

Barry's Story

A Digital Story from the Heartland Community Health Center

(Soft piano music)

>>Narrator: Barry Frank is a self-employed Kansan without health insurance. He opened Barry's Barbershop in the heart of downtown Lawrence, Kansas in 1987. In his first few years of owning the shop, all seemed well for Barry. He was healthy, married and raising five kids. In 1995, Barry was diagnosed with Type 2 diabetes and hypertension.

>>Barry: "The doctor told me to not eat before my appointment, and when I came in that first day, my fasting blood sugar was 330."

>>Narrator: This is more than 3 times the normal level. When Barry was first diagnosed with diabetes, he wished he had purchased health insurance while he was still healthy.

>>Barry: "When I was first diagnosed, I did research about health insurance, and it would have cost me more in premiums than I earned in a month because of my preexisting conditions,"

>>Narrator: The American Diabetes Association reports the typical monthly cost to treat diabetes runs from \$350 to \$900 for those who do not have insurance. This means that managing diabetes can cost someone almost \$11,000 out-of-pocket each year. This is a situation that many of Heartland Community Health Center's (HCHC) Diabetes Care & Prevention Program patients have found themselves in.

>>Narrator: When most people think of Lawrence, Kansas, they think of a busy downtown... ..or the University of Kansas. Most people don't think of the parts of Lawrence like this, where the median household income is \$28,786, \$10,000 less than the rest of the city... ..or of East Lawrence, where one in two people subsist below 200 percent of the Federal Poverty Level... ..or the some 14,000 residents without access to affordable health care.

>>Narrator: According to the Center for Disease Control and Prevention, low income individuals are more likely to be diagnosed with diabetes and experience complications from the disease. Approximately 11.1 percent of Kansas adults whose annual household income is less than \$50,000 have diabetes versus 6.2 percent for those with an income higher than \$50,000.

>>Narrator: In Lawrence, healthcare for those without means or insurance is nearly impossible to find. Estimates show that Lawrence has a shortage of primary care providers, making it difficult for people in need to gain access to care. This forces many people to manage their chronic disease in the emergency room, a strategy that is both ineffective and costly.

>>Narrator: If access to health care isn't available for those who don't have the means to care for their disease, Barry recognizes that not only would he be affected, the health care industry in general would suffer.

>>Barry: "If places like this didn't exist around the country, we would have even more health problems and economic problems. There would be even more people dying for no reason, and I suspect I'd probably be dead myself. I can go to the hospital, and they'll help me, but it would be a financial drain on the whole system,"

>>Narrator: At Heartland Community Health Center, diabetes is second most common diagnosis (right after hypertension), making its Diabetes Care & Prevention Program an indispensable, free resource for patients. Coordinators meet one-on-one with patients after the patient's appointment with a medical provider to explain how diabetes will affect their life in simple, every day terms. The coordinators can take the time medical providers cannot to explain what the patient can and cannot eat, educate how and when to test blood sugar and give exercise advice. The program also helps the patient set goals and provides a listening and encouraging ear to discuss challenges of managing diabetes.

>>Narrator: For people with low incomes, simply being able to access care for diabetes improves health equity. The high cost of diabetes management and the increased prevalence among low-income groups makes it increasingly important to offer comprehensive, compassionate, affordable health care. Often, access to care is the simple difference between life and death, something that Barry learned when was diagnosed with diabetes.

>>Barry: "Receiving a diagnosis of diabetes is frightening because you come to the realization that you have, in essence, a life-ending disease. "I was faced something that I never had to face before except in the service. I could die, and here was an opportunity to do something about it."