

UNC SCHOOL OF NURSING

MOBILE HEALTH CLINIC

ANNUAL REPORT 2019



HEALTH CARE CRISIS

Every year, thousands of people in Wake County find themselves in a crisis situation due to loss of employment, natural disasters, chronic health conditions, or death in the family.

Many individuals undergoing crisis situations lose health care benefits when they need them most.

We are here for support.

With our health care expertise, along with the collaboration of crisis ministries and other community organizations and their resources, we can help empower people in crisis to be involved in their health and living healthy lifestyles.



TABLE OF CONTENTS

LETTER	4
OUR MISSION	5
AT GLANCE	6
PARTNER HIGHLIGHT	7
OPERATIONS	9
ADVISORY BOARD	10
OUR STUDENTS	11
OUR COMMUNITY	12
FINANCIALS	14
OUTCOMES	17
LOOKING AHEAD	18
HATS OFF	19



LETTER FROM CLINICAL DIRECTOR

GREETINGS!

It is a pleasure to report on another successful year of the mobile health clinic! We began the year with five key goals: To improve efficiencies in data collection, to implement health screenings with new community partners, to initiate a nursing student home visit program at Western Wake Crisis Ministry, to increase the hours of service at the Dorcas Ministries location, and to create a mobile clinic advisory board. Positive outcomes in each of these areas have strengthened our clinic operations and expanded the quality services we offer in the community. Details of these accomplishments can be found on *page 6*.

The success of our work can be attributed to the compassion and dedication of the nurses, nursing students, and volunteers. Building trusting relationships with our clients contributes to their return to us for follow-up care and strengthening collaborative partnerships with other community organizations who seek to fill the health care gaps of at-risk populations offers our clients more opportunities for early detection of treatable health problems.

At the time of completing this annual report, the presence of COVID-19 has made an impact on everyone in the local, state, national, and global communities. How this pandemic unfolds will certainly bring challenges to the work of the mobile clinic while also bringing recognition to the complex health concerns experienced by the individuals and families we serve.

As we embark on a new decade, I wish you good health!

Sincerely,

Marianne Cockcroft

Marianne Cockcroft, PhD, RN



OUR MISSION

Recognizing the impact of stress on health, we aim to promote wellness, assist individuals in managing chronic diseases, and assess those who are at risk for health problems.

OUR STRATEGY AND ACCOMPLISHMENTS

ENHANCED SYSTEMS AND TECHNOLOGY

Our goal to improve efficiencies in data collection was met in stages. First, we started with implementing a method to collect feedback from clients on their satisfaction of our services using a Qualtrics exit survey. By offering this survey in English and Spanish on an iPad device, we were able to receive valuable information from our clients. In addition, we developed a system to capture the number of returning clients and we created an electronic form of our client demographic data and general health status to be implemented in 2020.

ADDED AND CONTINUED SERVICES

We added quarterly retina screenings conducted by our new partner Prevent Blindness North Carolina. This service was accessed by 76 participants with eight individuals being referred for a more comprehensive eye exam due to poor screening results. A second partnership with Smiles at Sunnybrook, an entity of Wake County Health and Human Services, provided dental screenings to 24 children age 0 to 20, and oral health education to 261 parents. In addition, we continued our partnership with the Wake County Human Services HIV & STD Community Outreach program. The service reached 16 of our visitors and identified six individuals with venereal diseases. The program also donated sex education materials and condoms for distribution at the clinic.

STUDENT TRAINING

During the spring semester, two students in our RN/MSN program conducted home visits to select clients of Western Wake Crisis Ministry who participate in the home food delivery program. The nurses were successful in helping individuals navigate health concerns related to medications, communication with health care providers, and monitoring of blood pressures using established guidelines.

FUND RAISING

With a grant from the National Association of Free & Charitable Clinics and the generous support of Filling in Gaps (FIGS) of Wake County, we were able to expand our hours at the Dorcas Ministry location to include two Saturdays each month. The addition of weekend hours to our schedule of operation allows individuals who work during the week and children attending schools to access our services without taking time away from their employment or education. With the nurse practitioner assigned to the Dorcas location only, a telehealth strategy was established to connect clients at the Apex location needing an advanced nursing consultation.

INCREASED OPPORTUNITIES

The creation of the advisory board has led to increased opportunities for collaboration among our community partners. With a plan to meet bi-annually, the board members offer unique knowledge that fills gaps and offers different perspectives that support the mobile clinic team in achieving its mission and goals.

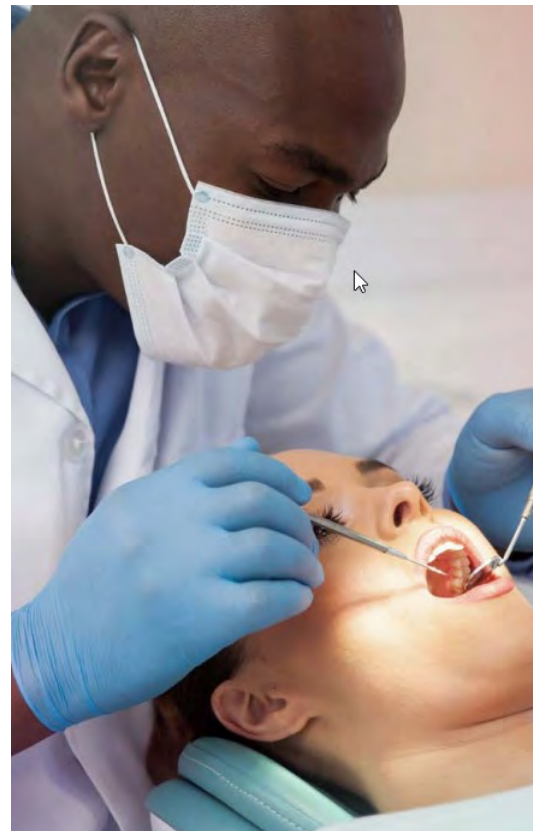
PARTNER HIGHLIGHT

SMILES AT SUNNYBROOK

Serving children from 0-20 years of age, the Smiles at Sunnybrook program helps to identify and serve young people in Wake County who may need dental care, but do not have dental insurance. The program, which is part of the Wake County Human Services Department, offers free dental cleanings and x-rays to qualifying participants.

A program representative stops by the Mobile Health Clinic once a month to screen visitors for tooth decay, tooth sensitivity, early gum disease, and other dental problems. In addition, she provides oral health education.

This past year, Smiles at Sunnybrook conducted 24 screenings at our Dorcas location and provided oral health education to 261 parents. Early detection of dental issues can potentially save the patients thousands of dollars in costly dental procedures, including oral exams, x-rays, stainless steel crowns, and fillings.



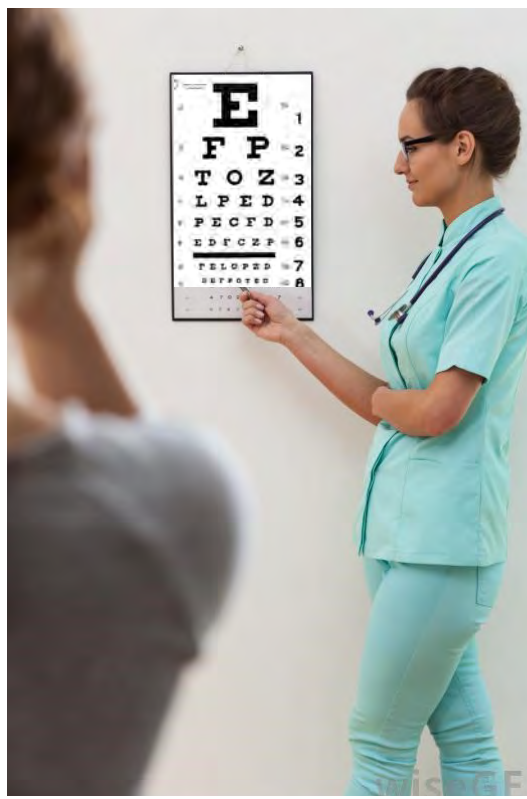
PREVENT BLINDNESS NC

In North Carolina, almost 80,000 individuals suffer from vision problems including myopia, hyperopia, cataracts, diabetic retinopathy, and age related macular degeneration among others. The annual economic impact (direct and indirect costs) of these problems in our state is \$4.3 billion.

Prevent Blindness North Carolina (PBNC), a non-profit organization based in Raleigh, conducts programs designed to preserve sight through screening, publications, safety, education, information and referrals from other community organizations like us.

Through our partnership, the visitors at the Mobile Health Clinic have access to retinal screenings conducted quarterly by PBNC, and the chance to qualify for free eye exams and/or glasses, among other services.

Last year, 76 of the visitors at the Clinic underwent retinal screenings and seven were referred for additional services.



OPERATIONS

At the UNC School of Nursing Mobile Health Clinic, we strive for a future where low-income individuals and people undergoing crisis situations enjoy access to care and good health.

Our vision was moved forward this year with funding from the National Association of Free and Charitable Clinics (NAFC), and from FIGS of Wake County.

A grant from NAFC helped expand our hours of operation to include four additional hours on the first and third Saturdays of the month. In addition to supporting the expansion of hours, FIGS provided funds for much needed clinic medical supplies and pharmaceutical resources for our patients.



OUR ADVISORY BOARD

BOARD MEMBERS

One of our greatest administrative accomplishments this year was the establishment of our first advisory board.

The members of our board were carefully selected for their outstanding service to our community and for their capability to represent the voices of those whom we serve.

We aim for the board to serve as ambassadors and advocates of the Mobile Health Clinic, to provide support and advice for programs, to participate in the development of new services, and to assist in the identification and securing of external funding and resources to support the mobile health clinic's services and learning opportunities of our students.



Beth Bordeaux
Executive Director
Western Wake Crisis Ministries



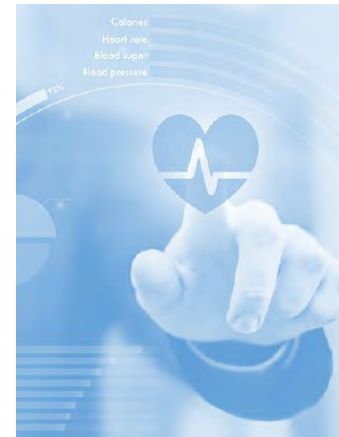
Marianne Cockroft
Associate Professor
UNC School of Nursing



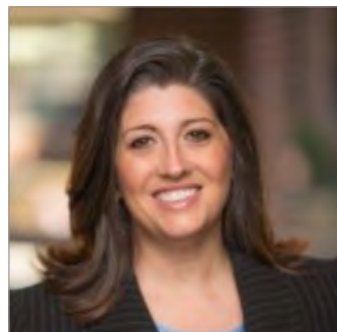
Inés Freile
Program Coordinator
Taylor Family YMCA



Kathleen Herndon-Lee
Director of Human Services
White Oak Foundation, Inc.



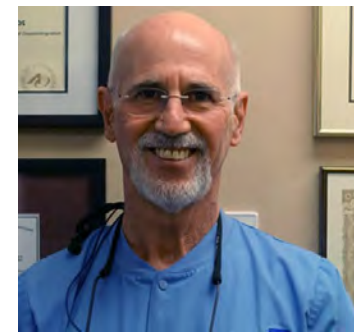
Mercedes Ortíz
Breast Feeding Counselor, RN
Wake County Human Services



Shannon Hood Smith
Director of Development
UNC School of Nursing



Jill Straight
Director of Patient Services
Dorcas Ministries



Dr. Daniel Turnbull
Dentist
Turnbull Dentistry

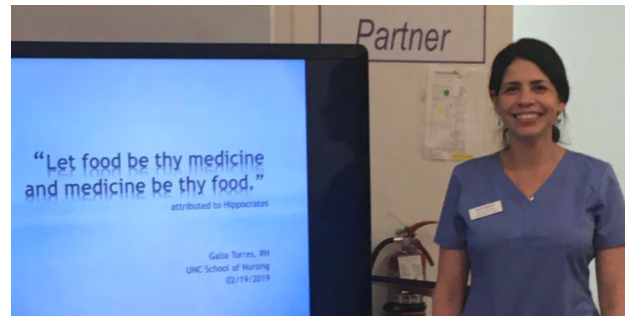
OUR STUDENTS

Intelligent, empathetic, energetic and eager to experience public health practice, our UNC School of Nursing students are dedicated and committed to improving the health of our patients.

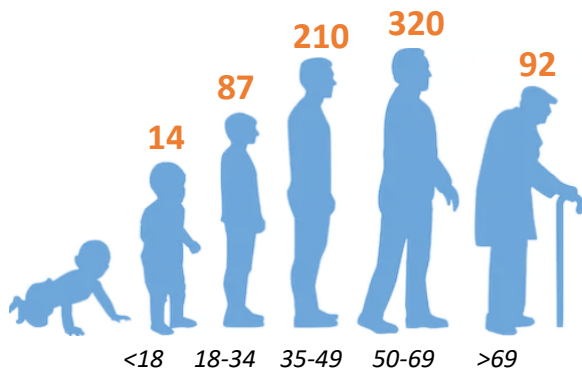
Professional students in the BSN and MSN programs take turns throughout the year serving and caring for our visitors. They provide health education, follow up with patients on chronic disease management and make visits to home-bound individuals.

Not only do they gain relevant clinical experience while connecting with our patients, but also develop valuable professional connections with our nursing faculty and retired nurse volunteers.

This year our student end-of-semester projects included interventions aimed to benefit our patients, including a revamped mental health clinical pathway, home visit protocols, and a clinic emergency plan.

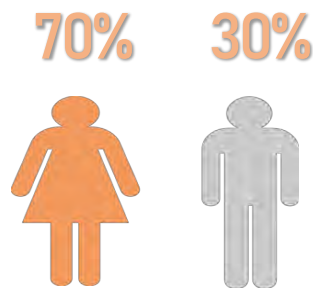


OUR CLIENTS



AGE

About 30 percent of the uninsured in North Carolina are between the ages of 45 and 64.



GENDER

The number of male visitors increased by 5% from the previous year

UNINSURED



56%

People with incomes below 138 percent of the poverty line make up 40.5 percent of all uninsured in North Carolina. .

UNEMPLOYED



59%

The US Census Bureau reports that 10.7% of individuals in North Carolina have no health insurance.

HAVE NO PCP



16%

Eleven of our patients without a primary care provider indicated that they would visit the ER if they needed medical assistance.

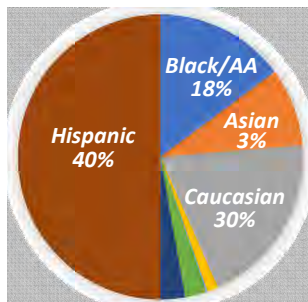
12

WOULD VISIT THE ER



3%

Of 336 clients who completed an evaluation survey, 55 responded that they would go nowhere or did not know where to go for care.



ETHNICITY

With staff members who speak Spanish and French, the Mobile Health Clinic was able to better serve patients of multiple nationalities and backgrounds who preferred to communicate in their native language.

PATIENTS SEEN BY NP

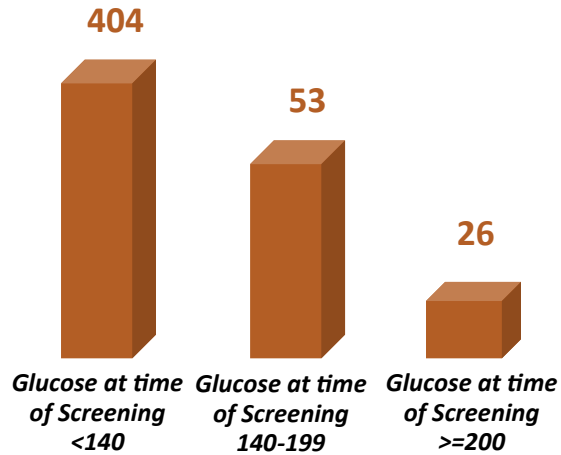
167



for concerns including elevated glucose and blood pressure, cholesterol and A1c testing, mental health issues and sick visits.

OUR CLIENTS

INDIVIDUALS WITH HIGH BG



98%

OF PARTICIPANTS INDICATED THAT THEY WERE SATISFIED WITH THE SERVICE THAT THEY RECEIVED

80

REFERRALS

Issued to primary care physicians, mental health counselors, women's health providers, or dentists.

3

ER BOUND



INDIVIDUALS WERE REFERRED TO THE ER (1 WITH CRITICALLY HIGH BLOOD PRESSURE AND 2 WITH CARDIAC SYMPTOMS INCLUDING CHEST PAIN AND NAUSEA/VOMITING.)

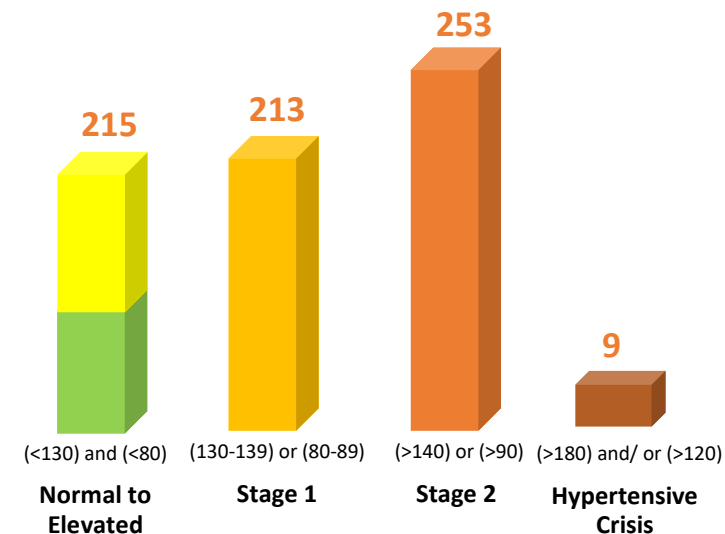
The grant allowed us to expand from 8 hours/month (bimonthly operations) to 24 hours/month at the Dorcas location.



96%

OF PARTICIPANTS INDICATED THAT THEY WOULD MAKE CHANGES TO THEIR HEALTH BASED ON THE INFORMATION LEARNED AT THE CLINIC

HYPERTENSION



FINANCIAL REPORT

Thanks to the generous contributions of our grantors, donors, community
and the UNC School of Nursing,
in 2019 we served our highest number of visitors yet:

756

The funds raised helped provide
an extra eight hours of access to care every month and
increased the number of people reached by 96 percent.

MHC INCOME

TOTAL REVENUE IN THE PAST FISCAL YEAR:

\$40.5 K

We Raised

\$32.8K for dedicated clinical services

\$ 9.7K for other operational expenses

We Invested

\$32.8K in payroll, fringes, stipends

\$ 9.7K other operating expenses

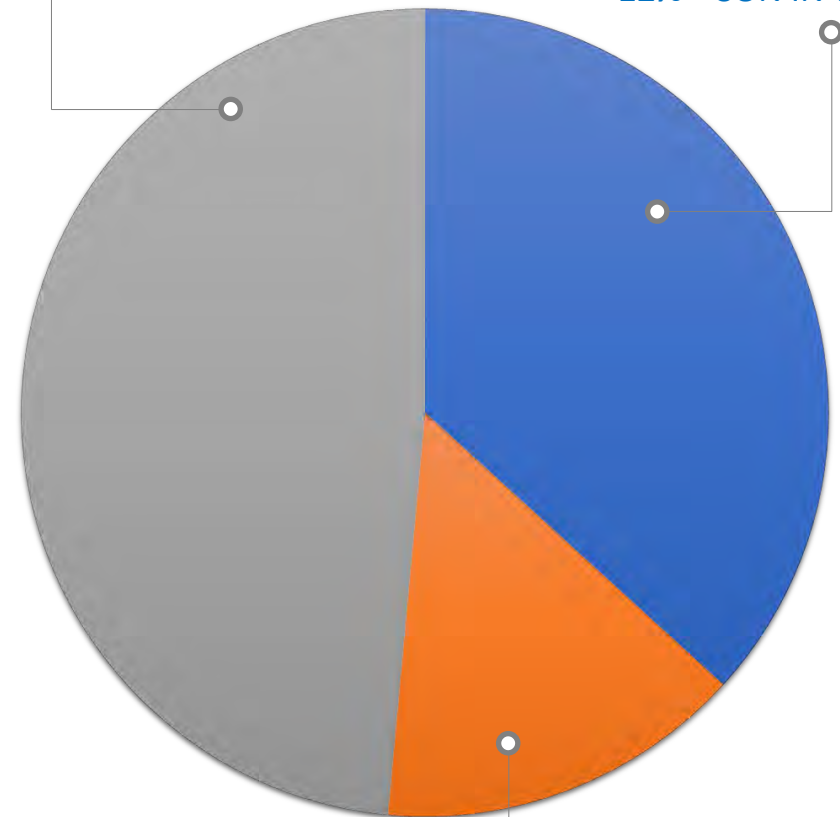
Net Assets

\$ 0 2019

\$4.2K 2018

63% DONATIONS/ GIFTS/
INVESTMENT INCOME/
GIFTS CARRIED FORWARD

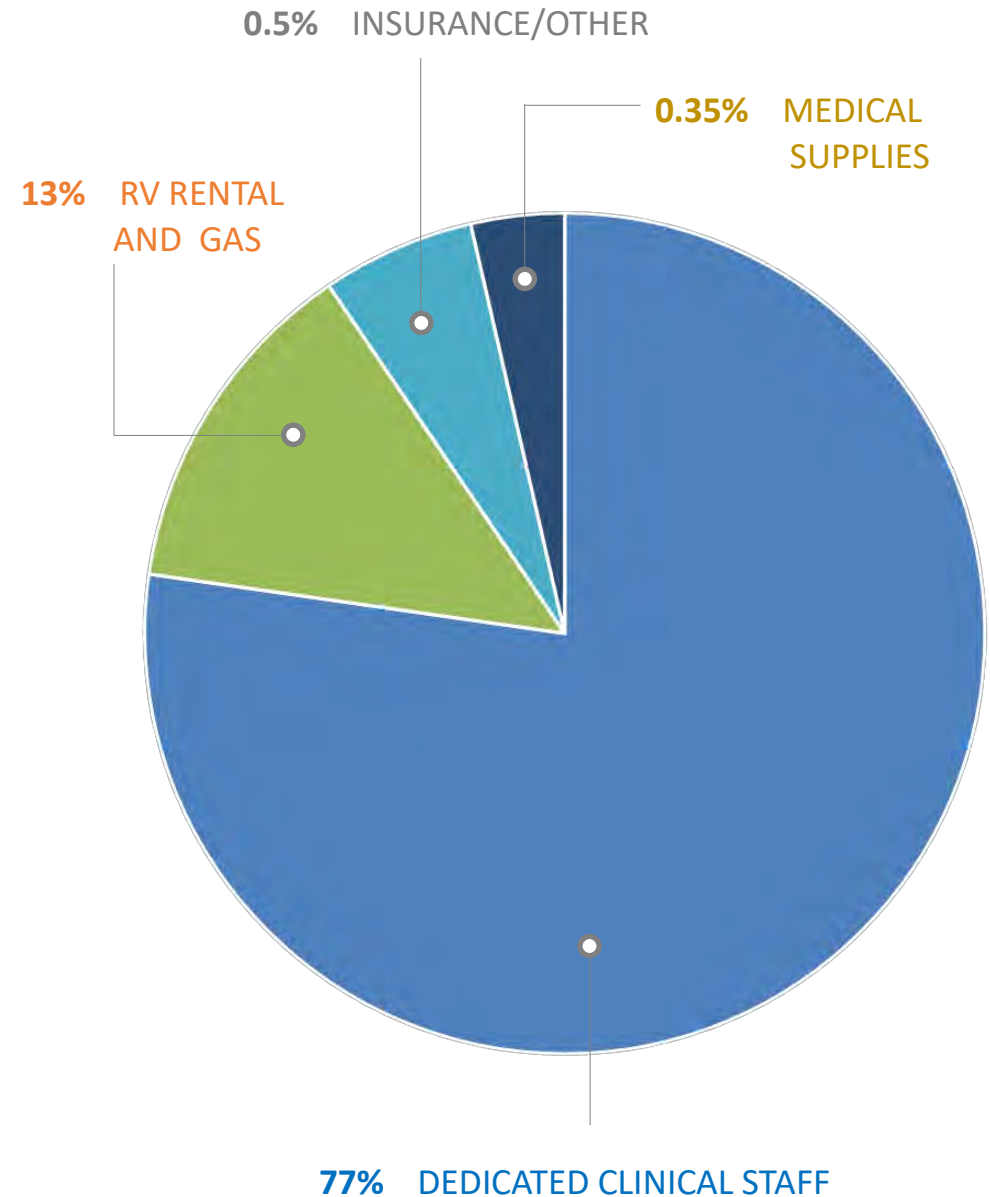
12% SON IN-KIND



25% GRANTS

MHC EXPENSES

The Clinic's operation expenses are largely funded with the support of the UNC school of nursing, the generosity of private donors who make contributions through the University of North Carolina donor resources portal, and the gifts from other organizations dedicated to health and wellness.



OUTCOMES

Since its inception, the UNC School of Nursing Mobile Health Clinic has served more than 1,490 individuals and has identified chronic conditions in hundreds of individuals.

In 2019, we identified at least **39** individuals who did not claim to suffer from diabetes, but had elevated glucose levels at screening time and **288** individuals who did not claim to suffer from hypertension but were found to be hypertensive at screening time.

Hypertension is listed as the primary contributing cause of death in the United States, and costs the nation about \$51.2 billion a year.* The costs of undiagnosed diabetes are estimated at \$31.7 billion.**

Wang, G., Grosse, S. D., & Schooley, M. W. (2017). Conducting Research on the Economics of Hypertension to Improve Cardiovascular Health. *American journal of preventive medicine*, 53(6 Suppl 2), S115–S117. <https://doi.org/10.1016/j.amepre.2017.08.005>

Dall, T. M., Yang, W., Halder, P., Pang, B., Massoudi, M., Wintfeld, N., ... & Hogan, P. F. (2014). The economic burden of elevated blood glucose levels in 2012: diagnosed and undiagnosed diabetes, gestational diabetes mellitus, and prediabetes. *Diabetes care*, 37(12), 3172-3179

LOOKING AHEAD

2020 GOALS

Reduce language barriers between clients and staff

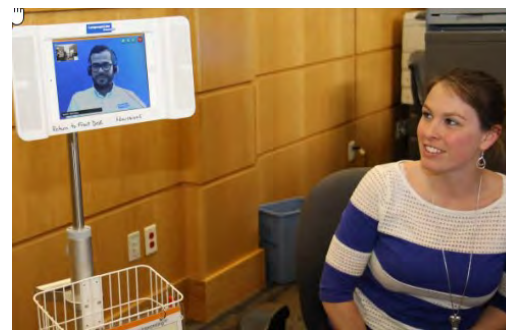
- Secure language translation service
- Expand Spanish-language educational resources

Increase number of nursing students assigned to mobile health clinic

- Apply for funding to expand clinical practice opportunities for students
- Develop Catholic Parish Outreach and Centro para Familias Hispanas as new clinical site

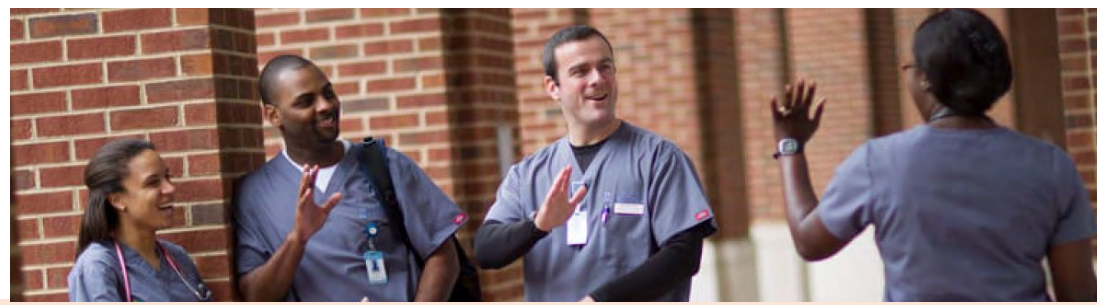
Expand use of technology in client care

- Apply for funding to expand telehealth services
- Utilize electronic tools to assess client outcomes
- Implement Looking Up program to help clients manage chronic health conditions with home-monitoring tools



Looking Up Program

An Empowered, Confident, Healthier You



HATS OFF TO OUR VOLUNTEERS AND SUPPORTERS!

UNC SON Clinical Leadership Team

Marianne Cockroft, PhD, RN | Assistant Professor
Sara Hubbell, DNP, FNP, RN | Assistant Professor
Johanne Laboy, PhD, MBA | Adjunct Faculty
Leigh Mullen, MSN, FNP | Clinical Instructor
Nilda Peragallo Montano, **DrPH, RN, FAAN** | Dean

Clinical Volunteer Faculty

Jean Hanson, MSN, RN | Adjunct Faculty
Betty Nance-Floyd, PhD, RN | Assistant Professor
Shielda Rodgers, PhD, RN | Associate Professor
Cecelia Roscigno, PhD, RN | Assistant Professor
Karen Valcheff, MSN, RN | Clinical Instructor
Wanda Wazenegger, MSN, FNP | Adjunct Faculty
Sally Williford, MSN, RN | Adjunct Faculty
SeonAe Yeo, PhD, RN | Professor

Clinical Volunteers

Mary Susan Moss, RN
Kimyona Ray, RN
Joan Shiley, MSN, RN
Maria Thompson, RN

Faculty Consultants

Victoria-Soltis Jarrett, PhD, PMHNP | Distinguished Professor

UNC Community Partners

Thava Mahadevan, MS | Director of CECMH
Charles Thayer, MS, MCP | Technical Support Analyst

Community at Large Volunteers

Bob Wilke
Roger Thompson
Milixys Martinez-Marrugo

Partner Organizations

Advance Community Health
Dorcas Ministries
FIGS of Wake County
Hayes Barton Pharmacy
National Association of Free Clinics
Prevent Blindness North Carolina
UNC Center for Excellence in Community Mental Health
Walgreens
Wake County Human Services
Western Wake Crisis Ministries

Semester-Assigned Nursing Students

Lauren Pace, FNP program
Obiageli Okoli, RN-MSN program
Galia Torres, RN-MSN program
Soo Jung Ha, BSN program
Meana Manning, BSN program
Cochrane Mykenzie, BSN program
Rebecca Pierce, BSN program
Monique Pardo Montes, BSN program
Karen Shin, BSN program
Thuy Tran, BSN program

Volunteer Nursing Students

Princess Avery
Maria Dixon, RN
Rita Erbsen, RN
Sara Heikal
Meana Manning
Betty Martinez, PNP
Karen Shin

HATS OFF TO OUR PARTNERS AND DONORS!

