



Rural Communities Initiative  
Webinar: Distance Learning and Education Programs  
Transcription of Audio recording/Webinar  
July 22<sup>nd</sup>, 2009

**Welcoming Remarks and Introduction of Speaker # 1 (James Butler, OFA)**

Good afternoon everyone and welcome to this Rural Communities Initiative webinar on distance learning and education programs in rural communities.

For those of you who may be joining us for the first time, these webinars have been brought to us as a result of the Rural Communities Academy held in September 2008 where the challenges of engaging TANF participants in educational and job training activities was identified by many rural community sites as an issue of great importance.

As part of their technical assistance plan, sites expressed interest in learning more about current distance learning models serving rural populations, resources on forming partnerships with local stakeholders and direction on funding these types of projects.

For today's webinar we have two very knowledgeable speakers from different programs discussing their experiences with providing distance learning and education GED programs to those in rural areas.

Unfortunately our third speaker, Mr. Monte Murphy, who is from the Shasta College in Redding, California, will not be able to join us today; however, we will have his materials posted on the Welfare Peer Technical Assistance Website for your review. After today's two presentations, we will open the lines up for you all to ask questions.

So without further ado I will go ahead and proceed with introducing our first speaker who will be Dr. Eleanor "Lynn" Bond from the University of Washington, School of Nursing, Rural Adult Nurse Practitioner program. Dr. Bond is a Professor of Nursing and the Susan and Michael Cummings Term Professor of Nursing at the University of Washington School of Nursing in the Department of Biobehavioral Nursing and Health Systems. She is a critical care nurse and nurse physiologist. Her research concerns the effects of ovarian hormones and stress on gut function, symptoms, and appetite/obesity. Since 1997 she has been active in leading the integration of distance learning technology into the adult nurse practitioner and clinical nurse specialist graduate programs so as to make those programs accessible in rural and remote areas of Western Washington.

Ladies and gentlemen, Dr. Lyn Bond.

**Presentation by Dr. Lyn Bond from the University of Washington, School of Nursing**

Thank you very much for this opportunity to talk to you all today. I'd like to tell you about our experiences preparing advanced practice nurses for work in rural western Washington. Our project started about 12 years ago. The University of Washington is located in Seattle and Seattle is quite an urban area but we are a state school and we are asked to prepare the nurses that are needed.



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We're taught to prepare the nurses that are needed to provide for the nursing needs of the population throughout western Washington. There are mountains running north and south in our state and another state school focuses on the needs of the eastern half of the state.

And so as we looked into the needs of the population here we found that western Washington, which has extensive rural areas and they are complex rural areas because there is a lot of waterways, there's mountains, there's winter driving conditions and most of western Washington is very rural with the exception of the Seattle Puget Sound area.

And so we looked at the healthcare reports from the rural areas of Washington and we found that many of these areas were nurse shortage areas. We found that many of these areas - virtually all of rural Washington was designated as a health profession shortage area for primary care and the rural counties are medically underserved and so there's certainly a need for nurses, nurse educators and nurse practitioners in Washington's rural area.

And so we took this on as a responsibility that the University of Washington had to prepare the providers needed in these communities. And, in the early 90s we welcomed students from rural areas into our programs here in Seattle. However, they would move here or they would commute in by ferries or face hazardous winter driving conditions.

And so it was very much of a hardship to come here to Seattle and then when they came here to Seattle, they found out that the way that we taught nurses and nurse practitioners to practice in urban Seattle was very different from the skills and the content that they needed to practice in rural Washington. And so we undertook to see if we couldn't partner up with three communities initially and figure out how to use electronic distance learning and other types of support for distance students to bring our adult nurse practitioner program to interested nurses in rural Washington.

Among the advanced practice nurses most needed were nurse practitioners and we were able to package up the adult nurse practitioner program for rural - for the nurses in rural Washington. Also there was a great need for nurse educators. The community colleges were active in preparing nursing - basic nursing students but they needed the educators to teach the students.

And there is a great need throughout western Washington for people who can provide mental health services. That's true in the urban as well as the rural areas but in the rural areas the need is really severe. There are very few psychiatrists, very few psychologists, very few psychiatric nurse practitioners. So these were three of the programs that we targeted very early and as I said, we partnered up with these three locations. One out to the West on the Olympic Peninsula, one up to the North and then one down in the South part of the state.

And we partnered with hospitals to serve as a base for recruitment and for delivering our content. Then - since we soon learned how to distribute our content in a way that didn't depend on hooking up to a particular location; we identified many more video conference sites and gradually we've come to the point where we are now in which we can hook up with a student who is in his or her home as long as they have a good internet connection, a good hard wired internet connection, they can pick up the video conference and video streaming courses now from their own home. So we're not site dependent anymore and that has allowed us to bring our costs down greatly.



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I'd like to talk about four program components and about the content. We had to change the content of our programs in order to make it relevant to nurses practicing in rural areas. We had to devise new ways to recruit students and then I'll talk about the distance technology that we use which we call TEDL, Technology Enhanced Distance Learning, and then some of the partnerships that supported our initiative.

Health care delivery in rural Washington is very different from the large urban centers. The health problems that are prevalent in the rural communities are different and the population itself in the rural areas is older. There is much more prevalence of chronic illness, the type of things that are seen in the elderly. There's also a great deal more substance abuse and so particularly some areas in western Washington have a great deal of problems with methamphetamine and other types of substance abuse. So this greatly changes how patients present to the healthcare system and what the nurses need to know to take care of those patients.

The way that healthcare is delivered is financed somewhat differently in rural areas versus urban and so we found it essential not only to teach the advanced practice nursing students how to take care of patients but also how to make the healthcare system provide the resources needed to provide that care. So much more so than the urban students, the rural students needed to understand how healthcare is financed in rural areas. So we had to develop some new content and course work.

In the urban areas the nurses are very able to collaborate and refer regarding challenging patients but in the rural areas the nurses do not have all of those referral resources and so they need different types of referral and consultation and collaboration resources. They need the skills to access those referrals because they are not structured into the healthcare system in the rural areas.

We also had to teach the students to learn what is different about working with people in rural areas because the citizens of rural western Washington have a great deal of autonomy about their healthcare. They need to partner with a healthcare provider to become a participant in their healthcare. At the same time they have less health literacy and need to be taught what they need to know. There is also a great deal of volunteerism in rural communities so we wanted our graduates to be able to tap into that. So we developed a list of competencies for nurses working in rural Washington and integrated those into some courses which became very popular.

In order to recruit nurses in rural areas to come into our program we found that we really had to go out to those rural areas and talk to key informants at our three target sites. We would go to a hospital in a rural area and usually it would be the head - the chief nurse or perhaps a nurse educator in the hospital if it was a larger institution – and talk to that person about what types of things nurses in your hospital want to learn. And then what we would do would be to take that information back to the university and review the resources here at this large school of nursing and identify someone who would be able to speak knowledgeably on the topic of interest to that rural community.

So, for instance, once a hospital was finding that they had to manage cancer patients at their facility where before the patients had been referred over to the urban area. And so they wanted to know much more about managing chemotherapy and working with patients and their symptoms and their



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families going through cancer treatment. Another hospital was deluged with patients who were overdosing on illegal drugs so they wanted to know much more about managing these patients.

Another hospital was interested in communicating with difficult people. We have often been asked to discuss the use of complimentary and alternative health approaches so that the nurses would be able to understand not only the care patients were receiving from their conventional provider but also how can they assess and evaluate what folk remedies or native healing practices or botanical remedies that patients were using. And so these were topics that we were able then to go back to the rural communities and notify all the nurses in the county that we would be coming to give a talk on this topic and then also that we would be able to answer questions if they were interested in educational opportunities.

So, for several years we did extensive communication with those rural communities until we had some good links established. Now if the key informants think of a topic that they would like us to discuss, they call us. We don't have to seek them out as much and we do have our word out in the rural communities so nurses do know to contact us.

In addition to these visits and talks by faculty, we have booths at regional nursing meetings, we advertise in some of the regional nursing journals and then of course our most effective way of advertising is word of mouth as students enter and complete our program, they talk to their colleagues and are able to send us referrals. So we don't have to actively seek students anymore. They seek us out. And we have far more applicants than we are able to accommodate in our program and so we're always thinking of ways to expand our capacity.

In thinking how to send our content we divided the content into the various courses in the masters program into four types of courses. The didactic courses which I can stand and deliver courses, are things like pharmacology and physiology. There's not much interaction if you're here in the classroom. They are large lecture courses and so we captured the lecture with a videotape and then streamed it online and developed a Web site for each course. That had the unintended consequence of improving the performance, not just of rural students but all of the urban students in the course because they were able to listen to the lecture and when they didn't understand it they could call up on the video stream the lecture and review the material again. So that's resulted in some of our really rigorous and difficult courses having a much higher success rate now that we have those video streams available. And then sometimes we've done various things depending on the faculty's preference, whether it's a proctored exam where the student lives or an online exam that all of the students take and various ways to provide all the salaries and support for students in the rural areas.

Much of nursing is what I would call reasoned problem solving where the students have to work through their problems and discuss how their thinking is evolving and this is really sort of a one on one - a direct interactive experience where the student and the instructor need to be connected in real time in a discussion. For this we use video conferencing and we found that each of the major hospitals in the rural area had a video conference facility. In fact, it turned out that the more rural the hospital, the more likely they were to have quite sophisticated distance learning and "telehealth" equipment which we could use to video stream our seminar courses. Washington State had something and still has something called the K-20 system which provided access. It hooked all of the educational institutions in the state from the kindergarten to the colleges on connection lines



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that would allow us to use telephone based video conferencing to any school and so we had the state recognize some hospitals as educational centers too and then we were able to dial up so we didn't have the telephone line charges and we have the facilities in the hospitals. So the video conferencing has become more and more sophisticated and now we use internet based video conferencing.

A third component of the program was that the student needed to have the clinical experiences that would be mentored but we didn't want them to come here to Seattle and learn how to operate in the big city. We found it crucial to partner with rural health clinics and hospitals so the students could get experiences in the local community. And then the fourth component had to do with one on one mentoring of the student to do a research project and so for that we used various approaches such as video conferencing, audio conferencing on the phone, and the sharing of documents on the internet.

So here's a couple of pictures of our students convened with distance students and then in the other picture the stand and deliver lecturer in her blue dress is being video taped for the video streaming.

We found it essential to partner with people in the rural community first of all to inform us - to keep us understanding what it was our nurses needed learn. We also needed access to computer labs for the students. We needed access to clinical venues and to experts in the community who could partner with us in teaching our students in their clinical experiences.

And so we developed quite a few partnerships. I'll tell you about one partnership in the next slide please. This is a clinic, (Providence Everett Healthcare Clinic), and this is actually not in a rural area but it's in the urban Puget Sound area at the northern most quarter of the urban area. And so our rural students are able to commute to this clinic whereas to commute to central Puget Sound would be a nightmarish and expensive proposition. But many can commute to this clinic and so this is one of our most productive partnerships. In 2003 the school of nursing partnered with leaders of healthcare in Snohomish County and discussed how to improve access for under served and disadvantaged populations to primary care services.

We ended up devising the notion that we would build a clinic that would have very low fees and that would have a sliding scale with community support for those who would not be able pay anything. We would staff this with advanced practice nurses and so we started out in 2004 with a clinic that was really built by community donations and had the equivalent of two full time nurse practitioners to deliver care services. Faculty volunteered at the clinic and so it was designed for the purpose of both seeing patients and training students.

As soon as we opened our door with our primary care services we found out that we could not effectively provide primary care services unless we met the mental health needs of the patients too. And so over the years we have added a mental health services. Another problem both for Medicaid, uninsured and the Medicare patients is dental services and we've added these services. We are never done here. Every time we do something that expands the clinic we find that there are four more things needed.



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The clinic had to be physically expanded in 2007 and now we plan another expansion beginning next month in 2009. The support for the clinic is from community donations, foundation grants, federal grants and the patient fees.

This is very helpful to have a clinic that has a designated purpose to train students because in the healthcare system the emphasis is on seeing patients quickly and it doesn't accommodate the provider slowing down to teach a student. Here's a picture of our clinic. It's in the strip mall in a low income, high poverty region. The European grocery is right next door and so we have many Middle Eastern, central European people who are immigrants who seek services at the clinic. We've now taken over Domino's Pizza and are expanding into the Domino's Pizza in our next expansion.

We receive currently about 1200 patients a month and 75% of these are Medicaid. About 10 or 15% are uninsured. Most of our patients are young, single parents with their children. I've told you about the services we provide. We continue to have faculty practice at the clinic. We've had more than a 100 nurse practitioner and mental health nurse practitioner students to do a training rotation at the clinic now and we very much appreciate the opportunity. We also have started to have our undergraduate students train at the clinic to see how the clinic is designed to meet the community health needs.

The clinic has served as fertile ground for students to devise and implement research projects. For instance, students are interested in learning how to look at groups of patients, for instance patients with diabetes. And figuring out if we make a change in how we deliver services, does that improve the way patients achieve their health outcomes through the services at the clinic. So this intense partnership is very productive. It tells us on the faculty what the needs out there are in the real world. It provides the students with an opportunity to learn in an environment that has become very innovative in a way to solve a difficult problem which is the - meeting the healthcare needs of America's uninsured and underinsured.

This is a picture - I wanted to show this picture because as you can see on the back of the wall there is a large - this is a large quilt. This is as you know is the Puget Sound area and the north Pacific so we do have the whales here. And so one of the artists in the community made this breathtaking quilt to put on our wall. The other artists in the community made paintings for the walls and the clinic is a beautiful and well appointed clinic. And the volunteer and community involvement is very evident.

So the challenges that we have faced in trying to take our urban program and make it accessible to rural communities are that faculty have to really learn how to teach in new ways and many faculty are very comfortable with what they have been doing over the years, so this is a challenge. Initially when faculty learned to use the distance learning, it involved them teaching how they always teach but bring in the technology. It takes several years for faculty to come to appreciate the power of the technology and how it can free them to teach in very new ways. There is a learning curve but we've added more and more programs with distance support so more and more of the faculty are getting on that learning curve and learning together while starting to be more and more creative.

And so we're at an exciting point but we still need a lot of staff support to teach the faculty how to use the technology which of course is ever changing. These electronic distance teaching methods add a cost burden that a sparsely funded state university doesn't really have in its business plan so



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we've had to work intensively to identify ways to fund the distance learning programs. We wondered should we buy into something like Blackboard or should we create our own programs and technical support. And, we have opted to do the latter and I think both the formal programs and the technical support that we have here both have their benefits and disadvantages, but we're very dependent on our technical people.

One of the biggest challenges we face is that it's difficult to create a sense of community among our learners who are often dispersed - we have to be deliberate in trying to do so. If we had 20 students in a class, perhaps 10 will be here in Seattle and then two will be in another city, one will be in another, four more will be in the southern part of the state. They're very dispersed. And so, we have to develop strategies to have the students work together.

And, then another challenge we have is that in discussing the direct care delivery services with faculty and when students are presenting, they're discussing sensitive health data. And, so we have to be very careful about having the appropriate security on our Internet lines.

We would like to increase the ethnic diversity of the program. It's where- well, the geographic diversity of our programs. But, we found we couldn't do that at the same time. If we want to increase the ethnic diversity we have to look to our urban areas. This is where we have ethnically diverse prepared nurses who are able to enter into our programs. And, then - so we look to the rural communities to increase our geographic diversity.

Lessons learned, okay. This was an interesting lesson to us. We made the courses available online for our rural students who are critically dependant on those distance supported courses. But it really liberated our urban students to be able to continue to work while they're in school and to review the material. So we found that many students - if we offered a course in two ways, distance and in-person, many students in town and beyond would just walk with their feet to the distance supported course. So, these courses are in high demand and very popular. I've already talked about how the streamed content provides an opportunity for all students to consolidate their understanding of the challenging content.

Another lesson that the administration here has learned is that initially they thought okay, package that course up and it'll be, you know, cheaper and easier to teach. But, that is not the case at all. Students in the rural areas very much need to have faculty contact. And, so the burden of teaching a distance course often exceeds the burden of teaching a traditional course.

We were fortunate in receiving Division of Nursing funding, this is out of HRSA. So, the HRSA Bureau of Health Professions Division of Nursing has grants for advanced education, nursing and for nurse education practice and retention. These two programs provided us an opportunity to do the initial development of the rural program, the developing of the Rural Partnership, providing the distance education into the courses and training the faculty.

Then, there's The Nurse Education, Practice and Retention Program funds a partnership with the clinic in Snohomish County-- the PEHC. The university itself invested in our goal to prepare nurses in rural Washington. And, so they gave us a permanent increase in the budget to the School of



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Nursing, which only - it was \$25,000.00 a year, but we have that every year. So, it provides assistance with the technical side of distance learning.

We found that donors in rural communities were very interested in providing scholarships for students who were determined to work in rural areas. And, that's nice because often our rural students are only part-time. They are not like traditional students. They don't compete well for standard tuition scholarship programs. So, it's wonderful to have a little bit of funding for the students that is specifically for them.

Additionally, many of the hospitals have partnered with us and offered their students - their employees an opportunity to have some type of tuition waiver if they'll attend school.

For the clinic in Snohomish County, we have received funding from United Way, from several foundations, particularly to provide the mental health care needs. And, then we've received Washington State Department of Health funding to provide dental health services to our underserved patients.

### **Introduction of Speaker #2 (James Butler, OFA)**

Thank you so very much, Lynn. We're going to go ahead and move on to our next speaker, who is Ms. Tonya Crum from Kentucky Educational Television. And, I'll call it KET.

Ms. Crum is the Director of Workforce Development and Training at KET, has been developing and coordinating training for ten years. Crum's current focus is to provide training for adult education professionals so they can effectively teach the citizens of Kentucky through the use of multi-media curricula. She also oversees KET's College Courses program, which serves over 4,000 students, and the Child Care Training program, which helps early childhood education professionals earn credit toward state licensing requirements. Additionally, she chaired the Distance Learning Steering Team for the Council on Postsecondary Education, an organization that includes members from several state agencies, and every college and university in Kentucky.

Ladies and gentleman, I introduce to you, Tonya Crum.

### **Presentation by Ms. Tonya Crum from Kentucky Educational Television**

Thank you very much for that introduction. I really welcome the opportunity to talk to you today. And, I'll take it off speakerphone there so we don't have a lot of extra reverberation.

Really, what I'm going to focus on today is our GED Connection study at home program. It's a distance learning program that we at the Public Television station oversee for the citizens of Kentucky. And, so at Kentucky Educational Television I served as the Adult Education Coordinator and I've had the opportunity to work with Adult Education instructors throughout our state.

And, so because I don't know who those of you out there in the audience I'm assuming that you are with different agencies, maybe educational institutions, maybe employment services. So, I could go



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on and on and maybe you're saying, "Yeah, that's me." Or, "No, you don't know who I am." But, I'm going to assume I've met some of you before here in my state. And, we have - chances are I have worked with you or we have partnered with your agency. So, I hope that you will find something or hear something today that you think, "Ah, yeah. I probably know someone that does that in my area." And, that you can glean something from this presentation and you can think, "Yeah, I can make that work here at home."

So, I hope that today as you hear me speak that you can write down a few things or people that you want to talk to when we're finished. And, you can go make those contacts tomorrow or throughout the rest of the week to see if these kinds of things can work for you at home.

I wanted to play this little video for you because, after all, we are Public Television. So, what would I be without a video? I'm just hoping it works across Live Meeting.

[Video Plays]

Okay. Well, anyway it was a really fun little video clip and I would try to describe it, but it's not nearly as interesting. But, what we have done is a video that we broadcast on commercial television as well as public television around Kentucky that basically says to our students, "Hey, are you headed in the right direction? Call 1-800-KET-4GED." It's our 1-800 number. And, we're asking students to call us and we'll help them on their pathway to getting their GED.

Across the country there are almost 40 million adults 18 and older without a GED credential or high school diploma. And, in your state or area you probably know that statistic or have heard someone mention what that statistic is. In Kentucky alone, these are our statistics. About 25% of our adults do not have a high school diploma. And, so in Kentucky - this is obviously a huge issue and for Kentucky Educational Television education is at the heart of our mission. And, so we - back in 1974 decided that the GED and the adult learner were going to be a huge part of what we do.

We began working with a video preparation series back in the seventies and began then also creating workbooks. And, we had workbook distribution out to learners in the seventies who said, "We want to watch this series on Public Television and we want to try to study at home." We were doing distance learning in the seventies and - with adult learners who were trying to get their GED - their high school diploma.

Ashland came to us with a grant in 1983 and we started our Study at Home Program with tutors and people on the phone. On-the-phone tutors - this is our Distance Learning Program full fledge began in 1983. And, that's what I'm going to talk to you about the rest of this program.

So, in 1983 is when we got our funding and we started this program. And the year later our state began funding and has continued to fund this GED Connection study at home program, which are student services programs. In KET, our Public Television station works with Morehead State University to provide those services. And, so our staff is at one of our state universities and they operate this service state-wide.



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Our GED study at home program - this is basically how it works. Students will call our Study At Home Office and our folks will talk to them and find out if they are, indeed, at a place where they're ready to study at home for their GED. We send them a practice test and an assessment and students can enroll. It's a \$50.00 enrollment fee. Now, in Kentucky it costs \$50.00 to take the GED test. In every state it's a different fee. So, you may be familiar with that for your state. So, it's a \$50.00 enrollment fee for our program. For that \$50.00 we send you workbooks. We will send you the broadcast schedule and we start following up with you - phone calls, letters and so forth. So, what we're asking students to do is to watch the video programs.

There are 39 of them - half hour programs, either on our broadcasts on our PBS station or on demand on your cable station. You know, the free Video on Demand that you can go in if you have digital cable. Or, video streaming on the Web. And we're going to look at those things in just a moment.

Then there are workbook lessons. There are three workbooks that cover the five GED subject areas. And, then you're getting the feedback and the follow-up all along as your studying these 39 lessons. You then take a post-test with the GED Official Practice Test. And, when our staff says, "Yeah, you're ready", we send you the test voucher and you go take the GED exam at a testing center here in Kentucky. They don't pay anything else. They just go take the test. And, so for that initial \$50.00 they get all of this support and they can go take the test.

And, so this is what our Distance Learning Program is. From KET we support our students who enroll in the program in this way. And, we've had over 20,000 GED diplomas granted through this program since we began. It's very exciting to say that we have been able to help 20,000 Kentuckians in this way.

Now, GED Connection is also the name of the series. It is a video - a multimedia series that KET produced. We actually produced the series for Kentucky, but we also sell it nationally. And, so when I talk about this series I don't want you to think that, "Well, that's great Tonya. You do that in Kentucky. But, what are we supposed to do in Missouri or Kansas?" Well, the series is available nationally. And, so you may have flipping through your PBS station and you may have seen these programs because GED Connection airs in over 39 states - 39 Public Television stations. And, it is multimedia. So, it has the 39 video programs, the three workbooks and it has online activities. The online activities are free to anyone as long as you have Internet access. And, then if you're watching it on your PBS station you're obviously watching it for free.

So, students can order those workbooks from our Web site. Teachers can order those workbooks from our Web site. Teachers can order any parts of the system they want. All of these things are available to learning centers, to students and teachers.

In Kentucky, we have our teachers at our learning centers in every county of our state. Our teachers in those local adult learning centers use these materials in their classrooms. And, so if we have students who are on public assistance who are also required to do Adult Ed. as part of their requirements to continue to receive assistance our learning centers may be using these materials as well as many others. And, so, you know, that's part of their Adult Ed requirement. But, for those who have transportation issues and so forth, they may be using our program and documenting their



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- documenting the fact that they are, indeed, following along with the program by completing workbook lessons and watching the series on television.

And, there is research that tells us how many hours if they are completing the workbook lessons that's worth eight hours of instruction and so forth and so on. And, so Adult Learning Centers can help local agencies through that process if those kinds of things need to be documented for public assistance and those kinds of things.

Because - obviously I'm having issues showing you video here. I can't show you a video clip of the series. But, I'd love for you to see it and I'm going to give you a Web address at the end where you can actually go watch clips of the video. You can see more of the workbook and that kind of thing.

This is a sample of what the workbook looks like. And, in all of our workbooks we give examples. This says community links. But, we give examples of the student as a community member, as a family member, as a worker so that they can put themselves in the situation of being a member of the community, a member of their family, of the workplace. And, then they continue to do work in that - from that perspective so that students don't continue to say, "I don't need Math. Why do I need Science? Why do I need Social Studies? I just need it to pass the test." No, you really don't. You need it - it's a much bigger part of your life than that.

So, our students watch the broadcast through your PBS station, Video on Demand, like through cable, Time-Warner and Insight in Ohio. Time-Warner is state-wide and it's free if they have digital cable. We video stream at [fastforwardKY.com](http://fastforwardKY.com).

here are other Public Television stations who are video streaming. Like in Virginia and Utah and South Carolina and Alabama. So, there are other Public Television stations who video stream these programs. Public Libraries have - they have these programs on their shelves that you can check out. And, Adult Learning Centers, of course, have these DVD's.

This is a sample of what it looks like on our Insight cable. They can go in - the beauty of Video on Demand and video streaming is that students can choose the program they want to watch. When they're broadcasted you are kind of a slave to the broadcast schedule. If we're showing writing - The Writing Process, you've got to watch. But, if you need Math, you know, you may be 13 weeks away from the Math program on the broadcast schedule.

But, if it's on demand you get to choose which program you need to study, which is the fabulous thing about Video on Demand and about video streaming. And, this is our Web site for KET's video streaming service, which is free to our students.

This is the online Web site for students at [pbs.org/literacy](http://pbs.org/literacy). This is free for anybody. You can sign up and choose to be a teacher, but you're going to get to look at lessons. This is what the home space looks like so the student can choose a teacher to help them through the lessons.

This is where they go for their lessons. I don't know if you can see my pointer on the screen or not. But, the Pre-GED and GED Connection is where you can see that - their lessons. And, so that's where they can do practice tests for GED and so forth.



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So, I think I've covered most of what GED Connection - the series is and what our Distance Learning Program is. So, you know that our preparation series - we have one now. We create one for each new iteration of the GED test. So, in 2002 there was a new series of GED tests. And, in 2012 there will be another series of tests because the GED Testing Center Service creates new tests every time they determine that the high school curriculum is getting more rigorous. And so - 2012 there will be a new series of tests and anyone without a GED or high school diploma will start preparing for a new series of tests and we will begin preparing a new preparation series.

We don't only enroll people in GED, but we enroll people for Workplace Essential Skills, Pre-GED math basics, GED in Espanola and Learn To Read, which is an adult learning to read series. So, at KET our Distance Learning Program through Morehead State University is much more than GED, but I've chose to pick one focus area today.

To talk about partnership and I mentioned this earlier that our Adult Learning Centers are in every county and they are a huge partner for us. And, they partner with all their Workforce Investment Board partners as we do as well. So, the employment services and training and employment offices and Voc. Rehab and all those folks are big partners. They do face-to-face instruction with students. They have the computer labs and family literacy programs where we're really interfacing with parents and students - parents of teenage students.

And our Public Libraries are a big partner as well, with their computer labs and our video streaming service and those sorts of things as well. So, we are really trying to find ways, particularly as people are looking to - well, they're having to work more. Gas prices went up, particularly last year when we were hitting \$4.00 a gallon. Students were not traveling as much and they wanted to study more from home.

We were finding more ways to partner with our Adult Learning Centers. And, we have found ways to let our students really study at a distance with us and be students at the learning centers. And, so it's been a really fabulous partnership there as well.

I've covered a lot of information, but Sharon Jackson is the Director of our Student Services Division at Morehead. And, so if you have questions about how such a program can be set up in your state - we had one in Indiana that ran for nearly 25 years and actually their state legislature just cut funding two weeks ago, which has been devastating. Although, this kind of model has worked very well.

And, Sharon can answer any additional questions you have about that. And, I'm happy to answer any additional questions if you need to contact me after this webinar is over. But, our Web site that's listed here has links to our GED study at home program and it also has links to our adult learning Web site where you can preview all these materials. You can preview the videos and those sorts of things that students can really use to do that online distance learning studying at home kind of thing.



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**Q&A Session (James Butler, OFA)**

Thank you Tonya. Do we have any additional comments from any of the speakers? If not, operator I believe we can now open the lines up for questions.

Operator: Thank you. Ladies and gentlemen, if you would like to register for a question please press the 1 followed by the 4 on your telephone. You will hear a three tone prompt to acknowledge your request.

If your question has been answered and you would like to withdraw your registration please press the 1 followed by the 3. If you are using a speakerphone please lift your handset before entering your request. Once again as a reminder to register for a question press the 1 followed by the 4.

And it seems there are no questions at this time.

Katie Caldwell: We have one question here, James, from the online Q and A. What suggestions, Tonya, would you have for other states who would like to implement a similar online on demand program and what kind of steps would you say that they should be taking?

Tonya Crum: Well, there would be a couple of suggestions I would have if we're talking simply about on demand. Was that the word you used, Katie?

Katie Caldwell: Yes.

Tonya Crum: On demand. So, if it's on demand - I just need clarification if we're talking about on demand video. Do you know?

Katie Caldwell: Yeah, on demand video. How you presented it.

Tonya Crum: Okay. So, if we're talking about on demand video there are a couple of things I would do. One is getting in contact with the person who holds the license for the video. So, if that's the PBS station I would first contact them. Or, if it's your Department of Ed. you might contact them because they're going to be able to help you determine who holds the rights to the video and how can we move forward using that video and then they can direct you.

So, if it's, for instance, the Department of Ed. they can say, "We hold the rights to that video and we have the digital rights to use it through cable or use it through video streaming and what Web site should we put it on and how can we put it out there." But, most importantly after you get the video out there what are the support services you need for that video?

In Virginia, for instance, they are doing Video on Demand through Cox and Comcast Cable Systems. They also video stream, but they have a fabulous



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support system of teachers who support their students who are in the online PBS LiteracyLink environment. And, so students aren't just watching videos, but they are studying online and they have teacher support.

And, so it's not just an issue of getting the video out there on demand for students to watch, but it's really that support system that's under there. And, so who's going to help you with your teacher support. And, if it's volunteer teachers that's fabulous.

But, you kind of have to figure out, you know, who holds the rights and then who's going to support the student. And, it could be your Adult Learning Centers that do that. It's just - you just kind of have to give it some thought to that.

Katie Caldwell: Thank you. I don't have any other questions that are waiting (unintelligible).

James Butler: Operator, anything on your end?

Operator: No, sir. No questions from the phone lines at this time.

James Butler: Okay.

Lastly, I'd like to take this opportunity to just thank all of the participants for joining us on this webinar today. And, to our speakers, Lyn and Tonya for sharing their expertise and experiences with distance learning programs in rural areas. And, a special note of appreciation and thanks to the staff at ICF International for the work they do in putting these webinars together.

As always, the presentations and an audio recording from today's webinar will be made available for everyone within the next week. Also, you can feel free to email anyone on the Rural Communities Initiatives team if you have any further questions.

So, on behalf of the Office of Family Assistance I thank you for joining us today and have a pleasant day.