states often have a difficult time with enforcement due to confusion over which businesses are covered and which have been granted an exemption. They often have costly and complicated systems for approving exemptions and conducting compliance checks. When

all indoor workplaces are covered, the law is easily understood and the public and business owners are often required to do little more than ask smokers to step outside.

In summary, smoke-free laws have been unmitigated and popular successes here in Kentucky at the local level and virtually everywhere they have been implemented. Comprehensive laws protect everyone equally, achieve nearly universal compliance, and improve air quality and the health of workers almost immediately. Finally, the hospitality industry thrives – despite claims to the contrary – and the public appreciates smoke-free laws.

To contact your elected state officials and let them know that you support the smoke-free initiative, visit [www.lrc.ky.gov](http://www.lrc.ky.gov) or call 1-800-372-7181.

Tina McCormick, Executive Director  
Kentucky Rural Health Association,  
2014, [www.kyrha.org](http://www.kyrha.org)

# 2014 Dan Martin Award



## Dr. James Norton

*"an award honoring a lifetime  
contribution to rural health in  
Kentucky"*