

Rural Health Update

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Partners in good health

Rural Kentucky groups get grants to collaborate on delivery of care

By **DAVID A. GROSS**
UK CENTER FOR RURAL HEALTH

IRVINE – Two Kentucky organizations were among 11 from across the country that recently received federal Health Resources and Services Administration outreach grants aimed at fostering greater coordination of services and more partnerships in the delivery of health care to rural areas.

The newly formed Kentucky River Health Network (KRHN) in April was awarded a \$200,000 grant, which will allow Marcum & Wallace Memorial Hospital in Irvine to build a network with health care providers, including Kentucky River District Public Health Department, Hazard; Lee County Constant Care, a long-term nursing and assisted-living facility in Beattyville; and the Lee County Emergency Medical Services. Lee County Fiscal Court and Lee County Area Technology Center, a vocational technology high school, represent non-health entities in the network partnership.

“This grant will enable us to strengthen the health care infrastructure within this region,” Marcum & Wallace President/CEO Susan Starling said prior to a grant celebration luncheon, held May 21 at the Cedar Village Restaurant in Irvine. “We’re not taking anything away. We’re enhancing the relationships we already have in order to bring new and improved health care services to people that might not ordinarily be able to have access to them.”

The first phase of the KRHN grant focuses on improving access to health care and providing preventive care services for the underinsured and



Photo courtesy Terri Moore Gipson, Purchase Area Health Education Center

A ceremony was held on May 27 to announce the West Kentucky Dental Health Project's successful application for a rural health outreach grant, awarded by the federal Health Resources and Services Administration. On hand for the event were U.S. Rep. Ed Whitfield, Ky.-First Congressional District, right, who presented an oversized check for first-year funding of \$187,150 to Murray State University President Dr. F. King Alexander and Purchase Area Health Education Director Loretta Maldaner.

“

I think it's going to have an extremely positive impact. ... We're going to save a lot of teeth, which we know will be a huge benefit to those kids.

Loretta Maldaner, Purchase Area Health Education Center director, speaking about the West Kentucky Dental Health Project

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uninsured in Lee County, one of Kentucky's poorest counties. The services and activities that will be offered include:

- Mammography, prostate and PSA screenings;

- Development of a hepatitis screening service;
- Transportation services;
- Educational programs to recruit students interested in medical professions;
- Continuing education programs for participating health care providers; and

- Public awareness programs.

The grant recommends continued support for two additional years, with funding of \$200,000 each year. Proposals for Phase II include implementation of services and activities in five other counties within KRHN's service area – Breathitt, Jackson, Owsley, Powell and Wolfe. The long-term plan focuses on community development that emphasizes the education of young people and continuing education for health care providers.

The other Kentucky grantee, Murray State University, was awarded \$187,150 per year for each of three years.

See **PARTNERS**, Page 3

Ky. seniors 'cautious' on Medicare's drug cards

By **DAVID A. GROSS**
UK CENTER FOR RURAL HEALTH

Medicare's new prescription drug discount card program took effect June 1, but more than a month later many Kentucky senior citizens had been slow to enroll, officials said.

“There is a lot of interest, but most seniors are still being cautious,” Hal Stopfel, communications representative for AARP Kentucky, which supported the Medicare drug benefit, said on July 7. “Of course, people in that age bracket tend to use more caution.”

The drug discount cards are among the landmark reforms approved last year to the government-run health care program for older and disabled Americans. They are intended to serve as a temporary measure until prescription drug insurance under Medicare begins in 2006. The Bush administration says Medicare clients who use the cards should save 10 percent to 25 percent off their prescription costs, though critics say the percentages will be much lower.

Government estimates indicate that around 7 million of the 41 million Americans who take part in Medicare will sign up for a card, The Associated Press reported. As of early July, more than 3.5 million had done so.

Centers for Medicare and Medicaid Services representatives were unable to provide the number of Kentucky's approximately 675,000 Medicare enrollees who had signed up for a card. But, Stopfel said, there has “not been a lot signing up unless they were enrolled automatically”

See **MEDICARE**, Page 5

Plan prioritizes sites for primary care expansion

By DAVID A. GROSS
UK CENTER FOR RURAL HEALTH

This time a year ago, the Kentucky Primary Care Association (KPCA) had just completed a study that assessed unmet health needs throughout the state and offered a plan to increase access to primary medical care for those who were underserved.

Now, the agency is wrapping up the second phase of its statewide strategic plan by prioritizing where that increased access should be targeted.

It's all part of KPCA's goal of helping to foster a significant boost by 2006 in the number of medically underserved Kentuckians who receive treatment at the state's community health centers (CHCs) – clinics that receive federal financial support in return for treating patients regardless of their ability to pay.

Phase II of the strategic plan, developed by University of Kentucky Center for Rural Health researchers Michael E. Samuels, Dr.P.H., and Elmer T. Whitler, M.A., M.P.A., working under contract for KPCA, is designed to promote the development of new health centers and the expansion of services

See PLAN, Page 7

Top 20 counties in need of health center development

Below are the Kentucky counties found to have the most pressing need for health center development. Each county's ranking for its percentage of medically unserved residents -- the most heavily weighted measure in a three-criterion composite index -- is shown in parentheses.

1. Lewis County (5)
2. Trimble County (1)
3. Powell County (7)
4. Owsley County (14)
5. Casey County (10)
6. Lyon County (6)
7. Jackson County (12)
8. Meade County (2)
9. Hancock County (4)
10. Ballard County (8)
11. Lee County (21)
12. Bullitt County (3)
13. Todd County (13)
14. Knott County (22)
15. Carlisle County (16)
16. Carter County (17)
17. Metcalfe County (19)
18. Breathitt County (28)
19. Russell County (26)
20. Morgan County (30)

RURAL HEALTH NEWS CLIPS

■ Kentucky women's health ranks 43rd among the 50 states and the District of Columbia, according to a May 7 report in the *Lexington Herald-Leader*.

Kentucky women ranked at the bottom nationally in three categories. The state had the highest percentage of female smokers, the highest rate of women who reported not feeling mentally well during the previous month, and highest prevalence of women who reported that they limited their activities because of physical or mental illness.

Much of the health data comes from federal health surveys. The rankings are from Making the Grade on Women's Health: A National and State-by-State Report Card, released May 6 by the National Women's Law Center and the Oregon Health & Science University.

■ An Aug. 19 ribbon-cutting ceremony has been set to unveil the University of Kentucky Center for Rural Health's new Bailey-Stumbo Building, located at 750 Morton Boulevard in Hazard.

UK President Lee T. Todd Jr. and U.S. Rep. Hal Rogers are among those scheduled to speak during the dedication, which will begin at 11 a.m. and is open to the public.

The ribbon-cutting will be followed by tours of the 57,450-square-foot, \$12 million-plus facility, which houses the Center for Rural Health's education, outreach and research programs. A catered reception also will be held.

■ Fewer Kentucky babies are dying, fewer teen-agers are giving birth, and fewer children are living in

poverty, according to figures in a national study released in June, as reported by the *Lexington Herald-Leader*. But despite improvements in six of the 10 child well-being indicators used by the Kids Count report, Kentucky ranked 37th overall, climbing only one spot from its 2003 ranking.

The 15th annual report was issued by the Annie E. Casey Foundation, which helps children with economic, social and health problems. The study analyzed trends from 1996 to 2001, the latest data available. While Kentucky improved in several areas, the death rates of children ages 1 to 14 jumped 8 percent, the *Herald-Leader* reported. Nationally, that rate dropped 15 percent.

■ The state Cabinet for Health and Family Services has settled a class-action lawsuit filed on behalf of elderly and disabled people who were told they did not qualify for the Medicaid program under stricter rules in place last year, the *Lexington Herald-Leader* reported in late June.

Under the proposed agreement filed June 24 in U.S. District Court in Frankfort, the cabinet will reinstate benefits for most of the thousands of people who were determined ineligible for nursing home or in-home care based on rules enacted in April 2003.

Under the plan, the state will revise eligibility criteria for nursing home or in-home care to resemble rules in place before that date, when then-Gov. Paul Patton tightened the regulations to save money, according to the *Herald-Leader*.

INSIDE

4 Julie McKee, immediate past president of the Kentucky Rural Health Association, writes that it is time to focus on oral health.

6 Kentucky attendees played key roles in the National Rural Health Association's recent annual conference, held in San Diego.

'Reaching out' for a healthy Kentucky

Kentucky's two Health Resources and Services Administration rural health outreach grants will cover a combined service area of 20 counties. The Kentucky River Health Network will serve Breathitt, Estill, Jackson, Lee, Owsley, Powell and Wolfe counties in the east/central portion of the state. The West Kentucky Dental Health Project will serve Ballard, Caldwell, Calloway, Carlisle, Crittenden, Fulton, Graves, Hickman, Livingston, Lyon, Marshall, McCracken and Trigg counties in the Delta Region.



West Kentucky Dental Health Project



Kentucky River Health Network

Graphic by Tena R. Smith,
Kentucky State Office of
Rural Health

It will partner with the Purchase Area Health Education Center and the Western Kentucky Children's Health Coalition in an effort to strengthen dental services for second- and sixth-grade children in Calloway and 12 other counties within Kentucky's Delta Region.

The West Kentucky Dental Health Project will have three components – oral health education; the offering of preventive dental services, such as sealants and fluoride varnish; and the offering of restorative services for children with more serious dental problems.

"I think it's going to have an extremely positive impact on the children in this region," said Purchase AHEC Director Loretta Maldaner. "Having a dentist full-time and going into the schools full-time, we're going to save a lot of teeth, which we know will be a huge benefit to those kids."

A May 27 grant announcement



Susan Starling, left, president/ chief executive officer of Marcum & Wallace Memorial Hospital, spoke to a crowd gathered on May 21 in Irvine to celebrate the rural health outreach grant received by the Kentucky River Health Network.

"This grant will enable us to strengthen the health care infrastructure within this region," she said.

Photo by David A. Gross,
UK Center for Rural Health

ceremony, held at the Murray State University Regional Special Events Center, featured the presentation of an oversized check by U.S. Rep. Ed Whitfield, Ky.-First Congressional District, to Maldaner and MSU President Dr. F. King Alexander.

"These funds will help rural providers improve the delivery of vital health services to local residents," U.S. Department of Health and Human Services Secretary Tommy G. Thompson said of the overall \$2.1 million in first-year funding that was awarded to the 11

national grantees, which were chosen from among more than 200 applicants.

"By building rural health partnerships, health care professionals will be better able to offer their skills and services into the most isolated parts of the nation, where the need is great and resources often are scarce," Thompson said.

The Hazard-based University of Kentucky Center for Rural Health, through its Kentucky State Office of Rural Health, provided technical support for each of Kentucky's successful grant applications.

"The Center for Rural Health is proud to help these worthy communities get the resources they need to address their own problems, using their own ingenuity," said Judy Jones, J.D., director of the Center for Rural Health. "I'm sure Marcum & Wallace Memorial Hospital and Murray State University will put these funds to use for the good of their regions."

Ky.'s dental needs demand attention

Recently, increased attention has been given to the oral health of Kentuckians. This is a good thing, yet the findings are quite surprising regarding Kentucky and its dental health status, especially for the rural populations of our state. Although I remain uneasy about these statistical findings, I feel positive that policymakers are looking to address the dental needs of all Kentuckians, not just those in metropolitan or suburban areas.

Here are a couple of facts about the oral health status of Kentucky's youths:

- Rural children in the third and sixth grades experience more toothaches than those in our metropolitan areas.

- Almost one-third of our children have untreated decay, which remains a significant problem among Kentucky's children, though it has been decreasing nationally.

Several reasons exist for current decay rates in our children's teeth, including reduced exposure to fluoride due to heightened consumption of bottled water and private water systems not being fluoridated. Another significant reason for active and untreated decay is that access to a dental professional is often a barrier. Children have more Medicaid coverage and less private insurance for dental services in our rural



JULIE MCKEE,
D.M.D. - KRHA

regions than in the metro areas. The saturation rate for insurance in children is not really that deficient, yet a problem arises with access to dental services. Not only are fewer dentists locating in our rural areas, fewer dentists are accepting Medicaid as payment for their patients, which is resulting in poorer oral health for our state.

Adult oral health is no less serious of an issue.

When someone is edentulous it means they are missing their entire complement of teeth. Kentucky has the nation's highest percentage of edentulism, and the rate is particularly high in rural areas.

There is no one reason for this; several factors are being discussed throughout the state. In rural areas, insurance coverage for adults is spotty, which reflects the lack of available and comprehensive dental services sought by the Medicaid population and the lack of employers that include dental insurance as part of their employee benefit package.

In rural Kentucky, almost 30 percent of adults have experienced oral pain in the last three months. But finding and receiving care is difficult for rural Kentuckians. Across the state, statistics show that an adult's tendency to seek regular dental care is directly dependent on his or her family income. The higher

the income, the more likely that one of the parents has dental insurance through their work. Although Medicaid seems to have a high saturation in rural areas, the Medicaid benefits for adults are very limited.

In spite of all this, there are some positive steps being made to reduce oral disease in Kentucky.

Fluoride varnishes are an easy and economical method of protecting the enamel from decay. Across the state, health department nurses are applying these varnishes to children who are seen in their clinic.

Another dental tool, plastic sealants, actually seal the fissured, or grooved, part of permanent teeth to prohibit decay-causing bacteria from doing their damage in those areas. Sealant programs are being developed across the state that will result in decreased decay rates.

Also being considered is a plan to rotate dental students through rural settings for more than a four-week externship in order to open their eyes to dental needs in rural Kentucky. Other incentives are being considered to attract dentists to serve the smaller, more rural communities of Kentucky. Nationally, there is movement to include dental services in community health centers to add to the comprehensive and seamless primary care that a CHC strives to provide.

In May, the Kentucky Oral Health Strategic Plan Meeting was held for two days in Lexington. It included not only

dentists in the private and public sectors, but other groups and individual citizens that are committed to reducing the oral disease of our citizens. It included local school officials, legislators, area health education center professionals, non-profit groups and university representatives, among others. The finalized document has yet to be released, but it will show the collaborative effort of many toward the much-needed attack on oral disease in Kentucky.

Oral disease needs to be controlled, and many dental conditions can be completely avoided if our citizens are able to receive care near their homes with respectful reimbursement to the dental professional.

Oral disease is at a critical point in Kentucky, but never before has there been this much attention paid to solving the problem, or at least getting it under control. You can become a part of the solution to this problem. Get involved in your community to reduce dental disease and increase the health status of your friends and neighbors. A good way to begin is by contacting your local dentist. He or she will be glad to have you as part of the solution to serious oral disease in Kentucky.

Julie Watts McKee, D.M.D., recently completed her one-year term as president of the Kentucky Rural Health Association. She is public health director for the WEDCO District Health Department, based in Cynthiana.

Feltner wins UK's 2003 A. Paul Nestor Creativity Award

STAFF REPORT

LEXINGTON—Fran Feltner, director of the University of Kentucky Center for Rural Health's award-winning lay health workers programs, on May 14 received UK's 2003 A. Paul Nestor Creativity Award in recognition of her fiscally efficient management.

Feltner oversees the center's Kentucky Homeplace and Southeast Kentucky Community Access programs, both based in Hazard. Combined, the programs have about 60 employees who serve medically needy clients in more than 50 counties across Kentucky.

Under her leadership, Kentucky Homeplace expanded its service area

from 39 to 59 counties, while decreasing by nearly 30 percent the cost per each client encounter.

The A. Paul Nestor Creativity Award recognizes UK employees who demonstrate outstanding initiative and creativity in helping the university fulfill its mission. Eleven others were nominated for the award this year.



Fran Feltner, B.S.N., R.N., directs the UK Center for Rural Health's lay health workers programs' efforts to serve "the neediest of the needy."

UK creates College of Public Health

UK PUBLIC RELATIONS

LEXINGTON – The University of Kentucky Board of Trustees in May approved the creation of the UK College of Public Health, the university's first health professions college since the College of Allied Health Professions was established in 1966. This action will allow the School of Public Health, formerly part of the College of Medicine, to convert to college status, making it the UK Chandler Medical Center's sixth college of health professions.

"A significant investment in public health education is needed to address the important health issues confronting Kentucky and the nation," said Michael T. Nietzel, UK provost. "Resources were already available in the existing UK School of Public Health to permit the university to establish this college and prepare it for accreditation. Otherwise, it would have been difficult to form a new college in these very tight budget times."

UK President Lee T. Todd Jr. said a College of Public Health will enable UK to meet its responsibilities in a state that is beset with serious public health concerns.

"The college will play a vital role in our commitment to confront Kentucky's severe health disparities – lung cancer, diabetes, cardiovascular disease, among others – through public health workforce development, collaborative research, and educational programming," Todd said.

"Students will also benefit from attending an accredited college by gaining access to training and internship opportunities available only to students and graduates of accredited public health programs. Certain grant opportunities are available exclusively to accredited colleges of public health," he said.

The increased prevalence of chronic health conditions in Kentucky and the United States, the costs of curative health care for diseases related to these health conditions and of health care

“*The college will play a vital role in our commitment to confront Kentucky's severe health disparities.*”

**Lee T. Todd Jr., President,
University of Kentucky**

benefits for employers, and the movement to a global economy have combined to demand an emphasis on prevention and population-based health. Kentucky ranks 39th in health outcomes among the states and 36th in health risk factors.

"To improve the health status of the Commonwealth will require decisions by individuals, families and communities to engage in activities and practices that positively affect health status," said Thomas W. Samuel, J.D., acting director, UK College of Public Health.

"The establishment of the new College of Public Health will permit UK to move one step closer to being accredited by the Council on Education for Public Health and thus permit UK to more fully participate in the improvement of the health status of Kentuckians by educating students and practitioners; conducting research on disease, health practices and decision making that leads to positive health status; and providing services to the practitioners of public health and other professions in their activities to improve the health of the public," he said.

The college will include the departments of Behavioral Health, Biostatistics, Epidemiology, Health Services Management, Preventative Medicine and Environmental Health, and the Graduate Center for Gerontology and its doctoral degree program. Health Services Management was transferred

from the College of Health Sciences, Gerontology had been organized under the Graduate School, and the Preventive Medicine and Environmental Health program was previously located in the College of Medicine. The other departments have been developed within the UK School of Public Health over the past five years.

Since 1998, UK School of Public Health faculty have prepared public health professionals to improve the quality of life for Kentuckians and the nation by focusing on disease control and prevention. The newly formed college will continue to train students to address the increase of chronic diseases and other public health problems, such as injuries, toxins, bioterrorism and emergency preparedness. The college currently enrolls 120 Master of Public Health students and 38 doctorate in gerontology students. Consistent with the college's mission to contribute to the public health work force, over 35 percent of students are part-time.

"The UK College of Public Health is uniquely positioned to accomplish its mission in that UK will be one of only a few universities in the country with all six health science colleges. The College of Public Health will form strong partnerships with other colleges at UK, particularly Agriculture and Engineering," Samuel said.

"The UK College of Public Health has worked closely with the Council on Postsecondary Education, the Kentucky Department for Public Health, and other academic public health programs at Eastern Kentucky University, the University of Louisville, and Western Kentucky University to establish a statewide plan for academic public health in Kentucky," he said.

There are currently 33 accredited colleges of public health in the nation. The Council on Education for Public Health will conduct an accreditation site visit in September 2004. The council will render its accreditation decision in May 2005, based on results of the visit.

through their health maintenance organization or another program.

Part of the reason for Kentucky seniors' inactivity could be an application process that Stopfel acknowledged can be "a pain in the butt." Some patient and constituent advocates in Kentucky say a Medicare hotline's congestion and multiple enrollment forms have contributed to their clients feeling "bumfuzzled" and "confused" about the program.

About 30 pharmaceutical companies have been approved to offer discount cards, and each has its own enrollment form – though a Medicare client can have only one Medicare-approved card. Numerous senior groups have been urging their members to weigh whether a Medicare-approved card would offer greater savings than those available with pre-existing cards.

The cards cost up to \$30, but low-income Medicare beneficiaries can get a free card and up to \$600 in transitional assistance from the government to pay for prescriptions. Thousands of indigent Kentuckians, however, already are able to receive their pharmaceuticals for free or at an extremely reduced rate through Kentucky Homeplace, a lay health worker program operated in 59 counties by the University of Kentucky Center for Rural Health.

"I've not been able to get complete direction on (the drug card program)," said Deanna Jessie, Homeplace's northeast Kentucky regional coordinator. "But the counties that have Homeplace aren't having to tap into it because they're already getting free medicines."

For everyone else, the Medicare program should prove beneficial, Stopfel said.

"Frankly, I don't see a downside for people who don't already have prescription drug coverage," he said. "With the high poverty rate in Kentucky, especially among those age 65 and older, ... we're encouraging people to take part in it."

Those interested in more information may call 1-800-MEDICARE or visit www.medicare.gov.

Kentuckians take stage at NRHA

Bluegrass State rural health reps give presentations at conference

By DAVID A. GROSS
UK CENTER FOR RURAL HEALTH

SAN DIEGO – Kentuckians once again played prominent roles in a National Rural Health Association annual conference.

At the organization's 27th yearly meeting, titled "Working Together for Excellence and Access," held May 27-29 at the Sheraton San Diego Hotel and Marina, at least four representatives of the Bluegrass State made presentations to dozens of fellow rural health advocates.

These included:

■ Michael E. Samuels, Dr.P.H., endowed chair/distinguished scholar in rural health policy at the University of Kentucky, and Elmer Whitler, M.A., M.P.A., director of research at the UK Center for Rural Health (UKCRH) in Hazard, presented "Appalachian Health Issues in Kentucky" to a gathering of rural health research center directors.

Their presentation highlighted the health, economic and educational disparities evident in Kentucky's 51 Appalachian counties, which are populated predominantly by whites. Samuels said Appalachian Kentucky's rates are similar to those reported in parts of the country that have much higher percentages of minority residents.

"The annual NRHA conference provides a forum to bring attention to Kentucky's rural health issues," Samuels said. "This year's conference, for the first time, allowed us to make a presentation about the health disparities facing the Kentucky counties of central



Above: Michael E. Samuels, Dr.P.H., endowed chair in rural health policy at the University of Kentucky, leads a presentation on Appalachian Kentucky's health disparities at the National Rural Health Association's annual conference. Below: Bethany F. Adams, M.H.A., a program coordinator with the Kentucky State Office of Rural Health, later presented a contributed research paper on critical access licensure's impact on small, rural hospitals.



Appalachia. We hope that this will bring the attention of researchers and policymakers to these issues and facilitate federal preferences for research and demonstration projects in the state."

■ Bethany F. Adams, M.H.A., program coordinator II, Kentucky Rural Health Works, UK Department of

Agricultural Economics, Kentucky State Office of Rural Health, presented "Has Critical Access Certification Financially Stabilized Rural Kentucky Hospitals?" during a contributed research paper breakout session.

Her presentation focused on a study of 19 rural Kentucky hospitals that had converted their licensure to critical access status. For the most part, Adams said, the hospitals' operating costs had been reduced and total profit margins were improved, at least slightly.

■ Lyle B. Snider, Ph.D., who at the time was a UKCRH faculty member, joined speakers from Pennsylvania and Texas for a presentation titled "The Rural Public Health Research Agenda."

Snider and the other presenters discussed the need to stimulate researchers to consider rural populations as they design and implement studies, consider new research activities looking at those issues that impact rural populations, and to encourage granting agencies and foundations to consider

rural research topics as they prioritize funding opportunities.

"I was privileged to participate in the presentation of the recent publication *Bridging the Divide: The Rural Public Health Agenda* at NRHA," Snider said. "I co-wrote one of the chapters of this monograph with Gail Bellamy from West Virginia. We were thrilled that the presentation was well attended, that Michael Meit from Pennsylvania and others have succeeded in forming a rural public health interest group within NRHA, and that the NRHA policy board adopted a policy brief on rural public health at this year's annual meeting.

"Jim Norton (associate dean for extramural and post-graduate medical education at the UK College of Medicine) was very supportive of my efforts four to five years ago to generate more NRHA activity related to local rural health departments," Snider said, "and it is very satisfying to see other NRHA members building on our initial rural public health accomplishments at NRHA conferences."

The conference included numerous concurrent and plenary sessions, ranging from challenges to rural mental health and recruiting nurses to rural areas to financial management of rural health centers and other topics.

The conference's Reilly Address, titled "Committing to Quality: Facing Old Challenges, Setting New Standards," was given by Mary Wakefield, Ph.D., R.N., F.A.A.N., professor and director of the University of North Dakota Center for Rural Health.

"Across the nation, cascading efforts are under way to drive excellence in the quality of care," Wakefield said. "To pursue this aim, a far-reaching agenda embracing multi-dimensional change is being advocated. This agenda calls for altering fundamental characteristics of health care ranging from how health care is delivered to how

See NRHA, Page 7

it is paid for to the skill set required of the individuals providing care.”

The conference’s keynote address, titled “Health Care at the Crossroads: Sustaining Our Healing Spirit,” was given by Carl A. Hammerschlag, M.D., C.P.A.E., a noted psychiatrist and author.

“The economics of health care is causing a crisis of faith between providers and patients, who no longer believe that clinical decisions are made solely on the basis of what they need,” Hammerschlag said. “We must address this crisis, because new medical advances are raising more financial and ethical questions. We must restore our trust and commitment to each other if we are to sustain our calling and cause.”

Besides the author and those mentioned previously, other Kentuckians among the approximately 400 people registered for the conference included: Larry Allen, director, Kentucky State Office of Rural Health; Paula K. Arnett, administrator, UK-Area Health Education Centers; Willie Bates, technical support specialist, UKCRH; Greg Bausch, vice president for regional services, St. Claire Regional Medical Center; Virginia Bellamy, executive coordinator, UKCRH; Bob Brooks, vice president for education and research, Trover Foundation; Donna Brown-Lubinski, student services director, UKCRH; Lola Dixon, human resources director, UKCRH; Woody Dunn, project manager, Kentucky Rural Hospital Flexibility Program; Fran Feltner, director, lay health workers division, UKCRH; Judy Jones, director, UKCRH; Peggy Lewis, program coordinator, Kentucky Rural Hospital Flexibility Program; Jan Peeler, instructor, Western Kentucky University (WKU); Ova Pittman, western region coordinator, Kentucky Homeplace Program; Staci Simpson, director/instructor, Rural Health Development and Research, WKU; Regina R. Washington, UK; Beth Wells, southcentral region coordinator, Kentucky Homeplace Program; and Emery A. Wilson, director, UK College of Medicine, Office of Health Research and Development.

and sites by the 12 such organizations that now operate in the state.

That is no small undertaking in Kentucky, which officials describe as “underdeveloped” in regard to health center activity and where a tremendous health care access gap exists. It is estimated that the 100 Kentucky counties designated as medically underserved areas during 2003 had nearly 1.2 million residents who were underserved, which accounts for more than 28 percent of the state’s total population.

“We think expanded health center services would benefit everyone by improving the health status of those they serve, enabling them to have happier and more productive lives and by reducing the need for more expensive care,” said KPCA Executive Director Joe Smith.

“Many uninsured and underserved residents arrive in hospital emergency rooms more severely ill and often have to be given more expensive treatment for conditions that could have been treated less expensively on an ambulatory basis by CHCs.

“Also, CHCs are becoming the only hope for access to primary medical care for many because of changes in health care markets that are increasingly limiting emergency and charity care that hospitals and other providers can provide.”

As part of the strategic plan, each county’s rates for unserved, underserved, and no health insurance populations were combined in a weighted formula to produce a composite index that ranked its priority for health center development. Though a CHC already exists there, Lewis County – a large area in northeastern Kentucky with an especially high rate of medically underserved residents – was ranked as most in need of additional health center services.

Other counties ranked in the top five were Trimble, Powell, Owsley and Casey.

“The KPCA Statewide Strategic Plan committee will use the first-order (1-30) and second-order (31-60) SSPII prioritizing of counties to encourage HCs to develop funding proposals for new sites and services in contiguous counties based on their own strategic

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We think expanded health center services would benefit everyone ... by reducing the need for more expensive care. ... CHCs are becoming the only hope for access to primary medical care for many because of changes in health care markets. ...

**Joe Smith, executive director,
Kentucky Primary Care
Association**

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plans,” Samuels and Whitley wrote in the plan’s executive summary.

“This will result in expansion of the current 33-county KPCA service area. A select number of priority counties not targeted by existing HCs for development will be chosen, and the KPCA will actively work to identify and support organizations or community groups for developing new-start HCs. These organizations will be screened for conditions necessary for (federal) 330-funding, which include being not-for-profit and having a consumer-majority governing board.”

Kentucky’s existing community health centers are Big Sandy Health Care Inc., based in Prestonsburg; Bowling Green-Warren County Primary Care Center; Community Health Centers of Western Kentucky, Greenville; Family Health Centers, Inc., Louisville; Health Help Inc., McKee; Lewis County Primary Care Center, Vanceburg; Lexington-Fayette County Health Department; Mountain Comprehensive Health Corporation Inc., Whitesburg; Northern Kentucky Family Health Centers Inc., Newport; and Park DuValle Community Health Center, Louisville.

The state also has one migrant health center, Bluegrass Farmworker Health Center, located in Richmond, and

one free-standing health care for the homeless center, Harlan Countians for a Healthy Community/Healthcare for the Homeless.

Combined, the 12 organizations operate about 35 sites in 18 counties. The number of people served by Kentucky’s CHCs increased during 2003 – by 3.7 percent, to a total of 177,300 – which represented at least slight progress toward the KPCA goal of increased access to primary care.

Health centers are strongly supported by President Bush as crucial components of the health care safety net for the poor and underserved. He seeks to establish approximately 630 new community-governed health centers and significantly expand 570 existing health centers by 2006.

Efforts already are under way in Kentucky on the next phase of the strategic plan – focusing development activities on the priority counties. Varying stages of CHC development planning have been occurring in several of the Top 30 priority counties, with this having the potential to expand the state’s health center service area from 33 to 43 counties.

However, KPCA-supported CHC development initiatives in 2003 largely were unsuccessful. Three new-start proposals and six of seven expansion projects were not funded by the federal Bureau of Primary Health Care. And with only one new-start CHC organization currently under serious consideration, the state’s primary care officials – though hopeful – realize expanded health services will not come easily.

“Directors reported that the financial structure of most HCs makes it unlikely that they will develop significant financial reserves to support HC development activities,” Samuels and Whitley wrote. “Greater technical assistance and improved financing are necessary if there is any hope of reducing by 2006 the large number of underserved in several regions of Kentucky.”

Note: The complete 49-page KPCA Statewide Strategic Plan Phase II Executive Report can be accessed on the Web at www.mc.uky.edu/ruralhealth/research/kpca under the title Executive Summary SSPII.

SKYCAP honored for geriatric services

STAFF REPORT

LEXINGTON – The Southeast Kentucky Community Access Program (SKYCAP), a lay health worker program based at the University of Kentucky Center for Rural Health in Hazard, has been honored for outstanding efforts in improving the care of older persons.

SKYCAP was the winner of a Best Care Practices Award, given on June 14 by the Ohio Valley Appalachia Regional Geriatric Education Center (OVAR/GEC). The program was one of four honored at the 21st annual Summer Series on Aging, sponsored by the UK Sanders-Brown Center on Aging and held at the Radisson Plaza Hotel in Lexington.

SKYCAP is a federally funded rural demonstration project serving Harlan,



Knott, Leslie and Perry counties. The program employs 12 lay health workers, called family health navigators, who work with a team of licensed nurses to help medically underserved clients access and then navigate the health and social services systems.

SKYCAP is a community partnership between the UK Center for Rural Health, Harlan Countians for a Healthy Community Inc., Hazard Perry County Community Ministries Inc., Good Samaritan Foundation Inc., Data Futures Inc. of Harlan, and dozens of other health and social service partners.

SKYCAP's director, Fran Feltner, B.S.N., R.N., accepted the award on behalf of the program.

Among other things, Best Care Practices help providers identify critical components of care; identify and describe problems experienced by older persons; and discover creative solutions to similar problems. They are evidence-based ideas and programs that are proven to produce successful results that improve the care of older persons.

Other Best Care Practices Award winners were Pharmacy Connect of Southwest Virginia, part of Mountain Empire Older Citizens Inc., based in Big Stone Gap, Va.; COALA Home Health Aide Training Program, Council on Aging of Southwestern Ohio, Cincinnati; and Volunteer Caregivers Program, University of Louisville School of Nursing.

OVAR/GEC is a consortium of four member universities, including UK, the University of Louisville, University of Cincinnati and East Tennessee State University. The organization was established in 1985 to enhance geriatric education and improve services for older persons throughout Kentucky, southern Ohio, eastern Tennessee and western Virginia.

Kentucky State Loan Repayment Program

An innovative program that helps health professionals meet their educational loan obligations -- up to \$35,000 a year for two years -- so they can afford to practice in Kentucky's medically underserved areas.

For information about the UK Center for Rural Health's and Kentucky State Office of Rural Health's **Kentucky State Loan Repayment Program**, you may contact either Tena Smith or Larry Allen at (606) 439-3557 or (800) 851-7512.

Kentucky Rural Health Association

The Kentucky Rural Health Association encourages all rural health care advocates and providers to become members of the association. Membership provides you, or your organization, with the opportunity to express your needs and opinions regarding the delivery of rural health care in Kentucky. The position of KRHA on rural health issues will be actively voiced at the community, state and national levels.

Membership Application

Name _____ Title _____
 Organization _____
 Address _____
 City _____ State _____ Zip _____
 Office phone _____ Fax _____
 Email address _____
 Organization membership only
 Please identify additional three members!

Annual membership fees:

- Individual \$25
- Organization/Corporation \$100 non-profit
- Organization/Corporation \$250 for profit
- Student \$10
- Consumer \$10

Mail with remittance payable to:
 KRHA
 C/O UK Center for Rural Health
 750 Morton Boulevard
 Hazard, KY 41701



For additional information visit our Web site at www.kyrha.org.