
MODELS FOR PRACTICE

FOCUS AREA: ACCESS (INSURANCE)

Program Name: Southeast Kentucky Community Access Program

Location: Harlan, Perry, Leslie, and Knott Counties, Kentucky

Problem Addressed: Access to Health Care, Housing, Education, and Public Safety

Healthy People 2010 Objective: 1-4, 1-6

Web Address: http://www.mc.uky.edu/ruralhealth/community_programs/skycap.htm

SKYCAP is a collaborative demonstration program designed to improve access to health care, social services, and housing for the underinsured and uninsured residents of Harlan and Perry Counties, and most recently through funding from the Good Samaritan Foundation, Inc., Leslie and Knott Counties.

SNAPSHOT

The Southeast Kentucky Community Access Program (SKYCAP) is a rural demonstration and evaluation program funded by the Health Resources and Services Administration, U.S. Department of Health and Human Services, and launched on September 1, 2000. The purpose of SKYCAP is to identify collaborative partners in rural communities in southeast Kentucky to demonstrate ways to develop sustainable health care programs for the medically indigent. The overall SKYCAP goal is 100 percent access and zero disparities. Although it is a rural demonstration program, SKYCAP hopes to become an ongoing program.

THE MODEL

Blueprint: SKYCAP is a collaborative demonstration program designed to improve access to health care, social services, and housing for the underinsured and uninsured residents of Harlan and Perry Counties, and most recently through funding from the Good Samaritan Foundation, Inc., Leslie and Knott Counties. Services provided include, but are not limited to:

- emergency medication access,
- dental care,
- eye care,
- primary providers,
- home visitation,
- education,
- transportation, and
- eligibility for pharmaceutical programs for the indigent.

SKYCAP also takes referrals from different agencies. Delivery of services is achieved by deploying family health navigators (FHNs) in 11 community sites as community health advisors to assist eligible clients with ambulatory care sensitive diseases (asthma, cardiovascular disease, diabetes, hypertension, or severe mental illness) to receive care in the most appropriate settings.

FHNs serve the uninsured and underinsured population by conducting home visits, performing assessments of clients and family needs, and providing referral information to clients and their families. The family health navigators also act as liaisons between clients and their families as well as mental health and health and human service providers. FHNs report to network members the specific characteristics or conditions that impede clients from obtaining available services. In addition, FHNs work with multidisciplinary teams to establish action plans for clients and families. They assure that action plans are carried out, link clients with all needed services, connect clients to support groups, and provide emotional and educational support for clients and their families.

SKYCAP is a community partnership with the University of Kentucky Center for Rural Health in Hazard; Harlan Countians for a Healthy Community, Inc.; Hazard Perry County Community Ministries, Inc.; and Data Futures, Inc. These community partners bring together over 50 other partners and organizations, such as health departments, local hospitals, pharmacies, and mental health centers.

It is estimated that 24 to 45.4 percent of the population in these counties lives in poverty (compared to Kentucky's state average of 15.8 percent). The median household income in these counties ranges from \$15,805 to \$23,318, compared to a state average of \$33,672. Only 49.2 to 58.7 percent have completed high school (compared to the state average of 74.1 percent). While only about 1 percent of the nation's population lives without indoor plumbing, more than 6 percent of Harlan and 7 percent of Perry County's citizens are without running water. Kentucky has the highest smoking rate in the nation (30 percent) and southeastern Kentucky has the highest rate in the state (33 percent). The overall mortality rate per 100,000 in the 45–64 age group is 145 percent higher than in the nation; mortality rates for heart disease, late stage breast cancer and lung cancer are 160–250 percent higher than national rates. The state ties for second place nationally in the percentage of obese adults (33), and the rate in southeastern Kentucky is even higher. The goals of Healthy People 2010 cannot be achieved unless special populations, such as Appalachians, have effective solutions to their health care crisis.

Although Medicare covers 26 percent of the people in these counties, and most children have some sort of public or private insurance, about 12,000 people are still medically indigent. In addition, approximately 10,000 people

are Medicaid recipients, of which the majority are otherwise uninsured. The greatest need in this two-county area is access to pharmaceuticals.

Making a Difference: The SKYCAP program formed a baseline of medical/social care utilization for the following diseases: asthma, diabetes, heart disease, hypertension, and mental illness. By the end of 2001, SKYCAP received over 5,000 referrals from different agencies and provided a total of 13,000 services. These are services that otherwise would probably be unavailable to these people due to being uninsured or underinsured.

Beginnings: The SKYCAP program was fully implemented in December 2000 and provided services to Harlan and Perry Counties. It received one of the original 23 Community Access Program (CAP) grants in September 2000.

Challenges and Solutions: By collaborating across the mountains, SKYCAP attempts to create a comprehensive network for this most distressed area. It supports integrated programming to increase access to health care for the target populations. The program seeks to expand a CAP network of safety net providers that will serve this Appalachian region and can be easily replicated throughout Appalachia in its entirety. The University of Kentucky Center for Rural Health is the bridge that ties the groups together and brings the necessary infrastructures that each group would have difficulty sustaining individually in the present state of rural health care decline. The greatest challenge is building the new networks and infrastructures before losing the safety net providers.

PROGRAM CONTACT INFORMATION

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