KENTUCKY
AREA HEALTH
EDUCATION CENTERS
2007-2008
ANNUAL REPORT

Connecting Students to Careers
Professionals to Communities
And Communities to Better Health

UNIVERSITY OF LOUISVILLE
Kentucky Area Health Education Centers (KY AHEC) are the collaborative work of the University of Louisville Health Sciences Center, the University of Kentucky Medical Center and eight strategically located regional centers to improve the recruitment, distribution and retention of health care professionals in medically underserved areas throughout the state. This challenge can only be accomplished through systematic community and statewide partnerships to identify and solve health problems. Thus, the mission of Kentucky AHEC is to promote healthy communities through innovative partnerships. This is accomplished by providing:

**Educational support services to health profession students and health care providers.**

**Community health education,** and

**Programs that encourage health profession as a career choice.**

The University of Louisville’s four AHEC regional centers are NorthWest AHEC, South Central AHEC, Purchase AHEC and West Kentucky AHEC. The four University of Kentucky centers are Northeast AHEC, Southeast AHEC, Southern AHEC and North Central AHEC.

Of the 120 Kentucky counties, 81 are designated as Health Professional Shortage Areas and 100 have been classified as medically underserved areas. KY AHEC was established in 1985 to address this lack of health care and health professionals.

The commitment of the University of Louisville and the University of Kentucky, along with community based partners, is to work together to meet the needs of the citizens of Kentucky. These partners include family and youth centers, universities and other institutions of higher education, public health departments, public schools, Foundations and private organizations, as well as other federal, state, regional and local organizations.

The main focus of KY AHEC is to establish and support community-based clinical education for health professions students and medical residents, provide continuing education for medical personnel in underserved areas, recruit underrepresented minority students into the health professions and partner with community-based organizations to address both long-standing and emerging health-related needs with interdisciplinary initiatives.

During 2007-08, the AHEC multi-leveled network of health professionals, faculty and community-based physicians worked together to improve primary care in medically underserved areas in Kentucky. To meet this need, KY AHECs sponsored clinical training of current and future health professionals in communities across the Commonwealth.

Kentucky AHEC, all health disciples at the University of Louisville, the University of Kentucky and community partners work together to eliminate disparities in health and health care, and address the goals of Healthy People 2010 and Healthy Kentuckians 2010.

V. Faye Jones, M.D.
Program Director
Associate Dean of Minority and Rural Affairs
School of Medicine

V. Faye Jones, MD.

KY AHEC Central Program Office staff
Left to right: Pattie Allen, Gloria Pressley-McGruder, Ed. D., and Alina Lu. Pat Alexander, not shown, is also AHEC staff.
THE UNIVERSITY OF LOUISVILLE CENTRAL PROGRAM OFFICE has the administrative, programmatic and fiscal responsibility for the western half of the state and for federal funding. The University of Louisville’s four regional AHEC centers, located in western Kentucky are: NorthWest AHEC, hosted by Park DuValle Community Health Center and Portland Family Health Center in Louisville; Purchase AHEC, hosted by Murray State University in Murray; South Central AHEC, hosted by Western Kentucky University in Bowling Green; and West AHEC, hosted by Trover Health Systems in Madisonville.

PARTNERSHIPS AND EDUCATION define the focus and activities of AHEC. KY AHEC connects the academic health education programs at the University of Louisville Health Sciences Center and the University of Kentucky Medical Center. Together they distribute human resources, retain providers and offer continuing education programs to enhance quality healthcare and develop a health career education pipeline that cultivates and nurtures future health care providers. All eight regional centers collaborate with community-based organizations and health care professionals to develop educational programs designed to promote healthy communities. This comprehensive strategy addresses the needs and challenges of the medically underserved in urban centers and rural communities.
KY AHEC

PURCHASE
Ballard  
Calloway  
Carlisle  
Crittenden  
Fulton  
Graves  
Hickman  
Livingston  
Lyon  
Marshall  
McCracken

NORTHEAST
Bath  
Boyd  
Carter  
Clark  
Elliott  
Fleming  
Greenup  
Lawrence  
Lewis  
Mason  
Menifee  
Montgomery  
Morgan  
Nicholas  
Powell  
Robertson

NORTHWEST
Bullitt  
Carroll  
Henry  
Jefferson  
Oldham  
Shelby  
Spencer  
Trimble

WEST
Butler  
Caldwell  
Christian  
Daviess  
Hancock  
Henderson  
Hopkins  
Logan  
McLean  
Muhlenberg  
Ohio  
Todd  
Union  
Webster

NORTH CENTRAL
Anderson  
Boone  
Bourbon  
Bracken  
Campbell  
Fayette  
Franklin  
Gallatin  
Grant  
Harrison  
Jessamine  
Kenton  
Owen  
Pendleton  
Scott  
Woodford

SOUTHERN
Boyle  
Casey  
Estill  
Garrard  
Jackson  
Knox  
Laurel  
Lincoln  
Madison  
McCreary  
Mercer  
Pulaski  
Rockcastle  
Wayne  
Whitley

SOUTHEAST
Bell  
Breathitt  
Clay  
Floyd  
Harlan  
Johnson  
Knott  
Lee  
Leslie  
Letcher  
Magoffin  
Martin  
Owsley  
Perry  
Pike  
Wolfe
The Kentucky AHEC Mission:

Promote healthy communities through innovative partnerships. This is accomplished by providing:

Educational support services to health profession students and health care providers,
Community health education, and
Programs that encourage health professions as a career choice.
A primary goal of KY AHEC is to recruit under-represented minorities and disadvantaged students into health professions through a broad range of programs. These youth are under-represented in health care professions and are more likely to return and practice in underserved communities due to the support and mentoring they receive from KY AHEC.

Pre-professional students (K-12) are introduced to health care as a potential career choice early in their educational process. Health career programs provide up to 20 contact hours for students in introductory programs. Each AHEC region develops programs that address the unique needs of their communities.

Enrichment or exploratory programs are designed to provide up to 40 hours of interactive experiences that help students learn about health careers and understand academic expectations. Young students learn and use academic skills (especially in math and science) that promote exploration of various fields within the health career pipeline.

Working with partners such as local school systems, universities, public health departments and community health facilities, KY AHEC recruits and nurtures new generations of health care providers. These programs attract a diverse and talented cross section of youth with an interest in health care and provide them with the guidance to become successful professionals.
KY AHEC

CONNECTING STUDENTS TO CAREERS

[Images of people in medical settings]
During the 2007-2008 fiscal year, the University of Louisville’s western AHEC centers educated over 39,689 K-12 students who participated in the KY AHEC Health Careers Pipeline to learn about health issues and health education opportunities. These programs raise awareness, create interest and enhance preparation of health professions careers.

KIDS INTO HEALTH CAREERS

HEALTH CAREER CAMPS AND WORKSHOPS
GUEST SPEAKERS
COLLEGE/CAREER DAYS
HEALTH CAREER CLUBS
HEALTH CAREER FAIRS
MATH AND SCIENCE ENRICHMENT PROGRAMS

SHADOWING and MENTORING EXPERIENCES
HIGH SCHOOL SCHOLARS PROGRAMS
TOURS
SPECIAL PROJECTS
SUMMER CAMP EXPERIENTIAL ACTIVITIES
MCAT PREPRATION PROGRAM
The goal of Kentucky AHEC is to improve recruitment, quality, distribution and retention of health care professions in medically underserved areas throughout the Commonwealth. In 1993, The University of Louisville School of Medicine required all third-year medical students to complete a four week AHEC rotation before their graduation. This curriculum change increased student rotation in underserved areas in the Departments of Pediatrics, Psychiatry, OB/GYN and Emergency Medicine. The rotations introduced students to rural and underserved areas of Kentucky and prepared them for professional practice in Kentucky.

All medical, nursing, dental, pharmacy, physical therapy and other health profession students who train in AHEC communities experience practical, cost effective, hands-on activity in clinics, private offices, and community hospitals. The KY AHEC health professions pipeline provides students with supportive clinicians and housing during on-site rotations.

The AHEC Medical Director, who is also a Family and Geriatric Medicine faculty member, travels the state to develop new sites and preceptors for this vital experience. In addition, the University of Louisville Community Dental Director travels the Commonwealth to promote the growth of the Dental Program with community-based preceptors and supports students on rotation.

Clinical training and student rotation also provides professional development opportunities for the community-based faculty. Preceptors teach and mentor health professions students in community health centers, rural health centers, community hospitals, private practitioner offices, federal 330 clinics and nursing homes. It also provides the preceptors access to current scientific and teaching materials at major universities.
KY AHEC helps sustain physicians, dentists, pharmacist and other health care professionals who care for the medically underserved through its continuing education programs and support services. Approximately 10,000 health professionals received medical educational training through KY AHEC programs in 2007-2008.
In 2007-2008, the University of Louisville KY AHEC regions had 268 student rotations and 1151 weeks of rotation in rural and medically underserved areas in the Commonwealth.

This educational process allows students the opportunity to live and learn about life in rural areas and small towns. Some students ultimately explore the option of living and practicing in small communities.

The University of Louisville School of Medicine has conducted at least 10% of its clinical education at AHEC sites since 1990.
I went on home visits with Jean Fee, a retired Frontier Nurse, for my service learning project. Jean currently makes home visits as a nurse practitioner in Jackson County. She provides medical care to people who are unable to come in to the doctor. We visited several families around Jackson County, which afforded me the opportunity to see a significant portion of the county as well as to experience the living arrangements and obstacles that patients may have to overcome in order to seek medical care in this county and other rural parts of the state and country.

We began one morning by visiting a pair of sisters who make crafts out of all kinds of common household items ranging from dolls to Christmas ornaments to quilting. While they have a transport available to them, funded by Medicaid, one of the sisters no longer feels she can make trips outside the home due to her overwhelming size. We visited this sister to collect blood to maintain her medical care. Jean’s visits have afforded her the opportunity to continue medical care for her diabetes, CHF, and ankle ulcer despite her inability to leave her home. The other sister, who is also obese, currently maintains her own clinic visits.

We next visited an older woman who had recently had a stroke and had been “out of her head” for the past few days. She was currently being cared for by her son and daughter in law in their one bedroom, one bathroom home. She had been able to care for herself prior to this stroke. However, on our arrival, the patient was agitated and confused. She was having typical problems of the elder confined to a bed, from bed wetting, to fear of falling and disoriented. She had also stop eating and drinking. In addition, the strain on the caretakers was evident. They expressed frustration and had not slept for days due to the situation. We delivered some sedating medications for the stroke victim, prioritized her medication list, tried introducing liquids with a spoon, ordered a hospital bed, portable commode, and provided a friendly ear and a resource for the family to continue their home care or to help them find other resources as they may need them.

We continued our journey to several other homes that day. We followed a steep windy gravel drive up to a trailer where laundry hung to dry to administer an RSV vaccine to a previous premature infant. His family lives in a single wide trailer without a phone or readily available transportation. The family always made it to the clinic through rides from neighbors in the past. However, the availability of the RSV vaccine shipment and coordinating transportation for the child and his family was very difficult. This made Jean’s services essential. We were welcomed warmly into the crowded living room where this family of four was enjoying an afternoon showing of Shrek 3. After a few minutes we were greeted enthusiastically by an eczema covered two year old, whose hands were wrapped to prevent scratching. We consulted with the parents on his care as well as his brother’s well child check and immunization administration. While living in extremely modest means, the parents provided compliant and competent medical care for their children and they exhibited excellent histories of their youngest progress through UK NICU.

The citizens of Jackson County take care of each other. This was a running theme for all the families we visited. Rather than sending family members to long term care facilities or putting them into the hospital, families in Jackson County have a tendency to help each other and make home health care a real possibility and a way of life for a lot of the disabled and the very ill. Families become caretakers for each other in a way I have not seen in any of my previous experiences thus far. This arrangements allow patients to maintain their way of life to the extent that their illness allows and to remain at home with loved ones. However it can be extremely demanding on the caretakers themselves as well. There are many cases of one patient taking care of another who is worse off than the first, often with disregard to their own limitations and medical conditions. The caretakers’ conditions need to be remembered and considered and are addressed in home visits whenever possible.

Home visits provide essential medical care to those who would otherwise be to access health care. Home visits also provide an opportunity to assess the home health environment of the patient. It allows insight into the patient-caretaker relationship, adequacy of care, assessment of strain on the caretaker, and/or the possible need for other medical equipment or supplies. All these factors allow for a more comprehensive care plan for the patient. While these visits are not always possible or practical in current medical practice, if properly coordinated and executed they can be used as an integral part of patient care.
KY AHEC provides continuing education programs to: physicians, social workers, nurses, mental health professionals, allied health professionals, EMT/EMS and other emergency respondent personnel, advanced practice nurses, physician assistants and pharmacists, as well as programs to the general community. Topics range from immunization to cardio-vascular information; diabetes and geriatrics to diagnostic skills and treatment; and emergency trauma training to pediatrics and child health.

KY AHEC, in partnership with the Kentucky TeleHealth Network also coordinates with the TeleMedicine Training Centers to promote telemedicine and training for health care practitioners in the KY AHEC regions.
This is a partial list of state funded programs provided at the four UofL AHEC centers in 2007-2008. For more information, please contact the regional centers.

<table>
<thead>
<tr>
<th>REGIONAL CENTER/ DIRECTOR</th>
<th>PROGRAMS</th>
<th>PARTICIPANTS</th>
<th>COLLABORTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEST AHEC TRICIA JORDAN</td>
<td>5 Dental Clinics- $10,678 free services to children</td>
<td>80 students</td>
<td>Henderson Community College Dental Hygienist and UofL School of Dentistry</td>
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<tr>
<td></td>
<td>CMEs Domestic Violence HIV/AIDS</td>
<td>120 participants</td>
<td>UofL Faculty &amp; SANE certified (Sexual Assault Nurse Educator)</td>
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<tr>
<td></td>
<td>Health Careers Shadowing Presentations Tours PEPP recruitment Exhibits First Nursing (CNA Certification given)</td>
<td>4,050 participants</td>
<td>K-12 Schools West AHEC region in Hopkins, Ohio, Henderson, Christian, Webster, McLean &amp; Caldwell Counties</td>
</tr>
<tr>
<td></td>
<td>Women/Children World’s Greatest Baby Shower Hygiene Programs Oral Hygiene Women’s Forum</td>
<td>9,947 participants</td>
<td>Christian, Davies, Caldwell, Webster, McLean, Todd, Ohio, Hancock, Union and Clay Muhlenberg, Dixon, Providence, Webster, Hopkins Counties</td>
</tr>
<tr>
<td></td>
<td>Library Assistance (4th quarter) Request for services</td>
<td>11,203 reprints 838 loans requested 5,544 searches (count not included in total)</td>
<td>Owensboro, Jennie Stuart Library</td>
</tr>
<tr>
<td>NORTHWEST AHEC BRENDYA FITZPATRICK</td>
<td>Health Careers Expos (nursing, dentistry, exercise science, pharmacy, public health, respiratory therapy, expressive therapy, occupational therapy, clinical laboratory sciences, community health)</td>
<td>1,370</td>
<td>Gear Up Kentucky Passport UofL Indiana University SE Spalding Bellarmine UK Louisville Metro Public Health</td>
</tr>
<tr>
<td>REGIONAL CENTER/ DIRECTOR</td>
<td>PROGRAMS</td>
<td>PARTICIPANTS</td>
<td>COLLABORATORS</td>
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<tr>
<td>PURCHASE AHEC LORETTA MALDANER</td>
<td>Cardiac Artery Risk Detection in All Children * (blood pressure, Type 2 Diabetes, Cholesterol, Glucose and fitness level)</td>
<td>306</td>
<td>8 elementary schools Local health care institutions if follow-up is necessary *parental consent</td>
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<tr>
<td></td>
<td>Dental Education</td>
<td>11,140</td>
<td>Give Kids a Smile Head Starts Health Departments (37 organizations participated)</td>
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<tr>
<td></td>
<td>Seal West KY 3,234 sealants</td>
<td>1,445</td>
<td>38 elementary and middle schools</td>
</tr>
<tr>
<td></td>
<td>West KY Diabetes Intervention Project</td>
<td>162</td>
<td>Health Departments: Purchase Marshall Pennyrile Area Hospitals</td>
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<tr>
<td>SOUTH CENTRAL AHEC LUCY JUETT</td>
<td>Long Term Care Resource Guide</td>
<td>2,000</td>
<td>Barren River Long Term Care Ombudsman</td>
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<tr>
<td></td>
<td>Mennonite Interdisciplinary Project Primary Care Clinic Education</td>
<td>348</td>
<td>Allen County</td>
</tr>
<tr>
<td></td>
<td>Interpreter Training/ Interpreter Services</td>
<td>556</td>
<td>Barren County TJ Samson Community Hospital and District Nursing Homes</td>
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<td></td>
<td>Progressive Ag. Safety Program</td>
<td>9,340</td>
<td>Area organizations</td>
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<td>SMILE KY Oral Health Education</td>
<td>2,966</td>
<td>Regional schools</td>
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<td></td>
<td>Health Career Fairs/Expos SMARTS Health Hints GEAR UP</td>
<td>1,938</td>
<td>Regional schools</td>
</tr>
<tr>
<td>PARTICIPANTS</td>
<td>45,770</td>
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</tbody>
</table>

This summary does not provide the hours, cost or number of personnel engaged in travel, planning/coordination, meetings, and/or presentations or additional programs sponsored by funds from the Department of Public Health. Other items not listed in the chart include summer camps and full time/ part-time contract employees for specific programs.
KY AHEC

KY AHEC, a component of the University of Louisville Health Sciences Center provides an excellent education and work environment that promotes an understanding and acceptance of the many differences related to race, gender, socioeconomic class, nationality, religion, sexual orientation, and disabilities of individuals on UofL’s campuses. The Health Science Center’s core mission is to educate and train the next generation of healthcare workforce that can provide healthcare and public health to diverse communities.

Vickie Hines-Martin, Ph. D.
School of Nursing

The Third Annual University of Louisville Health Sciences Center Cultural Competency Workshop was attended by over 500 students, staff and faculty in October, 2008. The conference focus, Increasing Cultural Competency in Our Changing World, had participants from all four schools on the Health Sciences Campus: Medicine, Dentistry, Nursing, and Public Health.

Brian Buford, Director for LGBT Services

U of L AHEC provides information and activities that address the questions and challenges that health professionals encounter with the cultures they serve. The AHEC’s works with community collaborators to expand student, faculty, and staff’s understanding of the influences of culture on health beliefs, behaviors and practices. The ultimate goal is to provide an excellent educational environment and service experience that is welcoming and respectful of diverse ideas, cultures and people.
The Increasing Cultural Competency in Our Changing World Workshop included plenary and breakout sessions with a summative interactive session based on a case study. The speakers included Roberto Dansie, PhD.; Senator Gerald Neal, JD., Commonwealth of Kentucky; Ricardo Caicedo, MD., University of Louisville School of Dentistry; Richard Aud, MD., University of Louisville School of Medicine; M. Susan Jones, PhD., Western Kentucky University School of Nursing; Amish/Mennonite Community members Eric and Lea Kraly; Vickie Hines-Martin, PhD., University of Louisville School of Nursing; Brian Buford, University of Louisville Office of Lesbian, Gay, Bisexual and Transgender Services; Kiarash Jahed, Student, University of Louisville School of Medicine; and Adewale Troutman, MD., Director of Louisville Metro Department of Public Health and Wellness.
Door prize winners at the Health Sciences Center 2008 Cultural Competency Workshop
The KY AHEC Library Network links hospitals, health profession students and rural health providers to medical information resources at the University of Louisville and the University of Kentucky. Librarians assist and direct healthcare professionals and students-in-training to the resources they need. Clinical textbook collections, medical journals and on-line computer resources are available as well as interlibrary loans. The KY AHEC Library Network also emphasizes teaching health professionals to use the latest technology in accessing medical information.

Definitions:

Culturally Competent Healthcare is the level of knowledge-based skills required to provide effective clinical care to patients from a particular ethnic or racial group.

Clinical Training is learning that takes place in community-based healthcare settings, under the guidance of preceptors, where residents and students from medicine, nursing, dentistry and other health professions apply the knowledge gained in the classroom to care for patients.

Preceptors are community based healthcare providers who teach and mentor students and residents in an office, clinic or hospital setting.
KY AHEC is primarily funded by the Commonwealth of Kentucky General Assembly. Kentucky AHEC also received federal start-up funds in 1985 to establish a state-wide network of AHEC centers. Kentucky AHEC has also won a continuing Health Resources Services Administration (HRSA) Model State Grant, and funds are distributed to all eight regional centers and the program offices at the University of Louisville and the University of Kentucky. KY AHEC also receives matching and in-kind funding from local, regional and national organizations.
Amanda Crider, Derek Nance and Julianna Patterson, senior pre-med students, Jacob Hamrick, senior pre-physical therapy student and Joshua Scearce, sophomore pre-med student at Murray State University, participated in the second Rural Community Health Scholars Program sponsored by the Purchase Area Health Education Center (AHEC). The four week summer program is designed to introduce rural students to the need for health and medical professionals in rural communities like their own. The students were immersed in rural health by shadowing health care professionals in a variety of settings including hospitals, health departments, and area free clinics. Other community experiences included performing community health assessments in Hickman and Livingston counties through surveys, interviews and collecting available health behavior and health status data. The students worked with the Purchase AHEC and the Murray State University Nurse Practitioner program in two community health screenings in Ballard and Crittenden counties, to assess children and adults in need of health care. The scholars visited the University of Louisville and the University of Kentucky medical campuses as part of their experience. They visited the patient simulation lab at U of L and had the opportunity to talk with the admissions staff and current medical students at each school.

“The Rural Community Health Scholars program not only gives the students an opportunity to spend time with health professionals, but gives them the chance to see the real needs right in their own communities”, says Loretta Maldaner. Joshua Scearce writes, “In doing the county assessment, in Hickman County, many people I talked to did not have health insurance or a regular doctor. One lady, when asked if she had dental insurance replied, that the last three teeth she had pulled was by her son with a pair of pliers.” Noting that medicine is more than diagnostics and diseases, Julianna Patterson writes, “I saw an undeniable look of gratitude in the patients eyes when the doctor would spend an extra few minutes delving deeper into their life stories. While shadowing one physician, he began discussing with a long-standing anemia patient about the raccoons destroying his garden. This seemingly unimportant small talk allowed the patient to feel comfortable enough to lower his defenses and ask the doctor a question about a presumably minor health problem that was found to be a possible cancer symptom.”
“Growing Our Own”

The scholars program is just one of several initiatives developed by the Purchase AHEC to “Grow Our Own” healthcare professionals. Students that grow up in rural areas are more likely to return to their hometown or an area similar to home, according to recent research. The Purchase AHEC is creating relationships with current medical students from the Purchase area that are studying in Lexington, Louisville and Pikeville through the “Letters from Home” program and occasional dinners on campus.
Glasgow–Barren County Family Medicine Residency Program and Kentucky EMS Academy

AHEC values partnerships. In fact, partnerships are included in our mission statement, “The mission of AHEC is to promote healthy communities through innovative partnerships.” The most successful partnership results in the creation of a new entity able to survive on its own. This does not happen often. In the 22 years the South Central AHEC has been in existence, it has only happened twice. The South Central AHEC played an instrumental role in the creation and development of the Glasgow-Barren County Family Medicine Residency program in 1997 and the Kentucky EMS Academy in 1999.

Timing is everything and this was true with the development of the Glasgow-Barren County Family Medicine Residency Program. The state wanted a primary care residency in the 2nd congressional district and funding was available. The partnership for this residency included T. J. Samson Community Hospital in Glasgow, the UofL Department of Family Medicine, and the South Central AHEC. The hospital recognized the important role a family practice residency program could offer to the community and instead of putting their money into buying physician practices, they decided to fund the Family Practice Center Clinic and support staff. The UofL Department of Family Medicine viewed a residency program in Glasgow as an asset and not competition. AHEC documented the success of the rural community based family medicine residency program in recruitment and retention of family practitioners. It was a win–win opportunity for all partners.

The South Central AHEC reviewed the practice locations of the 31 residents who have completed the program. 81% have remained in Kentucky; the remaining 19% returned to their home state of Indiana, North Carolina or Tennessee. A total of 71% have located their practices within 80 miles of Glasgow and 16% actually located in Glasgow. This is very typical for family practice residents who want to remain close to their residency training for established referral patterns. The average population of their first practice location is 16,937.

The Glasgow-Barren County Family Medicine residency program is a perfect example of a successful partnership that has flourished on its own. The South Central AHEC works closely with this residency program for clinical placements for medical students, community medicine lectures, and continuing education. But the AHEC is not involved in the financial support of this program.
The Kentucky EMS Academy is another example of a partnership program that developed into a self-sufficient entity. The South Central AHEC was asked to develop a paramedic education program by the Kentucky EMS Council. These classes began in 1994 with a part-time instructor employed by the South Central AHEC. An EMS Advisory Board was also formed about the same time. Their vision for a Kentucky EMS Academy was to elevate paramedic education in this part of the state. The South Central AHEC accepted this challenge and created the Kentucky EMS Academy in partnership with Western Kentucky University. Today the Kentucky EMS Academy (KEMSA) is affiliated with WKU but is totally self-supporting.

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**Kentucky EMS Academy**

<table>
<thead>
<tr>
<th>Educational Program</th>
<th>Number of Programs</th>
<th>Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Care Emergency Medical Transport Program</td>
<td>4</td>
<td>71</td>
</tr>
<tr>
<td>Paramedic Course (18 months in length)</td>
<td>9</td>
<td>147</td>
</tr>
<tr>
<td>Emergency Medical Technician – Basic Course</td>
<td>15</td>
<td>166</td>
</tr>
<tr>
<td>Emergency Medical Technician – First Responder Course</td>
<td>8</td>
<td>104</td>
</tr>
<tr>
<td>Various Continuing Education Classes for EMS</td>
<td>115</td>
<td>1095</td>
</tr>
<tr>
<td>Fit Testing for Volunteer Fire Departments</td>
<td>14</td>
<td>149</td>
</tr>
<tr>
<td>Incident Command System Classes</td>
<td>21</td>
<td>519</td>
</tr>
<tr>
<td>PREPARE Classes</td>
<td>4</td>
<td>80</td>
</tr>
<tr>
<td>Hazwoper Classes</td>
<td>2</td>
<td>30</td>
</tr>
<tr>
<td>Ag Safety First Aid</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>194</strong></td>
<td><strong>2421</strong></td>
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</table>
The mission of the South Central AHEC is to promote healthy communities through innovative partnerships. Implementation of Child Passenger Safety Programs promotes healthy communities and requires innovative partnerships to produce positive changes. The South Central AHEC has been involved with child passenger safety since 2000. It all started when the Bowling Green-Warren County Health Department invited AHEC to participate in a CPS Technician training program. Four members of the AHEC staff successfully completed the training and were certified as CPS Technicians. The following year, two of the staff took the next step and became certified instructors to train CPS Technicians. In addition to participating in CPS Technician classes and safety seat check up events, the South Central AHEC was instrumental in getting the CPS Technician class approved for 3 hours of independent study credit in the College of Health and Human Services at Western Kentucky University. CPS Technician certification teaches valuable skills to the health professions students, and enhances their participation in the safety seat check up events.

Since 2002, the South Central AHEC has offered 7 Child Passenger Safety Technician classes for WKU nursing students and a total of 119 students have become CPS Technicians. The immediate and future impact of this class is obvious in the following comments from students:

“When I decided to take this class, I thought that I knew pretty much everything there is to know about child safety in cars. I found out soon that I was wrong. I learned so many new things in not only the lecture part of the course but also in the hands-on learning exercises and evaluations. I learned a lot of new information about seatbelts and car seats that I had never even heard of before. I had no idea that there was more than one type of seatbelt, or that a car seat had so many different parts to it.”

“I immediately put the information to use at work. The people I work with have a five month old and they thought their seat was properly installed, but after I checked it, I informed them of the corrections that needed to be made. They had a switchable retractor and had not pulled the belt out all the way to engage it as an automatic locking retractor. It was still on the emergency locking retractor, therefore the seat was loose. They were glad I had fixed this because they were leaving for a vacation the following day.”
Did you know…

The leading cause of death in the US in 2002 for ages 3 – 33 was motor vehicle traffic crashes?

For every injury related death 45 children are hospitalized and even more treated in emergency rooms?

42% of all unintentional childhood injury related deaths in the US are caused by motor vehicle crashes?

Child restraint seats are 71% effective in reducing infant deaths and 54% effective in reducing toddler deaths?

Over 50% of the children in Kentucky ride in vehicles without restraints?

80% of the children in the US in child safety seats are improperly restrained?

According to Sharon Rengers, Child Advocacy Program Coordinator of the Governor’s Highway Safety Program, 9 out of 10 car seats in Kentucky are improperly installed?

Total annual costs of motor vehicle deaths and injuries exceed $36 billion dollars?
Northwest AHEC utilizes a variety of venues and styles to introduce and expose K-12 students to a broad range of health careers. The end results are activities that impart knowledge and encouragement. Often what resonates out of the mouths of NorthWest AHEC program staff is a message to youth that says, “To pursue a health career, you must stay in school, study hard, and take the right courses in preparation for college.” The aforementioned parallels Gear Up Kentucky’s mission and makes for an added resource to expand the Kentucky AHEC Health Careers Pipeline.

Two years ago, NorthWest AHEC partnered with the Gear Up Kentucky Initiative at the University of Louisville to provide health careers education at Thomas Jefferson, Lassiter and Olmstead South Middle Schools in Jefferson County. In the fall of 2007, three Health Careers Expos were implemented successfully at each of the target schools. Over 1,390 seventh and eighth grade students attended the expos. While the Health Career Expos differed at each school, implementation proved intense and fast paced as presenters and students alike remained enthusiastically engaged. Between the three schools, a total of 4280 health career encounters took place as all students rotated in small groups to attend a minimum of 3-4 different sessions.

Each health careers presentation or demonstration was designed specifically to offer insight into a particular health discipline in a 20-25 minute time period with hands-on interaction between the students and presenters. Among the health careers highlighted were medicine, dentistry, nursing, pharmacy, public health, clinical lab sciences, dietetics, art therapy, speech pathology, nutrition, exercise physiology and a few other allied professions. Our partners included: The University of Kentucky College of Pharmacy and Cooperative Extension; University of Louisville Schools of Medicine, Dentistry, Public Health and Information Sciences; Spalding University Department of Occupational Therapy; Indiana University Southeast School of Nursing; Passport Health Plans; Bellarmine University Clinical Laboratory Sciences; and Louisville Metro Department of Public Health and Wellness.
Number and Percentage of 7th and 8th grade Students Health Careers Encounters at Respective Gear Up Schools in 2007

- Thomas Jefferson Middle School (720 Students)
- Iroquois Middle School (220 Students)
- Lassiter Middle School (450 Students)

Learning how mucus can affect lungs during an asthma attack in a Respiratory Therapy session.
Still a popular U of L rotation today, the Junior Surgery Program began in 1974 as a cooperative project between the University of Louisville School of Medicine Department of Surgery and the Trover Clinic Department of Surgery. Program leadership was initially provided by Dr. Hiram Polk at U of L and Dr. Merle Mahr at Trover Clinic (Martin, 1989). Since 1974, approximately 867 third year medical students have participated in this eight-week surgical clerkship receiving their clinical training on the campus of Trover Health System (THS) in Madisonville, KY.

West AHEC staff members arrange student housing, coordinate the clerkship’s orientation, lectures, midterm exam review session via Kentucky TeleHealth Network and proctor exams. Many THS physicians participate in the clerkship by serving as preceptors or delivering lectures throughout the eight-week clerkship. Dr. Mohan Rao currently serves as the program’s director at Trover Health System.
The Henderson Children’s Free Dental Clinic and its partners, West AHEC, the University of Louisville and the University of Kentucky collaborate to address the growing oral health problem facing the Commonwealth. Currently, Kentucky ranks second in the nation for toothlessness among adults. The prevalence in Kentucky for poor oral health (i.e., adults missing six or more teeth) is 37% compared to a national prevalence of 33%. Kentucky’s children also face an oral health crisis as The Kentucky Oral Health Program in the Department of Public Health discovered in its 2001 study that 47 percent of the 2 to 4 year olds that were examined were diagnosed with early childhood caries (cavities). Helping our youth develop good oral health habits provides an opportunity to reduce the prevalence of poor oral health among Kentucky’s adult population. Additionally, this clinic provides an opportunity to address numerous consequences of poor oral health that are detrimental to the healthy development of Kentucky’s children. These consequences include pain, difficulty eating, difficulty paying attention, difficulty sleeping, poor nutrition, and loss of self-esteem.

The children’s clinics are offered as part of a partnership with the U of L School of Dentistry, the Henderson County Community College Dental Assisting/Hygiene program, and West AHEC. As part of this project, students from the University of Louisville School of Dentistry operate the dental clinic five days per year at Henderson Community College in Henderson, Kentucky. The dental students work under the supervision of a licensed dentist. The U of L Dental students who participate in this project are in the clinical phase of their education. They also must be an AHEC/Kentucky Offsite Clinical Community Service Scholarship recipient in order to be eligible to work at the clinic.

Dr. Lee S. Mayer, MS, DMD, and Director of Community Dental Health at U of L School of Dentistry believes, “The free clinic provides the U of L dental students with a greater awareness of the access to dental care issue and the general status of oral health among Kentucky populations. Also, it allows the students the opportunity to experience a wider variety of dental needs than they may encounter in the dental school. The clinical experience provided to the dental students as part of this program is immeasurable.”
At each clinic, two U of L dental students work with Henderson Community College Dental Assisting Program students to see patients, while five to six Henderson Community College Dental Hygiene students work to clean teeth, do treatment plans, apply sealants, and perform one-on-one dental education. Kim Dean, Dental Hygiene Program Coordinator of Henderson Community College suggests, “The children's dental clinic provides an opportunity for our dental assisting and dental hygiene students to work with the U of L dental students in a setting where they are all able to apply the skills they are acquiring to provide much needed dental services to children who otherwise would not be able to obtain them. It is a "win - win" situation for all involved.”

West AHEC staff work diligently with local organizations such as area Family Resource and Youth Service Centers and Migrant Education to obtain patients who “fall through the cracks” in terms of eligibility for dental insurance. The clinic is open to children under the age of 18. Over the last 5 years the clinic has been able to serve several Hispanic children, most of whom have never been to the dentist. To assist with communication between families and the clinic’s staff, a translator is on duty during the clinic to assist patients, dental students, and parents of the patients.

Each year the children's dental clinic meets the extensive oral health needs of children ages 4 thru 17. Last academic year over $10,000 of free dental care was provided through 82 dental visits. Since the clinic’s inception in 2003, 543 children have received free dental care. Susan Spiller, mother of two children who has received care from the dental clinic, believes, “This is an excellent program. The dental students and the dental hygiene students are very knowledgeable. The atmosphere is very professional, yet pleasant. My children have received superior care in contrast to what they have received elsewhere. Were it not for this program, my children would suffer because we lack dental insurance and the funds to pay for basic dental care.”
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<th>KY AHEC PROGRAM OFFICES</th>
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<tr>
<td><strong>University of Louisville</strong></td>
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<th>KY REGIONAL AHEC OFFICES</th>
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Coordinating and supporting student and resident education in underserved areas through partnerships with community-based organizations emphasizing primary care and interdisciplinary education and training.

Enhancing and maintaining educational pathways and programs that encourage and prepare young students, especially disadvantaged students, for careers in the health professions.

Developing culturally appropriate community health education for culturally diverse residents in the commonwealth.

Supporting health care providers in underserved areas through information dissemination and educational support to reduce professional isolation, increase retention, enhance the practice environment, and improve health care through the timely distribution and implementation of information, technology, and continuing education.