

UNIVERSITY OF KENTUCKY
Kentucky Homeplace

January 1, 2013 – March 31, 2013

Quarterly Report



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

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Cover photo of Carr Fork Lake, by 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.

New Kentucky Homeplace Director

This quarter, I am pleased to introduce William Mace Baker, BA, RN, as the director of Kentucky Homeplace. Mace earned his bachelor's of arts degree from the University of Kentucky (1997) and his registered nurse's degree from Hazard Community and Technical College (2003). His nursing career has been with the Appalachian Regional Healthcare Medical Center in Hazard. He began as a staff nurse and moved on to become a house nursing coordinator; next, a nurse manager; and then Director of Liaison and Advocacy at the Hazard ARH Psychiatric Center before joining the UK Center of Excellence in Rural Health (UKCERH) in December 2012. Mace will lead the staff consisting of one program coordinator, five regional coordinators and 26 Community Health Workers for Homeplace.

Mace will also work with the UKCERH's research team on special projects. One of those projects includes Kentucky Homeplace's Improving Diabetes Outcomes (IDO) Phase Two this year. Phase One of the IDO program, which ended in June 2012, included educational components on healthcare, nutrition, and exercise. CHWs followed a group of clients who improved their diabetes care while participating in nurse led group educational sessions, followed up with one-on-one interaction with their CHW during the year.

Quarterly Summary

Here's a summary of services for this quarter, January 1, 2013 – March 31, 2013: the number of unduplicated clients served was 4,681; the amount of medications accessed was \$7,636,500; other services values accessed totaled \$752,435 and number of services was 113,062. The top client medical conditions included hypertension, high cholesterol, diabetes, mental health, and digestive disorders.

The entire quarterly report is posted on the UK Center for Excellence in Rural Health's web page for your review at <http://kyruralhealth.org/homeplace>. The report is found under the Reports tab, Quarterly Reports and then click on January – March 2013. If you wish to have a printed copy, please call 1-855-859-2374 or email me at fjfeltn@uky.edu.

Sincerely,

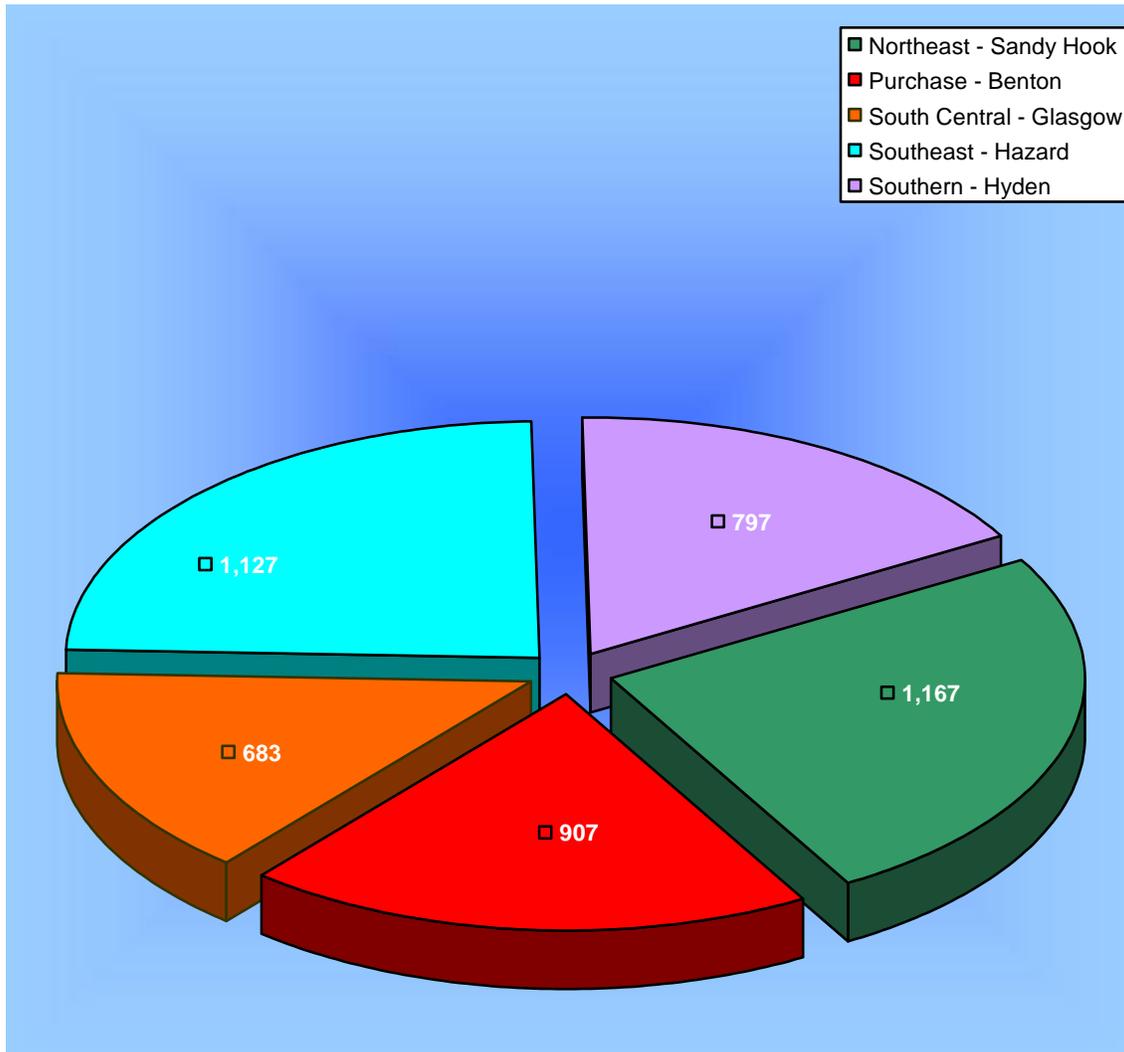


Fran Feltner, DNP, RN, MSN
Director, UK Center of Excellence in Rural Health

AGE DISTRIBUTION OF HOMEPLACE CLIENTS		
JANUARY 1, 2013 – MARCH 31, 2013		
CATEGORY	FEMALE	MALE
AGES 0 TO 4	1	
AGES 5 TO 12	6	10
AGES 13 TO 14	2	2
AGES 15 TO 19	8	5
AGES 20 TO 24	59	38
AGES 25 TO 44	473	303
AGES 45 TO 64	1,667	1,061
AGES 65 TO 74	446	276
AGES 75 TO 84	161	104
AGE 85 AND OVER	40	19
TOTALS	2,863	1,818
Median Age:	54.6	54.4
Source: Data extracted from the Kentucky Homeplace database. Total Unduplicated Clients 4,681		

POVERTY LEVELS OF HOMEPLACE CLIENTS								
JANUARY 1, 2013 – MARCH 31, 2013								
	100%	101-133%	134-150%	151-200%	201-250%	251-300%	300+%	Total
CLIENTS	2,740	821	326	613	114	41	26	4,681
TOTALS	58.53%	17.54%	6.96%	13.10%	2.44%	.88%	.56%	100.00%
Source: Data extracted from the Kentucky Homeplace database								

Total Clients Served By Region January 1, 2013 – March 31, 2013

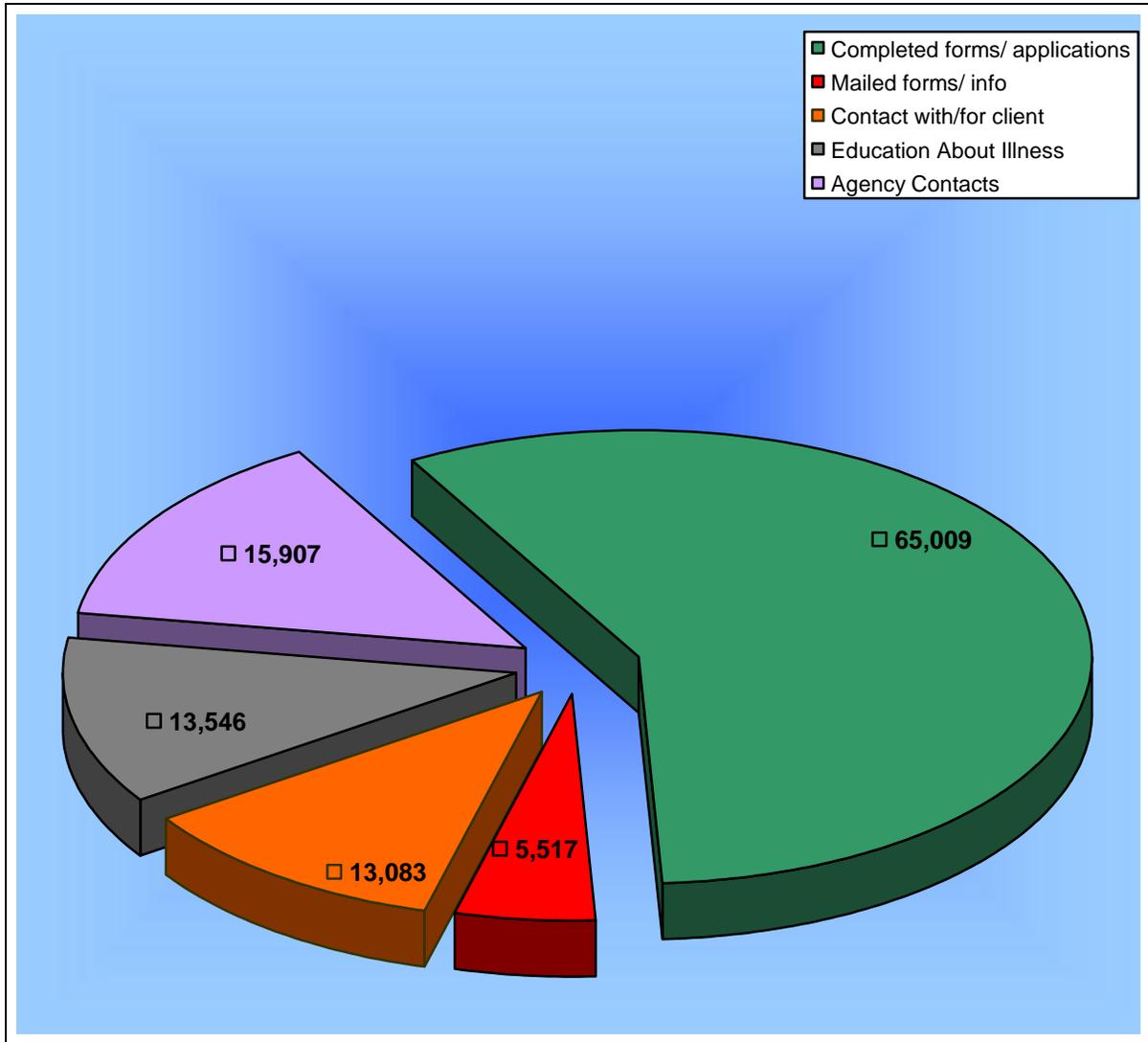


TOTAL UNDUPLICATED CLIENTS FOR QUARTER: 4,681*

*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.

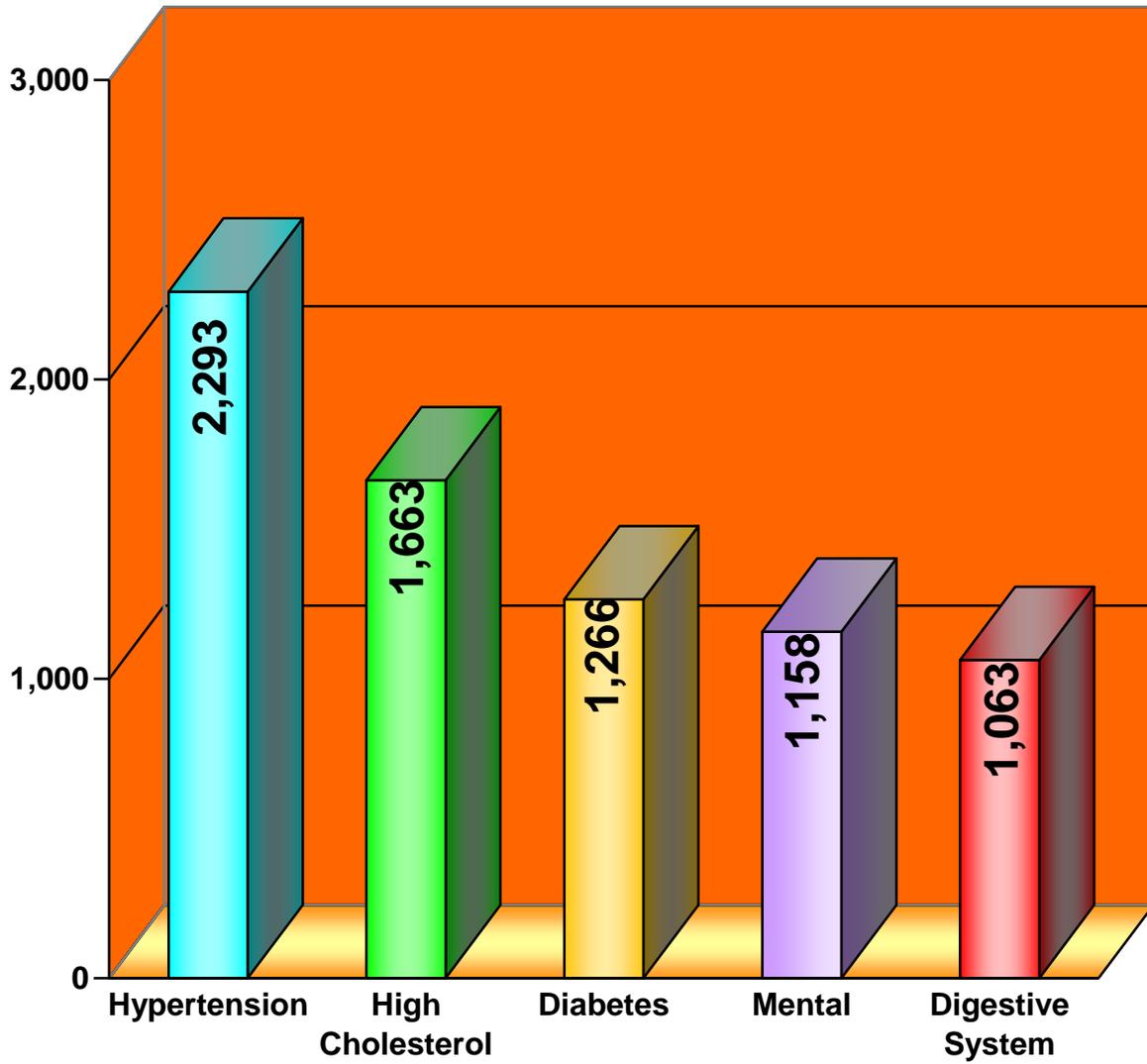
Client Services

January 1, 2013 – March 31, 2013

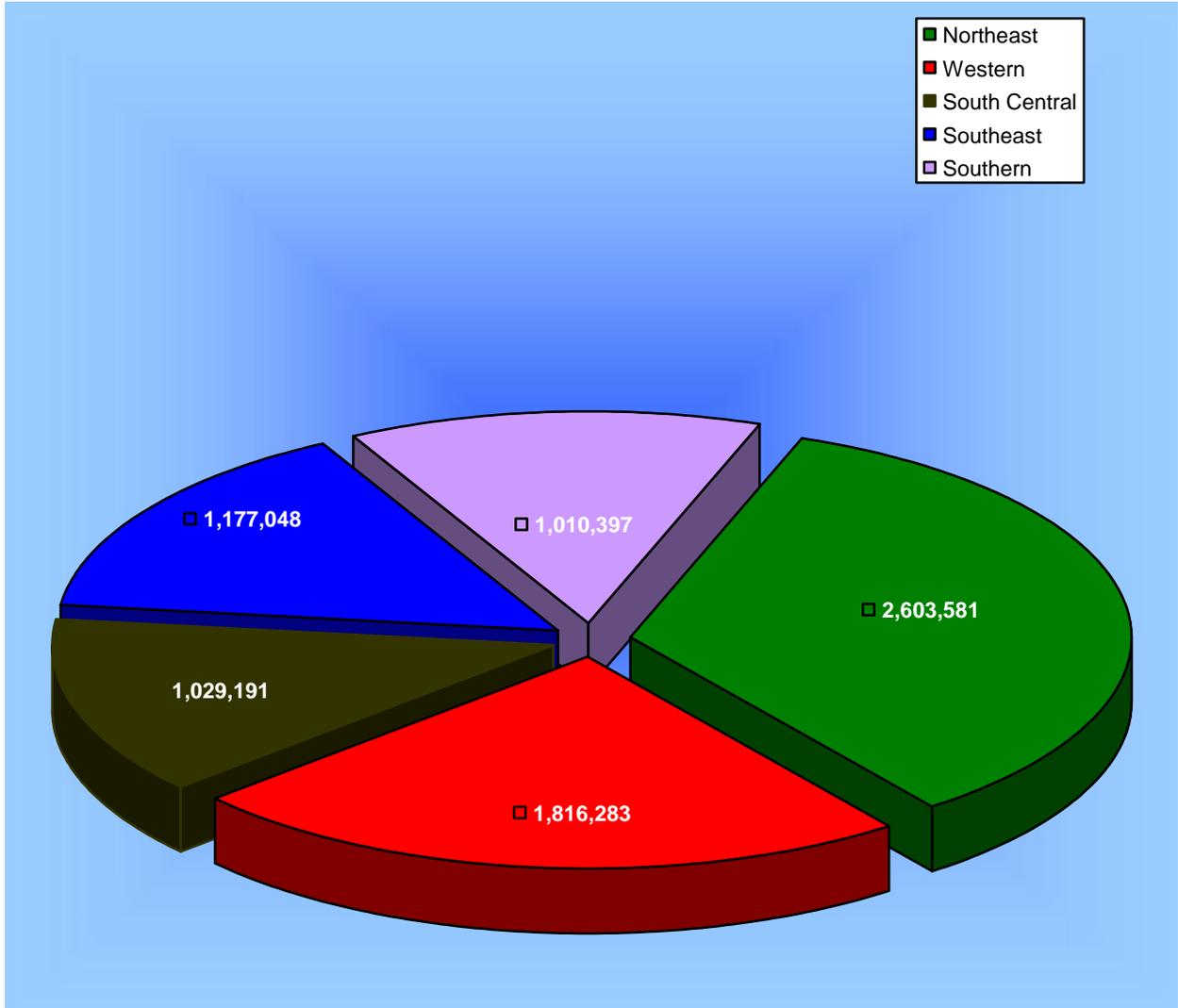


TOTAL SERVICES FOR THE QUARTER: 113,062

Top Five Client Problems By Condition January 1, 2013 – March 31, 2013

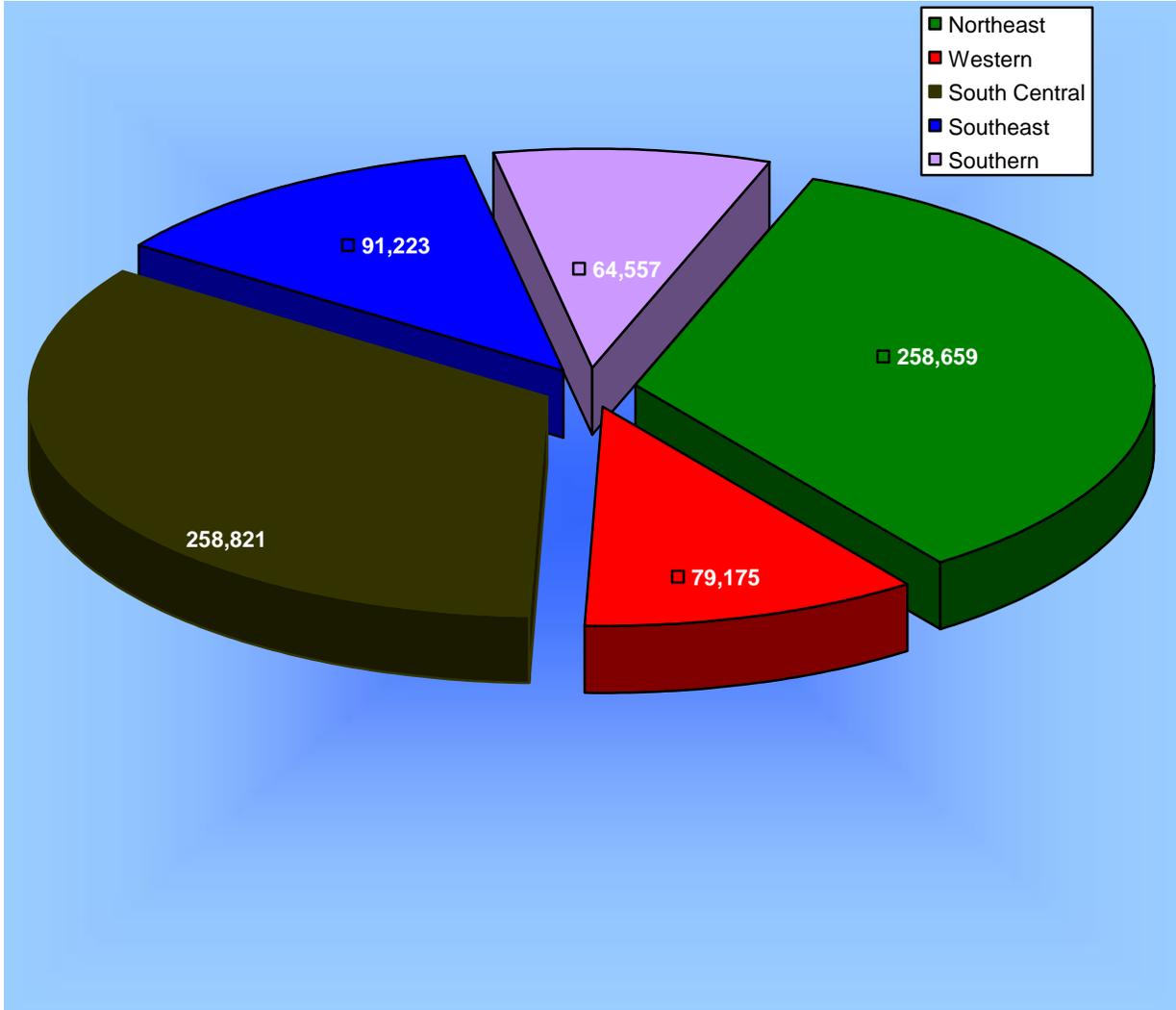


**Client Medications Value
January 1, 2013 – March 31, 2013**



TOTAL MEDICATION VALUE: \$7,636,500

Client Services Value January 1, 2013 – March 31, 2013



TOTAL SERVICES VALUE: \$752.435

*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, the Northeast Region's Community Health Workers (CHWs) served 1,167 clients. A total of 37,062 services were provided to these clients, with service values of \$258,659. In addition, \$2,603,581 value of medication was accessed on their behalf.

Debby Phillips, Patient Services Manager, with the Leukemia and Lymphoma Society of Kentucky and Southern Indiana Chapter attended our February staff meeting. Ms. Phillips presented information on the disease and available resources from their group. The regional staff also attended training with Community Action and the Work Investment Act (WIA) programs at the March staff meeting. The region attended Improving Diabetes Outcomes (IDO) Phase 2 training in Hazard and the Kentucky Cancer Awareness Day at the Bellefonte Outreach in Carter County. The NE Region is working together with other agencies to bring RAM (Remote Area Medical) to Greenup County on June 22 – 23, 2013. The northeast region had their bi-yearly Cardiopulmonary Resuscitation (CPR) recertification training at the Greenup County Health Department.

Judy Bailey, CHW for Johnson and Magoffin counties, attended the Go Red for Women's Day Luncheon, an American Heart Association event. The Go Red movement seeks to provide women with the information and resources needed to reduce their risk for heart disease and stroke. Judy also attended an interagency meeting with the Community Action Program.

Judy Bailey attended the Kentucky Colon Cancer Awareness Day in Lawrence County, along with Angela McGuire, CHW for Lawrence and Martin counties. Angela attended both the Lawrence and Martin counties interagency meetings. She is on the Lawrence County Health Advisory Team and attended their Health and Wellness Expo in Louisa. Angela is a member of the Lawrence County Diabetes Support Group and of the Lawrence County Rotary Club

Lana Bailey, CHW for Greenup County, attended the interagency meetings in her county. She is a member of the Greenup County Diabetes Support Group and the Greenup County Coalition. Lana attended the Greenup County Health Department's Mobilizing for Action through Planning and Partnerships (MAPP) Community Meeting. Lana also attended the Rowan County interagency meeting and assisted Cassie Mace with informing the group about RAM for Greenup County.

Shirley Prater, CHW for Elliott and Morgan counties, attended the Rowan County interagency meeting along with regional coordinator, Janet Kegley, Lana Bailey, CHW, and Cassie Mace

from the Greenup County health department. Shirley also attended the Morgan County Diabetes Coalition.

Beth Smith, Carter County CHW, is a member of the Carter County Wellness Coalition and attended two of their meetings this quarter. Beth attended the Kentucky Colon Cancer Awareness Day at Bellefonte in Carter County.

Janet Kegley, regional coordinator, is a member of the Elliott County Diabetes Coalition and attended their meetings. Janet attended the I Do Phase 2 program and database training, the regional coordinator's staff meeting, BioSpecimen training, and Work Activity Planning training in Hazard.

Southeast Region

Ralph Fugate

Karen Feltner

Julia Keene

Barbara Justice

Pollyanna Shouse

Kathy Hamilton

Cassie Smith

Regional Coordinator

CHW (Knott)

CHW (Breathitt)

CHW (Pike)

CHW (Wolfe, Powell)

CHW (Floyd)

CHW (Lotts Creek Program)

This quarter our CHWs served 1,126 clients. A total of 17,804 services were provided to these clients, with service values of \$91,223. In addition, medication valued at \$1,177,048 was accessed on their behalf.

The first quarter of 2013 was a very successful and active one for the Southeast Region. The CHW's attended their local interagency meetings as well as additional resource meetings for their respective areas. Some CHW's attended workshops for their elderly clients and prescription drug abuse training. Several of the CHWs assisted in the commodity food program in their counties. The Southeast Region attended training for CPR and was recertified in the program. The region also attended the I DO Phase 2 training in Hazard.

We had several guests in our monthly staff meetings, including Debby Philips from the Leukemia and Lymphoma Patient Service Program. She provided tremendous resources information and education on how that program works.

Ralph Fugate attended the regional coordinator's staff meeting and received training in areas of Diabetes, Bio-specimen, Work Activity Planning, and Improving Diabetes Outcomes (I DO) Phase II.

Southern Region

Helen Collett

Michelle Ledford

Brenda Harris

Linda Thacker

Shirley Madrey

Regional Coordinator

CHW (Clay)

CHW (Bell)

CHW (Lee, Owsley)

CHW (Harlan)

Paul Frederick

CHW (Knox)

This quarter our CHWs served 797 clients. A total of 14,953 services were provided to these clients, with service values of \$64,557. Medication value accessed totaled \$1,010,397 in this service area.

The Southern Region attended the Improving Diabetes Outcome Phase 2 training in Hazard. This training prepared us for the upcoming I DO diabetic days. We were instructed how to contact clients and organize meetings to benefit diabetics.

Debby Phillips with the Leukemia and Lymphoma Society presented an information program during a staff meeting.

Various interagency meetings have been attended this quarter, including the Regional Healthcare Coalition in Corbin, Knox County Healthcare Coalition in Barbourville, Bell Whitley interagency meeting, Education Council meeting and Linda Thacker participated in a Community food pantry giveaway.

Helen Collett received additional training in areas of Diabetes, Bio-specimen, Work Activity Planning, and Improving Diabetes Outcomes (IDO) Phase II at the regional coordinator’s meeting in Hazard.

South Central Region

Beth Wells

Janice Compton

Sharon Cherry

Lisa Lack

Tammy Glass

Kimberly Collins

Regional Coordinator

CHW (Monroe, Metcalfe)

CHW (Edmonson, Hart)

CHW (Logan, Butler)

CHW (Barren, Warren)

CHW (Allen, Simpson)

This quarter our CHWs served 684 clients. A total of 18,978 services were provided to these clients, with service values of \$258,821, and \$1,029,191 of free medication provided in this service area.

The January quarter has been filled with education and outreach for our staff. Our staff placed a renewed emphasis in community outreach and used this as an opportunity to renew our partnerships in the areas that we serve while also forming new referral partnerships with many providers. All of our South Central staff has recently completed UK required refresher courses in the following areas: Corporate Compliance, Health Insurance Portability and Accountability Act (HIPAA), University of Kentucky Mission and Goals, Decisions and Structure, Ambulatory Topics and Quality Safety and Service Agenda. Beth Wells also received additional training in areas of Diabetes, Bio-specimen, Work Activity Planning, and Improving Diabetes Outcomes (IDO) Phase II. Staff members continue to be involved in several community coalitions and initiatives to improve our communities.

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)

This quarter the Western Region served 904 clients. A total of 24,265 services were provided to these clients, with service values of \$79,175 and \$1,816,283 of free medication provided in this service area.

The Western Region's CHW's represented Kentucky Homeplace at meetings with the following agencies: Family Achievement Child Excellence Center (FACE), inter-agency meetings, Family Resource Centers, Diabetic Support Groups, PrimeCare, Feed the Children meetings, food distributions, clothing giveaways, and Marshall County Agency for Substance Abuse Policy Board (ASAP).

The Western Region completed the UK on-line trainings for Corporate Compliance, Health Insurance Portability and Accountability Act (HIPAA), University of Kentucky Mission and Goals, Decisions and Structure, Ambulatory Topics and Quality Safety and Service Agenda. The region also completed the Work Activities Plan (WAP) and the Institutional Review Board (IRB) refresher courses.

Sherry Morris attended the regional coordinator meeting in Hazard and received additional training in areas of Diabetes, Bio-Specimen, Work Activity Planning, and Improving Diabetes Outcomes (IDO) Phase II.

Client Encounters
Actual situations encountered by
Community Health Workers
January 1, 2013 – March 31, 2013

This quarter I had a former client come into my office. Her daughter and grandchildren had just moved back into her home with her. The school had called and all the children had head lice and would not be allowed to return until they had been treated. Neither she nor her daughter had the money to buy the shampoo. I contacted another Community Health Worker (CHW) and was able to get assistance with obtaining enough of the shampoo to treat the entire family. I also made sure that she had instructions on how to treat the house and other personal items so that the issue would not reoccur.

I received a call from a man who had been a client of mine for several years. He needed help with getting his house underpinned. He was afraid that his waterlines might freeze and burst. This elderly gentleman did not have the strength to tackle the job himself, and the people that had promised to do the job for him had never shown up.

I called my church to see if there was anything that we could do, because the church was starting a community outreach program. Later, I received a call from the church saying that they would provide all the labor and supplies needed to take care of my client's house. After a long day, and a lot of manpower, his house was finally finished.

After this, my client called to tell me how grateful he was for what the church had done to his house to help keep him warmer and to keep his pipes from freezing.

This quarter I had a young couple referred to me by the pharmacist at our local drugstore. The woman was 8 ½ months pregnant and had just had pins put in her leg, which had been broken in a fall. They had prescribed her a drug to reduce the danger of blood clots, but the couple was unable to afford the \$500 for the medication. They each worked two jobs and did not have any medical insurance; they just could not afford the medicine. I called a few different pharmacies trying to get a cheaper price but was unsuccessful. Then I called the case manager at the hospital to see if she could help. In about an hour, she called me back to inform me that the doctor said that he did not realize that the patient was self-pay; and, it would be fine for her just to take a baby aspirin in place of the expensive medication. When I called the husband to tell him what the doctor had said, he thanked me for the time and consideration that I had shown to them while working out their situation. I am also happy to report that the baby has since arrived and baby and mother are doing fine.

A lady came into my office one day with so many different needs and nowhere to turn for help. She had been referred by a church to Kentucky Homeplace. I was able to get her a doctor's appointment with a clinic, free of charge to her. After she saw the doctor, I was able to help her with her medications. I am now in the process of getting her an eye exam and new eyeglasses.

A current client of Homeplace called to say she had recently had surgery and was diagnosed with rectal cancer. The surgery left her with a colostomy, a chemotherapy pump and a huge expense for colostomy supplies for the rest of her life. The client and her spouse live on his disability.

Our clients and other agencies call Homeplace sometimes and ask if we would like medical supplies that they no longer need. In October, I had someone call and wanted to donate colostomy and ostomy supplies. I didn't have the space to store the supplies, so my coordinator had picked up the supplies to store in her office for our region. Now, my client needed those supplies. The coordinator packed up the colostomy supplies and the client's sister, who lives in that area, came by her office and picked them up and delivered them to her sister. There were enough supplies for 4-6 weeks.

We had completed a financial assistance form for one of the local hospitals and the client qualified for 100% assistance. This hospital has a medical supply store and it honors the hospital's financial qualification so my client is now able to get her colostomy supplies free. The supplies are shipped to her home on a monthly schedule. The cost of the supplies for a month would be \$168. The financial assistance form is applied for on an annual basis. The client said if it wasn't for Homeplace she doesn't know what she would have done because no one else had been able to help her.

I received a phone call from a client of mine who wanted to thank me for everything we had done for him over the past few years. He had been hurt on the job and had applied for disability when he became my client. He is a diabetic and there was he couldn't afford to pay for his insulin. During that same period of time, his wife had a stroke and lost her job. Now, he had received his Medicare A, B and D. He said that without our help, he feels like he would have died. He just wanted to voice his gratitude for what Kentucky Homeplace had done for him and he said he sure hopes this program is here for a long time, to help others in need.

I saw a lady in my office that needed new eyeglasses. She had not had new eyeglasses in over ten years and her sight was failing her. After the interview, I explained to her the options we had for eyeglasses. When she heard she was eligible for assistance, she stated to cry. She stated it took every penny of her \$735 a month just to survive, and she didn't know how she would be able to purchase new eyeglasses.

Upon leaving my office, she turned around and said, "Honey, if you ever need anything from me, please give me a call." This broke my heart. Here she is struggling to keep to get by, and she wants to help me. She may have been in need and unable to pay for something, but she was sure eager to help others, and that just touched me. You hear of so many people who get things so easily and they don't appreciate them. When you see someone that is so appreciative, it just makes it all worth it.

I have a couple who have been my clients for about a year. Both of them had needed prescription assistance. The husband had been injured and was awaiting his disability and the wife was a diabetic, also waiting on her disability hearing. I was able to access all of their medications for them on the patient assistance programs. However, with little or no income and not physically able to work, they were in danger of losing their home.

After their visit with me, the husband has since received his disability. They did lose their home and the family farm to the bank, but they are still happy. They never complained about not having things; they were always very grateful for everything, a very humble couple. They are doing well and this is what makes me feel good about doing my job; when the people don't expect to be able to get help and I am able to access for them, much needed assistance.

There are many needs in my county, where do I begin? Do I start with the couple that lost their home to a fire? Or the woman that moved here and lost her medical card because Kentucky does not think she is disabled enough to give her one? Or the couple that moved here thinking that there was no hope, and with our help was finally approved for a medical card. Every client has a story, and every client and every story is special to me.

So, in my county, Kentucky Homeplace has become a household name. People have come to seek out our services due to the economy, food, gas, electric, and housing costs that have gotten so expensive that they can't afford their medicine. Some of these clients had gone to a local check cashing place, buying their medication on credit because they didn't know of any other options. Sometimes it's a choice between food and medicine; and, sometimes they don't have the money for either one. I am thankful that I am in a position that I can assist my clients with these problems and make life a little easier for them.

In July of 2011, I enrolled a woman into our program that needed help accessing eye surgery. She had been told by a doctor that, without surgery, she would go blind. I explained to her she would be put onto a long waiting list, and she said, "I would rather be on a waiting list than not have any hope at all." I completed her application and submitted it to the program.

In May of 2012, the client called and said her eyes were getting worse and she didn't know if surgery would be of any benefit now. She was still on the waiting list for the surgery. I called her in July to check on her. She told me she had been to Lexington and seen a doctor and he had prescribed eye drops for her to use before the surgery. She asked if we could help getting the drops. Unfortunately, I could not find the drops available for free, but her family agreed to bear the cost of the medicine.

The client finally had surgery on October 15, 2012. Early this year, the client called to tell me that her vision was 20/20 in one eye and 20/25 in the other. Her vision is so good, that she wouldn't even need glasses now.

The client began to tell me how, before the surgery, she feared she may have to cancel the appointment, because of lack of funds to cover gas and other costs from being away from home. She said she was on Facebook talking about cancelling the surgery, when a friend from Australia asked about the situation. After she explained to him what she was going through, he told her to go to a Western Union office and he would send her the money. She went to the office and to her surprise, he had wired \$1,000. She is so happy and thrilled with the surgery and the way things worked out. I called the program that had done her surgery and was told that the cost of the surgery alone was valued at \$16,000.

A client came into my office, very upset and discouraged. She had been in the hospital and due to complications from diabetes, had part of her foot removed. This client has been out of work for several years, has no health insurance, and had no way to pay for her insulin. I immediately contacted our free clinic in the county and was able to get her in to see the physician there the next day. The clinic had the same insulin she needed on hand and was able to get her started on what she needed that day. During her visit to my office, the paperwork to obtain her insulin was completed and she is now receiving the insulin she needs through the patient assistance program. This client was given diabetes education material and feels now that she will be able to take better care of her health and have a better quality of life.

I received a call from a client who had a broken back. They were in need of assistance with a special back brace and had no insurance to cover the cost for the brace. Homeplace from this region had just had a meeting with Patrick Kitzman and Anne Harrison with the KARRN (Kentucky Appalachian Rural Rehabilitation Network) about helping those with spinal injuries. I contacted Patrick via email and shared the need that we had for this client. He immediately began networking with different agencies and programs looking for help with this particular brace. Within less than an hour, I made a call to a company in Lexington that had a local office close to my county. They offered to supply this particular brace free of charge. The client had an appointment for the next day to go and be fitted for the brace. Thanks to immediate response from several people this was made possible to the client.

A 52-year-old female was referred to me by her physician for help with medications. While doing the interview, she started telling me about having a colonoscopy a few years ago and that she was supposed to go back and have another one in three years because of a problem. She has not been able to get the screening, due to lack of health insurance. I referred to a new program through the District Health Department for colonoscopies. I called them and they put her on the list to get one free of charge. She said she might have a problem with transportation getting to the facility. I spoke with the health department and they are working with a hospital closer to her home and she will be able to go there for the procedure.

I had a client in my office recently diagnosed with Multiple Sclerosis (MS), who was drawing unemployment. He needed to go to the doctor, but didn't have health insurance or the money to pay for a doctor's visit.

I called the Vanderbilt MS Clinic and advised them of my client's situation, and they transferred me to a financial counselor. She spoke with the client in my office and advised him that they would see him without the entire up-front payment. He qualified for a discount and will be able to keep his appointment and receive office visits and treatment. He was very grateful and said he just did not know what he was going to do until he was referred to me and Homeplace.

I had a gentleman referred to me by a social service provider. After speaking with him, I knew I could help with five out of seven of his medications that would have cost him \$1,364. During our office visit, I found that he was unemployed due to the progression of his medical conditions.

My client has been diagnosed with multiple health issues, including a neurodegenerative disease and epilepsy. His neurologist gave him the disheartening news that progression of his disease

was occurring more rapidly than anticipated. He is a military veteran, but was having problems with lost paperwork which was frustrating him. I did some research and put him in contact with a Veteran's Administration (VA) representative. I told my client I would try to also help him with the VA and any outstanding medical bills. Since this appointment, my client has kept in contact and given me updates on his medications and his condition. The VA representative has made great strides in helping with my client's military benefits. This has given my client and his family some peace of mind.

I have a client that had been flown to Louisville because of a massive stroke in July 2012. I have been working with the helicopter company trying to get his \$36,000 bill taken care of. The first time I called them, they told me they could give him a one-time discount and he would have to pay \$28,000 in one payment. I told them he is still in the hospital and is on the verge of losing his home because of sickness. I have been talking to them about every two weeks since he had the stroke, and this week I have gotten the whole amount written off.

A woman came in my office and said that the local pharmacy had referred her to me. She explained that her child has Attention Deficient Hyperactivity Disorder (ADHD) and he must have his medication in order to stay in school. Because of a mix-up at a service based organization, the child's medical card had been suspended for one month. I contacted the company that makes the medication, and spoke with a representative at that company. She told me that if a person has any kind of coverage, they do not qualify for assistance with medication. I explained to her that this would only be for a month. She asked me to hold and let her talk to the supervisor. I waited on hold for a short time and she came back to me. She said she totally understood the situation because she has a son in the same situation. The child's medication was approved for a one month supply. The mother cried when she heard the news.

I made a home visit with a couple that have become dependent on others to help them pay their bills. The husband was laid off from his coal mining job and has filed for disability but it hasn't been granted yet. Their family and friends have been helping them and recently they had to ask the local churches for help. He is having serious health issues that keep him from being able to find other work.

They are having problems getting their medicines even at the \$4 generic prices. I explained our program to them and how we would try to help with getting their medicines if possible. I have referred them to Kentucky Vision for help with glasses and also referred them to other programs that could help them out with food. It has been very difficult for this family to adjust to the reality of no longer having a good job with insurance to now struggling to put food on the table and keep a roof over their heads.

I received a referral for a client that suffers from multiple chronic diseases. She had been going without insulin for her diabetes and medication for her other conditions. I made a home visit to her and explained how the prescription assistance programs work and filled out the applications for her medications. Until I helped her, she only took her medicine whenever the doctor's office had samples in stock. She is on Social Security and will not be able to get her Medicare until she turns 65 years of age. The prescription assistance programs are essential to her being able to have her medicine and stay as health as possible.

Kentucky Homeplace Regional Employees 2013



Western Region: Front row, CHWs Donna Hooper and Mary Beth Rohrer. Back row: CHWs Carla Gray, Rhonda Wadsworth; Regional Coordinator, Sherry Morris; and CHW Tessa Vail



South Central Region: CHWs Tammy Glass, Sharon Cherry, Kimberly Collins, Janice Compton; and Regional Coordinator, Beth Wells (missing from photo, CHW Lisa Lack)



Southern Region: CHWs Paul Frederick, Linda Thacker, Shirley Madrey, Michelle Ledford; Regional Coordinator, Helen Collett; and CHW Brenda Harris



Southeast Region: CHWs Pollyanna Gilbert, Julia Keene, Barbara Justice, Karen Feltner, and Kathy Hamilton (Missing from photo, Regional Coordinator Ralph Fugate)



Northeast Region: CHWs Angela McGuire, Lana Bailey, Shirley Prater; Regional Coordinator, Janet Kegley; CHWs Elizabeth Smith and Judy Bailey