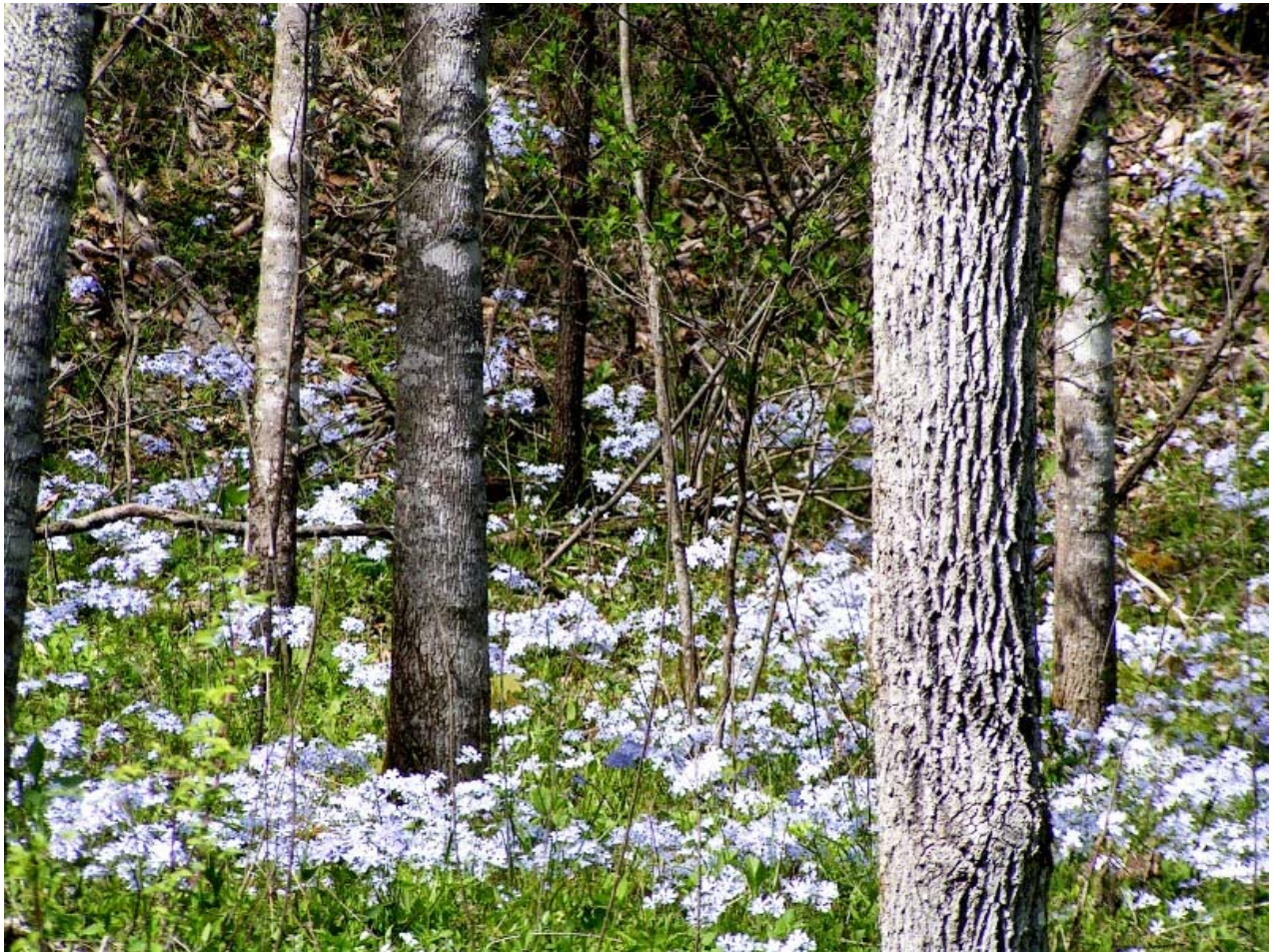


***UNIVERSITY OF KENTUCKY***

*Kentucky Homeplace*

**QUARTERLY REPORT**

**January 1, 2010 – March 31, 2010**



*Kentucky Homeplace*  
**2008 National Rural Health Association Program of the Year**  
<http://www.mc.uky.edu/ruralhealth/homeplace.asp>

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Front page photo: “Sweet Williams in the Trees” courtesy of photographer Karen Pratt, UK  
Center for Excellence in Rural Health, Account Clerk III

March 2010

Dear fellow Kentuckians:

Family health care advisors continue to assist clients with these needs as well as access to medical care, medications and supplies to manage their conditions. The FHCAs are providing information and encouragement - along with access to preventive care services, participating in community service projects and local events in addition to their regular assignment – assisting clients with their needs.

Here's a summary of services for this quarter, January 1, 2010 – March 31, 2010: the number of unduplicated clients served was 5,676; the amount of medications accessed was \$5,517,484; other services values accessed totaled \$934,719; and number of services was 125,602. The top client medical conditions included hypertension, diabetes, high cholesterol, mental health, and heart disease.

The entire quarterly report is posted on the UK Center for Excellence in Rural Health's Web page for your review at <http://www.mc.uky.edu/ruralhealth/>. The report is found on the left side of the page; click on Kentucky Homeplace, scroll to the bottom of the page and click on Quarterly Reports and then click on January – March 2010. If you still wish to have a printed copy, please call 1-800-851-7512 or email me at [fjfeltn@uky.edu](mailto:fjfeltn@uky.edu).

Sincerely,

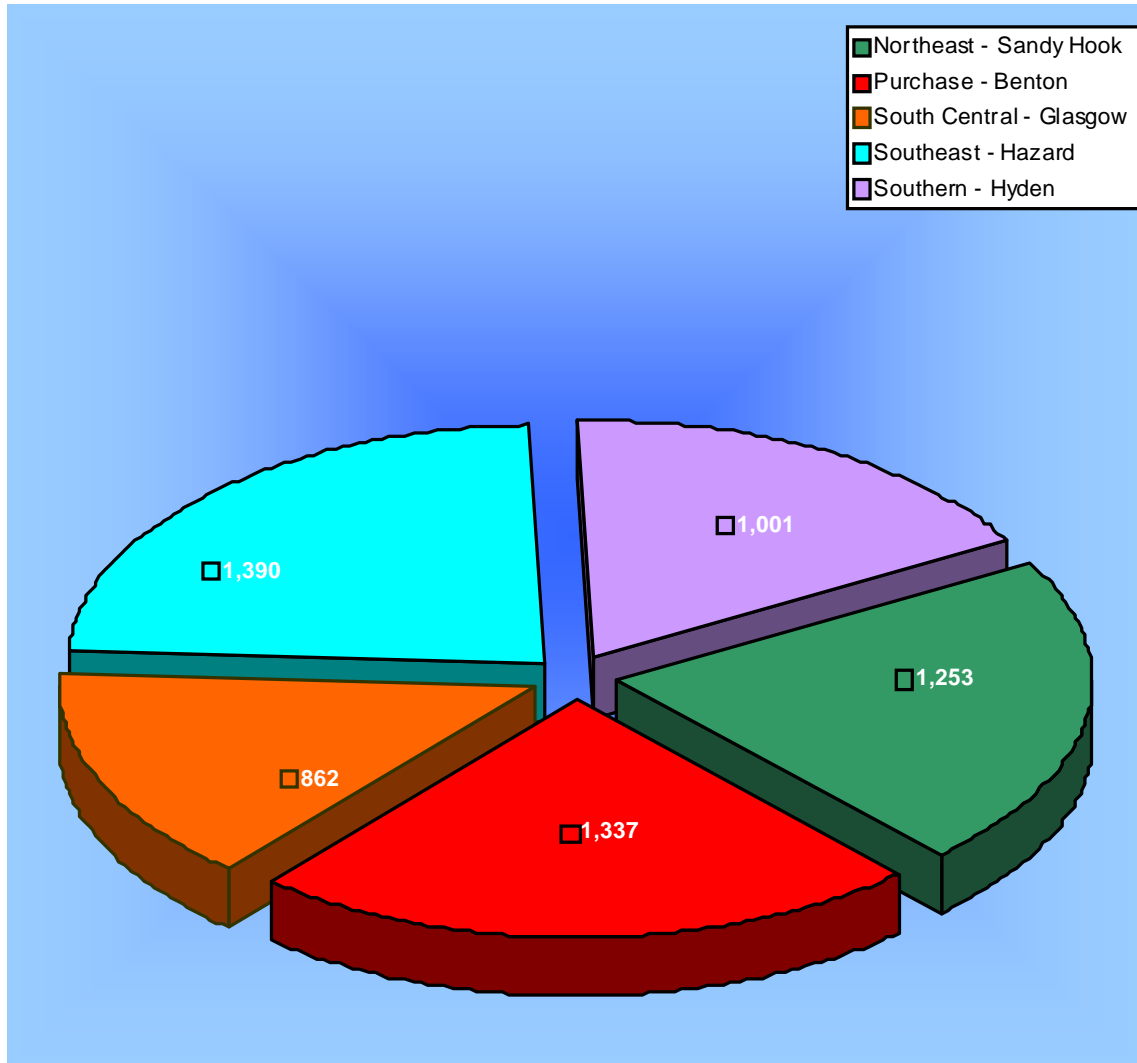
A handwritten signature in black ink that reads "Fran Feltner". The signature is written in a cursive, slightly slanted style.

Fran Feltner, MSN, RN  
Director, Lay Health Workers Division

<b>Poverty Levels of Homeplace Clients</b>						
<b>January 1, 2010 – March 31, 2010</b>						
Number of People in Household	100%	101-133%	134-150%	151-200%	201-250%	Totals
1	1,888	0				1,888
2	2,338	1				2,339
3	764	0				764
4	378	0				378
5	175	0				175
6	49	0				49
7	18	0				18
8	7	0				7
9	5	0				5
11	1	0				1
13	1	0				1
<b>TOTALS</b>	<b>5,624</b>	<b>1</b>				<b>5,625</b>
Column %	99.9822%	.0001780%	0%	0%	0%	100%
Source: Data extracted from the Kentucky Homeplace database						
*Total Clients - Incomplete income data on <b>51</b> clients						

<b>Age Distribution of Homeplace Clients</b>		
<b>January 1, 2010 – March 31, 2010</b>		
Age Group	Number of Females	Number of Males
Under Age 1	0	0
Ages 1 to 4	3	3
Ages 5 to 12	6	14
Ages 13 to 14	4	3
Ages 15 to 19	9	8
Ages 20 to 24	98	61
Ages 25 to 44	624	429
Ages 45 to 64	1,993	1,238
Ages 65 to 74	473	313
Ages 75 to 84	189	119
Ages 85 and over	54	28
<b>Total:</b>	<b>3,453</b>	<b>2,216</b>
<b>Median Age:</b>	<b>53.9</b>	<b>53.5</b>
Source: Data extracted from the Kentucky Homeplace database		
*Total Clients; incomplete data on <b>7</b> clients		

## Total Clients Served By Region January 1, 2010 – March 31, 2010

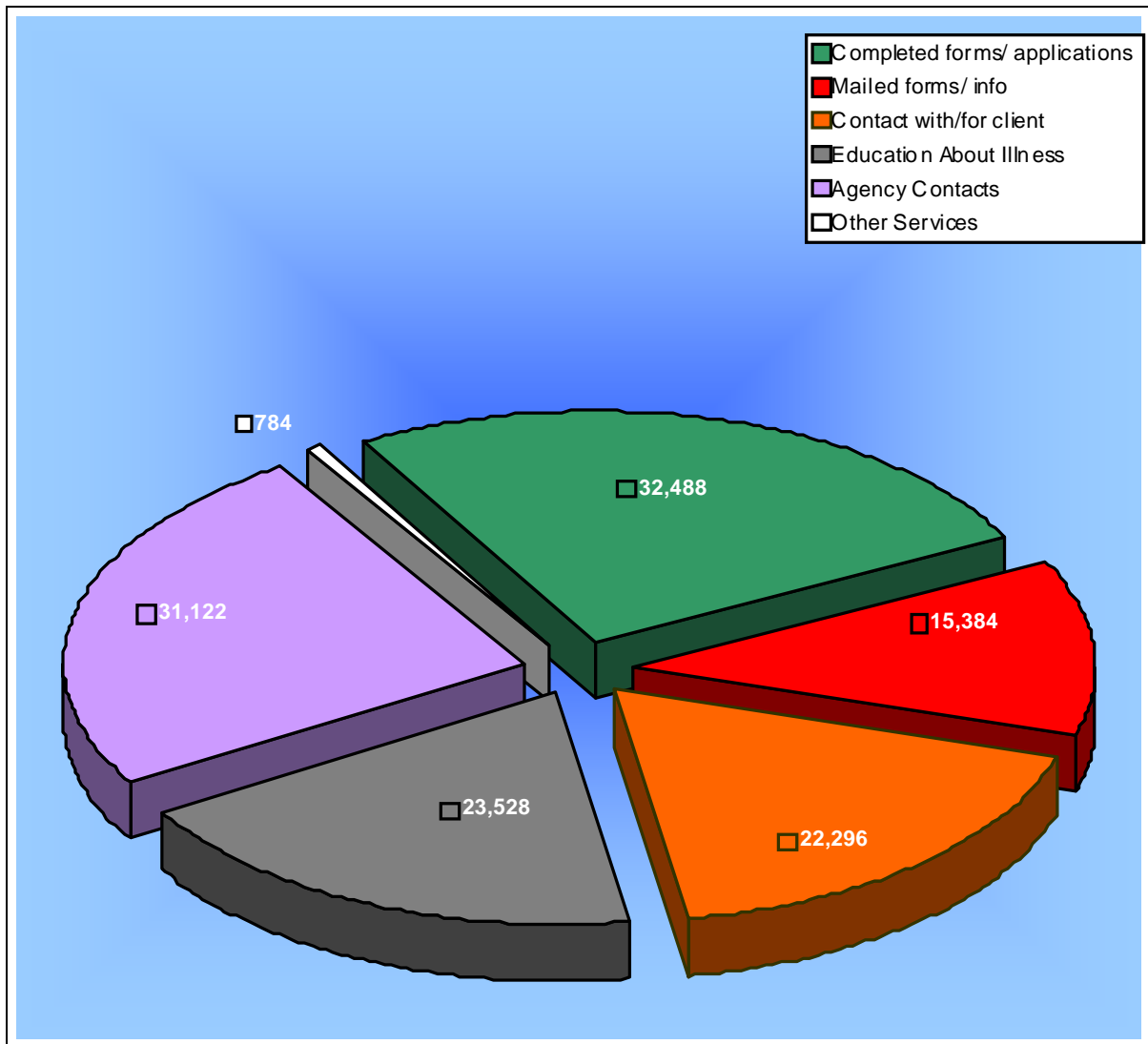


### **TOTAL UNDUPLICATED CLIENTS FOR QUARTER: 5,676\***

\*This total represents unduplicated clients seen this quarter– in the regional summaries, some clients are seen more than once each quarter and that duplicated number is reflected in their summaries. The graph above totals 5,843; this number reflects that one or more FHCAs assisted the same client(s) this quarter.

# Client Services

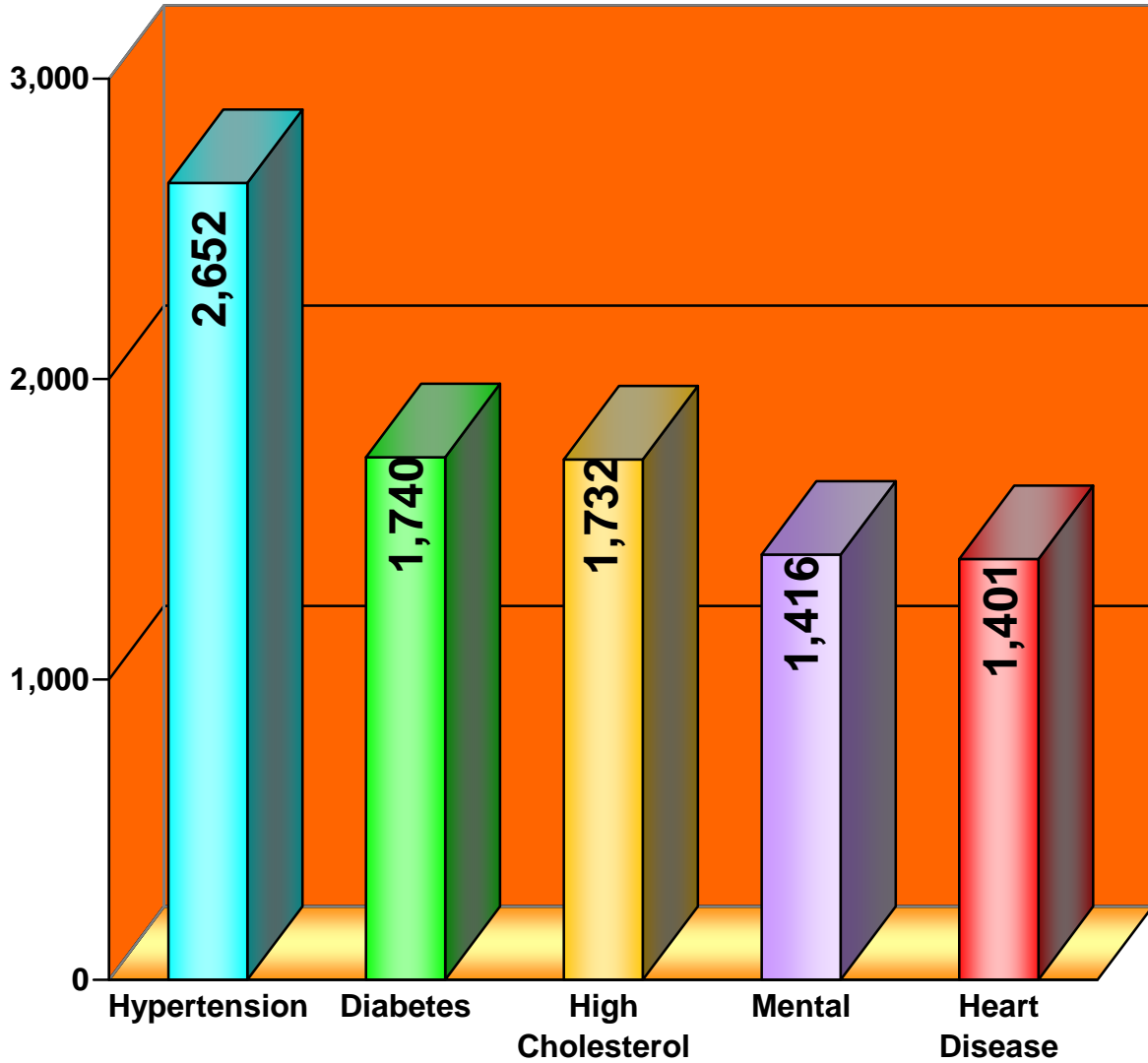
## January 1, 2010 – March 31, 2010



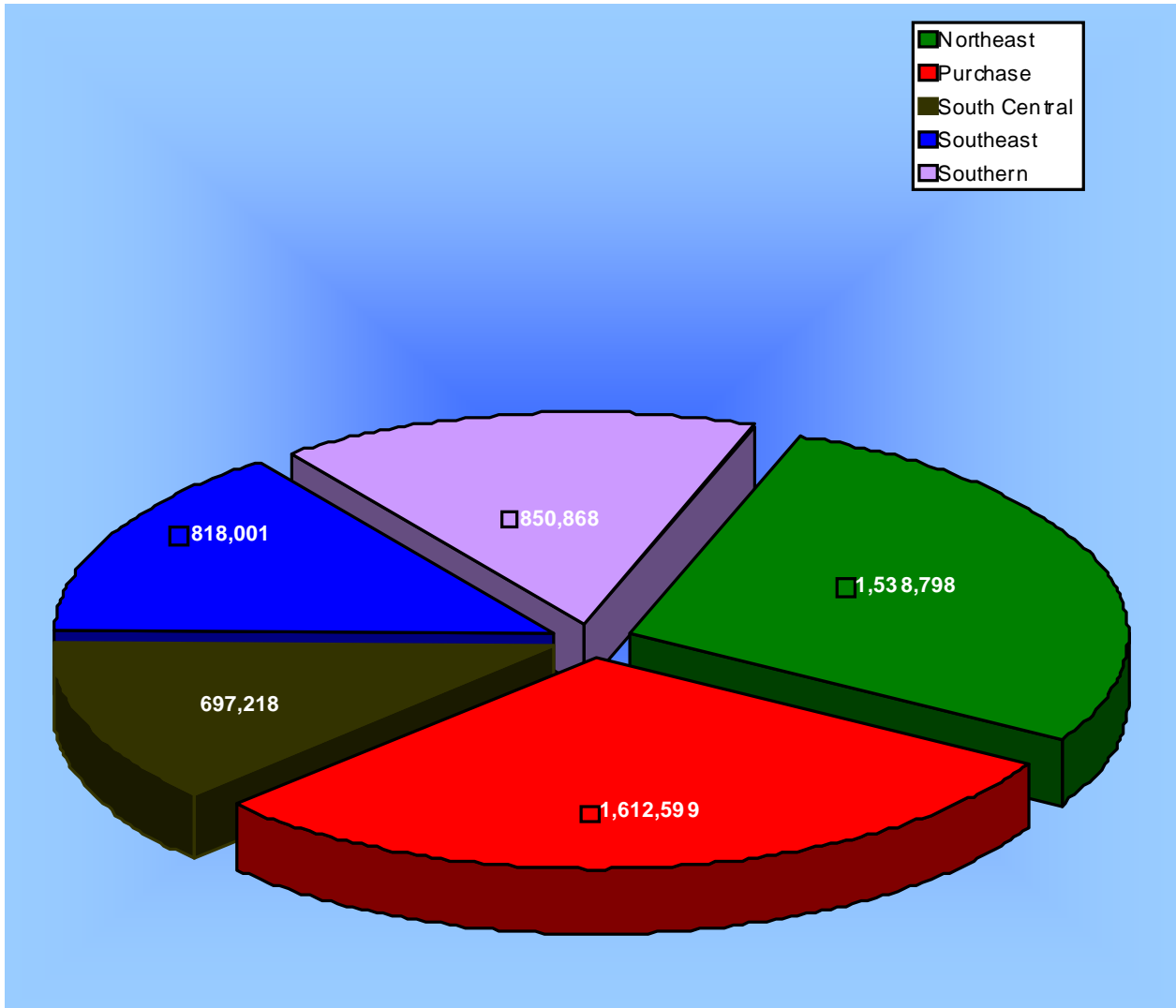
**TOTAL FOR THE QUARTER: 125,602**

There were 381 home visits made this quarter; this number is included with the client contact numbers shown above.

## Top Five Client Problems By Condition January 1, 2010 – March 31, 2010



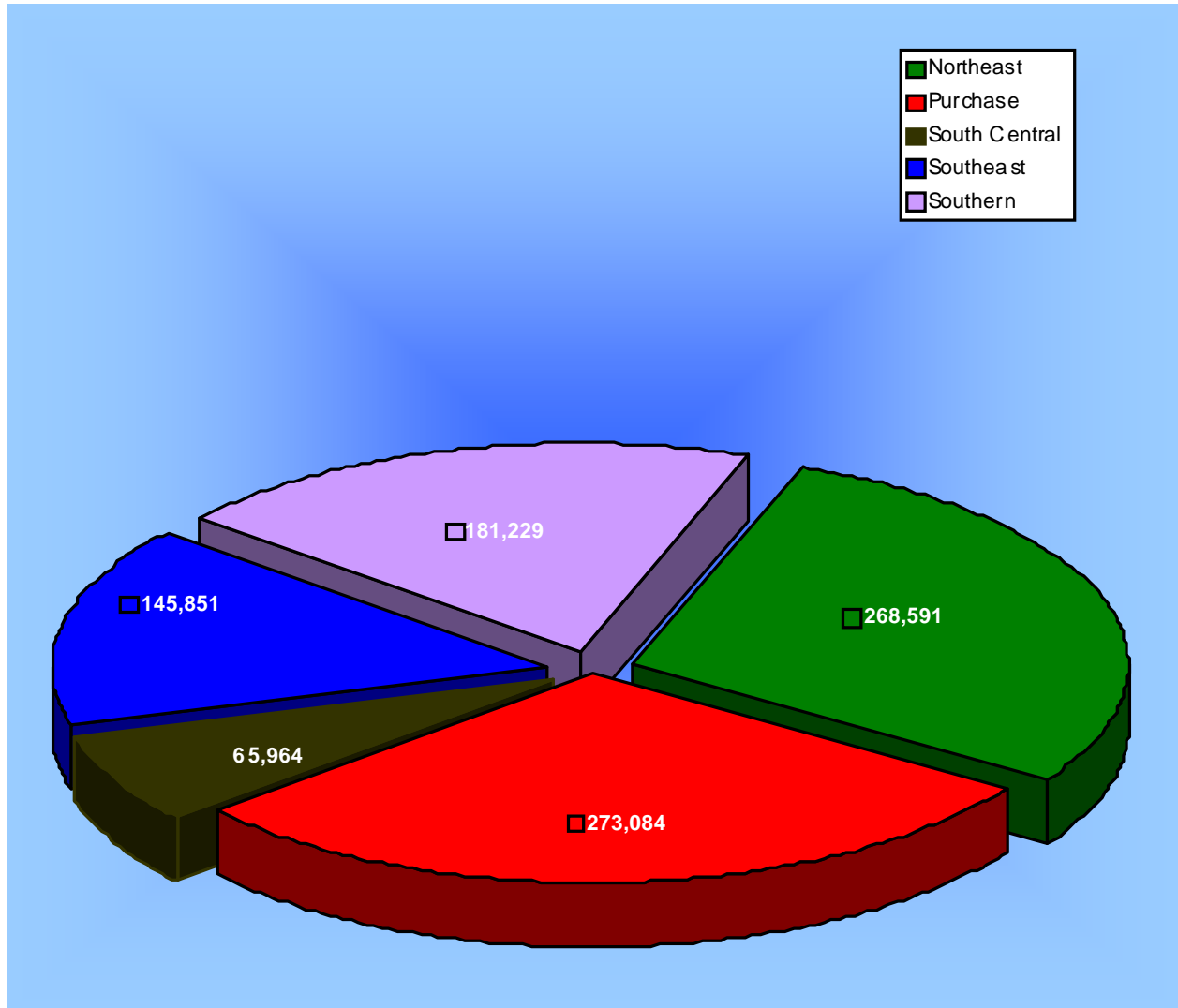
# Client Medications Value January 1, 2010 – March 31, 2010



**TOTAL MEDICATION VALUE: \$5,517,484**



# Client Services Value January 1, 2010 – March 31, 2010



**TOTAL SERVICES VALUE: \$934,719\***

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

## REGIONAL SUMMARIES

### Northeast Region

**Janet Kegley**

**Lana Bailey**

**Lela Adkins**

**Angela McGuire**

**Elizabeth Smith**

**Shirley Prater**

**Kim Sansom**

**Judy Bailey**

**TBA**

**Regional Coordinator**

**FHCA (Greenup)**

**FHCA (Bath, Round)**

**FHCA (Lawrence, Martin)**

**FHCA (Carter)**

**FHCA (Elliott, Morgan)**

**FHCA (Boyd)**

**FHCA (Johnson, Magoffin)**

**FHCA (Menifee, Montgomery)\***

\*Lela Adkins currently covers these counties

This quarter our FHCAs served 1,253 clients. A total of 31,184 services were provided to these clients, with service values of \$268,591 and \$1,538,798 worth of free medication was provided in this service area.

The Northeast Region attended the Kentucky Homeplace Mini-Retreat in Morehead and toured the new UK Center for Rural Health building that will be completed soon. All employees completed Cardiopulmonary Resuscitation (CPR) training and diabetic training. The FHCAs attended interagency meetings in Bath, Rowan, Lawrence, Martin, Greenup, Johnson, Magoffin, Carter, Elliott and Morgan counties.

Lela Adkins attended the Community Health Fair at Owingsville Elementary, the St. Claire Regional's "Living with Arthritis" health fair and had a Diabetic Shoe Day for her clients. Lana Bailey attended Boyd/Greenup County Free Health Clinic meetings, Greenup County Health Summit II, Greenup County Emergency Shelter Committee meeting and introduced Kentucky Homeplace to Pathways. Lana is on the Greenup County Employable Workforce Committee, and works with the Lions Club. She gave a presentation at the Greenup County Health Department for the nursing staff.

Judy Bailey is now located in an office at the new Magoffin County Health Department. Judy attends the interagency meetings in both Johnson and Magoffin counties. Judy works each week at the Free Clinic in the Magoffin County Health Department. She assisted the Senior Citizen Center with preparing food baskets for the seniors. Judy also worked with the Tri-County Diabetes Coalition.

Angela McGuire did a Homeplace presentation with Dr. Stickler and his staff. Angela is a member of the Health Advisory Team. Shirley Prater attended the interagency meetings in Elliott and Morgan counties. Beth Smith attends the interagency meeting in Carter County. Kim Sansom is on the committee for the Northeastern Kentucky Care Clinic.

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### Southeast Region

**Ralph Fugate**

**Tammie Holbrook**

**Regional Coordinator**

**FHCA (Letcher)**

<b>Nancy Combs</b>	<b>FHCA (Perry)</b>
<b>Paul Vance</b>	<b>FHCA (Knott)</b>
<b>Julia Keene</b>	<b>FHCA (Breathitt)</b>
<b>Barbara Justice</b>	<b>FHCA (Pike)</b>
<b>TBA</b>	<b>FHCA (Pike)</b>
<b>Pollyanna Shouse</b>	<b>FHCA (Wolfe, Powell)</b>
<b>Kathy Hamilton</b>	<b>FHCA (Floyd)</b>

This quarter our Family Health Care Advisors served 1,390 clients. A total of 24,034 services were provided to these clients, with service values of \$145,851. In addition, \$818,001 worth of medication was accessed on their behalf.

The Southeast Region attended interagency meetings in their counties and worked with the Remote Area Medical (RAM) Committee as they were planning the event in Pikeville. Community Health and Diabetic Days were held throughout the regions for clients and senior citizens.

### **Southern Region**

<b>Helen Collett</b>	<b>Regional Coordinator</b>
<b>Michelle Ledford</b>	<b>FHCA (Clay)</b>
<b>Glenna Hampton</b>	<b>FHCA (Bell)</b>
<b>Linda Thacker</b>	<b>FHCA (Lee, Owsley, Estill)</b>
<b>Shirley Madrey</b>	<b>FHCA (Harlan)</b>
<b>Paul Frederick</b>	<b>FHCA (Knox)</b>
<b>April Nalle</b>	<b>FHCA (Laurel)</b>
<b>Nichole Ritchie</b>	<b>FHCA (Leslie)</b>
<b>Lucinda Blair</b>	<b>FHCA (Jackson)</b>

This quarter our family health care advisors served 1,001 clients. A total of 16,882 services were provided to these clients, with service values of \$181,229, and \$850,868 worth of free medication was provided in this service area.

As a region, we are pleased to welcome Nichole Ritchie and April Nalle as new Family Health Care Advisors. Nichole was hired for the Leslie County position and April for the Laurel County position. Everyone is working together to help them learn their new responsibilities.

In an effort to provide diabetic and heart disease education, we continue to hold diabetic and heart health days in London and Manchester as we feel these events greatly benefit our clients. I have asked St. Joseph Hospital, the sponsor of these events, to expand to the other counties in the Southern region to help educate our clients.

As a region, various interagency meetings have been attended by the FHCAs and the regional coordinator. Linda Thacker in Lee County has worked with Beattyville Housing to assist clients with needed housing repairs and she has worked with the UK Extension office to distribute food through Gods Pantry Cafeteria program. Other events include meeting with Kim McIntosh and Janess Melton, nurse practitioners; Dr. Roy Varghese's staff; Ray Cromer, Lee County Coroner, and Dr. Anita Cornett's staff.

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**South Central Region**

**Beth Wells**  
**Janice Compton**  
**Sharon Cherry**  
**Lisa Lack**  
**Jeaneen Williams**  
**TBH**

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

This quarter our FHCAs served 862 clients. A total of 17,794 services were provided to these clients, with service values of \$65,964, and \$697,218 worth of free medication was provided in this service area.

South Central Kentucky Homeplace staff have been busy this quarter promoting and assisting clients with applying for the Low Income Home Energy Assistance Program (LIHEAP) and weatherization programs in our counties. We have attended interagency and coalition meetings in Hart and Monroe counties. Lisa Lack continues to provide outreach one day per month at Good Samaritan. All of our staff were recertified in Cardiopulmonary resuscitation (CPR) during this quarter and also attended the yearly update training provided by the Kentucky Homeplace Program State Director.

**Western Region**

**Sherry Morris**  
**Donna Hooper**  
**Angelic Carpenter**  
**Mary Beth Rohrer**  
**Tessa Vail**  
**Carla Gray**  
**Rhonda Wadsworth**  
**Jerrell Rich**  
**Jacqueline Anderson**

**Regional Coordinator**  
**FHCA (Fulton, Hickman and Carlisle)**  
**FHCA (McCracken, Ballard)**  
**FHCA (Graves)**  
**FHCA (Marshall, Livingston)**  
**FHCA (Calloway)**  
**FHCA (Lyon, Caldwell)**  
**FHCA (Webster, Union and Crittenden)**  
**FHCA (Christian, Trigg)**

The Western Region has experienced a 20% increase in clients served this quarter with our Family Health Care Advisors serving 1,377 clients. A total of services 40,451 were provided to these clients for a value of \$273,084, and \$1,612,599 of free medication was provided in this service area.

We were busy as a region during this quarter. In January, a representative come to speak to our group about helping to obtain diabetic shoes and other equipment for our clients; she also gave us ideas for setting up Diabetic Days to help provide these services to our diabetic clients. In February, we all took part in and passed the Red Cross Cardiopulmonary Resuscitation (CPR) re-certification course. In March, the entire region took part in the Regional Staff meeting with Homeplace State Director, Fran Feltner, and Administrative Coordinator, Margaret Russell. During this meeting, we reviewed case management, service entries and had a chance to present questions to Homeplace administration.

As individuals, Homeplace has been represented at Domestic Violence Task Force meetings, Inter-Agency meetings, Head-Start meetings, various Cancer Coalitions, Health Fairs, Senior Centers, Family Resource Centers, American Cancer Society meetings, and with Health

Departments and physicians' offices across the region. We are working with the Diabetes Center for Excellence to help facilitate a Diabetes support group in Fulton and Hickman counties. The Western Region was represented at the Homeplace Coordinator's Meeting held in Lexington, KY, and at the Kentucky Rural Health Association Legislative Conference held in Frankfort, Ky.

## **Client Encounters**

**Actual situations encountered by  
Family Health Care Advisors January – March 2010**

My story is about a man who both made me cry, but also made me thankful for what I have in life. This very humble gentleman had walked for six hours to come to my office. He was homeless, and suffering from a severe urinary tract infection. He was too embarrassed to do more than look down at the floor as he handed me a script for an antibiotic. It was a cold, rainy morning and this man was obviously running a fever. He had walked the railroad tracks from the hospital in the next county to my office.

I couldn't help but think of what a miserable night he had spent: cold, hungry, feverish, and walking in the rain to see if I could help him for what turned out to be a medication that cost less than \$10. I talked with him and found that he had been seen in the emergency room the night before, where he was given a prescription and one pill. He had taken the pill on an empty stomach and become very ill; I seriously doubted that he told the hospital staff he hadn't eaten that day.

I offered to make arrangements for him to go to the local homeless shelter. He told me they wouldn't take him. I offered to check with another shelter but he didn't want me to do that; he wanted to stay in this area. We talked about visiting Social Services and applying for food stamps. He said he had already done that and a card had been sent to a post office several miles away, but he couldn't claim the mail without proper identification. He couldn't get an identification card at the court house until he showed two proofs of identification. He had one letter Social Services had given him but couldn't come up with another source of identification. I suggested he stop by the police station next door and have them print out some old court records to use.

He was getting nervous with my questions and indicated that if I would just help him with the medication he would leave. I have no resources for instant medication, but I walked next door to the drug store. The pharmacist realized the situation, refused to take payment and filled the prescription. The gentleman left the store with his medication and also something to eat. I walked him out to the street and again offered to find some food and other items and a shelter to take him. He refused and said he might come back later. I haven't heard from him again, but I feel better knowing that I tried to make a difference for him.

---

I received a phone call from a local resident who was staying in the nearby hotel. She told me that a fire had engulfed their trailer five days ago. The local Red Cross Chapter had been able to help them with accommodations in the motel for five days, but now they were going to be homeless because the Red Cross had done all they could afford to do for them. The elderly couple has several members of their family who depend upon them for their housing. They are on a fixed income and needed help while waiting on the insurance company to pay for their loss. I scheduled an appointment with them at the motel and completed the necessary paperwork and enrolled them in our program. Then, I began contacting agencies hoping for some assistance. After several phone calls and talking with many agencies, I was able to find assistance through a temporary homeless grant that gave the family an additional 11 days of free accommodations at the motel.

---

I received a referral from a 57-year-old female with cancer. She had no insurance and her husband is disabled. Their two children were still at home, unemployed, but looking for work. I contacted the social security office and Medicaid to inquire about benefits for her, but was told since she had not worked outside the home she didn't qualify for assistance. After the client passed away in July, the husband was told that her Medicaid had been approved and they would take care of her medical bills.

While this was good news for the family, it was a shame that she had died thinking she had left bills for her family to pay. This woman had refused to see a doctor because she didn't have insurance to cover the cost. I just wish there was more I could have done for her, while she was still alive.

---

I had a 75-year-old woman who had cancer come into the office. She was asking for assistance for her sister, who was diabetic and had a staph infection that wouldn't heal. Her sister had Medicare and Medicare Part D, but the medicine she was taking had caused her to go in the 'donut hole' on Medicare. The company that supplied her medications, (which were given at home, twice a day through intravenous therapy (IV)), had contacted her to tell her she would have to pay for the medications, at a cost of \$1,300 a day. Of course, she couldn't afford to pay for them out-of-pocket.

I contacted home health, Tricare and area physicians but no one was able to help her. I finally contacted the local hospital and was told to try the express care clinic to see if she could get them there. I contacted them and they were very helpful. She now goes to the clinic twice a day for the IV antibiotic. The clinic can bill Medicare and not Part D for the treatment. Without this treatment, the lady would have lost her leg.

The amazing thing was how one sister put so much effort into helping her sister. She was in very bad health, but she never complained. After working with them for six hours that day, I was tired, but felt so good that I was able to help.

---

During this quarter, I met a woman who had just recently moved to our area. After talking to her, I discovered that she was a diabetic and she wasn't taking care of her medical needs. I had her come in to the office and we discussed her situation: what needs she had, and how we were going to set goals and meet those needs. I found that she was supposed to be on medications to treat her diabetes as well as hypertension. I explained to her that the combination of the two illnesses needed to be treated right away.

During the interview, I found out that she didn't have a physician in the area. Without any income and no insurance, she felt that there was no hope for getting the help that she needed. I began calling local clinics to find out their sliding fee scale and which clinics would be able to help her. I was able to locate a local physician that would work with her on the medical bills and let her make payments. I called the clinic and scheduled an appointment for her.

---

A local physician referred a 52-year-old female to me who needed help with eyeglasses. She had gotten a job at Wal-Mart and that was the only income for her and her husband. She was having trouble doing her job as a cashier due to her vision. I helped her get an eye exam and eyeglasses through the Gift of Sight Program. I am also helping her husband get glasses so he can obtain his drivers license. He has been promised a job after he has his driver's license.

---

A physician referred a client to me that needed to see a rheumatologist. The client had no insurance and had been on unemployment, but it had run out. I contacted several area specialists to see how much the initial office visit would cost up front before getting him the appointment. All of them had set fees and he couldn't afford the visit as neither he nor his wife was working. Researching what was available for him, I found out about a program in Louisville that would see a client on a sliding fee scale. I contacted this group to obtain eligibility information for him. The referring doctor faxed the client's information to this clinic for them to review and the client is now waiting for his appointment.

---

I have a client that came into my office for help with medicine. While talking with her, I found out that she works part-time and has no insurance. She is a single mother with diabetes that isn't controlled, and has only been seeing her doctor every six months because she is a self-pay patient. She hadn't been checking her blood sugar because she couldn't afford the testing strips.

I referred her to a clinic that will see her based on her income so she can get regular check-ups. I also completed applications for her to obtain her medications and test strips. When talking to her about her eyes, she stated she has retinopathy and will have to soon see a specialist for it. I called her optometrist and found out that she will need to see a retina specialist. He said that she is not ready for that yet, but I was able to locate a specialist that will see her and allow her to make payments if she meets the financial qualifications.

---

I had a 65-year-old client that needed assistance with getting her electrical bill paid. Her income was \$694/month and her heating bill was \$347.50. I was able to get the entire bill paid through Community Action's Low Income Home Energy Assistance Program (LIHEAP). The following month, she also had a high bill and I was able to get \$52.95 paid on that bill.

---

I had a gentleman come into my office on a Friday needing help getting his medication. He had recently lost his job, along with his insurance. He said that his former employers kept him working for as long as they could, finding small jobs that he could do so that he could keep his insurance. One of his medications was Plavix, which his doctor told him that he absolutely couldn't go without it and he only had three days left to take. I told him that it was going to take longer than three days for me to help him get it and that he would have to buy some or see if the doctor would give him samples. When he came in, I signed him up for the Kentucky Physicians Care Program and he was able to get several of his medications through their program. I also filled out the rest of his Patient Assistance applications in which he offered to take to his doctor so they would get processed faster.

The following Monday, he brought all the forms and prescriptions back to me and told me he was completely out of Plavix. I faxed the form for Plavix to the company immediately and then called them in a few hours. They hadn't processed the form yet and told me to call back in a few days. I continued to call throughout the week to check on the application. On Friday, I called the company again and was told that it had been denied because proof of income was not included, just a letter stating client had no income. After learning that I was the client's advocate, they agreed to accept the letter without it having to be notarized and approved him for the program. I ask them if they could please put a rush on the order so that he would get it in a few days before the supply the doctor gave him run out, and they did. Now, he has also received



the rest of the medications that we had completed applications for through the assistance programs.

---

I received a call from a lady who said she had been referred to me by Community Based Services. She needed assistance paying for her eye examination because she didn't insurance. She had first gone to Wal-Mart for an eye exam and the optometrist told her she needed to see an ophthalmologist.

She got an appointment and her first visit cost \$505. She was diagnosed with glaucoma, cataracts and macular degeneration. The doctor advised to try to get a medical card because this was going to be a long and very expensive ordeal.

She came into my office and said that if felt like her eyes were getting worse daily. She was scared and didn't know what she was going to do. She couldn't afford to go again to the ophthalmologist and he said she had to have continuing treatment or she would go blind. She said the doctor office had said she could pay the initial fee in a couple payments this time; however they didn't have payment plans.

Following the initial interview with her, I completed all her paperwork. Then, I called the Department for the Blind and gave them all her information. They scheduled a home visit with her and told me they would pay for her next appointment with the ophthalmologist. Since she wasn't working, I was told she would be denied for continuation of treatment. However, they were going to proceed with the home visit.

Then, during our Homeplace staff meeting in December, we discussed the Diane Gussler-Lobach Eye Care Fund through a local hospital. I called and spoke with the person that covers the Gussler-Lobach Fund, giving her all the details of my client. She requested that I fax the application to her. The Gussler-Lobach Fund approved my client and she started going to another physician who discovered she has a severe infection. My client is now on a different therapy and her eye care is being completely covered through the Gussler-Lobach Fund.

---

My story consists of two clients who volunteer their time as counselors with a local missionary group. The group is a non-profit organization that counsels, feeds and provides a place to sleep for recovering addicts. After doing home visits with these clients and seeing just how devoted they are to their cause, I had to work as hard as I could to find agencies, health providers and programs to meet their needs.

I was able to access doctor visits, medications, and diabetes supplies for one client. I worked with a local hospital for the other client who received knee surgery there. Without being able to work diligently with several different agencies, my two clients would have never been able to afford the services they both received.

---

I went on a home visit for a middle-aged woman. This woman had worked at a local fashion shop for the past 12 years; the company went bankrupt and she lost her job. She had completed her General Education Diploma (GED) training and needed to take the test. However, her vision was so poor that she couldn't read the questions on the screen. She said that she had gone with a family member to the doctor and had seen a Kentucky Homeplace flyer on the wall.

After taking her information, we completed the forms for assistance with eyeglasses. I was able to help my client was get glasses free. She said she could not wait until she got her glasses so she could take the GED test so she can get out and get a job in her area. She thanked me several times before I got out of the house. She was so grateful that there was a program that could help her.

---

A man working was talking to some co-workers about needing to buy medicine but couldn't afford it. He and his wife were sharing medicine. If they took the same thing they halved it. One co-worker told him about our program. His wife called and made an appointment with me and I went to her home to see her. They had no transportation other than her husband's work vehicle that could not be used for personal use. She was so thankful that we were able to come to her house to help her with getting her medications. She had numerous serious conditions and needed several surgeries. We discussed the different indigent programs that she was qualified to receive care. She and her husband both qualified to receive assistance with their medications, also.

---

There are many young adults that can't afford health care, and don't know about programs that are available to help them. My client was a 22-year-old female who needed gallbladder surgery. She had gone to the emergency room during an episode and they told her to follow up with a local doctor for a consultation. She called to schedule an appointment and they informed her that it would cost \$250 (up front) for the consultation.

She lives with her parents who are unemployed; she is the only person working in the household. She couldn't afford the consultation cost, much less cost of the surgery. Someone had given her a list of resources to call and she had started calling them. Every agency she called said they did not help with this or they gave her more numbers to call. Then she came across Kentucky Homeplace and called me. I wasn't sure what I could do, but I told her that my 1:00 o'clock appointment was already late and asked her to come on in to the office.

She came in and I got her enrolled into the program and called the local doctor's office that she had been referred to and made her an appointment. We then found out that they have a financial assistance program, so the consultation that was going to cost her \$250 was reduced to \$25.

After talking with her I found out the she had a bill from another hospital for the emergency room visit. I was able to call my contact at the hospital's financial assistance office and she said that my client was eligible to get this written off also. I was able that day to get my client approved for the hospital bill and the consultation visit. I told her since she had been approved for these programs, now she would be able to get an appointment to see a family doctor.

My client was literally crying tears of joy when she left the office. She wasn't looking for handouts, but needed immediate help because of her pain. She was very glad she had found out about our program.

---

I wanted to share a success story regarding a lady who has been a client of mine for over three years. When she first came to me for help, she was suffering from migraines. Her migraines were so frequent and severe that she took medication for them two to three times a week. The doctor had tried her on a variety of medications and nothing seemed to help. She wasn't able to

work steadily and eventually lost her job, and her home because of her condition. She eventually ended up in subsidized housing.

She came into the office with a prescription for a new migraine medication. We filled out her paperwork and, as we were talking, she told me that she often wakes up in the morning with a migraine. I had some educational material on different types of headaches and warning signs. I gave her that material and she said she would talk with her doctor again.

The client returned to my office several weeks later. She wanted to share with me what had transpired over the past four weeks. She took my advice after reading the educational material, and made an appointment with her family doctor and later a neurologist. The neurologist gave her a new medication and said although it was expensive, it was effective. He gave her samples to try to see if it made a difference. The medications worked out very well; she went almost two weeks without a headache. Then, he gave her prescriptions and she returned to me and I was able to access it for her through the Prescription Assistance Program.

Now, she was returning for a second interview with a good company, and was hoping to get back to work soon. She was very thankful for the material I gave her and the time I took to talk with her about her situation. She was happy that her migraines were no longer controlling her life. She had learned the warning signs of various headaches and how to control them before they turn into migraines.

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