

Health Focus 2024

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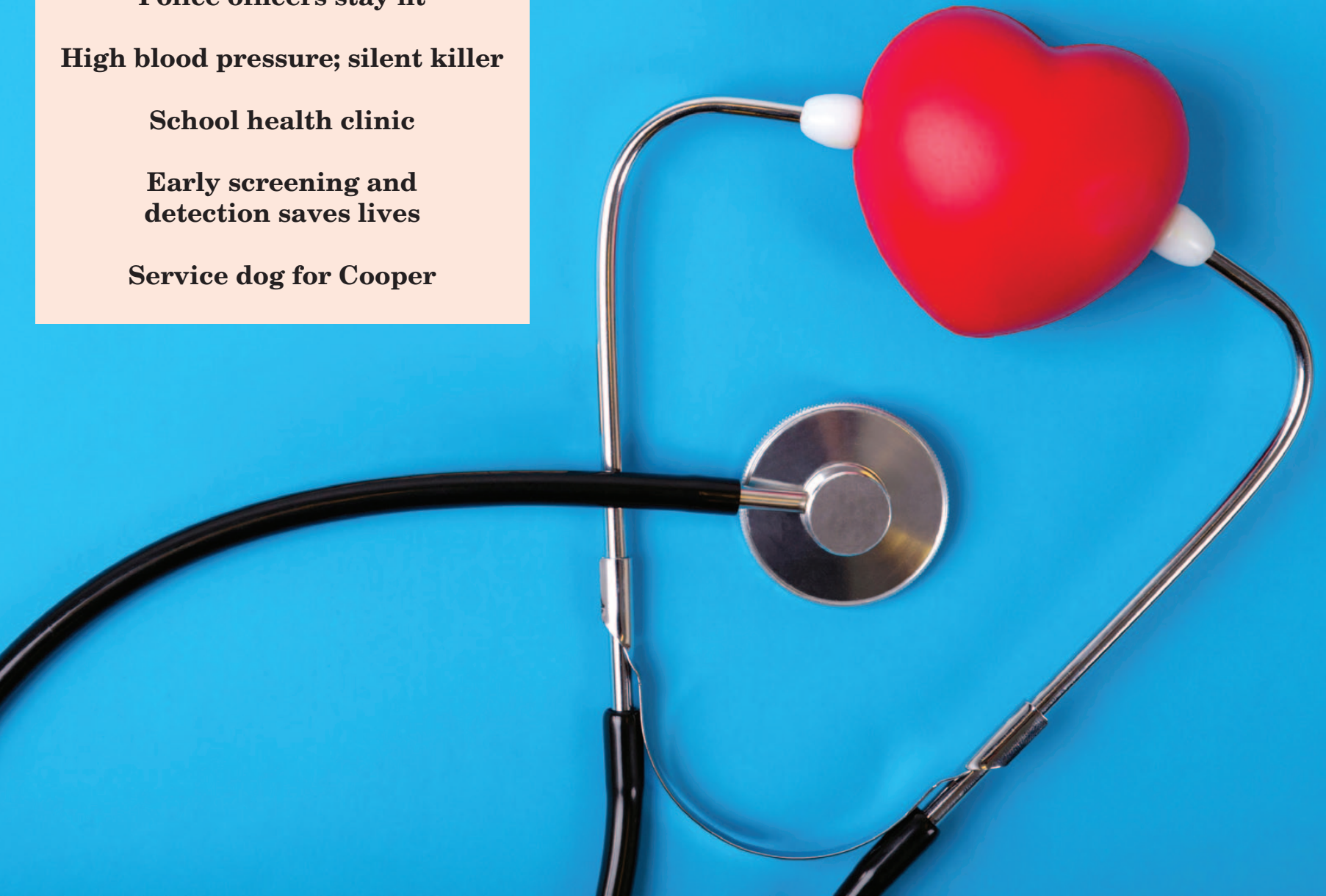
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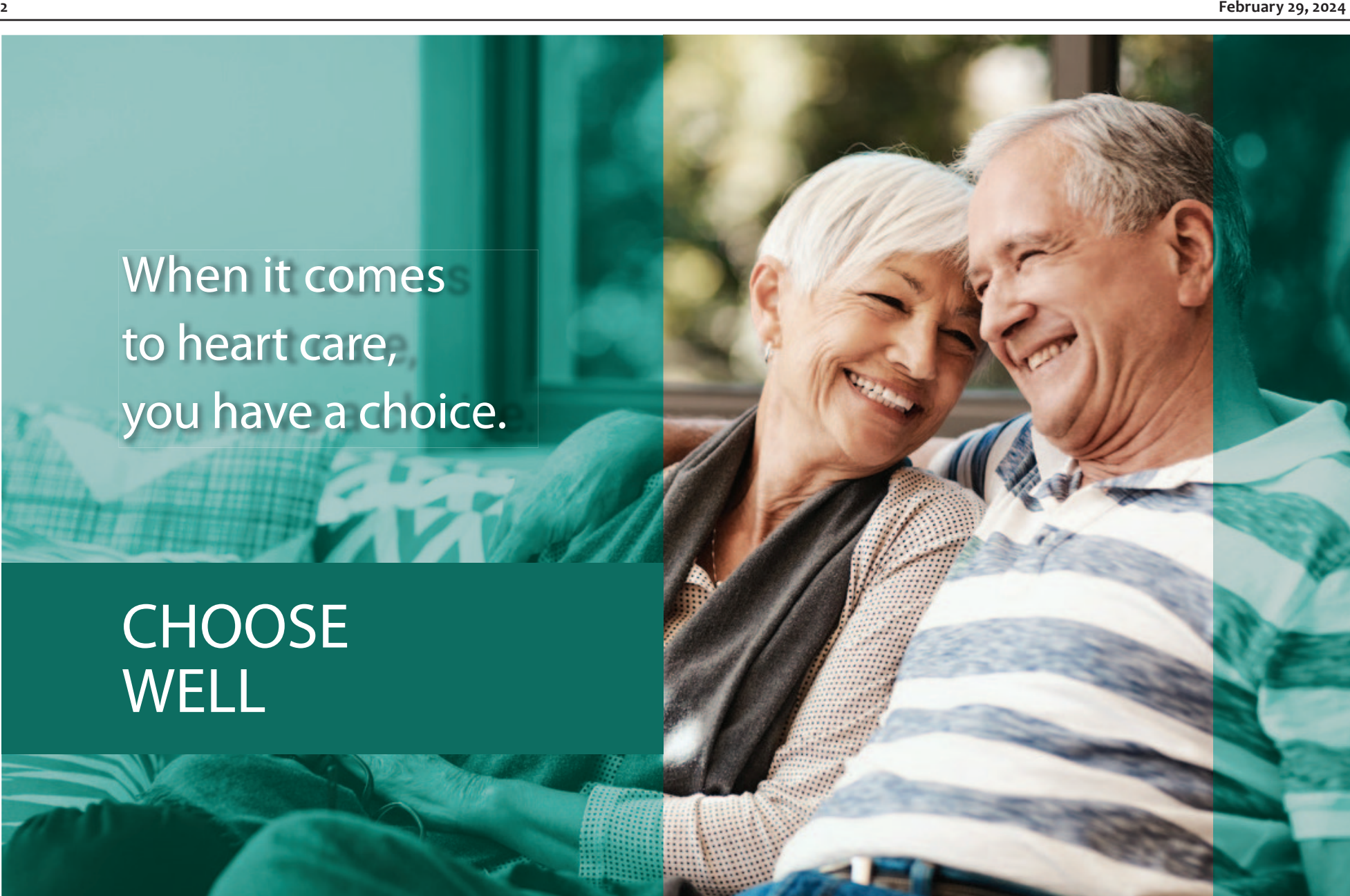
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Woodford County Public Schools' Healthy Kids Clinics well-received

BY MELISSA PATRICK
THE WOODFORD SUN

Michelle Hinman, the district health coordinator for Woodford County Public Schools, was checking a student's glucose on her phone right before talking to the *Sun* about the school's new health clinic, noting that there are between 10 and 12 students with diabetes in the district and about 90 percent of them have what is called a continuous glucose monitor.

"It is great," said Hinman, who is also the school nurse for Northside Elementary School. "It reads directly to our nurse phones, so we can monitor them."

School nurses provide a valuable resource to schools, but are limited in the amount of medical care they can provide students. To address this, the district has partnered with Cumberland Family Medical Center (CFMC) to be able to provide a full range of care to the county's students and staff. The clinics are called Healthy Kids Clinic.

CFMC is a Federally Qualified Health Center (FQHC), which means it is a federally funded nonprofit health center that provides primary care services regardless of a person's ability to pay. In other words, services are provided on a sliding scale fee based on a person's ability to pay.

Hinman said she talked to CFMC for about a year before deciding to partner with them. The program is brand new, having just started at the beginning of the school year.

"Not only has it enabled students who don't have insurance or access to medical care to see providers and make sure their needs are being met," she said. "It also has been very convenient for our students with insurance or normal providers. It has also been very convenient for our staff and staff families because they can all use the providers as well."

Hinman explained that the walk-in clinic does not require an appointment. It is open from 9 a.m. to 2 p.m. and a health care provider is available in-person Monday through Thursday, but care is always available through a telehealth visit. She added that while the school nurse does not provide the care, the school nurse is always present for the appointments.

Hinman showed the *Sun* a compact iPad machine that includes monitoring devices for temperature, ear-nose-throat checks, and heart and lung checks. All of the monitoring devices are connected to the providers office so that the provider can see what the

school nurse sees during a telehealth visit. Further, she said they can swab for strep, flu, for COVID-19, mono and RSV. And, she said, they can check for a urinary tract infection.

"So, if they're sick, if they need antibiotics or medications, they see the provider, the provider calls those into their pharmacy of choice, then the parents can pick the student up, go pick the medicine up and head home," she said. "It's much more convenient for the parents, less time off work."

In addition to sick-visits, the clinic also offers well-checks, immunizations and sports physicals.

To receive care in the clinic, or even by the school nurse, a student's family or guardian must have filled out an online permission slip. The form is available in both English and Spanish and can be filled out at any time. She said upwards of 70 percent have filled out the permission form.

Hinman noted that while the form is largely like any other form you would fill out in a doctor's office, it is different because it asks for a family's household income. She said this has caused "a little bit of frustration and confusion" from parents because

they don't know why we are asking for this information.

Hinman explained that while providing this information is optional, it's important because the clinic charges patients on a sliding scale if they don't have insurance or can't afford their co-pay.

"It's really because we're trying to help them to help their kids get the medical care they need," she said. "We're not being nosy."

Hinman said they would continue offering the Healthy Kids Clinic next year.

"It's worked so well and we've gotten such great feedback that we are going to continue into next year with it," she said. "We are hoping we have our own (nurse) practitioner every day in our district."

Right now, she said WCPS shares a nurse practitioner with Frankfort Independent Schools and Christa Walters, a nurse practitioner with Versailles Pediatrics comes in. She added that they have enough patients to keep a full-time nurse practitioner busy every day.

Asked about what kind of feedback they've gotten, Hinman said so far, it's been all positive.

"I think there was a lot of apprehension at first because it was new and people didn't really know what to expect. But from anyone who has taken advantage of the service, I have not heard one negative thing."



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Mental Health Court in the works for Woodford County

BY SCOTT WHITE
MANAGING EDITOR

The work and planning are underway for a new program that will provide a new tool for judges, prosecutors and defense attorneys in the ongoing battle to cut down on crime and incarceration rates.

Similar to drug courts, this new approach is based on a serious public health issue – the commission of crimes by offenders with diagnosable mental health disorders.

Woodford County Circuit Court Judge Kathryn Gabhart and Woodford County District Court Judge Sarah Hays Spedding are leading the initiative for the creation of a Mental Health Court (MHC), which will operate in both district and circuit court in all three counties in this judicial circuit: Woodford, Bourbon and Scott.

In her last election, Gabhart campaigned on bringing an MHC to this circuit since she was “aware of the program in Fayette County and the success it has enjoyed.” It is a program that Gabhart and Hays say is needed here.

There are reams of studies establishing the co-incidence of criminal activity with mental health disorders - both non-violent and violent. The hole in state budgets, including Kentucky's, caused by the high imprisonment rates and the cost of operating a criminal justice system is well documented. There is a need for such courts as evidenced by the passage of legislation in recent legislative sessions for new approaches to improving recidivism rates and decreasing incarceration rates, such as drug courts and, now, MHCs.

So, what is an MHC?

Like drug court or even family court, it is a “specialty court” designed to protect public safety and reduce the recidivism rate of criminal offenders with a diagnosed mental illness by increasing offenders’ wellness. The MHC will use an integrated approach involving court supervision, mental health treatment services, education, employment and personal accountability.

“We judges have seen a growing need in our circuit based on the number of defendants who appear before us with mental health disorders,” said Gabhart.

Hays added, “There is a need (for an MHC) due to the mentally ill population who get stuck in the ‘wheels of justice’ because of long backlogs at the Kentucky Correctional Psychiatric Center.”

Neither the Kentucky legislature nor the Administrative Office of the Courts (which administers the Kentucky justice system and is headed by the chief justice of the Kentucky Supreme Court) have mandated MHCs, much less funded them. This funding request is currently stalled in this legislative biennial budget machinations.

However, a mechanism does exist in Kentucky law for the creation of an MHC in a judicial circuit which Gabhart and Hays are employing. This can be done through the creation of a “community corrections board (board)” that is a non-profit corporation. The board is allowed to apply for a community corrections grant, which is administered by the state Justice Cabinet. The grant funds are allowed to be used for MHCs and other programs that work to decrease the jail and prison population.

Gabhart said an MHC in Woodford County would ensure that during a period of deferred prosecution, diversion, or probation, the offender will be required to complete comprehensive treatment for their diagnosed mental health disorder under the supervision of the MHC.

She added that any defendant who has been charged with a misdemeanor or felony offense, excluding Class A felonies, with a clinically diagnosed mental health disorder, may be referred pre-conviction or post-conviction into the MHC; that an MHC team will determine whether a defendant is eligible and suitable for the MHC program; and that the MHC team will review a referral under the procedures established by the board.

The first step for the new MHC was taken Feb. 9 when a community corrections board was created at a meeting at the Versailles Police Department. Attendees included representatives of all three county jailers and county attorney offices, the Bourbon and Scott County sheriff's departments, Commonwealth's Attorney Jennifer Muse Johnson, Versailles Assistant Police Chief Rob Young, victims advocate Ellie Castle, officials with the probation and parole office and other interested persons.

At the meeting, the new board elected Gabhart as chair, Hays as vice-chair and Scott County Jailer Derren Broyles as secretary. The board is working on its application for non-profit status and preparing for the operation of the MHC.

Since the deadline for a community corrections grant was Feb. 28, Gabhart and Hays have worked with the City of Georgetown to get funding now instead of waiting until 2025. Georgetown has agreed to permit its police department to apply for the grant and then enter into an agreement with the board for it to receive the grant funds this fiscal year. If approved – as is expected – the funds will be available on July 1, 2024.

Gabhart said this means the MHC “will be up and running within a few months,” and one of the first tasks will be hiring two full-time staff persons: a program coordinator with a social work degree or related experience and a case manager with a degree or experience in the mental health field. This structure is similar to how drug courts use substance abuse workers in managing and operating those programs.

Gabhart and Hays have already begun working on the local rules and procedures for the operation of the MHC, which the board will approve. Once complete, they will be submitted to the Supreme Court for final approval. Once this happens, the MHC will be in operation.

The cost benefits of having an MHC have already been demonstrated in the seven Kentucky counties that have an MHC in operation. Gabhart presented data at the Feb. 9 meeting showing that the MHC in Northern Kentucky experienced a savings of \$3.30 for every dollar spent, Nelson County saved \$3.16 for each dollar spent and Hardin County saved \$3.96 for each dollar. Gabhart and Hays believe similar savings will happen here.

“The difference between drug court and mental health court is drug court deals only with the ‘high risk/high needs’ population of offenders. MHC will be available to low-risk defendants too,” said Gabhart. “This will help us intervene with qualified defendants at a much earlier time and hopefully steer them away from a life in and out of the criminal justice system... so they receive the support they need like getting and staying on medication for their mental illness, participating in programs that lead to employment or a stable life and keeps them out of jail and victimizing our communities.”



WOODFORD COUNTY JUDGES are leading the establishment of a new and needed Mental Health Court for both circuit and district courts in Woodford County. From left, Woodford County District Judge Sarah Hays Spedding and Woodford County Circuit Judge Kathryn Gabhart. (Photo by Scott White).



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Staying physically fit for their

By BOB VLACH
WOODFORD SUN STAFF

Not blaming anyone but himself, Versailles Police Officer Daniel Padgett says he “put on quite a bit of weight” during the COVID-19 pandemic when gyms were closed.

Looking in a mirror, he could see the difference. And he also knew “it was the lack of a good diet, the lack of exercise” that put 45 to 50 pounds on him over those two and a half years.

‘If I don’t get a certain amount of steps in a day ... I feel like I’m not doing anything.’

Officer Daniel Padgett

Statistics show the average police officer only lives five years after retirement (see other story on this page for additional information). Padgett did not want to put in 20-plus years of service and then die at the age of 65.

“That’s not acceptable to any of us,” the 53-year-old says.

Because of the physical demands that come with being a police officer, staying in shape or getting back in shape makes a difference in being able to do the job, Versailles Police officers Scott Bobbitt, Ben Hartley and Padgett say.

Acknowledging the volume of calls to service in Versailles, which Padgett describes as “a great community,” compared to Lexington are far fewer, officers need to stay in shape by using down time to stay active so they’re ready when a call to service comes.

Citing the lifestyle and stresses of the job, VPD Chief Mike Murray says he encourages

officers to stay in shape, and allows them to work out in the police department’s fitness room for up to an hour during their shift as long as calls to service are being covered. Because no matter your age, “you can always get into a better level of fitness,” says Murray, 66.

The Versailles Police Department (VPD) adopted a policy creating a Health Improvement Program in January 2022 “to ensure personnel have the physical capacity to safely fulfill the requirements of the job; improve mental and physical well-being; increase productivity; reduce injuries and the use of sick leave; and improve the department’s public image,” the policy states.

The voluntary program encourages officers and other VPD employees to work towards standards established in this policy “in an effort to improve their quality of life and job performance.”

Participants receive incentives in the form of paid leave or equipment allowances based upon the level of performance, the policy states.

Fulltime officers receive one day of paid leave for achieving the Bronze Standard, two days of paid leave for reaching the Silver Standard and three days of paid leave for achieving the Gold Standard.

Everyone in the VPD is eligible for the incentives, including part-time employees. They receive an equipment allowance of \$50 (Bronze), \$100 (Silver) and \$200 (Gold) depending on the standard achieved.

As long as an employee puts forth effort and participates in annual physical fitness assessment test, they receive one day of paid leave, says Hartley, who has been an officer with VPD for nearly five years.

He and Bobbitt, who coordinate the program, grew up in Woodford County playing youth and high school sports, so they understand the value of being in shape for the job.

“If you’re not in some type of decent physical shape,” says Hartley, “I think you’re doing yourself and the department a disfavor.” He knows anything can happen “at a split second” during a shift.

From taking a loud music complaint to someone threatening suicide to a vehicle fatality, Murray compares the stress level for police officers to a yo-yo. They never know what to expect on that next call to service.

“... If your not in physical shape,” Hartley says, “that can hinder your ability” to take someone into custody after a foot pursuit, for example.

“You still have to have some gas in the tank” or “you’re no good (to other police officers or a citizen who may need your help) once you get there,” says Padgett. He also stresses, “I would rather talk to you for four hours than fight with you for 40 seconds – all day long.”

Padgett says living here gives him the convenience of going home where he can make “the right choices” for a meal and “that’s what I’m going to do. Not only am I eating healthier, but I’m saving money because it’s not cheap to eat out these days – especially if you’re eating healthy.”

It’s tougher for officers working overnights, Padgett says, when their only option may be “something spinning on a wheel at Thornton’s unless you bring your own.”

An officer may also work the scene of an injury collision for hours and only have time to grab a quick meal at a fast food restaurant before getting another call, Bobbitt says. “So it’s very challenging,” he adds, “to ... meal prep or eat healthy ...”

Murray may be 66 years old, but he sets the tone for VPD officers by being “consistently in the gym,” Bobbitt says. On his days off, Hartley says he regularly sees Murray in the gym “getting after it.”

Acknowledging, “I wouldn’t want to wrestle with him either,” Padgett lauds Murray for his personal interest in the physical well-being of his officers. “It’s a topic of conversation pretty much every time you speak with him,” Padgett says. “That’s been my experience.”

If Hartley gets busy with his kids and doesn’t work out for a couple of days, he says his wife tells him, “You’ve got to go to the gym ... Just because it helps me mentally,” he



OFFICER DANIEL PADGETT is pictured working out on the treadmill in the Versailles Police Department’s fitness room. Even if it’s just walking, Padgett says he likes being active six or seven days a week. “If I don’t get a certain amount of steps in a day,” he says, “... I feel like I’m not doing anything.” (Photo submitted)



PATROL OFFICER Ben Hartley is pictured doing pull-ups in the fitness room at the Versailles Police Department. Officers are allowed to work out in the fitness room for up to an hour during their shift as long as calls to service are being covered. (Photo submitted)

safety, to better serve public

says. For him, going to the gym and working out is “a stress reliever.”

“It’s a mental job,” says Padgett of being a police officer. “... There’s a lot of baggage that goes with this job. You see a lot of terrible things. You see people at their worst ... but you can’t carry it home with you.”

Even if it’s just taking a walk, Padgett says he likes being active six or seven days a week. A workout can mean going to the gym, but it can also be hiking or doing something with his family. “If I don’t get a certain amount of steps in a day,” he adds, “... I feel like I’m not doing anything.”

After working a 12-hour shift, eating dinner and playing with the kids, Hartley says he doesn’t really want to go to the gym at 8:30 on a cold night. But he goes because he’s committed to the totality of that lifestyle, he says.

Padgett says he’d hate going to a gym at night, so he works out early in the morning – usually with a dedicated group of older people.

Bobbitt, school resource officer at WCHS, says his workout routines are fluid because he has three young kids who keep him super-busy. So he’ll spend 30, or 20 minutes working out.

And if needed, “I can do something to destroy myself in 10 minutes,” adds Bobbitt, who didn’t become a police officer until he was 28 years old.

Playing youth and high school sports put him on a path of wanting to stay in shape. Staying fit and also improving his strength were important to him then and now. Although he acknowledges he doesn’t recover from a workout like he once did and must stay mindful of his workout approach to avoid injuries.

Bobbitt could retire in nine years, but says he won’t change his lifestyle after he leaves the job. “This job does not define me. Some of the working out and the way I approach it has to do with this job ... but it does define me” or his life choices to stay healthy.

In addition to staying in shape for their regular job duties, the officers told the Sun being a part of the department’s Special Response Team (SRT) at VPD is a greater challenge because passing a rigorous physical training test is required to be on SRT and stay on the team.

Now one of the older officers on SRT, Bobbitt says he feels more of the aches that come with exerting himself physically. “I used to be able to eat just garbage and work out and still maintain a certain level” of fitness – although he now knows he would have done better if he made better meal choices. “I cannot cheat now,” he says.

Hartley and other younger officers push Bobbitt and Padgett. They create a competitive environment, which Bobbitt says is “a good thing.”

“I do want to be one of the most-healthiest guys,” Bobbitt says. So whether it’s a mile-and-a-half run or a sprint, “I want to be up towards the top,” he adds.

“It’s friendly. It’s pushing each other. It’s just trying to be better,” says Padgett. “We’re not trying to make anybody look bad. We’re just trying to make everybody be a little better.”

“I think a competitive environment is good. It’s definitely a good thing,” adds Bobbitt.

Walking is what Padgett does most on a daily basis, but he compliments his cardio workouts with weight training and monthly defensive tactics training. “I’ve turned into an old man that

used to laugh at people who walked all of the time,” quips Padgett, 53.

Bobbitt describes walking as a good example of working out in a smart way because “you don’t beat your body up.” At 43, he’s walking more now because a low-intensity exercise still burns calories.

Hartley, 33, focuses more on strength training over cardio. “I don’t really like to run too much,” but he also knows a police officer needs to do cardio so he’s physically able to do what’s expected of him on duty.

How a police officer looks in uniform may also

determine if someone wants to get into a physical altercation with him, Hartley says. An officer’s physical appearance also plays a role in someone’s decision to run or not run, adds Padgett.

He says, “The lean muscle mass is going to save your life – whether you ever use it in an altercation (or not). Just being healthy and strong” helps someone stay healthy later in life.

His parents are in their 80s and “my dad works out five days a week,” says Padgett. He and the other VPD officers agree, no one is ever too old to live more healthy.



SCOTT BOBBITT, who became a police officer at age 28, is pictured working out in the Versailles Police Department’s fitness room. It’s equipped with treadmills, a rower, heavy bag, speed bag, functional pulley trainer, dumbbells, barbells, jump rope, squat rack, flat bench, incline bench and kettle bells, which were acquired through donations from the DRMO (a U. S military program), the Joe and Debbie Graviss Foundation and Orange Theory Fitness. (Photo submitted)

Life expectancy of police officers vary depending on study *Risk factors likely contribute to earlier death*

BY BOB VLACH
WOODFORD SUN STAFF

Studies about how long police officers live after retirement vary, but research by the Office of Justice Programs states the average police officer dies within five years after retiring and has a life expectancy 12 years less than other people.

A Buffalo Police Study conducted by the Centers for Disease Control and Prevention in 2013 looked at 2,800 police officers who served from 1950 to 2005 in Buffalo and found officers who lived to age 50 could expect to live only 7.8 additional years, while a typical white man was expected to live an additional 35 years.

Moreover, according to research studies compiled by the National Library of Medicine (NLM), police officers have an elevated risk of dying compared to the general population. The research also found police officers have increased levels of cardiovascular disease risk factors and non-traditional risk factors, including a non-day shift, depression and less sleep compared to the general population.

Officers with 10 to 19 years of service represented the majority of deaths among diseases of the circulatory system with the average death for officers being at age 66, according to studies cited in the NLM report. It stated obesity may be a predictor of early death and add to the health problems among police officers.

The studies cited by the NLM report also stated a lack of physical exercise contributes to a higher risk of elevated blood pressure, and that police officers tend to consume more high-fat foods. Working night shifts may precipitate poor dietary behaviors and obesity among police officers, studies stated.

According to the Office of Community Oriented Policing Services (COPS), the occupational fatality rate for law enforcement is three to five times greater than the national average for the working population. Its report on officer safety and wellness, stated police officers must be protected against incapacitating physical, mental and emotional health problems, as well as against the hazards of their job.

COPS also found that injuries from assaults and vehicular accidents are the most obvious hazards of being a police officer, but stress, cardiovascular disease, depression and suicide are also job-related risks.



REGULAR EXERCISE helps Versailles Police Chief **Mike Murray** control his type 1 diabetes. In addition to working out regularly, Murray says, “I’m really big on my smoothies at lunchtime.” The ingredients for his smoothies are what he describes as super-foods, including berries, spinach, kale, walnuts and almond milk. (File photo by Bob Vlach)

Sharing his experience with untreated high blood pressure

'It truly is a silent killer'

By BOB VLACH
WOODFORD SUN STAFF

Tommy Dennison didn't have any of the symptoms of high blood pressure – he didn't have a headache and he wasn't dizzy – when he went to a clinic for what he thought was a sinus infection. He ended up going to the emergency room and receiving one shot and then another injection to finally bring his blood pressure down to normal levels, he says.

Needless to say, his day didn't go as anticipated, describing the experience as “very jarring.”

Dennison now believes the over-the-counter medicines he was taking to treat a sinus infection contributed to his blood pressure rising to unhealthy levels, which is described as a “hypertension crisis.”

His blood pressure was so high – 200 over 120 – the digital cuff in his doctor's office wouldn't register his pressure. “So they had to manually take it with a stethoscope and the

hand pump,” Dennison says.

His doctor told him he'd only seen one other patient with a blood pressure that high, and Dennison, then 45, still wasn't experiencing any symptoms associated with high blood pressure.

“I was functioning normal,” he remembers. “It truly is a silent killer because I did not have any of those symptoms. And I was on my way to having a stroke ... (or) something happening.”

Dennison's doctor prescribed “me valium to calm me down – to keep me calm because I already get nervous going to the doctor as is, let alone being treated for high blood pressure,” he says.

He started a regimen of medications that slowly brought his blood pressure down to normal levels. That was about eight years ago and he's been on blood pressure medication ever since.

Dennison, whose parents and both sides of his grandparents dealt with high blood pressure, says his num-

bers are usually around 125 over 80 these days.

“In hindsight, yeah I do worry about what could've happened if I had not been treated. I mean it could've had catastrophic consequences for me,” says Dennison, the Woodford County Library's adult services coordinator. So he now eats healthier and walks to work because “you have to make some changes when things like that happen. I think it's a necessity,” he says.

The Versailles native's personal experience with high blood pressure led the Woodford County Library to partner with the American Heart Association – becoming only the second library in Kentucky to participate in the nationwide program called Libraries with Heart.

Since December, patrons of the Woodford County Library have been able to check out blood pressure cuff kits, which include information about managing your blood pressure and what your numbers mean.



TOMMY DENNISON, who grew up in Versailles, says his experience with untreated blood pressure gave him an interest in bringing Libraries with Heart to the Woodford County Library. Patrons of the library can now check out blood pressure cuff kits. (Photo by Bob Vlach)



DR. SYLVIA CEREL-SUHL suggests carrying fruits, which she described as “a powerhouse of nutrients,” and a bag of nuts in your car for a convenient and healthy meal or snack. (File photo by Bob Vlach)

Treating high blood pressure to prevent heart attack, stroke

By BOB VLACH
WOODFORD SUN STAFF

Many people may not know they have high blood pressure because it can happen with no symptoms, according to Dr. Sylvia Cerel-Suhl.

She said high blood pressure is an elevation of pressure in a person's blood vessels, which causes damage over time. So, “everybody needs to know what their numbers are,” she told the *Sun*.

Cerel-Suhl said high blood pressure is a health concern of the American Heart Association, American Medical Association, Centers for Disease Control and Prevention, and primary care physicians because it's an effective way to intervene and prevent cardiovascular diseases like heart attack and stroke.

“We treat high blood pressure ... and if you find out you have it,” said Cerel-Suhl, “you take your medicine. You work with your doctor.”

She said people are living a long time, and their blood vessels are getting older. “Aging blood vessels get stiffer, and they are therefore less-elastic and the pressure in them goes up,” she explained. “So if your blood pressure is too high it will damage your blood vessels. That's where working with your doctor” and monitoring your blood pressure can help someone find out if their numbers are up.

“And take the medicine that is right for you,” she added, noting there are about 10 or 11 different medicines to treat high blood pressure.

Her advice to anyone wanting to prevent high blood pressure: move more by staying physically active, and eat more healthy foods – specifically fruits and vegetables – while reducing your sodium consumption.

“People need to watch their salt and avoid processed food,” said Cerel-Suhl. “Better to eat real food. We live in Kentucky. We live in a farm state. We need to be eating the real food that we grow here.” So she encourages people to buy locally-grown foods at the farmers market, or do their shopping in the produce aisle.

People want convenience, so Cerel-Suhl suggests carrying fruits (unless you're a diabetic), which she described as “a powerhouse of nutrients,” and a bag of nuts in your car. “We have to re-think what's convenient,” she said. “It's not a Ho-Ho.”

“Fruits and vegetables are your friend. They can be to-go and you don't have to make it into a fancy salad. *You can make it into a salad,*” she continued.

“You can make also a big healthy soup, a big healthy stew, a big healthy whatever.” She knows a lot of very busy people who do meal prep on Sunday afternoon so they have meals for the upcoming week. (She suggests visiting the American Heart Association's website at heart.org to access thousands of healthy recipes.)

Before ending the interview, Cerel-Suhl said smoking and vaping, which puts hot gas “and God knows what else” in your lungs, are addictive and cause your blood vessels to restrict and your blood pressure to rise.

“I was always more interested in prevention than in treating something,” said Cerel-Suhl, who graduated from Stanford University's medical school in 1991. “... So I primarily focus my work on research, teaching and community outreach.” She came home to work in pediatrics at the University of Kentucky before practicing family medicine. She's been a volunteer with the American Heart Association for 15 years.

Service dog is right prescription for 7-year-old Cooper Hacker

By SCOTT WHITE
MANAGING EDITOR

When he was 4-years-old Cooper Hacker's parents, Amanda and Joey, began seeing behavioral changes in him. He began having outbursts, fixating on shapes, colors and sizes and sometimes breaking things. His pediatrician referred them to a developmental pediatrician. Given Cooper's age, it was a year before he could be administered the testing needed to make a diagnosis – a key event for families as a diagnosis opens doors to the services that are needed to address a complex neurodevelopmental disorder.

The testing at age 5 confirmed that Cooper is autistic with an anger disorder and Attention Deficit Hyperactive Disorder (ADHD). Now, a second grader at Hometown Elementary, Cooper does not speak at school as a result of another neurological disorder, apraxia.

Cooper is prone to high levels of anxiety which interferes with his school experience even with the services he receives.

"Apraxia is 'selective mutism' . . . it only occurs at school and is caused by anxiety," Amanda said. This creates a significant stumbling block to his quality of life.

The Hackers began noticing Cooper's anxiety levels seemed to decrease when he was with the family dog. "Zoey, our dog, really calmed him down," said Amanda, "Cooper was able to participate in the family so much better with Zoey near by."

This "aha moment" led Amanda to begin exploring the possibility of a service dog to help Cooper. Service dogs are more common for children like Cooper as research and clinical experience has progressed. Service dogs are different from an emotional support, or therapy dog. Unlike service dogs, emotional/therapy dogs do not receive the same rigorous training as a service dog nor do they have the legal protections allowing them into any environment such as a restaurant, school, sports arena or other public space.

"An emotional support dog won't really work for Cooper since they do not have the legal protections of a service dog," Joey said.

Cooper is like most kids his age - he likes playing video games, soccer, jumping on the trampoline. But, Cooper needs other tools that help

him integrate into life. Amanda and Joey thought "maybe a service dog was part of the answer". This led to "a lot of time and research into just what a service dog is, who are the providers, could one help Cooper and how do you even get one."

And, this led them to 4 Paws for Ability (4 Paws).

Founded in 1998 as a non-profit in Xenia, Ohio, 4 Paws only trains and places service dogs for children and veterans. According to its website, 4 Paws trains dogs that meet the federal definition under Titles II and III of the Americans with Disabilities Act, of "an assistance dog . . . individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability."

The Hackers reached out to 4 Paws who confirmed that Cooper was precisely the type of child for whom a service dog could be a game changer.

"Our service dogs are able to serve numerous disabilities for children, such as autism, epilepsy, physical handicaps, and other disabilities," according to Taylor Tolle, client services coordinator with 4 Paws.

The process for placing a dog with a child begins with a questionnaire sent to the medical provider who completes it with the diagnosis and the types of needs a service dog could meet.

Then, 4 Paws determines if "what the client wants aligns with what we do – and if it does we move forward and sign a contract with the family," said Tolle. "We get a detailed background on the child, the tasks the dog will perform and the situations it will be in, like a classroom, and if the family decides this will work for them we sign a contract and proceed with the end being the placement of the dog with the child."

The next step is not an easy one.

The client, here the Hackers, are required to raise \$20,000 toward the \$40,000 to \$60,000 cost of buying and training a dog to specifically serve the client.

4 Paws provides support and experience the family draws from in raising the money. Once the goal of \$20,000 is reached, the client is assigned to a class and the placement with the dog takes place in about two years.

According to Tolle, all of 4 Paws dogs go through a year of general training including socialization. Once this is completed, 4 Paws makes place-

ment decisions on which dog matches best with a particular client. The match is made and the client then completes a six-month training with the dog.

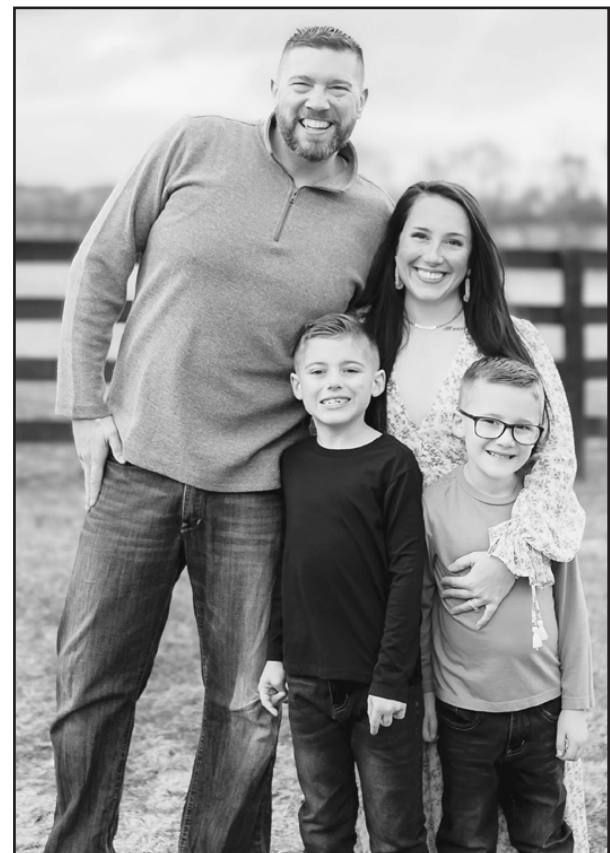
Given the time it takes for placement and Cooper being 7, the sooner the \$20,000 is raised, the sooner his new life with a service dog can begin.

The Hackers are actively engaged in fundraising and planning a number of creative methods with the help of the professionals at 4 Paws. "We are planning an event at Rolling Oven who loves to help folks in the community," Amanda said.

They have raised \$5,435 so far, and every bit helps.

You can find opportunities to support Cooper on Amanda's Facebook page, "Amanda Cooper" of Versailles or donate now at Cooper's 4 Paws secure donation site: <https://secure.qgiv.com/event/4pawsforabilityservice/dogs/account/1633017/>.

Amanda and Joey said they are excited not just for Cooper to have a service dog, but to also raise awareness of this wonderful tool for kids like Cooper.



THE HACKER FAMILY has begun raising the \$20,000 needed for their son Cooper to receive a service dog. Pictured from left, Joey, Cooper, Amanda, and Parker. (Photo submitted).



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A series of fortunate events saves Woodford County coach's life

BY HILARY BROWN
UNIVERSITY OF KENTUCKY

Weekends in the fall are chaotic in the Zuber household.

Dan Zuber coaches basketball at Woodford Middle School in Versailles. His wife Wendy, a former volleyball coach, runs a volleyball clinic in Franklin County. Their eldest daughter also plays volleyball, and their youngest rides horses. Their family calendar is a frenzy of practices, games and horse shows.

"We are literally high-fiving each other in the hallway as we run out the door in the morning," said Wendy. "It's a crazy time in our house."

This Friday in September 2022 should have been a quiet one, absent of a regularly scheduled game or practice. The Zubers had planned to hang out by the fire pit at home — a couple of beers for Dan and Wendy, then off to bed. But Dan's team had made the playoffs, so on Sept. 30, he found himself in the gym of Campbell Middle School in Winchester, as his team of sixth grade girls faced off against their Clark County rivals.

Not too many people can say that a middle school girls' basketball game saved their life.

In the days leading up to the game, Dan doesn't recall feeling unwell. No headaches, shortness of breath or general malaise that precedes a major medical event. He had even coached a game the night before — the game that qualified his team for the playoffs. In fact, he doesn't recall anything at all. What happened next was relayed to him and Wendy by bystanders and first responders.

"I got a call from one of the players' mothers, saying I had to go to Clark County Regional because there had been an incident and Dan was there," said Wendy. "That's all I knew until I got there."

Dan had been showing some troubling signs during the game. The normally loud, boisterous coach who runs the sidelines alongside his players was subdued. His players picked up on it, asking multiple times if he felt OK. Even the parents in the stands could see something was off. When he took a knee and held his chest, spectating parents, some of whom were medical professionals, jumped into action.

While some called 911 and retrieved the AED, others continued to coach the game on Dan's behalf. Even though the AED didn't register a cardiac event, Dan

was put in an ambulance and rushed to Clark County Regional Medical Center, where he was met by Wendy and their oldest daughter.

"They were running enzyme tests and all the standard procedures for heart attacks," Wendy said. "The whole time, Dan was saying he felt like his chest was ripping open, like it was on fire."

Through the pain, Dan asked about the game. Amused that it took three dads to replace him, he was less enthused to hear that his team lost in double overtime. Though his players played their best, there were more than a few tears when they saw their beloved "Coach Z" loaded into an ambulance.

In the Clark Regional emergency department, things weren't adding up. Every test for a heart attack came back negative. But the attending physician wasn't buying it, and ordered a CT scan for Dan. When the images came back, Wendy was told that Dan was being flown to the University of Kentucky Albert B. Chandler Hospital. Part of the statewide Gill Affiliate Network, Clark Regional and UK HealthCare work together to connect patients with rare, severe illnesses to specialists for further evaluation and treatment.

"In that moment, I knew it was really serious," said Wendy. "Clark Regional to UK is less than a 30-minute drive. You would normally just put someone in an ambulance. It must be life or death to have him life-flighted."

Wendy was told to start calling family members, as well as their family minister. Upon arriving at UK, Dan was immediately prepped for surgery. Tessa London-Bounds, M.D., cardiothoracic surgeon in UK's Gill Heart & Vascular Institute, met with Wendy and explained that Dan was experiencing an aortic dissection.

A serious and rare condition, an aortic dissection is when a tear occurs in the inner layers of the aorta, the body's main artery. As blood rushes through the tear, the aorta continues to split, and blood flows through the split layers. Diverted from its usual path through the aorta, the brain, organs and extremities are deprived of the oxygenated blood they need to survive. And if the person is experiencing high blood pressure — from coaching a basketball game, for example — the increase in force exacerbates the tear. Left untreated, aortic dissections are usually fatal.

"Dr. London came in and calmly, but very quickly, explained what happened and

what they were going to do," said Wendy. "She was very calming, very reassuring."

"If something bad happens to your family member, you have the right to understand it and all the risks that are involved," said London-Bounds. "I'm asking someone for the ultimate trust after meeting them for five or 10 minutes. That's a hard rapport to build. I'm essentially asking you to give me your loved one, cut their chest open and do all things I need to do, and you've never met me. The only way you can do that is to make sure they understand everything that's going on."

During Dan's 14-hour surgery, London-Bounds, assisted by Michael Sekela, M.D., chief of cardiothoracic surgery, replaced all of the head vessels of Dan's heart in a procedure called a root replacement. The tear went all the way down into his heart, and the aortic valve that pumps oxygenated blood from the heart to the rest of the body and prevents backward flow from the aorta, wasn't working at all. London-Bounds and her team replaced the root, the aortic arch and inserted a plastic graft — called a Dacron tube — in place of the torn aorta.

"Think of it like a labyrinth," said London-Bounds. "The good blood isn't going in the right tube. Instead of following its intended path and going to the brain or arms or legs, it comes to a dead end. Your aorta doesn't have a stopping point. If there's a tear, it could tear all way down to your toes. And the blood is going to follow the path of least resistance instead of where it's supposed to go."

Known as aortic insufficiency, the blood that was trying to go forward out of the heart was flowing backwards during Dan's heartbeat. When blood is stuck in the "labyrinth" too long, it can cause irreversible organ damage or failure as the organs are starved for oxygenated blood. According to London-Bounds, this is a typical outcome for patients with aortic dissections. The tears can be repaired and blood vessels replaced, but not in time to save the affected organs.

Dan was lucky. The quick actions of the parents of the basketball game, the intuitiveness of the physician at Clark County Regional and the expertise of London-Bounds and Sekela all ensured that he had a good outcome. For Wendy, who was supposed to be sitting with Dan by the fire pit that night, it was one serendipitous event after another.

As she sat in the waiting room during Dan's surgery, she was approached



IN AN AORTIC DISSECTION, every moment counts. When Dan Zuber went down while coaching a basketball game, the quick actions of bystanders made the difference in his treatment and recovery. (UK photo)

by a UK police officer who asked if she needed a ride home in his squad car, or if she wanted something to eat. At the time, UK hospitals and clinic still required all visitors to wear masks, so Wendy was touched at the kindness and generosity of this stranger. But as he pulled down his mask, Wendy recognized him as the father of one of the girls on Dan's team.

The connections didn't end there. A family friend whose daughter plays volleyball with Dan and Wendy's daughter is a nurse in the intensive care unit (ICU) where Dan went after surgery. An administrator in the UK Department of Surgery has a daughter on Dan's team. And one of the nurses in the Clark County emergency department was wearing a Pittsburgh Steelers shirt — a welcome sight and reassuring sign for Dan, a Pittsburgh native and a lifelong Steelers fan.

"I think back to that Friday night, and I'm just super blessed he was coaching a game that night," Wendy said. "He was where he was supposed to be, where there were medical professionals around who knew what to do and acted quickly. We were told numerous times that timing was of the essence. Had he not gotten surgery then, he wouldn't have made it. If we had been at home, he would have gone to bed and more than likely never would have gotten up."

See COACH p. 11

Early detection saved my life, it could save yours, too

BY CASSIE PRATHER
WOODFORD COUNTY PUBLIC HEALTH DIRECTOR

Like so many others, during the pandemic, I was not diligent in making preventive health appointments.

For one, I didn't have a lot of spare time because my job was demanding, and second, I was leery of being in any doctor's office with a waiting room full of other people.

As soon as I felt like it was safe, I began making appointments for routine exams. I turned the big 4-0 during the height of the pandemic, so I knew that meant I needed my first mammography screening. No one told me this, I just knew from working in preventive health for nearly 20 years.

No other doctor mentioned this to me, but as it is for most specialty visits, I assumed I needed a referral. I called my gynecologist's office and they told me mammography was not in their purview. Lost, I began calling places to schedule a screening but was told I would need a referral because I had dense breast tissue. This was a question they asked before scheduling.

I got frustrated after asking for a referral and not getting a call back, so I focused on other appointments. I kept having this nagging feeling that making my appointment needed to be a priority.

Fast forward a few months, leadership at Bluegrass Community Hospital contacted me to meet and discuss new programs they were offering. As the meeting was coming to a close, one of the representatives said, "and don't forget about our 3-D mammography suite."

That was it. I gave in and made the appointment. Sure enough, after many scans and biopsies, I was diagnosed with not only one, but two types of breast cancer.

Had I waited five years, my outcome could have been much different. It pains me to think about how that would have affected my husband and children. My husband knows that feeling all too well, as he lost his mom to breast cancer when he was 22. She was only 44 – three years older than me.

YOU HAVE TO BE YOUR OWN ADVOCATE. Stay up-to-date on new screening recommendations; they often change based on new data.

Early detection saved my life. It may help save yours, too.

COACH Continued from p. 10

As Dan's surgery continued through the night, Wendy rallied herself for her daughters. It was their younger daughter's 10th birthday, and a family friend swept in to make the day special. As Dan recovered in the ICU, Wendy split her time between being at the hospital with Dan and home with their daughters. In yet another fortuitous twist, it was the girls' fall break and they were able to stay with friends while Wendy was with Dan.

"We had lovely friends who stepped in and basically adopted our daughters and got them where they were supposed to be," said Wendy.

Friends and strangers rallied around the Zubers. Dan's players decorated posters to adorn his hospital room. "There was so much glitter," said London-Bounds. "You could definitely tell he coached a girls' team." Past members of his team called, visited and sent cards. Even his team's rivals at Campbell Middle School sent a gift basket. After the trauma of surgery and toll of a lengthy recovery, basketball is the one thing Dan would get out bed for – literally.

"In the weird haze of medication, the only thing that got Dan energized and talking was basketball," Wendy said. "His mentor that he coached under for 12 years in Pennsylvania called him and he lit up like a Christmas tree, talking a mile a minute. One of his nurses played college basketball and she was able to get him to talk to her. Everyone else he would give one-word

answers to. I had to get someone to talk to him about basketball just so he would eat."

Would Dan be able to coach again? That weighed heavily on his mind, as well as Wendy's.

"In my mind, I'm thinking, it's the one that you love more than anything, and if that's what kills you, so be it," she said. "If the doctors are going to be adamant against it, then I guess we find new doctors."


After 10 days in the hospital, months of cardiac rehab and numerous follow up scans and tests, Dan and Wendy saw those three magic words in his chart notes: cleared to coach.

As for the cause of Dan's aortic dissection, it was initially a mystery. Aortic dissections are rare, occurring in about 30 people out of a million each year. Dan is only 49 years old, active and a nonsmoker. He didn't have any of the risk factors typically associated with heart disease. But then Dan took a look at his own family tree. His father and uncle were both diagnosed with aortic dissections; his father managed his with medication while his uncle underwent a surgery similar to Dan's. London-Bounds connected Dan with Mary Sheppard, M.D., a vascular surgeon in the Gill Heart & Vascular Institute, who studies the genetic components of vascular conditions. Dan enrolled in her aortic dissection study, and both of his daughters will undergo genetic testing to determine their risk.

More than a year later, Dan is back on the court. Many of the parents of his players expected a more subdued Coach Z, but no one was really surprised to see him running the sidelines and encouraging his team.

It was a long recovery, but now Dan and his family are grateful to be on the other side with the help of a supportive community.


"The basketball community here in central Kentucky really came together and rallied around us," said Wendy. "Because of great timing and great surgeons, and everything lining up for whatever reason, he's still here."




HEART HEALTH MATTERS

HEART ATTACK

Signs and symptoms in women and men




Chest pain or discomfort
Shortness of breath
Pain or discomfort in the jaw, neck, back, arm or shoulder




Feeling nauseous, light-headed or unusually tired

KEY RISK FACTORS


High Blood Pressure
High Cholesterol • Smoking




Eat a Healthy Diet




Avoid Tobacco Products




Maintain a Healthy Weight



Limit Alcohol Consumption



Exercise Regularly



Woodford County Health Department

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| Couple | NA | \$52 | \$572 |
| Family | NA | \$68 | \$748 |
| Senior Individual (60+) | \$35 | \$37 | \$407 |
| Senior Couple (one member 60+) | NA | \$47 | \$517 |
| Senior Family (one member 60+) | NA | \$62 | \$682 |



FALLING SPRINGS CENTER

WOODFORD COUNTY PARK
VERSAILLES

FALLING SPRINGS HOURS

Mon-Fri: 5:30 AM-9 PM

Saturday: 7 AM-7 PM

Sunday: 10 AM-7 PM

POOL HOURS*

Mon-Fri: 5:30 AM- 9:00 PM

Saturday: 7 AM- 6 PM

Sunday: 10 AM- 6 PM

*by appointment - book lap lanes online

KIDZONE HOURS

Mon-Thu: 8 AM-12 PM | 4 PM-8 PM

Friday: 8 AM-12 PM

Saturday: 8 AM- 12 PM



PARKS & REC SPRING PROGRAMS!

START SMART SOCCER

This introductory program for 3 & 4 year olds helps develop the motor & coordination skills necessary for children to be successful in youth sports. Parent participation is required. Parents new to the Start Smart programs must attend a parent meeting on Thu, March 14 at 6:00 PM. Space is limited to 8 parent/child groups per group. \$75/player. DEADLINE: MARCH 7

Grp A: Mondays 5:30 PM. No soccer week of April 1

Grp B: Mondays 6:30 PM. No soccer week April 1

Grp C: Wednesdays 5:30 PM. No soccer week of April 1

Grp D: Wednesdays 6:30 PM. No soccer week of April 1

YOUTH VOLLEYBALL LEAGUE

TWO DIVISIONS:

- Beginner= 3rd- 9th graders (will meet Thursdays)
- Advanced= 5th- 9th graders (will meet Mondays)
 - Skills Assessments will be offered (DATES TBD)

Additional days may be added pending number of players.

Questions or want to volunteer? Contact Aaron!

PRICE: \$70/player DEADLINE: March 14

Heart & Sole Triathlon

This is a USAT sanctioned event for ages 15 & up! Course includes a 400-yd swim in the Falling Springs Pool, 15-mile bike ride through Bluegrass horse farms & historic Versailles & finishes with a 5K run on one of the best cross-country courses in the state!

Volunteers are needed! If you can help, please contact Tefany at 859-214-4814 or at tbleuel@vwcparksrec.com.

REGISTRATION FEES:

By March 29: \$75

March 30- April 30: \$85

May 1- May 11: \$95

REGISTER @

RUNSIGNUP.COM

Register Now!

ADULT VOLLEYBALL LEAGUE

League for 18 and up! Matches will be played on Sunday evenings (additional day may be added pending number of teams). Form your own team and designate a team captain! \$40/ player. Contact Aaron! DEADLINE: APRIL 8

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- Call the Parks & Recreation office with questions

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