

Kentucky Homeplace Program

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Harlan County is located in the central Appalachian Mountains of southeastern Kentucky and has 467 square miles of twisting, mountainous roads. It has an average population density of only 78 people per square mile, with 84 percent of the population residing in rural, mountainous regions. In the 1990 census, roughly one in nine households did not own a vehicle or have access to reliable transportation. Harlan County offers only a limited public transportation system.

The poverty rate in Harlan County is more than 33 percent— significantly higher than Kentucky's poverty rate of 19 percent and the 13 percent national average. In 1990, 30 percent of the county's population was considered among the working poor, with an income below 185 percent of the poverty level and a per capita income of \$7,500.

Despite the availability of numerous health programs and services, many residents do not access or use these services appropriately. Many Harlan County residents do not know where, when, and how to seek health care services. There is also a dire shortage of health care providers and jobs with health care insurance coverage. These factors are compounded by the fact that Harlan County residents are typically proud people who prefer to live as independently as possible and are skeptical of "outsiders."

This is the service environment in which the Harlan County Homeplace operates. Of those served as a result of the Rural Health Outreach Grant, nearly two-thirds were adults between ages 20 and 64, one-quarter were elderly residents, 13 percent were children and adolescents, and the vast majority (80 percent) were female. These clients are typical of those in the community who have fallen through the cracks either because they did not meet stringent requirements set by area service providers or because they simply did not understand how to navigate the system to receive the needed services. The majority of the services provided with grant funds included affordable medication; free or low-cost primary health care; vision services; dental care; and assistance in meeting basic needs, such as food, clothing, and shelter.

The primary goals of the Harlan County Homeplace were to:

- Increase access to health care services by promoting appropriate use of preventive services;
- Identify individuals and families unable to access health care;
- Work to eliminate barriers to care;
- Assist families in accessing primary care, mental health services, and social services;
- Strengthen existing networks for people needing information and referrals;
- Improve the overall health of the entire family.

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The Harlan County Homeplace used 10 specially trained health care advisers (HCAs) as its primary outreach mechanism. These individuals had lived in the community for many years, knew the people and the culture, understood the problems and barriers that Harlan County residents face, shared similar life experiences and socioeconomic backgrounds, and were able to quickly gain the trust of local residents. After conducting home visits to assess a family's needs, the HCAs linked families with available community resources to help bridge the gap between available services and families. The Harlan County Homeplace also emphasized education, prevention, and support, allowing HCAs to establish trust with clients and ultimately having a positive impact on their health.

Once individuals and families were engaged, they immediately gained access to a broad range of health care and support services made possible by a consortium of 16 different county agencies, businesses, and groups, including education, social, health, business, religious, and citizen interests. Together, these organizations contributed more than \$700,000 in in-kind services, enabling numerous uninsured individuals to access free or affordable care.

The program assumed a visible role at all levels of community life by participating in a variety of community functions and committees. For example, the Harlan County Homeplace formed a Breast Cancer Awareness Team to conduct presentations throughout the region. It also coordinated and participated in a dental outreach effort and provided representatives to serve on several local committees, including the Elder Task Force, Interagency Council, Domestic Violence Task Force, Welfare Reform Action Team, and many others. The program also developed a County Resource Manual, which provides information on resources available within the county and how to access those services.

Innovative Solutions to Problems

Although the program achieved significant progress in improving the healthstatus of many people throughout Harlan County, many local challenges could not be addressed due to the short duration of the demonstration. For example, although many local programs and services are available to meet the needs of children, little is available to address the needs of adults—the elderly in particular. In Harlan County, as in many rural areas, there are a vast number of elderly individuals who cannot afford the vital, life-sustaining medications they need. Often, they must choose between eating or taking their medication. In addition, many elderly residents did not have the family support they needed to ensure that they took medications as prescribed and visited the doctor regularly.

Results

Through a strong, collaborative effort with various agencies and health care providers throughout the county, Harlan County Homeplace not only met but also surpassed its goals. In the first 2 years of the grant, program staff handled more than 3,000 cases, conducted 4,755 home visits, made nearly 8,000 telephone contacts, and provided nearly 600 brief encounters. During this time, more than 4,500 problems were addressed, with nearly 90 percent achieving a positive outcome. Harlan County Homeplace also helped more than 700 clients access more than \$250,000 in free medications, averaging a savings of approximately \$400 per client.

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Potential for Replication

With a great deal of planning, organization, and forethought, any rural community could benefit from a program using lay workers and home visits. It is important to ensure that the program includes planning, community needs assessments, and the formation of a strong network. Most important for Harlan County Homeplace was the broad-based support it enjoyed throughout the community before it even got started.

After the Grant

Once the Rural Health Outreach Grant funds were spent, program staff members were unable to secure funding to sustain the program at its full level; however, they are working with the statewide program, Kentucky Homeplace, to find a way to expand the statewide program to Harlan County. If unsuccessful, Harlan County Homeplace will not be able to continue to provide services to this community.

Source: The Outreach Sourcebook—Volume 6: Rural Health Demonstration Projects, 1996- 1999; Federal Office of Rural Health Policy (ORHP), Health Resources and Services Administration. (www.raonline.org/pdf/vol6sourcebook.pdf)

Outcomes^[1]:

Kentucky Homeplace program reduced hospitalization payments for admissions for ambulatory care sensitive conditions from \$1,647,200 in the year before the clients enrolled in the CHA program to \$233,666 during the year following enrollment. Likewise, emergency room costs were reduced from \$20,723 before enrollment to \$5,300 after enrollment. The differences were the result of linking clients with these conditions to primary care and preventive services on a routine basis. The conditions included stomach ulcers, hypertension, asthma, heart disease and diabetes.

[1] Myers, J. 1996. Kentucky Homeplace Evaluation. University of Kentucky Center for Rural Health, Hazard, Kentucky.