Access: The First Step to Improving Kentucky’s Health Outcomes
by Stephanie K. Mayfield Gibson, MD, FCAP
Commissioner, Kentucky Department for Public Health

Kentucky has long had the distinction of leading the nation in cancer deaths, smoking rates, diabetes, heart disease, and other key health statistics. To help improve the health of all Kentuckians, Governor Steve Beshear launched a new initiative in February 2014 called kyhealthnow. This initiative has united state agencies and external partners around seven common goals outlined to impact the number of uninsured, tobacco use, obesity, cancer deaths, cardiovascular deaths, oral health, substance abuse and mental health by the year 2019.

Kentucky has already seen success regarding several of the kyhealthnow goals, especially regarding health care access via the expansion of Medicaid and kynect. During the first kynect open enrollment period, which ended on March 31, 2014, approximately 413,410 Kentuckians enrolled in health care coverage, 52 percent of whom were under age 35. Approximately 80 percent of enrollees qualified for coverage under the Medicaid expansion with the remaining 20 percent purchasing a private insurance plan. Of those who purchased private insurance plans, 72 percent qualified for some level of premium assistance.

Since its initial launch on October 1, 2013, kynect has been hailed as a national model for its continuous smooth operation and easy interface for users looking for affordable health coverage. Since enrollment began last fall, hundreds of thousands of Kentuckians swarmed...
the website and call center in search of affordable, quality healthcare coverage. Midway through its first full day of operation, nearly 60,000 individuals seeking information about affordable health care had visited the kynect website. In its first full month of operation, more than 32,000 people had enrolled in coverage through kynect, an average of about 1,000 Kentuckians a day. At its peak in the final three days of enrollment, kynect processed more than 7,000 applications each day.

With proper access to health care we can help Kentuckians obtain the appropriate preventative services and have earlier diagnosis of chronic conditions to improve their quality of life. In addition, this access will aid in other efforts to address emergency department super-utilization and encourage individuals to obtain a medical home. Realizing that access is only one piece of the puzzle to improve health outcomes, it’s critical to continue other public health efforts to address health outcomes. To accomplish this, we must continue implementation of the additional strategies outlined in kyhealthnow through a combination of executive actions, legislative actions, and public-private partnerships. A complete list of the kyhealthnow goals and strategies can be found at http://kyhealthnow.ky.gov.

The next open enrollment period begins November 15, 2014 for coverage effective January 1, 2015. Individuals can apply for Medicaid at any time. Only those individuals who experience a qualifying event, such as the loss of employer-sponsored health insurance coverage, will be able to purchase private health plans outside of open enrollment.

To enroll or find out more information, visit https://kynect.ky.gov/

**kyhealthnow 2019 Goals**

- Reduce Kentucky’s rate of uninsured individuals to less than 5%
- Reduce Kentucky’s smoking rate by 10%
- Reduce the rate of obesity among Kentuckians by 10%
- Reduce Kentucky cancer deaths by 10%
- Reduce cardiovascular deaths by 10%
- Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%
- Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians

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**kynect statistics**

As of Monday 4/21/2014:

**413,410**
Kentuckians are enrolled in new health coverage, including Medicaid and private insurance.

**330,615**
have qualified for Medicaid coverage.

**15,427**
individuals who qualify for traditional Medicaid have undergone a required annual recertification since April 1, which is now handled through kynect.

**82,795**
have purchased private insurance.

**52%**
of all kynect enrollees are under the age of 35.

**1.5 million**
unique visitors viewed 57.7 million kynect web pages.

**886,502**
people conducted preliminary screenings to determine qualifications for subsidies, discounts or programs like Medicaid.

**22,147**
have enrolled in stand-alone dental plans.

**1,605**
small businesses have started applications for employee coverage. 628 of those have completed applications and are eligible to offer coverage to employees.

**839,398**
calls processed by the kynect call center.

*Source: Kentucky Health Benefits Exchange*
Who am I?
by Haska Aljukic
Third Year DMD student

This article is part of the continuing “Do you know who I am” series, highlighting the unique backgrounds, experiences, perspectives, and thoughts from the Health Sciences Center community. The HSC Office of Diversity and Inclusion is currently accepting articles for the series to include in this newsletter and an upcoming multimedia project. Do you have a story to tell? Submit your article here.

I stopped by my mom’s house for a cup of coffee as I sometimes do. It was after my first gross anatomy lab class in dental school. She asked me how school was that day. I told her that it was very exciting and that I was given my own cadaver. I used a scalpel and made cuts through skin, removing fat, finding the borders of muscles, and carefully dissecting out nerves and blood vessels. For a moment she stared at me in disbelief, as she took another sip of coffee. I’ve realized that was not the answer she was expecting. She hadn’t asked me about cadavers since that day.

Just ten years prior to my acceptance to the University of Louisville School of Dentistry, my life was very different. I did not speak the English language. However, in four years of high school, I did not only learn the English language but the Spanish language as well. Due to the rising tuitions at undergraduate schools, I started my college career at Jefferson Community and Technical College before transferring to the University of Louisville. While in undergraduate school, I balanced school work and sometimes three part-time jobs. Step by step, I worked diligently to get where I am today.

While in college, I met the water to my ocean, the milk to my cookie, and my BFF. We have been married for over six years now. Besides the unconditional love, we share the affection of traveling, adventure and joy of laughter. He is the comedian in the family and I just like to laugh.

My younger sisters are now moms. I am an aunt to two nieces. I love them very much. Their cuteness has no limits. So what if they break your gold necklace or slobber all over your phone? Those things are replaceable. However, a good night of sleep is not, so my husband and I decided to wait to start the family until after I graduate from dental school.

Currently, I am in my third year and I have started seeing patients. The feeling of exhilaration and anticipation of treating patients is indescribable. I am learning a great deal about my patients and about myself as well. Though it is challenging, I am also sustaining and managing my own small interpreting business while in dental school.

I’ve tried to portray in a small essay of who I am, though such a task is not a small matter. I am someone who has seen the world, survived the war in Bosnia and knows of other stories. Sometimes, I am a mystery to myself but always with joie de vivre attitude, ready to venture into new horizons. There is so much of Haska that I am yet to discover.
School of Medicine

My Experience in Ecuador
by Jonathan Greer
Second Year medical student

“The two most important days in your life are the day you are born and the day you find out why.” – Mark Twain

This summer I had the privilege of participating in UofL’s medical mission trip to Tena, Ecuador. I can honestly say that it was one of the best experiences of my life. The trip was so much more than the excitement of traveling abroad, trying exotic foods and activities, or taking selfies with the Ecuadorian people. This experience left me shaken by what I saw, broken by the stories that I heard, yet empowered by the strength of the people we served. I returned to the United States a changed man.

During those two weeks we treated approximately 120 patients each day and traveled to eight different communities throughout the Amazon Basin. Our clinic days began a little before 7:00 am and ended around 9:00 or 10:00 pm as we spent many nights counting vitamins for the next day. It was definitely hard work, but I truly enjoyed it and continue to cherish those memories today.

There never seemed to be a dull moment in Ecuador from start to finish. Within the first week of the trip, I witnessed a shaman perform an indigenous cleansing ritual on a young girl that was vomiting uncontrollably. I worked alongside one of the physicians and saved a patient’s life when we discovered an aortic aneurysm while completing an abdominal exam. I befriended the children of the Pucachika community and brought
smiles to their faces and laughter to their hearts as they watched me struggle against their expert soccer skills. The score was 7-2. Yet despite all of these successes and fun experiences, I did not walk away from this experience filling completely fulfilled by our work abroad.

There was no denying the fact that well over half the ailments that our patients suffered from were avoidable, which honestly was the most frustrating part of my journey. Many of the patients we saw in the clinic suffered from ptergium, a benign growth on the eye that was often due to repeated exposure to harsh sunlight and the accumulation of dust on the eyes’ surface. This condition begins at the corner of the eye and slowly progresses until the iris and pupil are covered and consequently causes blindness. Ptergium can be avoided with a single pair of sunglasses. I’m also reminded of a woman that I met in the Campochoca community who works extremely hard and wants nothing more than to provide for her three children even at the expense of her own health. Many of the patients that came into the clinic suffered from headache, body aches, and stomach pain. It was hard to come to terms with the fact that these were the result of starvation. The diet of the majority of patients we served during our brigades consisted primarily of unfermented Chicha, a cheap beverage derived from maize, which has minimal nutritive value. It was truly all that they could afford. It’s sad that for some of those patients, we were the last medical professional they would see until the next brigade three month later; for others we were the last medical professionals they would see at all. That was one aspect of the trip that I struggled with both during this journey and when I returned to the States.

It was hard not to notice the contrasts between the communities that we served in Ecuador and the patients that I have seen in the U.S. For example, many patients waited hours just for the opportunity to be seen by an “American” physician. As we were driving through the heavily forested areas in route to the community of Santa Monica, we literally saw individuals of all ages walking to the clinic, from 6-year-old children to grandparents in their 60’s and 70’s. It was a daunting sight to see individuals quietly sitting on benches waiting in anticipation as we arrived in our medical trucks. On the other hand, in the U.S. if some patients wait more than 45 minutes in the ER there will be an uproar of complaints. In Ecuador, we gave a pack of vitamins to each patient because many of their symptoms were directly related to lacking proper nutrition. Some patients were literally dying from a lack of food while here in the U.S. many patients are dying from having more than enough.

Of course I understand that it is a different culture, lifestyle, and social norms and perhaps its even unfair to compare our lifestyle to theirs. But it does make you won-der. Looking back on my experience this summer, I felt that many of our efforts were like placing a bandage on issues that were out of our control. We gave vitamins, topical creams, and other medications that were good for the moment yet many of the ailments we saw could have been avoided with clean water and access to food. We gave aspirin and ibuprofen for the muscle aches and body pain patient’s suffered from as a result of the heavy labor they endured in the fields.

There is still much work to be done abroad. I realize now that as healthcare providers we cannot save everyone but we can touch each patient with our service. We can treat the diseases and ailments through our medicine and we can provide the best possible care under the given situations. I look forward to returning to Ecuador again and I truly believe that global health will be a part of my practice in some capacity in the future. I can see myself living in Ecuador and other communities throughout South America, practicing medicine for months at a time because I left a part of my heart there.

We helped many people through our service in the communities of Mushuk Allpa, El Calvario, Pucachika, Campococho, Pivichicta, Punicotona, Santa Monica, and Galeras. I went to Ecuador with the belief that we were going to save and change lives; but I left realizing that they changed mine.
Reflections on My Experiences at the Refugee Immunization Clinic

by Carleigh Adams
Upper Division BSN student

On Thursday, September 4, I spent time at the Refugee Immunization Clinic at Catholic Charities Migration and Refugee Services site, for Community Health Clinical. Prior to arriving at the Refugee Immunization Clinic, my classmates and I were taught about how to administer vaccinations to patients. We learned about giving both intramuscular injections and subcutaneous injections and correct procedures for each in order to prepare us for our day at the clinic. When we arrived at the clinic we were instructed in further detail about the method and procedure for administering these vaccinations to patients. We learned about giving both intramuscular injections and subcutaneous injections and correct procedures for each in order to prepare us for our day at the clinic.

Upon arriving back at the clinic, we were instructed on how to give the vaccinations to children and then we began. I participated in giving vaccinations to five children. With the children, we gave 6-7 shots in rapid succession, in order to ease the process for worried patients. Many of these children did not present a language barrier, so when I wasn’t the one administering the shots I was able to talk to and comfort the children patients. After the children got their vaccinations, we cleaned up the area and reviewed our work. As a clinical group, we discussed what we found difficult and what we enjoyed and didn’t enjoy about our day at the Refugee Immunization Clinic.

In content we have covered in class, I have learned that culture is a huge part of interaction with a patient. It is important to learn as much as possible about their culture and attempt to realize how their cultural beliefs and practices may affect the nurse-patient interaction and nursing process. I found this knowledge extremely applicable and useful in the Refugee Immunization Clinic. In the first round of patients that I worked with, there was a language barrier. I was unable to communicate with the patient through language and speech. This presented a challenge for me and I was forced to respect the patient’s culture and seek to realize what their experience was like as a patient who could not understand any instructions or teaching done through speech. I recognized that the patient was likely overwhelmed or confused.

I tried to use hand motions and facial expressions that indicated the situation was calm and that I was confident in the work that I was about to perform as a nurse. I hoped that, in turn, the patient could be confident in the care they were about to receive. I was forced to recall prior learning from class and apply it to a real life nursing situation. I learned even more how culture can affect the patient experience, most specifically within the

(Continued on page 8)
The Gray Street Farmers Market (GSFM) on the Health Sciences Center is one of a handful of farmers markets in Louisville dedicated to increasing the availability of fresh foods to generally underserved areas known as food deserts. With 10 vendors, customers can find the finest in local farm products at the market, including fruits, vegetables, breads, jam, granola, and more.

Since 2009, the GSFM has been bringing together a diverse group of customers, farmers, and artisans every Thursday from mid-May through October. Open 10:30 a.m. to 2 p.m. on the 400 block of East Gray Street, more than 300 people visit the market each week.

We also work closely with local, state, and federal partners to make it easier for low income residents, including participants in the Supplemental Nutrition Assistance Program (SNAP), to purchase nutritious foods like fruits and vegetables. The GSFM operates a wireless EBT/Debit machine at the market information booth, which allows those with SNAP benefits or anyone short on cash to swipe their cards in exchange for tokens that can be used at each vendor. Since 2010, we have processed over $45,700 in transactions, with approximately 10-percent in SNAP purchases. We also participate in Kentucky’s Farmers Market Nutrition Program, which provides $28 in vouchers to older adults with household incomes of no more than 185 percent of the federal poverty income guidelines. This benefit has resulted in an additional $10,720 of fresh, local produce.

According to Agriculture Secretary Tom Vilsack, “Helping families purchase more fresh produce is good for the health of families, contributes to lower health costs for the country, and increases local food sales for family farmers.”

Due to the efforts of our customers, vendors, volunteers, and employers, the Gray Street Farmers Market has become a unique place in our community. Gray Street is a destination and location accessible to everyone, a place...
where patrons can linger and get to know new faces. We encourage each other to try new foods (yellow watermelon, anyone?) and learn new recipes. Together we celebrate the arrival of each new season and our favorite produce (hello apples!). We also adapt to the cooler weather and appreciate the onset of fall, with its leafy greens and gourds.

A quote from Barbara Kingsolver’s *Animal, Vegetable, Miracle: A Year of Food Life*, illustrates how food brings people together. She describes communal activities, like the farmers market, as “cooperative, and in the best of worlds, nourishing and soulful. A lot of calories get used up before anyone sits down to consume. But more importantly, a lot of talk happens first, news exchanged, secrets revealed across generations, paths cleared with a touch on the arm.”

The School of Public Health and Information Sciences is proud of the market’s success and how it fits with the university’s goals to be an engaged member of this community and to become more sustainable in our choices and practices. We hope you will join us at the Gray Street Farmers Market. We are here for you. Rain or shine.

*For more information about the Gray Street Farmers Market, please visit our [website](#) or find us on [Facebook](#).*

(Continued from page 6)

**Immunization Clinic**

realm of language and the barrier and challenges it can pose.

All in all, I enjoyed and appreciated my time at the Refugee Immunization Clinic. This experience gave me the chance to develop a new nursing skill (giving vaccinations), experience the atmosphere of a real life nursing situation, and work with real life patients that I could make a positive impact on. Practicing administering vaccinations in the lab was only a training tool to get us ready for the real life action. Having the opportunity to perform the action on real patients reinforced the procedures and methods I was taught and further taught me how the method will vary from patient to patient depending on how thick their skin is, how much muscle they have, and how they are responding to the therapy.

Experiencing the atmosphere of the clinic where nursing practices were taking place was useful and meaningful to me because it was one of my first chances to critically think and handle different situations, such as language barriers and working with nervous patients. In the future, I would like to have more experience and practice in these real life situations so that I can grow more comfortable and confident in the nursing setting. What I found most meaningful today though was the chance to help the patients at the Refugee Immunization Clinic by administering these vaccinations and helping along the resettlement process. These patients were extremely grateful and welcoming to our work, and the smile they left with left me smiling as well.
HSC Office of Diversity and Inclusion

Health Sciences Center Staff Explore Numerous Educational Opportunities

by Brett Steele, M.S.
Training Coordinator, Human Resources

Human Resources and the HSC Office of Diversity & Inclusion teamed up for the first ever, HSC Staff Tuition Remission & Educational Opportunities Fair on October 9 at the HSC Quad. The fair was a two hour event that showcased a variety of educational opportunities within the University of Louisville and our surrounding community. The event was free for anyone that registered. Events kicked off at 11 a.m. with lunch from Penn Station, employees registered for a fun and exciting door prize, an autographed basketball from Rick Pitino, and representatives from their respective educational units discussed their academic programs, distributed materials, and answered questions.

Over 90 employees attended the fair to learn about potential academic programs and participants also learned about our rich tuition remission program. Representatives from Accelerating Opportunity Kentucky were also in attendance to speak about GED programs, technical careers, and lifelong learning classes.

This fair was an effort to increase participation in the tuition remission program and inspire University of Louisville employees to investigate educational opportunities from GED to Ph.D. Employees networked and mingled with colleagues while enjoying delicious red & black popcorn provided by Champions Gourmet Popcorn. Employees were also provided a small, goal setting card, to help them establish educational goals for 2015 and identify accountability partners.

Events like this remind us why UofL is a great place to work. If you are interested in learning more about available educational benefits, read more about the tuition remission program. If you have questions about the HSC Tuition Remission & Educational Opportunities Fair, please feel free to contact Katie Leslie or Brett Steele. Special thanks to our vendors and partners: Human Resources, Office of Diversity and Inclusion, Accelerating Opportunity Kentucky, College of Education and Human Development, School of Public Health and Information Sciences, College of Business, College of Arts and Sciences, Office of Admissions, Bioethics and Medical Humanities, Office of the Registrar, Financial Aid, Penn Station, and Champion’s Gourmet Popcorn.

Left: HSC staff speak with representatives from various educational programs. Right: Participants created and shared goals for 2015
Upcoming Diversity Events

- **11th Annual Woodward/Burch 1 Mile Floss Walk/5K Run**  
  Part of the 60th Anniversary Celebration of the University of Louisville School of Dentistry Dental Hygiene Program  
  Saturday, October 18, from 8:00am—11:30am  
  Location: Bigelow Hall, Miller IT, Belknap Campus  
  Contact: Jennifer Baker

- **Student Volunteers Needed for Community Health Screenings**  
  Thursday, October 23, from 8:00am—12:00pm  
  Wednesday, November 19, from 8:00am—12:00pm  
  Wednesday, December 17, from 8:00am—12:00pm  
  Location: Redeemer Lutheran Church  
  Register for any dates [here](#)

- **4th Annual Dialogue on Diversity Conference**  
  Friday, October 24, from 8:00am—3:00pm  
  Location: UofL Shelby Campus  
  Register [here](#)

- **Native American/American Indian Month Celebration Kickoff**  
  Monday, November 3  
  Location: Cultural Center, from 12:00pm—1:00pm

- **9th Annual Patricia Allen HSC Cultural Competency Workshop**  
  Tuesday, November 4, from 7:00am—3:30pm  
  Location: Health Sciences Center  
  Register [here](#)

- **Caregiving: An Unselfish Act of Love Appreciation Luncheon**  
  Friday, November 7, from 11:00am—2:00pm  
  Location: Muhammad Ali Center  
  Register [here](#)

- **Feast on Equality 5k Benefitting the LGBT Center**  
  Saturday, November 8, at 9:00am  
  Location: Cherokee Park, Hogan’s Fountain  
  Register [here](#)

- **8th Annual Anne Braden Memorial Lecture**  
  Speaker: John A. Powel, JD  
  Tuesday, November 11 at 5:30pm  
  Location: Belknap Playhouse  
  Contact: Mariam Williams

- **Women’s Center Empowerment Luncheon**  
  Speaker: Alice Houston  
  Thursday, November 13 from 11:30am—1:00pm  
  Location: University Club  
  Tickets and Information: Phyllis Webb

- **International Education Week**  
  November 17—21  
  More information [here](#)

- **LGBT Health Disparities**  
  Part of LGBT Health and Wellness Certificate Series  
  Wednesday, November 19  
  Location (12:00—1:00pm): School of Medicine, B202  
  Location (2:30—3:30pm): SPHIS  
  More Information: Stacie Steinbock

- **Feast on Equality Benefitting the LGBT Center**  
  Friday, November 21, at 7:00pm  
  Location: The Henry Clay  
  Purchase tickets [here](#)