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Shaping Our Appalachian Region (SOAR): Beginning to Now

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Shaping Our Appalachian Region (SOAR): Beginning to Now

CAPSTONE PROJECT PAPER

A paper submitted in partial fulfillment of the
requirements for the degree of
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By
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Abstract

Introduction

Appalachian Kentucky has been and is currently facing difficult times including low employment rates, low education rates and less-than-favorable healthcare and health status for the people of the region (Estep, 2014). There have been multiple government and non-government agencies who have implemented interventions with the purpose of lifting up the region. Shaping Our Appalachian Region, or SOAR, is a bipartisan organization which began in 2013, and was established for the purpose of caring for the region.

Methods

A qualitative data analysis using confidential interviews with six people involved with SOAR was used for this project. Using the deductive approach and qualitative content analysis, common and recurrent themes from each interview were identified and used to determine whether or not SOAR Health had met its mission.

Results

As the result of SOAR Health, much work done has been to build healthier communities through reducing the physical and economic impact of obesity, diabetes and substance abuse while building many partnerships in the Appalachian Kentucky region.

Conclusion

Through the last three years, SOAR has brought connectedness to the region by implementing many new programs and procedures, which have facilitated the coming together of Eastern Kentuckians from all different sectors to work simultaneously for the greater good of the community. SOAR Health has supported goals of the community, all while intensely listening to the people of Appalachian Kentucky and also by acting on the needs of the community.

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Abstract

Introduction

Appalachian Kentucky has been and is currently facing difficult times including low employment rates, low education rates and less-than-favorable healthcare and health status for the people of the region (Estep, 2014). Shaping Our Appalachian Region, or SOAR, a non-partisan organization which was implemented in 2013, was established for the purpose of caring for the region. The primary objective of this capstone project was to evaluate whether or not SOAR Health, a sector of SOAR, has met its mission and objectives have been met since their creation in 2013. The SOAR Health mission is to, "reduce the physical and economic impact of obesity, diabetes and substance abuse through building partnerships," (SOAR, 2017) in Appalachian Kentucky and this capstone report examines these objectives to ascertain if they have been adequately met through a qualitative analysis of interviews with six confidential SOAR informants.

Literature Review

The need for change in Appalachian Kentucky have grown since the closing of the coal mines (Bomey, 2016). The following review of literature represents the evidence gathered to prove that there was a substantial need for a new health and economic policy for the region. The works cited are collected from press articles and journal articles, both of which articulate the unique needs within Appalachia Kentucky and collectively recommend for change in the region.

A review of the literature suggests that Appalachia Kentucky suffers disproportionately from major health problems compared to other parts of the state and the rest of the country; which demonstrates the lack of health equity for Appalachia Kentucky (Dwyer-Lindgren, 2017). Also included are press articles which highlight the work that has been done by SOAR Health

and its team since the founding of SOAR in 2013. Pubmed, the National Center of

Biotechnology Information, and the U.S. National Library of Medicine were used as the main

database to find scholarly examples of policy impacting healthcare and health statues in different

parts of the world. MeSH search phrases included "health disparities in Eastern Kentucky" and

"rural health issues in Eastern Kentucky". Also included in the literature used for this qualitative

analysis are SOAR press articles, SOAR Regional Blueprints and SOAR Working Group Notes.

Methods

The purpose of this capstone project was to evaluate whether or not SOAR Health has

met its mission and objectives have been met since their creation in 2013. This capstone report

presents the findings of a qualitative data analysis using confidential interviews with six people

involved with SOAR. A total of 25 people were asked to participate in the interview process;

however, some were unable to due to employment contracts, some refused because they felt they

did not have enough information about SOAR, and some refused because of time restraints and

scheduling conflicts. Interviews and qualitative data analysis were used instead of quantitative

data as because the creation of SOAR is so recent that there is not yet new quantitative

healthcare data available.

For this project, structured texts, including news articles were used, as well as

unstructured texts including interviews (Tilahun, 2012). Most of the interviews for this project

were voice-recorded over the telephone, while some were written documents submitted by

interviewees through email (see Appendix A for interview script administered to each

participant). By using qualitative research methods such as the deductive approach and

qualitative content analysis, common and recurrent themes from each interview were identified

and used to ascertain whether SOAR Health had met its mission to, "reduce the physical and economic impact of obesity, diabetes and substance abuse through building partnerships," (SOAR, 2017) in Appalachian Kentucky. This capstone and analysis was approved by the Institutional Review Board at The University of Kentucky with the understanding that all interview subjects would remain deidentified and all data gathered would be held on record for six years by the University of Kentucky and would then be destroyed. This study has some weaknesses, particularly related to participation; therefore, caution should be expressed when interpreting these findings despite efforts to engage additional informants, this analysis is based on the input of the six willing to participate, which may introduce some bias in this project.

Results

As the result of SOAR Health, much work done to build healthier communities through reducing the physical and economic impact of obesity, diabetes and substance abuse while building many partnerships in the Appalachian Kentucky region. The qualitative content analysis of interviews with those involved in the Appalachian Kentucky region and those involved with SOAR Health has found that community members of different sectors including healthcare, business, and education have joined forces to work for a better quality of life in Appalachian Kentucky as the result of SOAR Health programs. There have been several new projects implemented to grow prosperity and to improve health outcomes in the region because of the work facilitated by SOAR Health and there no plans to slow down in the future. This results section provides an overview of the project. Following this there is an introduction and background of SOAR, information over the SOAR Working Groups, and the assessment and results of the SOAR Health objectives.

Introduction and Background of SOAR

Kentucky and the Appalachian Kentucky region have had poor health status compared to other parts of the United States for many years. In a 2014 health status ranking between all fifty states, Kentucky ranked in 49th place for overall health with the poor health statistics in Eastern Kentucky playing a major role in the dismal ranking (Estep, 2014). In a nationwide survey of over 434 areas in the United States, Eastern and Southeastern Kentucky ranked the lowest for people's perception of their own well-being (Estep, 2014). The study assessed people's physical and emotional health; any behavior that effects health like smoking; job satisfaction; and access to basic needs, like housing and food; as well as their basic outlook on life (Estep, 2014). Part of the low ranking is due to the limited work and business opportunities, but there are other factors which contribute to poor health in the area, such as high smoking rates, drug use and obesity in the area (Estep, 2014). In early 2013, Democratic Governor Steve Beshear and Republican Congressman Hal Rogers of Kentucky's 5th District, the district which includes the 54 Appalachian Kentucky counties, began discussing collaborating on a program that could bring together those counties to work for the betterment of the region (see Appendix B for map of Appalachian region and Appendix C for Appalachian Kentucky region covered by SOAR). During their discussions and meetings, Governor Beshear and Congressman Rogers wanted to ensure they did not form an organization which only gave money to the region or form another organization like The Mountain Association for Community Economic Development (MACED) which focuses on problems in key sectors like forestry and energy in Appalachian Kentucky (MACED, n.d.) but rather they wanted to implement a program that could completely weave together different sectors of the community, including business, health, workforce, tourism,

broadband, industry and food systems to better the lives of the people of the Appalachian Kentucky (Estep, 2104).

SOAR was born of these discussions in the fall of 2013. The mission statement of SOAR, or Shaping Our Appalachian Region is, "to expand job creation, enhance regional opportunity, innovation and identify, improve the quality of life and support all those working to achieve these goals in Appalachian Kentucky," (SOAR, 2017). Within SOAR, 54 counties, and the people within those counties, work together to shape their own future with the help of the government of Kentucky, the Appalachian Regional Commission (ARC), the Rural Policy Research Institute (RUPRI), USDA Rural Development and the Centers of Disease Control and Prevention. The vision SOAR has for Appalachian Kentucky is, "An Appalachian Kentucky engaged in a landscape-changing enterprise: shaped by a shared and envisioned future, driven by innovation, entrepreneurship, and a commitment to common purpose, with improved education, health, and economic outcomes, and expanding opportunities, for all our region's citizens," (SOAR, 2017). The values for SOAR include:

> "SOAR is a widely-shared enterprise. Our commitment to build greater prosperity, resilience, and equity in the region is posited upon a belief that support for, and strengthened partnerships among, those already working to achieve these goals is the wisest course. Our trust rests in the region's greatest assets, upon which this future will be built: its people, places, and heritage, and in these mountains we call home," (SOAR, 2017).

There are many different people who work with SOAR on multiple levels, from the SOAR Board, to the Working Groups and the SOAR Team. The gathering of these people and the formation of these different teams and groups will be discussed in further sections.

Background on SOAR Formation and Working Groups

On October 28, 2013 in Hazard County, Ky, when announcing the first SOAR Summit, Congressman Rogers stated,

"We are in unchartered waters in southern and eastern Kentucky, where the future of coal faces new regulatory challenges and economic uncertainty is daunting for our small communities but time and again, the people of our region have proven to be resilient, I am confident that together, we will rise above these new challenges we face. We will overcome!" (Gov., 2013).

It was with these thoughts in mind through discussions about the state of the area that lead then Governor Beshear and Congressman Rogers to believe that the time had come for change to be implemented in Appalachian Kentucky (Gov., 2013). This change would only be possible through non-partisan efforts and with the different local, state, and federal leaders of Kentucky working side by side with the citizens of the region to unite and make a plan for the future of Appalachia Kentucky (Gov., 2013).

On October 28, 2013, the two government leaders held a meeting and originally invited 35 leaders from the different communities in Appalachia Kentucky. These local leaders were identified by staff working for Rogers and Beshear. These original 35 members would later become known as the Planning Committee, a committee which began an open discussion about

future changes needed for the region (SOAR, 2017). Soon, the Planning Committee grew to 50 members as other community members hearing of SOAR and wanting to be involved in the changes they saw being made. Those first 50 members, including the Governor and Congressman Rogers then decided to hold a summit to attract and gather more people interested in working with SOAR. The Planning Committee announced the first SOAR Summit for December 9, 2013 in Pikeville, Ky, where the SOAR offices are now located (SOAR, 2017). Soon, other organizations joined forces with SOAR and Congressman Rogers and Governor Beshear to help fund and facilitate the first Summit. These groups included: the Rural Policy Research Institute (RUPRI), which "provides unbiased analysis and information on the challenges, needs, and opportunities facing rural America…RUPRI's aim is to spur public dialog and help policymakers understand the rural impacts of public policies and programs," (RUPRI, 2017); the Appalachian Regional Commission a federal program which is, "a regional economic development agency that represents a partnership of federal, state, and local government," (ARC, 2017); and the USDA Rural Development who, "are committed to helping improve the economy and quality of life in rural America," (RD, 2017). RUPRI, ARC, and the USDA Rural Development were all invited by Governor Beshear and Congressman Rogers to help them in the formation of SOAR. There were other groups involved with the first Summit who helped finance the meeting, including: University of Kentucky, University of Louisville, Pikeville Medical Center, Community Trust Bank, Baptist Health, KCTCS, Passport, Toyota and many others (SOAR, 2017). Each of these groups partnered with SOAR to ensure that the initial goals of the Summit, which will be discussed shortly, were met and that there could be an in-depth investigation of the needs of the community to ensure the proper goals for SOAR were set.

SOAR also includes an Executive Board of 15 members, some of which came from the Planning Committee, which is co-chaired by Congressman Rogers and current Governor Matt Bevin. All funding for SOAR is identified and managed through the Development Committee, which is chaired by Jean Hale, CEO of Community Bank and Trust in Pikeville, Ky. The 14 members of the Development Committee, "work to create an integrated resource stream from the private, public and philanthropic sectors, to support the permanent SOAR enterprise," (SOAR, 2017). SOAR also includes a Futures Forum, which is chaired by Paul Patton, who is the Chancellor of University of Pikeville and is a former governor of Kentucky. The Futures Forum, "Focuses on long-term strategies to improve the region. Members of this group work with the Executive Committee and Working Groups to translate immediate and ongoing efforts into future strategies," (SOAR, 2017). Lastly, SOAR includes the Advisory Council, which has 11 members and is made up by the different chairs of the "ten areas of focus" which include: Tourism, Arts, and Heritage; Agriculture, Community and Regional Foods, Natural Resources; Broadband; Business Incubation; Business Recruitment; Education and Retraining; Health; Infrastructure; Leadership Development and Youth Engagement; Regional Collaboration and Identity. The chairs for each of these areas are, "community leaders who have committed to helping create change in our region. These members are experts in their area of focus which enables them to overcome challenges and create new opportunities for the region," (SOAR, 2017). The Advisory Council also formed the original Working Groups for SOAR, which contributed to the long-term goals and Blueprints for SOAR.

Working Groups

The 2013 Summit was attended by over 1,700 community members, many more than 250 originally anticipated. The Summit was lead by Congressman Rogers and Governor Beshear as

well as the Advisory Council, which was formed from some of the first 50 members of the

Planning Committee. The theme of the Summit meeting was, "designed to foster a new dialogue

about ideas, innovations, assets and opportunities that Eastern Kentucky could consider."

(SOAR, 2017). The goal of the Summit was not just to plan and strategize but to open up the

people of the region to, "a new way of thinking, talking, and acting 'outside the box'," (SOAR,

2017). This new way of thinking for the development of the region lead to SOAR Working

Groups, that were staged by RUPRI and were charged with continuing the initiatives which were

created during the Summit. Each one of the Working Groups, which were each compiled from

all of leaders of the Advisory Council, was chaired by an expert from the region and each

Working Group held multiple open meetings throughout the region with different community

members (see Appendix D for timeline and organizational chart for SOAR formation). As stated

with the Advisory Council, from which the Working Groups were formed from, the different

Working Groups included the following: Tourism, Arts, and Heritage; Agriculture, Community

and Regional Foods, Natural Resources; Broadband; Business Incubation; Business Recruitment;

Education and Retraining; Health; Infrastructure; Leadership Development and Youth

Engagement; Regional Collaboration and Identity. According to the RUPRI Report which was

presented to the newly formed Executive Board, chaired by Congressman Rogers and Governor

Beshear, on September 23, 2014, it was the responsibility of the Chairs of the Working Groups

to, "take the ideas, innovations, and commitments offered in the thematic Summit Breakout

Groups, and frame regional listening sessions, to deepen discussion of these, and surface others,

while broadening citizen engagement and commitment to action," (RUPRI, 2014). These ideas

and innovations were offered up by citizens and local leaders who attended the first Summit.

Everyone who attended was invited to bring ideas for change to the Summit and those ideas were considered when Working Group discussions were held.

During the summer of 2014, there were over 100 meetings and listening sessions held by the different Working Groups, which had more than 2,500 attendants from the Appalachian Kentucky region. In preparation for each of these meetings or listening sessions, the chairs of each Working Group were asked to, "assemble their teams, design a process for regional engagement, and create the final report," (RUPRI, 2014). Each Working Group and Chair were given complete autonomy and were allowed to meet those goals however they saw fit throughout the months after the Summit. Each Working Group was, however, asked to report specifically about three different areas for the final report: Next Year Opportunities, One-Three Year Opportunities, and SOAR 2025 Outcomes. The Next Year Opportunities include: "low-hanging fruit strategies, which can be achieved with minimal costs, within the next year. Hopefully, these would surface during asset mapping, or emerge from Working Group discussions, as strategies were prioritized," (RUPRI, 2014). One-Three Year Opportunities were: "innovations that definitely require regional investment, but can be expected to be completed and achieving regional impact between 2015 and 2018," (RUPRI, 2014) and the SOAR 2025 Outcomes were comprised of, "innovations that will demand significant resources and a multi-year commitment. Most of these investment recommendations will be the first considered by Chairman Patton and the SOAR 2025 Futures Forum Committee," (RUPRI, 2014).

SOAR Health Working Group

Once the Working Groups had completed their meetings/listening sessions, each group was asked to write a report with their three main goals in mind; however, the primary focus of

the report was to map out how to reach the first goal: the Next Year Opportunities. For the

SOAR Health Working Group, this was completed by Chair Nikki Stone and 21 other members

of the SOAR Health Committee (SOAR Health Working Group members listed in Appendix E)

from across central and eastern Kentucky. Dr. Stone was one of the original members of the

Planning Committee, who then joined the Advisory Council, and was then chosen by

Congressman Rogers and Governor Beshear to lead the SOAR Health Working Group. The

SOAR Health Working Group held 16 different listening sessions across eastern Kentucky from

June-July 2014, in towns including Pikeville, Somerset, Prestonburg, Hazard, Ashland,

Barbourville, Paintsville, Whitesburg, Morehead, Red Bird, and Frankfort and had over 350 total

attendants. Each meeting was structured in a way that everyone in attendance was able to speak

and to voice their ideas, thoughts, and concerns for SOAR Health. The SOAR Health Working

Group presented health statistics to Eastern Kentuckians on three different levels: state, county

and individual while attendants were asked to be involved in the discussion by naming the

healthiest and unhealthiest individual they knew and to brainstorm on why those people were

enjoying that health status (RUPRI, 211). There was open floor time, where attendants were

allowed to ask as many questions as needed, to suggest ideas or strategies, or to state anything

they thought may be of help to the health status of the area (RUPRI, 211). The comments,

questions, and suggestions were not only taken in person but people were also given the

opportunity to mail or email in their concerns or post them to the SOAR website (RUPRI, 211).

Much work was done to ensure that the people of Eastern Kentucky felt as if they were a part of

the SOAR initiative process, as to ensure more community buy-in into the program.

Along with the listening sessions held across the region, Congressman Rogers and Governor Beshear implemented four other meetings or "house calls" which were deemed the "Health Impact Series" with Dr. Thomas Frieden, the then Director of the Centers of Disease Control and Prevention, and Dr. Stephanie Mayfield, the then Commissioner for the Kentucky Department for Public Health. These "house calls" were in four different locations in Appalachia Kentucky including: the city of Hazard, the city of Morehead, Floyd County, and the city of Paintsville, and were attended by over 1,000 citizens. Total, between all listening sessions, meetings, and house calls, there were over 1,350 people who shared their support for the SOAR initiative and who had their health concerns for the area listened to by the SOAR Health Working Group, Congressman Rogers, Dr. Frieden and Dr. Mayfield (RUPRI, 2014). During these "house calls", Dr. Frieden and Dr. Mayfeld held presentations on the health status of the region. Dr. Frieden focused his presentation on what he called the "five leading causes of death in the 5th Congressional district of Kentucky: cancer, heart disease, unintentional injuries, chronic lower respiratory disease, and stroke," (RUPRI, p.213). His report also included,

> "that our rates (in Eastern Kentucky) of certain diseases are significantly higher than the rest of the nation: 84% higher rates of heart disease, 67% higher rates of lung cancer, 47% higher rates of all cancers, and 26% higher rates of obesity exist in our region,"
> (RUPRI, p.213)

He suggested smoke-free initiatives, a continued concerted effort against prescription drug abuse, and he was quoted as saying that 'Physical activity is the closest thing we have to a wonder drug!'," (RUPRI, p.213). Dr. Frieden ended his presentations emphasizing his opinion that the most important factor in changing the health of the region is by changing society's views and structural concepts to improve their own health and that the most impact comes when there "are

improvements in socioeconomic factors (poverty, education, housing, inequalities) which are the

overarching themes of the entire SOAR initiative," (RUPRI, p.213).

      Once Dr. Frieden had completed his portion of the meeting, Dr. Mayfield then presented

the "kyhealthnow" objectives, which were part of Governor Beshear's work to improve

Kentucky's state of wellness, which included the state-wide, previously implemented goals to:

- reduce KY's rate of uninsured individuals to less than 5%

- reduce KY's rate of smoking by 10%

- reduce KY's rate of obesity by 10%

- reduce KY's rate of cancer deaths by 10%

- reduce KY's rate of cardiovascular deaths by 10%

- reduce the percentage of children with untreated dental decay by 25% and

  increase adult dental visits by 10%

- reduce deaths from drug overdose by 25% and reduce by 25% the average

  number of poor mental health days of Kentuckians," (RUPRI, 213).

These two presentations from Dr. Frieden and Dr. Mayfield provide much of the data utilized in

the determination of the current SOAR Health Objectives.

      Once all of the meetings were complete in the summer of 2014, the SOAR Health

Working Group was left with hundreds of different topics and suggestions on which for SOAR

Health to focus. It was the task of the group to narrow down the selection as to what they thought

would be most attainable and workable for the three different strategies; the Next Year, One-

Three Year, and SOAR 2025. In order to narrow down the choices, each committee member was

asked to choose their top 3-5 topics which they felt were a priority and those would be included in the final RUPRI report. There was no rubric used to come to their decision on which topics were chosen and each individual member used their discretion to choose what they deemed was the most important to include. The final SOAR Health topics selected for the RUPRI report, in no particular order, were:

- Coordinated School Health
- Environmental Health
- Smoke-Free Initiatives
- a Regional Health Clearinghouse
- Transportation/Access

- Wellness Initiatives
- Substance Abuse
- Adverse Childhood Experiences
- Oral Health
- Physical Education in Schools (RUPRI, 212)

Each one of the topics was decided upon by the 22 individual members of the committee. The SOAR Health Working Group then formed subcommittees about the topics chosen, each of which had a volunteer leader who were experts in the subject, as the leader of that subcommittee. Some subcommittees also researched and developed reports on additional subjects including Teen Pregnancy, Diabetes, Workforce, and Senior Citizens (RUPRI, 212) because some members felt they should have also been included in the chosen topics.

Congressman Rogers was quoted in a press release following all the listening sessions and house calls as saying,

"this region has a greater prevalence for heart disease (84% higher), diabetes (47% higher) and obesity (26% higher) than the nation's average. The state's lung cancer

mortality rates are the nation's highest, at 67% above average. In addition, Kentucky had the third highest mortality rate of prescription drug overdoses in 2010 (23.6 per 100,000), with the number of all drug overdose deaths more than quadrupling since 1999 (4.9 per 100,000), according to a 2013 report by Trust For America's Health. Nationally the rate has doubled," (RUPRI, 214).

While these comments weighed heavily on the reports that were finalized by the SOAR Health Working Groups, they also wanted to include goals that would "continue the collaborative efforts promoted by the SOAR initiative to break down silos and find multi-disciplinary and even trans-disciplinary solutions to promote health in our region," (RUPRI, 214). It was also important to the members of the Health Working Group to ensure that the Managed Care Organizations (MCOs), which manage were held accountable to the region and remained a fixture to the healthcare landscape in Appalachia (RUPRI, 214). Medicaid was the major insurer in Appalachian Kentucky at the time and Kentucky had previously contracted with MCOs to manage medical care and financing for those on Medicaid (Medicaid, 2014). There was also much consideration from the presentations given by Dr. Frieden and Dr. Mayfield, where they pointed out the grim health statistics for the region, when deciding on the SOAR Health objectives and SOAR Health Blueprints (RUPRI, 2014).

SOAR Health Working Group Suggested Strategies

The Rural Policy Research Institute 2014 SOAR Regional Working Group Priorities report, which was presented to the Executive Committee, along with Governor Beshear and Congressman Rogers, is a final report of all ten of the different Working Group's reports and summarized, each group's process in coming up with their own group objectives, including

SOAR Health. The SOAR Health Committee suggested five short term, one year strategies for

SOAR Health, which included:

●endorse and promote the passage of a state-wide smoke-free legislation

●invite the CDC to form a task force to accurately map the current state of health in eastern

Kentucky and to create a strategic health plan for the region

●start the "Healthy 5 for 5th" campaign for individual health for an effort to promote wellness in

the region

●explore coordinated School Health programs for our entire region; to ramp up oral health efforts

to encourage school-based oral health services are underway in every school district in the region

(RUPRI, 213-18).

 Each of these suggestions came with at least 2-5 strategies to be used in order to meet the goals

for SOAR Health.

Next, five mid-term (1-3 year) strategies were introduced including:

 ●Conduct a baseline data pilot project on Adverse Childhood Experiences (ACEs) and then

implement strategies to reduce ACEs in the region

●broaden the availability of community health workers

●develop and implement a plan to coordinate seniors' health care and help seniors age in place

●utilize the evidence-based S.T.A.R.T. program as a supplement to UNITE efforts to reduce

substance abuse in the region;

•develop and implement a plan to address and reduce high risk and teen pregnancy (RUPRI, 218).

Lastly, the long-term (3-10 year) strategies were introduced:

•develop and implement a sustainable system of drug abuse treatment resources, coupled with strong drug court throughout the region

•develop and implement comprehensive school-based health services (including behavioral and oral health), using the CDC model

•ask the CDC to help explore environmental effects on health and ensure that the 5th congressional district has clean and safe air, water, and soil

•develop and implement a comprehensive, coordinated health workforce plan, expanding the local workforce through use of mid-level practitioners working at the top of their training

•create an Appalachian health data center – virtual or otherwise – with CDC support, to better track health issues and the impacts of health interventions (RUPRI, 218).

SOAR Health's Current Team (2017) and Blueprint

In addition to the volunteer leadership of the various committees and working groups that SOAR established, they also hired staff who could support the efforts of the SOAR initiatives. While RUPRI served in this role at the outset, with RUPRI President Chuck Fluharty serving as interim executive director, full time staff support began to come aboard the organization in 2014 (RUPRI, 2014). Jared Arnett, who was originally the Business Incubation Working Group Chair and CEO and President of the Southeast Kentucky Chamber of Commerce, was asked to come

on board with SOAR fulltime as the Executive Director in November 2014. Kevin Loux joined SOAR as the Director of Strategic Partnerships in June of 2015; Chief Financial Officer Keriston Smith and Executive Assistant Haylee Combs joined shortly after in 2016. These four are joined by two Centers of Disease Control employees. Congressman Rogers had previously worked closely with Dr. Frieden, the then Director of the CDC, with Operation UNITE on their National Rx Drug Abuse Summit. Operation UNITE was launched in 2003 by Congressman Rogers and is a, "three-pronged, comprehensive approach deemed necessary to combat substance abuse in Kentucky," (UNITE, 2015). Because of the work they had done before battling substance abuse in Kentucky, the Congressman and CDC Director once again joined forces with SOAR and Dr. Frieden pledged the CDC's involvement by sending two employees to work on staff at the SOAR office: Lieutenant Commander Jenna Meyer, who staffs the health initiative for SOAR and her assistant Megan Williams (Powell, n.d.). Meyer is a Registered Nurse and a commissioned officer of the United States Public Health Service (PHS), a uniformed service which, "fills public health leadership and service roles with federal government agencies and programs," (Wilson, 2016). Meyer's active duty responsibilities include responding to domestic and foreign health emergencies and she came to the SOAR office in Pikeville to lead the SOAR Health initiative with the Health Chair Dr. William Hacker (Wilson, 2016).

The SOAR Health goals and initiatives, along with the nine other Working Group's suggestions, were submitted and presented to Governor Beshear and Congressman Rogers in a final report to the SOAR Executive Board, compiled by Rural Policy Institute Research (RUPRI) on September 23, 2014. This report and suggestions were taken into consideration when deciding upon SOAR's Final Blueprint for the region.

Currently, SOAR Health is focused on healthy communities, which they hope to help attain by focusing on SOAR's Health Goal, "to reduce the physical and economic impact of obesity, diabetes and substance abuse in the region," (SOAR, 2017). There is also now a Community Health Action Team who, "works to achieve this goal by using best practice recommendations, collaborations across organizations, and education to help create sustainable economic infrastructure and healthy communities," (SOAR, 2017). Originally, the chair of the group was filled by Dr. Nikki Stone who had written and submitted the RUPRI Health Working Group Report. After the report was submitted in 2014, CDC representatives spent three months at the Pikeville SOAR office and evaluated all the proposed health recommendations (Patrick, 2015). On May 11, 2015 at a SOAR Strategy Summit, the new goals of SOAR Health were announced and they were a focus on substance abuse, obesity, and diabetes only, omitting many of Dr. Stone's initial suggestions, including the very popular suggestion to study the public health effects of mountaintop mining in central Appalachia (Patrick, 2015). This suggestion had come from many of the people in the region, so much so that it was tied for the first-place with another suggestion which was to address health education in schools. However, when it came to choosing the final topics, it was said by some that the health effects of mountaintop mining concern was over-exaggerated because the same people had showed up to all of the meetings and had over-inflated this need, which was why it was left out of the final topics chosen. Therefore, in-part because of the complete disregard of her initial suggestions, Dr. Stone resigned from the positon in 2015.

The Community Health Action Team is now headed by William Hacker, MD, FAAP, CPE who works closely with Jenna Meyer, LCDR and Megan Williams, both of the CDC, to ensure that the goals of the Blueprint are clear and continuously strive for completion of objectives. Dr. Hacker was recruited by Governor Beshear and Congressman Rogers to join SOAR as its Health Chair in 2015 (Patrick, 2015). Dr. Hacker is a native of Clay County, one of the 54 counties SOAR works within and was a practicing pediatrician in Corbin, Kentucky, a city which falls within the SOAR reach, for 18 years (Patrick, 2015). He has worked in the public health sector since 2001 at the Kentucky State Health Department and worked as commissioner for the state until 2011 (Patrick, 2015). Because of such extensive work in the medical field and public health sector, as well as his networking abilities across the state, Dr. Hacker seemed like a perfect fit to chair the SOAR Health Community Health Action Team, which also includes Jenna Meyer and Megan Williams of the CDC. Gov. Beshear and Rep. Rogers felt Dr. Hacker would be able to bring communities together through his networking abilities across the state (Patrick, 2015). Dr. Hacker compared his role within SOAR to that of an orchestra director, in that he brings all different players to the same stage to play together (Patrick, 2015). When asked of his hopes for his role at SOAR, Dr. Hacker stated,

> "if I can use my platform to bring people together so that they can share resources, share energy, share knowledge, share success stories. … Even if we don't have any new dollars to spend, we may be able to have better outcomes if we know what works and make that translational across communities," (Patrick, 2015).

With this thought in mind, the SOAR Health Blueprint is "one cohesive document with strategic goals and objectives to improve Eastern Kentucky's economy. The blueprint will be used to coordinate a well-organized, strategic, proactive, and systemic approach across federal,

state, local, and non-profit agencies," (SOAR, 2017). The Blueprint is what the Community

Health Action Team uses as their guide to meet the goals of SOAR Health. As stated, the overall

goal for SOAR Health is to "reduce the physical and economic impact of obesity, diabetes, and

substance abuse" and that is to be achieved by meeting four different objectives which are

included in the Blueprint:

Figure 1 SOAR Health's Four Objectives (SOAR, 2017)

Assessing SOAR Health's Four Objectives/Results

The purpose of this project was to evaluate whether SOAR Health has met or are

currently working to meet their four objectives. The data was collected via interviews with

people who have worked with SOAR during the planning stages of SOAR and also those who

are currently working with SOAR. Literature via press releases about SOAR was also consulted

to evaluate SOAR Health objectives (see Appendix A for the interview script asked to all

participants in the qualitative analysis). After careful qualitative content analysis was completed

from the six interviews conducted these common themes were found in support of SOAR

Health's objectives:

• SOAR Health does bring the community and different community leaders together

• SOAR Health supports the goals of the community

• SOAR Health endorses healthy communities

• SOAR Health facilitates school system work and educational programs with the children of Appalachian Kentucky

• SOAR Health is a multi-disciplinary team; not focused on just health or business but all aspects of Appalachian life

• SOAR and its staff are available for ideas and hears the community's needs; Jenna Meyer, LCDR is a wonderful champion/resource for SOAR and the Eastern Kentucky Appalachian region. Each of these themes will be explored to illustrate the themes character and success.

Bringing the Community and its Leaders Together

SOAR Health has brought the community and community leaders together by creating and implementing many successful roundtable meetings, which have centered around educating about diabetes, substance abuse, and obesity and ways to tackle these problems in the future.

During the diabetes roundtable held on March 16, 2017 in Barbourville, Ky, doctors, nurses, health directors, insurance companies, and concerned citizens were all invited to participate and to bring ideas into discussion to curb the diabetes epidemic in Eastern Kentucky (Frost, 2017). This roundtable meeting is an example of a tool commonly used by SOAR Health to facilitate health conversations within the communities it serves.

There have also been multiple roundtables focused on obesity, hepatitis C, and substance abuse held across the different parts of Eastern Appalachian Kentucky, which makes it possible for many different people across the region to be involved in the process, not only just people in the area where the current meeting is being held. Each one of these meetings brings together

local leaders and those in Kentucky concerned with the topic, whether it's either diabetes, Hepatitis C, or obesity, to brainstorm ways to combat the health problem in their community. It also gives a chance for people who have never met before but may be working on the same health issues a chance to speak face to face a build a partnership.

The Hackathon is also another example of bringing the community and its leaders together. The Hackathon, held in October of 2016 in Somerset brought together over 160 people to "hack" better ideas to tackle diabetes, obesity, and substance abuse in Eastern Kentucky (Parker-Bell, 2016). SOAR worked in collaboration with MIT to host this Hackathon and to "facilitate two days of intense brainstorming and creative thinking in order to generate unexpected solutions to these problems," (Parker-Bell, 2016). Not only were community members, health workers, and IT engineers invited to participate but there were also high school competitions for the best hack, which were Skyped into the conference, yet another example of the many ways SOAR Health is bringing communities together. After different teams had spent the day hacking new ideas, all health hacks were presented in order for everyone to have the chance to hear "problems from perspectives they may have not heard from before and to understand who had similar interests," (Parker-Bell, 2016). The Hackathon provided an opportunity for people of different sectors to meet and work together about subjects they felt passionately about in their community.

Supporting the Goals of the Community

The roundtable meetings, Hackathon, and SOAR 5K Run/Walk were also cited during interviews suggesting that SOAR Health supports the goals of the Appalachian Kentucky

community. The SOAR 5K Run/Walk began in 2016 as a kickoff to the SOAR Summit held on June 5th in Pikeville, Kentucky. During the first run/walk, there were 200 participants who helped raise money for prizes given to hackers at the Hackathon in 2016. The second Run/Walk, held in June 2017 in Pikeville and named "Fit + Grit" because of the "grit found within the Eastern Kentucky communities and the many ways that people work together to uplift the region" (SOAR, 2017) and had over 240 participants. All proceeds will be used as micro-grants for the community during the SOAR Summit in August (SOAR, 2017), which shows the support not only for the health of the runners/walkers of the community, but also for the people who will benefit from the SOAR micro-grants. The growing number of participants from the two years proves the dedication of the SOAR Health team to the community and that the community is responding to the SOAR efforts.

SOAR has also been instrumental in bringing federal grants to the Appalachian region of Kentucky. In August 2016, it was announced that over $12 million in grants was announced to be given to Appalachian Kentucky in part because of SOAR's efforts (Loux, 2016). These monies will be used as:

- ARC grant to purchase new medical equipment at the University of Pikeville College of Optometry
- ARC grant to bring a technology workforce to the region, with a focus on giving over 200 unemployed people a chance to be trained in the technology field
- ARC grant to help former coal workers in a different, more energy efficient sector, which will create 200 new jobs

- ARC grant named Downtown Revitalization in the Promise Zone project, which will work to revitalize the downtown areas of eight downtrodden towns in Appalachian Kentucky by creating new job and business opportunities to the people of those cities (Loux, 2016).

Endorsing Healthy Communities

SOAR Health has done much to endorse healthy communities by supporting local farmers and farmer's markets, which brings healthy local foods to the people of Eastern Kentucky (First Six Loans, 2016). In December of 2016, SOAR announced six production loans which were given to farmers and markets within Clay, Lincoln, Laurel, Madison, Wayne, and Whitley County. Farmers who received the loans were now able to purchase new farming equipment, build greenhouses, expand production, and bring more local healthy foods to the people in their communities. These loans provide favorable loan terms for growers and use the money which is repaid as loans for other local farmers (khic.org, 2016).

School System/Educational Programs

SOAR Health has worked extensively with the Kentucky Department of Education (KDE) to bring healthier options and health educational programs into the school systems of Appalachian Kentucky by assisting in the School Health and Physical Education program (SHAPE), which was previously implemented in Kentucky. This is a Department of Public Health program which is funded in part by the CDC (Sparks, 2017). Jenna Meyer, the CDC employee who works at SOAR Health has been a bridge between the school districts and SOAR Health. SHAPE, "provides a comprehensive approach for engaging schools across the state to promote healthy schools: nutrition policies, physical education/activity policies and staff

wellness," (Sparks, 2017). Per an interviewee, Meyer works closely with Jamie Sparks, who leads the initiative for the state, to help bring education and supplies to the school children and teachers throughout the different school districts across Appalachian Kentucky.

Per an interviewee, SOAR has partnered with Kentucky Valley Educational Cooperative (KVEC) to "encourage schools to use a free web-based GoNoodle program, which is an online exercise brain-break program which all teachers can use in their classrooms,". GoNoodle claims, "school is better with GoNoodle because it improves behavior and attention, betters academic performance, and strengthens classroom cohesion," (GoNoodle.com, n.d.). The interviewee also stated there have been walking and exercise challenges posed by SOAR Health to the teachers and the students of the different districts, which has ramped up the level of physical activity on campuses. The same interviewee stated that SOAR Health has worked with Letcher County farm-to-table programs to bring local farmer's food into the school system and to make local food more affordable to citizens with the use of food vouchers. SOAR Health and LCDR Meyer have also worked with Operation UNITE to bring information about the dangers of substance abuse into the schools of Appalachian Kentucky per one interviewee.

Multidisciplinary Team/SOAR Summit

SOAR Health has proven to be a multidisciplinary team by working with all sorts of different groups to bring health and wellness to the communities they serve. SOAR Health has partnered with educational programs like Pikeville Medical Center, University of Kentucky, Eastern Kentucky University, University of Louisville; has partnered with businesses like Community Trust Bank, Toyota, Forcht Bank, Bitsource; and has partnered with state and federal programs like the CDC, KVEC, RUPRI, KDE, ARC, Operation UNITE, USDA Rural

Development and many more to build community partnerships and to bring more opportunity to the region.

The SOAR Summits are also an example of SOAR working in multidisciplinary ways in order to meet all the goals of SOAR, not just SOAR Health. The SOAR Summit, which was first held in Pikeville, Ky in 2013 and is next scheduled for August 2017, is where all the different departments of SOAR come together to showcase the many types of work that is being done in Appalachian Kentucky region for the betterment of the community. The first SOAR Summit held in December of 2013 had 1,700 attendants and as previously stated, SOAR and its different Working Groups and objectives grew from that initial Summit (RUPRI, 2014). The second Summit was held in 2015 and was focused on moving SOAR and Eastern Kentucky forward (SOAR, 2015). There were over 1,300 people in attendance who participated in the event, which included multiple speakers, breakout sessions, and panel discussions that featured SOAR's plans for working with partners and the communities of Appalachian Kentucky for their betterment of their futures through all ten of the SOAR focuses (SOAR, 2015). SOAR and its leaders were making clear that their broad focus on collaboration, innovation, and impact would lead to change in region (SOAR, 2015). The 2016 SOAR Summit was focused on innovation and there were over 1,000 participants who witnessed the 140 local innovators who showcased what they were doing to change their local communities (Gregory, 2016). There was much focus on bringing broadband to the area, with Federal Communications Commission Chairman Tom Wheeler announcing over 150 new IT jobs in the region brought to the region by the FCC's efforts (Gregory, 2016). CDC Director Dr. Tom Friedman also spoke at the Summit about community-level interventions that can improve the quality of life for Eastern Kentuckians

(Gregory, 2016). Of the 2016 Summit, Congressman Rogers said, "There's ideas bubbling up all over the place. People are absolutely doing things. SOAR gives us the umbrella to talk about our region and the things we can do across county lines," (Hesterberg, 2016). The 2017 Summit is planned for August 2017 and will be focused around action and what SOAR can do to connect people to resources and partners within the region (SOAR, 2017).

SOAR's Staff

Per one interviewee, LCDR Meyer is the only reason that they have become involved with SOAR Health. Jenna reached out when no one else had to try and help improve the health outcomes of their county. Since Jenna has reached out, this interviewee has collaborated on many projects with SOAR including the Hepatitis C roundtable, obesity roundtable, the Hackathon and the Summit. None of this collaboration would have been made possible if it had not been for Meyer and the team at SOAR personally reaching out to this person. Another interviewee also stated how easily Meyer facilitates meetings where people from different sectors in the community can come together to work on one issue, like substance abuse or obesity. Meyer invites people from all walks of life to the different roundtable meetings and therefore people who have never had a chance to interact before, but who may be working on the same issue, can connect and work together more in the future. The interviewee states that these connections would be nearly impossible without SOAR Health and the work of Jenna Meyer. Multiple interviewees stated that Meyer works above and beyond where most people in her position would stop; that she is very engaged in the pursuit for change in the region. Multiple interviewees also stated that Meyer definitely shows that she cares for the people of Appalachia Kentucky; that SOAR is not just another post for her but that she is with SOAR to invoke real, lasting change.

Another interviewee stated that the key for SOAR is the connection the staff has with community members. This interviewee stated she had an innovative idea for the region and she spoke to Jared Arnett, SOAR's Executive Director about it. Arnett was then able to take the idea to other community members that this interviewee did not have access to and her idea was implemented. The interviewee stated that this would not have been possible without the connections that have been forged between communities because of SOAR and the SOAR staff. Multiple interviewees also stated that the whole SOAR staff is very approachable, helpful and makes sure there are bonds built and connections kept within different communities in the Appalachian Kentucky region.

Conclusion

In consideration that the purpose of this report was to ascertain whether the objectives of SOAR have been met or are working towards being met, which are to "reduce the physical and economic impact of obesity, diabetes, and substance abuse" through the Health Blueprints which are:

•implementing evidence-based programs to address regional health disparities in access, quality of care, and health outcomes

•strengthen community partnerships and collaborations with stakeholders to increase focus on health and disease prevention throughout the state

•reduce the scope and impact of substance abuse and related consequences through education, awareness, prevention, and access to service

•increase access to healthy, affordable foods and opportunities for physical activity"

it has been demonstrated through qualitative analysis of interviews and publications that SOAR has worked towards its health objectives since its establishment in 2013. There is evidence of

programs implemented to address regional health disparities, like the GoNoodle program in schools. Many interviewees also stated there has been much community building and connections made throughout the region because of SOAR Health. There has been much effort made by SOAR Health to address the impact of substance abuse through roundtable meetings and the Hackathon, both with an emphasis on continued work in the region and future access to service. There have been efforts made in the school districts to improve access to healthier foods and voucher programs made possible through SOAR Health for more affordable options at farmer's markets. All in all, there have been various continued efforts from SOAR Health to meet their goal of healthier communities through "reducing the physical and economic impact of obesity, diabetes, and substance abuse" and there are no signs of the SOAR Health team stopping anytime soon.

The limitations of this study include the lack of quantitative data available for health outcomes in the region. Because health outcomes, like changes in the prevalence of diabetes, obesity, and substance abuse, are not easily tracked within the three years of SOAR's creation, there is no relevant quantitative data to prove SOAR has met its goals. Because of this, qualitative data analysis was used to evaluate whether the goals of SOAR Health had been met. Limitations to qualitative data analysis include a limited number of participants to interview for the project. Over 25 people were asked to interview; however, only six people participated in the interviews because of various reasons including: employer contract limitations, scheduling conflicts, and lack of knowledge of the subject. There may also be bias to the results because of the people who chose to interview for the project and those who declined. There were more people willing to interview who worked with school systems and who work in the

diabetes/obesity field versus the substance abuse field. Had there been more people involved with the interviewing who had more knowledge of the work done by SOAR with substance abuse, there may have been more results skewed in that direction.

The Appalachian Kentucky region has had unique struggles for many years compared to other parts of the country and state but SOAR has proved to be an asset for the Appalachian Kentucky region. Through the last three years, SOAR has done much work to bring connectedness to the region by implementing many new programs and procedures, which have facilitated the coming together of Eastern Kentuckians from all different sectors to work simultaneously for the greater good of the community. SOAR Health has supported goals of the community, all while intensely listening to the people of Appalachian Kentucky and also by acting on the needs of the community. SOAR Health has brought much hope and attention to the region and will continue to do so for years to come.

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Appendices

Appendix A

Thank you for participating in my survey and my policy analysis of SOAR. All of the results of this interview will be anonymous. You are being recorded for proper qualitative analysis and the interviews will be disposed of within IRB regulations. Because these questions are for people who are involved with SOAR on many different levels, some of these questions may not be applicable to you, feel free to opt out of these questions. You may also choose to end the interview at any time and are not required to answer any questions if you feel uncomfortable or if you do not wish to continue.

1. How did you become involved with the planning and implementation of SOAR?
2. Have the SOAR Summits and Roundtable meetings worked to meet SOAR's mission to expand job creation, enhance regional opportunity, innovation, and identity, improve the quality of life, and support all those working to achieve these goals in Appalachian Kentucky?
3. Should SOAR endorse healthcare legislation in Kentucky?
4. What, if any, work has been done to meet the other health goals, including:
   ☺ Start the "Healthy 5 for the 5th" campaign for individual health in an effort to promote wellness in the region
   ☺ Explore Coordinated School Health programs for our entire region
   ☺ Ramp up oral health efforts to encourage school-based oral health services are underway in every school district in the region
5. What work has been done to "continue the collaborative efforts promoted by the SOAR initiative to break down silos and find multi-disciplinary and even trans-disciplinary solutions to promote health in our region"?
6. What work is currently being done to complete SOAR Health's current four objectives and how is each objective measured? They include:
   a. 4.1 Implement innovative evidence-based programs to address regional health disparities in access, quality of care, and health outcomes
   4.2 Strengthen community partnerships and collaborations with stakeholders to increase focus on health and disease prevention throughout the region
   4.3 Reduce the scope and impact of substance abuse and related consequences through education, awareness, prevention and access to services
   4.4 Increase access to healthy, affordable foods and opportunities for physical activity
7. Every policy has changes during implementation. Even with changes since SOAR's creation, how has SOAR brought health and wellness to the Appalachian Region? How have the metrics for measuring these changes?
8. Have these collaborations been made and are there measures to ascertain how much collaboration is being done?:

⌚ Regional Food Systems - connect them to local schools, restaurants, etc. to improve community health with an increased abundance and availability of fresh fruits and vegetables

⌚ A 21st Century Workforce - by connecting employers to wellness programs that improve both company efficiency and employee wellness.

⌚ Industrial Development - by ensuring our talent is healthy and available to work our region becomes more attractive in industrial recruitment efforts.

Again, thank you for participating in my survey. We will now continue with the interview with the focus shifting to the beginnings of SOAR. As before, You may choose to end the interview at any time and are not required to answer any questions if you feel uncomfortable or if you do not wish to continue.

9. How were the health goals for SOAR decided upon?
10. Why were there so many fewer health goals in the Working Group Priorities Report than the other eight sections?
11. How much of the "Short Term (1 year)" and "Mid Term (1-3 years)" strategies for each of the original SOAR Health Issues have been reached or used? How have the strategies been changed? Why have those strategies changed? How are these goals measured?
12. One of the goals for the Health Workgroup was to, "Endorse and promote the passage of a state-wide smoke-free legislation". What work has been done or is being done to complete this goal?
13. During the sixteen listening session, these topics were the top choices the Health Working Group Committee decided were most important to include in the final report: Coordinated School Health, Environmental Health, Smoke Free Initiatives, Substance Abuse, Wellness Initiatives, a Regional Health Clearinghouse, ACEs (Adverse Childhood Experiences), Transportation/Access, Oral Health, and Physical Education in Schools. -How did these choices transition into focusing on obesity, substance abuse, and diabetes in Appalachia?
14. Have the "Long Term (3-10 years) Strategies" been considered or changed? How and why? How will these strategies be measured?
15. There were some initiatives of SOAR that were sidelined because they were deemed too controversial, including surface coal mining, how and why was this done?
16. What are the future goals and strategies for SOAR?

Appendix B
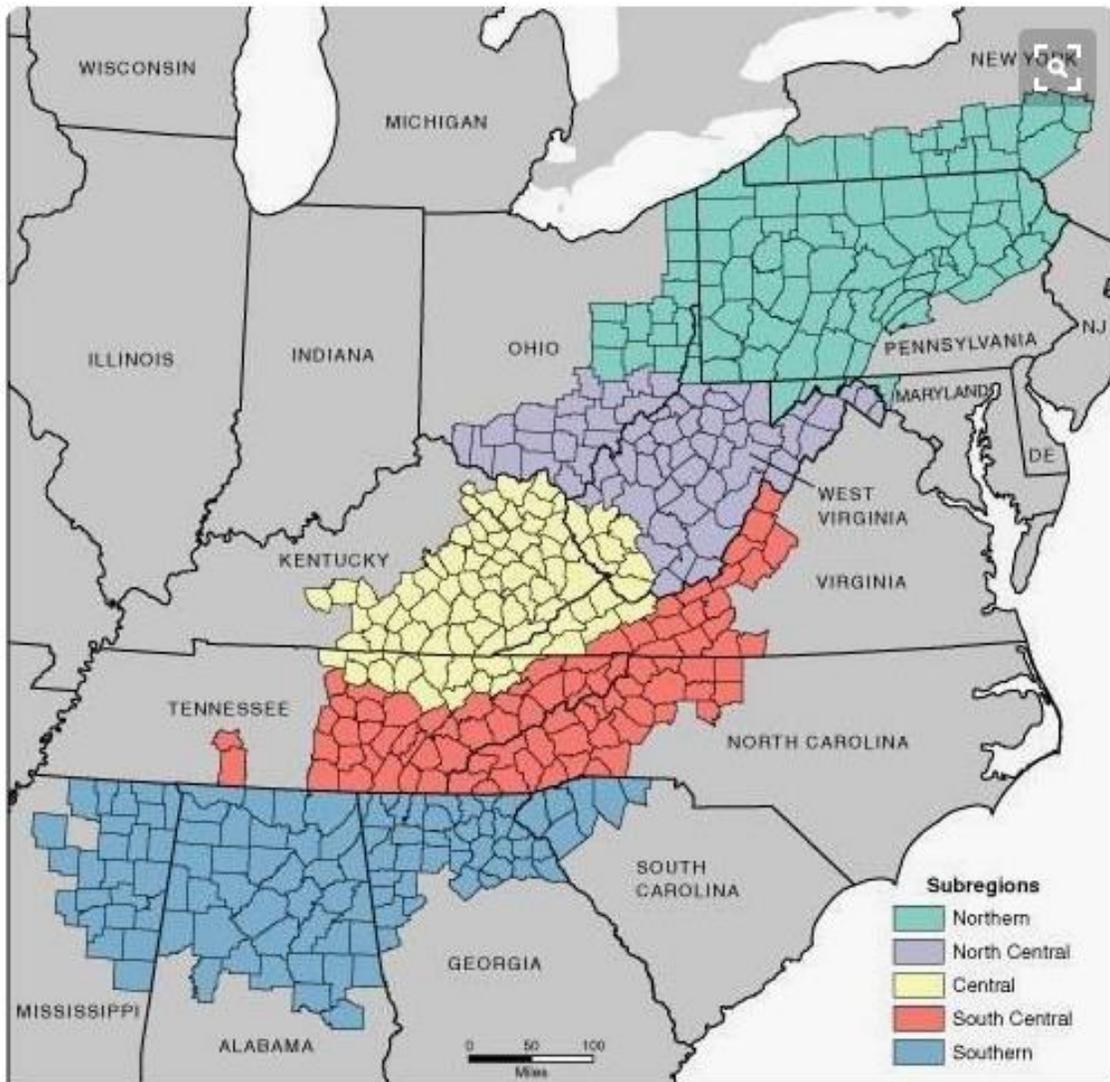
Map by: Appalachian Regional Commission, November 2009.

Source: ARC, 2009

Appendix C

The 54 counties in Eastern Kentucky which SOAR covers

Adair, Bath, Bell, Boyd, Breathitt, Carter, Casey, Clark, Clay, Clinton, Cumberland, Edmonson, Elliott, Estill, Fleming, Floyd, Garrard, Green, Greenup, Harlan, Hart, Jackson, Johnson, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, McCreary, Madison, Magoffin, Martin, Menifee, Metcalfe, Monroe, Montgomery, Morgan, Nicholas, Owsley, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Wayne, Whitley, and Wolfe

Source: soar.org, 2017

Appendix D

SOAR Executive Committee, Working Groups and Action Plan

Governor Beshear and Congressman Rogers announced the members of the SOAR executive committee and named the chairs of 10 work groups tasked with continuing the work outlined in the SOAR report. The Governor and Congressman also named chairs of committees which will secure long-term funding resources and develop future plans for the initiative. Finally, the leaders released a nine-month plan for advancing the SOAR initiative and named the leadership teams who will move the plan forward.

Interim Organizational Chart
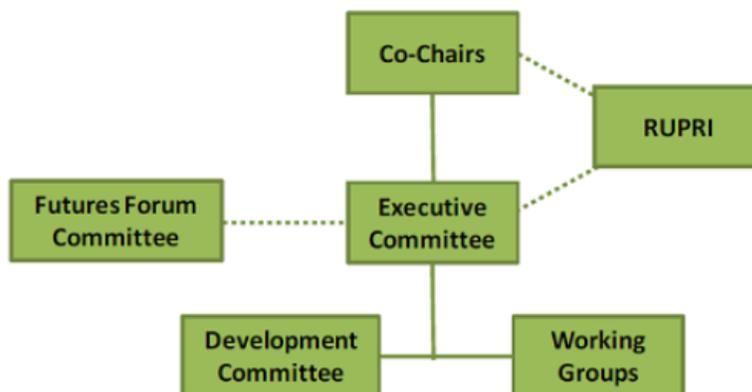
Leadership Teams

EXECUTIVE COMMITTEE. A 15-member executive committee will oversee design, execution, and funding of SOAR activities and will conduct the search for a permanent executive director. Co-chaired by Governor Beshear and Congressman Rogers, the committee will provide interim governance for the initiative until a permanent structure is established. All SOAR committees will report to this body.

WORKING GROUPS. Ten working groups will be responsible for leading large-scale discussions throughout eastern Kentucky on topics related to the region's economic future and quality of life. These "listening sessions" – to take place in the spring and summer of 2014 – will be open to businesses, local governments, organizations, and all interested citizens. The

information collected during these sessions will be translated into detailed strategies for moving the region forward. Together, the strategies will compose the SOAR program of work to be presented at a regional summit in November.

DEVELOPMENT COMMITTEE. A Development Committee will work with the Executive Committee to build a sustaining resource base for SOAR. The goal will be to create an integrated resource stream from the private, public, and philanthropic sectors to support the permanent SOAR enterprise and to attract world-class leadership in the national search for a founding SOAR executive director. Jean Hale will chair the development committee.

FUTURES FORUM COMMITTEE. Building on the program of work presented at the November SOAR Summit, a committee will work with the new executive director to plan and execute a Futures Forum in the spring of 2015. The Futures Forum Committee will be responsible for framing and advancing the long-term vision of the region. Former Governor Paul Patton will serve as chair of this committee.

STAFF. Chuck Fluharty, president and CEO of the Rural Policy Research Institute, will serve as interim executive director of the SOAR initiative until a permanent executive director is named in September. Fluharty provided assistance to the SOAR Summit planning committee in designing the December 2013 event and has continued to work with the governor and congressman in planning follow-up strategies. A SOAR office has been established in Pikeville.

SOAR EXECUTIVE COMMITTEE

Governor Steve Beshear, chair
Congressman Hal Rogers, chair
Bruce Ayers, Cumberland, president emeritus, Southeast Kentucky
Community and Technical College
Jim Booth, Inez, CEO of Booth Energy
Jean Hale, Pikeville; chair, president and CEO of Community Trust Bank
Rodney Hitch, Winchester, economic development manager for East Kentucky Power
Jim Host, Lexington
Tom Hunter, Washington, D.C., retired executive director, Appalachian Regional Commission
Kim McCann, Ashland, partner/attorney with VanAntwerp, Monge, Jones, Edwards & McCann
Hayley McCoy, Jackson, economic development advocate with Jackson Energy
Bob Mitchell, Corbin, board of directors for The Center for Rural Development
and retired chief of staff for U.S. Rep. Hal Rogers

House Speaker Greg Stumbo, Floyd County, ex officio Senator Robert Stivers, Clay County, ex officio Judge-Executive Albey Brock, Bell County ex officio Judge-Executive Doc Hardin, Magoffin County ex officio

WORKING GROUPS

The 10 working groups will be responsible primarily for content development and public outreach for the next six months. They will develop asset maps on their topic areas, identifying

all programs, resources and opportunities. They will build on recommendations made by participants at the 2013 Soar Summit, on the creative work already underway in the region, and on "listening sessions" that they will conduct throughout eastern Kentucky in the spring and summer.

Source: RUPRI, 2014

Appendix E

The SOAR Health Work Group is made up of the following Committee Members:

- Paula Arnett, DrPH, MBA, Regional Site Administrator, Rural Physician Leadership Program, University of Kentucky
- Boyd Buser, DO, Dean, Osteopathic School of Medicine, University of Pikeville
- Mike Caudill, CEO, Mountain Comprehensive Health Corporation Federally Qualified Health Center
- Lisa Davenport, PhD, RN, CEN, Project Manager, Appalachia Community Health & Disaster Readiness, University of Tennessee
- Dee Davis, Founder and President, Center for Rural Strategies
- Fran Feltner, RN, DNP, Director, Center of Excellence in Rural Health, University of Kentucky
- David Gross, Director, Northeast Area Health Education Center
- Richard Heine, Executive Director, The Freidell Committee for Health System Transformation
- Susan Howard, Service Region Administrator, Cabinet for Health & Family Services, Eastern Mountain Region
- Reagan Hunt, Executive Director, Kentucky Voices for Health
- Joe Kingery, DO, CEO, Medical Director, UK North Fork Valley Community Health Center East Kentucky Family Medicine Residency Program
- Ancil Lewis, CEO, Big Sandy Health Care, Inc. Federally Qualified Health Center
- Raynor Mullins, DMD, MPH, Emeritus Faculty, University of Kentucky College of Dentistry, Dental Public Health
- Lorene Putnam, RN, Dean, Union College Nursing & Health Sciences
- Jean Rosenberg, Community Advocate/Consultant
- John Rosenberg, Founder/Director (retired), Appalachian Research and Defense Fund (AppalReD)
- Ernie Scott, Director, Kentucky Office of Rural Health
- Dr. Ruth Shepherd, Director, Maternal and Child Health, Department of Public Health
- Nikki Stone, DMD, Dental Director, UK North Fork Valley Community Health Center
- Diana Williams, RN, MSN, Director, Community Resources, Our Lady of Bellefonte Hospital
- Susan Zepeda, Ph.D., President/CEO, Foundation for a Healthy Kentucky