

# **Evaluating Outreach and Primary Care Initiatives of a Faith-Based Health Clinic for Uninsured and Undocumented Residents of a Rural Mississippi County**

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# Objectives

-  List primary and secondary prevention strategies for a faith-based mission serving uninsured and undocumented county residents
-  Describe evaluation implementation efforts

# Introduction



Mississippi has many challenges

- Some of the worst health outcomes
- Most medically underserved state in the nation
- Adults with poorly managed chronic health conditions
- Health coverage gap
  - Too sick to work, too old for Medicaid, too young for Medicare, and too poor to pay out of pocket



# Introduction

## Forest Baptist Church Medical Mission

- Free healthcare (including medications) to uninsured residents of Scott County
- More than a decade
- About 100 patients per month
- More than 1,000 patient encounters annually
- Target population of less than 17,000

**5.9%**

# Introduction



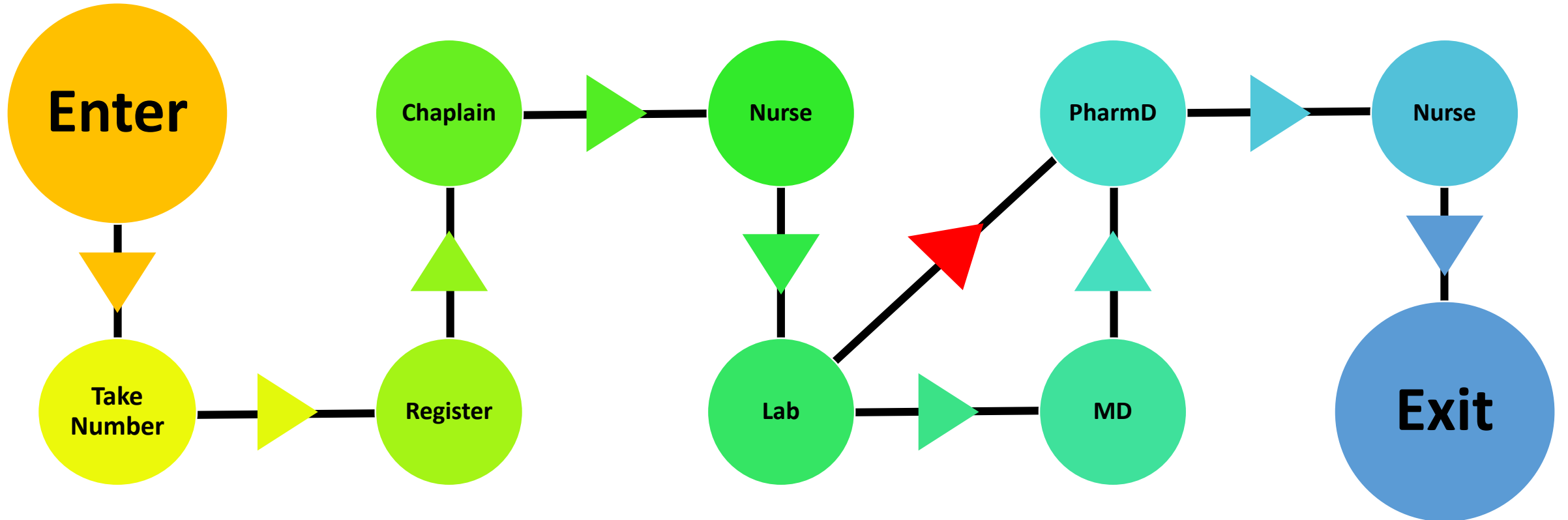
10 years of service

Well-established as sustainable model

- Healthcare access
- Outreach in a faith-based setting
- Community service
- Education
- Filling a gap for our most vulnerable citizens
- Gap compounded for immigrants
  - (poultry & lumber)



# Services



# Introduction



Descriptive study

Services offered across 10-year operation period

Initial step to design and implement a formal evaluation process

Initial quantitative & qualitative data

- Spiritual & physical health encounters
- Volunteer services

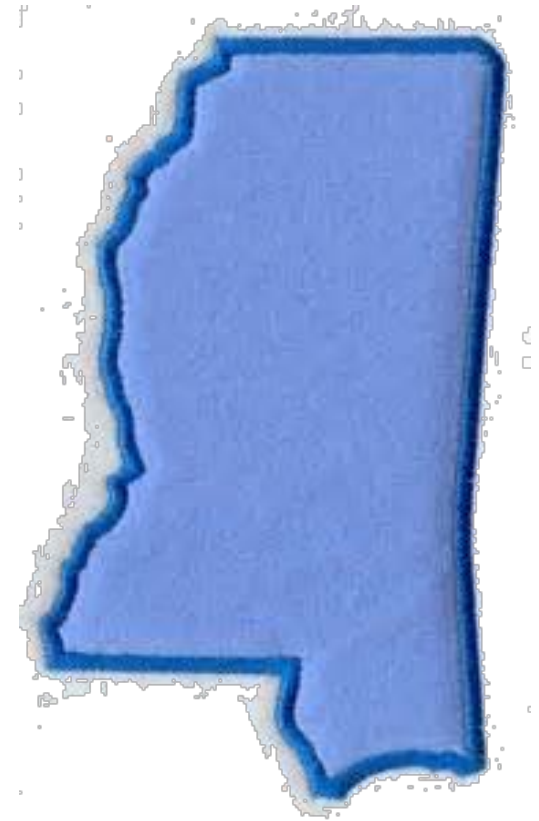
Deliverable – Start-Up Package

# History



First clinic January 2005

- Donated equipment
- \$\$\$ donations
  - Office supplies
  - Medical supplies
  - Medications





# History



## 10 staff

→ Clerical (n=2)

→ Ministers / chaplains (n=3)\*

→ RNs (n=2)

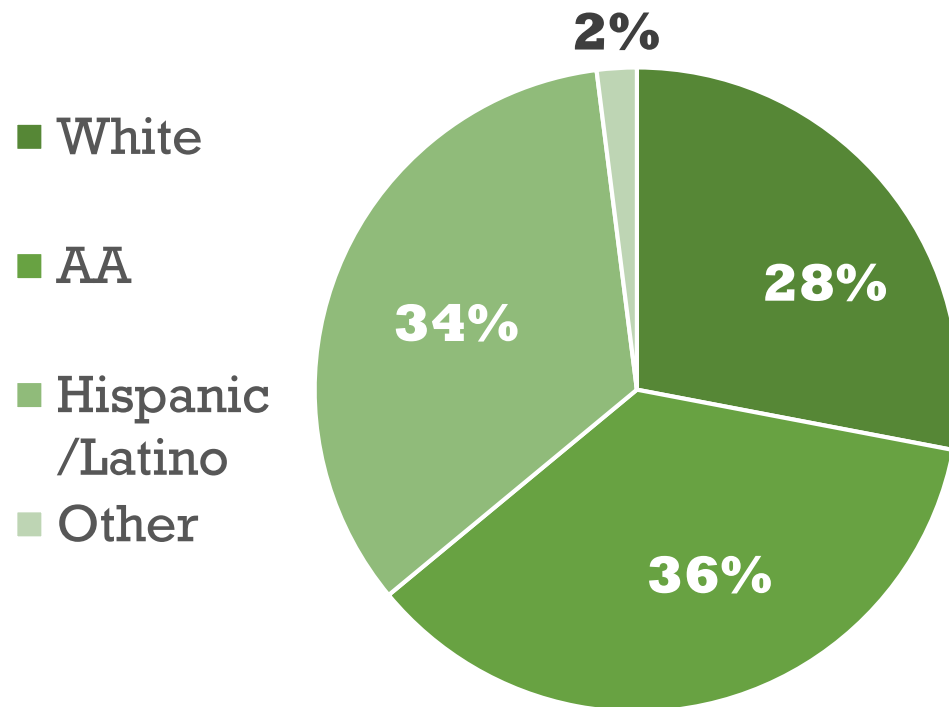
→ RT (n=1)

→ PharmD (n=1)

→ MD (n=1)

\* *Interpreter*

# History



32 patients

→ Diverse population

→ 28% White

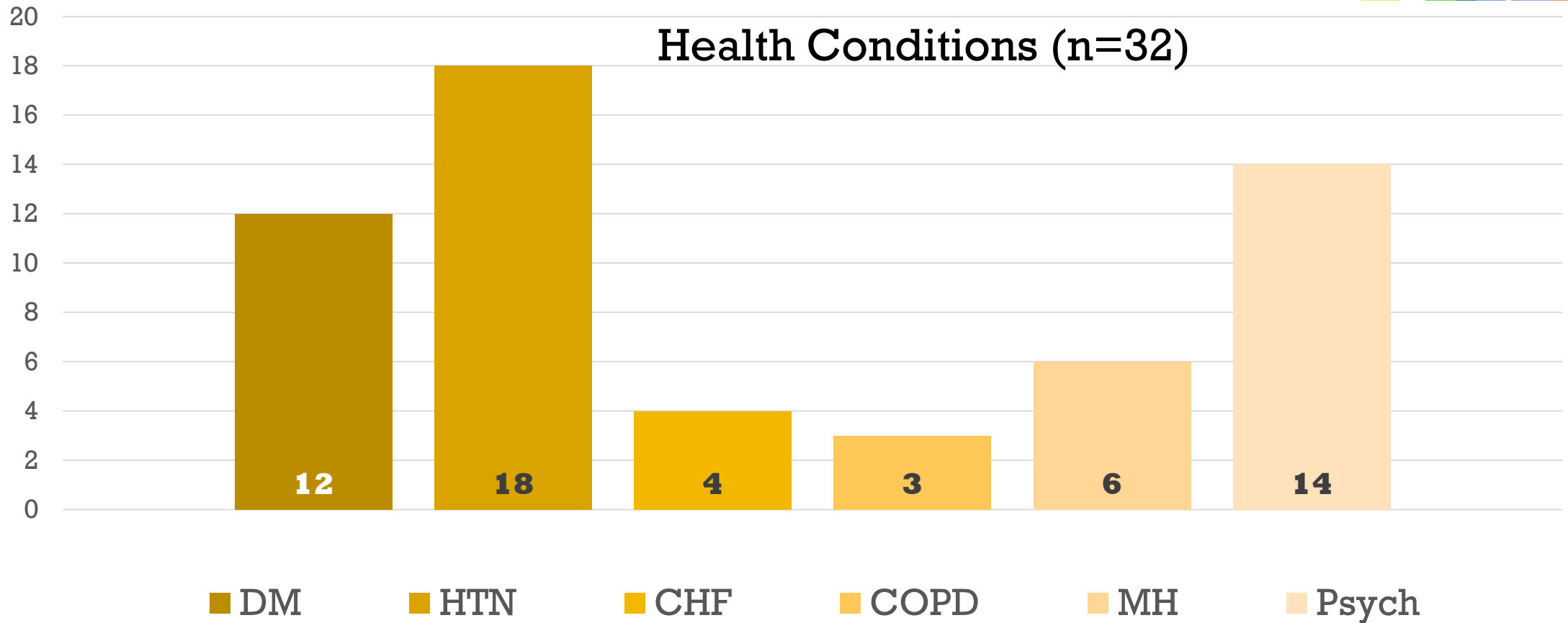
→ 36% AA

→ 34% Hispanic/Latino

→ 2% Other

→ ~ 3.2 Rx (> 3,000 doses)

# History



# Today



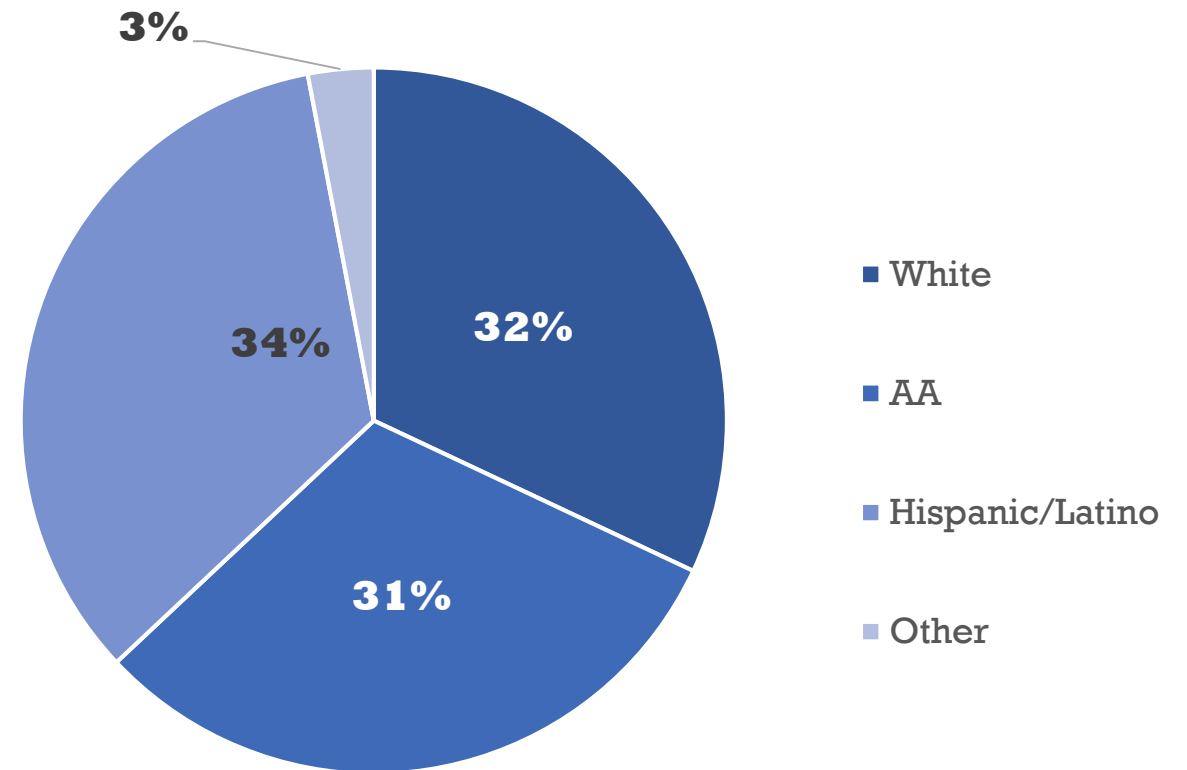
## Population (2016; n=105)

→ 32% White

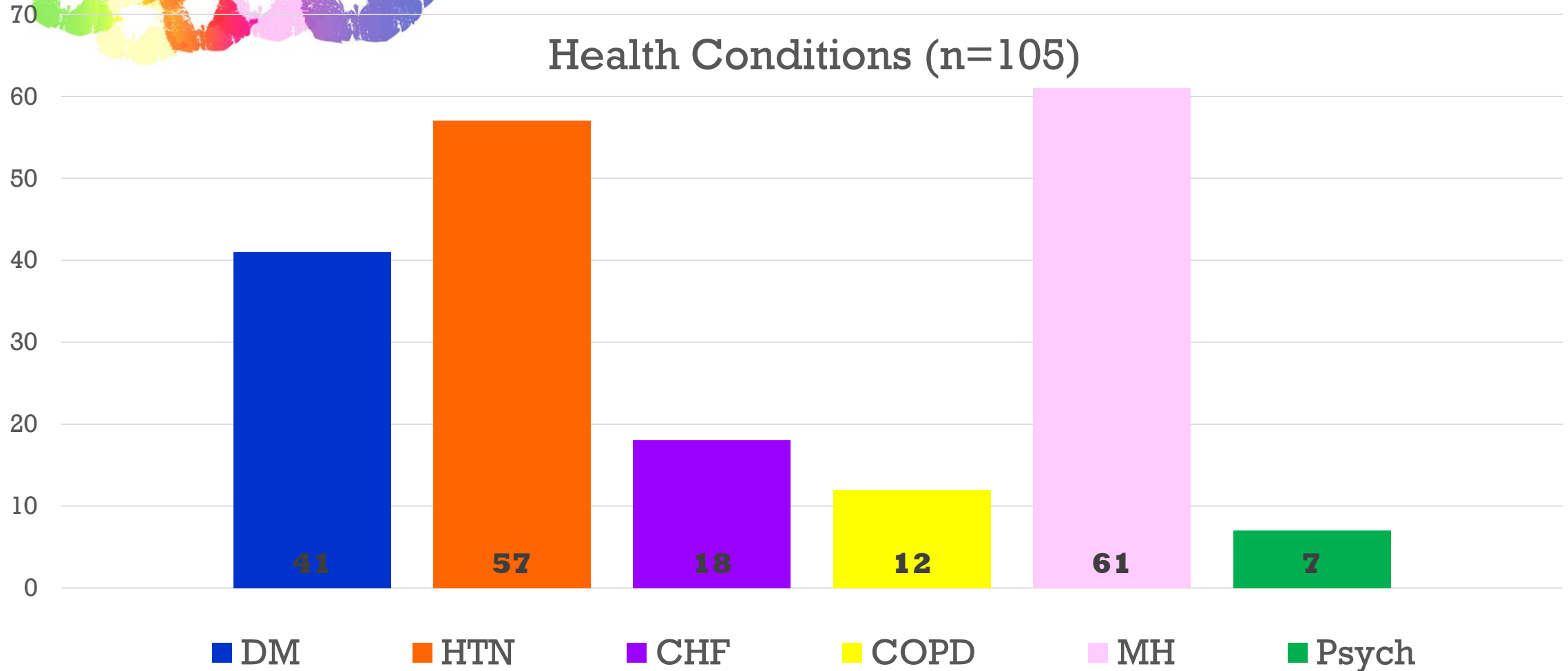
→ 31% AA

→ 34%  
Hispanic/Latino

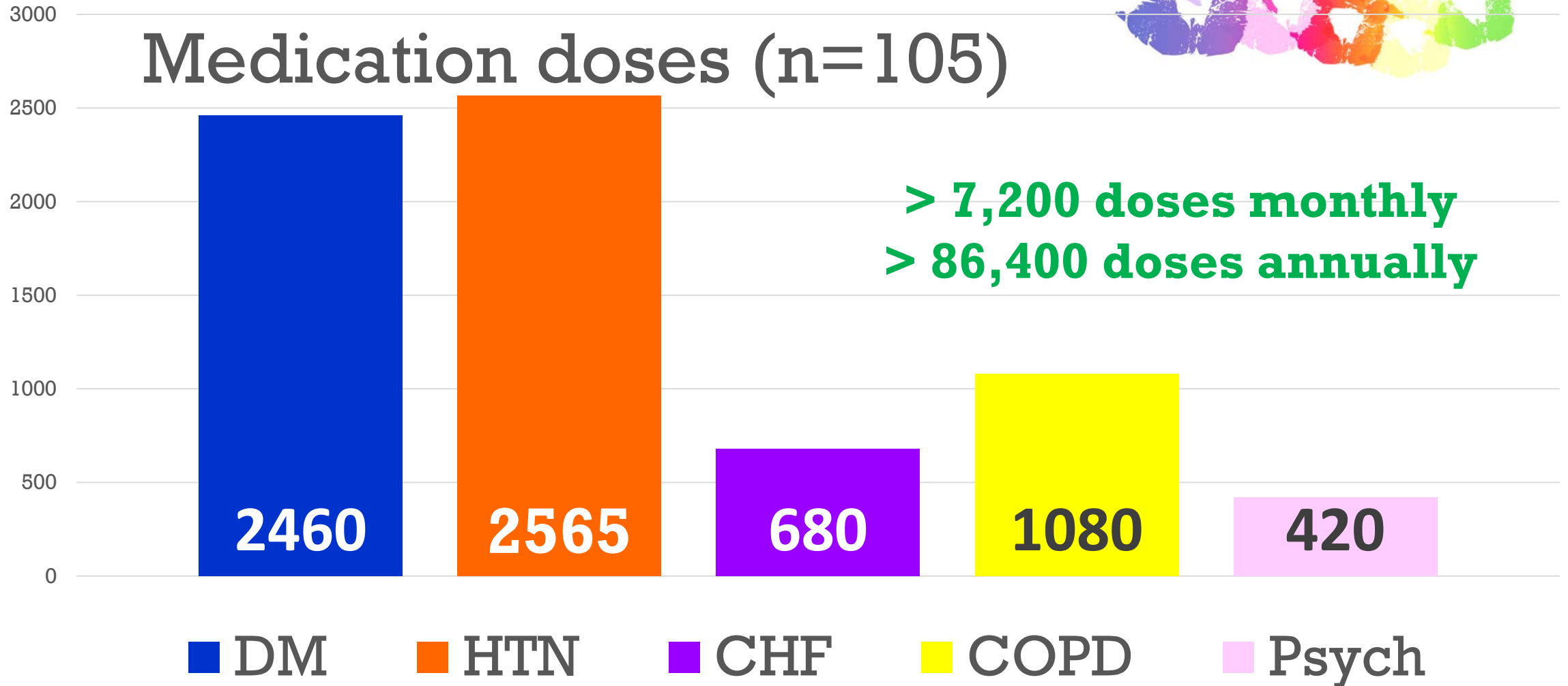
→ 3% Other



# Today



# Today



# Over the Years...



Individual patient encounters ~ 8,690

2005-2010 Average 3.8 Rx per encounter

2011-2015 Average 4.1 Rx per encounter

Medication doses provide ~ 1,029,405

# Over the Years...



MD / NP /  
PharmD (15)

Clerical (46)

Other (23)

Ministers / Chaplains (72)

Interpreters  
(11)

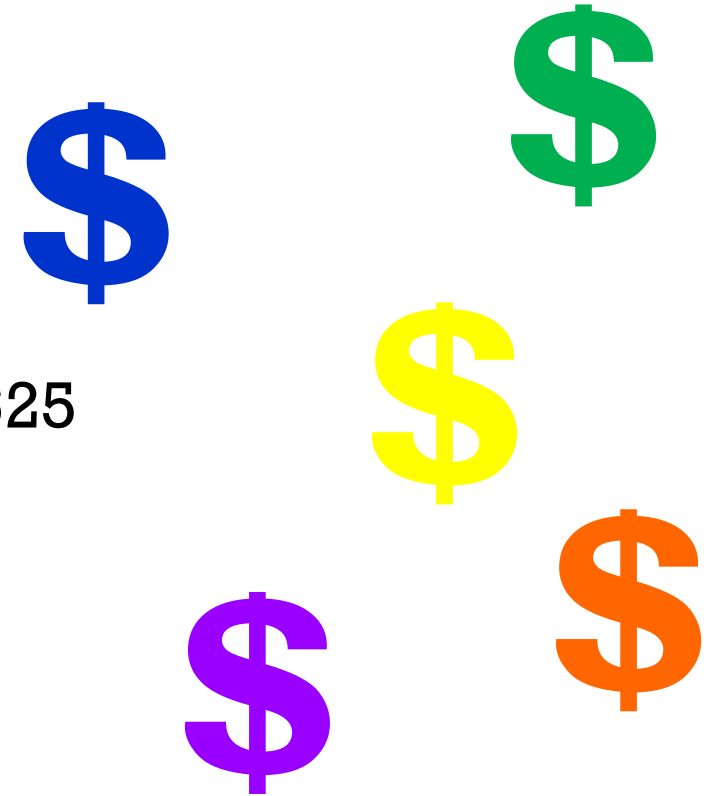
RN / LPN / SN (90)





# Economic Glimpse

- Medication provided ~ \$390,000
- Nursing hours ~ 1,152 @ \$19/hr = \$21,888
- MD / NP / PharmD hours ~ 475 @ \$35/hr = \$16,625
- Clerical ~ 2,480 @ \$10/hr = \$24,800
- Minister / Chaplain ~ 3,320 @ \$14/hr = \$46,480
- Interpreters ~ 670 @ \$12/hr = 8,040
- Volunteer hours ~ \$117,833
- **Medication + Volunteer services = \$625,666**



*\*MS State Personnel Board Starting Hourly Wages*

# Societal Impact



Medication + Volunteer services = \$625,666

## Access to acute care

- Reduced burden on local health care system
- Reduced unreimbursed care
- Reduced inappropriate utilization of ER

## Access to primary care

- Screening (diabetes, blood pressure)
- Vaccines (flu shots)

# Societal Impact



## Nursing Education

- Community & public health curriculum
- Local nursing students (LPN, RN, NP)
- Hands-on experience working with vulnerable citizens
- Insight into healthcare challenges of uninsured / undocumented
- Business challenges of caring for them

## Ethics

- The right thing to do
- Trust

## Big picture

- Everyone benefits



# **Implications for Public Health Nursing**

**As public health funding  
dwindles, seeking  
community-supported  
mechanisms for reaching  
vulnerable groups is critical  
to carrying on the work of  
public health**



# Questions? Comments?

