Fighting Chronic Illness in Appalachia

WEKU-FM and Pattie A. Clay Regional Medical Center joined together for a two year examination of the effect of chronic illness on the lives and livelihood of the residents of Appalachian Kentucky. This report tells of the bravery, the struggles, the frustrations, and the hope of the people we met.
## Contents

- Introduction ................................................. 4
- Chronic Illness in Kentucky .................. 6
- Statistics tell the story .............................. 9
- The Illnesses Featured .................................
  - Lung Disease ........................................ 10
  - Diabetes ........................................... 12
  - Heart Disease ...................................... 14
  - Asthma ............................................... 16
- Challenges for Appalachia ....................... 18
- Opportunities for the Future .................... 20
- Conclusions ............................................. 22
- Resources for Simple Changes ................. 24
- Contributors .......................................... 26
- Partners and Funding ............................... 27
Introduction

It is the simple routines of daily life that are most affected: calculating your blood sugar before you drink a soda; avoiding smoky restaurants or the perfume counter at the department store; or simply being unable to walk across your back yard without becoming winded.

“I’ve seen times when I could not stand up long enough to brush my teeth and wash my face,” says Janet Costilow of Berea. “I could hardly dress myself. Everything I did, except talk, was a struggle.”

Janet Costilow’s plight was only one of the deeply personal stories that WEKU presented during 2003. Reporters and producers traveled throughout Appalachian Kentucky to talk to patients and health care providers, policy leaders and caregivers to learn about the effects of chronic diseases on the individual, their families, on the region and on the health care system in the state.

WEKU partnered with Pattie A. Clay Regional Medical Center to present these issues on radio, in print, on-line and in informative brochures, in a project entitled Simple Changes. The series focused on four of the most prominent chronic illness found in central Appalachia: diabetes, asthma, heart disease and chronic lung disease.

Radio Stories

WEKU produced in-depth news reports which were broadcast on public radio stations in Kentucky, West Virginia and Virginia. They examined the health care system in eastern Kentucky, grassroots care issues, chronic illness care and the need for more doctors in the region. WEKU also created a series of compelling audio diaries narrated by people who live with chronic illness.

Madison County friends Carolyn Oglethorpe and Janet Costilow tell of the struggles they face with their emphysema, as they grapple with Carolyn’s heartbreaking experience trying to be accepted for a lung transplant. London student Ashley Reams talks in a very matter of fact manner about the discipline it takes to successfully manage her diabetes. Earl Wayne Kates of McKee suffered two heart attacks in the last seven years. In his audio diary, Earl Wayne and his wife Flora compare his life before the heart attacks with the permanent and life altering disability he now faces. Finally from Hazard, Maxine Richie tells about her asthma, and how she has turned her illness into good by becoming a nurse and asthma educator.
Community Conversations

Call-in programs featured a physician, an allied health professional and an educator who discussed the signs, symptoms, treatment and future outlook for each of the illnesses chronicled. The series moderator was Kentucky Educational Television host Bill Goodman. The shows, produced by WEKU, were simulcast on public radio stations throughout the Appalachian region.

Newspaper Columns

Pattie A. Clay Regional Medical Center’s health care experts wrote a series of newspaper articles to complement the radio broadcasts. These columns explored diagnosis, treatment and prevention issues for each of the four chronic illnesses. In addition, audio diarists were highlighted in coordinating print stories and the radio news features were summarized as press releases.

Outreach Brochures

Colorful brochures explaining the chronic diseases most common in Appalachia were produced and distributed throughout the region to provide additional information about the diseases. Libraries and health departments in the region each received a supply of the brochures for their clientele.

Web Resources

All of the radio stories, articles, audio diaries and brochures were archived for the project website. The site, www.weku.fm/chronic.htm, contains facts and information about treatment and prevention, as well as interactive quizzes to help visitors determine their risk for chronic illness. Visitors can choose from a variety of visual and audio resources which encourage them to take an active role in maintaining a healthy lifestyle. The site will be a permanent online resource for exploring health and chronic illness issues facing the Appalachia.

The following pages tell the stories of the people we met during the Simple Changes series. While the challenges facing Appalachia are complex, alleviating the toll of chronic disease begins with the individual. It begins with simple changes anyone can make.

In this final report will you learn about the issues surrounding chronic illness, the challenges facing Appalachia and the opportunities we have to make a lasting difference for the health of our communities.
Chronic Illness in Kentucky

How you live can determine how well you live and for how long. But for many Kentuckians, life is cut short because of a chronic illness. In 1999, the state had the highest death rate in the nation due to lung cancer. It ranked 4th in heart disease deaths, and 8th in deaths due to stroke. Diabetes, alone, killed more than 100,000 Kentuckians.

Tobacco Use

Kentucky leads the nation in smoking and cancer rates. About 31% of Kentucky adults smoke, compared to the national average of 23%. The American Cancer Society estimates that about 3,500 new cases of lung cancer will be diagnosed this year in Kentucky.

Margaret Suters, a registered nurse at the Madison County Health Department, says part of the smoking problem in Kentucky is cultural. "It's just part of their environment." Suters believes that people who grow up on tobacco farms and have been around it since they were a child are less likely to view smoking as dangerous or unhealthy.

Some studies indicate that Kentucky kids start smoking as young as 10 or 11. Once they’re hooked, there are few resources available to help Kentuckians stop smoking. A recent report in the Journal of the National Cancer Institute indicates that Kentucky is among 16 states that spend less than a dollar per person on tobacco control programs — far below the $5 to $10 that is recommended.

Health advocates say lawmakers could help reduce tobacco’s toll on the state. Activists have promoted smoking bans in public buildings and restaurants in some cities, and lobbied for a higher cigarette tax in the Commonwealth, with only limited success.

Obesity

But, it’s not just smoking that makes Kentuckians sick. Nearly 25% of Kentucky’s adult population is obese. That’s up from about 17% in 1995. Part of the state’s weight problem can be linked to southern cooking which is high in fat, calories and salt. And like smoking, obesity tends to start in childhood.
Kathy Todd, a physical education teacher at Shannon Johnson Elementary School in Berea, refers seriously overweight students to the school nurse for nutrition counseling. Todd says she doesn’t want to single out specific students or embarrass them about their weight. But, she says, students who need help in making healthy choices are no different from students struggling with academic subjects.

“If they have a deficiency in math or reading, we’re right on it,” says Todd. “We help them and give them tools to get better. I feel the same way if a kid is grossly overweight or obese. We are limiting their lifespan by not doing anything.”

**Diabetes**

Todd says the onset of Type II diabetes is occurring more often, and in younger kids. That’s significant, she says, because it means sicker kids who will need special medical care for the rest of their lives. Kathy Todd says it’s ironic that schools stress good nutrition in class and then offer candy bars, cookies and snack cakes in vending machines during certain hours of the day.

**Physical Activity**

Another part of being fit is getting exercise. A recent study of 470 Kentucky schools shows how little time is dedicated to physical activity at school. Elementary students averaged 67 minutes a week in P.E.; middle school students, 34 minutes; and high schoolers, just 14 minutes.

Jack Rutherford, an Eastern Kentucky University professor, is President of the Kentucky Association for Health, Physical Education, Recreation and Dance. He says the association supports legislation to require a minimum of 30-minutes of physical activity during a school day for elementary and middle school students. Rutherford says lawmakers need to understand that if kids aren’t encouraged to exercise now, there could be dire consequences later. “Seventy-five to 80% of overweight and obese children will grow up to be overweight and obese adults.”
Heart Disease

Heart Disease is the number one leading cause of death in Kentucky.

The number of deaths from heart disease per 100,000 in the United States is 260.4. In Kentucky, the number is 306.0, the 5th worst rate in the nation.

Kentucky hospitals annually treat 64,540 in-patients due to cardiovascular disease.


Diabetes

More than 303,000 Kentuckians have diabetes, about 10% of the population. More than 60,000 of them are in the Appalachian region of Kentucky.

The number of deaths from diabetes per 100,000 in the United States is 25.0. In Kentucky, it is 27.9.

Approximately one third of diabetes cases are undiagnosed.

Smoking

Kentucky has the highest rate of smoking in the nation - 30.8% compared to 22.7% nationwide.

Kentucky's age-adjusted rate of cancer is the third highest in nation. Lung cancer is the highest.

Twenty-three percent of deaths in Kentucky are attributable to smoking.

Between 80-90% of Chronic Obstructive Pulmonary Disease (COPD) cases are due to smoking.

Obesity

The Centers for Disease Control (CDC) predicts that obesity and overweight will soon overtake smoking as the leading cause of preventable death in the U.S.

Kentucky's obesity rate is the fifth worst in the nation, with nearly 60% of the population considered obese.

Kentucky ranks as the least active state in the union.
Kentucky's age adjusted Chronic Obstructive Pulmonary Disease (COPD) rate is the fifth highest in nation.

COPD is fourth leading cause of death in Kentucky.

**Chronic Lung Disease**

The percentage of adults diagnosed with asthma in the United States is 7.2, while in Kentucky 8.3% have been diagnosed with asthma.

Twenty-three million adults in the U.S. have asthma.

Asthma is the most common long-term childhood disease, affecting 6.3 million children.

Asthma is the leading cause of school absenteeism due to chronic illness, with 14 million school days missed due to asthma in 2000.

**Asthma**

Kentucky ranks 24th in per capita health care expenditures at $3,711 spent per year.

The cost of diabetes in Kentucky is $2.4 billion annually, including $298 million spent by Kentucky's Medicaid program for diabetes care.

One in four Medicare dollars are spent on someone with diabetes.

The direct and indirect cost of cardiovascular disease in the U.S. is $368.4 billion.

The direct and indirect cost of diabetes in the U.S. is $132 billion.

The direct and indirect cost of asthma in the U.S. is $14 billion.

The annual cost of COPD in the U.S. is $32.1 billion.

Obesity costs the nation from $69 to $117 billion annually. In Kentucky, the cost is $1.163 billion.

The percentage of Kentucky's Medicaid expenditures attributable to obesity is 11.4% ($340 million).
Chronic Lung Disease

Chronic obstructive pulmonary disease (COPD) is a term that covers chronic bronchitis, emphysema and other chronic lung conditions. The frequency of COPD has increased by more than 40 percent since 1982, becoming the fourth leading cause of death in the United States by 1990. Smoking causes 80 to 90% of all COPD cases.

Kentucky has high lung disease rates because so many of its citizens smoke. An additional factor in many eastern Kentucky homes is coal, a common heating element which contributes to chronic diseases like black lung. COPD may also be exacerbated by exposure to irritants such as those in glues, furniture, car exhausts and the growing popularity of wood stoves.

Pulmonary Rehabilitation

Pulmonary rehabilitation combines exercise training with behavioral and educational programs to reduce the impact of lung disease. This combination helps patients control symptoms and improve the management of day-to-day activities.

Each patient benefits from a comprehensive individualized plan of care directed by a physician. A multidisciplinary team of health care professionals—nurses, respiratory, occupational, and physical therapists, exercise specialists and dietitians—work together to enhance the management of pulmonary disease.

During rehabilitation, respiratory therapists work with patients on breathing 'retraining,' oxygen and aerosolized medication use. A physical therapist works on the strength, power, endurance and aerobic training. An occupational therapist works on activities of daily living like grocery shopping and household chores. Because the very act of breathing becomes so difficult for patients suffering from COPD, principles of energy conservation and work simplification self-care and performance of job related tasks have to be relearned. Each professional plays an important role in helping the patient achieve a better quality of life, and may include a social worker, nutritionist or psychologist.

For more information on pulmonary rehabilitation contact the American Association of Cardiovascular and Pulmonary Rehabilitation or The American Lung Association.
A Friendship Bonded with Heart and Lungs

With each passing day, Carolyn Oglethorpe is losing her ability to breathe. The eastern Kentucky mother of three suffers from COPD, or chronic obstructive pulmonary disease — in her case emphysema brought on by years of smoking. Constantly tethered to an oxygen unit, Oglethorpe is running out of breath, options and time. A lung transplant is her only hope for long-term survival.

Carolyn explains what led to her illness. "I was told in 1991 that I had emphysema. I was advised then to quit smoking. I continued for four more years! I’d quit three weeks, six weeks. And I always looked for a reason to go back."

Her friend Jan Costilow also has COPD. But Costilow received a new lung four years ago. "I was 40 years-old when I was diagnosed with emphysema. It’s pure hell. Everything I did was a struggle."

The two women recently traveled to Vanderbilt Medical Center in Nashville so Oglethorpe could be evaluated for a lung transplant. "I am nervous. I’m not going to deny it," says Oglethorpe. "Unless you have personally had this disease, you cannot understand the fears, the dreads, the doubts and the feelings that go with it."

At Vanderbilt, Carolyn endures one test after another: a blood gas test, a pulmonary function test, a chest x-ray, a bone density test, and a high-resolution chest cat-scan. Carolyn laughs that they even checked her teeth!

Finally the heartbreaking news came. Oglethorpe would not be listed for a donor lung because of the presence of certain antibodies that would make a donor match nearly impossible.

Oglethorpe is trying to remain upbeat, saying not everyone does as well as her friend Jan after a transplant.

Carolyn adds a cautionary note about tobacco use. "I would encourage anyone who smokes, to quit smoking. I realize cigarettes are addictive. Let me tell you, once you get emphysema as bad as I have emphysema you will quit smoking one way or the other."

Carolyn and Jan tell of their struggles with emphysema and Carolyn’s efforts to secure a lung transplant in an audio diary that can be heard at the Simple Changes Website: www.wku.fm/chronic.htm
Diabetes

Diabetes is a significant and increasing problem. Almost 10-percent of adult Kentuckians have diabetes and one in two adults here is at increased risk for developing it. Eastern Kentucky has the highest incidence of diabetes in the Commonwealth.

Diabetes damages the blood vessels, including the coronary arteries of the heart. It can lead to stroke, kidney failure, vision difficulties, weak circulation and other problems.

Diabetes occurs when the body is not able to use glucose (sugar) as it should. This may be due to a decrease in or lack of production of the hormone insulin or the inability to use insulin properly (insulin resistance). There are two main types of diabetes: Type 1, which usually appears suddenly and is most common in those under age 30; and Type 2, which occurs gradually and most often in those over 40 or in obese children. Type 2 (insulin resistant) is much more common than Type 1.

You are more likely to develop Type 2 if you are overweight or obese, especially with weight distribution around your middle; over age 40; have high blood pressure; or a family history of diabetes.

Twenty-seven percent of new Type 2 cases are attributed to weight gain, with obesity being a major risk factor.

Lifestyle changes can cut the risk of developing Type 2 diabetes regardless of age, ethnicity, gender or weight. Loss of body weight and moderate physical activity can reduce the chance of developing Type 2 diabetes in high risk individuals.

To reduce your risk for diabetes:

♦ aim for a healthy weight
♦ be physically active every day
♦ learn to read food labels
♦ don’t smoke
♦ control high blood pressure
♦ control high fat food intake

If you already have diabetes, heed this additional advice:

♦ take medication as directed;
♦ monitor your blood glucose at home;
♦ schedule regular dilated eye exams;
♦ have your oral health monitored;
♦ examine your feet frequently
♦ see your doctor regularly

Know your family history and your risk factors. Do not ignore signs of high blood sugar; do not treat yourself based on a friend or relative’s recommendation; seek medical attention. Do not be afraid to discuss concerns and questions with your doctor.

Diabetes is controllable with a team approach, but you must participate. The end results depend on you.
A Life with Diabetes

Ashley Reams, a 20-year-old student from London, Kentucky, has had diabetes for 17 years. She is insulin dependent, meaning that her pancreas does not produce any insulin. She must take daily insulin injections to control her blood sugar. She started giving herself the shots at age four.

Ashley explains what happens when her blood sugar levels get low. “I get very weak and very shaky. And if I let it get too low, which I don’t do very often, a lot of times my hands will go to sleep, and my tongue will go to sleep so I have to really watch that. And if it’s too high, I just feel really, really bad. I feel tired and sometimes if it gets too high, I’ll feel sick, kind of a nauseous feeling. "What I eat plays a big role in managing my diabetes”"

Ashley’s mother, Nancy, expressed the loneliness of struggling with her daughter’s diabetes, especially when Ashley was little. “What I really needed was a support group. I worked very hard to get one started in London. But in eastern Kentucky many people have a hard time admitting that they themselves or their child has a problem, even if it’s just a chronic illness.”

“To sit with your child in intensive care and have your doctors tell you they don’t know for sure how she’s going to be because her blood sugar was so high. So it took me 11 years to get to the point to where I thought I could deal with it.”

Ashley says it is hard to continually test your blood sugar - 4, 5, 6 times a day. She knows, though that when she skips the regular testing, her blood sugar gets out of control, which she definitely doesn’t want to happen. And she doesn’t want any of the more serious complications from the disease. Even though Ashley hasn’t suffered any ill effects from diabetes yet, she understands the dangers. Blindness is one. Risk of leg and foot amputation is another, as is an increased risk of heart disease.

Ashley is attending Eastern Kentucky University. “I hope to be a successful speech pathologist, and I hope to have a family, and I hope to live a normal life which I think is very possible. I still wonder what my life would be like if I didn’t have it.”

Listen to Ashley’s story in her audio diary, which can be heard at the Simple Changes Website.
www.weku.fm/chronic.htm
Heart Disease

Kentuckians do not fare too well when it comes to matters of the heart—heart disease, that is. Every day, 200 Kentuckians are hospitalized due to heart disease and it is responsible for 4 of every 10 deaths in this state. And the problem is greatest in the eastern third of our state, too.

The risk factors for heart disease are many and include both controllable and uncontrollable indicators. The factors we cannot control include a family history of heart disease, our age and our ethnic background. While we cannot choose our ancestry, the good news is that we can still make healthy decisions that will affect our likelihood of developing heart disease. Controllable risk factors include:

- High blood cholesterol
- High blood pressure
- Smoking
- Lack of regular exercise
- High fat diet
- Uncontrolled diabetes
- Overweight or obese
- Chronic stress or depression

Becoming physically active is one of the most important and effective ways a person can control heart disease. Exercise and physical activity helps lower cholesterol, blood pressure, weight, and the effects of stress. And exercise does not have to be strenuous, either. Even taking an evening walk can show benefits if done routinely.

Diet can make a big difference in controlling the risk factors associated with heart disease, too. By eating a balanced diet that is full of nutrients and low in fat, you can reduce your weight, your cholesterol and your blood pressure. Diabetics must be particularly careful to eat a diet that helps maintain a steady and acceptable blood sugar level. This means avoiding alcoholic beverages and excessive amounts of foods that are high in sugar or carbohydrates.

A third way you can control the risk factors associated with heart disease is to see your physician regularly. The benefits of regular, on-going contact with your family physician cannot be overstated.

Your physician can provide a medically supervised regimen of diet, exercise and lifestyle choices to help you control your long-term risks for developing chronic illness. The rest is up to you.
When a Heart Stops Beating

It started quite simply: Earl Wayne Kates was driving to work one day in 1996 when he felt pains in his chest. Today, the Jackson County, Kentucky man is on disability, having suffered two heart attacks and congestive heart failure.

After his first heart attack, Kates was able to return to his job at a manufacturing plant in Cincinnati. But within a year, he had grown so weak that he and his wife moved back to McKee, Kentucky, where they were born and where Kates suffered his second heart attack.

“Financially, it’s been a disaster,” commented Kates. Insurance from his manufacturing job helped cover the medical expenses for his first heart attack. But when his second attack occurred, Kates was on disability. Paying for cardiac rehabilitation in Richmond (the closest available service) was difficult on their budget, even with Medicare covering 80% of the costs. Despite the cost, Kates stuck with the 12 week program and regained some of his energy.

“Our medicine costs us over a $1000 a month,” says Flora Kates. “It’s either that or not live. So we put the medicine before anything else.”

“He has nitroglycerine pills that he can put under his tongue if he starts having chest pains,” Flora says. “He takes pains pills for a ruptured disc and medicine for high cholesterol and high triglycerides. And then he takes five more medicines for his heart.” Kates also takes three water pills a day to prevent fluid from collecting around his heart which can lead to congestive heart failure.

“As far as the way it’s affected me,” Flora adds, “I can’t say I love him more but I guess I love him different. We’ve got one another and that’s something a lot of people don’t have.” The stress of dealing with chronic illness not only affects Kates and his wife, but it also reaches his children and grandchildren.

Kates’ doctors tell him he is unlikely to regain his health. He has good days and bad days, but still he remains upbeat. “I just take one day at a time and do the best I can.”
Asthma

One-third of the 8.6 million asthma victims in the U.S. are children. Asthma incidence has increased 86.8 percent since 1982, making it the most common chronic disease among children. Asthma is the number one cause of hospitalization for children under the age of 15 and the fourth most common reason for emergency room visits. More than 10 million absences from school occur each year due to this disease.

Risk factors include a family history of asthma or allergies; bronchitis; early exposure to dust mites, tobacco smoke or other airborne substances. Males are considered to be at greater risk to asthma in childhood, and new studies are pointing to living in or near substandard housing as an additional risk factor, especially for children.

The most common characteristic of childhood asthma is coughing during exercise or a persistent cough at night. Frequent respiratory infections, like bronchitis or pneumonia may also indicate asthma as does chest tightness, shortness of breath and unexplained irritability.

There are many different “triggers” to an asthma attack. Smoke is particularly irritable to asthmatics. More than 200,000 children experience severe asthma attacks due to second hand smoke exposure each year. Allergies for pollen, mold, animal dander, certain foods, dust and dust mites are common triggers. Cockroaches and their droppings are also allergens. Inhaled irritants are perfumes, household cleaners, paints, varnishes, chalk dust, and powders. Smoke from wood-burning stoves and fireplaces can also release irritating fumes. Exercise and even expressions of emotions like laughing, crying or yelling can contribute to an asthma attack.

Avoiding the triggers involved in asthma attacks may not be entirely possible, which points to the need for medications. Bronchodilators, anti-inflammatory medications and anti-leukotrienes help to decrease the narrowing of the airways and to decrease the chance of fluid in the lungs. Medication choices should be thoroughly discussed with one’s physician and respiratory therapist.
From adversity to opportunity

Almost 10% of Kentuckians have asthma, a chronic inflammation of the airways that causes shortness of breath, coughing, wheezing and other breathing problems. Federal public health officials call the dramatic increase in asthma in recent years an epidemic.

“If you really want to know what an asthma attack feels like, you jog in place for one minute, you pinch your nose off and try to breathe through a straw,” says Maxine Ritchie. “For a severe attack you do that and try to breathe through the straw you stir your coffee with.”

Ritchie, a registered nurse in Hazard, knows the toll of asthma first-hand. Her father and two brothers have the disease and she was diagnosed with the condition when she was nine months old. Now 52, her daily life is defined by the things she must avoid that could trigger an asthma attack.

I can’t have carpeting with the long shag. It smothers me. I can’t use anything with harsh odors in my house to clean with. I use very little make-up or hair spray and what I do use has to be unscented. Shampoos, I try to find a brand that doesn’t have a loud perfume smell.”

When Maxine Ritchie’s two sons developed asthma, she decided to turn her personal experiences into a professional career. Richie became an asthma educator and program coordinator for the Southeast Kentucky Initiative for Pediatric Asthma, or SKIPA, a federally funded project to help asthmatic children, their families and schools in Harlan, Perry, Knott and Owsley counties of Kentucky.

Reflecting on her job with the Southeast Kentucky Initiative for Pediatric Asthma, Ritchie exclaims, “Education is so wonderful. I can go into the homes and I can help these parents learn to identify triggers. I can show them the correct way to use their machines and their inhalers.”

“I love being a nurse, but now I can combine my nursing skills with educational skills. My clients relate to me really well because I’ve had asthma all my life and they’ll listen to me.”

Richie’s story can be heard in her audio diary, available at the Simple Changes Website: www.weku.fm/chronic.htm
Poverty Takes its Toll

Health officials say poverty is one reason why residents of southeastern Kentucky suffer from diabetes, asthma, heart and lung disease and certain types of cancers at rates far greater than national averages. Dr. Baretta Casey works at a family practice clinic in Hazard and sees about 40 patients a day — 30 of whom have one or more chronic illnesses. Dr. Casey says some of those conditions developed because the patient delayed seeking treatment.

“Some of those reasons may be financial,” says Dr. Casey. “They don’t have health insurance so they don’t want to build up a big bill that they can’t pay. Or they have problems with transportation, maybe it’s difficult to get to the doctor. Or maybe they feel like their health is okay — it’s an unseen illness until it gets really bad and then they have to seek health care.”

Expensive Treatment

Dr. Casey says unfortunately when they do finally seek treatment, many uninsured or underinsured people with chronic illnesses go to the emergency room — one of the most expensive places to treat any condition. Once the crisis is over and the patient’s condition is stabilized, Dr. Casey says the next challenge is disease maintenance. Patients may not remember to take their medications as prescribed, or they simply may be unable to afford to continue buying their medicines. Casey says it is not uncommon for some patients with a chronic illness to take as many as 18 different medications.

“I worked very hard with the pharmacy companies to obtain samples of their medications so that I could give samples to those people who could not afford it. It does me no good to diagnose a medical problem that is treatable with medication if they can’t get the medication.”

Lifestyle factors

Poverty also affects lifestyle factors that play a role in chronic illness in the region. Patients may live in substandard housing that is cold, damp or dirty. Their diet and nutrition may be compromised, contributing to diabetes, obesity or heart disease. And simply getting to the doctor may be difficult without transportation or a flexible work or childcare schedule.

“Health care is not just medication and a prescription you give the patient,” says State Senator Daniel Mongiardo, an ear, nose and throat specialist in Hazard. “Health
care is the quality of life inside the home, the lifestyle, the smoking, the eating habits. We as a health care system have not done a good job of attacking this outside the doctor’s office or hospital. There’s no aspect of health care that’s not touched by our lifestyle.

**Rural Areas Lack Resources**

Even with good information, living a healthy lifestyle is not always easy to do in rural southeastern Kentucky, says University of South Florida epidemiologist Elizabeth Barnett. Dr. Barnett has studied health issues in Appalachia and says knowledge can’t compensate for a lack of exercise facilities or having to travel 30 miles to a well-stocked grocery store for fresh fruits and vegetables. Even with the myriad of factors contributing to chronic health problems in the region, Barnett says there is a moral imperative to finding solutions to these issues.

**Long Term Solutions**

“I think the state health departments and the local health departments throughout Appalachia are staffed by people who are very committed and very passionate about improving public health but they’re severely under-funded,” explains Barnett. So they may have a great program, a great idea they can implement for a only limited time. We really need a level of funding to institutionalize preventive services so that they’re not just demonstration projects and they don’t go away. These diseases develop over a life-time. It’s not a quick fix.”

Jack Rutherford, PhD, professor of health and recreation at Eastern Kentucky University agrees. “We have to start encouraging activity and fitness during childhood. And we all have to get moving, making exercise a daily, continuing choice.”

Barnett says a final challenge is overcoming the stigma attached to some chronic conditions that may prevent people from seeking medical care in the first place. For example, depression, if left untreated, can become a risk factor for developing cardiovascular disease.

“There’s no aspect of health care that’s not touched by our lifestyle. It causes problems from birth to death.”

Daniel Mongiardo, MD

“We really need a level of funding to institutionalize preventive services so that they’re not just demonstration projects and they don’t go away. These diseases develop over a life-time. It’s not a quick fix.”

Elizabeth Barnett, MD
Taking Responsibility

Judy Jones, acting director of the University of Kentucky Center for Rural Health in Hazard believes that 90% of any chronic disease can be self managed. The key is to motivate people to take responsibility for their own health. That means getting the proper medical care in the first place and then making the decision to make the changes necessary for healthy living.

“One of the things about encouraging people to do things for themselves is that it’s scary to take responsibility” Jones says. “But the good thing is that you’re in control and you can decide what’s going to happen to you. And I think that sense of being able to control your own health is something that is increasingly important to people.”

The Center’s nationally recognized program, Kentucky Homeplace, sends lay health workers into a patient’s home to explain a prescribed treatment and help reduce barriers that prevent them from following through on a doctor’s orders. Homeplace staff can help make doctors’ appointments, explain medical forms, find free or low cost prescriptions and assist with housing issues. Jones says the workers know how to navigate the system - often from first hand experience.

“That community intelligence can come from a person who came off welfare, got their GED and is now working as lay health worker for us. They can say things like, ‘I changed the way I ate because I got tired of sitting in the doctor’s office’” says Jones. “Or ‘I didn’t want to do a finger-stick on myself every day.’ That unique method of communicating is the key to bringing the university based knowledge to a real change in a person’s conduct.”

Jones says it’s important to look at the problem holistically. That means assessing a client’s environment for certain risk factors or circumstances that aggravate a chronic condition.

Smoking in the home, failing to control allergies, not eating right or getting enough exercise are all factors we can control.. Once we take responsibility for our health, the rest will fall into place.
Future Thinking in Chronic Care

Through radio stories, community dialogues, and an interactive website, WEKU and Pattie A. Clay Regional Medical Center learned that the challenges facing those with chronic illnesses are more far reaching than simply eating more vegetables.

Yet the solutions are just that simple, too, because the solutions to a healthier Kentucky start with the individual. The experts who discussed chronic health issues during our year long exploration, all pointed to individuals making the decisions that will keep them healthy--proper diets; adequate exercise; and not smoking.

The greater challenge is to re-think our health care system, our government policies and practices and our community environments so that healthy lifestyles are encouraged and celebrated.

There are some promising efforts underway. Planning and zoning commissions across the state are beginning require developers to build "activity-friendly" neighborhoods. The state's health departments are making physical activity an important health issue to emphasize with their patients and throughout the community.

Just this year, the University of Kentucky's Extension Service has initiated a statewide effort, Get Moving Kentucky, to encourage communities and individuals to become more active.

In eastern Kentucky, a variety of home visitor programs are beginning to show results for many patients suffering with chronic illnesses. Programs like SKYCAP, Kentucky Homeplace and others are showing that people can develop healthy habits with proper education and support. Cardiac and pulmonary rehabilitation, diabetes coalitions and other health care initiatives are more widespread, making access easier and care more consistent.

For the first time ever, Kentucky's General Assembly is seriously discussing raising the cigarette tax to a level that will discourage young people from starting smoking and perhaps even encourage adults to quit.

These efforts are encouraging by themselves, but taken together, they can begin to turn the tide on the toll chronic illness takes on our state's health, wealth and future.

Governor Ernie Fletcher summed it up best in a conversation with The State of our Health moderator Bill Goodman. "The holistic approach is extremely important. It requires education, but it also requires personal responsibility. We have to ask, 'step-up, take the responsibility for your own health' and it will make a difference."

Step up take the responsibility for your own health and it will make a difference.

--Governor Ernie Fletcher
We asked our communities for their ideas about how to make Kentucky a healthier place. And they responded with ideas for us as individuals, for our government, for our health care system and for our communities and towns. Many of the suggestions are very simple—take a walk after dinner. Many are complex and controversial—institute socialized medicine.

For our government leaders

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**For our communities & towns**

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**For our health care system**

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On-Line Resources

Simple Changes Website
www.weku.fm/chronic.htm

Sound Partners for Community Health
www.soundpartners.org

Centers for Disease Control and Prevention - Chronic Disease Prevention
www.cdc.gov/mccdphp/

Burden of Chronic Diseases on Kentucky
apps.nccd.cdc.gov/burdenbook/deathcause.asp?state=ky

Improving Chronic Care
www.improvingchroniccare.org

PBS Series on Chronic Illness
www.pbs.org/fredfriendly/whocares

Helping Children Deal with a Chronic Illness
kidshealth.org/kid/feeding/thought/someone_chronic.html

(Kids site) Clubhouse Learning: Asthma
www.clubhouseasthma.com

(Kids site) Meet the Asthma Wizard
www.nationaljewish.org/wizard.chapter1.html

American Diabetes Association
www.diabetes.org

Take Diabetes to Heart
www.takediabetestoheart.com/take.htm

Juvenile Diabetes Foundation
www.jdf.org

National Institute of Diabetes and Digestive and Kidney Diseases
www.niddk.nih.gov

American Heart Association
www.americanheart.org

Centers for Disease Control and Prevention - Facts about Women and Heart Disease
www.cdc.gov/cvh/womensatlas/factsheets

American Lung Association
www.lungusa.org

American Cancer Society
www.cancer.org

Portion Distortion — How Restaurant Super-Sizing Affects You
hin.nhlbi.nih.gov/index.htm

These links are provided as a service by WEKU and Pattie A. Clay Regional Medical Center. They are current at time of publication. Neither the station nor the hospital is responsible for the content on these pages.
Simple Changes You Can Make!

_Everybody can do one thing to improve their health._ Whether you already have a chronic disease or not, there are easy things you can do to maintain and improve your health. Use this checklist to help you and your family take better care of yourselves. Share it with family and friends. Challenge them to join you in doing one simple thing (or more!) for better health

**Simple Changes in Personal Habits**
- Make walking a part of each day’s routine, maybe to the mailbox or to visit a neighbor. Park at the end of the parking lot instead of close to the store. Take a hike to a favorite scenic spot. Use stairs instead of elevators or escalators. To make it more fun, walk with a family member, friend or neighbor.
- Reduce or stop tobacco use.
- If you don’t already, try growing some of your own food. Fresh vegetables are easy to grow and healthy to eat, and gardening is good exercise.
- Avoid keeping “junk” foods in the house. That way you won’t be tempted to snack on them. Try more healthful snacks like unbuttered microwave popcorn, fresh raw vegetables or fruits, pretzels or low-fat chips.
- Drink more water and fewer soft drinks and bottled fruit juices which contain large quantities of sugar.
- Make an appointment to see your doctor.
- Talk with your family about a health problem you or another family member has.

**Simple Changes in the Kitchen**
- Use vegetable, canola or olive oils instead of lard. Try using a bit less shortening than you usually do when frying, or substitute baking, broiling or grilling for frying when possible.
- Experiment in the kitchen. Instead of buying frozen or boxed prepared foods at the grocery, try making them at home. You’ll save money, and probably consume less fat, sodium and calories.
- Cook beans. They come in many types, can be prepared in a variety of tasty ways, are healthy and an excellent source of protein.
- Switch from salt to an herb-based seasoning product.

**Simple Changes at the Restaurant and Grocery**
- Become a label-reader at the grocery. Look for foods that are low in fats and sodium.
- At fast food restaurants, choose healthier alternatives from the menu and never say ‘yes’ to supersizing.
- Avoid all-you-can-eat buffets. If you do visit one, focus on salads (with just a little salad dressing) and non-fried vegetables. Limit the number of trips through the buffet line you make. And stop before you feel full!
- It’s ok to leave food on your plate. Ask for a take-out box and make a second meal out of the leftovers.

**Simple Changes in Your Medical Care**
- Make an appointment to see your doctor.
- Ask questions if you don’t understand or would like more information.
- Take your medications as prescribed, and follow other health routines suggested by your doctor.
- Join a support group that deals with your illness or that helps care-givers.
- Always discuss any changes to your health and health care habits with your doctor or a qualified medical professional.
Contributors

Project Manager: John Gregory, Assistant Station Manager, WEKU-FM

Editors: John Gregory & Florence Tandy, Executive Director, Pattie A. Clay Foundation

Writers: Ava Eaves, RD; Tom Grant, RT; Karen Miller, RT; John Gregory; Lisa Williams, RN; Rodney Wills; Florence Tandy; Ron Smith; Marie Mitchell; Stu Johnson; Brandi Howard Ramsay

Call-in Show participants: Bill Goodman, moderator; Rajan Joshi, MD; Thomas Whayne, MD; Steve Kraman, MD; Dennis Karonos, MD; Lisa Irwin; Ava Eaves, RD; Karen Miller, RT; Lisa Williams, RN; Paula White, RD; Brian Boisseau; Jack Rutherford, PhD; Baretta Casey, MD; Steve Davis, MD; Barbara Baird, RD

Audio diarists: Janet Costilow; Carolyn Oglethrope; Ashey Reams; Maxine Ritchie; Earl Wayne and Flora Kates

Audio diary producer: Kathleen Adams

Photo Credits
John Gregory; Florence Tandy; Comstock Images

For More Information, Contact:

John Gregory, Assistant Station Manager  
WEKU-FM  
521 Lancaster Avenue  
102 Perkins Building  
Richmond, KY  40475  
859 622-1657  
john.gregory@eku.edu

Florence W. Tandy, Executive Director  
Pattie A. Clay Foundation  
P. O. Box 1165  
Richmond, KY  40476-1165  
859 625-3602  
florencetandy@pattieaclay.org
The Partners

**WEKU**

WEKU-FM broadcasts classical music and news to more than 40,000 listeners in central and southeastern Kentucky on WEKU 88.9 FM in Richmond; WEKH 90.9 FM in Hazard and WEKF 88.5 in Corbin.

**Pattie A. Clay Regional Medical Center**

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