



Big Sandy Health Care, Inc.

"Quality Care Close To Home"

From Community to Career: Leveraging Homegrown Talent

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Finance: Building for the Future

New Markets Tax Credits: The Grace Health Experience

Chad Stevens, Chief Financial Officer, Grace Health

Upon completion of this presentation, you will be able to:

Identify innovative strategies health centers are using to address workforce, financial, access, and operational challenges.

Describe key approaches, lessons learned, and practical considerations from real-world health center initiatives.

Evaluate opportunities to adapt or apply innovative strategies within their own organizations to strengthen operations, access to care, and organizational sustainability.



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Grace Health Medical Campus



Corbin, Kentucky.

88,000 sq. ft.

Former K-Mart repurposed for integrated care

November 2023

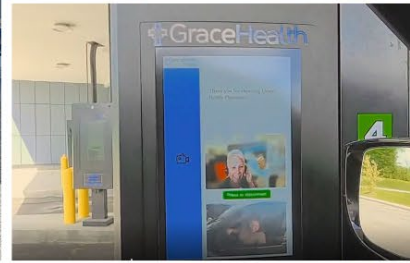
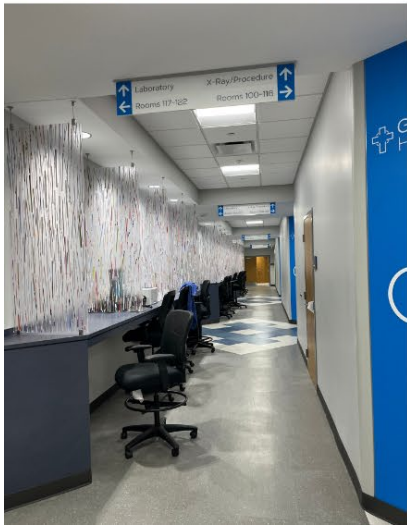
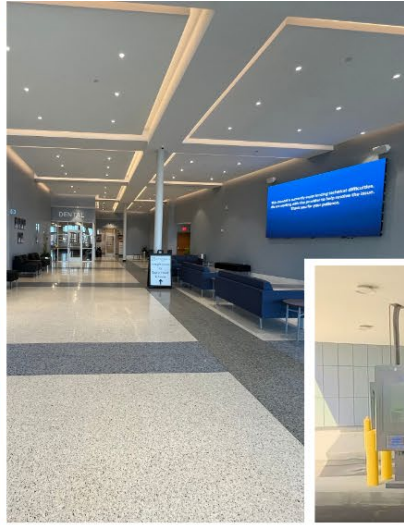
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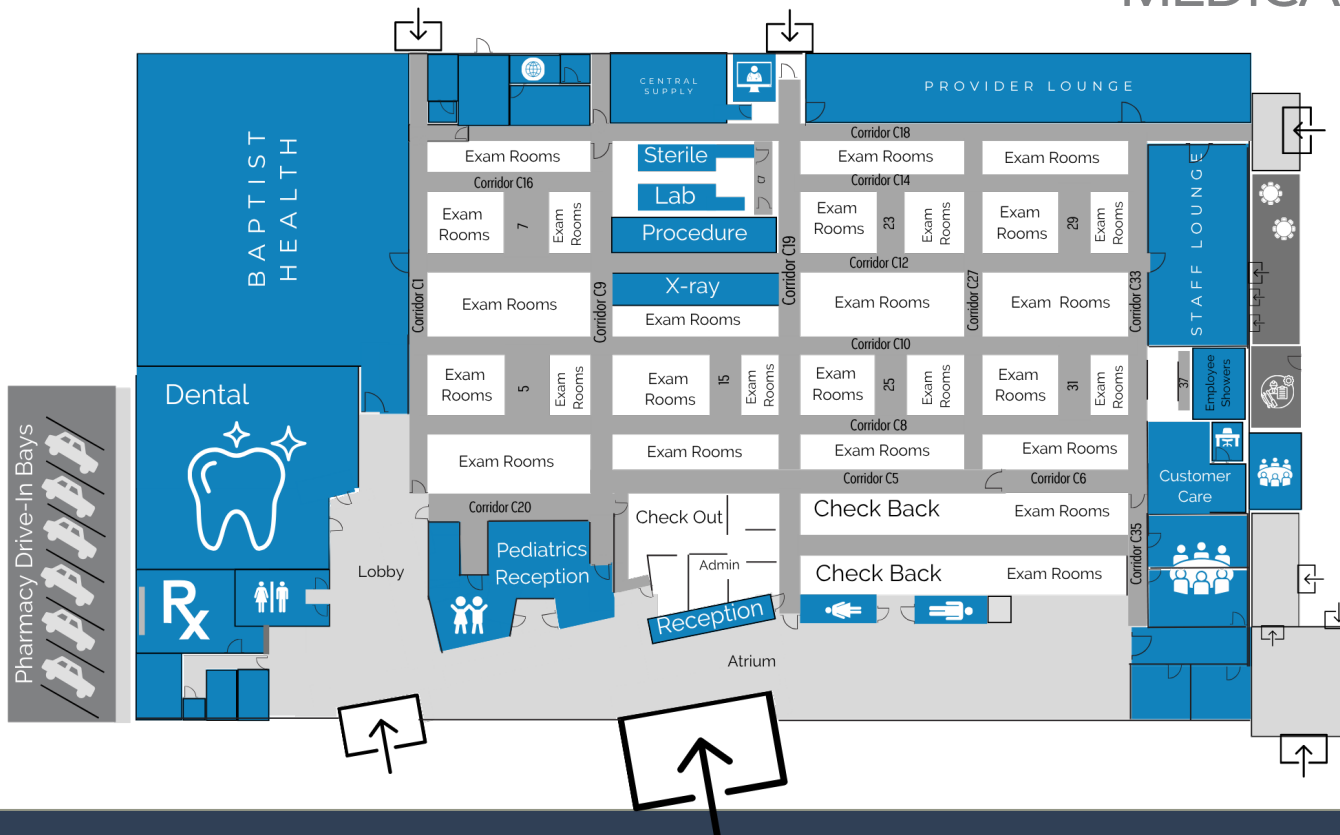
Medical, dental, behavioral health, and pharmacy care



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MEDICAL CAMPUS





How the Project Was Funded

\$31,673,547.00

Total listed sources of project funds

Source	Amount	Share
Forcht Bank source loan	\$13,000,000.00	41.04%
Capital Fund source loan	\$2,000,000.00	6.31%
HRSA grant (ARPA)	\$2,000,000.00	6.31%
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NMTC Financing Supplied \$5.75 Million

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39% over seven years

18.16% of listed project funding
(Your Project Goal: Approx. 20%–25%)

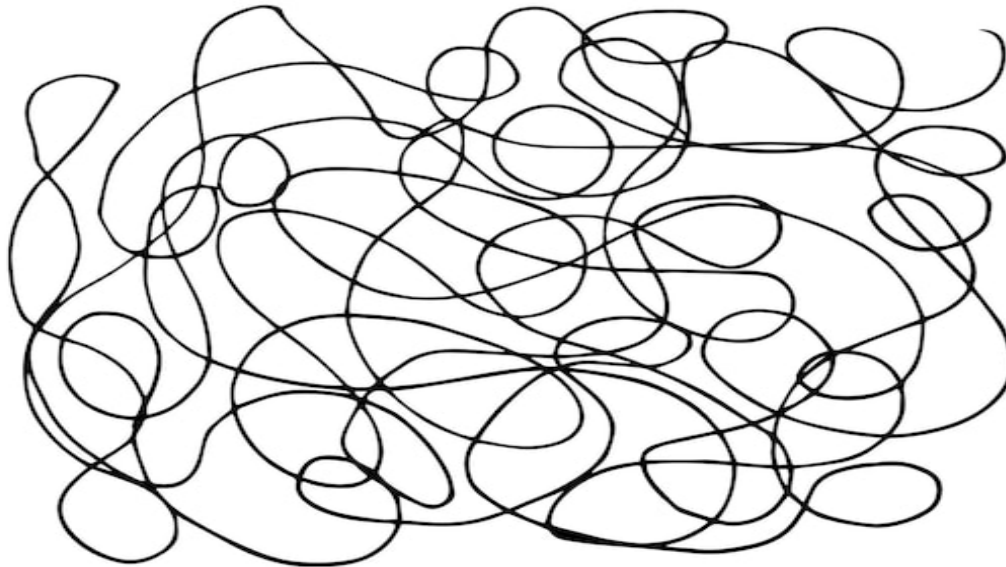
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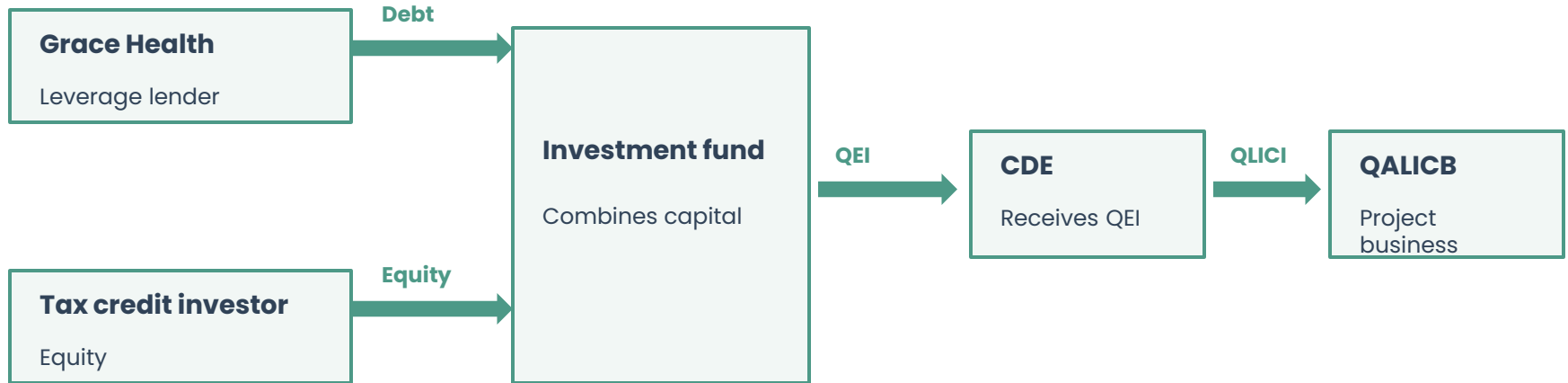
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Health's funding share**

The source schedule identifies financing proceeds. It does not establish realized net savings after all costs and exit terms.

NMTC: The “Simple” Version



Source Loans and the NMTC Structure



QEI: qualified equity investment

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Source lenders finance Grace Health. Grace Health makes the leverage loan into the investment fund.



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Why the HRSA Guarantee Mattered

Lender concern

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Financing response

An 80% HRSA loan guarantee supported Forcht Bank's \$13 million top-tier source loan. Grace Health became the first FQHC in the nation to secure a guarantee at this level, so it can be done.

Documented benefit

The HRSA guarantee addressed lenders' concerns and enabled more favorable interest rates and loan terms.

The guarantee supports the lender. It is not additional cash in the funding table.

Lessons for Your Next Project

Feasibility

START STRATEGY NOW. Connect the access need to demand, staffing, and debt service. Test a downside case (Examples: Medicaid and 340B changes).

Execution

START EARLY. Address environmental review, collateral, leases, and permits early. Coordinate financing partners. Retain signed CDE commitment letters

Board readiness

Educate Early. Explain the economics and risks. Assign an owner and due date to each open issue.

After Closing: Operations and Compliance

Operating responsibility

Support staffing, facility costs, debt service, and reserves.

Compliance responsibility

Assign owners for NMTC requirements, lender covenants, and HRSA reporting.

Exit planning

Review transaction-specific terms early. Do not assume an automatic exit or forgiveness.



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Your Next Access Priority

A one-page project brief

Community needs and facility scope

Budget and funding gap

Operating assumptions

Use it to begin an early feasibility conversation.

Presentation Objectives

Upon completion of this presentation participants will be able to:

- Classify the workforce challenges facing rural healthcare
- Distinguish how educational partnerships strengthen the talent pipeline
- Identify how student experiences can support recruitment and retention
- Recognize opportunities to build tomorrow's healthcare workforce

The Challenge

- Rural healthcare faces persistent recruitment challenges
- Eastern Kentucky has a limited healthcare talent pool
- Recruiting professionals from outside the region can be difficult
- Traditional recruitment alone is not enough

Recruiting in Rural Healthcare Is Different

- Eastern Kentucky experiences more people leaving than relocating in.
- If we can't recruit talent to our community, we have to grow talent within our community.



Our Desired Outcomes

It's more than recruitment, our partnerships are an opportunity to:

- Build Talent
- Support Education
- Strengthen Community
- Improve Recruitment
- Increase Retention
- Invest in Rural Healthcare

Local Talent Understands Local Patients

Homegrown employees often bring:

- Understanding of local culture
- Familiarity with the community
- Stronger community connections
- Ability to relate to patients
- Understanding of rural healthcare challenges

You can tell someone what your culture is – Or you can let them spend time with your employees and see it for themselves!

The Data Behind the Decision

- Approximately 30,000 unduplicated patients served
- 360+ employees
- Multiple disciplines require specialized talent
- Students were already coming to BSHC for clinical experiences
- Key realization: our clinical training program could also become a recruitment pipeline

What Was at Risk?

- Continued difficulty filling positions
- Longer recruitment timelines
- Greater competition for experienced healthcare professionals
- Losing talented local students to larger markets
- Less opportunity to develop rural healthcare professionals
- Potential impact on access to care

The Solution: Grow Our Own

- Partner with schools
- Bring students into BSHC
- Provide hands-on experience
- Expose students to our culture
- Identify and build relationships with talent
- Recruit graduates
- Develop them as employees and future leaders

Who Is Affected?

- Students — hands-on experience and professional relationships
- Employees — mentorship, precepting and leadership opportunities
- BSHC — recruitment pipeline and workforce development
- Patients — stronger, more connected care teams
- Community — more healthcare professionals serving locally

Why This Approach?

- Traditional interviews gives you an hour with a candidate, but a clinical rotation can give you weeks or months.
- We see communication, professionalism, teamwork and work ethic.
- Students experience our patients, teams and culture.
- The evaluation works both ways: BSHC evaluates students, and students evaluate BSHC.

Traditional Recruitment vs. BSHC

Traditional Hiring:

Post → Apply → Interview → Hire → Hope they stay

BSHC Approach:

Student Clinical Experience → Mentorship → Culture Exposure → Evaluation → Employment

What we learn:

1. Can they do the job?
2. Will they fit our culture?
3. Do they want to be part of our community?

Our Educational Network

Affiliated Institution	Student Type (2025)
Big Sandy Community & Technical College	• Phlebotomy (21) • Nursing (46)
Hazard Community & Technical College	• Diagnostic Medical Sonography
Kentucky College of Optometry	• Optometry (60)
Kentucky College of Osteopathic Medicine	• Medical Rotations (9)
Lincoln Memorial University	• Medical Rotations (4)
University of Pikeville	• Nursing (28)
Various APRN Programs	• Medical/ Pediatrics/ Women's Health Rotations (3)

The Numbers Tell The Story

Our Talent Pipeline Is Already Working

- 179 students trained in 2025
- 99 students trained to date in 2026
- 40 current employees began as students or interns
 - 21 current providers began as students

What We Measure

- Pipeline: number of students, programs and rotations
- Recruitment: student applicants and student-to-employee conversions
- Retention: retention and length of employment
- Engagement: mentorship and training participation
- Career growth: advancement and leadership development

Where Does the Data Come From?

- HRIS and employee records
- Student and clinical rotation records
- Internship records
- Recruitment and turnover data
- Student/preceptor evaluations
- Department feedback
- Affiliated institution feedback

Workforce & Patient Impact

- 40 employees began as students or interns
- Homegrown employees understand local culture and patients
- Stronger workforce supports continuity, trust and access to care
- Student experiences create relationships before employment begins
- The ultimate customer of workforce development is the patient

Financial & Operational Impact

- Potentially reduces reliance on external recruitment
- Can reduce vacancy time and turnover-related disruption
- Creates a more predictable talent pipeline
- Leverages existing clinical infrastructure and workforce expertise
- Creates shared value for BSHC, educational partners and the community

Sustainability & Funding

- Built around long-term educational relationships
- Uses existing clinical sites and workforce expertise
- Employee mentorship and preceptorship are central
- Workforce development can be supported by grants when available
- Biggest investment: time, relationships and people

What Worked?

- Strong educational relationships
- Hands-on student experiences
- Exposure to organizational culture
- Employees serving as mentors and preceptors
- Multiple healthcare disciplines
- Building relationships before recruitment begins

What Didn't Work?

- Not every student becomes an employee
- Not every partnership produces immediate hires
- Clinical rotations require staff time
- Preceptors need support and recognition
- Results can take years to materialize
- A pipeline is an investment—not an instant hiring solution

What Surprised Us?

- Students evaluate us just as much as we evaluate them
- Culture can be a powerful recruitment tool
- Students who know BSHC understand the work environment before accepting an offer
- Clinical education can become long-term recruitment
- Our current employees are one of our best recruiting tools

What Would We Do Differently?

- Track student-to-employee conversion more systematically
- Formalize student feedback
- Strengthen relationships with high-performing programs
- Create clearer career pathways
- Expand mentorship opportunities

Our Greatest Success

Phlebotomy Workforce Pipeline

- Most effective student and clinical evaluation process
- Highest number of student hires by department
 - 44% of current laboratory staff began their careers as students

What's Next?

- Expand student disciplines and educational partnerships
 - Dental enrichment partnership beginning in 2029 with Tanner College of Dental Medicine
- Increase student-to-employee conversions
- Incentivize mentorship and leadership pathways
- Build a pipeline for every discipline where talent is needed

Advice for Other Health Centers

- Start small. Start local. Start early.
- Find schools and programs in your region
- Invite students into your organization
- Make employees part of the recruiting strategy
- Let students evaluate your culture
- Track the pipeline
- Be patient—the student today may be your leader tomorrow

Big Takeaways

- Don't just recruit the future – grow it.
- Build relationships.
- Invest in people.
- Develop talent.
- Strengthen your community.

**The goal isn't simply to find people to fill today's jobs –
it's to build the workforce we'll need tomorrow**



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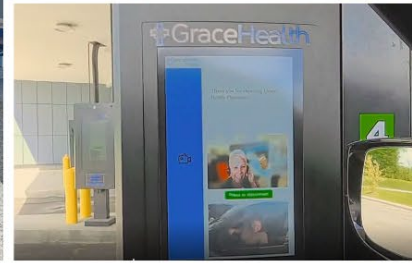
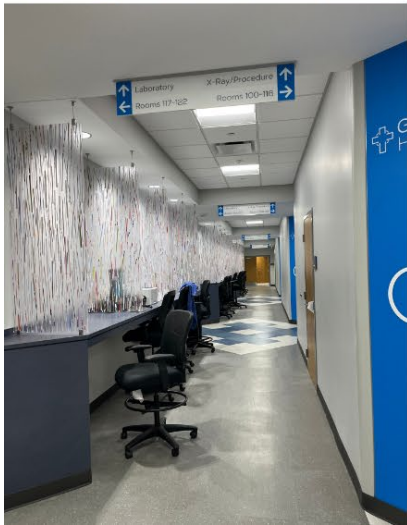
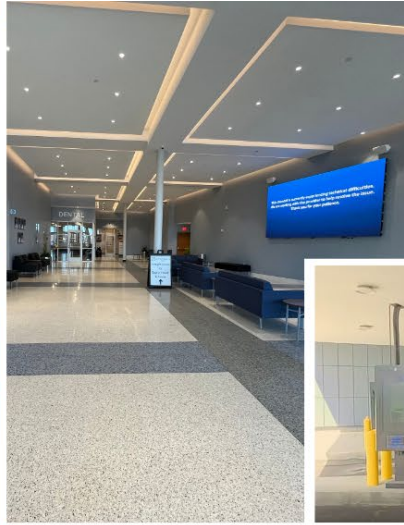
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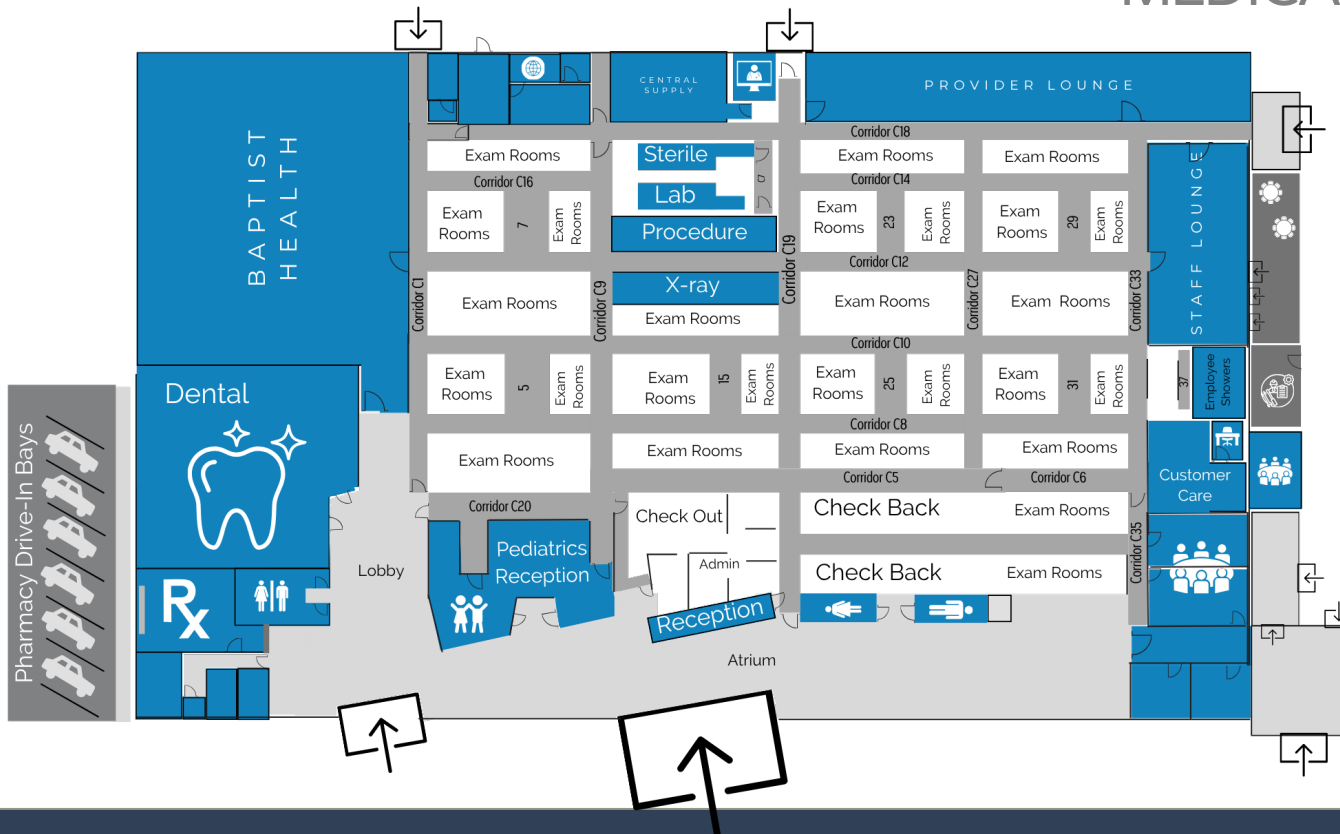
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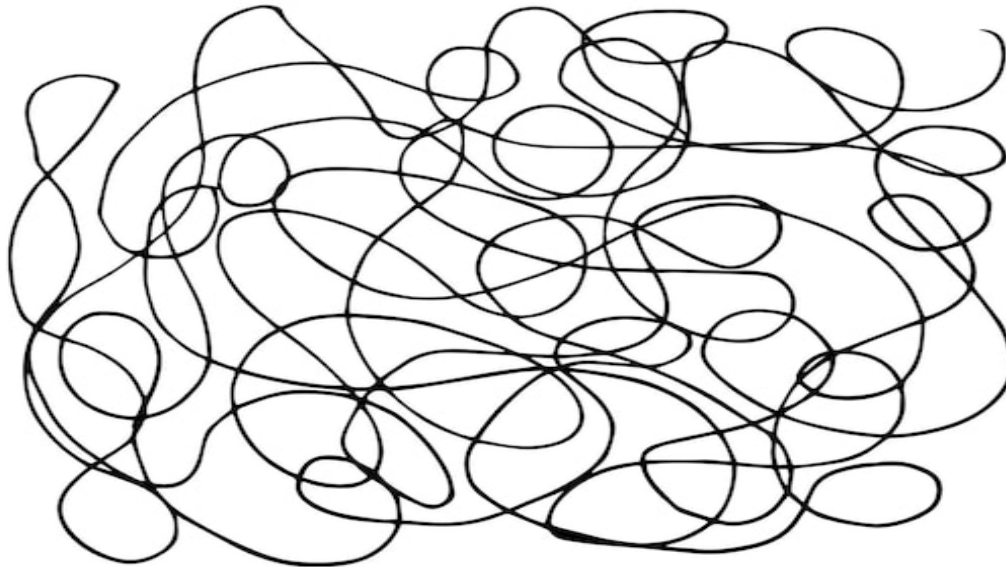
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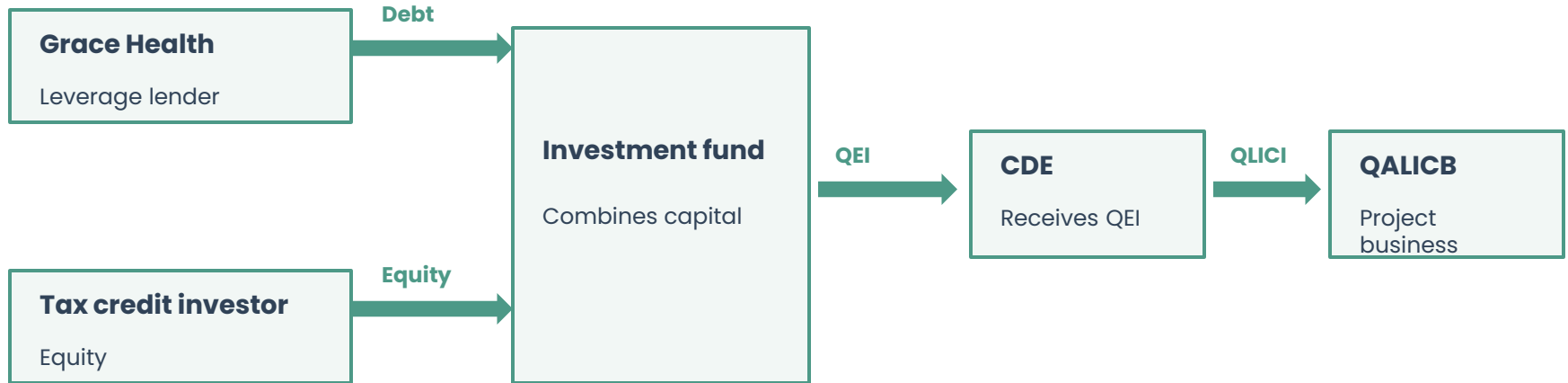
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