

UNIVERSITY OF KENTUCKY

Kentucky Homeplace

October 1, 2013 – December 31, 2013

Quarterly Report



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

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Front page photograph: Mountain View at Kingdom Come State Park, Little Shepherd's Trail in Harlan, Kentucky
Photograph courtesy of Karen Pratt, Account Clerk III, UKCERH, Hazard

Kentucky Homeplace

My Fellow Kentuckians:

Kentucky Homeplace emphasizes education for clients on chronic disease management, healthier lifestyles and stressing preventative care. For overall health, Homeplace provides education on healthy eating habits and increasing physical activities. Our diabetic materials include education on the condition, eye care, foot care, diet and physical activity. Other topics for education include information on the condition and appropriate diets for hypertension, cholesterol and heart disease. Clients are also given education on preventative screenings including mammograms, Pap Smears, colon and prostate exams. For clients who want to quit smoking or quit any type of tobacco use, education and referrals for cessation classes, support groups and aids are given.

Quarterly Summary

Here's a summary of services for this quarter, October 1, 2013 – December 31, 2013: the number of unduplicated clients served was 4,240; the amount of medications accessed was \$7,282,238; other services values accessed totaled \$604,952; and number of services was 98,685. The top client medical conditions included hypertension, high cholesterol, diabetes, mental health, and heart disease.

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 October - December 2013. If you wish to have a printed copy, please call 1-855-859-2374 or email me at fjfeltn@uky.edu.

Sincerely,

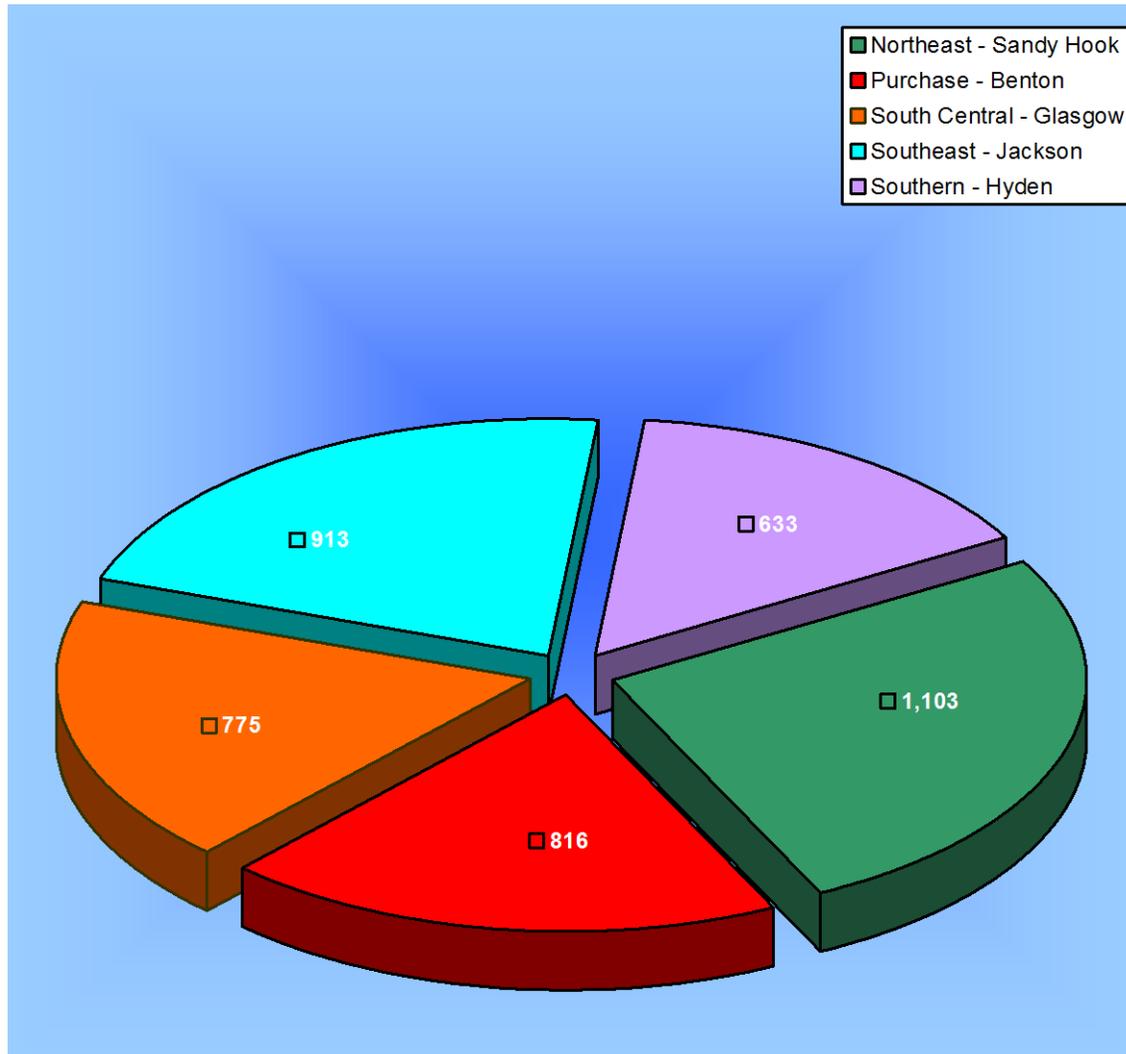


Fran Feltner, DNP, RN, MSN
Director, UK Center of Excellence in Rural Health

AGE DISTRIBUTION OF HOMEPLACE CLIENTS		
October 1, 2013 – December 31, 2013		
CATEGORY	FEMALE	MALE
AGES 0 TO 4	6	4
AGES 5 TO 12	5	15
AGES 13 TO 14	1	0
AGES 15 TO 19	23	24
AGES 20 TO 24	56	25
AGES 25 TO 44	488	329
AGES 45 TO 64	1,521	1,032
AGES 65 TO 74	291	203
AGES 75 TO 84	111	72
AGE 85 AND OVER	20	14
TOTALS	2,522	1,718
Median Age:	53.97	53.95
Source: Data extracted from the Kentucky Homeplace database. Total Unduplicated Clients 4,240		

POVERTY LEVELS OF HOMEPLACE CLIENTS								
October 1, 2013 – December 31, 2013								
	100%	101-133%	134-150%	151-200%	201-250%	251-300%	300+%	Total
CLIENTS	2,528	705	309	532	116	39	11	4,240
TOTALS	59.62%	16.63%	7.29%	12.55%	2.74%	0.92%	0.26%	100.00%
Source: Data extracted from the Kentucky Homeplace database								

Total Clients Served By Region October 1, 2013 – December 31, 2013

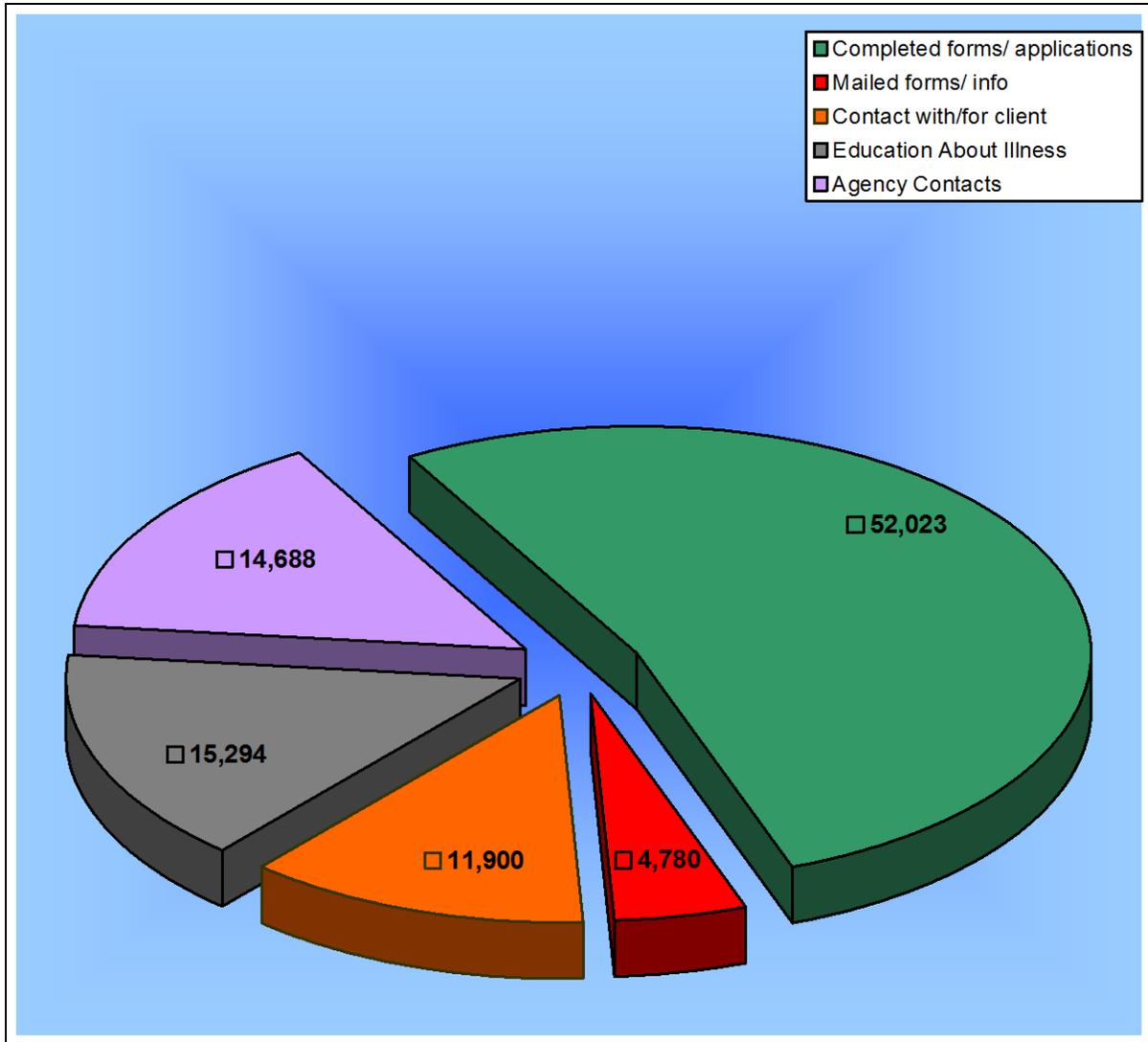


TOTAL UNDUPLICATED CLIENTS FOR QUARTER: 4,240*

*This total represents unduplicated clients seen this quarter. Some clients may be seen more than once a quarter or by more than one community health worker a quarter.

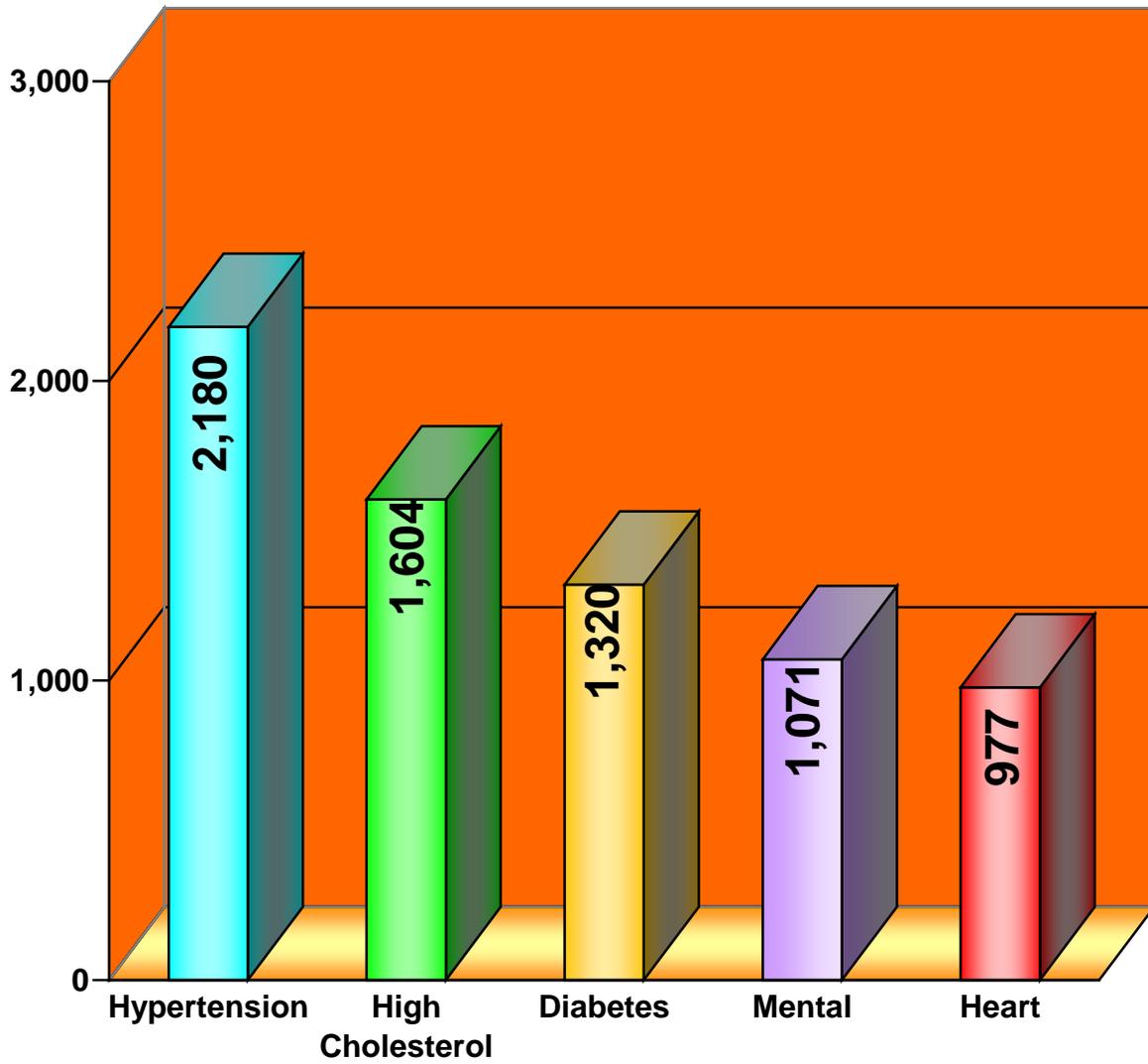
Client Services

October 1, 2013 – December 31, 2013

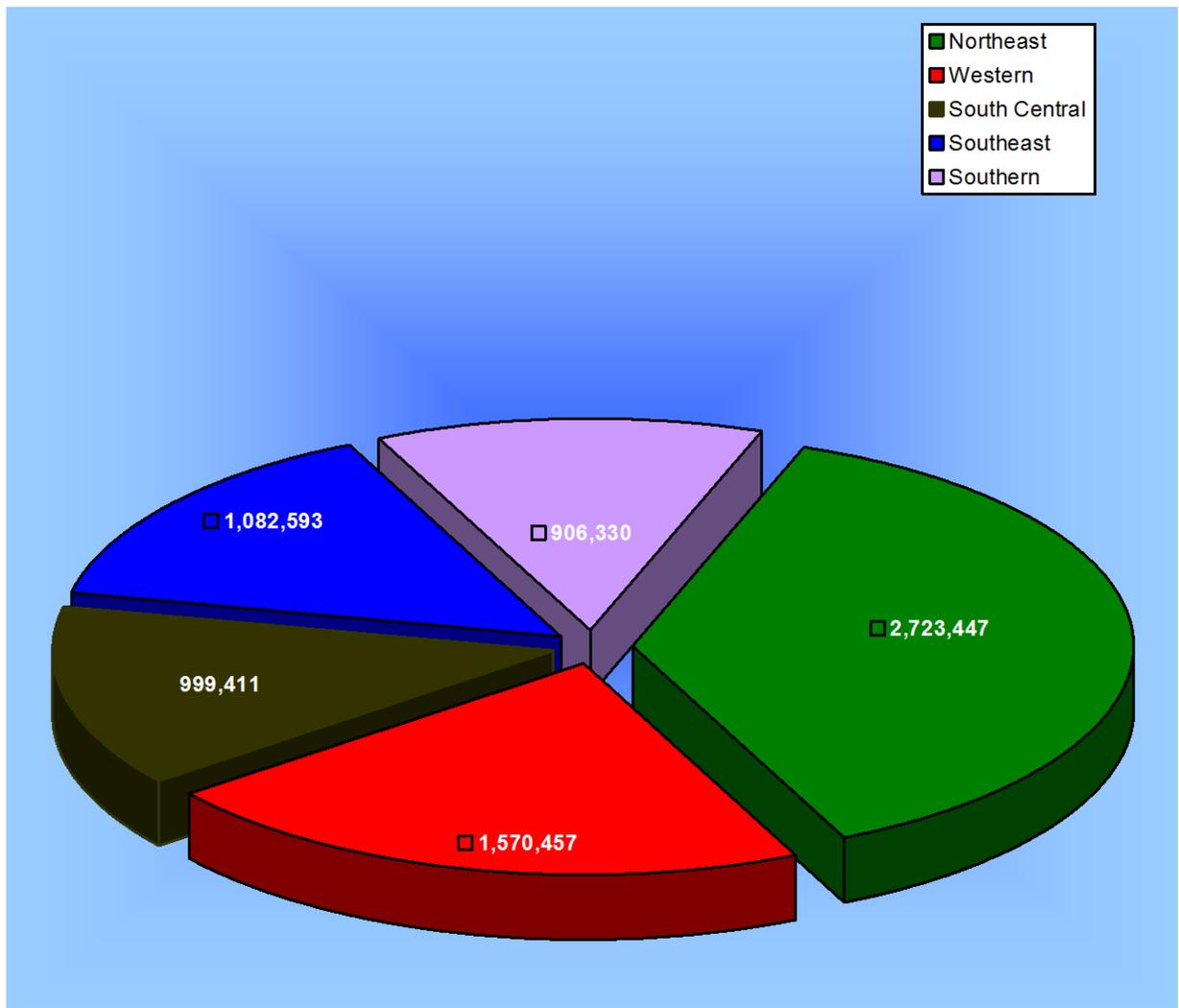


TOTAL SERVICES FOR THE QUARTER: 98,685

Top Five Client Problems By Condition October 1, 2013 – December 31, 2013

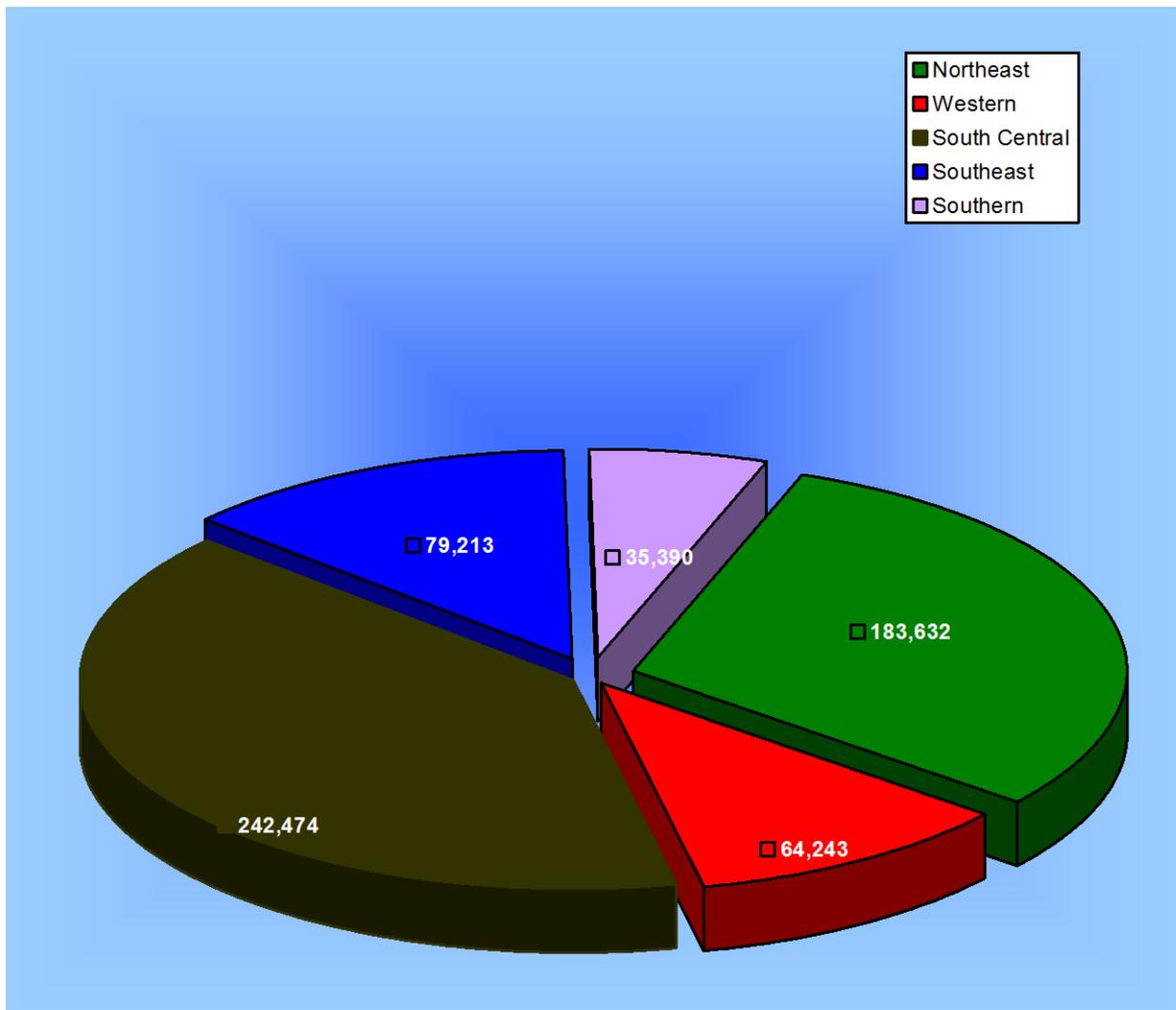


Client Medications Value October 1, 2013 – December 31, 2013



TOTAL MEDICATION VALUE: \$7,282,238

Client Services Value October 1, 2013 – December 31, 2013



TOTAL SERVICES VALUE: \$604,952

*Services Value represents any services and supplies other than medications.

REGIONAL SUMMARIES

Northeast Region

Janet Kegley

Lana Bailey

Angela McGuire

Elizabeth Smith

Shirley Prater

Judy Bailey

Regional Coordinator

CHW (Greenup)

CHW (Lawrence, Martin)

CHW (Carter)

CHW (Elliott, Morgan)

CHW (Johnson, Magoffin)

This quarter our CHWs served 1,103 clients. A total of 31,760 services were provided to these clients, with service values of \$183,632; and \$2,723,447 of free medication provided in this service area.

Judy Bailey attends the interagency meetings in both her counties. Judy is a member of the Magoffin County Diabetes Support Group.

Lana Bailey attends the interagency meetings each month in her county. She attends both the Greenup County Diabetes Coalition and the Greenup County Diabetes Support Group.

Angela McGuire attended the Lawrence County High School Career Day and talked to parents and students about Kentucky Homeplace and current health issues. Angela attends the interagency meeting in both Lawrence and Martin counties. She regularly attends the Lawrence County Health Advisory Team (HAT) meetings. Angela is a member of the Lawrence County Diabetes Support Group.

Shirley Prater attended the Elliott County Chamber of Commerce and attends the interagency meeting in each of her counties when held. She is a member of the Morgan County Diabetes Coalition and a member of the Elliott County FEMA Board.

Beth Smith assisted Gretchen Holmes, Research Associate Senior with the University of Kentucky Center of Excellence in Rural Health, in doing an interview with a client for the Diabetic Self-management and Communication Research study. Beth attends the Carter County Diabetes Support Group along with the UK Cooperative Extension Office.

The Northeast Region attended the KYNECT information training at the Lawrence County Health Department. The region also attended the training on the new UK online Performance Evaluation. The group attended a meeting for an update on Remote Area Medical (RAM) 2014 which will be held in Morehead. The Northeast Community Health Workers held a community day for their clients that had participated in Phase 1 of the IDO (Improving Diabetes Outcome) Research Project. The clients were asked to come in and do a follow-up to see how they were doing since the original start date in 2011. The workers were very impressed with the outcome. The Community Health Workers also finished the second half of the Phase II IDO (Improving Diabetes Outcome) Research Project.

Southeast Region

Ralph Fugate
Beverly Blackburn
Julia Keene
Barbara Justice
Pollyanna Shouse
Kathy Hamilton

Regional Coordinator
CHW (Knott)
CHW (Breathitt)
CHW (Pike)
CHW (Wolfe, Powell)
CHW (Floyd)

The Southeast Region had another great quarter. Our CHW's assisted 913 clients, provided 16,334 services with a service value of \$79,213 and accessed medications valued at \$1,082,593.

This quarter our CHW's were busy completing the final phase of the Improving Diabetes Outcomes II (I DO II) project which required a nurse's visit to CHW's county. During this visit, the nurse did a presentation on managing diabetes. The client's weight and blood pressure was taken along with their A1C and blood glucose levels. Each client received an I DO II tee-shirt and a \$25 gift card from Wal-Mart. The overall I DO II project was a great success. In addition to managing these I DO II clients and meeting the needs of their usual client load, the CHW's and regional coordinator continued to attend local interagency meetings, local children's health council meetings, as well as our monthly staff meetings. The region received two special trainings for this quarter: informational training for the new health insurance KYNECT process; and the second training for the new Performance Evaluation process, which has been converted to an online system.

Southern Region

Helen Collett
Michelle Ledford
Brenda Harris
Linda Thacker
Kristy Smallwood
Paul Frederick

Regional Coordinator
CHW (Clay)
CHW (Bell)
CHW (Lee, Owsley)
CHW (Harlan)
CHW (Knox)

This quarter our family health care advisors served 633 clients. A total of 12,186 services were provided to these clients, with service values of \$35,390, and \$906,330 worth of free medication provided in this service area.

The Southern Region has experienced changes during the last quarter of 2013. We welcomed Kristy Smallwood to the position of Harlan CHW; and said goodbye to Linda Thacker, CHW for Lee and Owsley counties. After nine and a half years in her position, Linda has made a life-changing decision to move from the area, where she has lived most of her life, and relocate to Lexington. Although we are sad she is leaving, everyone in our group has expressed our excitement for her new adventure and wish her well. Linda will be greatly missed by her clients and community.

Also, during this quarter, our region completed I DO Improving Diabetes Outcome II with great success. We also completed a one year follow-up visit for the participants for the I DO I group in which participants received AIC testing, a meal and \$25 gift card.

Various interagency meetings were attended to learn about resources available to better serve our communities. Paul Frederick attended a Knox County Healthcare coalition meeting and a Knox County Interagency meeting at Union College. He and Regional Coordinator, Helen Collett, attended a Woman's Health Day at the Knox County hospital.

Brenda Harris attended the Bell County Cooperative Extension Office Appalachian craft fair meeting. She also attended a lunch and learn meeting at the Middlesboro ARH hospital and the Council on Literacy Open House event. Kristy Smallwood also attended the lunch and learn Literacy meeting with Brenda. All staff attended Performance Evaluation training in Hazard and the KYNECT informational training.

South Central Region

Beth Wells
Janice Compton
Sharon Cherry
Lisa Lack
Tammy Glass
Kim Collins

Regional Coordinator
CHW (Monroe, Metcalfe)
CHW (Edmonson, Hart)
CHW (Logan, Butler)
CHW (Barren, Warren)
CHW (Allen, Simpson)

This quarter our CHWs served 778 clients. A total of 17,961 services were provided to these clients, with service values of \$242,474; and \$999,411 of free medication provided in this service area.

The South Central Region attended a training session provided by the UK Center of Excellence in Rural Health regarding the KYNECT-Kentucky Health Care Connection (affordable health insurance enrollment). We also received training regarding the University's new online employee evaluation system. Janice Compton, Beth Wells and Lisa Lack participated in health fairs in Monroe and Logan counties. Our staff members continue to be involved in several community coalitions and initiatives to improve our communities such as local Vision and Networking Neighbors meetings while also continually providing outreach with local physicians and agencies.

Western Region

Sherry Morris
Donna Hooper
Mary Beth Rohrer
Tessa Vail
Carla Gray
Rhonda Wadsworth

Regional Coordinator
CHW (Fulton, Hickman and Carlisle)
CHW (Graves)
CHW (Marshall, Livingston)
CHW (Calloway)
CHW (Lyon, Caldwell)

During this quarter the Western Region provided 20,444 services with service values of \$64,243; and medication values of \$1,570,457 to 816 clients.

This was a busy quarter for the Western Region! Everyone worked hard to help get client's needs met by the end of the year, and we are excited to see how the Affordable Care Act will affect the majority of our clients. We completed our I DO CHW client home visits and are looking forward to mid-January for the second round of nurse visits. Along with the above activities, we are working with many agencies to help provide a happier holiday for those less fortunate in our counties.

In their individual areas, the Western Region's CHWs represented Kentucky Homeplace at meetings with the following agencies: Family Achievement Child Excellence Center (FACE), inter-agency meetings, Family Resource Centers meetings, Baptist Health, Angels on Assignment, Diabetic Support Groups, PrimeCare, Feed the Children meetings, Senior Citizen Health Fairs, many area food bank distributions, clothing giveaways, and the Marshall County Agency for Substance Abuse Policy Board (ASAP).

The Western region attended the educational session for KYNECT and the Human Resource Training session over the new On-Line Performance Evaluation process. We want to send out a big THANKS to the Marshall County Health Department for letting us use their facility to view the I-TV telecasts, so that we could take part in these two events that were held in Hazard at the UKCERH.

Client Encounters

Actual situations encountered by Community Health Workers
October 1, 2013 – December 31, 2013

A recent cut in food stamps left one of my client's family running out of food every month. I had attended a meeting at our community action agency and learned that our local Salvation Army had recently opened a soup kitchen. I informed my client of this, and it has been a blessing to her family. They now have lunch at the soup kitchen, and she is able to take home a box of food every month. This new program has been in operation for a few months, and it has provided a daily hot meal for several families in the community.

This quarter I received a phone call from a local doctor's office referring a 55-year-old man to Kentucky Homeplace. He was in need of a positron emission tomography (PET) scan and needed to see an oncology specialist. The doctor's office explained to me that he had been seen approximately one month ago with respiratory problems.

He received a chest X-ray that required a follow-up computed tomography (CT) scan. I contacted a nearby hospital to complete the Disproportionate Share Hospital (DSH) application so he could get the necessary CT scan. He came to my office and completed the paperwork. Once again, the CT scan warranted a follow-up PET scan and an appointment with a cancer specialist. Most of the hospitals are planning on discontinuing the DSH assistance in 2014, because of the national health insurance care going into effect. We would have to work fast to get him seen in a quick timeframe. He had over a month and a half before he would be eligible for the insurance, but he did not want to wait. I was able to get him seen and get the necessary tests completed.

This week I spoke with his doctor who confirmed the lung cancer diagnosis. Now I am working with other agencies to help with treatment and follow-up care. He is thankful that Homeplace was available to him.

This quarter has been a very interesting and busy one for me. There were many clients in need. One of the major things that stood out was the clients finding out that they qualify for Medicaid in January. One client cried on me and was so happy that she would have insurance. Others have called and said they won't be needing my services anymore, but wanted to thank me for everything I had done for them. Needless to say it has been a very challenging quarter; and I am both happy and sad about what the future holds.

I received a call from a client who had fractured his arm in several places and had to have extensive surgery. He had no insurance and was in need of a particular brace for the stabilization of his arm. The brace cost over \$400. A local medical company reduced the charge to \$175, but the client still could not afford the brace.

I contacted the Kentucky Appalachian Rural Rehabilitation Network (KARRN) organization and after networking with them, one of the community members contacted me and wanted make arrangements to supply the brace to the client at no charge.

I had a client this quarter that was referred to me from a local hospital who needed help with an asthma medication. When talking with the client, I asked them to bring a list of all of the medications into my office. After reviewing the medications, I was able to access three additional medications for her. The client was very grateful. I also informed her that she could sign up for the Affordable Care Act (Obamacare) at the local community based service office. I explained to her she would have insurance through the program starting January 1, 2014. She would then be able to see a doctor on regular basis and could afford her medications. The client was very grateful and appreciated the information and the help with her medications.

This quarter I received a call from one of the local schools about one of their students that was having problems seeing and needed an eye exam. I told her to have the parent contact me and I could enroll them in the Sights for Students Program, which would pay for the eye exam and eyeglasses, if needed. After speaking to the mother, I assisted her in scheduling an appointment with the optometrist and the eye care center to order the glasses.

I am writing about a client who was referred to me and who had been diagnosed with cancer. I scheduled an appointment with him for the next week. The client came to office and I began the enrollment process.

During the interview, he told me he had two types of cancer and would soon be starting chemotherapy. I advised him to go to the American Cancer Society and obtain gas cards to assist him with his transportation. I then told him about a local hospital that had a van to transport patients to and from their treatments, if they were unable to drive. I further explained to him that once he obtained treatment options, I would see what medications were available to him through the pharmaceutical programs for his treatments.

The client called me in about a week and stated that the doctors had determined that his cancer is terminal and no treatment was recommended. I was very shocked and surprised to hear this from him; I barely knew what to say. I expressed my sympathy to the client and advised him if there is anything else I could do for him, please don't hesitate to call me; my door is always open.

About a month later, his family called to tell me that the client was getting worse and that he needed a ramp to get in and out of his home. I advised them to obtain an estimate from a lumber company and see what the cost would be for the ramp. Once they brought me an estimate, I contacted two resources in our county. The total cost of the ramp would be \$360. One local private company said that they might cover \$150 of the cost, which would leave \$200. In this economy, it was very hard to find agencies willing to help. I worked with different agencies and finally got all the material costs covered and volunteers to build the ramp for my client. It took longer than I would have liked to get this project completed, because everyone's funding has been cut. We did finally get the project completed and my client got to use it for a short while before he passed away.

During one of my I DO home visits and while going over the diabetes education, my client said her husband had a lot of the symptoms of diabetes that we had gone over. I asked if he had ever had his blood sugar checked. She said no, but they proceeded to check it while I was in the

home. His blood sugar was over 400. She immediately called and scheduled him an appointment with his doctor.

I did a follow-up call with them later, and he had been put on medication and was now in the hospital. They are trying to find a medication to control his diabetes. She thanked me for the information and said if I had not gone over the information with her, he probably would have continued thinking his other health problems were causing him to feel so bad. His outcome could have been a lot different if they had not checked him immediately.

I had a migrant worker family come into the office. The father works on a farm and the children are both enrolled in technical school. I helped the father and daughter with eye exams and eyeglasses. While in the eye doctor's office, the doctor told the father he had a suspicious looking growth on the eyelid and it needed further evaluation with a specialist. The doctor's office made an appointment with a doctor 30 miles away and told them that they would require \$200 for the first visit. I made a few calls and was able to get him an appointment with an eye clinic that would see him for a fee based on his income; his co-pay was calculated to be \$20. The specialist saw my client and advised him that nothing needed at this time, but he would like to continue to follow him every six months to make sure it is not growing too fast.

A young man called needing assistance with medication. I saw the client and assisted him with the application for a seizure medication. He explained that he went to a local service agency because of an accident as a teenager. At the time of the accident-hospitalization, he was told by his physician that he was revived twice before they reached the hospital. He had spent several months in the hospital in recovery.

Now, it is hard for him to stay focused on anything. He is married and with his wife's help and medication, he is doing better. He lost his job and his spouse does not work. He was unable to afford his medication. I completed the application and mailed it to his doctor. We are waiting for the application to be returned to be submitted to the pharmaceutical company.

A woman called to see if she qualified for any assistance with our program. While doing an over the phone assessment, I found that I could assist her with medications and eyeglasses for her and her husband.

They told their son-in-law about our services and he then asked if I could help him. I was able to obtain a primary care physician for him as well as help him with medications and eyeglasses, which he thought he could not afford. He had major heart problems but the cardiologist wouldn't continue to treat him without either cash payments or insurance. He is now going to an income-based family medicine clinic which happens to have connections with a heart specialist. This client is striving to get back to work and was grateful for any help he and his family could get to carry them through this difficult period.

I received a phone call from an elderly man in need of help to get his medication. I told him to come into the office and I would see what I could do. He had been diagnosed with cancer several years ago but it had been in remission. He had recently returned to the doctor for a checkup and they discovered that the cancer was back. They wanted to start him on a cancer

drug, but his insurance said they would not help pay for the medicine. He called me and told me that he had received a rejection letter from the insurance company. He brought the letter in and it said his copay would be \$2,317 per month. I did a pharmaceutical assistance application for his medication and he was approved to get it free through their patient assistance program.

Community Health Workers face many challenges in our jobs. We often see clients that have run out of options or fallen between the cracks. My story is about a single lady that works two part-time jobs, and neither of them offers her health insurance coverage. When she tried the affordable health care program, the premium was far more expensive than she could ever afford.

My client has diabetes, hypertension, thyroid and cholesterol problems. She may have fallen between the cracks for health insurance; but Kentucky Homeplace was able to access her medications from pharmaceutical companies. I also referred her to a very good sliding fee scale clinic that she will be able to afford on her income.

In addition, my client has had an eye exam and a pair of new eyeglasses, thanks to the programs that work with Kentucky Homeplace.

Several years ago one of my clients was diagnosed with cancer. At that time, she needed assistance with getting her teeth extracted and dentures. I was able to get her referred to a dentist and then on to the denture clinic.

This quarter, she returned for help with finding a home and with medication assistance. She had been renting part of a friend's home, but difficulties with the friend's family had caused her to need to move. She couldn't find any place that she could afford to rent. I suggested a program to her for low-income housing that was being built just a few miles away.

I called and spoke with the manager of the program and told her my client was coming there to apply for housing. My client was so excited and called me the next day to say the cottages were so nice and all brand new. She was crying, saying she couldn't believe that this was happening to her. Needless to say, she was accepted and was able to quickly move into her new home. Her monthly social security income was so low that she qualified for food stamps, heating assistance and her assistance with medication. In addition, we were able to get smoking cessation medications for her. Now, after 50 years of smoking she has quit and is doing well.

I received a call this quarter from a lady that was skeptical that I would be able to help her. She had never received any assistance before in her life and she thought she wasn't able to get any help now.

I explained to her that she was within the income guidelines of receiving help and told her that she could get some of her medications under the prescription assistance programs. She left my office still unsure of any possibilities of getting help with anything.

She called me back some time later and started to weep. She said she received some medication in the mail that we had gotten for her and she was speechless. She said she was truly thrilled that she was able to get help with her medication. She stated that she had been "robbing Peter to pay

Paul” and it was a horrible cycle. She just wanted to say "thank you" and that she really appreciated everything we had done for her and this help will do more for her right now in her life than anything else. I told her it was the program that helped her, not me, but she said whoever or whatever; she was very grateful.

The client I am writing about is one of my original I DO clients. The original I DO health fair was held October 13, 2011. At that time, she was taking medication for her diabetes and blood pressure medication. During her initial follow-up in April 2012, her A1C was down, but she was still taking her diabetic medications. Almost two years later, on October 10, 2013, we had a follow-up visit, with the initial clients that participated. This client's A1C was down to normal range and she no longer takes any medication for diabetes or blood pressure. When asked how she managed, she said, "I made up my mind that I wasn't going to end up taking insulin" and she started watching what she ate and getting a little exercise. What a difference our I DO program has made in her life!

My story is about one of my clients that has diabetes and has been a client of Kentucky Homeplace for many years. In the past, we were able to get most of her medications at no cost to her. This quarter, she stopped in at the office and told me she was one step from having cancer and needed a complete hysterectomy. She said the doctors told her that she had to have the surgery, but she had no insurance and no money to pay the doctors for their services.

I talked to her about one of the out-of-state hospitals that we work with that had a program that could possibly assist her with the surgery. I told her where she would need to go and to get all the necessary paperwork completed.

She went to the hospital and talked with a financial counselor. They did not tell her how much it was going to cost, but she walked away with an appointment to see a doctor that very day. The counselor told her not to worry and that they would take care of her. After seeing the first doctor, they sent her on to their cancer center to talk to another person, and they gave her a surgery date. She just couldn't believe this was happening so fast.

On her way home from her appointment, she was so happy about what had just happened. She said she just had to stop and share with me what she had happened and how well she had been treated. She said she didn't realize that there were still people or places that would help a person without having money.

She had to go out of state to get the help she needed, but she is so thankful. She said that if she hadn't stopped in to see what services Homeplace provided, she would not have been able to have gotten the treatment she needed. She is so thankful for Kentucky Homeplace knew about the programs that could help somebody that doesn't have insurance or money to pay for surgeries like hers.

I've been helping a client with her medication for a while and she recently came into my office to sign forms for re-enrollment. While signing the forms, she stated her glasses belonged to her daughter. After questioning the lady as to how long it's been since she had an eye exam and new

eyeglasses, I enrolled her into the Kentucky Vision Program that helps with both the eye exam and eyeglasses. A month later, she stopped by my office to show me her new eyeglasses.

This quarter I had a young man come in to get help with his blood pressure medicine. He is working part-time to put himself through school and has no insurance to pay for his medicines. I was able to access a program to help with his medicine and he is doing well in keeping his blood pressure down.

My client needed eyeglasses in order to be pass his exam to get his Commercial Driver's License (CDL). He had been offered a job after being laid off from the mines. I completed the application for eyeglasses and after receiving them he was able to pass the eye exam. Now, he has been able to get a good job to take care of his family.

My story is about a married couple of that I have helped for many years with different problems and programs. They have been participants in our "I DO" study and recently I have tried to help them with the Low Income Home Energy Assistance Program (LIHEAP).

Neither of them is able to read or write, so there are many barriers for them. On this particular day, I called the Social Security office to get copies of proof of their 2013 income. The proof of income arrived one day too late for them to get help with heat assistance.

On the same day they came to see about help with heat, they had brought a letter concerning Medicare Part D coverage. I called their healthcare provider and was told there would be no changes made to their plan.

A few weeks later, they came back to my office with a letter and a coupon book that asked for payment for the overage on his medication coverage because there were changes to his plan. I called Social Security to check his status with Low Income Subsidy. I called Medicare to make sure his status was correct. I called First Health the part D provider and was told that the plan the client has had exceeded the benchmark for Kentucky coverage. This means his plan must be changed in order for him to get his medication at low cost or free.

I then called Medicare to assist in enrolling the client in a new plan. After a 45-minute phone call with Medicare, the client had a new plan is in place. The new plan will save the client \$400 a year on his medication co-pay. Needless to say, he was very happy! While the couple was in my office, I called Community Action to see about the next heating assistance program. I was able to tell them the LiHeap program would start again the following Monday. They applied and qualified to receive 200 gallons of propane.
