

## UK dedicates rural health facility

Dignitaries join academic, health advocates to unveil high-tech building

By MARY MARGARET COLLIVER  
UK PUBLIC RELATIONS

HAZARD – A dedication ceremony was held Aug. 19 for the new University of Kentucky Center for Rural Health (UKCRH) Bailey-Stumbo Building.

Located at 750 Morton Boulevard in Hazard, the building is named in honor of two Eastern Kentuckians who have played significant roles in improving health care within the region: Benny Ray Bailey and Dr. Grady Stumbo of East Kentucky Health Services Center, Inc., located in Hindman. The first floor of the center was named in honor of U.S. Rep. Harold "Hal" Rogers, Kentucky-5th Congressional District, for being a tireless advocate for the improved health, education, and economic status of his constituents.

Participating in the official ceremony, in addition to Bailey, Stumbo and Rogers, were Kentucky Governor Ernie Fletcher, UK President Lee T. Todd Jr., UK Center for Rural Health Director Judy Jones, Hazard Mayor William "Bill" Gorman, Appalachian Regional Healthcare President and CEO Stephen Hanson, and Hazard Community and Technical College President Jay Box. The Presentation of Colors was provided by the Perry County Central High School Junior ROTC, and the national anthem was played by the Hazard High School Band of Gold.

The \$13.1 million, state-of-the-art facility represents a unique collaboration of university, state, federal, and private funding sources. The new home of the Center for Rural Health is one of the 10 largest capital projects undertaken by the UK Chandler Medical Center in the past decade.



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

Among those who participated in the Aug. 19 University of Kentucky Center for Rural Health Bailey-Stumbo Building ribbon-cutting ceremony were, from left: Judy Jones, director of the Center for Rural Health; Hazard Mayor William D. Gorman; Grady Stumbo, medical director of East Kentucky Health Services Center Inc. and co-namesake of the new building; UK President Lee T. Todd Jr.; Appalachian Regional Healthcare President and CEO Stephen C. Hanson; Hazard Community and Technical College President Jay Box; and Benny Ray Bailey, executive director of East Kentucky Health Services Center Inc. and the other namesake of the building. As a state senator in 1990, Bailey drafted the legislation that created the Center for Rural Health and Stumbo later served as chairman of the organization's first advisory committee.

"The University of Kentucky Center for Rural Health acts as a catalyst by using a combination of academic training, policy research, and community outreach to improve the health, education and economies of rural residents, facilities and communities," President Todd said. "The center is based on the premise that people living in rural Kentucky have the intellectual, civic and emotional capital to solve their own problems. I would like to thank Congressman Rogers and the Kentucky legislature for securing funds for this center, as well as Benny Ray Bailey and Grady Stumbo for all their support."

The building contains more than 57,000 square feet of space and houses the UK Family Medicine Clinic and its family practice and dental residency programs, nursing laboratories, a radiographic simulation area, clinical



The University of Kentucky Center for Rural Health Bailey-Stumbo Building contains more than 57,000 square feet of space. The state-of-the-art facility cost \$13.1 million to construct.

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# \$713,000 federal grant puts focus on state's uninsured

Researchers will seek public, private strategies for expanding coverage

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

The Kentucky State Office of Rural Health, based at the University of Kentucky Center for Rural Health in Hazard, has received more than \$713,000 to implement a planning process focused on strategies for expanding health insurance to the state's neediest residents.

The one-year State Planning Grant, announced in September by the federal Health Resources and Services Administration, is a collaborative effort between UK, the Kentucky Long-Term Policy Research Center (KLTPRC) in Frankfort and the University of Louisville. It is aimed at exploring public and private means for reducing the number of Kentuckians without health coverage. Currently, that total is approximately 548,000 residents, or 13.6 percent of the population, according to a 2003 U.S. Census Bureau population survey. The issue is particularly problematic in rural Kentucky, with the highest uninsured rate found in Clay

## Top 5 uninsured counties

These Kentucky counties have the highest percentages of uninsured residents:

1. Clay County	20.7%
2. McCreary County	19.6%
3. Owsley County	19.5%
4. Martin County	19.4%
5. Magoffin County	19.3%

County, where 20.7 percent of residents have no health insurance.

An additional 1.25 million Kentuckians, or about 31 percent of the population, rely on government-funded insurance programs such as Medicaid, which is vulnerable to external economic conditions. Further Medicaid eligibility cuts could significantly increase the state's uninsured population.

"The HRSA State Planning Grant will provide resources to gather valuable data regarding the characteristics of the uninsured populations of Kentucky and a planning process focused on public and private strategies for bringing the uninsured into Kentucky's health care system," said distinguished scholar Michael E. Samuels, endowed chair in rural health policy at the UK Center for

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## RURAL HEALTH NEWS CLIPS

Health is inextricably linked to wealth. That, Louisville's *Courier-Journal* reported, was the recurring theme at a Sept. 13 forum on health disparities and inequities that attracted nearly 200 people to the Northern Kentucky Convention Center in Covington.

The conference, sponsored by the Foundation for a Healthy Kentucky, was designed to explore disparities involving minority populations. But participants – including keynote speaker Angela Glover Blackwell, president of PolicyLink, a California-based nonprofit research organization – said many of the health problems that disproportionately affect minority Kentuckians also affect the state's low-income white residents.

The University of Kentucky College of Pharmacy announced in August that it had received \$1 million in federal funding, which will enable expansion of its Drug and Therapeutics Information System (DATIS) into Eastern Kentucky.

U.S. Senator Mitch McConnell in 2002 secured \$2 million to develop DATIS, a clinical support service offering free, unbiased information on therapeutics, medications, and other related issues of interest to primary care physicians. In its first two years, the program has supported Fayette County physicians in improving drug-related disease management.

With the most recent funding

installment, also secured by Senator McConnell, plans call for DATIS to expand into Eastern Kentucky and provide clinical support services for physicians, including topics such as management of nonmalignant chronic pain and type 2 diabetes.

On the same day as UK's announcement, Secretary of the Kentucky Cabinet for Health and Family Services Dr. James W. Holsinger Jr. announced that the Cabinet will award a contract in the amount of \$3.9 million to expand DATIS into still other areas of Kentucky, implement disease management services in Fayette County and outlying areas, and to utilize Artemetrx – a Web-based, data analysis tool.

The National Rural Health Association (NRHA) in August called on lawmakers to act quickly to address the rising number of uninsured Americans. The rural health advocacy organization expressed concern regarding statistics recently released by the U.S. Census Bureau that showed the nation's uninsured population had risen to 45 million people.

The increase represents a 3.2 percent increase in uninsured Americans between 2002 and 2003. NRHA officials said it is particularly alarming for those who live in rural America, where residents are more likely to be uninsured and are less likely to have employer-sponsored health care coverage.

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*The Kentucky Rural Health Association honored Dr. Rice Leach during its recent annual convention, held in Frankfort*

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*The Kentucky Interdisciplinary Community Screening Project: A successful educational experience for health professions students*

labs, and classrooms with distance-learning capability. Space is also provided for UKCRH and Hazard Community and Technical College's physical therapy and PT assistant programs, a student learning center, as well as office space for UKCRH administrative functions and community outreach programs and office space for Hazard Community and Technical College and UKCRH faculty.

"Effective delivery of health care services is key to making rural economies thrive," said Congressman Rogers. "Facilities such as the UK Center for Rural Health help curb out-migration, which historically has deprived this region of its greatest natural resource: its children. By training health professionals close to home, we are improving the chances that these bright young people will choose to work and live at home. This puts our native ingenuity to work for us in the prosperous medical services sector: high-paying jobs as laboratory scientists, nurses, physical therapists and their assistants, and even family practice physicians."

"There are strategies to improve the quality of health care without increasing costs," said Governor Fletcher. "As a physician I have advocated providing affordable, accessible health care for every Kentuckian. The Center for Rural Health has served as a beacon to these ideals by administering such innovative programs as Kentucky Homeplace. This program uses resourceful citizens to help link people who cannot obtain health care with free doctor's visits, prescription medicines, or safe housing."

The new facility represents more than 14 years of planning in order to offer a new opportunity for rural Kentucky. UK and the University of Louisville began discussions about a rural health center in the early 1980s. Former Kentucky Sen. Benny Ray Bailey and Dr. Grady Stumbo worked hard to ensure such a facility would be housed in a rural area.

Today, the center has grown into a successful organization with more than 125 employees statewide. Because of its growth, it became apparent that the center needed a building to match its innovative staff, with strong roots in the



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

**U.S. Representative Harold "Hal" Rogers, Kentucky-5th Congressional District, flanked by University of Kentucky President Lee T. Todd Jr., left, and Hazard Mayor William D. Gorman, addressed a crowd of nearly 400 community, academic and rural health leaders during the dedication ceremony for the new UK Center for Rural Health facility in Hazard. "Effective delivery of health care services is key to making rural economies thrive," Congressman Rogers said. "Facilities such as the UK Center for Rural Health help curb out-migration, which historically has deprived the region of its greatest natural resource: its children."**

community it serves.

"Key leaders on the local, state, federal and university levels went to work to put together a funding package that would house the academic, outreach and clinical programs that are so vital to the university's mission here and to rural Kentuckians in general," Jones said. "The new building represents that unique collaboration among university, state, federal and private funding sources."

Established in 1990 by the Kentucky General Assembly, the UK Center for Rural Health was created to improve the health of rural Kentuckians and strengthen rural communities. Based in Hazard, the center serves the entire state. By working with a statewide mission from within a rural setting, the center acts as a broker between rural needs, the University of Kentucky, and other urban resources.

Bringing health education to rural residents in their community, the center

provides programs in nursing, physical therapy, clinical laboratory sciences, social work, and family practice residency. The programs are based on the model that students are more likely to practice a health profession in the area in which they receive their final training.

The Center for Rural Health has contributed to improving health care services within the region by graduating 125 physical therapists, 105 nursing professionals, 70 clinical laboratory scientists, and 30 family practice physicians. About 75 percent of those graduates currently practice in rural, medically underserved areas of Kentucky.

The center's leaders are aware of the economic contributions quality health care can make in rural communities. They have made it a national leader in developing programs that enable communities to measure the impact and use of health services to

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**Kentucky Governor Ernie Fletcher, at the Aug. 19 UK Center for Rural Health Bailey-Stumbo Building dedication ceremony**

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assist in community planning. One such example, Rural Health Works, is an assessment model jointly developed by the Center for Rural Health and the UK College of Agriculture to gauge the impact of existing or proposed health services on local economies.

Two nationally recognized lay health worker programs that are part of the center, Kentucky Homeplace and Southeast Kentucky Community Access Program (SKYCAP), are improving access to health care for thousands of medically underserved rural residents. Last year, SKYCAP was one of eight initial recipients of the U.S. Department of Health and Human Services' Innovation in Prevention Awards, presented by Secretary of Health Tommy Thompson.

The center also was named Outstanding Rural Health Program in 2000 by the National Rural Health Association in recognition of its multi-faceted approach to addressing Kentucky's rural health issues.

# So, how many uninsured is too many?

"Ranks of the Uninsured Grows in 2003," exclaims the headline.

"Rural Uninsured Continues to Rise," notes another.

And yet a third despairs that a "Report Examines Decline in Employment-based Health Coverage."

According to these reports, a staggering 45 million Americans, 15.6 percent of our population, lacked health insurance during 2003, representing an increase of 1.5 million of our friends and neighbors since 2002. It is also alarming to note that rural Americans have an uninsured rate about 6 percent higher than our urban counterparts. So I ask you, "How many uninsured is too many?"

This decline is largely due to reductions in employer-sponsored coverage, which fell from 61.3 percent to



**GREG BAUSCH**  
President,  
KRHA

60.4 percent from 2002 to 2003. Unfortunately, the rates for employee-sponsored healthcare are 11.5 percent lower for the rural areas of our country as compared to urban areas, making this vulnerable population disproportionately affected.

We can point to countless businesses like lumber mills, agricultural operations, and Mom & Pop stores that offer no health benefits to even their full-time employees. Why even at Wal-Mart, the largest

employer in the country, only around 50 percent of employees have company-sponsored health insurance. So please tell me, how many people are too many without employer-sponsored health care coverage?

At my institution, we have seen our bad debt rate soar in the past couple of years, as have many other providers.

And while much of this problem is due to the growing number of uninsured, a whopping 40 percent of this increase at our system was from folks who have health insurance but were unable to pay the new higher co-pays and deductibles of their health plans.

That illustrates for me a significant rise in the underinsured and the financial stress that is being placed on our providers in caring for them. So I ask you again, "How many underinsured is too many?"

We cannot allow ourselves to get caught up in a numbers game about these issues. They are just too important for that. Access to quality health care for all Americans regardless of their location, ethnicity, or ability to pay should be a right, not a privilege for a select few.

Unfortunately, it appears that only a select few will be able to afford these services in the very near future without some drastic change to the health care system.

In my view, only a system of government-sponsored universal health coverage, funded largely with the premiums we're already paying, can hope to correct the looming crisis. The efficiencies of a single-payer, non-profit system could make the difference.

So, how many is too many? My answer is this: "One is too many."

Oh, and while we're at it, since William W. McGuire, chief executive officer for UnitedHealth Group Inc., personally earned \$94,177,531 (including exercised stock options) in 2003, we may also want to ask how much is too much?

*Greg Bausch, Pharm.D., is president of the Kentucky Rural Health Association, a member organization that educates providers and consumers on rural health issues and advocates actions by private and public leaders to assure equitable access to health care for rural Kentuckians. He also is vice president for regional services at St. Claire Regional Medical Center in Morehead.*

## KRHA HONORS LEACH DURING ANNUAL CONFERENCE



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

About 100 of the state's leaders in the field of rural health care convened at the Holiday Inn Capital Plaza in Frankfort on July 13-14 for the Kentucky Rural Health Association's (KRHA) sixth annual conference. The meeting, titled "Advancing Rural Health in Tougher Times," featured presentations and discussions about the critical issues that currently impact rural health in Kentucky. Among the session highlights were:

■ "Forty Years of Rural Health Observations – and Thoughts for the Future," a presentation by Rice C. Leach, M.D., who retired in March after 12 years as Kentucky's public health commissioner. Leach was the recipient of the organization's second Dan Martin Award for Lifetime Achievement in Rural Health Care. At left, Leach is shown receiving a token Kentucky dulcimer from outgoing KRHA President Julie McKee.

■ "The National Perspective for Rural Health Policy," a discussion led by Alan Morgan, vice president for government affairs and policy, National Rural Health Association.

■ "Effective Advocacy," a presentation by Tony Goetz, legislative liaison to the state Senate for Gov. Ernie Fletcher's administration.

"The annual meeting is a wonderful opportunity for Kentucky's rural health advocates to network and be updated on current trends and issues," said Greg Bausch, Pharm.D., vice president for regional services at St. Claire Regional Medical Center in Morehead, who succeeded McKee as KRHA president. "Although we enjoyed an outstanding meeting and honored one of Kentucky's true leaders in rural health, our work is far from done. Until every citizen of our Commonwealth has easy access to quality health care close to their home community, the important mission of KRHA is unfulfilled."

## THE KENTUCKY INTERDISCIPLINARY COMMUNITY SCREENING PROJECT:

# A successful health education experience

SUBMITTED BY KEVIN W. BORDERS, MARGARET MAHAFFEY AND LINDA BLEDSOE

At the end of the Kentucky Interdisciplinary Community Screening (KICS) project, students are asked to write about the value of interdisciplinary teams for conducting health screens. Time and time again, they write about how interdisciplinary teams are an efficient way of providing services, reducing errors, and a place of learning for themselves and clients. This is a typical response:

“This experience of an interdisciplinary team is important to rural practice because the disciplines are able to learn from one another. They are also able to ask further questions to help the patients to find out what can be contributing to health problems.”

For the past 11 years, the KICS program has provided 212 medical, nursing, social work, dental, and public health students the opportunity to learn how to work together as interdisciplinary teams to conduct health screens in medically underserved areas (MUAs) of rural Kentucky. More than 3,000 health screens have been conducted. “Working in interdisciplinary teams” is one of the five core competencies that all health clinicians should possess as outlined in the 2003 Institute of Medicine (IOM) report, “Health Professions Education: A Bridge to Quality.”

KICS is an innovative interdisciplinary student education experience conducted by the University of Louisville (U of L) schools of Social Work, Medicine, Dentistry, and Nursing; five regional area health education centers (AHECs), Western Kentucky University (WKU) and a myriad of community organizations. KICS began in 1993 and since 1996 has been funded by a Quentin N. Burdick Rural Interdisciplinary Training grant from the Bureau of Health Professions, a division

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*An interdisciplinary team is a group of persons who are trained in the use of different tools and concepts, among whom there is an organized division of labor around a common problem ...*

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of the Health Resources and Services Administration, which is part of the U.S. Department of Health and Human Services. The grant is administered by the U of L Kent School of Social Work.

Collaboration between AHEC and the Quentin N. Burdick program seemed to be a natural, as both programs support the training of health professions students in rural, underserved communities and improve access to care in rural areas. In May 2003, the KICS team approach won the National Academies of Practice’s Interdisciplinary Group Recognition Award. This national organization is devoted to promoting quality health care through interdisciplinary practice, education, and research.

Recruitment of students is a shared responsibility between the various academic disciplines. Each KICS faculty preceptor promotes the program to students within his/her discipline, which usually includes short presentations during visits to numerous classrooms. Student newsletters and university newspapers are another vehicle for promoting the program on campus. In addition, during the Spring AHEC Fair, representatives from KICS and AHEC disseminate program information to interested students while staffing a booth.

Each summer, student teams and faculty preceptors spend three weeks to one month providing comprehensive health screenings for low-income and/or high-risk persons in federally designated health professional shortage areas (HPSAs) and/or MUAs. KICS works to improve the health status of medically underserved populations by engaging in interdisciplinary health education, training, and service by working at the community level. Moreover, it is an educational project that challenges both health professions educators and students to communicate, cooperate, and collaborate as an interdisciplinary team during the provision of health care services.

Screenings take place at various sites, including elementary schools, middle schools, community resource centers, and community health centers. During the week of a screening, teams of U of L students and faculty travel to the site on Monday to set up a makeshift clinic.

The team holds a community meeting where KICS students and preceptors meet local leaders and discuss prevailing social, medical, or economic issues that might have an impact on their citizens’ health status. Following the orientation, faculty and students set up their clinic examination area. Comprehensive screenings take place on Tuesday, Wednesday, and Thursday with interdisciplinary team members, under the supervision of their faculty preceptors, making needed medical and agency referrals.

Students and faculty evaluate their progress on Friday through student presentations, discussions, community health professional involvement, and a journaling exercise. Afterwards, the clinic is dismantled and the KICS teams return to Louisville. This schedule continues each week in every participating county for three to four weeks each summer.

Five Kentucky AHECs – including Northwest, Purchase, South Central, Southeast and West – play a pivotal role in the KICS project. In the spring, the AHEC directors begin to lead community committee meetings, comprised of volunteers and agency representatives from the designated county, to lay the groundwork for the summer event.

Organizations represented on the committee include family resource centers, local health departments, school systems, community health providers, HUD, community-based services, and head start. Community committee members assist in numerous ways, including promotion of the project, recruitment of potential participants, and hands-on assistance during the event. Community representatives also donate meals for the KICS team. Their collective contribution to the project is critical.

The AHEC offices serve as the KICS on-site coordinators and assist with planning and logistical issues in the designated sites. They also facilitate the community orientation, the initial component of the weeklong KICS event and an essential element in the educational process. The AHECs act as liaisons, or critical links, between the university and the medically underserved communities that are chosen for the KICS project.

Beyond the obvious service to clients screened, the KICS project provides much interdisciplinary training to the students – an average of 170 hours for each project. Each interdisciplinary student team must provide a case study of a person screened, from diagnosis to referral. Besides the educational benefit of the case discussions, the students gain respect for other academic health care disciplines and rural cultures.

The key component of KICS is its use of interdisciplinary teams to conduct

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# Regional summit marks beginning of cancer project

## Four types of disease to be targeted within 5th Congressional District

### UK PUBLIC RELATIONS

A summit at the Center for Rural Development in Somerset on Oct. 15 kicked off the Marty Driesler Lethal Cancer Project, which is funded by the Centers for Disease Control and Prevention.

In February, U.S. Congressman Hal Rogers and University of Kentucky President Lee T. Todd Jr. announced a unique health care initiative aimed at increasing the survival rates of people with deadly cancers throughout Kentucky's 5th Congressional District. The UK Markey Cancer Center will partner with more than 200 physicians and health care providers in the district to establish a community outreach program of early detection, prevention and treatment for lung, pancreatic, liver and esophageal cancer.

A proponent of the project, Rogers said, "The purpose of the Marty Driesler Cancer Project is to increase early detection, improve the quality of treatment, and increase the survival rates for lethal cancers."

Kentucky has the fourth highest cancer mortality rate in the nation. It is estimated that more than 9,300 Kentuckians will die in 2004 from some sort of cancer. Eastern Kentucky leads the state in deaths when it comes to liver, lung, and pancreatic cancers.

"These figures are staggering. Our ultimate goal for this project is to help

save the lives of as many Kentuckians as possible," said Rogers.

"The project is unusual; it involves reaching out to patients rather than waiting for them to come in for care," said Dr. Alfred Cohen, director of the UK Markey Cancer Center. In addition, UK researchers and physicians will partner with doctors and others in the district to identify, screen and treat patients.

"This is something that really has not been done, where the university and cancer center go out into a community and work with all the committed (health care) groups and physicians in that area," Cohen said.

Cohen said that UK already has expertise in many of the approaches and programs it will use in the area, which will allow the university to refine and apply them in a particular community.

Rogers makes it clear that UK Markey Cancer Center will be a valuable partner on this project. "The Markey Cancer Center is nationally recognized for its work and research in this area. I'm thrilled that UK agreed to oversee the project. We could not have picked a better organization," said Rogers.

The Marty Driesler Lethal Cancers Project will target lung cancer and three other often-fatal cancers – liver, pancreatic and esophageal. The project will approach each cancer based on its particular problems and characteristics.

"The goal," Cohen said, "is to set up a pilot program that actually can make a difference."

Data from this project will be collected, processed and analyzed by the Kentucky Cancer Registry at UK. For more information on cancer rates of incidence and mortality by county in Kentucky please visit [www.kcr.uky.edu](http://www.kcr.uky.edu).

### UNINSURED, continued from Page 2

Rural Health and principal investigator for the grant. "This is a unique opportunity for policymakers, stakeholders and concerned citizens to better understand the importance of health care coverage for all to the economic vitality of the Commonwealth."

Among the specific goals of the project are to design research that identifies disparities in geographic or racial/ethnic access to care and to identify options for reducing Medicaid expenditures without reducing eligibility or increasing investment in the program. A series of community forums will be convened around the state to gather information about the experiences of being under- and uninsured, ideas and innovations that are helping the uninsured, and alternatives to the status quo. Researchers also plan telephone surveys of more than 1,600 households and 500 small businesses to assist in determining the estimation of health insurance coverage at the state level.

"The Center for Rural Health is proud of this collaboration involving the State Office of Rural Health, the Center for Rural Health and the Long-Term Policy Research Center," said Judy Jones, director of the Center for Rural Health. "This combination of resources will be effective in conducting research and making the results applicable to those who need the information most."

KLTPRC, a state agency attached to the General Assembly, is a key partner on this landmark grant. Bowling Green resident Paul Cook, chairman of the agency's board of directors, emphasized the importance of the grant's immediate and long-term impact on the Commonwealth.

"The board and staff of the Kentucky Long-Term Policy Research Center could not be more pleased to be partners on this federal grant from HRSA, which will bring nearly \$1 million into our state for vitally important research," Cook said. "No topic of study could be timelier given the rising number of uninsured or of greater long-term importance to the state's future. As partners on this grant, we have a remarkable

opportunity to give policymakers tools they can use and citizens reason to hope for progress."

Biennial surveys conducted for KLTPRC by the UK Survey Research Center that measure public opinion on goals for the future of the state consistently have found that Kentuckians rank universal access to affordable, high-quality health care at or near the top in terms of importance. At the same time, citizens consistently have ranked the goal last in terms of progress on every survey since 1998.

KLTPRC's senior policy analyst, Michal Smith Mello, will act as project director, overseeing the day-to-day operations of the multi-faceted project, and its executive director, Michael Childress, and policy analyst and economist, Amy Watts, will assist in the analysis of data. Additionally, KLTPRC will work with the project's steering committee to organize meetings and make progress reports, as well as develop routine communications tools.

Mello, along with Julia Costich, assistant professor in the UK College of Public Health, and Larry Palmer, endowed chair for urban health policy at the University of Louisville, also will conduct research into the implications of various public and private policy options for expanding the state's insured population.

"I am pleased to be working with Dr. Samuels and the entire team from the University of Kentucky and the Kentucky Long-Term Policy Research Center," Palmer said. "This partnership between the Long-Term Policy Research Center, the University of Louisville and the University of Kentucky should help policymakers in both the private and public sectors better understand how best to address the unmet health care needs of Kentucky's uninsured. Our grant provides an excellent opportunity to use interdisciplinary research in service of the needs of Kentuckians."

Mello and Costich, along with F. Douglas Scutchfield, the Peter P. Bosomworth Endowed Professor in the UK College of Public Health, co-authored a report in 1999 on the status of health care in Kentucky.

the health screens. A student's introduction to interdisciplinary teams begins with the classic 1958 definition by M.B. Luszki: "An interdisciplinary team is a group of persons who are trained in the use of different tools and concepts, among whom there is an organized division of labor around a common problem, with each member using his own tools, with continuous intercommunication and re-examination of postulates in terms of the limitations provided by the work of other members, and often with group responsibility for the final product."

This definition is used because participants recognize none of the disciplines have all the skills needed to address patients' medical concerns, and each individual brings skills and knowledge that helps create the dialogue necessary for the successful intervention with the patient.

H. Cooper et al. conducted a systematic review of interdisciplinary research and found that "student health professionals were found to benefit from interdisciplinary education with outcome effects primarily relating to changes in knowledge, skills, attitudes and beliefs." Patients also benefit from interdisciplinary teams in that they can receive coordinated services, an efficient use of time, and potential interaction with professionals of multicultural backgrounds.

Orientation begins with a discussion of interdisciplinary teams, team building exercises, and then overviews of rural health issues, rural communities, cultural competency, and family violence. One day is spent in simulation labs with standardized patients in the dental and medical schools. Standardized patients are actors trained to present various health scenarios. Standardized patients are utilized so students can practice medical physicals. For the upcoming year, plans call for utilizing the standardized patients to allow students to practice administering social histories and discussing public health information as well.

Students also are trained to conduct basic oral cancer screens, basic physical exams, and thorough social and medical histories. All of the students participate

in the simulation labs, and they are given the opportunity, while in the field, to conduct portions of screens from a different discipline. For example, a social work student may work with a nursing student to conduct a finger stick. At every instance, faculty member are available to supervise or conduct a further exam.

The KICS program is evaluated on three levels: student and client satisfaction, student knowledge and skill development, and client adherence rate with referrals. Approximately 59 percent of the clients receiving screenings from KICS rated their satisfaction with their KICS experience:

- Seventy-nine percent of clients rated the students as extremely professional, and another 20 percent rated students between somewhat and very professional.

- Seventy-eight percent rated the students as being very interpersonally skilled, and another 21 percent rated them between somewhat and very interpersonally skilled.

- Sixty-five percent of the clients said they were very motivated to change their unhealthy habits and another 31 percent said they were somewhat motivated to change their unhealthy habits.

- Approximately 97 percent of the clients stated they would be very likely to recommend the KICS experience to a friend. Recent client satisfaction data reveals that on a scale of 1 to 3, the average rating patients gave when asked about recommending KICS to a friend was 2.95, indicating that they are very satisfied with their KICS experience.

Among the 2002 KICS student cohort, all of the nursing students indicated they were "very much interested" in providing health care to an underserved population; all of the dental students indicated that they were either "interested" or "very much interested" in providing health care to an underserved population.

Eighty-six percent of medical students indicated they were either "interested" or "very much interested" in providing health care to an underserved population; and 80 percent of social work students indicated a similar level of interest. Dental and

nursing students gave the highest ratings to the opportunity to work with others from other disciplines as part of the KICS experience, followed by social work and then medical students.

In 2000, previous KICS students from all disciplines were surveyed and results indicated that they continue to be involved in service to rural, underserved areas:

- Fifty-one percent volunteered services to underserved rural areas.

- Twenty-three percent served on a committee or task force dealing with interdisciplinary teams and/or rural practice.

- Seventeen percent participated in an internship or research project in underserved, rural areas.

- Seventeen percent spoke to elementary or secondary education students about their experiences with rural, underserved populations.

- Eleven percent taught continuing education programs or in-service in interdisciplinary and/or rural content.

KICS is making a difference in Kentucky. As noted above, students that participate in the project maintain an interest/focus in underserved and rural populations, which may impact their choice of practice location. Also, rural communities benefit greatly from the visiting team of health care professionals/faculty and students that provide free, comprehensive screenings and referrals to their most vulnerable populations.

Additionally, health professions students consistently report the value of working as a member of an interdisciplinary team as an effective process in the provision of health care services. And finally, KICS is well aligned with one of the recommendations outlined by the IOM report to better prepare the health care workforce of tomorrow.

*Kevin W. Borders, Ph.D., is KICS project director and an assistant research professor at the U of L Kent School of Social Work. Margaret Mahaffey, M.Ed., is associate director of the AHEC/Health Education Training Center at the U of L School of Medicine. Linda Bledsoe, Ph.D., is KICS project evaluator and an assistant research professor at the U of L Kent School of Social Work.*

## Lewis County clinics LEAP to better health

SUBMITTED BY DAVID BOLT

Late last year when the Lewis County Primary Care Center was faced with the prospect of an increase in employees' health insurance costs, Chief Executive Officer Jerry Ugrin turned to those employees for ideas.

What evolved was the Lifestyle Enhancement Activity Program, or LEAP, which rewards employees with cash or paid time off from work in return for improving their health habits.

The components of LEAP, by which individual employee goals are measured, include blood pressure, body mass index, waist-to-hip ratio, lipid profile plus glucose, smoking, and exercise.

Sixteen LCPCC employees achieved their goals during the first and second phases of the program. They combined to lose 115 pounds and cut their cholesterol levels by an average of 37.9 points. Two participants successfully quit smoking and none of those who participated experienced an inpatient admission during the year. Their cost experiences for health care during the year also were lower than the prior benefit period, Ugrin said. And, he said, providers and other employees now seem more willing to talk to patients about lifestyle changes.

The program is continuing, but with some changes. Beginning in August employees had a choice: They could join LEAP or pay \$50 per month for their health insurance.

Ugrin said the long-term benefit of the program is that it "will, hopefully, reduce our employee health insurance cost and give us a healthier group of personnel."

*David Bolt is chief operating officer of Lewis County Primary Care Center, based in Vanceburg.*

# Regional forums target obesity epidemic



Photo by David A. Gross, UK Center for Rural Health  
 Cabinet for Health and Family Services Secretary James W. Holsinger Jr. addressed those in attendance at an Aug. 9 obesity forum held at the UK Center for Rural Health in Hazard.

By DAVID A. GROSS  
 UK CENTER FOR RURAL HEALTH

**HAZARD** – A series of nine public forums across Kentucky during August focused on one of the state’s most serious health concerns – its growing waistline.

Nearly two-thirds of Kentucky’s adults are either overweight or obese and the state ranks second-highest in the nation for physical inactivity, according to a recent report. The consequences are dire – obesity increases the risk for other chronic health problems, including diabetes and certain cancers, and costs Kentucky more than \$1 billion each year in increased health care services.

To address this emerging epidemic, the Kentucky Department of Public Health and the Partnership for a Fit

Kentucky, through a U.S. Centers for Disease Control (CDC) obesity grant, sponsored the regional forums in an effort to collect community input on obesity’s causes and effects.

“It is important to get members of the community together to discuss our shared problems,” said Fran Feltner, B.S.N., director of the University of Kentucky Center for Rural Health’s lay health worker programs, who helped organize the Hazard meeting. “That is often how the best ideas for solutions come about.”

In addition to Hazard, forums were held in Lexington, Ashland, Louisville, Owensboro, Paducah, Bowling Green, Somerset, and Union. The ideas generated by several hundred citizens will be used to draft a statewide action plan, which will be submitted to the CDC.

## 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.

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### 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](http://www.kyrha.org).