UNIVERSITY OF KENTUCKY

Kentucky Homeplace

April 1, 2015 – June 30, 2015

Quarterly Report

Kentucky Homeplace http://www.kyruralhealth.org/homeplace

Funding for this program is made possible in part by the Kentucky Cabinet for Health and Family Services.

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Front page photograph taken on Pine Mountain in Letcher County Kentucky, courtesy of Karen Pratt.

Kentucky Homeplace

My Fellow Kentuckians:

Kentucky Homeplace emphasizes education for clients on chronic disease management, healthier lifestyles and stressing preventative care. The program now serves 27 counties in the eastern portion of the state. Kentucky Homeplace staff have a combination of 148 years of experience providing services to the residents of Kentucky. The areas in Eastern Kentucky have very poor health outcomes in comparison to the rest of the state. Our CHWs work diligently every day providing health coaching and care coordination to their clients in efforts to improve the overall health of the people of the Commonwealth. Our goal is to assist clients to maintain the best possible health that they can by assisting them while they navigate the often complicated healthcare system. The following report reflects the CHWs activities regarding care coordination, number of services, service values and medication values and also collective information on the health status of our clients.

Quarterly Summary

For the period April 1, 2015 - June 30, 2015 Kentucky Homeplace Community Health Workers (CHW) provided services for **1,443** clients. Of these clients, **1,240** were involved in care coordination activities. Excluding administrative time and time spent on trainings, the CHWs logged **2,583** hours on care coordination activities. Total CHW hours equal **3,348** hours with a service value of **$81,823,** the amount of medication accessed totaled **$1,172,383** and other service values (not medications) accessed totaled **$236,220** for a combined total of **$1,490,426**.

The entire quarterly report is posted on the UK Center of Excellence in Rural Health's web page at http://kyruralhealth.org/homeplace. The report is found under the Reports tab, Quarterly Reports and then click on April-June 2015. If you wish to have a printed copy, please call 1-855-859-2374 or email me at mace.baker@uky.edu.

Sincerely,

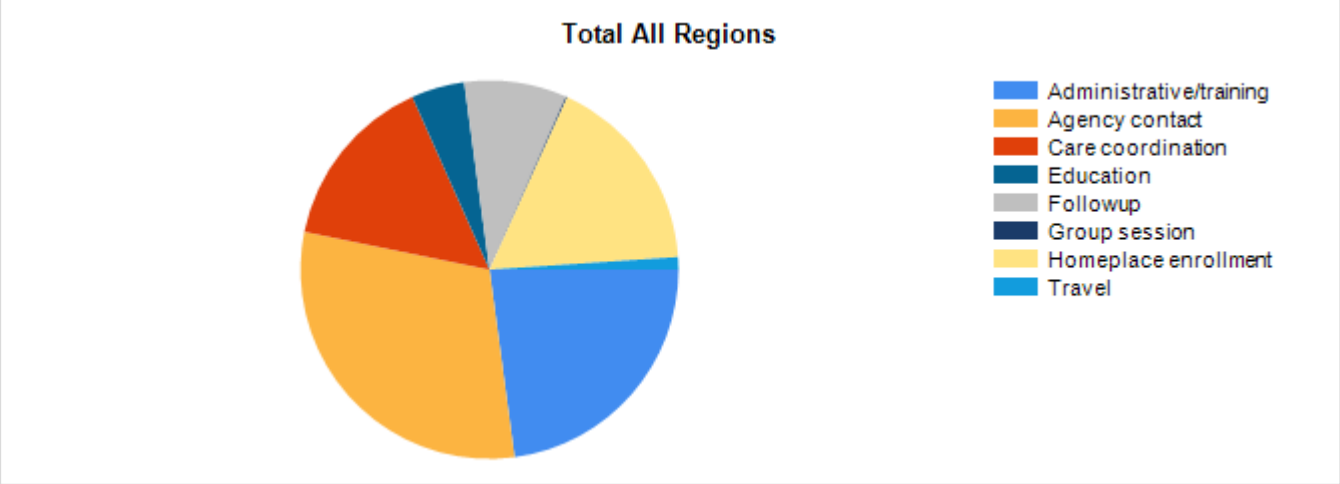
William Mace Baker

William Mace Baker, RN
Director, Kentucky Homeplace Program

Activity Summary

(Clients visited: 04/01/2015 – 06/30/2015)

Activity	CHW Hours
Agency contact	1,015.75
Administrative/training	765.92
Homeplace enrollment	575.30
Care coordination	505.00
Follow-up	293.57
Education	152.57
Travel	35.52
Group session	4.42
Grand Total:	**3,348.05**

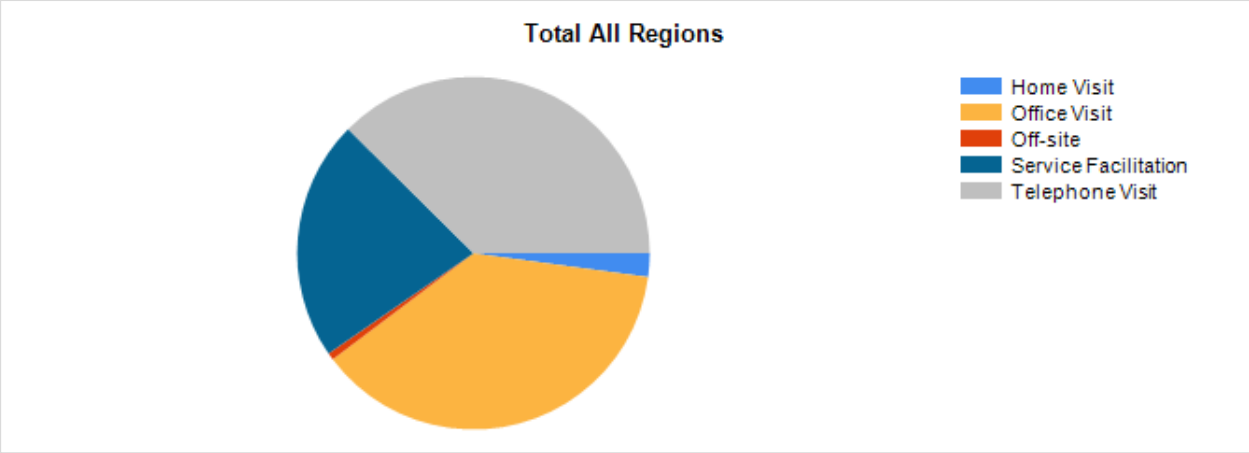


Total service value for 3,348 hours equals $81,823.

Visit Summary

(Clients visited: 04/01/2015 – 06/30/2015)

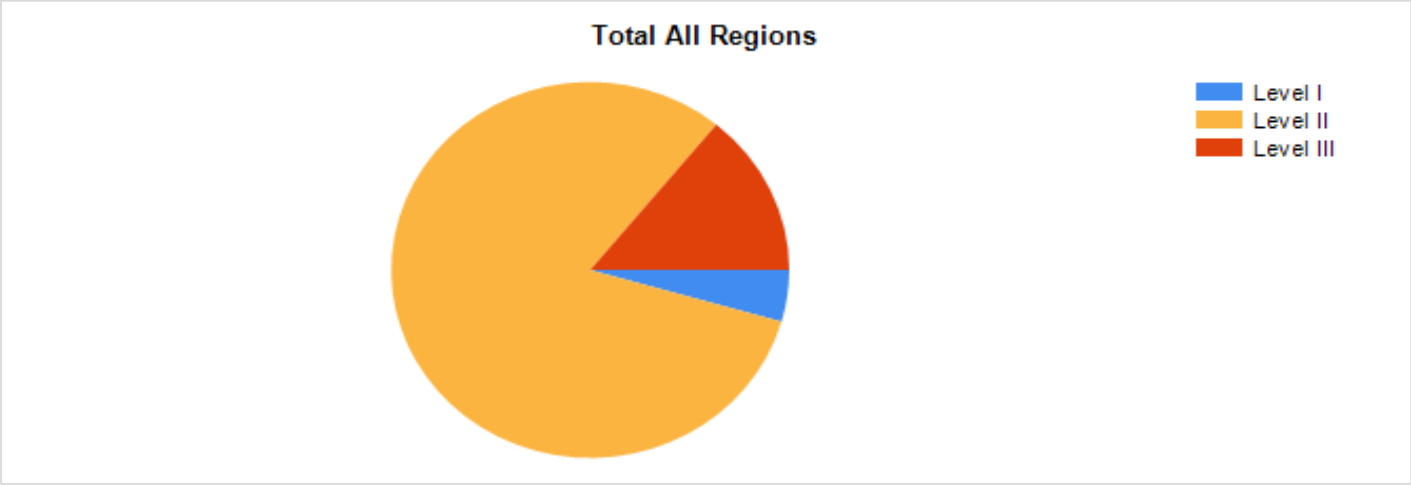
Visit Type	Client Visits
Office Visit	1,564
Telephone Visit	1,565
Service Facilitation	918
Home Visit	90
Off-site	27
Grand Total:	**4,164**



Care Level Summary

(Clients visited: 04/01/2015 – 06/30/2015)

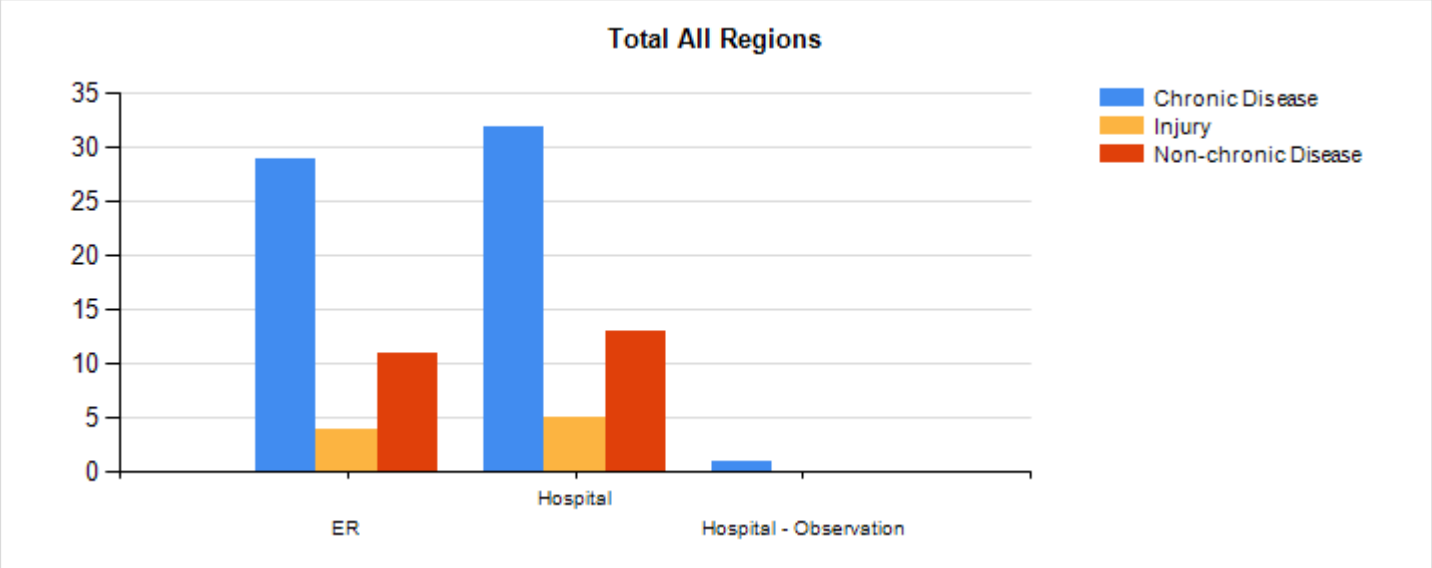
Care Level	Clients
Level I	64
Level II	1,176
Level III	203
Grand Total:	**1,443**



Hospital-ER Summary

(Clients visited: 04/01/2015 – 06/30/2015)

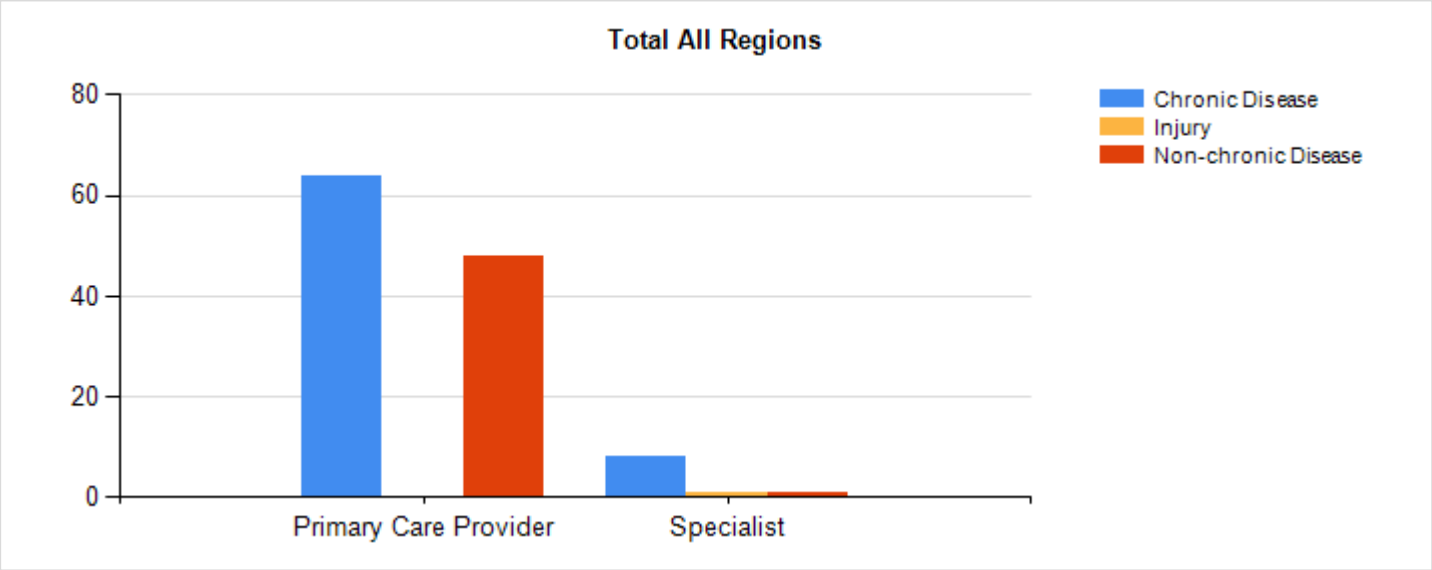
Episode Type	Reason	Episodes	Days Stay
ER	Chronic Disease	29	0
ER	Injury	4	0
ER	Non-chronic Disease	11	0
Hospital	Chronic Disease	32	198
Hospital	Injury	5	42
Hospital	Non-chronic Disease	13	43
Hospital - Observation	Chronic Disease	1	0
Grand Total:		**95**	**283**



Primary Care Provider Summary

(Clients visited: 04/01/2015 – 06/30/2015)

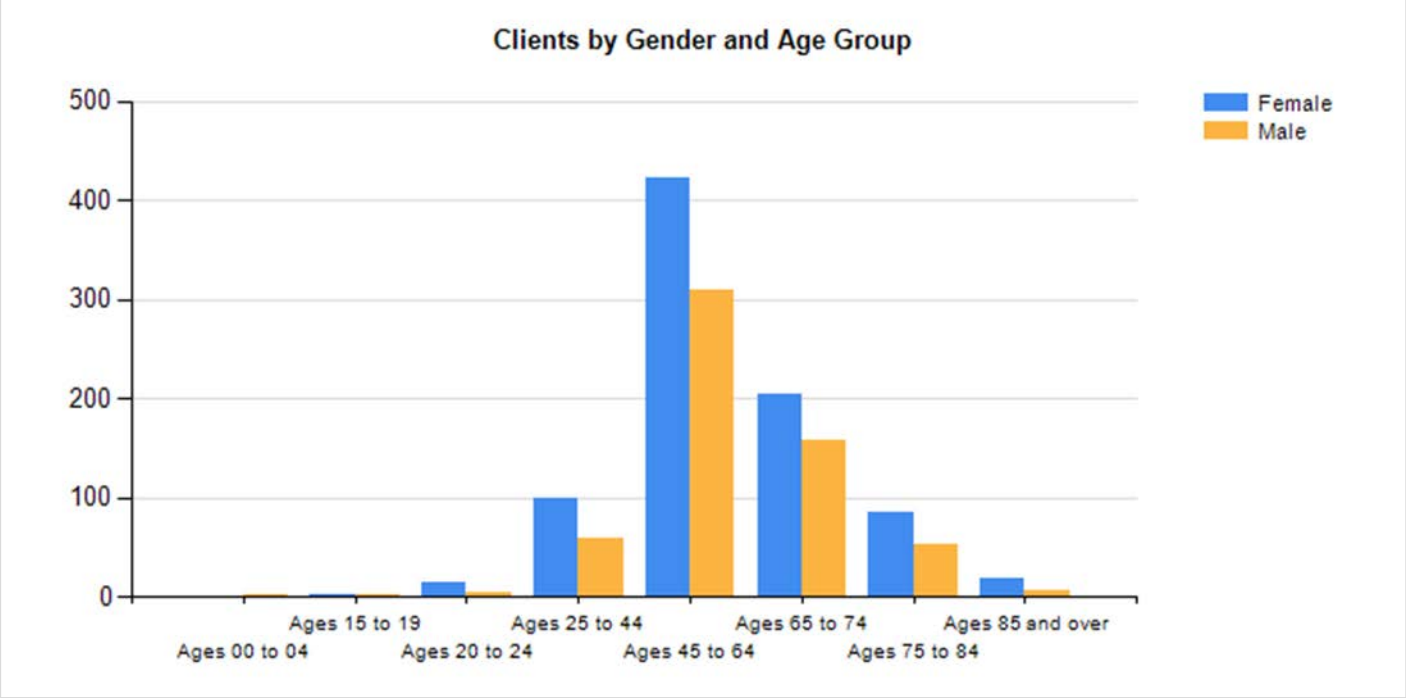
Episode Type	Reason	Episodes
Primary Care Provider	Chronic Disease	64
Primary Care Provider	Non-chronic Disease	48
Specialist	Chronic Disease	8
Specialist	Injury	1
Specialist	Non-chronic Disease	1
Grand Total:		**122**



Age Gender Summary

(Clients visited: 04/01/2015 – 06/30/2015)

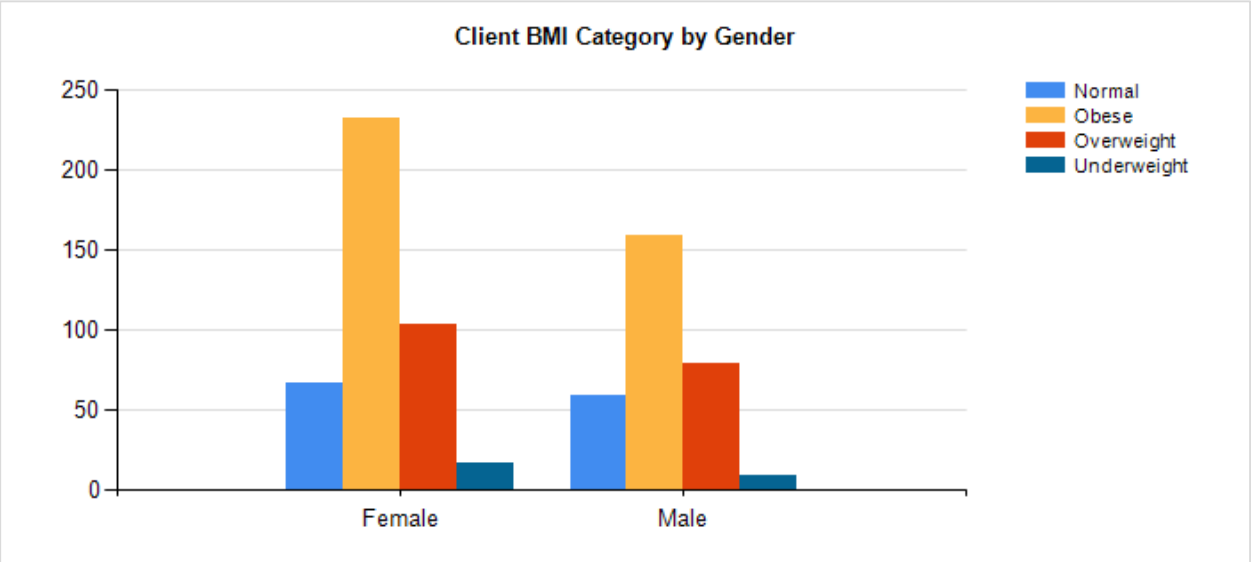
Age Group	Female	Male
Ages 00 to 04	0	1
Ages 15 to 19	3	3
Ages 20 to 24	15	5
Ages 25 to 44	99	58
Ages 45 to 64	423	310
Ages 65 to 74	204	158
Ages 75 to 84	85	53
Ages 85 and over	19	7
Totals	**848**	**595**
Median Age	**60**	**61**



BMI Category Summary

(Clients visited: 04/01/2015 – 06/30/2015)

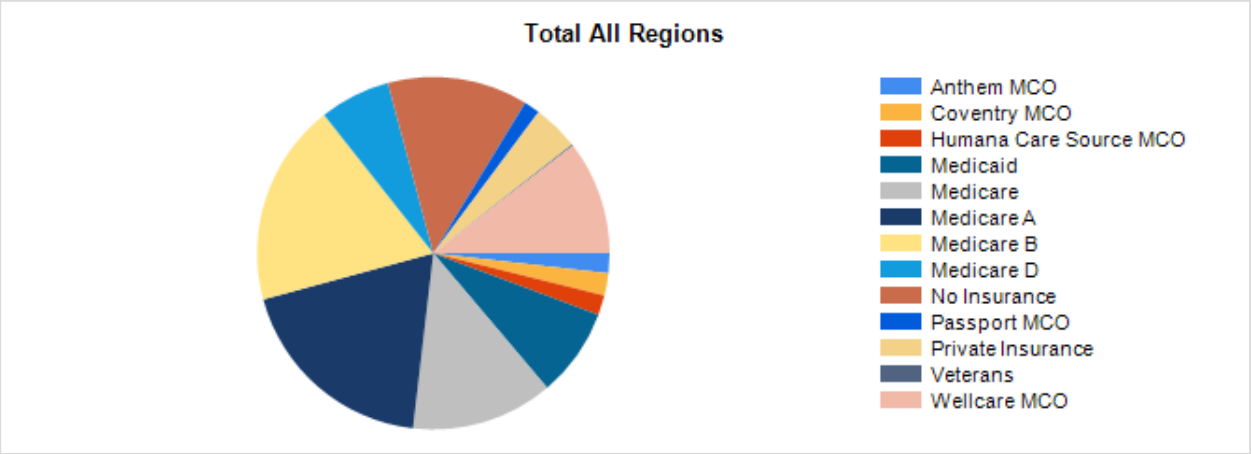
Gender	BMI Category	Clients
Female	Normal	67
	Obese	233
	Overweight	104
	Underweight	17
	Total:	**421**
Male	Normal	59
	Obese	159
	Overweight	79
	Underweight	9
	Total:	**306**
	Grand Total:	**727**



Insurance Summary

(Clients visited: 04/01/2015 – 06/30/2015)

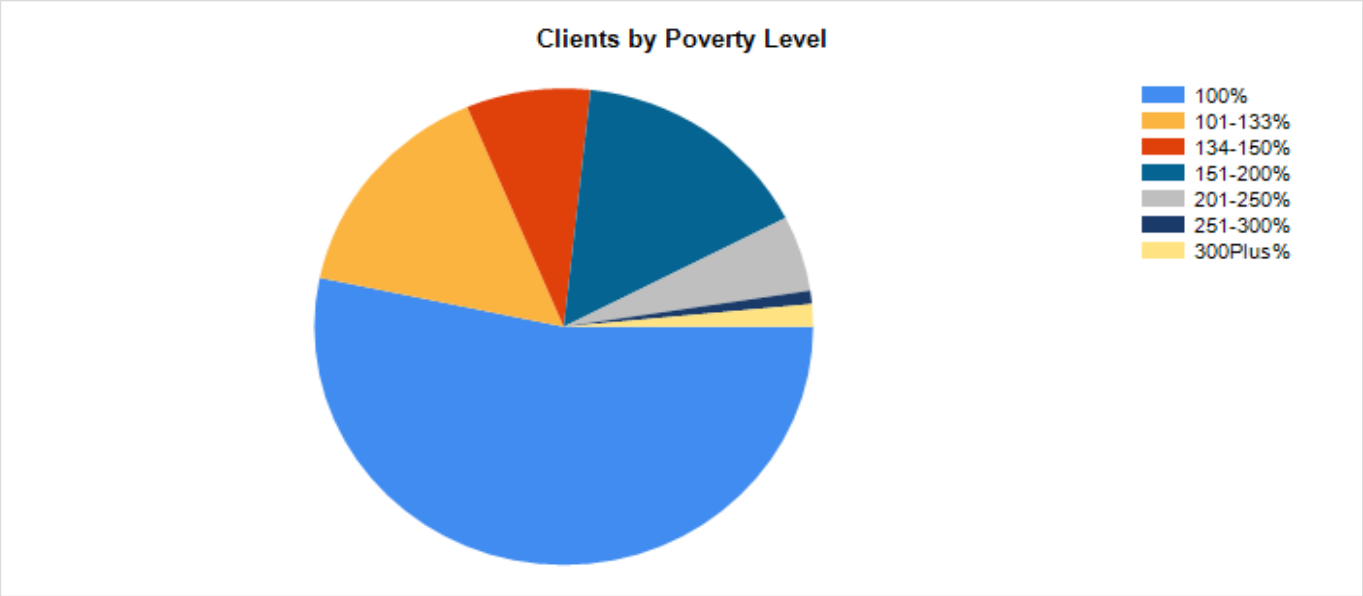
Insurance Type	Clients
Medicare A	426
Medicare B	418
Medicare	293
No Insurance	290
Wellcare MCO	235
Medicaid	183
Medicare D	146
Private Insurance	95
Coventry MCO	46
Humana Care Source MCO	41
Anthem MCO	41
Passport MCO	33
Veterans	3
Grand Total:	**2,250**



Poverty Level Summary

(Clients visited: 04/01/2015 – 06/30/2015)

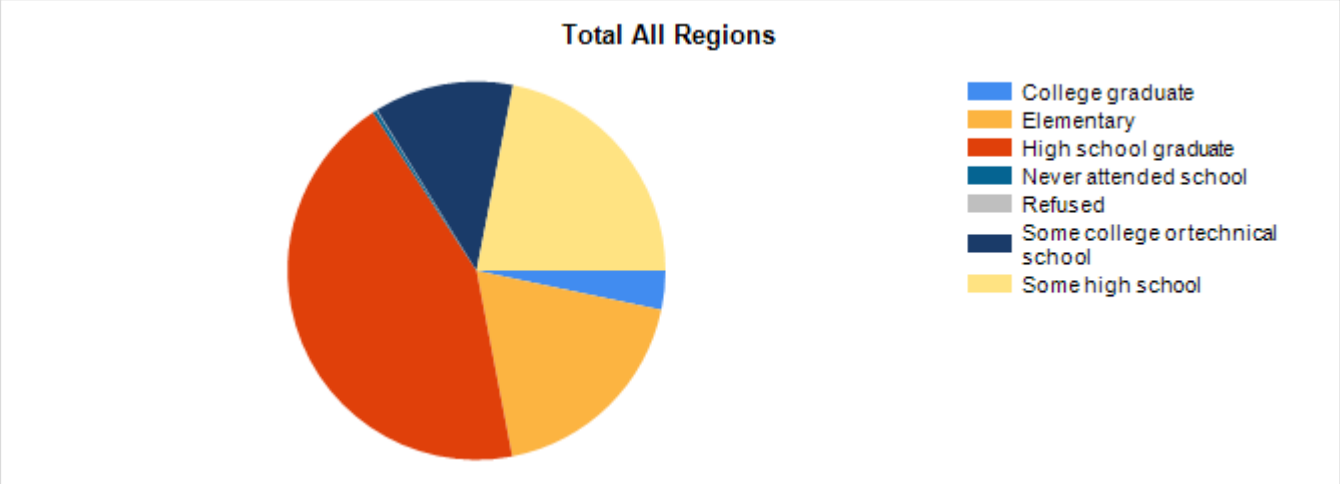
	100%	101-133%	134-150%	151-200%	201-250%	251-300%	300Plus%	Total
Clients	769	222	116	227	74	13	22	1,443



Education Level Summary

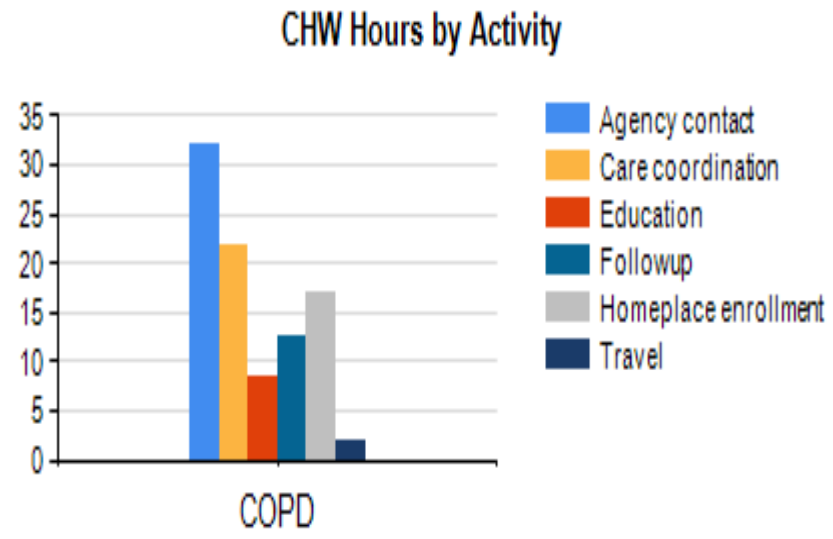
(Clients visited: 04/01/2015 – 06/30/2015)

Education Level	Clients
High school graduate	632
Some high school	316
Elementary	269
Some college or technical school	172
College graduate	48
Never attended school	5
Refused	1
Grand Total:	**1,443**

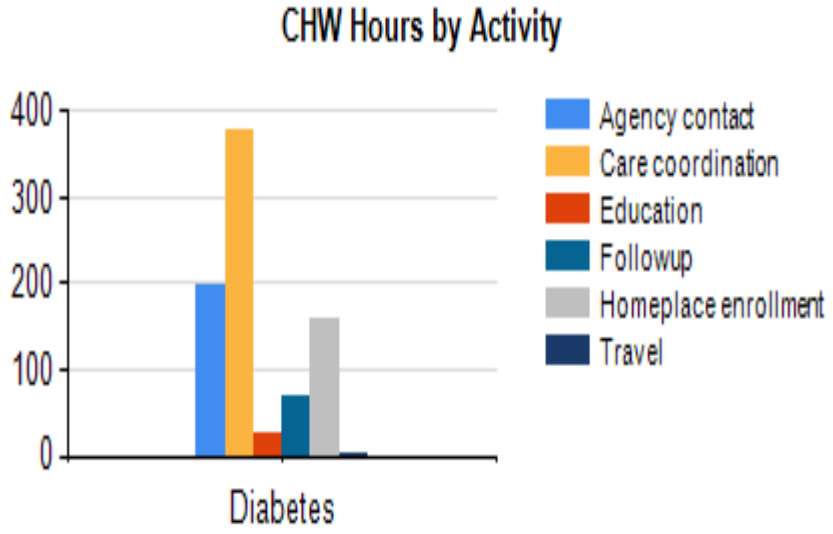


Need Activity Summary-Disease

(Clients visited: 04/01/2015 – 06/30/2015)



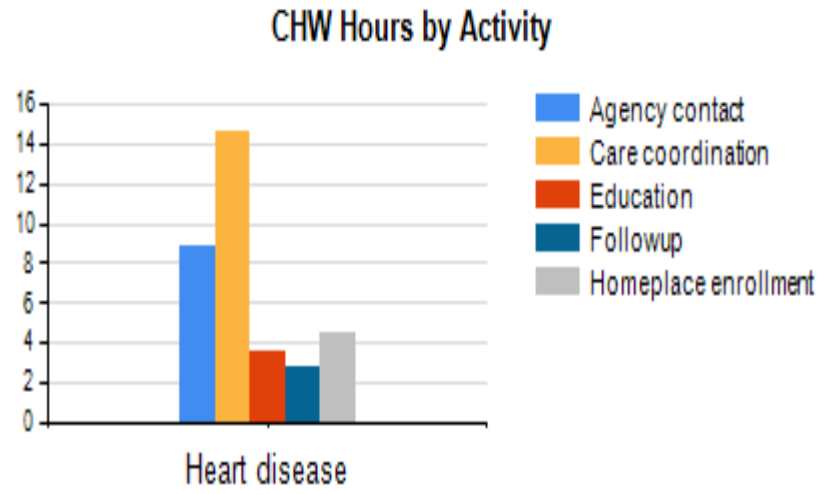
Agency contact	31.95
Care coordination	21.72
Homeplace enrollment	17.08
Follow-up	12.40
Education	8.33
Travel	2.08
Total:	**93.56**



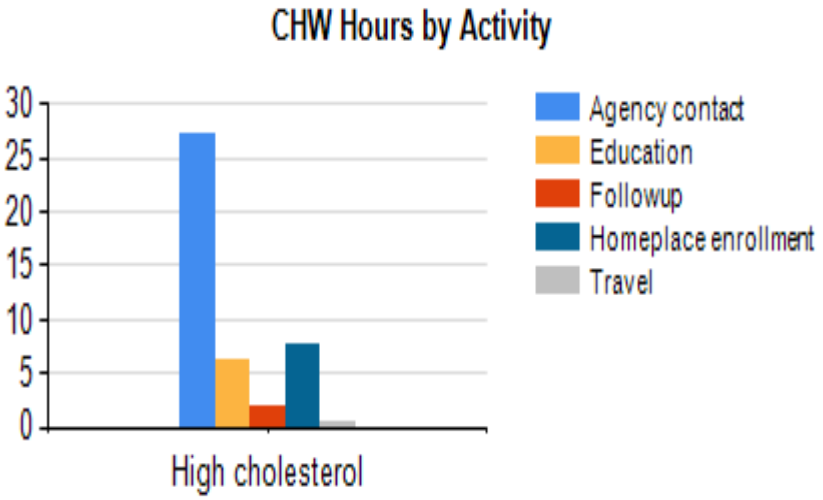
Care coordination	376.78
Agency contact	197.58
Homeplace enrollment	159.50
Follow-up	68.33
Education	26.92
Travel	3.75
Total:	**832.86**

Need Activity Summary

(Clients visited: 04/01/2015 – 06/30/2015)



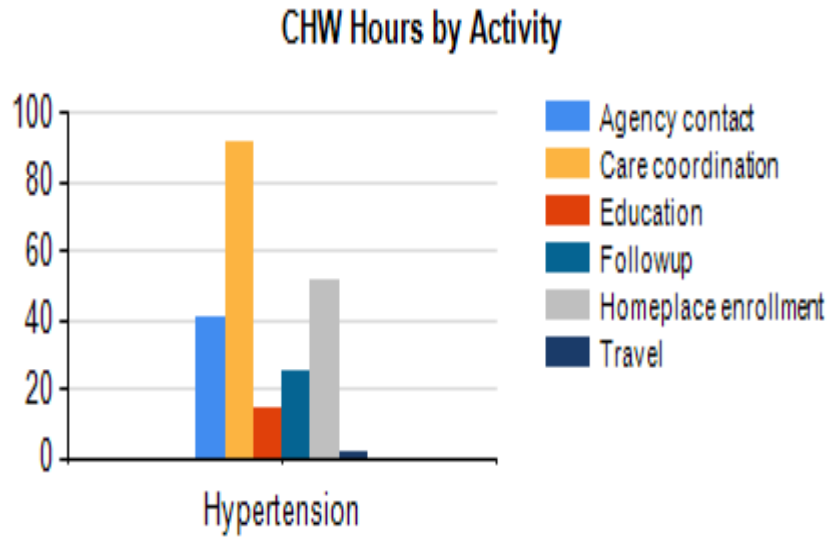
Care coordination	14.67
Agency contact	8.83
Homeplace enrollment	4.50
Education	3.57
Follow-up	2.83
Total:	**34.40**



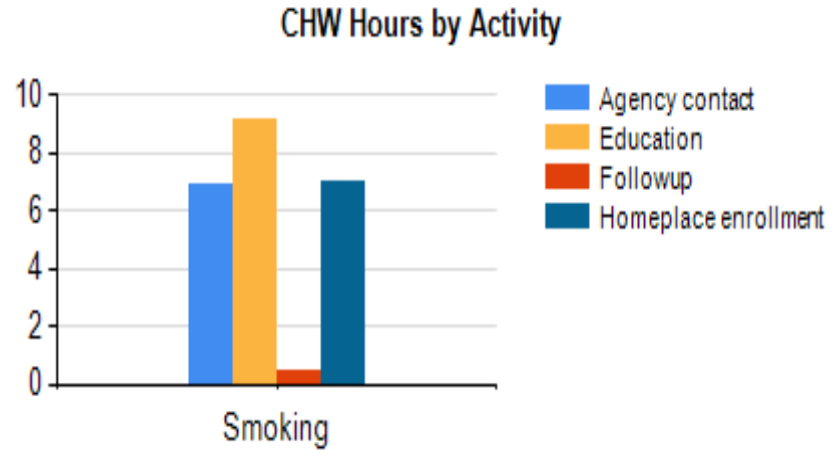
Agency contact	27.08
Homeplace enrollment	7.58
Education	6.08
Follow-up	1.92
Travel	0.33
Total:	**42.99**

Need Activity Summary

(Clients visited: 04/01/2015 – 06/30/2015)

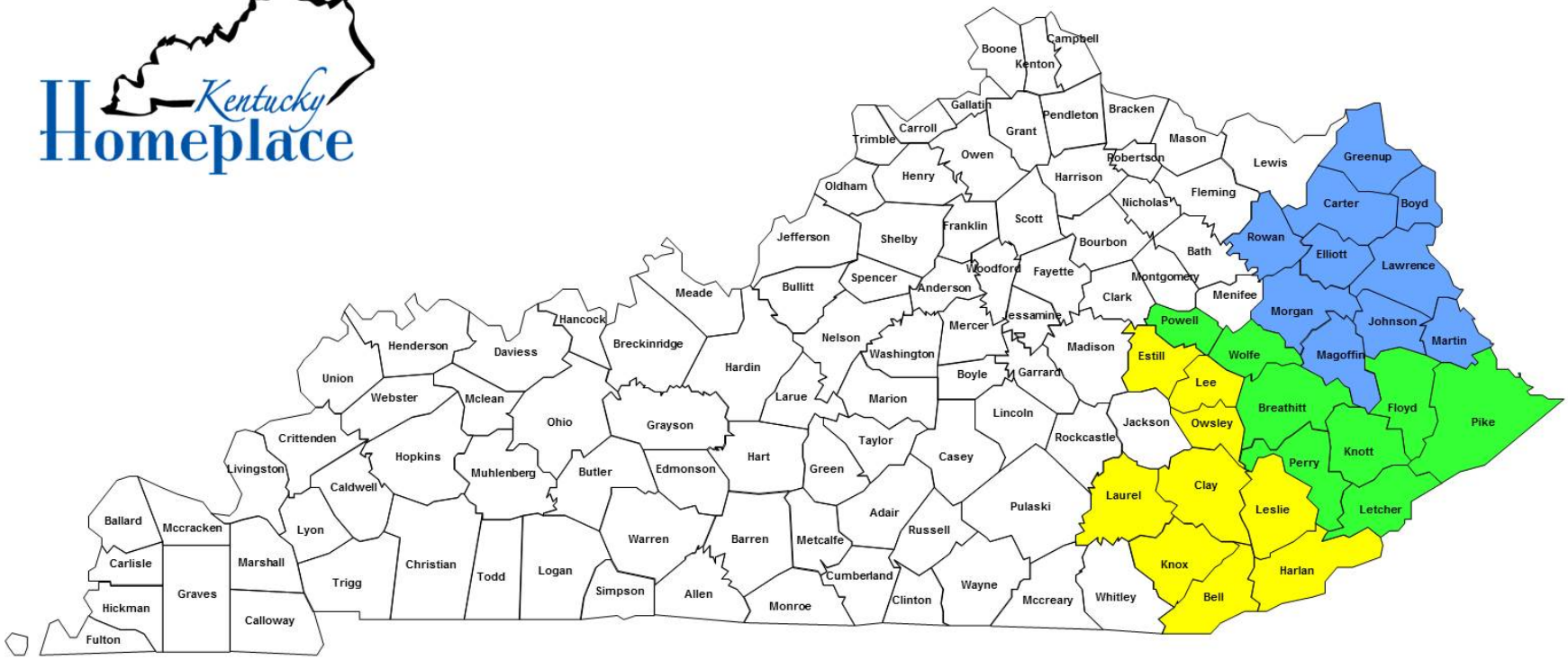


Care coordination	91.83
Homeplace enrollment	51.58
Agency contact	40.25
Follow-up	24.95
Education	14.33
Travel	1.42
Total:	**224.36**



Education	9.17
Homeplace enrollment	7.00
Agency contact	6.92
Follow-up	0.42
Total:	**23.51**

Kentucky Homeplace



27 County Service Area

Southern Region (888) 220-3783
Southeast Region (855) 253-0910
Northeast Region (888) 223-2910

Kentucky Homeplace Program Director, Regional Coordinators
and
Community Health Workers

Pictured on first row: Angela McGuire, Carole Frazier, Ratisha Roberts, Devin Potter, Cecily Spicer, Barbara Justice, Alexandra Robinson, Janet Kegley (Regional Coordinator), and Kayla Gilliam

Pictured on second row: Elizabeth Smith, Samantha Bowman, Michelle Ledford, Kathy Slusher, Mace Baker (Director), Ralph Fugate (Regional Coordinator), Katherina Hamilton, Vanessa Fields, Helen Collett (Regional Coordinator), Judy Bailey, and Paul Frederick

Regional Summaries

Northeast Region

Janet Kegley	**Regional Coordinator**
Judy Bailey	**CHW (Johnson & Magoffin)**
Kala Gilliam	**CHW (Rowan)**
Terra Kidd	**CHW (Boyd)**
Angela McGuire	**CHW (Lawrence & Martin)**
Shirley Prater	**CHW (Morgan & Elliott)**
Alexandra Robinson	**CHW (Greenup)**
Elizabeth Smith	**CHW (Carter)**

In April the Northeast Region attended Appalachian Research Day and completed CPR training in Hazard. In May the region attended training on Understanding Cancer. Judy Bailey, Angela McGuire, Shirley Prater and Terra Kidd attended the Annual Veteran's Expo in Ashland to be able to help veterans with assistance provided by Homeplace. Alexandra Robinson and Terra Kidd attended the presentation of Kentucky Homeplace along with Coordinator Janet Kegley and Director of Kentucky Homeplace Mace Baker at the Bellefonte Center Clinic.

Judy Bailey attends the interagency meeting in both Johnson & Magoffin counties when they are held. Judy attended the Big Sandy Diabetes Coalition at Highlands Regional Medical Center.

Kala Gilliam has an office at St. Claire Regional Hospital. She attends the Bridges to Home Research meetings daily. Kala is working on a research study program called, Bridges to Home with Dr. Cardarelli from UK. Kala attended the Bridges to Home Phase II training.

Terra Kidd attends the interagency meetings in Greenup and Boyd Counties. Terra is very active with helping the senior citizens with education when needed.

Angela McGuire is a member of the Lawrence County Diabetes Coalition and the Health Advisory Team (HAT) at the Three Rivers Medical Center, Louisa. Angela attended the Lawrence County Health Expo and the Community Helping Others meeting at the Lawrence County Public Library. She attended the Big Sandy Diabetic Coalition Meeting at Highlands Regional Medical Center. Angela attends the interagency meetings in both Lawrence and Martin Counties. Angela also attended the Veteran's expo with others from her region.

Shirley Prater attended the Bridges to Home Phase II training at St. Claire Medical Center. Shirley taught a group of seniors at "Fun in the Golden Years" at the UK Extension office. She assisted the extension office with "Taking Ownership of Your Diabetes".

Alexandra Robinson attends the interagency meetings in Greenup County. She is a member of Greenup County diabetes support group at the Greenup County Health Department.

Regional Summaries

Southern Region

Helen Collett	**Regional Coordinator**
Michelle Ledford	**CHW (Clay)**
Samantha Bowman	**CHW (Lee & Owsley)**
Paul Frederick	**CHW (Knox)**
Ratisha Roberts	**CHW (Estill)**
Vanessa Fields	**CHW (Leslie)**
Kathy Slusher	**CHW (Bell & Harlan)**

This quarter we have been promoting our program and our Care Coordination plans within our communities.

Vanessa Fields, CHW for Leslie County attended a 3 day diabetic self-management training that was held in June at the Leslie County Health Department. Vanessa has attended the Hyden City of Chamber Commerce community meeting and met with UK Extension employees. She has also met with Primary Care Clinic and several pharmaceutical representatives. Vanessa attended Appalachian Day at the Center, Diabetic Shoe Clinic in Lee County with Samantha Bowman and a Health Fair in Middlesboro Research with Kathy Slusher.

Samantha Bowman, CHW for Lee and Owsley Counties started a COPD support group this quarter and for her first meeting she had 12 in attendance. Samantha will provide education about this disease by having respiratory therapist and other individuals speak to the group. She also attended Appalachian Day and Understanding Cancer meetings at the Center. Samantha also held a diabetic shoe day to assist her clients with obtaining diabetic shoes. She also attended an interagency meeting and a Habitat for Humanity meeting.

Kathy Slusher, CHW for Bell and Harlan Counties attended Appalachian Day and Understanding Cancer meeting at the Center. She also participated in a Health and Community Research Fair.

Michelle Ledford, CHW for Clay County and Helen attended a meeting with Memorial Hospital staff to inform them of our care coordination plans and to offer assistance to patients. Michelle attended Appalachian Research Day at the Center.

Paul Frederick, CHW for Knox County attended Appalachian Research Day and Understanding Cancer meeting at the Center. He also attended a Knox County Health Coalition meeting and an interagency meeting.

Regional Summaries

Southeast Region

Ralph Fugate	**Regional Coordinator**
Pollyanna Gilbert	**CHW (Wolfe, Powell)**
Barb Justice	**CHW (Pike)**
Katherina Hamilton	**CHW (Floyd)**
Cecily Spicer	**CHW (Breathitt)**
Devin Potter	**CHW (Letcher)**
Carole Frazier	**CHW (Perry)**
Beverly Blackburn	**CHW (Knott)**

This quarter was another special one for our Southeast Region. We have one new additional CHW that has joined our team. Carole Frazier was hired for our Perry County CHW position with her office being in Hazard at the UK Center for Excellence in Rural Health. Carole has already attended the Lady Day Health Fair at the Health Department as well as the Big Food Box giveaway held in Perry County. Carole has been very active in introducing herself to the community and making the community aware of the services she can provide.

In April the Southeast Region attended Appalachian Research Day at the center in Hazard. In May the region attended training on Understanding Cancer.

Devin Potter attended the Letcher Co. Farmer's Market Health Fair as well as the fair held in Jenkins, Ky. Along with those events Devin also attended the Mental Health First Aid training held in Hazard at the UKCERH.

Cecily Spicer attended the following in Breathitt County: the Breathitt County Children's Health council meeting, the Food Bank giveaway, and the interagency meeting. She also hosted her first Diabetic Shoe Day here in Jackson.

Kathy Hamilton attended the Floyd County Interagency meeting, Big Sandy Diabetic Coalition, as well as the Floyd County Senior Citizens Health Fair.

Beverly Blackburn attended the Knott County LKLP meeting, Food Bank, and attended the Mental Health First Aid training in Hazard.

Barb Justice attended the Big Sandy Regional interagency meeting, Pike County coalition meeting, and also hosted a Diabetic Community Health Day in Pikeville.

Pollyanna Gilbert attended the Wolfe County Senior Citizens health fair, along with the Community Action interagency meeting. She also held a diabetic shoe day event there in Campton.

Overall, our CHW's had a very active and productive second quarter of the 2015 year. They continue to work hard at improving the health outcomes for all those we serve here at Kentucky Homeplace.

Client Encounters

Actual Situations Encountered by Community Health Workers

April 1, 2015-June 30, 2015

- I have a client that does not have a pancreas. He had cancer and has had it removed. He is a very sick man. He takes 9 Creon pills per day. His prescription is $ 1300.00 per month. He came to me to see if he could get help and he was worried that he was going to run out of medicine. We applied for extra help with Medicare. Two weeks later he still hadn't heard anything. He was then down to 2 days and he had not been taking as many as was prescribed. I called Medicare and they had not even started to review his case. He had to wait for a letter. The pharmacist called me and he was very concerned. He had tried to help him also. I called the doctor, the drug company and I really did not know where else to look for help. Finally I called his surgeons at UT hospital in Knoxville. They provided him with enough medicine until he could hear from Medicare. After 2 more weeks he finally got his denial letter and now I am helping him get his medicine.

- I recently met a young woman from the neighboring county who was diabetic and had been laid off from her job for months. She is currently in college getting a degree in education and hopes to be able to find work. She had been out of her insulin for a couple of months when she found out about our program. We were able to get the insulin for her. She was so grateful and it was an honor to be able to help someone who was trying to help themselves.

- I received a referral from a local doctor's office needing help getting glasses for a patient of theirs. They said the client had a fair amount of income per month but did not qualify for any local help to get an eye exam or assistance with paying for glasses. I called and had the client come to the office and did an intake on the client. They had no insurance and were not able to afford insurance through the Health Exchange. I referred the client over to a local physician that is helping people with their health care for a $50.00 per month fee that allows them to see a doctor and get labs and prescriptions and be treated in office on a regular basis as needed for the set amount. The client lives on the edge of Laurel County. I contacted the local chapter of the Lion's Club and completed an application for assistance with an eye exam and glasses. Due to their circumstances they were eligible for assistance through them to get help. They were able to get an exam and glasses at no cost to them. The client was so excited to get not only health care but also to finally get her vision corrected so she could go about her regular activities.

- This quarter I have assisted with many unique cases but one in particular that stands out the most, is a client whom had worked for over 25 years and had dedicated his life to helping others but quickly found himself on the other side seeking help of his own. This client began receiving dialysis and was unable to work any longer. He was the sole provider for his wife and daughter and without him working there was no income coming in. This client was referred from the local Department for Community Based Services and initially only needed guidance but after completing the interview I noticed that there were many available resources that the client was eligible for but was unaware of the services. I was able to assist the client with some of his many worries such as his home mortgage, completing all paper work in order to receive food stamps, help lower his monthly medication expenses, and help his wife and daughter receive medical insurance. This client was so thankful for each and every minute that was spent on helping him and his family.

- My client is a very sick lady with many chronic illnesses. She had always received Medicaid benefits up until she reached the Medicare age and then was transferred over to Medicare A, B, & Part D. Even with her insurance she was still unable to afford several of her medications which were not covered by her prescription plan. Each month when she picks up her colostomy supplies, there is not enough to last the month. She has neuropathy in her hands and is unable to empty the bags and rinse them out. After talking with her doctor and arranging her medications, I was able to access the many needed medications for her. I was able to get her extra colostomy bags that helped my client's supplies last until the next month's supply would arrive and also a very much needed new pair of glasses. Education on her chronic diseases and care coordination was also given to help navigate my client with resources, and a health plan to teach her how to manage her chronic diseases.

- I am a Community Health Worker working with a doctor on a research study at a local hospital. While working here at the hospital through this research study, I came to know many eligible participants. Each participant is unique, all with different needs and each has their own story. One particular participate stands out in my mind the most. When entering into a patient's room, I always ask them their name to identify whom I am talking to. I will introduce myself and that I am an employee through Kentucky Homeplace. I will then proceed to tell them why I came into their room to see them. On one such encounter when I told this gentleman that I worked with Kentucky Homeplace, he asked if I did home visits and I told him not at this time. I proceeded to explain that I was going to be the new Community Health Worker for the county after I was finished with the study and then I would be doing home visits. We discussed a little bit back and forth and he began to tell me his story with his encounter with Kentucky Homeplace. The patient's wife asked me if I knew a certain employee through Kentucky Homeplace, I told her yes. She began to tell me how this Community Health Worker was a "God send" to her husband and how she helped to get her husband the medications he needed. She said "We wouldn't have gotten this medication if it hadn't been for this Health worker and Kentucky Homeplace. The patient and his wife told me that it isn't very often you meet special workers like that and are willing to help and get you the medications you need. Their story was very touching and will stick with me. This made me feel honored to have my job position as a Community Health Worker and be an employee through Kentucky Homeplace.

- In my 2nd week at my new office, a new client came in and asked for assistance getting hearing aids. The client was enrolled in Kentucky Homeplace and she provided her financial records. I soon realized that this client had to go to a local payday loan business to make ends meet every month. Through my training with other CHW's, I realized that my client could possibly qualify for the low income subsidy or extra help. After speaking to her she stated that she had been approved for it but they were still taking the $104 out of her check every month. I asked her to bring in her approval letter for LIS, after confirming that she had been approved, I called her Retirement Board and they were able to verify that she qualified for LIS and at her next check the client stated that she did not have the $104 taken out of her check and was expecting to get a refund of the prior months that she had paid since being approved for the LIS. Not only was I able to save this lower income senior citizen this money each month, I was able to assist my client in getting her application for hearing aids with no application fee. I did this by talking with the Audiology department where I send clients to get their hearing evaluation completed for hearing aids. My client was able to have her application fee waived and paid for by another wonderful Kentucky program. My client was very grateful for what we were able to do with just a little attention to the small details. I feel that I have made a difference with just a few phone calls and that I have made a long term client by being able to make the phone calls needed to assist my client in saving some money each month. Next we will be working towards new diabetic shoes for this client. To date I was able to save this client approximately $1,250 dollars a year and over $6000 for hearing aids.

- I see a client that had worked all of his life in construction all across the United States. He got his disability and of course had to wait out two years before he got insurance. During this time KY Homeplace was able to help him get his medication. He moved here on his grandfathers inherited property, no decent road to travel on, no electric or water. He built himself a shed and runs a generator when needed, transporting water when needed.

He now has insurance coverage and at this time is able to purchase his medications when needed. He has no relatives here with the closest one being 6 hours away. Weekly he would just pop in the office for me to explain some of his medications to him or he would have random questions or concerns about who to speak with on property issues and such. I would direct him to whomever he needed. A few months had passed and I did not hear from him and was concerned if he was okay. I sent a letter and had no response. I called his cell phone and no answer; no message was able to be left. He had signed our permission to communicate that I could call his daughter if I ever needed anything so that is what I did. She answered and I told her I was just checking on her father because I hadn't seen him around in a while. She said he was in the hospital and was being transferred to recovery after vascular surgery. She thanked me for calling and being concerned and told me she would let him know that I called. Weeks later he showed up at the office. I stood and greeted him with a hug. He said he was here just to say thanks. I told him not a problem and I was glad he was doing better. He said "No, you don't understand, I have lived here for several years and not one person even so much has asked about me other than you." He teared up and said "Thank you" again. Since then he will randomly come by the office every week or so just to check in. When he does I take that opportunity to hand him Care Coordination papers and go over a topic each time. He seems like he doesn't mind listening and receiving the material given. Otherwise, he is a cranky older man that wouldn't ever accept education or training materials, to him that would be a waste of paper. I am glad that I was able to break his shield and am able to help him better understand his chronic illnesses. We are currently helping him with other accommodations for upcoming preventative procedures.

- My story is about a lady needing insulin. She has a Medicare D plan that wouldn't pay for her insulin because she is already in the "doughnut hole". She called me at the tail end of my day about helping her. Her doctor had told her to call me. I told her to come on in, that I would wait for her. We did her paperwork for the insulin and she needed a Low Income Subsidy denial letter to be eligible. She didn't know what it was or what that involved. I told her, I could complete an online application for her so that we can get the denial letter faster than sending her to someone else. She said if she had to go to someone else that she probably would have "just done without her insulin" because she wouldn't know where to go or what to ask for. By applying for the LIS in my office and sending her application to the doctor, we sped up the process in obtaining her insulin.

- I recently had a client who came in that needed help with medication. She was elderly and had recently lost her husband. She wasn't sure what to do and could no longer afford her medication on her own or even figure out what to do to make her situation better. A relative of hers called me and asked me a series of questions. I told them to come in and I would take a look at all their paperwork and see what I could do to help their situation. After going through the whole process and matching her medications up to the programs we offer, I came to the conclusion that I was able to get all her medications for her. When I told her the news and let her know it would be a couple weeks for the processing, her eyes lit up. She was so thankful for my help. She said "I wasn't sure what I was going to do, I need my medicine, and you just came in and took my stress away, thank you."

- I had a client come in needing dental work and I thought that he would have to wait until a public organization came to a local location. I told him about a dental clinic that did a sliding fee if he was in the income guidelines for the program. So he said, "Let's see what we can do." I filled out the paperwork for him and sent them to the clinic. He called and told me that he had been approved. The gentleman was so happy; you could hear it in his voice. This man has been back to my office several times for help. When he has a problem with an appointment or getting an appointment, he said he can come here and know that he will be able to get the help he needs. He had his teeth taken care of and this helped his overall health. I was glad to be able to help him.

- I recently went on a home visit to sign a new client up for services. I went out and met this client and he was deaf, mute, and lived alone. He was a very severe diabetic as well and I just immediately wanted to help him in any way I could. He was in need of diabetic shoes and was so thankful to me for being able to help him. The whole visit was communicated through notes and it turns out he is a very well educated man and so humble. I

went in trying to determine how best to approach this situation and as it turns out he was one of the most receptive clients I have had thus far.

- I had a Client come into my office needing assistance with getting home care for his wife. While working on meeting his needs and talking with him I also found out that he as well needed some help. He was having a hard time traveling back and forth from the hospital at night and hearing what the doctor was saying about his wife's care. He stated that it was hard trying to find people to drive him and make sure someone was present to hear about his wife's care. I was able to help him get some hearing aids and glasses. He was so great full for the help stating that he could never repay me for what I have given him. This was a very fulfilling moment for me knowing that I could help him gain his independence.

- I was able to schedule a Diabetic Shoe Day at my office for several of my clients with Diabetes. We are able to get their correct shoe size and fit. I invited a 67 year old female diabetic client, who was very hesitant to attend, who had turned me down twice stating she can't get shoes that fit good. I finally talked her into attending. My Client attended the Diabetic Shoe Day, and was a little hesitant about selecting the shoes. Her feet were measured and she was given the paper work for her Doctor to sign. I received her paper work from her Doctor and we waited for the shoes to arrive. A couple of weeks later when the shoes arrived she came into my office to pick them up. Two days later she called so pleased almost in tears stating this was the first time her feet felt good in a pair of shoes. She was very thankful to finally have good shoes.

- This quarter seems to have been the quarter for broken legs, ankle and surgeries. When Darrin Breeding came and introduced himself at our staff meeting I thought he was wasting our time. I thought there can't be that many people that need medical devices that don't have insurance to pay for that kind of thing now, but I was wrong. Just this past month, I have had to call the CARAT Program for help with wheelchairs, crutches, a leg brace and a potty chair. Just because someone has insurance doesn't mean they have access to everything they need. Thank You, CARAT, for coming to our rescue. In turn I had someone donate items that CARAT was glad to come and collect to put in their inventory so they can help someone else.

- This quarter I had a lady come into get help with glasses and as I was taking her information, she discussed how high her glucose has been. I started the Care Coordination for Diabetes and she discussed that she didn't know anything about Diabetes. I continued with the education and she left. She called back a few weeks later to discuss her levels were going down from the education that she received.

- I had a client come in with his glasses broken beyond repair. I completed the application for New Eyes and after he received his voucher he was thrilled with his new glasses and was able to get his driver's license renewed.