



## Advancing Healthy Communities



Combating Opioids with Outreach and Hope in Rural North Carolina



Understanding the Challenge of Going from Child to Caregiver



Finding Comfort and Inspiration Inside a Memory Box



## Building the New Consumer Health Care Experience



A Conversation with his Manager Helped Save His Life



A Helping Hand During a Family's Most Difficult Times

ADVANCING HEALTHY COMMUNITIES

# Combating Opioids with Outreach and Hope in Rural North Carolina

A \$1 million Aetna Foundation grant is helping provide everything from life-saving naloxone to one-on-one support



*Loftin Wilson is the rural program coordinator for the North Carolina Harm Reduction Coalition, helping opioid users climb out of addiction.*

Vance County in North Carolina is a rural place with wide-open spaces and vast wooded areas punctuated by farms, trailers and houses. Henderson, the county seat, is a timeless small town with a clock tower—and a central business historic district. But the county has been in a long, slow decline. Jobs have slipped away. Farming has largely disappeared. So has industry. More than a quarter of the people live below the poverty line. The median household income is a little more than \$35,000 annually.

Because one town in Vance is a distribution hub for heroin from 2010 to 2016, the death rate from heroin overdoses increased by 1,300 percent, according to a Duke University study.

**“There just isn’t a lot of work for folks,” says Loftin Wilson. “Heroin has become one of the main economies of the country.”**

For years, Loftin has been sitting down with families, walking up to strangers in parking lots, dropping by motels, hoping over time to make the connections and build the trust that saves lives. Anywhere he can, he meets opioid users who have slipped into the chasm of a nationwide epidemic. In rural areas, especially, helping them climb out is a formidable challenge.

Loftin is the rural program coordinator for the North Carolina Harm Reduction Coalition. He has worked his way up to supervisor, overseeing outreach workers and coordinating the coalition’s rural programming. But he still does weekly outreach in Vance County. He can’t stop. It’s in his DNA. Like other workers in other rural counties, he counsels users on overdose prevention, HIV and hepatitis prevention, and provides them with clean syringes and naloxone, also known as NARCAN, the overdose reversal drug.



*Program coordinator Loftin Wilson counsels opioid users on overdose, HIV and hepatitis prevention, and provides them with clean syringes and naloxone.*

**“There are all kinds of changes we struggle to make,” Loftin says, “one step forward, two steps back. It’s not easy and it’s not straightforward. There might be twists and turns in the road that go on for years.**

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**“We’ve focused on saturating the community with naloxone,” he says. “There are studies saying you can reduce the overdose rate by making sure naloxone is in every possible hand of people who are using or who know people who are using.”**

Because one town in Vance is a distribution hub for heroin, Loftin has seen people drive from other counties to buy heroin there, and then use on the spot—sometimes overdosing. Throughout the state, the coalition has distributed more than 105,000 overdose kits since 2013, with more than 13,400

reported overdose reversals, nearly all in the last three years. The increasing addition of fentanyl, a powerful synthetic, into the drug supply means the window to act on an overdose has shrunk, an often deadly combination in rural areas where a hospital may be more than an hour away.

Thanks to a \$1 million grant from the Aetna Foundation, Loftin and the coalition has been able to expand its work to four other rural North Carolina counties also hard hit by the overdose epidemic. The counties are spread across the state from Brunswick in the south to Haywood on the Tennessee border in the west to Vance along the Virginia border in the north. Loftin makes a loop, meeting people where they live, even if it’s in a car or a motel, delivering naloxone, clean syringes, fentanyl testing kits, and just listening to their news, good and bad.

To date, the coalition distributed 9,656 naloxone kits in the five counties and had 904 reversal reports.

**“Doing outreach work is more of an art than a science,” Loftin says. “The more you practice it, the better you get. There’s a process of trust-building that has to occur. Once you’re good with somebody, that person will connect you to two or three or four or five other people.”**

Loftin remembers one woman he met in a Walmart parking lot in Vance County a couple of years ago. She was homeless, using heroin and methamphetamine; after they met, she learned through testing for sexually transmitted diseases that she was pregnant. She immediately decided to enter a methadone program, but soon left. Less than a week later, she called to say she wanted to go back into the program. This time she stayed, had a successful birth, and gave the baby up for adoption. She landed a job and stabilized her life.

**“There are all kinds of changes we struggle to make,” Loftin says, “one step forward, two steps back. It’s not easy and it’s not straightforward. There might be twists and turns in the road that go on for years.”**



## **Gina Musa is a linking-to-care coordinator, a position funded by an Aetna Foundation grant, and calls herself a “hope dealer.”**

Gina Musa is another person who does outreach. She came on board in February as a linking-to-care coordinator, a position funded by the Aetna Foundation grant. Loftin says her position has dramatically increased the number of people the coalition has been able to place into services and has relieved the burden on outreach workers who were struggling to fill a dual role.

Gina likes to say she has a gift for the job. She learned the system the hard way. After surgery for cervical cancer in 2005, she got hooked on painkillers and eventually heroin. She became a sex worker to fund her habit. More than once, naloxone saved her life.

**“The substance abuse is what we see,” she says.  
“Breaking the mentality that this is who you are, this is all you deserve, that you’re never going to be worth it, that is the hardest thing.”**

She finally decided she no longer wanted to live that life, got clean, and then graduated from a training program. “My purpose is to be there for individuals who are struggling to find a way out,” she says.

That means helping them in whatever ways they will accept. She might start with syringe exchange. She might use her connections to find them a program for medically assisted

treatment with methadone or buprenorphine. In her first month on the job with the NCHRC, she linked two women to high-risk obstetrical care, seven people to medically assisted treatment, two to long-term in-patient care, and referred two for hepatitis C evaluation. She knows whom to call to find out if there’s a bed available. She understands a program that’s a good fit for one person may not be a good fit for another.

**“I’m the hope dealer,” she quips, available at all hours for texts or calls.**

Reality isn’t neat and clean. Success may mean simply engaging a person in a conversation about harm reduction, building a relationship until they are ready to take another step.

**“I have girls actively using. They will look at me and say, ‘I’m not done yet,’” she says. “I respect that. The people who are struggling but continue to engage with us are successful to me. I’ve seen people get better, but I promise it never comes in a bow wrapped under a Christmas tree.**

**“I always tell them I just need you to live,” Gina adds, “because I cannot work with the dead.”**



ADVANCING HEALTHY COMMUNITIES

# Understanding the Challenge of Going from Child to Caregiver

Christopher Ciano is president of Medicare at Aetna—  
and caregiver to his 92-year-old parents



Stay in the game long enough, and many children will find they have reversed roles with their parents. Once, their parents protected and cared for them; now, they do the same job for their parents.

As president of Medicare at Aetna, Christopher Ciano is well aware of this dynamic. He leads a team that supports a senior population of more than 11 million members nationwide, including many who rely on their children.

But he's not just an observer. Christopher is part of the dynamic, as well. For the past four years, he has been the primary care-taker for his 92-year-old parents, Arthur and Barbara Ciano.

"Being a caregiver myself makes me more aware of the challenges that come with it," Christopher said.

**"I didn't know how intense it would be until they came here. As much as I know about health care and health insurance, I didn't know what it would be like."**

When Barbara fell and broke her hip and back four years ago, the Cianos' three adult children were convinced that their parents could no longer live independently and unassisted in their Rhode Island home. But it raised a difficult question: Where *would* they live? Like many modern families, the Ciano children were scattered across the country, with a daughter in Arkansas, another in California, and their son, Christopher, in Florida.

**"They didn't want to look like they were choosing one child over another," Christopher said.**



**“There is no singular way to think about this. If (an elder) is healthier and independent, it’s easier. But it’s not easy to generalize this.”**

*Like a lot of caregivers, Christopher Ciano juggles day-to-day care with a busy work schedule.*

In the end, Arthur and Barbara chose to live near Christopher in Fort Lauderdale. With a demanding job and a residence 20 minutes away, Christopher has to be extremely organized to give his parents the best version of what they want: “a sense of independence and control of their own lives.”

The elder Cianos are both mentally and emotionally alert, their son said, but suffering age-related ailments. Besides his mother’s broken back, due to osteoporosis, she also has lymphoma. His father had a brain tumor removed two years ago. They recently had to accept a 24-hour attendant to help with bathing, medications and other tasks to prevent falls and similar mishaps.

The attendant has made their son’s life easier (“knock wood,” Christopher said), but when something goes south, “you have to be ready to jump in.” Christopher makes a point to accompany them on as many doctor visits as he can manage and oversees as much of their day-to-day care as possible with a busy work schedule. These ordinary tasks yield the greatest rewards, he said. Being able to spend quality time, getting them out of their home on a nice day, and “having them enjoy life the way they want to live”—these are the things Christopher cherishes.

Those moments, though, come amidst a difficult and exhausting journey, helping your parents do things they once did for you. Ciano’s advice for others contemplating such a move? “Think about it hard and understand the ramifications and time commitment,” he said. “There is no singular way to think about this. If (an elder) is healthier and independent, it’s easier. But it’s not easy to genericize this.”

Christopher said that he has more appreciation now than ever for Aetna programs like Resources For Living<sup>SM</sup> and Aetna Community Care, which offer resources and support to families in similar situations, ranging from help finding caregivers and transportation to assistance in putting together a care plan for older adults.

As for what the experience has taught him about how he wants his own late-in-life years to run, Christopher said he hasn’t had a chance to think much about that.

**“I haven’t the time,” he said. “Every time my cell phone rings, I wonder if it might be another trip to the hospital.”**



ADVANCING HEALTHY COMMUNITIES

# Finding Comfort and Inspiration Inside a Memory Box

Emily Peregrim decided to honor her daughter's memory by helping families experiencing a similar loss



*Emily Peregrim found comfort and inspiration in memory box following a tragic loss.*

Emily Peregrim remembers looking at the clock. She remembers it was 1 p.m. on the nose.

Everything after that is a blur.

Twenty-nine weeks pregnant with her second child, Emily was at Yale New Haven Hospital for a checkup. The doctor told her there was no heartbeat from the baby daughter she was carrying. Labor was induced and hours later, Peregrim's daughter, Adalynn, was stillborn.

Shocked and heartbroken, Emily briefly held her baby, who weighed just under 2 pounds.

**"I felt so frozen," says Emily, a senior product manager with Aetna Commercial Service Operations. "I don't really remember my time with her. That's a regret."**

It's a regret she's trying to make sure other families don't share.

As she mourned during her maternity leave—finding solace in the routine of caring for her 2½-year-old son, Alex, and writing in a private journal to put her emotions into words—Emily decided she wanted to honor Adalynn by doing something for other families experiencing a similar loss.

She remembered that shortly after delivery, a nurse gave her and her husband a box filled with assorted items, including two hand-knit caps, a tiny blanket, a small white dress, a cast of the baby's footprint, the measuring tape used to record the baby's length, a candle, a prayer shawl and a handful of photos a nurse took of Adalynn. Volunteers assemble these "memory boxes" for the families who lose infants each year at the hospital.



**“It’s so wonderful that we have this program to help families. And it’s so impressive that Emily has been able to rise up and do this.”**

*In honor of her daughter Adalynn, Emily Peregrim has delivered about 35 memory boxes to the hospital.*

**“Memory boxes are so effective because of the fog that the families are in. They are in a state of shock,” says Christine Coffey, a registered nurse at Yale New Haven Hospital’s Labor and Birth and Maternal Special Care unit. “With the memory boxes, the families have something to look back on.”**

The memory box turned out to be a tremendous source of comfort for Emily and her family. Days after returning home from the hospital, Emily sat in the bedroom that had been freshly painted and decorated in anticipation of Adalynn’s arrival. Armed with a box of tissues, she opened the memory box. Removing the items one by one, she felt a deep connection to her daughter.

**“The blanket smelled like her. I’m so grateful for it,” she says. “The only tangible items I have of her, the things she actually touched, were in the memory box. The memory box is my prized possession.”**

When it came time for Emily and her husband, Matt, to make funeral arrangements for their daughter, they discovered that all the outfits they had bought for Adalynn were too big for the tiny baby. The white gown in the memory box was just the right size. They buried her in it. “I’ve always wondered who made the gown,” Emily says.

And so, as she was looking for a way to help other families, Emily thought she would try to offer them the same comfort the memory box brought her. She began buying decorative boxes at craft stores and started gathering stuffed animals, angel Christmas ornaments, clay hearts and other items to fill the memory boxes. Her mother, a skilled seamstress, and her sister, a knitter, pitched in, making dressing gowns, tiny suits and hats. Emily learned to knit, too.

Knowing that stillbirths are often unexpected, and parents arrive at the hospital without a bag packed, Emily decided to add a few items especially for the moms: moisturizer, warm, fuzzy socks and lip balm.

To date, Emily has delivered about 35 memory boxes to the hospital. Overall, hundreds of families have received memory boxes since the program was launched at Yale New Haven Hospital in 2001 with a donation from the Angel Fund, says Alissa Dimeo, a registered nurse and the bereavement coordinator for labor and birth at the hospital. She has seen first-hand the comfort the items bring.

**“You can run your finger over the footprint mold and remember how small that foot was,” Alissa says. “It’s so wonderful that we have this program to help families. And it’s so impressive that Emily has been able to rise up and do this.”**

Emily continues to work full-time and has since had a daughter, Juliet, who is now 2 years old. She created a Facebook page, Adalynn’s Gift, where she posts updates and photos of memory boxes in progress, including pictures of the hand-sewn gowns and suits and the knitted hats and blankets.

Honoring her daughter while supporting other families has helped Emily move through her grief.

**“It’s really therapeutic and it’s been a real comfort,” she says. “I truly enjoy putting the boxes together. It makes me think of my daughter. It’s a way to honor her and make her proud and make her memory live on in some way.”**



BUILDING THE NEW CONSUMER HEALTH CARE EXPERIENCE

# A Conversation with his Manager Helped Save His Life

Jason Gardner was ready to give up on his path to well-being—until he reached out to his supervisor



Jason Gardner was so fearful that he would die in his sleep that he would write goodbye notes to his wife and leave them on his desk in case he didn't live through the night.

Lying in bed, his heart would race, his legs and feet racked with pain. Diagnosed with Type 2 diabetes several months earlier, Jason, a father of two young children, was consumed with anxiety about his condition and what it meant for his family. Frustrated by the regimen of medications and daily insulin injections that his doctor prescribed, Jason had stopped taking them. His weight climbed to nearly 300 pounds.

Depression took hold.

"It was so out of control," says Jason, a senior analyst in Aetna's Claims Analytics and Reporting Department.

Two people helped save his life: his wife, and his Aetna supervisor.

His wife did what doctors' warnings could not: On New Year's Day 2018, she broke down and—overcome with emotion—told him she was afraid he was going to die and their children would grow up without a father. It was a breakthrough moment.

**"I had never seen my actions affecting someone like that," Jason recalls. "Once you see it, that's it."**

Jason's diabetes diagnosis had come out of nowhere. Several months earlier, he started feeling dizzy while he was driving. His heart started racing and his vision blurred. He made a detour to a walk-in emergency clinic and underwent tests. There was sugar in his urine. He was told to see his primary care doctor immediately.



**“My philosophy for anything that comes up with the people on my team is that I’ve got to figure out a way to support them,” she said. “Fortunately, our team has the flexibility and they are super about supporting each other to get the job done.”**

—**Kristie Morris**  
Manager of Business Information Management and Analytics

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At the follow-up appointment, his blood sugar level was four times higher than normal. When he heard the diagnosis, he was stunned. No one in his family had diabetes, a disease that affects more than 30 million Americans. The doctor told him he’d be on insulin for the rest of his life.

“I was a ticking time bomb,” he says.

Jason went on insulin and other medications but didn’t modify his carb-laden diet or cut back on processed foods like pizza and burgers. And he didn’t get much exercise. He gained weight and the medical bills were piling up.

But when he saw his wife reach her breaking point, Jason knew he had to turn things around fast. He had a new doctor who agreed to let him stay off the medicine while he tried to lower his blood sugar on his own. After doing extensive research, he adopted a Keto diet, cut soda, sugar and pro-cessed foods and started intermittent fasting.

He began working out at the local YMCA, using an hour of paid time off to cover his gym time. But his vacation time would go only so far. At the rate he had to dip into it, he’d run out of vacation time long before he reached his goals.

That’s where his supervisor came in.

Jason decided to ask Kristie Morris, Manager of Business Information Management and Analytics, if he could make up the hour at the end of his workday. He wasn’t optimistic that Kristie would go for it. In fact, he was sort of hoping she didn’t. If she turned him down, that was his out—his excuse to give up.

**“I told Kristie, ‘I was really hoping you’d say no, because then I was going to go get a pizza,’” he said.**

Kristie, however, surprised him.

When Jason explained his situation, she didn’t hesitate to support his request. It was not only a good business decision, she explained. It was keeping with Aetna’s commitment to the total well-being of its employees—the idea that the company is strongest when our employees are at their healthiest.

**“My philosophy for anything that comes up with the people on my team is that I’ve got to figure out a way to support them,” she said. “Fortunately, our team has the flexibility and they are super about supporting each other to get the job done.”**



# “You won’t change unless you’re ready to change.”

With Kristie’s approval, Jason had no choice but to push him-self forward. He hit the gym with a vengeance, sometimes going twice a day. He tracked his blood sugar and blood pressure and kept copious records of everything.

When he returned to the doctor in June, he had dropped 80 pounds and his blood sugar level was normal. Just six months after taking control of his health, he no longer had diabetes.

The changes Jason made have affected other areas of his life, especially his family. He has more energy and is more active with his kids, Norah, 7 and Elias, 5. His wife is eating healthier and is training to become a wellness instructor.

**“My outlook is so different. I’m happier and I feel so motivated,” Jason says.**

His experience has motivated others, including his co-workers.

**“Three other team members have mentioned they have taken up additional exercise,” Kristie says. “I think there’s a ripple effect.”**

Jason made it through the holidays without losing his momentum. He knows small indulgences won’t throw him off track.

**“I haven’t gone off the rails and I feel confident I never will again,” he says.**

What advice does Jason have for people who are struggling to take control of their health?

**“You won’t change unless you’re ready to change,” he says. “If I can do it, you can do it.”**



BUILDING THE NEW CONSUMER HEALTH CARE EXPERIENCE

## A Helping Hand During a Family's Most Difficult Times

After her husband was diagnosed with a brain tumor, Steffanie Garner relied on “my buddy Richard” from Aetna’s Compassionate Care program



*Steffanie Garner found help and support through Aetna’s Compassionate Care program.*

Steffanie and Barry Garner were returning from a weekend getaway to Florida when Barry’s left leg didn’t feel quite right. Barry, an active 57-year-old businessman, initially dismissed it as a pinched nerve from being cramped in a small rental car. But within a few days, Barry was so weak he could barely manage steps and he fell twice.

The last thing the Atlanta couple thought they’d be doing the Friday night before Christmas was going to the emergency room. By midnight, they were in disbelief with the results of the MRI.

**“The doctor very calmly said to Barry, ‘You are not going home tonight. You have a brain tumor and we are admitting you,’”** recalls Steffanie. **“We said, ‘No, no, that must be someone else’s X-ray. We’re here because something is wrong with his leg.’”**

But the reality sunk in as Barry’s condition worsened. The tumor was lodged in the right side of Barry’s brain and made it impossible for him to move his left leg and left arm. The neurosurgeon scheduled surgery for Sunday—Christmas Eve. It was the first of several holidays that would mark devastating milestones in the progression of his disease.

Right before the surgery, Barry’s daughter announced that she was pregnant—hoping to give her dad something to look forward to.

About 20 family members and friends gathered in the waiting room during the surgery. When it was over, only Barry’s immediate family was allowed to hear the outcome. That’s when Steffanie knew it was bad news. And it was: The most time they could hope for was about a year.



**“I am not a nurse by nature and dressing wounds on someone you love—that was really hard to do. They had the training and would do it the right way. Providing all that relieved me a lot of the care part and gave me the ability just to love him and let someone else do all the nitty gritty.”**

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Steffanie was stunned. Her husband of nearly 27 years, who had always been healthy, liked to landscape, was not overweight, was now facing such a dire diagnosis. Still, she didn't slow down long enough to absorb the news. The days quickly filled with treatment and care.

The holidays came and went. A scan on Valentine's Day showed the aggressive tumor had returned. A setback on Memorial Day landed him in the hospital.

On July 4, in-home hospice started.

Through it all, Steffanie says she relied on her case manager at Aetna—her one, consistent point of contact she called “my buddy Richard.” He coordinated coverage with the rehab facility, palliative care office, and hospice providers—helping her ask the right questions and translate the medical jargon.

As the months went on, Steffanie was getting just a few hours of sleep as she continued to work as a marketing manager at a private school and be Barry's caregiver. Richard lent his support and coordinated care.

When it became too difficult for Steffanie, the case manager arranged for palliative caregivers to bathe Barry three times a week. Aetna also provided someone to replace the dressing on the open wounds he developed on his legs in reaction to the chemotherapy.

**“I am not a nurse by nature and dressing wounds on someone you love—that was really hard to do,” says Steffanie. “They had the training and would do it the right way. Providing all that relieved me a lot of the care part and gave me the ability just to love him and let someone else do all the nitty gritty.”**

Aetna's Compassionate Care program is built to offer this kind of comfort at what is an overwhelming time for families. Aetna case managers help families arrange for services and decide on treatment. If the choice is to remain at home, comfort care can be set up—even as members continue with curative treatment. Aetna was one of the first companies to offer its members the opportunity to pursue both options simultaneously.

**“Our main focus is person-centered care—to know the members' wishes, beliefs and values and what they want to happen,” says Sherrie McNutt, a registered**



**“We want to be a conduit to let members have the experience they determine and not somebody else.”**

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*Sherrie McNutt is a registered nurse and head of case management operations with Aetna, helping guide families through difficult decisions.*

**nurse and head of case management operations with Aetna. “When faced with possible end-of-life diagnoses, we want them to drive the interventions. We want to be a conduit to let members have the experience they determine and not somebody else.”**

Case managers provide information to help guide the family through each difficult decision. For example, Aetna recently partnered with Advanced Care Planning Decisions to pilot a program that explains services with short videos. The library of videos includes some that take viewers into an intensive care unit and others that address dealing with specific conditions, such as dementia. Case managers can talk about the range of care from life-prolonging to limited medical care to comfort care.

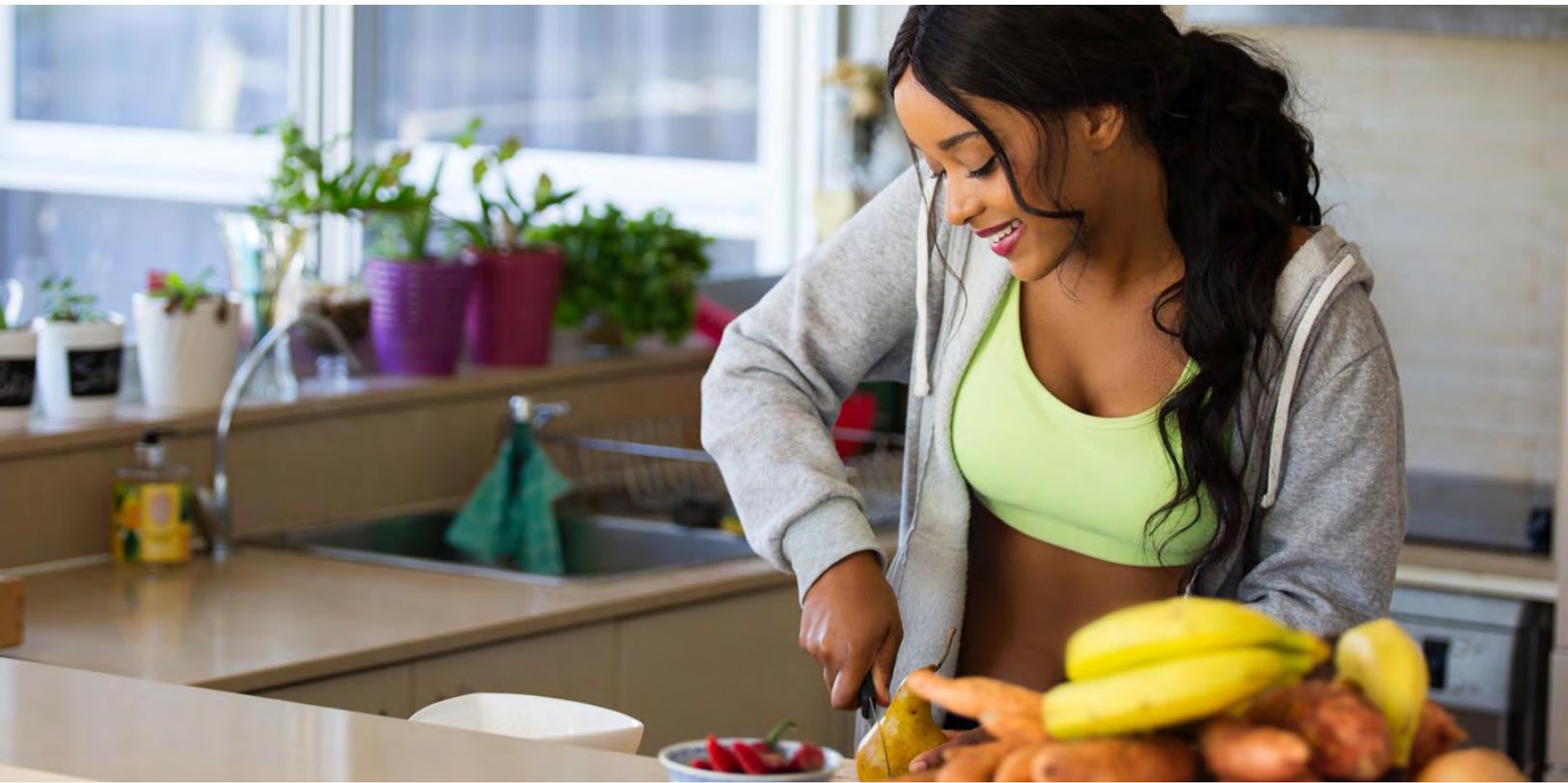
The most difficult decision they face is end-of-life. When Barry's situation worsened, Richard suggested to Steffanie that the family have “that conversation.” In consultation with their minister, they decided to forego any life-sustaining measures. He would live his final days at home. Steffanie says Richard was a “calming presence” who listened to her throughout the agonizing ordeal.

In July, Barry's twin granddaughters, Aine and Hadley, were born six weeks early.

“He was able to know they were here and healthy. He talked to them on FaceTime on the iPad,” says Steffanie. “It was really sweet. Once he got that, he was OK.”

Barry died less than a month later, in the three-bedroom ranch home where he and Steffanie had raised their four children.





OUR STORY

# Taking care of the whole person—body, mind and spirit

At CVS, we see health as a journey, not a destination. That's why we are transforming ourselves from a payer to your partner, pioneering an approach to health that takes care of the whole person—body, mind and spirit. Together with local organizations, we're knocking down the barriers that prevent people from getting the care they need. And we're addressing the social and environmental factors that affect everyone's health—from housing to transportation to places to exercise and buy fresh food.

We complement that personalized touch with rich data and careful analysis that allows our members to make the best decisions for their health. By giving people more control over their health care, we're empowering them to live their life to the fullest — on their terms. And we're making health care more convenient, more affordable and more likely to result in better outcomes.

Our services provide care for almost 23 million medical members. And our commitment is lifelong.

This isn't just any type of health care. This is the path to better health.

