UNITED COMMUNITY:
NO WRONG DOOR

By John Blair

Mallory has been a discharge coordinator at a local Louisville hospital for the last three years. She’s good at her job, loves the people she meets, and appreciates the engagement she creates between staff and patients. She knows the service she provides is valuable – the problem is once a patient leaves her office, she knows many of them do not take advantage of the suggestions she gives or the programs the community offers that could help keep them from returning in the future.

“There are too many people who are negatively affected by social and economic factors that limit their overall well-being.”

— Theresa Reno-Weber
president and CEO
Metro United Way

Coordinating the departure of patients leaves her feeling a bit empty. How does she know these patients are getting the wrap-around care they need? The woman she discharged yesterday desperately needs dietary support to manage her diabetes but blushed and looked down when Mallory asked if there was food in her fridge.

There are hundreds of Mallorys across Louisville whose struggles could be a thing of the past thanks to a new program called United Community.

Seamless Referrals

United Community is a community-wide initiative to deploy an innovative shared technology platform to initiate and close referrals across many organizations. It reduces barriers to access for citizens by streamlining navigation across the multitude of services offered by our health, education and human services sectors. The platform enables seamless referrals between agencies to meet a variety of essential needs.

United Community will be a robust community service coordination system that will improve the life outcomes of our most vulnerable children, individuals and families across Louisville by facilitating integrated, multi-dimensional support efficiently.

Essentially, if Mallory could electronically refer her patients to support services on the United Community platform and track whether her patient and the agency actually connected, she could be more certain the follow-up care they need would happen, preventing patients from falling through the cracks.

United Community is far from only targeting help for discharged patients. With partnerships across the health, education and human service sectors, United Community is also designed to address:

— Students who fall off track because of social needs and connect them and their families to the appropriate services.
— Individuals struggling with everything from addiction to job services are connected via a “warm handoff” to wrap-around supports to help them overcome barriers to well-being.
— Caseworkers and physicians who need to share vital information about individuals’ needs, choices and living situations that could impact their ability to receive the care they need to become or stay healthy.
— Community leaders who want visibility into the number and types of services most needed and where gaps exist in available resources.

Read more on page 5

Social Determinants of Health

This month Medical News delves into social determinants of health (SDOH). SDOH are conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.

Articles start on page 8

HealthSouth to operate as Encompass Health

All HealthSouth facilities and services in Kentucky are operating as Encompass Health as part of a rebranding initiative.

Read more on page 2

Corner Office

Meet Gerard Colman, CEO of Baptist Health.

Read more on page 3

In This Issue
SentryHealth, Johns Hopkins HealthCare sign agreement

SentryHealth, a Louisville-based healthcare company formerly known as Edumedics, announced a five-year agreement with Johns Hopkins HealthCare to be an authorized distributor and worksite provider of employee health programs developed by Johns Hopkins Medicine.

SentryHealth spun out of the University of Louisville’s Office of Technology Transfer in 2011 to address the high cost of employee healthcare for self-insured employers. Using a data-driven and technology-enabled approach, SentryHealth addresses the employee health issues that are associated with more than 70 percent of medical spending. SentryHealth currently serves clients in locations throughout the Midwest.

Johns Hopkins Medicine’s evidence-based employee health programs address cancer, chronic conditions, behavioral health and disease prevention, the common drivers of escalating healthcare costs.

JoePatient.com launches to provide consumers comparative hospital information

JoePatient.com was launched recently with the focus of providing the patient-consumer important healthcare guidance wherever that need may arise and wherever they may be. Currently, the hospital marketplace has few components of a typical marketplace.

Imagine you need to visit a city you have never been to before. Someone else has picked a hotel for you. The taxi ride there may be free or cost thousands, but you will not know until the bill comes in the mail weeks later. You have no good idea ahead of time what the hotel stay will be like. You only discover that after you have checked in. When you leave, you are handed a bill for $450.00 a night. The guy across the hall in the same type room was billed $65 because he works as an executive at General Electric and the person down a floor who works as a preschool teacher was billed $1250 a night. None of these guests were able to choose the hotel based on features and amenities and no one knew prices until they checked out. And to top it off, there are still more confusing bills yet to come over the following weeks and months.

That would be absurd ... but in many ways that’s how our healthcare system works today.

JoePatient makes important healthcare information easily available in a highly effective and comparative way — seeing how one hospital compares to others based on a category of care selected by the user and a consumer defined geography. As patients add their own real-world advice (i.e. not simplistic ratings) over time and staff builds out the curated news section about individual hospitals, JoePatient will become even more powerful.

Consumers can choose between a free version with more summarized information or subscribe to the detailed premium version — $2.99 for 24-hour access or $9.99 for 12 months.

Launching as a pending B-Corp and acting along others with the model of businesses doing good, the company is taking the additional step of donating one third of the cost of the annual subscription split evenly among three highly rated charities – Cure Alzheimer’s, the National Association of Mental Illness and Earth Justice.

Baptist Health Lexington receives cardiac accreditation

Baptist Health Lexington is the first hospital in Kentucky to be awarded Cardiac Cath Lab Accreditation with PCI by the American College of Cardiology based on its demonstrated expertise and commitment in treating patients who come to a cardiac cath lab for care.

Cardiac cath lab procedures include diagnostic catheterizations and percutaneous coronary intervention (PCI) procedures. PCI, also known as coronary angioplasty, is a nonsurgical procedure that opens narrowed or blocked arteries with a balloon to relieve symptoms of heart disease or reduce heart damage during or after a heart attack.
CONQUERING CANCER IN KENTUCKY

MARKEY CAN.

What does it take to conquer cancer in Kentucky, where cancer rates are some of the highest in the nation? It takes a team of world-class doctors and first-rate researchers, committed to our goal of significantly reducing cancer incidence and mortality in Appalachia by 2020. And as the #1 cancer program in Kentucky, with the highest possible 30-day survival rate, innovative clinical trials, and a growing network of affiliates across the state, Markey Can.

See how at ukhealthcare.com/markeycan

NEWS IN BRIEF

Kentucky deemed ‘quick’ in connecting applicants to Medicaid, CHIP coverage

In November, the Centers for Medicare and Medicaid Services (CMS) released new Medicaid and Children’s Health Insurance Program (CHIP) application processing time data, which show how quickly states are completing eligibility determinations.

The Affordable Care Act (ACA) established streamlined Medicaid and CHIP enrollment and renewal processes that utilize electronic data matches to verify eligibility, facilitating individuals’ ability to access and maintain coverage and providing opportunities for administrative improvements in states.

This data analyzes the CMS application processing time data and uses the 2018 Kaiser Family Foundation survey of state Medicaid and CHIP eligibility and enrollment policies to examine selected eligibility and enrollment policies by application processing time. Findings include:

- Across the 42 states reporting data for February to April 2018, on average, over half (53 percent) of applications were processed within 7 days, including over a third (34 percent) processed in real-time (less than 24 hours).
- States varied in how quickly they processed applications. On average, states that adopted the ACA Medicaid expansion processed applications faster than non-expansion states.
- States with faster application processing generally had broader eligibility compared to slower states. They also were more likely to receive most of their applications online and to allow individuals to upload documentation electronically, which may facilitate faster application processing. Further, likely reflecting effective electronic data matching capabilities, states with faster application processing also were more likely to process the majority of renewals automatically.
- 13 states, including Kentucky, now process more than 40 percent of their applications in less than 24 hrs. This “fast” group also includes AL, AZ, CO, CT, MD, MA, OK, OR, RI, VT, WA and D.C.

States’ ability to make real-time eligibility determinations illustrates the significant progress achieved in streamlining and modernizing enrollment under the ACA. However, there remains significant variation across states and opportunities for continued improvement. Recent waivers in some states to add eligibility and enrollment restrictions, including work reporting requirements, could reverse the progress achieved in streamlining enrollment, resulting in additional barriers to coverage and coverage losses.

Hosparus Health employees donate to Sierra Leone hospice

Hosparus Health has donated $21,000 to The Shepherd’s Hospice in Sierra Leone to help fund the organization’s palliative care services and training. The Shepherd’s Hospice is a registered non-governmental organization in West Africa that serves more than 3,000 patients a year. Hosparus Health’s donation is a result of a recent employee-giving campaign in which employees of the Louisville-based nonprofit hospice and palliative organization designated Shepherd’s Hospice as the recipient of their voluntary contributions.

The donation is helping to paying the salary for Shepherd’s Hospice Clinical Officer Kartha Murana, who cares for patients at the organization’s inpatient palliative care center. Murana studied Clinical Science at the University of Njala, graduating in 2018. She now helps train her colleagues at Shepherd’s Hospice in palliative care.
Appalachian Regional Healthcare
Cumberland Valley Medical and Surgical Associates—Barbourville and Barbourville ARH Hospital hired gastroenterologist Raja Vora, MD.

Liz Fowler, president and CEO, has been appointed to a three-year term on the Board of Directors for the National Hospice and Palliative Care Organization.

Baptist Health
Baptist Health Floyd nursing leadership recently presented the national DAISY Award to intensive care unit registered nurse, Maria Conley, RN, BSN.

Steve Miller recently joined BKD’s Louisville Health Care practice focusing on evaluating legislative changes at the federal and state levels impacting the industry.

Sts. Mary and Elizabeth Hospital
Charlie Powell, president, has left to accept the position of COO at 21st Century Oncology in Florida.

Lexington Clinic
Erin Moore, MD, recently joined the Internal Medicine department at South Broadway.

McBrayer, McGinnis, Leslie & Kirkland
Attorney Kenton Ball has joined the McBrayer law firm at the Lexington office.

Stites & Harbison
Member (Partner) Cassidy Rosenthal was recently elected as a Fellow in Construction Lawyers Society of America.

McBrayer, Turner, Barker & Maloney
Michael Lacourse has joined the firm.

University of Louisville
Theo Edmonds was hired as Center for Creative Placehealing director at the School of Public Health and Information Sciences.

University of Pikeville
Katherine Dronka, OD, has earned the distinction of Fellow with the American Academy of Optometry.
Medical News: How’d you end up being CEO of Baptist Health?

Gerard Colman: It was a long journey that started when I was 17 years old in the U.S. Navy where I began my education and my service. Over the years, I sought progressive education and career opportunities. Now, after a 30-year career in healthcare, I am living out my ultimate goal of being the CEO of a successful health system with a mission and values I can be proud of.

MN: So, what’s it like?

GC: It’s exciting, challenging and ever changing. Healthcare is a dynamic field, you can never be bored.

MN: How’s it different than you expected?

GC: I was familiar with Baptist Health and some of the employees, which drew me to take the position. What I wasn’t aware of is how truly focused the caregivers are on the mission. The caregivers’ belief in the mission is at the very core of the foundation of Baptist Health. The focus on our patients and commitments to excellent outcomes is stronger here at Baptist than anywhere I’ve ever seen.

MN: What’s been the hardest part?

GC: The hardest part of my position is balancing community commitments with the demands of the health system while having enough quality time to spend with my three daughters.

MN: If you had to choose a totally different career, what would it be?

GC: I’m not sure I would have picked a different career or industry. I truly love what I do and really enjoy being part of the healthcare community. If I was forced to make a change, I think I would try to become involved in health education or perhaps social sciences. I think as long as you really believe in what you are doing — and you have the opportunity to give back — you will have a fulfilling career.

MN: What advice would you give to someone just starting out trying to do what you’re doing?

GC: The advice I would give someone would focus on being open to change. In other words, don’t be afraid to take on new challenges and always seek out opportunities to learn. Shadow doctors and nurses, they are at the very heart of our healthcare community and would love to help you understand what they do and how they help patients every day. If you do those things, you can be a better leader and really make an impact on the community.

MN: What are your words to live by?

GC: Don’t be afraid of new challenges or opportunities. Sometimes you have to make difficult changes in order to improve outcomes.
GLI Capitol Connection
Time: 11:30 am to 1:30 pm
Location: The Olmsted, 3701 Frankfort Ave., Louisville, Ky. 40206
Info: Hear from Kentucky Speaker of the House David Osborne about what’s in store for the remainder of the 2019 legislative session in Frankfort. For more information visit greaterlouisville.com.

Louisville Night
Time: 5:30 to 8 pm
Location: The Lancaster, 306 Wapping St., Frankfort, Ky. 40601
Info: Members of GLI, elected officials, local chambers and economic development groups network and discuss issues key to Greater Louisville’s economic success. For more information visit greaterlouisville.com.

Kentucky Nurses Day at the Capitol
Time: 9 am to 4 pm
Location: State Capitol Annex, 702 Capitol Ave., Frankfort, Ky. 40601
Info: Meet with legislators to discuss legislation, advocacy and nurses’ issues. For more information visit kentucky-nurses.nursingnetwork.com.

Kentucky CAH Quality Leader Conference
Time: 9 am to 4 pm
Location: KHA Headquarters, 2501 Nelson Miller Pkwy., Louisville, Ky. 40223
Info: Education session for Critical Access Hospital (CAH) quality leaders to discuss quality improvement education, tools and technical assistance through both the Rural Hospital Flexibility Program (Flex Grant for CAHs) and through the Hospital Improvement Innovation Network (HIIN). For more information visit kyha.com.

KRHA Legislative Day
Time: 8 am to 4 pm
Location: State Capitol Annex, 702 Capitol Ave., Frankfort, Ky. 40601
Info: Planned by the Kentucky Rural Health Association. Contact ashley.gibson@st-claire.org to set up a legislator visit. For more information visit kyha.org.

KHA Hospital Day at the Legislature
Time: 7:30 am to 2 pm
Location: Frankfort Country Club, 101 Duntreath St., Frankfort, Ky. 40601
Info: Hear about legislation that will affect your hospital, then meet with your senators and representatives. For more information visit kyha.com.

ACHE: Managing for Morale
Time: 2:30 to 4 pm
Location: Frankfort Country Club, 101 Duntreath St., Frankfort, Ky. 40601
Info: Learn from a panel of Kentucky healthcare leaders, including hospital chief executive officers and a chief nursing office, who will focus on retaining staff. For more information visit kyba.com.

KAHCF/KCAL Day in Frankfort
Time: 8 am to 2 pm
Location: State Capitol Annex, 702 Capitol Ave., Frankfort, Ky. 40601
Info: Planned by the Kentucky Association of Health Care Facilities/Kentucky Center for Assisted Living for individuals from facilities to meet with senators and representatives. Call 502-425-5000 x 312 for more information.

KMA Physicians’ Day at the Capitol
Time: 8:30 am to 3 pm
Location: State Capitol Annex, 700 Capitol Ave., Frankfort, Ky. 40601
Info: Physicians come together in Frankfort to educate their legislators on important issues that will impact not only physicians and their practices, but their patients as well. For more information visit kyma.org.

2019 GLI Annual Meeting
Time: 5:30 to 9 pm
Location: Kentucky International Convention Center, 221 S. 4th St., Louisville, Ky. 40202
Info: For more information visit greaterlouisville.com.

Kentucky Rural/Community Health Evaluation & Management Auditing Bootcamp
Location: Embassy Suites, 1801 Newtown Pike, Lexington, Ky. 40511
Info: For healthcare practitioners, medical billers, coders, auditors, office managers and IT professionals involved with authoring clinical documentation, generating E&M progress notes, auditing professional physician service claims and maintaining a healthy revenue cycle. Contact Lindey Young at lyoung@kypca.net for more information.

Healthcare Financial Management Association Kentucky Chapter Annual Conference
Time: 8 am to 5 pm
Location: Omni Hotel Louisville, 400 S. 2nd St., Louisville, Ky. 40202
Info: For more information visit hfmaky.org.

HAVE AN EVENT FOR OUR PRINT OR ENEWS CALENDAR?
Email news@igemedia.com
HealthSouth Corporation and Encompass Home Health & Hospice have combined our post-acute strengths into Encompass Health. As part of a nationwide network, we are redefining expectations for how providers work together to create better patient experiences and deliver unparalleled outcomes. As a coordinated care team, we set the standard for the future of rehabilitation.
United Community: No Wrong Door

United Community has assembled an impressive group of “who’s who” committed to moving forward with implementation, including Metro United Way, Passport Health Plan, Kindred Healthcare, Norton Healthcare, Jefferson County Public Schools, 55,000 Degrees, Evolve502, Louisville Metro Government Department of Public Health and Department of Resilience & Community Services, Coalition for the Homeless, Dare to Care Foodbank, Louisville Primary Care Association, Family Health Centers, Centerstone, Goodwill, Catholic Charities, Jewish Family and Career Services, Family & Children’s Place, Americana, Neighborhood House, Kentuckiana Works and University of Louisville Commonwealth Institute.

“There are too many people who are negatively affected by social and economic factors that limit their overall well-being,” said Theresa Reno-Weber, president and CEO of Metro United Way. “United Community affords us the chance to address this reality and become known as a leading community that uses technology and collaboration to connect people with the services they need. It’ll be easier for people to get what they need when they need it. United Community makes it easy to meet multiple needs of individuals and families across sectors, and ultimately track their experience to measurable outcomes.”

Reno-Weber points to results from other markets offering similar wrap-around supports that have yielded positive outcomes.

“Our technology partner, Unite Us, has experience connecting folks in this way in more than 50 markets across the country,” said Reno-Weber. “In a little over a year in Charlotte, N.C., they’ve seen a nearly 10-day decrease in the time it takes to make a successful client referral, and a 30-day decrease in the time it takes to close a referral. The results are phenomenal and the longer the platform is in place, the greater the efficiencies and the better the outcomes they’re seeing.”

— John Blair is Chief Brand Officer at Metro United Way.

**PROVIDING UNIQUE AND EASY SOLUTIONS TO THE MEDICAL COMMUNITY FOR OVER 30 YEARS.**

Special Home Loan Programs for Physicians
Medical Practice Lines of Credit & Equipment Financing
Business Banking Private Practice
Line of Credit, Equipment Financing
Treasury Management Services
Remote Deposit Capture
Business Online Banking
Mobile Banking App*
Mobile Deposit*
Lockbox Processing

---

BEN SEEWER  
Private Banking Officer  
502-560-8617  
bseewer2@republicbank.com  
NMLS ID #1594205

PATRICK SULLIVAN  
Private Banking Officer  
502-420-1878  
persullivan@republicbank.com  
NMLS ID #419192

**Republic Bank**  
It’s just easier here.*  
RepublicBank.com  
Member FDIC  
Republic Bank & Trust Company Loan Originator ID # 4028606

**Message and data rates may apply from your wireless carrier. Usage and qualification restrictions apply for Mobile Deposit.**
Legal triage in the medical setting

Doctors & Lawyers for Kids uses the law to address social determinants of health.

By Martha Hasselbacher, JD

Doctors and lawyers have joined forces to ensure that the children seen in pediatric clinics get the care and services they need. Every low-income person has two to three unmet civil legal needs that create barriers to healthy eating, safe housing, employment and safety.1

Legal triage in the clinical setting means that DLK identifies problems early, before families are in crisis; then, provides legal services on site in the clinics.”

Doctors have the training and expertise to heal wounds, cure illness and provide preventive medical care. Lawyers understand that many of the social determinants of health – bad housing, poor nutrition and domestic violence, cannot be cured with a prescription. Legal intervention can make huge a difference.

The Doctors & Lawyers for Kids (DLK) trains healthcare professionals to identify legal problems that affect their patients’ health and well-being. Legal triage in the clinical setting means that DLK identifies problems early, before families are in crisis; then, provides legal services on site in the clinics.

Partner with Clinics

Since its founding in 2011, the program has expanded to reach more children in poverty. DLK now serves all of the clinics of the UofL Department of Pediatrics, as well as the Family Health Clinics in Portland, Iroquois and East Broadway, and Norton Children’s Hospital and some of Norton’s pediatric practices. DLK’s long term goal is to reach every child living in poverty in the area.

DLK’s in-house legal staff and community attorney volunteers have helped children and their families primarily with housing, custody/guardianship and family law issues. However, they also handle cases dealing with domestic violence, social security disability, education, employment, life planning documents and immigration. The volunteer attorneys provide their work pro bono and there is never a charge for legal services.

Patient Stories

Over 250 client/patients a year have stories like these:

“When Jerome’s” daughter passed away following a drug overdose, her four children were left without any active parent in their lives. Jerome was not sure where to start. He did not have any legal authority to make medical and educational decisions for the children. The oldest child was a cancer survivor and a recipient of an organ transplant, and she required constant and vigilant attention to her medical needs. The youngest of the children was only a few months old. Jerome’s DLK attorney obtained custody for him which helped the family recover from the loss of their mother in a stable home.

Tarelle was afraid of her husband. He had been stalking her for months. One night, he called her over 140 times. He sent her threatening text messages and photos of him pointing a gun at the camera. He made false reports to Child Protective Services. Through DLK representation, Tarelle obtained a three year no contact domestic violence order on behalf of herself and the children, and a divorce awarding her full custody.

Celia’s son, Tim, was diagnosed with stage four cancer. She was spending more and more time caring for him and was unable to work as many hours at her two jobs. She was threatened with eviction. She had applied for Social Security Disability on Tim’s behalf, but his claim was denied. Tim’s disease had progressed to the point where he was unable to make decisions for himself. Tim turned eighteen, and Celia needed authorization to continue making decisions about his medical care. Doctors & Lawyers for Kids helped Celia avoid eviction from her home and filed an appeal with the Social Security Administration which reversed its initial decision on Tim’s claim. Celia was awarded guardianship of Tim. Resolving Celia’s legal issues during this emotional and difficult time allowed her to spend quality time with her son.

Medical Legal Partnerships are at their heart a collaborative effort. Doctors and Lawyers both have an ethical duty to care for those who cannot afford their services, but they rarely work together. When they do work together there is a powerful synergy and a new perspective on the roots of poor health and a picture of the total patient that neither professional has alone.

— Martha Hasselbacher, JD, is with Doctors & Lawyers for Kids in Louisville, Ky.


* Names have been changed to protect patient/client privacy

“Lawyers understand that many of the social determinants of health – bad housing, poor nutrition and domestic violence, cannot be cured with a prescription. Legal intervention can make huge a difference.”

This is more than a first aid kit.

It’s precaution and preparation, perpetual readiness and rapid response. An acknowledgement that even the best-laid plans can take a sudden turn. At Bingham Greenebaum Doll, we get that. We work hard every day to prepare our clients for every contingency, to minimize the pain and create a path to recovery. Because BGD is more than a law firm. We're experience and counsel to keep you on course. And a steady source of guidance for more than a century. So be prepared. Call 502.589.4200, or visit BGDlegal.com today.
Why access to transportation is important

TARC works to reduce transportation barriers for those going to work, school, medical appointments.

By Ferdinand L. Risco Jr.

The transit industry on a whole is experiencing a dramatic shift in its approach to providing the next generation of service delivery. The need to maintain mobility independence across the country continues to grow and as the next generation of business professionals come of age demanding flexible and alternate modes of travel, as well as reducing transportation barriers which can affect a person’s access to healthcare services, access to transportation is not only important but is essential for the growth and well-being of every community.

TARC partners with various organizations throughout their service region who manage TARC fare passes for those who need transportation to and from appointments at not-for-profit hospitals.

Mobility Managers

As the Transit Authority of River City (TARC) celebrates its 45th year of service we have redefined our organization towards providing the very best delivery of service. By embracing technological advancements—WiFi on every bus, charging stations for mobile devices, access to the central business district by Rapid Transit service to downtown, a dynamic trip planner, mobile fare payment and the move away from paper tickets to electronic fare—we have set a goal of becoming mobility managers for the region.

As mobility managers, TARC can manage all mobility needs, such as Uber, or a Taxi, with all pieces of transportation needs booked on the TARC website, with an option to eventually pay for those pieces on the website as well.

As we continue to improve the transit tools available to residents and visitors, the ride becomes more convenient, more productive and most importantly more enjoyable.

Transportation Impacts Health

The health and well-being of the residents in our community is also heavily dependent on the everyday ability to travel easily and reliably throughout the city. A strong transportation network provides all passengers convenient, affordable and reliable ways for getting to and from their destination, be that school, work or medical appointments.

Working closely with employers, local schools and universities, partnerships with transit industries bring additional incentives and perks that build the reputation of these businesses and schools as dedicated and caring organizations, ensuring the employees and students have the necessary means to get to work, school and medical appointments each day.

TARC partners with various

SAINT JOSEPH HOSPITAL FOUNDATION RECEIVES TRANSPORTATION GRANT

Cancer patients undergoing treatment frequently require assistance getting to and from facilities, often creating a financial and logistical burden. That’s why the American Cancer Society has awarded a transportation grant to Saint Joseph Hospital Foundation. These funds will be used to address the transportation needs of cancer patients traveling to Lexington for treatment.

An estimated 25,990 Kentucky residents will learn they have cancer this year and getting to their scheduled treatment may be one of their greatest roadblocks. To help patients get the critical care they need, American Cancer Society community transportation grants are awarded at a local level to health systems, treatment centers and community organizations. These grants are available in select communities through an application process and focus on addressing unmet transportation needs of cancer patients, particularly vulnerable populations experiencing an unequal burden of cancer.

“Disparities predominantly arise from inequities in work, wealth, income, education, housing and overall standard of living, as well as social barriers to high-quality cancer prevention, early detection and treatment services,” said Kelsey Lewis, Mission Delivery Program manager, American Cancer Society “The Society collaborates with community health partners to reach individuals in areas with higher burdens of cancer and limited or no access to transportation because even the best treatment can’t work if a patient can’t get there.”

Julie Steffey, manager, Oncology Support Services, Saint Joseph East, said the Transportation Services Grant from the American Cancer Society will provide critical access to care for many vulnerable patients.

“Transportation to chemotherapy and radiation treatment is the most frequent and significant barrier to care identified by the patients and families served by KentuckyOne Health Cancer Care Lexington,” Steffey said. “The financial burden of cancer coupled with the logistical challenge of frequent travel from rural areas leaves access gaps for some of our most vulnerable populations. The Transportation Grant provided by the American Cancer Society enables our support service team to answer these unmet transportation needs in a timely, effective way to insure equal access, continuity of care, compliance to treatment, and better outcomes toward our mission to bring wellness, healing and hope to all.”
organizations throughout their service region who manage TARC fare passes for those who need transportation to and from appointments at not-for-profit hospitals.

Whether passengers prefer on-demand rideshare, taxi-cab, bicycle, or other means of transportation, TARC will need to be flexible to stay at the table. Whether a trip is 100 percent reliant on public transit or it is just a piece of the larger transportation need, to stay viable our industry will need to provide communities the amenities and the convenience they require.

By providing reliable access and innovative approaches to the full transportation experience, the economic growth that follows will lead to improvements in connectivity, and the health and well-being of the entire community.

— Ferdinand L. Risco Jr. is the interim executive director at TARC in Louisville, Ky.

HOW TRANSPORTATION IMPACTS HEALTH

Barriers to transportation greatly impacts the quality of people's lives. These statistics highlight the scope of the problem:

» 3.6 million people in the U.S. do not obtain medical care due to transportation barriers.
» Regardless of insurance status, four percent of children (approximately three million) in the U.S. miss a healthcare appointment each year due to unavailable transportation; this includes nine percent of children in families with incomes of less than $50,000.
» Transportation is the third most commonly cited barrier to accessing health services for older adults.


ESPECIALLY IN HEALTHCARE LAW, PREVENTION CAN BE THE BEST MEDICINE.
Addressing medical mistrust
UofL Health and Social Justice Scholar creates heart program in Smoketown.

By Sally McMahon

The Health and Social Justice Scholars Program at the University of Louisville provides an opportunity to educate professional and doctoral students in an interprofessional manner to produce high quality scholarly activities related to health equity, health and healthcare disparities, social justice and healthcare innovation with the goal of benefiting underserved and disadvantaged populations.

“Medical mistrust stems from historic events and institutional racism that perpetuate discrimination in society, causing the disbelief of individuals in a homogeneous healthcare system and its providers.”

One scholar from the first cohort (2016), Mallika Sabharwal, a fourth-year medical student, has completed her project on social justice and medical mistrust.

Sabharwal’s project details research conducted in the Smoketown neighborhood of Louisville, Ky., an area with high rates of poverty, diabetes and heart disease.

To address these health issues, a program is being implemented to provide free health assessment clinics in Smoketown. This project, summarized by Josh Miller, COO and co-founder of IDEAS xLab, and Sabharwal, is called “Heart of a Champion.”

Patient Provider Communication

“Relationships build trust; organizations dismantle it,” read a six-word-memoir written during one of the focus groups conducted by UofL medical student Mallika Sabharwal looking at medical mistrust.

Engaging both community members and healthcare providers in and around Smoketown, findings reiterated the importance of patient-provider communication to build trust. And, at the same time, both groups acknowledged (with varying experiences) the barriers placed on these relationships at the systems level (healthcare organization, insurance, etc.).

Sabharwal has been working with IDEAS xLab—a nonprofit focused on leveraging the power of arts, culture and the creative industries to support health and well-being innovation—to complete a community-based participatory research project that examines the role of medical mistrust in the Smoketown neighborhood. The approach, including the utilization of six-word memoirs—an arts-based storytelling tool—has informed multiple initiatives over the past two years.

Community Input

A community-based participatory research project is a collaborative approach to scientific research where community members have input into the research process, including decision-making, data-gathering and evaluation.

Before researchers dive into the methods of a project, they become familiar with the community by an informal walking survey, going door-to-door or attending community events in order to engage residents and stakeholders as part of the process.

Smoketown is the oldest African American neighborhood in Louisville. According to the Louisville Metro Health Equity Report, Smoketown has a high percentage of adults and children living in poverty in Louisville. The age-adjusted diabetes death rate in Smoketown is the highest in Louisville and has an average life expectancy of just 69.4 years, 14 years less than other neighborhoods in the city.

Medical Mistrust

Despite the geographic proximity to healthcare services, it is important to understand other factors that impact accessibility. Besides environmental and socioeconomic factors, psychosocial behaviors also play an important role.

Trust and confidence in a medical provider and healthcare organization is important. Medical mistrust stems from historic events and institutional racism that perpetuate discrimination in society, causing the disbelief of individuals in a homogeneous healthcare system and its providers.

This contributes to health inequities and underutilization of healthcare. Medical mistrust is also associated with poor communication in the patient-provider relationship. (See sidebar “Racial Inequalities in Healthcare.”)

Just as Sabharwal was embarking on the project, IDEAS xLab held the One Poem at a Time poetry walk where local spoken-word artists performed prose honoring landmarks and known businesses. The poetry walk featured a new series of billboards co-created with community members and designed to engage stakeholders in a policy discussion around concentrated outdoor advertising and its impact on health.

Survey Says

To understand how Smoketown residents interact with the healthcare system and the impact of medical mistrust, Sabharwal administered the Medical Mistrust Index (MMI) to Smoketown residents and local healthcare providers. Twenty-six community members and 80 providers completed the MMI survey. There were significant differences between community members and providers for 11 of the 17 MMI survey items.

Based on survey results, focus groups and interviews were conducted to gather qualitative data in the form of six-word memoirs, or six-word phrases
that encompass a narrative and draws a big idea into a six-word description that serves as a catalyst for creativity.

Early findings were discussed and shared with participants at a community event to further validate the results, and through a poster presentation at Research!Louisville, designed with support from Theo Edmonds, co-founder of IDEAS xLab and assistant professor in the UofL School of Public Health and Information Sciences.

Heart of a Champion

To address medical mistrust and expand access to healthcare services, IDEAS xLab, UofL School of Medicine and several community partners will work with churches in the Smoketown community to provide free heart health assessment clinics starting in February 2019.

The initiative, called “Heart of a Champion,” will screen residents for cardiovascular disease and educate them on lifestyle interventions to lower their risk. If additional tests are needed they will be referred to a specialist at no additional cost. Six-word memoirs will continue to be used to collect qualitative data and to measure residents’ and providers’ perceptions of trust specific to the healthcare sector.

Marginalized populations have endured generations of exclusionary practices and policies that have stripped their agency in medical situations. In order to fundamentally change this dynamic, the healthcare system needs to build trust with the community. This requires space and time—the space to connect with people and the time for the connection to materialize. Only then will people be given a seat at the table, feel accepted and have the agency to improve their health.

RACIAL INEQUALITIES IN HEALTHCARE

A new book, “Just Medicine: A Cure for Racial Inequality in American Healthcare” by Dayna Bowen Matthew (NYU Press), outlines ways implicit bias exacerbates racial disparities in health. Even though we have been studying health inequality for more than 30 years, rates are still increasing for deaths related to health disparities.

Minority patients receive inferior medical treatment (fewer angiographies, bypass surgeries, organ transplants, cancer tests and less access to pain medication) than whites on a regular basis. Minority patients are sicker and more likely to die than whites from a wide range of illness and disease.

Matthew argues that racial and ethnic discrimination against minority patient populations need to be more widely discussed in more straightforward terms because implicit bias is the single most important determinant of health and healthcare disparities. Implicit bias harms patient health, cuts short patient lives, increases healthcare costs and diminishes healthcare quality.

Examples of Implicit Bias

According to Matthew, most implicit bias is unintentional. Here are three examples:

Example 1: A physician may decide not to offer aggressive cancer treatment to minority patients based upon past-experience with other minority patients who didn’t have enough resources, family support and work flexibility to allow them to adhere to the difficult and time-consuming medical follow-up required.

Example 2: A physician presumes a minority patient’s level of knowledge and automatically explains terms he/she assumes the patient may not understand.

Example 3: A physician may set a different conversational pace and tone while with minority patients, interrupting more or making less eye contact. The amount of shared decision making may decrease, and less time is spent with a minority patient.

This creates a vicious cycle where the minority patient unintentionally reacts to the physician’s discrimination, becomes offended and disengages and won’t follow up with treatment.

Bold Claims

Even though it may be unintentional, it causes huge problems. That’s why the author believes that implicit bias should be illegal, just as overt discrimination is. Matthew said, “We need to enact strong, evidence-based legal remedies that accurately address implicit and unintentional forms of discrimination.”

According to Matthew, “an anti-implicit bias discrimination law would first signal a societal commitment to equality and justice in healthcare.”
Achieving common good for Kentucky kids
Expansion of school-based health services a momentous first step.

By Dr. Terry Brooks

Did you hear the revolution? It happened on the morning of November 19th before the Kentucky General Assembly’s School Safety Working Group, a blue-ribbon collection of leaders being artfully chaired by Senator Max Wise and Representative Bam Carney.

Cabinet for Health and Family Services Deputy Secretary Kristi Putnam quietly announced the Administration’s commitment to amending the state Medicaid plan to allow schools to tap into a federal funding stream to expand school-based health services for the upcoming 2019-20 school year and beyond. No big deal.

A Big Deal

Except it means that one of the most crucial cornerstones to ensure school safety – students’ access to needed behavioral health services – is affordable and achievable. What all agreed was vital to increasing student safety and addressing student’s behavioral health needs – and yet all agreed was beyond the fiscal reach of schools – suddenly can become a reality for Kentucky students in only a matter of months.

That significant win for kids – and for those who love and serve them in schools across Kentucky – went virtually unnoted beyond the animated discussion in that Frankfort meeting room. And I understand why. It carried no raw rhetoric. It lacks political drama.

It was solution-focused and not conflict-making. We at Kentucky Youth Advocates believe that tobacco-free school campuses can and should be a statewide reality before the final gavel falls in the 2019 General Assembly. And we also believe that the General Assembly can and should begin to immediately tackle the boom in e-cigarette usage among Kentucky kids. Unless we as a Commonwealth treat e-cigs as the health threat it is – both in terms of now and in the future – Kentucky will still be the cancer capital of the nation in 20 years. We invite you to learn more in the “Ending the Surge of E-Cigarettes So Kentucky Teens Can Grow Into Healthier Adults” infographic on our web site.

And the list can go on. After all, the readers of this publication – more than most – realize that health impacts every aspect of child well-being. After all, the readers of this publication – more than most – realize that health impacts every aspect of child well-being. What all agreed was vital to increasing student safety and addressing student’s behavioral health needs – and yet all agreed was beyond the fiscal reach of schools – suddenly can become a reality for Kentucky students in only a matter of months.

That significant win for kids – and for those who love and serve them in schools across Kentucky – went virtually unnoted beyond the animated discussion in that Frankfort meeting room. And I understand why. It carried no raw rhetoric. It lacks political drama.

It was solution-focused and not conflict-making. And yet, it is a reminder that there are, in fact, a myriad of ways in which common ground can be found for kids when it comes to health. In an arena that seemingly is always scarred by toxicity, health leaders and kid advocates need to focus on those kinds of common ground solutions.

Tobacco Free

If the linkage of behavioral health services offers one of those promising common ground solutions, another potential major win for kids is in the arena of tobacco-free policy. Now, I realize that tobacco-free policy is not the usual place to begin to talk about common ground. But, in this case, it is.

We at Kentucky Youth Advocates believe that tobacco-free school campuses can and should be a statewide reality before the final gavel falls in the 2019 General Assembly. And we also believe that the General Assembly can and should begin to immediately tackle the boom in e-cigarette usage among Kentucky kids. Unless we as a Commonwealth treat e-cigs as the health threat it is – both in terms of now and in the future – Kentucky will still be the cancer capital of the nation in 20 years. We invite you to learn more in the “Ending the Surge of E-Cigarettes So Kentucky Teens Can Grow Into Healthier Adults” infographic on our web site.

And the list can go on. After all, the readers of this publication – more than most – realize that health impacts every aspect of child well-being. What all agreed was vital to increasing student safety and addressing student’s behavioral health needs – and yet all agreed was beyond the fiscal reach of schools – suddenly can become a reality for Kentucky students in only a matter of months.

That significant win for kids – and for those who love and serve them in schools across Kentucky – went virtually unnoted beyond the animated discussion in that Frankfort meeting room. And I understand why. It carried no raw rhetoric. It lacks political drama.

It was solution-focused and not conflict-making. And yet, it is a reminder that there are, in fact, a myriad of ways in which common ground can be found for kids when it comes to health. In an arena that seemingly is always scarred by toxicity, health leaders and kid advocates need to focus on those kinds of common ground solutions.

“Did you hear the revolution? It happened on the morning of November 19th before the Kentucky General Assembly’s School Safety Working Group, a blue-ribbon collection of leaders being artfully chaired by Senator Max Wise and Representative Bam Carney. Cabinet for Health and Family Services Deputy Secretary Kristi Putnam quietly announced the Administration’s commitment to amending the state Medicaid plan to allow schools to tap into a federal funding stream to expand school-based health services for the upcoming 2019-20 school year and beyond. No big deal.

A Big Deal

Except it means that one of the most crucial cornerstones to ensure school safety – students’ access to needed behavioral health services – is affordable and achievable. What all agreed was vital to increasing student safety and addressing student’s behavioral health needs – and yet all agreed was beyond the fiscal reach of schools – suddenly can become a reality for Kentucky students in only a matter of months.

That significant win for kids – and for those who love and serve them in schools across Kentucky – went virtually unnoted beyond the animated discussion in that Frankfort meeting room. And I understand why. It carried no raw rhetoric. It lacks political drama. It was solution-focused and not conflict-generating.

And yet, it is a reminder that there are, in fact, a myriad of ways in which common ground can be found for kids when it comes to health. In an arena that seemingly is always scarred by toxicity, health leaders and kid advocates need to focus on those kinds of common ground solutions.

Tobacco Free

If the linkage of behavioral health services offers one of those promising common ground solutions, another potential major win for kids is in the arena of tobacco-free policy. Now, I realize that tobacco-free policy is not the usual place to begin to talk about common ground. But, in this case, it is.

We at Kentucky Youth Advocates believe that tobacco-free school campuses can and should be a statewide reality before the final gavel falls in the 2019 General Assembly. And we also believe that the General Assembly can and should begin to immediately tackle the boom in e-cigarette usage among Kentucky kids. Unless we as a Commonwealth treat e-cigs as the health threat it is – both in terms of now and in the future – Kentucky will still be the cancer capital of the nation in 20 years. We invite you to learn more in the “Ending the Surge of E-Cigarettes So Kentucky Teens Can Grow Into Healthier Adults” infographic on our web site.

And the list can go on. After all, the readers of this publication – more than most – realize that health impacts every aspect of child well-being. When you consider, even for a moment, the wide spectrum of opportunities, we have a professional and ethical obligation to make things happen. We can apply common gumption to achieve common good for kids around these issues:

– Strengthening the review process and therapeutic services to ensure psychotropic medications are appropriately prescribed to children in foster care for behavioral health issues, especially among the young-est Kentuckians.

– Imaginative ways to continue the positive momentum around health coverage for children as coverage for many parents will shift with the implementation of 1115 Medicaid Waiver requirements in Spring of 2019.

– Ensuring a therapeutic response to children who have experienced trauma, like abuse or neglect, and cursing the abuse to prison pipeline – an issue highlighted in the 2018 KIDS COUNT County Data Book.

– The linkage of physical activity to student learning.

– Health-related supports for young people transitioning out of foster care.

– The impact of nutritional and food supply disparities.

I am not naive. I realize that any number of issues related to health policy raise serious, legitimate and sincere disagreement. And we should and must find civil and constructive ways to address those arenas.

Yet, we have so many opportunities to seize ideas that bring people together and deliver for kids when it comes to health. Let’s robustly debate what needs to be debated. But, let’s also roll up our shirtsleeves and tackle the opportunities that can make an immediate and positive impact on the health and lives of Kentucky’s children.

— Dr. Terry Brooks is the executive director of Kentucky Youth Advocates.
Hospice of Western Kentucky expands palliative care program

Hospice of Western Kentucky officially changed the name to Hospice and Palliative Care of Western Kentucky.

For the past year, the nonprofit has focused on expanding its existing palliative care program. Part of that effort includes community education about the difference between hospice and palliative care.

Services include in-home visits, 24-hour access to a nurse, pharmacological intervention and spiritual counseling. This time last year, the local palliative care program had about 120 patients. Now, it has more than 200.

Hospice and Palliative Care of Western Kentucky operates the only outpatient program in the region.

WellCare launches digital life coach

Each year, as many as 20,000 young people “age out” of the foster care system, many without strong family relationships or community connections to help them navigate their lives ahead. In Kentucky, these young adults age out at 18 years old and are faced with many important life decisions to make around their health, safety and education.

According to statistics, 25 percent of aged-out foster youth experience homelessness in their first four years on their own; are at seven times the rate compared to their non-foster care counterparts for drug dependence; and only 25 percent of foster youth are in college versus 41 percent of the general population.

To help improve outcomes for these young adults, WellCare of Kentucky, in collaboration with JOOL Health, is offering its young members a virtual life coach focused on goal-setting and self-tracking.

Lacuna Health acquires provider of chronic care management services

Lacuna Health, a nationwide registered nurse-led clinical engagement company, has acquired American Chronic Care (ACC), a provider of chronic care management (CCM) services to physician groups, accountable care organizations and federally qualified health centers.

Lacuna Health will immediately begin providing CCM services to ACC’s existing clients using Lacuna Health’s 24/7 clinical engagement model.

Lacuna Health’s initial focus is on offering new and existing clients a full-service outsourced CCM solution. Lacuna Health’s clinical teams engage patients on behalf of the physician practice, and have relevant information about patients and their care plans. When the interactions reach 20 minutes or 60 minutes cumulatively over a calendar month, the physician practice bills CMS, and Lacuna Health receives a portion of the invoiced amount as a fee to cover the cost of administering the service.
UK's Chandler Retail Pharmacy opens

UK HealthCare's Chandler Retail Pharmacy is moving to 24-hour service seven days a week, eliminating the need for those who visit UK's Pediatric Twilight Clinic or emergency departments to fill a prescription elsewhere. The pharmacy, located in University of Kentucky Chandler Hospital Pavilion A.

The pharmacy accepts prescriptions written by any provider – not just those at UK HealthCare – and accepts most insurance plans.

Chandler Retail Pharmacy staff will also be able to refill prescriptions previously filled at any other UK HealthCare Retail Pharmacy locations: Kentucky Clinic, University Health Service, Good Samaritan and Turfland.

Greystone issues $18.4M for Kentucky healthcare facilities

Commercial real estate lender Greystone has issued a significant bridge loan to finance the acquisition of several healthcare facilities in Kentucky.

Greystone provided an $18.43 million loan to acquire three skilled nursing facilities totaling 252 beds. The transaction was originated by Fred Levine, Greystone’s managing director, on behalf of The Portopiccolo Group. The $18.43 million interest-only bridge loan carries a two-year term, with two six-month extension options.

The portfolio consists of a 98-bed Clinton Place facility in Clinton, a 94-bed facility in Glasgow and a 60-bed facility in Fulton. Each facility offers short-term rehabilitation services as well as complex medical, long-term and memory care and respite care.

The properties were acquired from DiversiCare Healthcare Services and are now operated by Clearview Healthcare Management.
Partnerships for sustainable change
The Humana Foundation focuses on social determinants of health.

By Walter Woods

Good health and well-being for all — that’s what we’re committed to at the Humana Foundation. Of the many barriers on the road to well-being, the Humana Foundation is focused on addressing social determinants of health, the conditions under which people are born, grow, live, work and age that affect health and well-being. We’re co-creating communities with local partners where leadership, culture and systems work to improve and sustain positive health outcomes.

These grants are for local nonprofits with programs addressing food security, housing, safety or healthcare issues, or those that make metropolitan Louisville a more appealing place to live by addressing the environment, arts and culture, inclusion and diversity or equitable access for all.”

Investment Programs
We launched our new Strategic Community Investing program in 2018, contributing approximately $7 million to nine different organizations in seven cities through this program. Each of these cities is a “Bold Goal” community for Humana and a place where our partners at Humana Inc. are working to improve people’s health 20 percent by 2020.

And, each of the Humana Foundation investments addresses health equity and social determinants of health through partnerships and collaborations with local organizations, as we strive to create measurable, sustainable results.

In Louisville, the Foundation invested in two local nonprofits that are seeking to address different social determinants of health.
- Our $560,000 investment in The Family Scholar House funded the launch of the HEROES program, which has the ambitious goal of reaching more individuals, families and senior citizens than Family Scholar House ever has. The HEROES program assesses and addresses barriers including social isolation, food insecurity and lack of post-secondary educational attainment.
- Metro United Way, our second Louisville investment recipient, received $770,000 to expand its pilot financial literacy program, improving financial independence among the most vulnerable residents in this community. The program provides asset-limited, income constrained families and residents with financial literacy coaching.

Each organization receiving a Humana Foundation Strategic Community Investment in Louisville (and elsewhere) has an opportunity to receive continuing funding for one or two additional years based on the specific results they achieve during the first year of their respective programs.

It’s our intention that these investments will help us create national, sustainable models and create impactful and sustainable change by joining forces with local partners.

Quality of Life
We’re also focused on improving the quality of life in Louisville, our headquarters hometown, via a series of Community Relations grants. These grants are for local nonprofits with programs addressing food security, housing, safety or healthcare issues, or those that make metropolitan Louisville a more appealing place to live by addressing the environment, arts and culture, inclusion and diversity or equitable access for all.

In 2018, the Foundation contributed $2.4 million to 30+ organizations doing great work to improve our quality of life and “quality of place” in Louisville, including seven organizations that received $100,000 grants. Some examples of the work our Community Relations grants recipients are undertaking includes:
- Home of the Innocents is helping children and young adults experiencing homelessness via its Aftercare Program.
- Shawnee Christian Healthcare Center is funding comprehensive school-based health centers in high-need neighborhoods, providing medical, dental and counseling services to low-income, medically underserved residents in West Louisville.
- Kentucky Refugee Ministries is empowering new Louisvillians by partnering with and educating local healthcare providers, helping newcomers with complex medical conditions as well as those in refugee and immigrant community groups.
- Louisville Metro Health Department’s “Our Money, Our Voice” initiative provides residents in designated neighborhoods with an opportunity to brainstorm ideas that improve the community, develop submitted ideas into project proposals, vote for the best proposals, and fund the winning projects.

As initial results and milestones start to roll in, we’re looking forward to celebrating the successes of our partner Strategic Community Investment organizations and Louisville Community

Do You Have Student Loans?
Family Health Centers can help!

Family Health Centers’ Medical, Dental, and Behavioral Health Providers qualify for up to $50,000 under the National Health Service Corp Competitive Loan Repayment Program.

To learn more about employment opportunities at www.fhclouisville.org/about/careers

www.fhclouisville.org
Child welfare transformation

Everyone has a role to play in improving the lives of Kentucky children.

By Eric Clark

It is a staggering, record-high number in Kentucky: 10,000 kids in foster care.

Here is another number: 800. That’s how many adults gathered in early January for the inaugural Transformers of Child Welfare Summit. These were social workers, judges, educators, government officials, faith-based community leaders, parents, relatives and others. They are all committed to improving our child welfare system and the lives of Kentucky children.

Summit participants heard from state and national experts, shared ideas, traded resources and made plans to dig into the complex issues ingrained into our child welfare system, which includes foster care, adoption, relative caregiving, prevention services and many other support services.

We have initiated the process of working toward a holistic, collaborative approach to improving child welfare. The 800 participants at the summit represent just a portion of those dedicated to supporting families across our Commonwealth.

Overwhelming Challenge

One word best describes the scope of our challenges and opportunities: overwhelming. It’s overwhelming to see the number of children in foster care and consider the complexities of all the lives affected. But it’s also overwhelming to see the committed stakeholders who have come alongside and invested in our transformation efforts.

While the current system faces challenges that can seem overwhelming, the opportunities to make a positive difference are even greater.

This collective partnership is essential in making improvements. Anyone expecting the government to overhaul child welfare on its own is going to be disappointed. The success of our child welfare system belongs to all of us, and we all have valuable roles in supporting families and children within our communities.

Three Goals

Identifying your role in transforming a large, complex system such as child welfare can be intimidating. This led the Department for Community Based Services (DCBS) to simplify our strategies into three data-informed goals that build upon each other and will transform our system in a sustainable way:

1. Safely reduce the number of children placed in a foster care setting.
2. Improve timeliness of placing children in an appropriate permanent home.
3. Reduce caseloads for our social workers.

Given the large number of children placed in foster care, our social workers are often overwhelmed with high caseloads. If we can safely reduce the number of children entering foster care, social worker caseloads become more manageable. When front-line workers have manageable caseloads, there is capacity to reduce the amount of time a child is in foster care. It currently takes an average of 36 months for a child to be adopted in Kentucky. Three years of a child’s life without the certainty of a forever home is far too long.

Every child deserves a safe and loving forever home. To be clear, home is not a physical address but a state of acceptance, love and security that resides within the heart of a child. Permanency can mean reunifying the child back to their own home of origin — when it’s safe. It can also mean other stable placements like adoption.

Be the Solution

I urge every Kentuckian to ask, how can I be a part of the solution? What are the needs of families and children within my community? Am I willing to lend a hand when a parent needs help? Am I interested in fostering or adopting a child?

We’re already seeing signs of encouragement: The number of children in care has started to decrease over the last three months, but it is still far too high. As we move forward, acknowledging significant milestones will help us to build upon our positive momentum.

Each one of us has a role in child welfare transformation. It’s going to take everyone — neighbors, lawmakers, school resource officers, judges, health professionals, parents, and, yes, you — to make the difference.

The 800 participants at the summit represent just a portion of those dedicated to supporting families across our Commonwealth.”

The challenge is before us – all of us — to make Kentucky the “gold standard” for child welfare nationally. We are committed to seizing this unprecedented opportunity to transform a system that will better the lives of children and families. This is not one agency changing one thing. It is all of us being committed to changing the future of our state by changing the trajectory of our next generation. It is overwhelming, but nothing life-changing is anything less.

It’s time we embrace what overwhelms us to complete our most important mission: improving the lives of Kentucky’s families and vulnerable children.

To learn more about how you can get involved, go to: https://prdweb.chfs.ky.gov/khyfaces.

— Eric Clark is Commissioner of the Kentucky Department for Community Based Services.
Life. Well Lived.

It’s something everyone deserves. And with Bluegrass Care Navigators as your partner, you can be assured of providing the right care at the right time. We now provide a growing continuum of evidence-based care to help patients with most progressing, serious illnesses.

Our range of services include:

- Extra Care
- Home Primary Care
- Adult Day Health Care
- Transitional Care
- Palliative Care
- Hospice Care
- Grief Care

To refer a patient or learn more, call: 855.492.0812
Medical News is a community of people who are experts in the business of healthcare. Our healthcare leaders engage in our community in person, in print and online in order to gain insights and information to build relationships and grow their business. Our community reflects the broad landscape of the business of healthcare - from traditionally defined healthcare businesses to all the adjacent companies that are part of the fabric that supports the industry.

In the past 25 years, we helped create experiences and share the stories that matter in the business of healthcare in our region.

Medical News keeps Kentucky connected. Through thoughtful articles and commentary about pressing health-related issues in Kentucky and important news updates related to the health industry, I find Medical News an important publication to help me stay up-to-date professionally as a pediatrician and child health advocate.”

Julia Richerson, MD, FAAP  
Family Health Centers

KMA appreciates Medical News for its relevant and thoughtful content on issues that are important to the medical industry. In April 2018, KMA was excited to be highlighted for its strategic planning work and valued the opportunity to share our successes with the healthcare community. Having such a publication in Kentucky is beneficial for providers and patients alike.”

Patrick Padgett  
KMA Executive Vice President

Are you truly engaged? Find your in person, in print and online options here:

Subscribe to Medical News: medicalnews.md/subscribe
Contribute your Expertise: news@igemedia.com
Nominate for the MediStar Awards: MediStarAwards.com
Advertise in Medical News or sponsor a MediStar Award: ben@igemedia.com