



Kentucky Homeplace Executive Summary

2017
YEAR IN REVIEW



Kentucky Homeplace Executive Summary 2017



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

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Introduction: Kentucky Homeplace is a successful and vital program of the University of Kentucky (UK) Center of Excellence in Rural Health (CERH). The UK CERH was established by state legislation in 1990 to address health disparities in rural Kentucky, including a chronic shortage of health professionals and residents' poor health status.

With a broad mission to improve the health and wellbeing of rural Kentuckians, the Center has formed partnerships for over two decades with communities, providers, students and individuals to provide health professions education, health policy research, healthcare service and community engagement.

A host of innovative strategies are enabling UK CERH to make a difference. One of the most successful programs is Kentucky Homeplace, a nationally recognized community health worker (CHW) initiative that has helped hundreds of thousands of rural Kentuckians access health, social and environmental services they might otherwise have gone without.

Background: Residents of rural Appalachian Kentucky have unusually high levels of chronic diseases, including cancer, heart disease, hypertension, asthma, and diabetes. Appalachian rates of "diseases of despair" mortality rate is 37% higher in Appalachia as compared to the nation's non-Appalachian counties.¹ Lifestyle choices, environmental factors, inadequate health insurance and general lack of understanding of the healthcare system are often cited as contributing to these conditions.

Mission: The mission of Kentucky Homeplace is to provide access to medical, social, and environmental services for the citizens of the Commonwealth.

Vision/Goals: The goal of Kentucky Homeplace is to educate Kentuckians to identify risk factors and use preventative measures to become a healthier people with knowledge and skills to access the healthcare and social systems.

Our Population: Kentucky Homeplace employs CHWs from local communities to reach the most at-risk individuals in rural areas of Kentucky, particularly the Appalachian region. Residents in these regions have deficits in health resources and health status, including high levels of cancer, heart disease, hypertension, asthma, and diabetes. Residents of these areas are statistically poorer, less educated and less likely to have medical coverage than those in other parts of the state and nation. Further complicating the matter is that most of Kentucky's 120 counties are designated as medically underserved areas. Yet, in Kentucky, even availability of services is not synonymous with access. Barriers, especially for poor rural people, include lack of knowledge about services, inadequate information on their own conditions, social and cultural inhibitors, lack of money, transportation, and numerous other factors. Eligibility for Kentucky Homeplace is not based on income, though nearly all clients are between 100% - 133% of the federal poverty level. All services are offered at no charge to the clients.

The quarterly report, “Client Encounters,” details the struggles and hardships of the people we serve daily. We are very proud of the difference our program makes in the lives of our clients and their families.

Who Are the Community Health Workers: Kentucky Homeplace lay health workers have the job title of Community Health Worker, which has become the preferred term for lay health workers. Kentucky Homeplace CHWs are selected from the communities in which they live, usually being born and reared there. CHWs know their community and, because of this trust, develop and assure cultural sensitivity to the health disparities and special needs of the clients they serve and the values of health providers with whom they coordinate services.

What We Do: Kentucky Homeplace CHWs are trained as advocates to provide access to medical, social and environmental services and to deliver education on prevention and disease self-management. CHWs are also trained in care coordination, Chronic Disease Self-Management Program, Diabetes Self-Management Program and Mental Health First Aid and work as lay leaders with the objective of helping clients overcome health inequities across physical, economic, social and cultural dimensions. Kentucky Homeplace CHWs strive to overcome these barriers to improve access to health care for their clients and to assist them in acquiring crucial resources such as eyeglasses, dentures, home heating assistance, food, diabetic supplies, and free medical care. In all of their roles, Kentucky Homeplace CHWs provide an important bridge between clients with the greatest needs and the primary care physicians and other health providers in the community. They facilitate communication between their clients and their providers, help clients learn to effectively comply with medical care instructions, and provide health coaching to help educate clients to improve their health behaviors such as improved nutrition, increased physical activity, better weight management, smoking cessation, and improved diabetes self-management.

Research - Finding Solutions: Research data is collected and analyzed to identify health trends and socio-cultural and economic barriers. These findings are then used to find solutions for bridging the gaps between uninsured and underserved individuals and the health care delivery system.

In the last five years, Kentucky Homeplace CHWs have become much more involved in supporting community-based research, including studies of risk reduction for colorectal cancer, lung cancer and cardiovascular disease as well as studies for improving diabetes outcomes. CHWs have become skilled in locating and enrolling often hard-to-reach study subjects according to IRB provisions, collecting background and measurement data using computer database programs, and providing overall research support.

Kentucky Homeplace Recognition: Kentucky Homeplace has been recognized at the local, state and national level as a CHW model that works. This year, on April 6, at the Appalachian Studies Association Conference in Cincinnati, Ohio, Kentucky Homeplace was awarded the 2017 Helen M. Lewis Community Service Award. The award is given to an individual or an organization that has made exemplary contributions to Appalachia through involvement with and service to its people and communities. A complete list of awards and recognition, as well as more details about the program, can be found at www.kyruralhealth.org.

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access might be. A plan of action is then developed to coordinate care and to set goals with the clients to improve their health outcomes.

Fiscal Year/ Annual Summary 2017

Kentucky Homeplace had a very productive year. For the reporting period of July 1, 2016 to June 30, 2017, the CHWs provided services for 4,629 clients. CHWs logged 18,898 hours on care coordination activities with a service value of \$352,830, the amount of medication accessed \$4,824,730 and other service values (not medications) accessed were \$2,828,767 for a combined total of \$8,006,327.

All Kentucky Homeplace staff are trained as lay leaders in the Stanford Model Chronic Disease Self-Management (CDSMP) and Diabetes Self-Management (DSMP) and Walk with Ease (WWE). During this year, 386 people attended at least one session of CDSMP or DSMP and 195 individuals participated in WWE.

All Kentucky Homeplace CHWs are currently certified as assisters. They are currently offering assistance to children and adults with health coverage enrollment in the 30-county Kentucky Homeplace service area. Kentucky Homeplace CHWs also help clients enroll in marketplace insurances when they need assistance.

The annual report is posted on the UK Center of Excellence in Rural Health's web page at <http://ruralhealth.med.uky.edu>. The report is found under the About tab, Annual Report and then click on Kentucky Homeplace Executive Summary 2017. If you wish to have a printed copy, please call 1-855-859-2374 or email mace.baker@uky.edu.

Partnerships: Kentucky Homeplace partners with the Kentucky Cabinet for Health and Family Services to provide clients with access to the Kentucky Prescription Assistance Program (KPAP) services in all of the 30-county service area as well as clients from other counties located near their offices. They also provide access to Kentucky Physicians Care services as well as serve as Benefind Assisters. CHWs work with their local health departments in referring their clients to various programs offered including the HANDS program and preventative screenings.

Kentucky Homeplace is the sole distributor of eyeglasses vouchers through New Eyes for the Needy in Kentucky. On May 5, the UK Department of Ophthalmology and Visual Sciences, in partnership with the UK Center of Excellence in Rural Health Kentucky, Homeplace program and the Huffman & Huffman Clinic, held its first UK Global Ophthalmology (UK GO) outreach service in Hazard. More than 70 patients received complete ophthalmic exams and were fitted for eyeglasses free of charge.

A significant number of patients were found to have more serious eye disease, such as diabetic retinopathy, cataracts and glaucoma. For these patients, follow-up appointments with UK Advanced Eye Care or local providers were arranged within days of the outreach clinic.

Homeplace also partners with the Department for Aging and Independent Living conducting the six week Chronic Disease Self-Management program workshops.

Referrals: Kentucky Homeplace CHWs have built relationships with medical professionals and community partners. They receive referrals from and refer clients to many different agencies. Some of the primary referral sources and community partners are as follows: Managed Care Organizations, local city and county government agencies, elected officials, area hospitals, primary care providers and specialists, pharmacies, occupational therapists, clinics, transportation agencies, UK Extension Offices, churches throughout the region, Kentucky Vision, Area Lions clubs, dental offices, Rotary Clubs, women's clubs, outpatient mental health agencies, homeless shelters, domestic abuse centers, managed care organizations, Kentucky Prescription Assistance Program, vision care provider, Medicaid, hearing care providers, Community Action Agency, community based services, UK Mobile Dental, family resource centers, senior citizen centers, family and friends, self-referrals and others.

Summary by the Numbers/Return on Investment: During the fiscal year of July 1, 2016 through June 30, 2017, Kentucky Homeplace CHWs provided 4,629 clients 85,743 services, valued total service and medication value of \$7,574,181. The CHWs logged 18,898 hours in providing care coordination activities at a service value of \$352,830. The return on investment for the year was \$6.47. The service value per client was \$1,636.25, investment per client was \$219.08, the service/medication value per service was \$88.34 and the cost per service was \$11.83. In the fiscal year 2016-2017, Kentucky Homeplace CHWs accessed 3,421 vision services, 1,123 total dental services, 803 total hearing services, and 7,462 medications. Community Health Workers made 9,327 contacts with outside agencies and provided education to 11,692 clients.

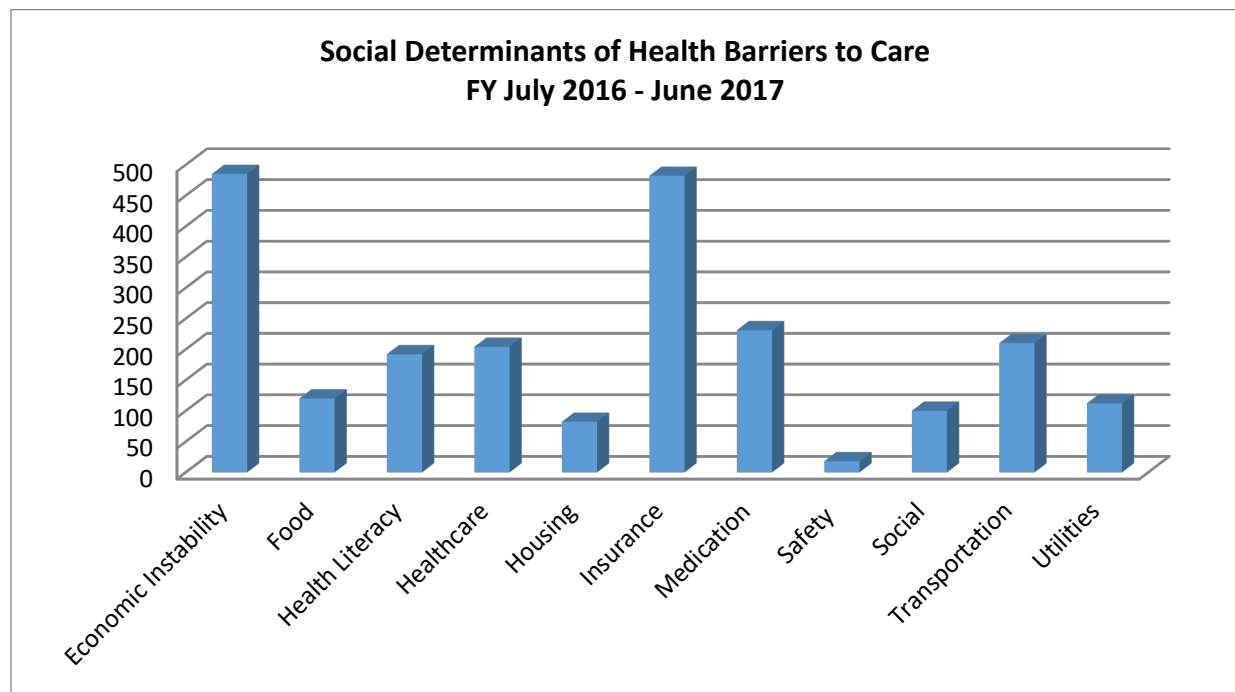
Demographics of the Kentucky Homeplace Service Population:

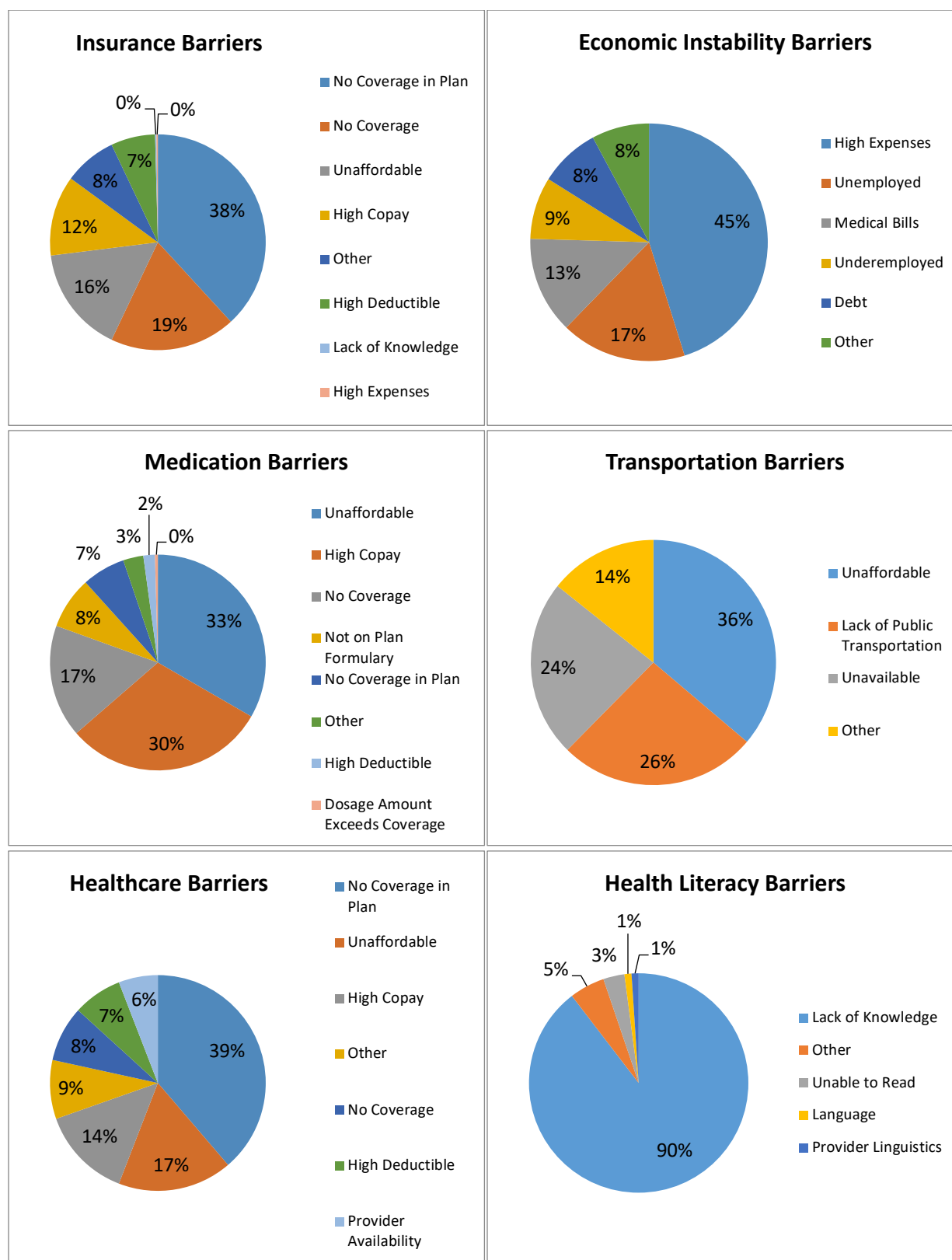
- 41.1% males and 58.9% females
- 97.9% Caucasian, 1.3% African American, and .8% identifying as other
- 38.7% identify as married; 20.4% report being divorced; 18.9% reported as never married and 15.2% as widowed.
- 87% average percentage of poverty
- 5% college graduates, 13.9% some college or technical school, 37.3% high school graduates, 21.9% some high school, 20.7% had an elementary education, 1% never attended school, and 0.2% unknown.
- 33.1% of people report being retired and 38.8% reported being unable to work, 7.5 employed, 8.8% out of work, 9.7% homemaker, 0.7% self-employed, 1.4% unknown.
- 45.1% of Kentucky Homeplace clients report owning their own home, 21.0% report renting and 33.9% (government housing, group home, institution, migrant and other).

- Kentucky Homeplace clients represent 48 different counties in Kentucky even though the Kentucky Homeplace program is located in only 30 counties.

Barriers/ Social Determinants of Health: Community Health Workers “help build the capacity of communities by addressing the social determinants of health”.² Kentucky Homeplace CHWs identify the barriers of the clients they serve and are trained to help their clients find solutions. The Kentucky Homeplace CHWs have the knowledge and skills to “bridge the gaps” by networking with communities and health/social service systems. Recognized as “members of the local community”, CHWs are well positioned to facilitate communication between provider and patients to clarify cultural practices, educate community members about appropriate use of the health care and social service systems, and to educate the health and social service systems about community needs and perspectives.”³

Currently, Kentucky Homeplace CHWs have accessed and assisted with food, SNAP benefits, shelter, clothing, dentures, diabetic shoes, diabetic supplies, disease management, environmental issues, family education, childcare, glasses, handicap accessibility, medical equipment, medical supplies, medications, hearing aids, heating assistance, housing repair, medical appointments scheduling, insurance coverage, navigating Benefind, increasing health literacy, nutrition counseling, preventive screening, transportation and many more resources.





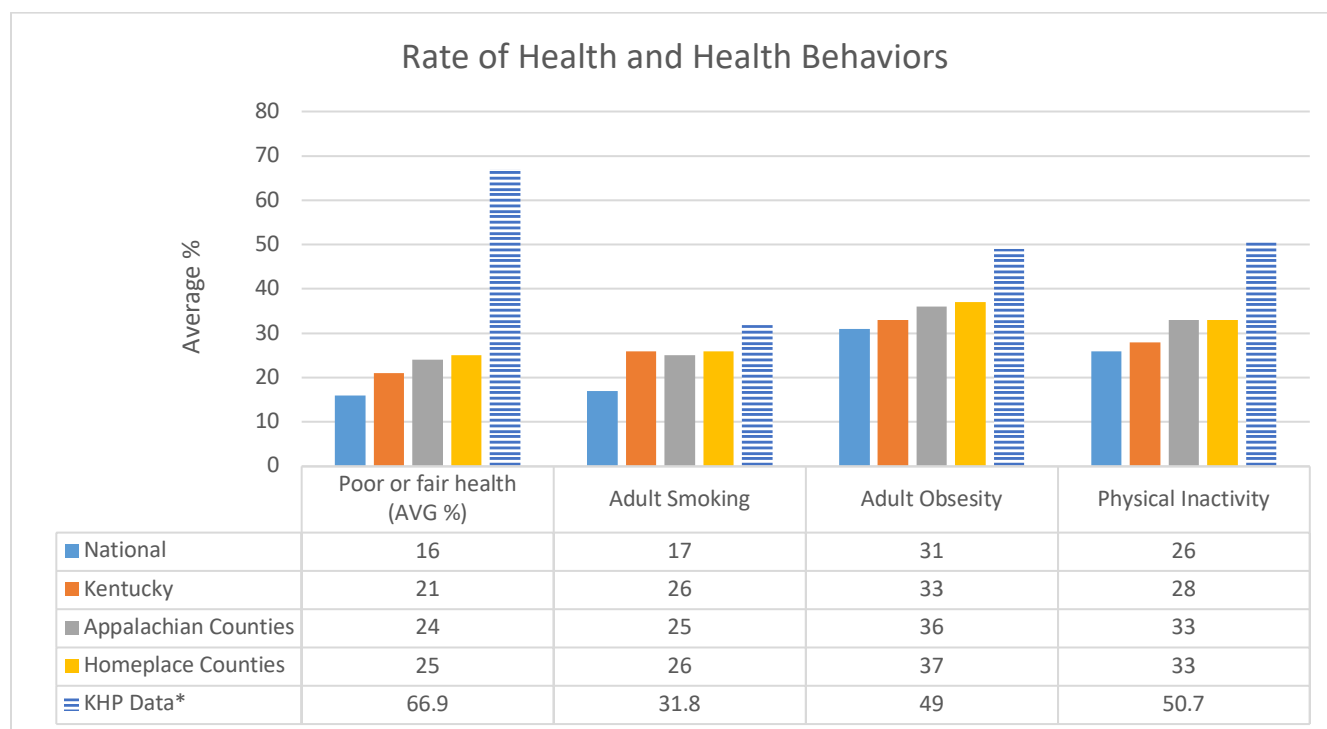
Health Risk Factors: Health risk factors are described by the World Health Organization as any characteristic that can increase the chances of developing disease(s).⁴

These factors can include but are not limited to; obesity, high cholesterol, sedentary lifestyle, poor mental and physical health days, and smoking.

- 50.7% of clients report they do not participate in any physical activities or exercise other than their regular jobs.
- 65.3% report being limited in activities because of physical, mental, or emotional problems.
- 54.5% report smoking at least 100 cigarettes in their lives.
- 68.1% report they do not smoke.

Community Health Workers also provide family education on the risks and dangers of smoking (877 services).

Physical Health: Overall, Kentucky Homeplace clients report their health is “fair” or “poor”.

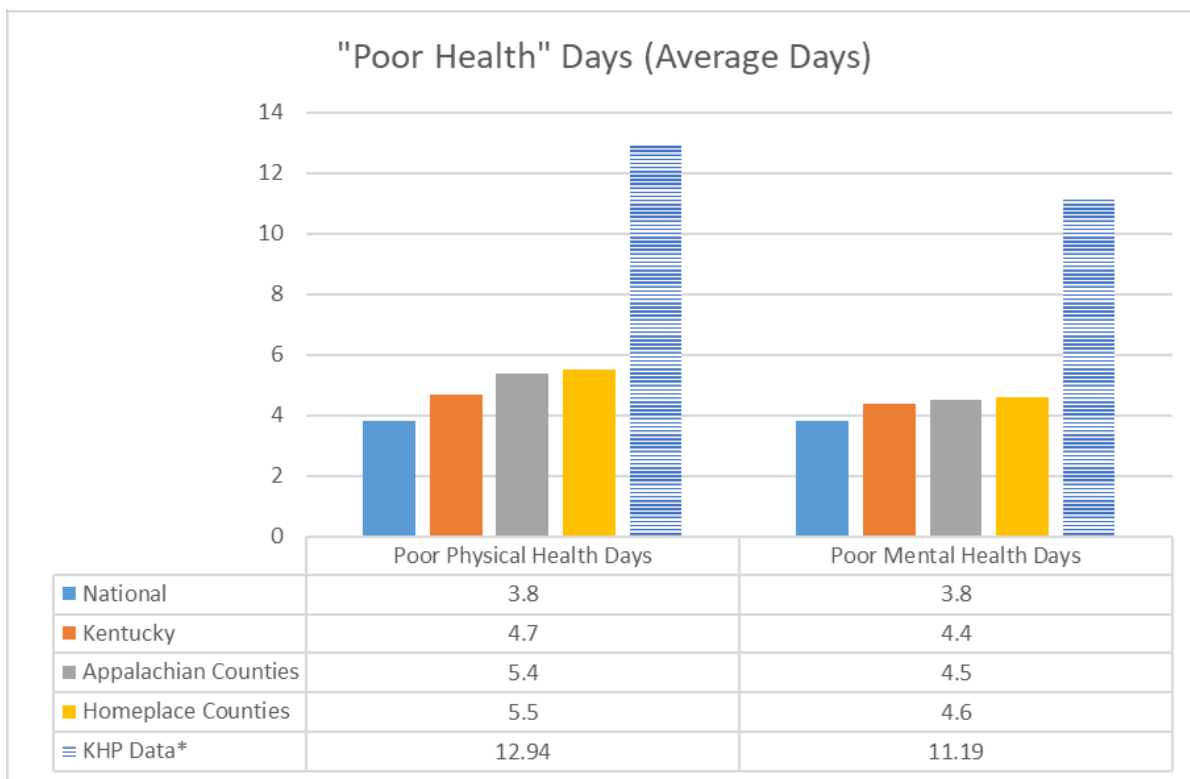


National, KY, Appalachian Counties, and Kentucky Homeplace Counties data accessed from: University of Wisconsin population Health Institute. *County Health Rankings* 2016. Accessible at www.countyhealthrankings.org. Accessed on 5/16/2016. *KHP Data retrieved from Kentucky Homeplace Database, 2014

- 75% of clients report there has NOT been a time in the past 12 months when they needed to see a doctor but couldn't afford it.
 - 24.96% reporting cost being an issue.
- 60.8% of clients report having one person they think of as their personal doctor.
 - 94.5% report seeing a doctor within the past year for a routine checkup.

Community Health Workers assisted 582 times in gaining insurance coverage for clients who are unable to navigate the healthcare system and contacted health providers (health departments, home health, hospitals, occupational therapy, physical therapy, primary care doctors, and specialists) 1,331 times.

Mental Health: Research has shown that quite often, physical and mental health disorders positively correlate.⁵



National, KY, Appalachian Counties, and Kentucky Homeplace Counties data accessed from: University of Wisconsin population Health Institute. *County Health Rankings* 2016. Accessible at www.countyhealthrankings.org. Accessed on 5/16/2016. *KHP Data retrieved from Kentucky Homeplace Database, 2014

- Kentucky Homeplace clients report having on average 11.19 “not good” mental health days, 12.94 “not good” physical days on average and 10.53 days out of the month keep them from doing usual activities such as self-care, work, or recreation.
- 42.7% of Kentucky Homeplace clients have been diagnosed with a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

In order to help alleviate some of the emotional distress felt by the Kentucky Homeplace clients, Kentucky Homeplace CHWs are trained in Mental First Aid to provide support and knowledge about coping with difficult emotions.

Community Health Workers also access a variety of resources that the client may not be able to access due to limited emotional and physical function such as housing repair, transportation, and food (286 combined serves during the fiscal year of 2016-2017).

Chronic Disease

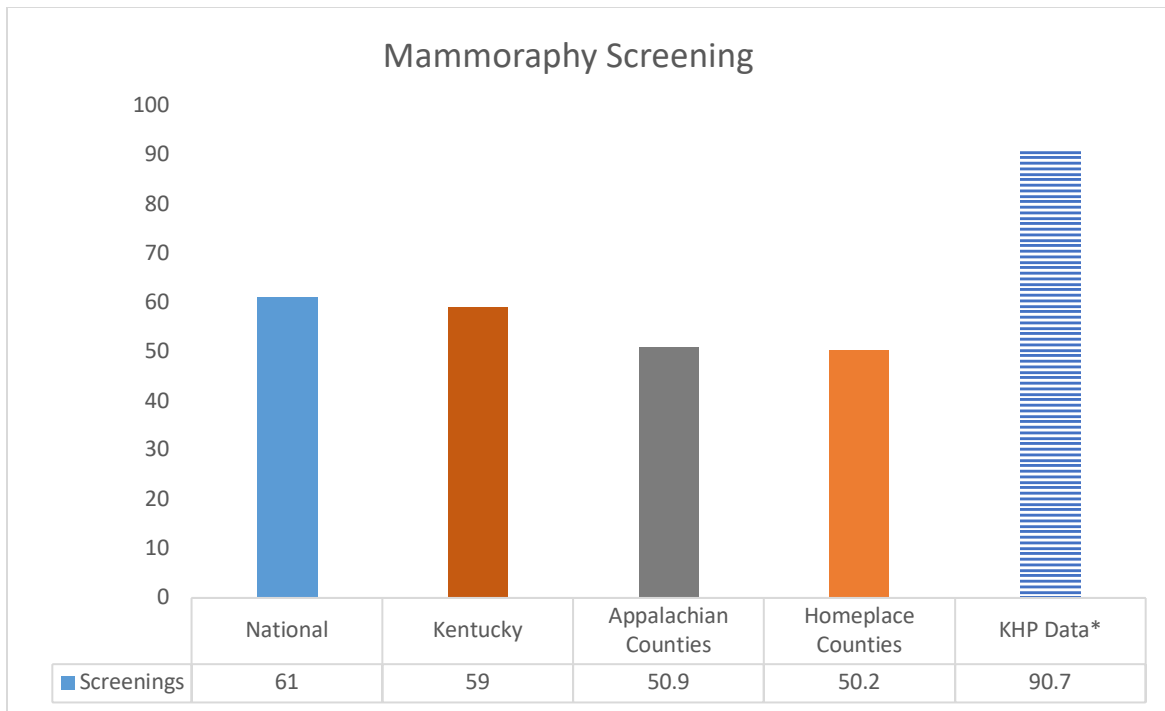
Kentucky Homeplace Community Health Workers provide targeted health coaching on heart disease and hypertension which are broken down into modules and provided to 2,166 clients. Community Health Workers also accessed needed medications and supplies to prevent emergency room visits and hospitalizations.

- 68.2% of Homeplace clients have reported they have been diagnosed with high blood pressure
 - 93.5% of those clients report taking blood pressure medication.
- 90% of the Homeplace population has had their cholesterol checked
 - 85.2 % had their levels checked within the past year
- 57.8% of those clients report being told by a doctor or nurse that their blood cholesterol is high.
- 40.2% report having been told by a health professional that they have diabetes
 - 46.91 was the average age of diagnosis.
 - 47% report taking insulin.

Using targeted health coaching and care coordination Kentucky Homeplace is tracking health outcomes to improve the overall health of the people of the Commonwealth. Core physical health measures (height, weight, blood pressure, A1C and random glucose levels), hospitalization and emergency room visit data are collected. The program is in the beginning stages of analyzing pre-prost data to determine the effectiveness of CHW services in reducing hospital readmission and emergency room visit rates.

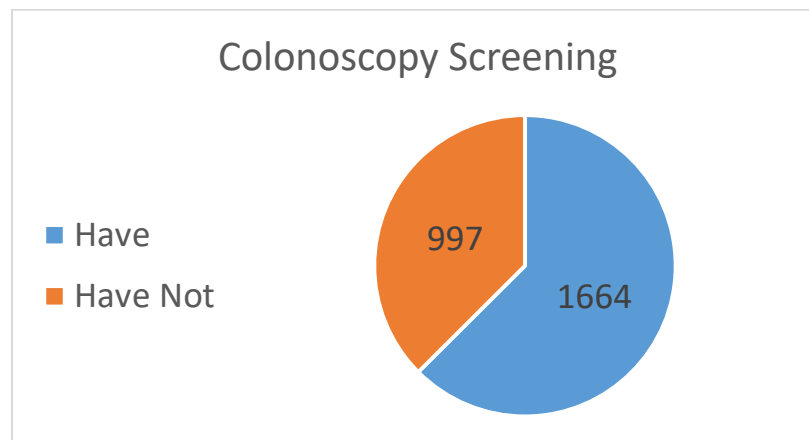
Prevention and Screening

Community Health Workers are provided with the most up to date information concerning prevention and screening tools to encourage and educate Kentucky Homeplace clients to stay diligent about their health screenings.



National, KY, Appalachian Counties, and Kentucky Homeplace Counties data accessed from: University of Wisconsin Population Health Institute. *County Health Rankings* 2016. Accessible at www.countyhealthrankings.org. Accessed on 8/1/2018. *KHP Data retrieved from Kentucky Homeplace Database, 2016

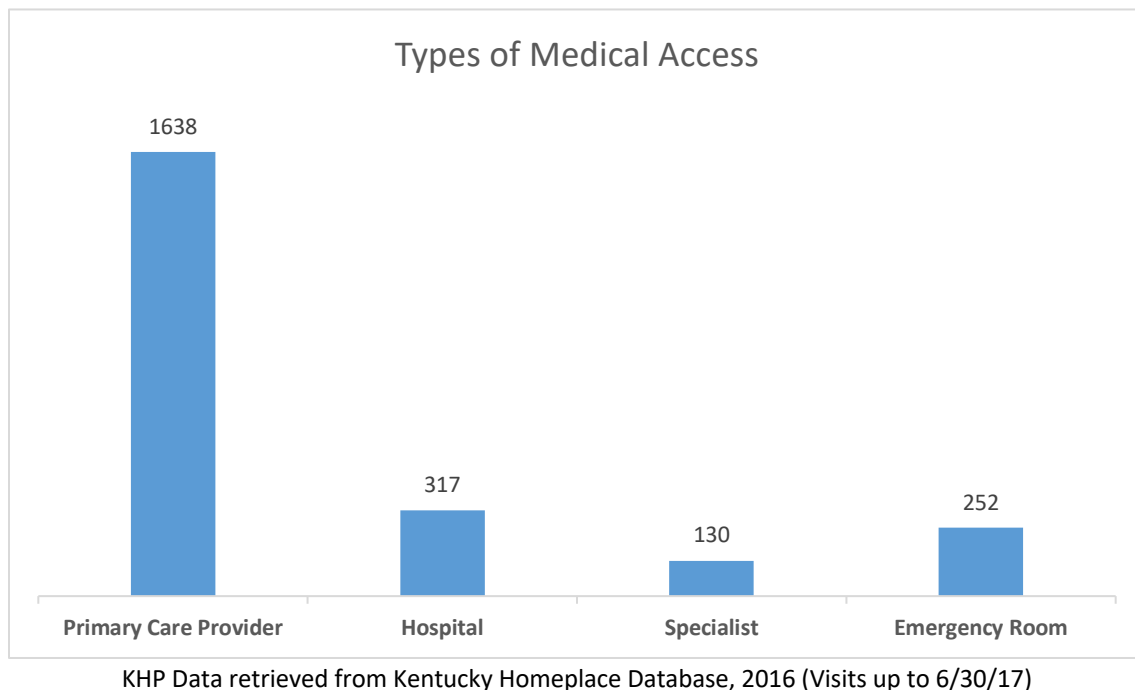
Kentucky Homeplace clients are also educated and encouraged to have colonoscopy screening as a regular part of health coaching and care coordination.



Right Care, Right Place, Right Time, Reducing Cost

According to USA Today (2015), three-fourths of emergency medical professionals report they have seen Emergency Room visits dramatically increase since the Affordable Care Act took effect. Many factors have been speculated to be the cause of the increase of Emergency Room access; one of these factors being patients are unable to find and access a primary care physician.⁷

Preliminary Kentucky Homeplace data suggests CHWs are effective in reducing non-emergency care and accessing primary medical homes for the clients they serve.



Kentucky Homeplace clients in 2016-2017 fiscal year accessed primary care providers six times as much as the ER and reduced hospital stays to 317 days.

Kentucky Homeplace CHWs are not just linking and coordinating resources with clients, CHWs are providing services to decrease health care costs by “establishing a medical home in primary care, system navigation, and case management”.⁸

Based on the current trends within the Kentucky Homeplace model, CHWs will continue to decrease hospital admissions and unnecessary visits to the ER, encourage clients to seek regular medical treatment from primary care providers, and reduce overall cost by improving the health of the people of the Commonwealth.

Conclusion

Kentucky Homeplace CHWs work within and provide public health activities by utilizing the ten essentials of public health,⁹ beginning with an initial client assessment to evaluate their needs. CHWs collect information and health outcome measures to monitor the health of their clients. CHWs work with providers in the community to identify and determine the number of people in the community who are diagnosed with chronic disease and those who are at risk. Kentucky Homeplace clients are then educated about their illness and provided support. This enables their clients to improve self-management skills.

Kentucky Homeplace CHWs are members of their community coalitions and share information and concerns with their community partners. Analyzing the Kentucky Homeplace data provides an opportunity to identify the barriers and issues. This information helps with informed decision making in determining a need for policy review and/or change within the Commonwealth.

The CHWs are able to provide up-to-date information to the population concerning social and health care laws thus assisting their clients to gain the knowledge needed to understand. Very important to improving health outcomes is linking clients to medical homes to establish the right care at the right place. There is still a mistrust of the health care and social system within the community. Community health workers are able to work as an advocate for their clients and are able to report findings to provide quality assurance and quality improvement. This effort can facilitate and assure a competent workforce team.

Kentucky Homeplace positively contributes toward achieving the Triple Aim of Healthcare.¹⁰ Kentucky Homeplace CHWs provide invaluable services to not only members of the communities in which they serve but they also serve as cost-effective health care leaders. The data suggests CHWs are proficient at reaching a large audience in their own communities, identifying barriers, focusing on the social determinants of health, decreasing health risk factors, accessing appropriate care for those with chronic health condition needs, providing health education about screening and prevention, and reducing health care costs.

The Kentucky Health News article, *“Community Health Workers Help Kentuckians Deal with the Multitude of Obstacles Between Them and Better Health”* was written by Mellissa Patrick in December 2016. The article featured the CHWs of Kentucky Homeplace and states that CHWs are becoming an integral part of a health system that is increasingly focused on outcomes and the social determinates of health. Also, in the *GOVERNING The States and Localities* March 2017 edition, Kentucky Homeplace was featured in the article *“The Future of Health Care is Outside the Doctor’s Office”*. Author Mattie Quinn comments that states are increasingly investing in community health workers to improve their residents’ health.

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CHW Training and Certifications

Training: Mandatory trainings for Community Health Workers include: CHW certification training; online trainings; database training; Cardiopulmonary Resuscitation (CPR) certification; and training with peer employees.

1. CHW certification training: Training will consist of CHW training with the overall view of the program, job duties and policies and procedures. In addition, training with the medical educator regarding chronic diseases and medical education components.
2. Online trainings
 - a. CITI - <https://www.citiprogram.org/Default.asp> ; Institutional Review Board (IRB); completion of IRB training is required before a CHW can work with any client information
 - b. Health Insurance Portability Accountability Act - HIPAA
 - c. Kentucky Prescription Assistance Program (KPAP).
3. The CHFS Department of Public Health launched the KPAP initiative, a network of community resources to help Kentuckians locate free or reduced-cost prescription medications.
4. Kentucky Physicians Care (KPC) - The Kentucky Physician Care Program is a public/private partnership with the Health Kentucky, Inc. network (<http://healthkentucky.org/>), the Department for Community Based Services (<http://chfs.ky.gov/dcbs/default.htm>), and the Department for Public Health (<http://chfs.ky.gov/dph/>).
5. Assistor Training - Kentucky's Health Benefit Exchange, Benefind, provides individuals, families and small businesses with access to affordable health insurance.
6. Database training – training for individual entities as required.
7. All Community Health Workers must have and maintain Cardiopulmonary Resuscitation (CPR) certification.
8. Kentucky Homeplace requires that new CHWs hires shadow peer employees in

the office setting and on home visits. A minimum of two weeks in the field shadowing peer CHWs, and a minimum of at least two home visits are required before a CHW is ready to work independently.

9. All Community Health Workers must have and maintain certification as Lay Leaders for Chronic Disease Self-Management and Diabetes Self-Management Programs through Stanford University.
10. All Community Health Workers must have at least 8 hours training in Mental Health First Aid.
11. All Community Health Workers should be trained in the Asthma Healthy Home Program.
12. All Community Health Workers are trained to lead Walk with Ease by the Arthritis Foundation.