

Martin Trice is a 49-year-old black male referred to Health Connections from University of Louisville Hospital. Health Connections is a grant-funded program of KentuckyOne Health in partnership with VNA Health at home. The program's multidisciplinary team, including an RN, LPN, social worker, and community health worker, work in partnership with participants to set goals for health improvement, connect to community resources, and manage their health conditions at home—ultimately improving health outcomes and self-sufficiency.

Mr. Trice came to the program with a diagnosis of diabetes, hypertension, and obesity. He also had a history of multiple strokes and drug addiction. Mr. Trice also had aphasia (loss of ability to express speech) and difficulty with balance as a result of the strokes. Upon starting the program, Mr. Trice lacked understanding about his medications and was challenged to get them filled because he doesn't drive. Financial barriers also made it difficult for Mr. Trice to stick to his diabetic diet.



The Health Connections team worked closely with Mr. Trice to overcome these barriers to good health. For example, through strong relationships with medical providers in the community, the Health Connections team connected Mr. Trice to a primary care physician who then referred him for physical and speech therapy.

One of the most common barriers low income patients face is a lack of transportation, often causing people to miss regular appointments and making emergency visits more likely. The team arranged for a Medicaid-covered cab service making it possible for him to keep much-needed medical appointments.

Mr. Trice was also referred to a local pharmacy that delivers medication. He now receives his prescriptions on a regular schedule and never has to worry about picking them up. The pharmacy also delivers his diabetic supplies and helps Mr. Trice start checking his blood sugar on a regular basis. This helped him better understand how his diet affects his body.

The team provided Mr. Trice with an automatic blood pressure cuff, explained how to use it and normal ranges, and then coached him on what to do if his blood pressure became too high. Monitoring his blood pressure not only helped him understand the importance of taking his blood pressure medication but relieved the stress he had of not knowing if his blood pressure was high. Because of his past medical history, Mr. Trice often worried that his blood pressure would cause another stroke.

Another barrier he faced was lack of access to a grocery store. Mr. Trice lives two miles from the nearest grocery—a significant barrier to obtaining fresh food. He was relying on a closer convenience store which was more expensive and much less healthy. With a fixed income, he found it difficult to afford fresh foods and relied on boxed foods and premade meals. This was a situation without an easy fix. The social worker and community health worker combined efforts and helped Mr. Trice apply for food stamps. He was approved but this still didn't solve the problem of getting the groceries back to his home. The team again reached out to the community for help and a rolling shopping basket was donated. This enabled Mr. Trice to buy a full week's worth of groceries at one time and get them safely back to home. Mr. Trice was also connected to local food banks which he now uses to supplement his food stamps.

The Health Connections team also provided a very personalized level of care. Team members accompanied him to doctor appointments and helped him learn to ask the questions he needed to manage his health. They helped him plan and prepare meals. During home visits Mr. Trice liked to practice the exercises given to him by the speech therapist with the team. He also enjoyed calling them on the phone to practice speaking without the benefit of facial or hand gestures. Mr. Trice is a very proud man and these small accomplishments helped him feel capable and independent.

In a recent encounter with the team's LPN, Mr. Trice said, "you guys really helped me a lot. I'm really doing better now." Mr. Trice continues to check his blood sugar and blood pressure on a regular basis. He says it is very comforting to know he can call the team if he encounters any barriers. Health Connections will continue to call him for six months to ensure the coaching and tools he received will help him continue on the journey to better health and self-sufficiency.