



GROWING A HEALTHY COMMUNITY
UNC School of Nursing Mobile Health Clinic
2018 ANNUAL REPORT



A LETTER FROM OUR

CLINICAL DIRECTOR

A healthy community impacts every single aspect of our society. When our neighbors are healthy, they can live, work, play and contribute their time and talents to their communities. During our third year of full operations, our clinicians and volunteers at the Mobile Health Clinic worked arduously to preserve the good health of individuals undergoing crisis situations, so that they too can live their lives in full.

While news reports touted a strong 2018 economy, the clinic saw a steady flow of visitors facing financial hardships and adverse changes in their family life. Those changes prevented them from seeking primary medical care to address and manage a variety of chronic health conditions.

We served more than 380 individuals and families. Of more than 200 individuals surveyed, 11% indicated that they do not have a primary care home. Many of our visitors arrive with dangerously high glucose or hypertension levels, or both. They do not have the economic resources to afford a primary care physician who could manage their health or renew their prescription medications. Many don't even have the resources to afford previously recommended treatment. We connect these individuals and families with the resources they need to get their health back on track.

It is with the collaboration of our community partners, including Dorcas Ministries, the Western Wake Crisis Ministry, Prevent Blindness North Carolina, Advance Community Health, the Wake County Department of Health and Human Services, and the UNC School of Nursing that we continue to successfully achieve our goals.

As we continue our mission to promote wellness and assist those at risk of health problems, we are fueled by the gratitude and positive feedback that we receive from those whom we serve. We are delighted when they return to share their progress and express how grateful they are for their new found health and affordable health care resources.

We look forward to another year of positive impact and to your continued support.

Sincerely,

A circular portrait of Marianne Cockroft, a woman with long, wavy, light-colored hair, smiling warmly. She is wearing a light blue hoodie. The background is slightly blurred, showing what appears to be an office or clinical setting.

Marianne Cockroft

Marianne Cockroft, PhD, RN
Assistant Professor
Public Health and Community Practice
UNC School of Nursing

YES, WE DID!

During 2018, growing a healthy community with our limited resources became a strong drive for our clinical leadership team. Although the Cary-Apex area is known for the high income and educational attainment of its residents, a surprising number of people in these communities lack necessary resources. World Population Review data indicates that 16 percent of Hispanics, 9.5 percent of African Americans and 6.3 percent of Asians in Cary live in poverty. Of people who lost their jobs, 8.8 percent can be added to the poverty rates. The overall poverty rate in Cary is 5.6 percent and in Apex 5 percent. In addition, 7.28 percent of Cary residents and 5 percent of people in Apex have no health insurance. To ameliorate some of the health issues that stem from lack of resources and accessible health care, we continued to offer services from two locations: Dorcas Ministries in Cary, and Western Wake Crisis Ministry (WWCM) in Apex. At these locations we accomplished the following goals:

EXPANDED OUR EDUCATIONAL OFFERINGS

The overall number of classes and participants grew by 136%. A year-long plan of educational offerings was developed and professional flyers were created for each program, along with a telemarketing plan and website announcements at both locations. The strategy supported our goal of promoting health and wellbeing.

OFFERED NEW DIAGNOSTIC TESTING

Adding cholesterol and HbA1c testing provided our patients with more detailed information about their health status or chronic health condition and, therefore, may have helped reduced hospital admissions. Diabetes and cholesterol risk assessments were added to the client intake form to determining eligibility for testing. Clinical pathways for glucose and blood pressure screening were also developed.

INCREASED MONITORING OF HEALTH OUTCOMES

The clinic adopted Practice Fusion as the electronic health record (EHR) system for clients who visit with the nurse practitioner. The EHR system facilitated follow up phone calls and referrals to other health care providers.

INCREASED THE NUMBER OF NURSING STUDENTS ASSIGNED TO THE CLINIC

Three additional students served at the clinic last year. The group was comprised of a nurse practitioner student in the spring semester, three BSN students in the fall semester, and two BSN students who completed a work experience program during the summer months.

SECURED PARTNERSHIPS WITH OTHER COMMUNITY AGENCIES

Wake County Human Services began offering free HIV/STD testing and education on site. Also, we attained a 2019 partnership with the Human Services department to introduce our visitors to the Smiles at Sunnybrook program. The service offers free teeth cleanings to Wake County children ages 0-20 years old who have no health insurance. In addition, we secured a 2019 partnership with Prevent Blindness North Carolina to conduct retinal scans and provide vouchers for free vision exams to those who qualified. .

SOUGHT NEW SOURCES OF FUNDING

Once again, we received funding from the UNC School of Nursing and the First United Methodist Church. We were also fortunate to procure a \$10,000 grant from the National Association of Free and Charitable Clinics. A *donate* button was placed on the SON Mobile Clinic website.



RETINAL SCANS



DIAGNOSTIC TESTING



EDUCATIONAL OFFERINGS

25

UNC FACULTY, STAFF, STUDENTS,
AND LAY VOLUNTEERS

116

HEALTH EDUCATION PROGRAM
PARTICIPANTS

387

CLIENT VISITS AT DORCAS IN
CARY AND THE WESTERN WAKE
CRISIS MINISTRY IN APEX

>1,400

HOURS COMMITTED TO PROVIDING
HEALTH CARE, RESOURCES AND
RAISING HEALTH AWARENESS

IMPROVED OPERATIONS

More than 5,000 families undergoing financial crisis in Cary and Apex are served by Dorcas Ministries or the Western Wake Crisis Ministry. We continue to collaborate with these organizations to provide health care services to their clients.

DORCAS MINISTRIES

The UNC Mobile Health Clinic served Dorcas Ministries on the first and third Tuesdays of the month. While at the Dorcas Ministries location, the clinic services were provided in the Wellness on Wheels bus, a 36-foot recreational vehicle rented from the UNC Center for Excellence in Community Mental Health. The RV includes a private examination area for patients seeking a consult with the nurse practitioner. Group education programs at Dorcas were held in its training center. During the fifth Tuesday of the month, a student-led resource table was set-up inside the Dorcas thrift shop. At the table, the students provided health information and conducted screenings.

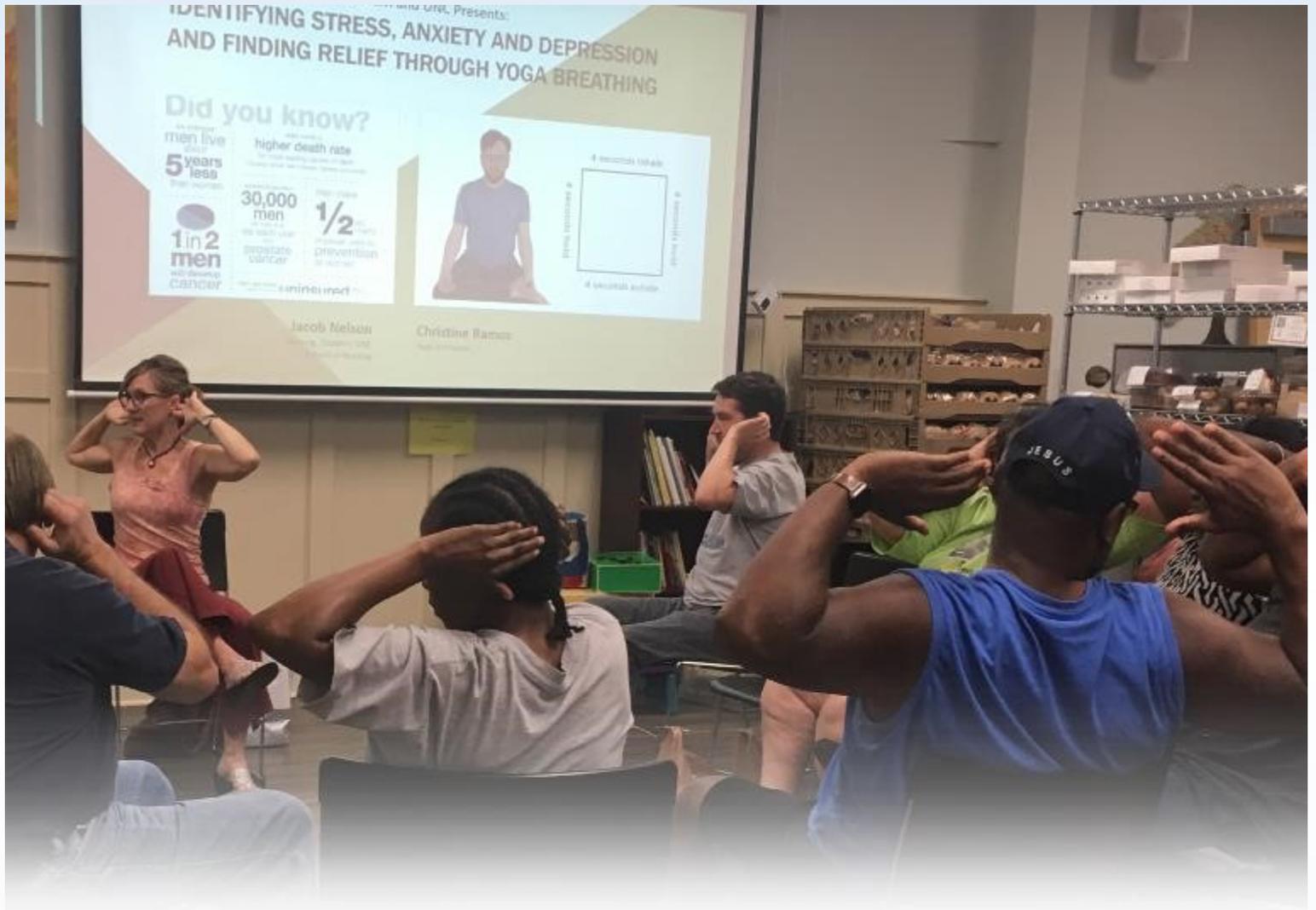
WESTERN WAKE CRISIS MINISTRIES

Services at the Western Wake Crisis Ministry were offered on the second and fourth Tuesdays of the month. At WWCM, a private office was converted into a patient examining space each week and was used for health visit purposes when clients needed to be seen by the family nurse practitioner. All other screenings and education sessions were provided in the large multipurpose room.

SURVEY RESULTS

The impact of our improved operations are reflected in the positive feedback that we continue to receive from our visitors. Data from an exit survey conducted throughout the year at both Dorcas and WWCM shows that 99 percent of clients who took the survey were satisfied with the service they received at the clinic, 94 percent specified that they learned something new about their health during their visit, and 98 percent indicated that they would return again, if they had questions about their health.





EXPANDED PROGRAMS



Fifteen group education programs were presented by nursing students or faculty. Topics included establishing SMART health goals, heart health, digestive health, alcohol awareness, physical activity, men's health, men & mental health, summer safety, immunizations, childhood obesity, nutrition and mental health, diabetes, toy safety/holiday preparation & stress management.

Wellness

At the Mobile Health Clinic, the UNC School of Nursing staff fulfill their goal to educate students, serve the local community and maintain high quality partnerships with community groups.

Left to right: Zainab Razai, Pierce Do, Dean Nilda Peragallo-Montano, Johanne Laboy, Sara Hubbell, Marianne Cockcroft





MONITORED OUTCOMES

Hypertension continues to be the most common chronic health condition reported by clients. Blood pressure screening and monitoring is a valued service at the clinic accompanied by related education to address life style changes including nutrition, weight loss, physical activity, and stress management.

There were 86 clients who visited with the nurse practitioner. The most common reasons for their visits were related to diabetes management, mental health screening with brief intervention, hypertension, pain (both chronic and acute), and cholesterol screening. Less common reasons for nurse practitioner level care were evaluation of injuries, medication consultation, and assessment of lesions, infections, rash, and shortness of breath.

Twenty clients were referred to other providers for more advanced care to address uncontrolled hypertension, diabetes, or infections. Six of these clients (all from

WWCM) were referred to the emergency room or urgent care, including one individual in hypertensive crisis.

Our ongoing visitor survey indicated that when asked *where would you go for care if this clinic were not available*, nine clients reported *nowhere*, another nine clients reported *I don't know*, and six clients responded *the emergency room*.

Most of the individuals who reported not having a primary care provider were found to have a chronic health condition: hypertension, diabetes or thyroid disease. One of these clients who self-reported as not having a history of hypertension was found to have a blood pressure of 160/100. A Hispanic male with a blood pressure reading of 184/94 stated that he had never received medical care in the United States nor in his home country. Another individual remarked that she appreciated our services, since her health insurance had a high deductible and she was not able to afford follow up visits just to monitor her chronic condition. She reserved primary care visits for sick care.



DELIGHTED STAKEHOLDERS

We are not held to a 15 or 20 minute time limit in our patient encounters. We strive to listen and support the clients' humanity and personhood. We teach healthy life style changes to enhance their health. Clients often leave the van smiling and a little more relaxed with a better understanding of their illnesses/ailments.

— Wanda Wazenegger
Nurse Practitioner, UNC School of Nursing
Faculty



Many days we see clients at Dorcas who are seeking assistance with other crisis and neglect their health care because they have accepted substandard or no health care services as a normal way of life. Our community is blessed to have the mobile clinic available and look forward to enhancing our partnership in 2019.

— Tammy Turner
Counselor, Wake County Human Services



This clinical has taught me the importance of therapeutic communication and simply being present for another individual in need. ..At the end of the day, nursing is all about helping others live a better life. Public health nursing allows you to do that every single day.

— Pierce Do
Student, UNC School of Nursing

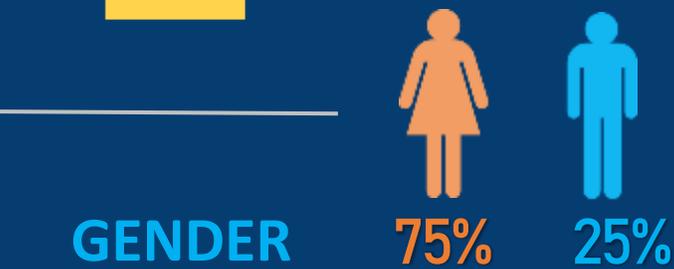


I am happy to visit the clinic and have my blood pressure checked every week. It is really very convenient for us to have the clinic so close and we feel comfortable that a professional staff is monitoring my progress and health goals.

— Fatima Boughlibi
Visitor, Mobile Health Clinic

VISITOR SNAPSHOT

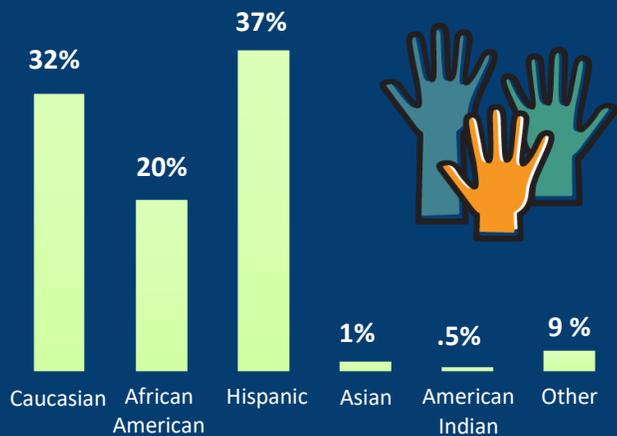
OUR COMMUNITY, OUR WORK



The CDC reports that 12 % of males 18 or older in the US are in fair or poor health. The percentage of male visitors to the MHC dropped by 5% from 2017.

In the US, blacks, Hispanics and Asians bear a disproportionate burden of disease, injury, premature death, and disability

ETHNICITY



UNEMPLOYED



65%

Research studies have indicated that unemployed men suffered more symptoms of illness depression and anxiety than those who are employed.

UNINSURED



47%

US Census reports that in 2017 the uninsured rates for Blacks and Asians were 10.6% and 7.3 % respectively. Hispanics had the highest uninsured rate (16.1%)



OF **VISITORS** WHO WERE SCREENED FOR DIABETES HAD GLUCOSE LEVELS OF 240 OR HIGHER



20

REFERRALS

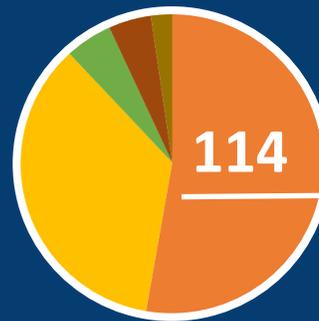
were issued to other providers to address uncontrolled hypertension, diabetes, or infections.

PRIMARY CARE

OF OUR SURVEY PARTICIPANTS DID NOT HAVE A PRIMARY CARE PROVIDER AND MOST WERE FOUND TO HAVE AN UNDIAGNOSED CHRONIC HEALTH CONDITION.

11%

MOST REPORTED HEALTH CONDITIONS



TIMES

cardiovascular issues were mentioned as pre-existing chronic conditions

Pre-existing health conditions related to the cardiovascular and endocrine systems were the most reported health issues by visitors followed by rheumatology, psychology and gastroenterology.

94%

OF **PARTICIPANTS** INDICATED THAT THEY LEARNED SOMETHING NEW ABOUT THEIR HEALTH AT THE CLINIC



The clinic experienced a significant increase in group attendance to our education programs at the WWCM. The programs promoted health and wellness and helped developed awareness about a variety of health topics.

GROUP ATTENDANCE

137%

86

CLIENTS VISITED WITH THE NURSE PRACTITIONER

Diabetes management, mental health screening with brief intervention, hypertension, pain (both chronic and acute), and cholesterol screening comprised the most common reasons for the visits.

Statement of Activities

Income

Departmental Allowance	\$25,000
Gifts	21,165
Grants	10,000

Total Revenue	\$56,165
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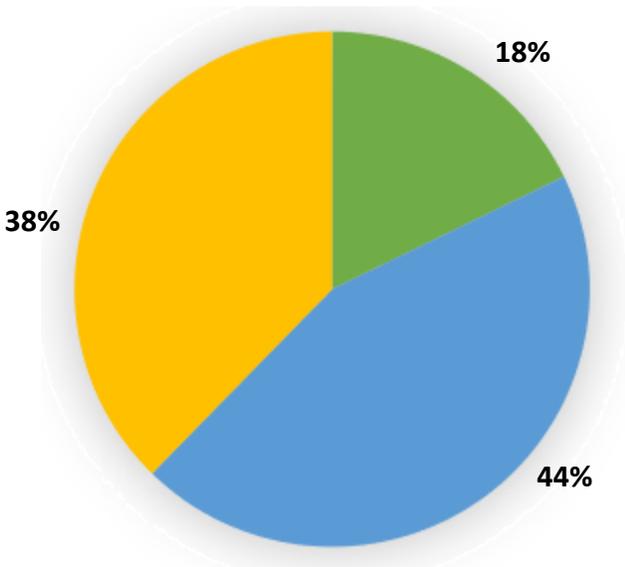
Expenses

Dedicated Clinical Staff	\$26,101
RV Rental and Gas	2,380
Equipment	821
Supplies	206
NAFC fees	100

Total Expenses	\$29,608
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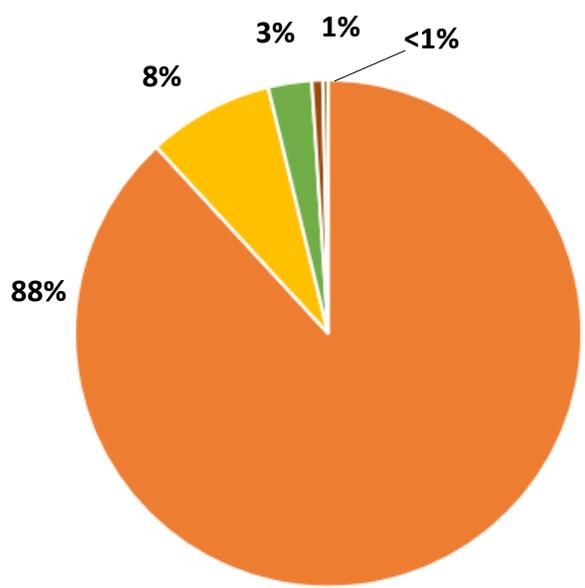
Change in Net Assets	\$26,557
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& GRANTS



Income

- Departmental Allowance
- Gifts
- Grants



Expenses

- Dedicated Clinical Staff
- RV Rental & Gas
- Equipment
- Supplies
- NAFC Fees

PROVIDE CLINICAL CARE TO PEOPLE IN CRISIS

The Mobile Health Clinic will continue to offer free health and safety education and services to help advance the physical, mental, and social well-being of people in crisis and, consequently, improve health outcomes of underserved populations in Cary, Apex, and surrounding communities.

STRATEGIES Continue our partnership with Dorcas and the WWCM; expand our educational offerings and services at both locations; increase the number of health screenings; and offer additional diagnostic testing.

OFFER STUDENTS AND FACULTY ADDITIONAL VENUES FOR PRACTICE & VOLUNTEERING

To foster student success and the accessibility of new and useful learning experiences, the clinic plans to offer nursing students and nurse volunteers additional time to exercise the mission and values of the UNC School of Nursing and the opportunity to collaborate with experienced clinical faculty and consultants.

STRATEGIES Upsurge hours of service to accommodate nurse practitioner students assigned to the clinic; offer students the opportunity to make a variety of formal and informal health education presentations to community groups twice a month and to conduct in-home wellness checkups of homebound WWCM program participants; develop, design and implement a role playing or simulation program that will expose inexperienced nursing students to unexpected health scenarios they may encounter during practice.





INCREASE TECHNOLOGY USE

Increase the use of technology to improve the clinic's efficiency and to provide students with additional exposure to technological innovations in clinical care.

STRATEGIES Secure technological resources including 3 iPads or tablets to help improve our data collection and management systems; develop, design and implement a web-based program that will facilitate the in-take process for visitors and will improve the efficiency of the registration process; explore the use of telemedicine and virtual clinical care via Face-Time or Skype.

STRENGTHEN RELATIONSHIPS WITH EXTERNAL COMMUNITY

Foster mutually beneficial relationships with additional community groups and organizations interested in advancing the health of our community and, especially, of underserved and low-income individuals.

STRATEGIES identify prospective community groups and other community organizations which offer free services that may benefit our visitors (e.g. visual, dental, mental); partner with Prevent Blindness North Carolina to offer pro-bono eye screenings to clinic visitors exhibiting vision problems; design, develop and implement a community awareness campaign to promote the clinic's services to other social service organizations serving low-income individuals and families; identify and select a group of clinical staff, community leaders and stakeholder representatives that could comprise the clinic's first advisory board.



APPRECIATED OUR HEALTH CARE TEAM

Clinical Leadership Team

Marianne Cockroft, PhD, RN | Assistant Professor

Sara Hubbell, DNP, FNP, RN | Assistant Professor

Nilda Peragallo Montano, DrPH, RN, FAAN | UNC
School of Nursing Dean

Clinical Faculty Volunteers

Johanne Laboy, PhD, MBA | Adjunct Faculty

Leigh Mullen, MSN, FNP | Clinical Instructor

Shielda Rodgers, PhD, RN | Associate Professor

Cecelia Roscigno, PHD, RN | Assistant Professor

Karen Valcheff, MSN, RN | Clinical Instructor

Tracy Vernon Platt, MSN, ANP | Instructor Adult Health

Wanda Wazenegger, MSN, FNP | Adjunct Faculty

Sally Williford, MSN, RN | Adjunct Faculty

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

Semester-Assigned Nursing Students

Melissa Cordova Rosado, RN-MSN program

Sara Lipscomb, FNP program

Jacob Nelson, UG

Lexie Meyers, UG

Pierce Do, UG

Lyndee Shi, UG

Zainab Razai, UG

Community at Large Partners

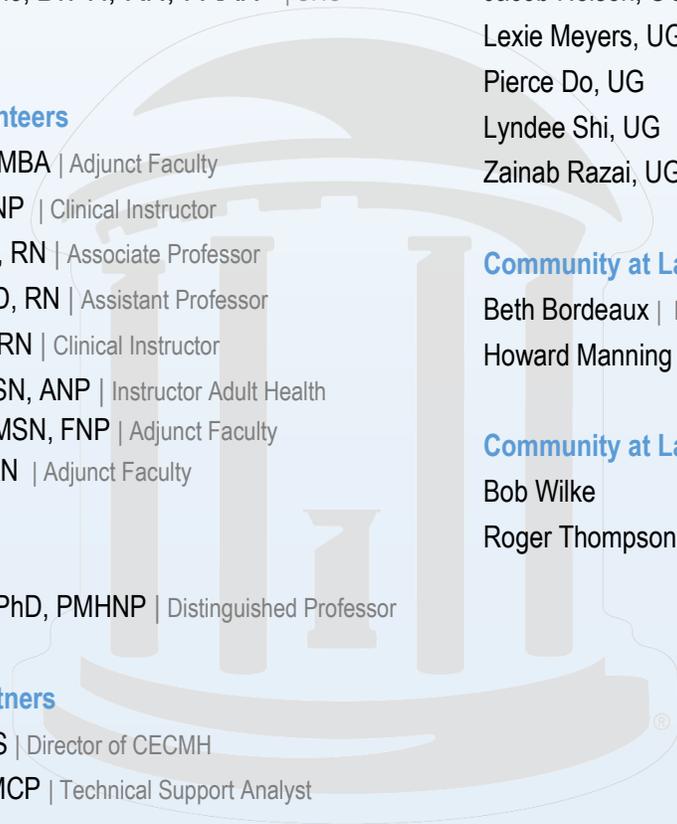
Beth Bordeaux | Director of WWCM

Howard Manning | Director of Dorcas

Community at Large Volunteers

Bob Wilke

Roger Thompson





Attentive

Knowledgeable

Compassionate

Good Listeners

Caring

Empathetic

Humble

Persistent

Professional

Dedicated



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<https://nursing.unc.edu/outreach/faculty-practice/son-mobile-health-clinic/>