UNIVERSITY OF KENTUCKY

Kentucký Homeplace

April 1 – June 30, 2017 Quarterly Report



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

Funding for the program is a joint collaboration of the Kentucky Cabinet for Health and Family Services and the University of Kentucky and the Center of Excellence in Rural Health.

Photograph taken in Perry County Kentucky courtesy of William Mace Baker

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Kentucky Homeplace

During the second quarter of 2017, Kentucky Homeplace Community Health Workers (CHWs) have been very busy helping the residents in their respective counties live a more healthy life by obtaining tangible needs as well as education on disease processes and preventative measures. This quarter saw the end of the fiscal year and the conclusion of FY 2017 Chronic Disease Self-Management (CDSMP) and Walk with Ease (WWE) activities for the year. The totals regarding these two programs are as follows: CDSMP - 292 new participants with 200 completing four or more sessions. WWE 126 Self Led participants and 69 group led participants. The number of participants attending at least one session of CDSMP and WWE was 487. Fifty-one CDSMP and WWE sessions were conducted in the 30-county service area. During the process of recruiting individuals to participate in these programs, many new clients were enrolled into Kentucky Homeplace and multiple client needs were discovered and met during the process.

The program currently serves 30 counties in the eastern portion of the state with 22 full time CHWs. The following report reflects the CHWs activities regarding care coordination, number of services, service values and medication values as well as collective information on the health status of our clients. The program continues to emphasize education/health coaching for clients on chronic disease management, healthier lifestyles and preventative care.

Quarterly Summary

For the period April 1 – June 30, 2017, the CHWs provided services for 1,841 clients. CHWs logged 6,339 hours on care coordination activities with a service value of \$118,349, amount of medication accessed \$1,227,995 and other service values (not medications) accessed were \$617,493 for a combined total of \$1,963,837.

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 Kentucky Homeplace tab, Quarterly Reports and then click on April - June 2017. 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, RN

William Mare Baker

Director, Kentucky Homeplace Program



Program Activities

April 1- June 30, 2017

Chronic Disease Self-Management (CDSMP), Walk with Ease (WWE) and DSMP update

For fiscal year 2017 there were 292 clients who attend at least one CDSMP with 200 completing at least four sessions. There were 195 participants in WWE. Combined 487 clients attended at least one CDSMP and WWE session. Fifty-one CDSMP and WWE sessions were conducted in the 30-county service area. Workshops and WWE sessions are currently being scheduled for FY 2018.

Kentucky Association of Community Health Workers (KYACHW)

- 4/20/17 Board meeting conference call
- 6/22/17 All CHW KYACHW meeting and Board meeting held at Natural Bridge State Park
- Upcoming-September 28th and 29th Annual Conference will be held in Lexington at Griffin Gate Resort

Community Engagement Activities

The following is a sample of the types of events KHP CHWs have participated in during this quarter:

- Diabetic coalitions in Breathitt, Elliot, Floyd, Knott, Morgan and Pike Counties
- Seven diabetic shoe clinics were conducted
- Several partnered with the Colon Cancer Prevention project to inform individuals on risks and assistance available
- Meetings conducted with the Mountain Air project in Letcher and Harlan Counties
- Partnered with UK extension offices on customer appreciation day
- Smile Faith Dental Clinic and Fun in the Golden Years
- Child abuse prevention
- Healthy Choices
- Many other community engagement activities too numerous to mention

Professional Development

- All CHWs attended Healthy Home (Asthma) training conducted at Montgomery County Health Depart.
- All attended Appalachian Research Day
- All attended a training on Motivational Interviewing conducted by Tom Collins with UK
- Eight recertified in Heartsaver CPR

Research

Rita Owsley Knott County CHW is currently involved in a research project titled "Family Checkup and Everyday Parenting Interventions" with Christina Studts Ph.D, LCSW University of Kentucky College of Public Health. All CHWs attended Appalachian Research Day in which CHW involvement in research was highlighted.

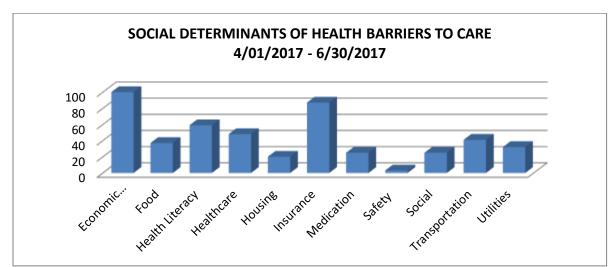
CHW Trainings

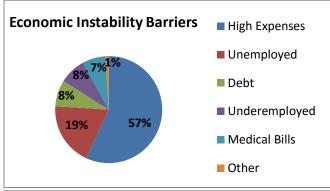
Seven individuals representing both health departments and rural clinics and one new Kentucky Homeplace CHW completed the Kentucky Homeplace CHW training this quarter.

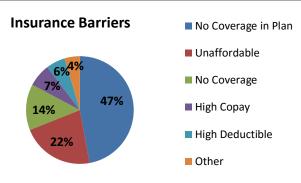
Other News

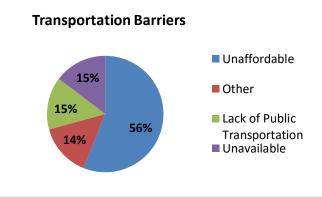
There are currently vacancies in the Clay and Breathitt County KHP offices. Darla Shepherd filled the position in the Harlan County KHP office starting on May 30, 2017.

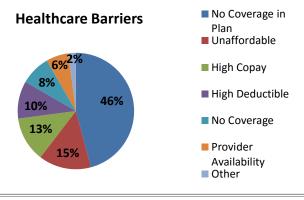


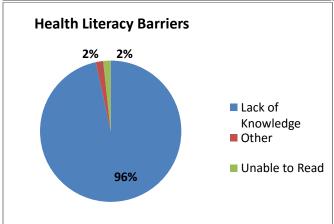


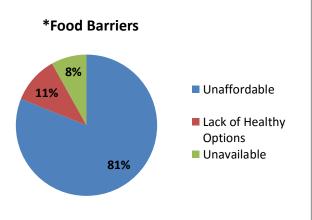












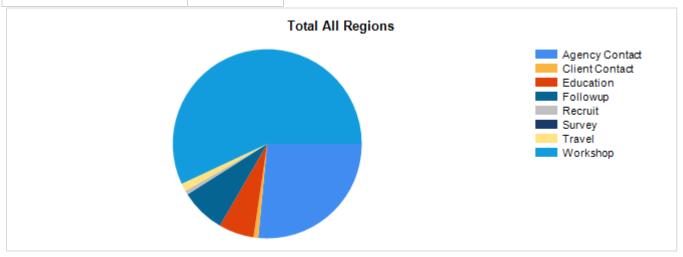
^{*}Food barriers have replaced medication barriers this quarter.



Activity Summary

(Clients visited: 04/01/2017 - 06/30/2017)

Activity	CHW Hours
Agency Contact	1,680.75
Client Contact	52.08
Education	382.00
Followup	484.57
Recruit	42.08
Survey	0.42
Travel	87.55
Workshop	3,609.17
Grand Total:	6,338.62

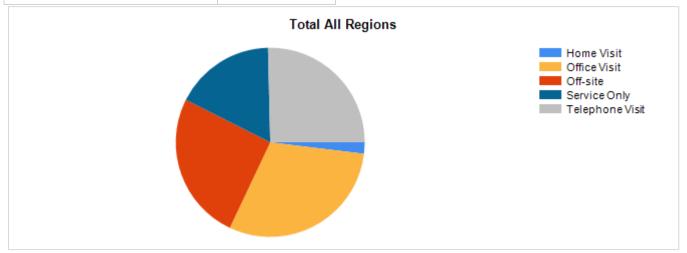


Total service value for 6,339 hours equals \$118,349.



Visit Summary

Visit Type	Client Visits
Home Visit	94
Office Visit	1,464
Off-site	1,234
Service Only	836
Telephone Visit	1,234
G	Frand Total: 4,862

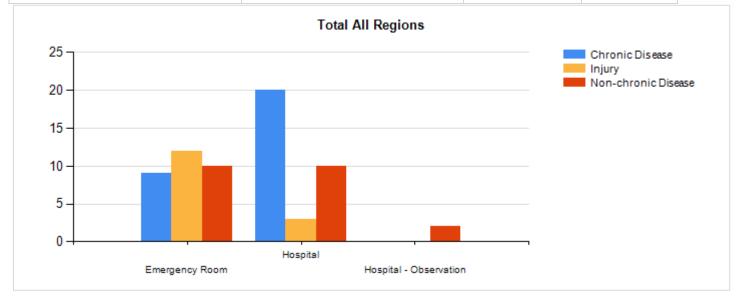


^{*} Service only involves any actions taken on behalf of the client while the client is not present.



Hospital-ER Summary

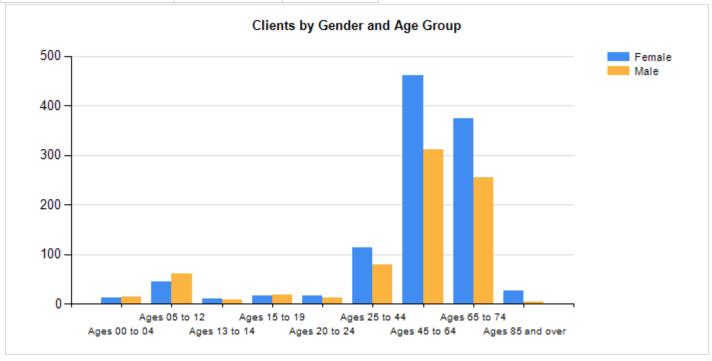
Episode Type	Reason	Episodes	Days Stay
Emergency Room	Chronic Disease	9	0
Hospital	Chronic Disease	20	108
Emergency Room	Injury	12	0
Hospital	Injury	3	6
Emergency Room	Non-chronic Disease	10	0
Hospital	Non-chronic Disease	10	37
Hospital - Observation	Non-chronic Disease	2	0
Gı	and Total:	66	151





Age Gender Summary

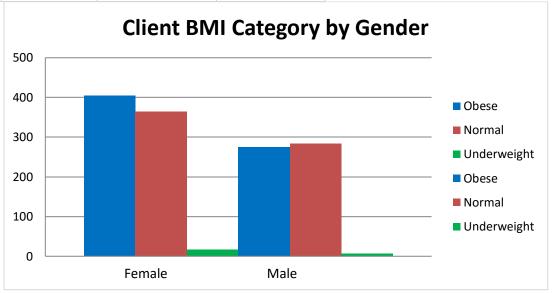
Age Group	Female	Male
Ages 00 to 04	12	14
Ages 05 to 12	45	60
Ages 13 to 14	11	9
Ages 15 to 19	17	18
Ages 20 to 24	17	13
Ages 25 to 44	113	78
Ages 45 to 64	461	312
Ages 65 to 74	374	255
Ages 85 and over	27	5





BMI Category Summary

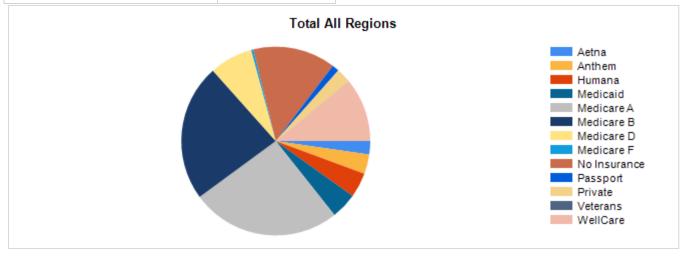
Gender	Bmi Category	Clients
Female	Obese	405
	Normal	365
	Underweight	17
	Total:	787
Male	Normal	284
	Obese	275
	Underweight	7
	Total:	566
	Grand Total:	1,353





Insurance Summary

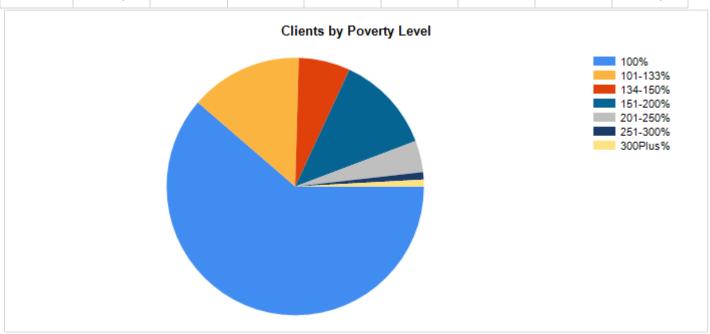
Insurance Type	Clients
Medicare A	785
Medicare B	720
No Insurance	433
WellCare	333
Medicare D	227
Medicaid	136
Humana	130
Anthem	103
Private	79
Aetna	70
Passport	37
Medicare F	12
Veterans	1





Poverty Level Summary

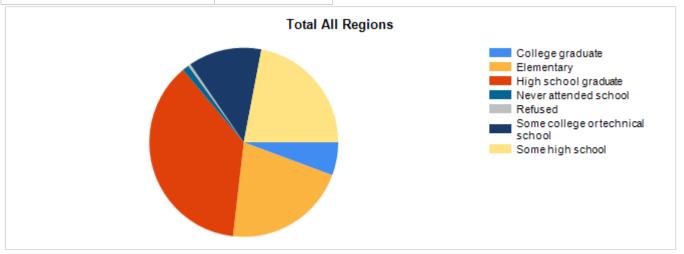
	100%	101-133%	134-150%	151-200%	201-250%	251-300%	300Plus%	Total
Clients	1,129	260	119	227	73	17	16	1,841





Education Level Summary

Education Level	Clients
Never attended school	21
Elementary	390
Some high school	405
High school graduate	682
Some college or technical school	231
College graduate	104
Refused	8
Grand Total:	1,841





Kentucky Homeplace April 2017 Staff Meeting West Liberty



Front Row: Angelia McGuire, Barbara Justice, Kim Patterson, Rita Owsley, Johnnie Lovins, Carole Fraizer, Megan Holland, Brianne Smith

Back Row: Judy Bailey, Kathy Hamilton, Tonya Bowling, Charlotte Tribble, Shirley Prater, Kathy Slusher, Elizabeth Smith, Mary Bowling, Kendra Ward, Samantha Bowman, Ashley Gilbert, Ratisha Roberts, Deanna George, Pollyanna Gilbert, Whitney Bingham



Appalachian Research Day Hazard Community and Technical College Hazard, Kentucky

May 24, 2017



Left to Right: Whitney Bailey, Judy Bailey, Kala Gilliam, Janet Kegley, Kathy Hamilton, Whitney Bingham, Mary Bowling, Jesshia Fulkerson, Megan Holland, Brianna Smith, Deanna George, Ashley Gilbert, Angela McGuire, Kathy Slusher, Carole Fraizer, Ratisha Roberts, Shirley Prater, Amanda Goolman, Elizabeth Smith, Kim Patterson, William Baker



Kentucky Homeplace

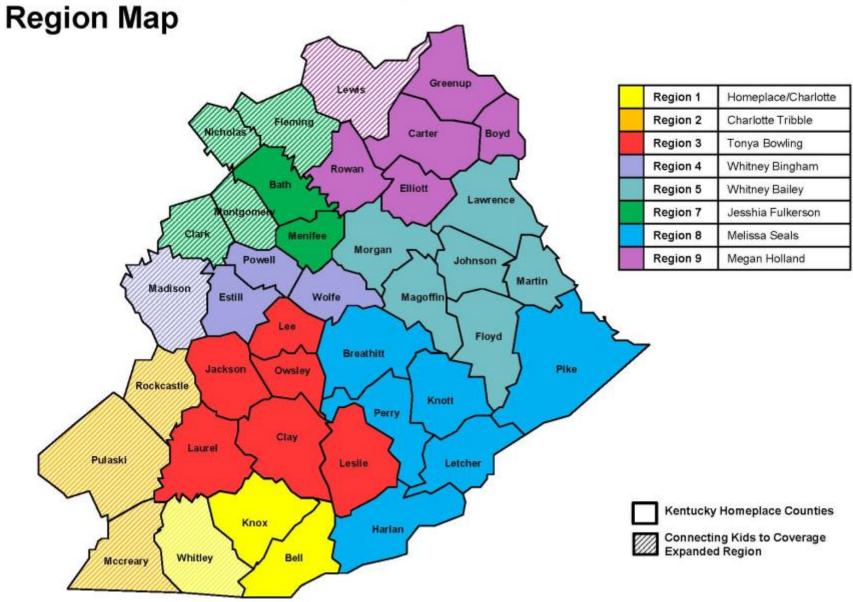


Central Office Mace Baker, Director 750 Morton Blvd., Hazard, KY 41701 855-859-2374





Connecting Kids to Coverage





Client Encounters

Actual Situations Encountered by Community Health Workers

April 1, 2017 – June 30, 2017

- ❖ I had a gentleman that came in who was employed as a CDL truck driver. He is the sole income for his family. He recently had a physical and was put off work because of his hearing. He was ordered by his company to get hearing aids before he could return. When he came in the office, he said he was feeling pretty helpless because they cost so much and his insurance didn't cover them. I worked with this client and got him an appointment scheduled at Lexington Hearing and Speech through the Hear Now program. My client had the attitude he would be able to afford the hearing aids at the \$250 cost and seemed very excited about his appointment.
- ❖ I had a client this quarter that needed help with getting some dentures. He recently had all of his teeth pulled and was unable to afford a set of dentures. He had a friend who referred him to my office. I was able to help him get an appointment with Dr. Robinette in Grayson who will make the dentures for him at a discounted cost. My client stated that he would not be able to pay the full price at the time of his appointment. I talked to Dr. Robinette about this and he was willing to accept a couple of payments from my client. My client was grateful that he would be able to get dentures and be able to afford them.
- ❖ Of all the things I have ever done for my clients since working for KHP, I have never had another company call and thank me for getting medication for a client. The dialysis center in town left message on my answering to return a call regarding local food banks. I returned the call and gave her information on food banks. Before we hung up, she thanked me for helping one of her patients receive medication. The patient had been getting his medication but something went wrong when she did his application. He was denied and would run out of this medicine. I knew who she was taking about. This client came in about his medication, I had him sign form, and he left. Then I thought about what his wife told me, said he was denied. I called the company and asked what the problem was − why was he denied? Could they fax copy of application so I could look at it and see what might be wrong? She had not put the correct amount on the application for income and did not send in proof for the wife. The company said to fax it and they would do appeals. If approved, they would send the medication. Got the problem fixed and now the client has his medication (he said he could not afford a replacement medicine).
- ❖ I had an elderly widowed lady come in one day needing help with her insurance she had limited income and wanted to see if she would qualify for the Medicare extra help. We were able to submit her application and proof of income to prove that she qualified for the program. She was temporarily approved and received a letter from DCBS that they could not accept one of the forms as proof that she offered for the pension she was entitled to from the mine company that her husband had worked for. I was able to help her contact the company and have them send a letter out to her that stated the amount she received each month. I also called to have the deadline on the proof be extended giving the letter time to be turned into DCBS.
- During the winter, a client came in requesting information on hearing aids but wasn't ready to begin the process till spring. Once she decided she was ready to begin the process, I helped her get all of the information needed to complete the application for hearing aids. I made her an appointment in Lexington. She received her new hearing aids in late April. She was pleased to



- be able to hear her preacher at church and to fully engage in conversations with friends and family again.
- ❖ I have the pleasure of working with a paraplegic client of 10 years. I've been working with him on several different barriers since September 2016 including education. Our client receives most of his help with activities of daily living from his elderly mother. Last month I met my client at his primary care provider (PCP) and asked how he was. He responded by saying he had actually fractured his leg from a fall trying to get from bathtub to his mobile chair. He stated his mom was getting too old to try to lift on him. I talked with him about a Hoyer lift and he stated he has been trying to get one for years, but his health insurance turns him down. I told him I would see what I could do to help. He also stated he needed an air mattress to keep from getting pressure wounds (his air mattress had busted approximately one month ago). His PCP had ordered a mattress but his insurance refused to pay for it. I immediately got on the phone and contacted home health to see what the problem was with the mattress and inquire of the process for obtaining a lift. All they needed was the last 6 months of office notes, a new script for the mattress and a script for the lift. I consulted with PCP and nurse, obtained and faxed needed information to home healthcare store. I followed up to make sure they had everything they needed. Client received both mattress and Hoyer lift within weeks.
- I had a new client to come into the office. This female client is 59 years old and dependent on a wheel chair. When she made it into my office, she was wearing a urinal bag. She had been sitting in the car outside for a while waiting for someone to help her get her wheelchair out. Client just recently moved to Kentucky from Georgia and needed assistance to get a box fan as well as get her state benefits transferred to Kentucky. During the enrollment process, I found that client has several chronic conditions and I am providing continuing education for these. I realized that the client is having barriers trying to get needs met. I was able to provide her assistance service with social security office and got her SS and SSI address change. I attended the DCBS office with her to get Medicaid & SNAP (food) benefits started. Her income was under 100% of federal poverty level (FPL). During the journey of trying to find solutions to my client's barriers, she would bring needed paperwork turned in to SS or DCBS office to me. I would meet her outside my office, make copies and return originals to her so she wouldn't have to get out of her car. I'm happy to say my client is now receiving SNAP, SS, SSI and Medicaid benefits in Kentucky. Client called me to tell me how helpful I was and would strongly recommend our program.
- The quarterly story I am reporting this month is in reference to a young male client. This client is employed part time while trying to further his education. When he came into my office he was wearing glasses held together by tape. His only complaint was that his glasses kept falling off his face while trying to work. During our initial interview I became aware of his lack of medical coverage; he didn't even have a family doctor. I asked him if he had ever applied for the Medicaid or insurance through Kynect. I referred him to a Kentucky Connecting Kids to Coverage CHW. My client was approved for Medicaid. Being able to help access these programs and serve this young man was a blessing.
- ❖ My story this quarter is about a client that I access many prescription drugs for through pharmaceutical companies. The client is a 60 year-old lady who recently lost her husband to cancer. This client had become very depressed and was beginning to take anti-depressants for her condition that just did not seem to work. While talking with this client one day in the office, I had suggested that maybe she would like being out in the workforce. The client had never worked outside the home and felt that she would not be qualified for any kind of position. I



- made a call to the Big Sandy Community Action program and talked with the lady that was over the senior citizen job training. The director was very encouraging and wanted to meet with her. My client was nervous about meeting with them alone so I went with her for support. The Senior Citizen Job Training Program was able to place my client in a job. She is very happy and feels that she has a purpose in life now. Being able to access and network with local organizations helped my client be able to get back to living.
- ❖ I have talked with several clients that receive Medicaid Insurance. They have had different concerns with the Insurance not paying for different things they need. Several said they only had hospital and doctor coverage. They stated it would not cover their medicines at all and some will cover everything they need. The insurance is so individualized it has been difficult for them to determine what insurance company to go with for their needs. I have been working with clients that have Medicare/Medicaid. I have been working on getting them the medicines from the Patient Assistance Programs. Medicaid doesn't want to pay for Insulin and brand name medicines. I have worked on education about getting the medicines pre-authorized, but they have still refused to cover several medications for clients that have always been able to get the medicines on their Medicaid Card. Most of their medicines, unless it is generic, are not covered. After they have worked their whole life, now they can't afford to get the medicines they need.
- A lady comes to my office as a referral from a local church. She is in her 50's with a mental handicap son that she is the sole provider. This lady is also a widow. She hasn't had new glasses in years. The patient said that all her extra money went for things needed for her son. She is on a fixed income so the extra money is few and far between. I sent her through KVP and she now has a new pair of glasses! She was so tickled about it that she came back to the office to show me and also said that at the Wednesday night church service she did a praise report about Kentucky Homeplace helping her and that she knew it was God when the lady at the church (pastor's wife) told her about us.
- I had a client back in December that was my first client in my new office. He was very unhealthy. He didn't have glasses and could not see. Also, he could not eat certain things because he did not have teeth. He was very overweight which made certain things hard for him to do. He had no transportation. He also has cancer. When he came to me, I got him glasses and set him up with an appointment for dentures. He did not keep his dental appointment because he found a place closer to him around the same price. They let him set up a low monthly payment plan. He shared that information with me for future clients of mine. I switched his Medicare part D plan to something more affordable for him. I also got the one medication that was not covered on that plan for him free. He came back to my office a month ago and he looked great! He has lost over 50 pounds, dropped two waist sizes, had his glasses and got his teeth. His cancer has also almost shrunk to nothing. He is healthier and living a happier healthier life. He has felt good enough to get outside and garden/exercise. He has been selling his vegetables. With this extra income, he has been able to afford a small truck. Now, he has no issues getting to his appointments. His confidence has boosted tremendously. It brings joy to my heart seeing him live a happy, healthier life.
- ❖ I had a client come into the office for help with medicine. I did the initial interview with client and helped her obtain medicine through the pharmaceutical company. After talking with the client, I learned that she needed help with getting her income verification from Social Security. I



- helped her set up her account and printed off her income verification letter. I also had a client that came in to get help with glasses. He had no insurance that would help with glasses. I contacted Kentucky Vision, sent an application and was able to get him glasses.
- ❖ I assist in all different types of help for the folks in the community. One time I had a lady came in for assistance with a medication. After evaluating her, I began to tell her all the other services that were available to her. Her husband had recently passed away. She was scared she would not be able to get her medications on her own without the help of her husband's extra income. She began telling me the story of how they met in their older ages and how much he loved her. She never wanted for anything and all her needs were met. When he passed, she was afraid she wouldn't be able to buy her medications or buy herself glasses when it is time for her yearly exam. It was good getting to know my client and she was relieved to know that there was help for her and that I could help her.
- ❖ I had a young college student to call in desperation in receiving help with getting her RabAvert vaccination in order to take veterinarian classes to become a vet tech. She had called several different places and the charge for this vaccination was going to be over \$700. A friend had told her about Kentucky Homeplace and how we assist people in getting medication. After searching I discovered that we could get RabAvert and she qualified to receive assistance. I made her an appointment to come in where I then set her up an appointment with a doctor here in town so that they could sign off on the application and administer this vaccination to her. Kentucky Homeplace was able to reach out and help someone who would have never been able to pay \$700 dollars for a vaccination. If she wasn't able to get this, she wouldn't be able to start her classes in the fall.
- A home visit is one of my favorite ways to get to know a client. I've realized over the years that some folks are more comfortable in their territory than they are coming into an office. They feel comfortable about talking and sharing their stories with me. I had a lady that called needing assistance with depends. She is on a fixed income and has trouble with going to the restroom on her own. Her insurance does not cover depends and she cannot afford to purchase them. She was not able to come to my office and was happy to know I could come to her on a home visit. She was so down and depressed when I first got there but before I left she was smiling and laughing some. She enjoyed being able to open up to me and talk to me about her problems and I was glad to be able to educate her. These folks don't ask for the diseases they got, but I think if they had been educated earlier in life they would maybe have made some different changes to keep from being where they are with their health today. I am very thankful I was able to get my client her depends and she was grateful to receive them.
- This quarter I got a phone call from a woman that needed help with getting hearing aids. Her caseworker at KRCC referred her to me. I scheduled her appointment to come in; she made several appointments before she finally showed up. When she came in I went over the "Hear Now" program and the eligibility requirement. She met all requirements but the only problem she had was the cost of the hearing evaluation and ride to Prestonsburg. After her appointment with me, she met with her caseworker and was able to get her hearing aides through KRCC. They had funding that paid for the hearing evaluation, trip to Prestonsburg and the application/ processing fee.
- ❖ I received phone call from a gentleman that was going through a divorce and had lost everything. He had just gotten housing and needed resources for household items, etc. I was



- able to call upon a church that had furniture and most of the household items he needed to get started. He also wanted information about getting his GED, I made a call to KVEC and put him in contact with the person who oversees Perry County Adult Education.
- ❖ A couple weeks ago, I had a client come in who needed assistance with dentures. Her insurance would not cover them. She was working a minimum wage job to try to make ends meet. She was about to lose her job because she had no teeth and her employer wanted her to look more "presentable". She called me with no hope; however, before she left my office, I had referred her to a local dentist where she could get her dentures for less than half the cost quoted to her beforehand. The look on her face made it all worth it. She left with confidence, which was not something she came in my office with.
- ❖ A client was brought to my office by her son and daughter-in-law. She needed assistance with glasses. While she was here, the son and daughter-in-law both realized I could possibly help them too. They had somewhere to be that day, but we went ahead and scheduled them appointments for another day. The feeling of helping one client is great, but being able to assist a whole family is priceless. They will all be receiving glasses through one of our agencies.
- At Kentucky Homeplace we don't always have good outcomes; sometimes it is all in the way we look at it. A lady came to me asking for help for someone else who was living in terrible conditions. A very mean person had moved in on this gentleman and was taking advantage of him. I called him to see if he would agree for me to try to help him. He was so sweet. We spoke several times on the phone and a few times he would whisper, "I will call you back when I can". It is devastating to think that there are bullies out there; they push as far as you will let them. This poor man was so sick and weak he couldn't defend himself. I asked several times if I could come out to see him. He always had some excuse. Thinking about it now, he may have been ashamed of his home or maybe he was afraid of what that mean man might have said or done to me. I looked everywhere to try to find him a new home that he could afford. I finally found him a newly renovated place only to learn he was in the hospital and would be discharged to a nursing home where he would receive rehab. After this happening twice, it was finally discovered that he had lung cancer and that was the problem with his breathing. I know it's a long story but sometimes the case is way more involved than something you can click a few buttons and enter it into a database. BULLYING has to stop, we have to somehow get back to the place where we LOVE our neighbors and care for our elderly. This story came to mind this morning because I received an email that this poor man passed away this weekend. I take comfort in knowing I tried to help him. He knew I genuinely cared for him. Rest easy now my friend.
- I had a woman walk in the office and ask if there was anywhere she could go for help with groceries. She was new to the area and didn't know much about what all was in town. I explained to her that we had a food bank that she could go to once a month. She didn't have anything to prove that she was a resident. I told her I would see what we could do. She was living in her car at the time. I went to the local food bank and spoke with a friend of mine. He said to get the merchandise she had to have some form of proof that she lived here. I told him that she was living in her car and we had no proof other than me telling him so. He was kind enough to box up so much nonperishable food for me to give her. When I took that food to her, she was so grateful. She started crying and said that no one else would even turn a hand to help her get on her feet and she was so hungry. It is amazing how some people live with basically



- nothing and even when they ask for help they don't get treated well. I told her that she needed to get established here in Kentucky and apply for food stamps. I took her to where she needed to go and explained to her what she needed to do. She was so grateful and thanked me several times. I told her that was what we were here for.
- Today a lady came in the office. She was distraught. She had lost her job, had no money, food, car, water or electric in home. I sat with her for a while and went through everything with her. We got her scheduled for Job Clubs. She had proof of residency so I told her when and where to go for food. A friend of hers was with her and she said she could take her there. Since she had a disconnect letter, she was sent to LIHEAP for help with her electricity. They still had funds available. She stated that she got help with her electric. I called someone I knew that needed help with taking care of an elderly family member. They hired her for that position. She started working the next day. She was able to walk to their house. This lady came in the office a few weeks after her first visit with me; she sat here and cried her eyes out. She said she was so grateful for everything we had done for her and she doesn't know where she would be if she hadn't made that one stop to ask for help. These two stories have touched my heart for one main reason, each day I get up and wonder what outfit will I pick out to wear today or what shoes match that outfit. I eat, get in my car, drive to work and go about my day. The fact that there are so many people among us that are in dire need of basic living supplies such as food is just horrible. I have seen a lot working for Kentucky Homeplace. Over the years, each need is different but I have had more calls for help for food this past year than ever. My heart breaks for this need. In today's life, we shouldn't have to worry about being able to find our next meal.
- ❖ I had a man come into the office needing medication. He was a type 1 diabetic with Hemoglobin close to 9. He had worked his whole life but lost his job recently due to his illness. While waiting on his long term disability, he had no way of paying for his medication due to losing his insurance with his job. He initially came to me for help in paying for his medication but during his initial interview, I discovered that he may be eligible for Medicaid. We called DCBS and got him approved immediately. He was able to pick up the medication he needed that day.
- ❖ I did a chronic disease workshop with a coworker for a group of people that I learned from as much as they learned from me. They were a group of handicapped people but they were eager to learn something to help themselves. There were some that interacted with everything we did. Some were not able to participate like others were. They accepted their situation as it was and were willing to try to help themselves. They had created a family within their group. They would help each other out. As we did the activities, they would try and some did more than others but they were learning something as they went. As some set goals to exercise and to walk, they would come back and tell us what they had achieved and they were very proud of the fact that they had accomplished something. Of course there were some that shared and participated more than others. As we ended the class, they were begging us to come back. They told us they enjoyed the class and it helped them. The need is great and there's always more to do to help people.



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