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Driving Healthcare Access: Mobile Health Clinics as a Vehicle to Address Health Inequities

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Driving healthcare access: Mobile health clinics as a vehicle to address health inequities

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Mobile Mammography Program Coordinator, Stony Brook Medicine, Ronkonkoma, NY

Angie Malone, MA, CHES

Coordinator of Clinical Services, Molloy University, Rockville Centre, NY

Dana Sanneman

Vice President, Public Affairs & Development, Mount Sinai South Nassau, Oceanside, NY

Ethel Ulrich, DNP, APRN, ANP-BC

Associate Professor & Director, DNP Program, Barbara H. Hagan School of Nursing & Health Sciences at Molloy University, Rockville Centre, NY

Learning Objectives

Attendees will be able to...

- A. Name at least 3 common barriers to accessing medical care at a traditional facility and explain how a mobile health clinic addresses those barriers.
- B. Discuss the importance of effective communication to engage patients and gain trust in a mobile healthcare setting.
- C. Identify at least 4 issues to consider when launching a mobile healthcare clinic.

Outline

- Brief overview of mobile healthcare clinics
- Examples of mobile clinic projects
 - Stony Brook
 - Mt Sinai South Nassau
 - Molloy College
- How mobile healthcare clinics can address barriers to accessing care from traditional medical settings.
- Communicating effectively with community members about your mobile program.
- Launching a mobile healthcare clinic.
- Q&A

International Journal for Equity in Health

“A growing body of literature supports that MHCs [mobile health clinics] are a successful and cost-effective model of healthcare delivery uniquely positioned to assess and fulfill the needs of underserved populations nationwide.

Through the act of driving directly into communities and opening their doors on the steps of their target clients, mobile clinics have been shown to be able to engage and gain the trust of vulnerable populations.

Because MHCs can overcome many healthcare barriers, services provided by the MHCs have been shown to improve individual health outcomes, advance population health, and reduce healthcare costs compared to traditional clinical settings.”

Getting to
know you...

Tell us in the Chat -- What is your role?

- Public Health Professional
- Health Educator
- Nurse
- Healthcare Professional
- Other Healthcare Professional
(Allied health professionals)
- Student

Getting to
know you...

Tell us in the chat -- What is your current involvement with a mobile clinic?

- Just curious
- In the planning stages
- Currently operating a mobile clinic
- Other

Mobile Health Care

- Approximately 2,000 mobile clinics operate in the U.S. Serve an estimated 7 million at-risk individuals each year.
- Many sizes and configurations - buses, vans, RVs, trailers
- Services range from urgent to primary to preventive care, and specialties such as mammography, dentistry, pediatrics, COVID-19 vaccines.
- Critical role in connecting patients to additional care
- 39% serve only in cities, 14% serve only in rural areas, and 47% serve both rural and urban locations.

(Mobile Health Map)



Early Examples

- House calls, approximately 40% of doctor-to-patient visits occurred in the patient's home in 1930.
- Early 1970's "STARPAHC" (Space Technology Applied to Rural Papago Advanced Health Care). Kaiser Permanente and NASA partnered with Arizona's Papago Indian Reservation to test the practicality of the emerging field of telemedicine.
- 1972 in Oakland, California, members of Kaiser Black Student Nurses' Association served on a mobile Foot Health Clinic



<https://about.kaiserpermanente.org/our-story/our-history/mobile-clinics-health-on-wheels>

Survey

Tell us in the chat -- What do you think the average return on investment is for mobile health clinics?

- 0 - There are no cost savings
- 2 x - For every \$1 spent, \$2 saved
- 5 x - For every \$1 spent, \$5 saved
- 12 x - For every \$1 spent, \$12 saved
- 20 x - For every \$1 spent, \$20 saved

Benefits of Mobile Care

- For every \$1 spent on mobile health, \$12 are saved
- Estimates show that each mobile clinic results in an average of 600 fewer emergency room visits each year.
- On average each mobile health clinic saves 65 quality adjusted life years every year of operation.

(Mobile Health Map)

Benefits of Mobile Care

- Average operational cost of a mobile program is \$429k per year
 - On average a visit costs \$155 and yet the savings are twelve times that (\$1,800)
 - Each visit saves on average \$200 due to avoided Emergency Department visits
 - Each visit saves on average \$1,600 due to long-term impact of preventive services
- (Mobile Health Map)

Serving Long Island's Complex Needs

- Long Island is 118 miles long and features some of the wealthiest and most expensive neighborhoods in the world.
- Has been called one of the most segregated suburbs in America.
- In some cases, the affluence of the county masks the needs of those severely underserved. (Community Health Assessment & Community Health Improvement Plan Nassau County, 2019-2021)
- Approximately 197,000 people living below the national poverty line - but there are nearly 268,000 additional households on Long Island with incomes above the national poverty level but below the budget calculated to account for basic needs here. (Health & Welfare Council of Long Island)



About the Speaker

Patrick J. Dineen, M.D., M.B.A.

Stony Brook Cancer Center's Mobile Mammography Program

Coordinator since January 2019. Helped grow the mobile program from grant-funded to hospital-owned, expanding services and programs to include a broad range of cancer screenings.



Stony Brook Mobile Mammography



PINKY

- 27,500 pounds
- 40' length
- 13' height

First site visit: 9/27/2018



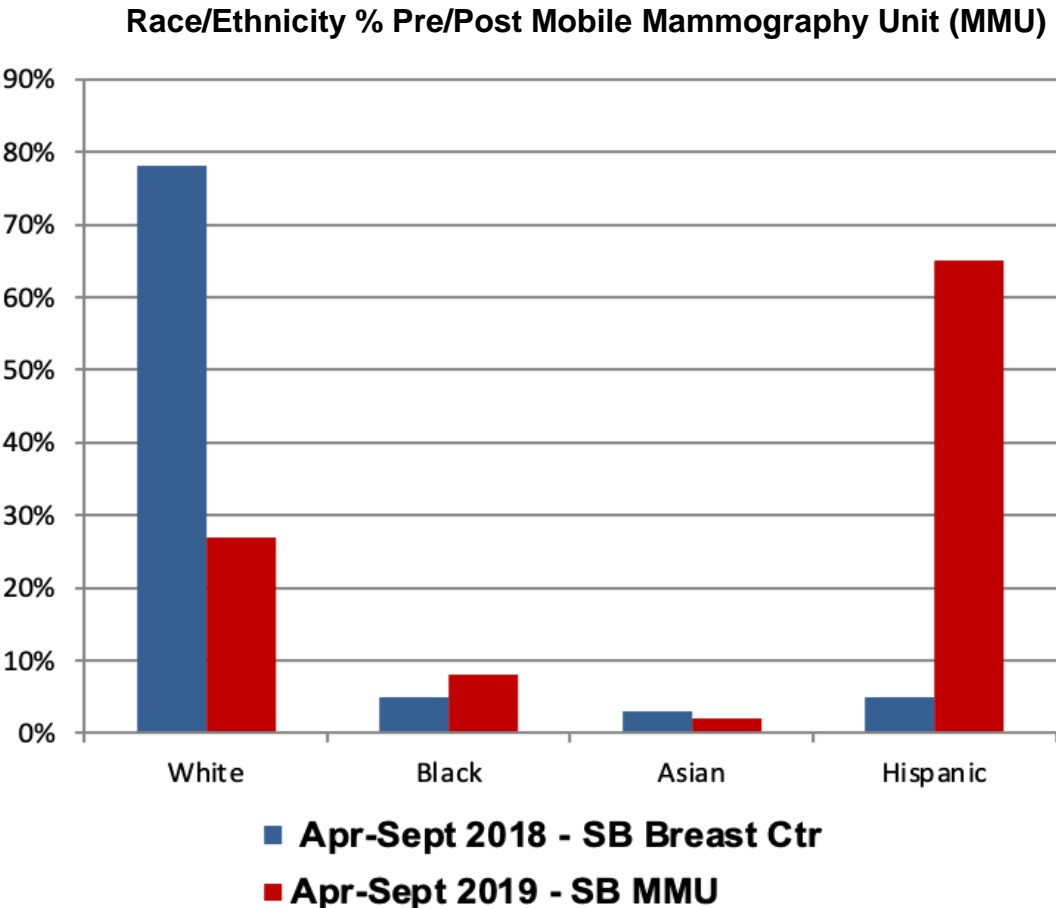
Stony Brook Mobile Mammography

- SBCC MMU collaborates with businesses, faith-based organizations, libraries, community cancer organizations & coalitions, medical facilities, senior centers, and Cancer Services Program (CSP) to provide screening at no cost to uninsured patients
- Screening Mammogram
- Women 40+
- Insured or uninsured
- Regardless of immigration status
- Wheelchair accessible
- Bilingual Staff





Stony Brook Mobile Mammography



Minority Population
Carol Baldwin BC: 22%
Mobile Unit: 71%

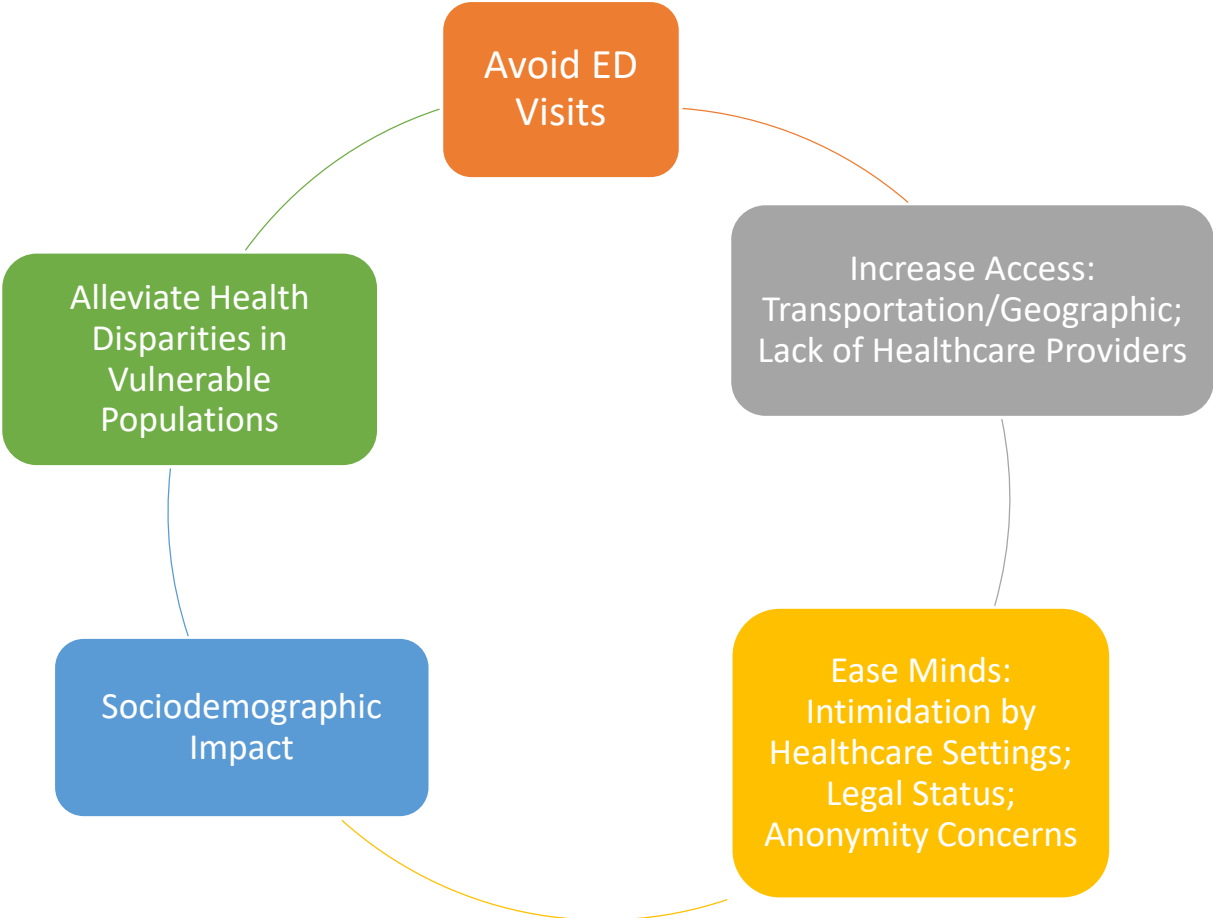
26 Diagnosed
Cancers/HRL's

54% Uninsured

Patient Demographics	Mobile Unit	Carol Baldwin BC
White	29%	78%
Hispanic/Latino	58%	5%
Black/African American	9%	5%
Asian	3%	4%
American Indian	1%	1%
Unknown		7%



Stony Brook Mobile Mammography





Stony Brook Mobile Mammography

10-17

Thank you for choosing Stony Brook Medicine Mobile Mammography
Gracias por escoger Stony Brook

How would you rate your experience?
¿Cómo calificaría su experiencia?

Poor Fair Good **Great**
Pobre Regular Bueno Excelente

Did you find our staff helpful and courteous?
¿Encontró a nuestro personal servicial y cortés?

Yes No
Si No

Would you have received your mammo if the van was not here?
¿Hubiera recibido su mamografía si la van no estaba aquí?

Yes **No**
Si No

How likely are you to recommend our program to friends/family?
¿Qué posibilidades hay de que recomiende nuestro programa a amigos y familia?

Circle One: Not Likely 1 2 3 4 5 6 7 8 9 **10** Very Likely

Comments/Comentario: *excelente servicio la dammas
Muy amables Dios les bendiga y
Muchas gracias por
su servicio*





About the Speaker

Dana Sanneman

Vice President of Public Affairs and Development at Mt. Sinai South Nassau.

Ms. Sanneman oversees the planning, implementation and synchronization of strategic communications and development programs that combined drive the positive reputation and philanthropic support of hospital services and programs.

Vaxmobile

Mount Sinai South Nassau's Vaxmobile has provided a key public service to Long Islanders by bringing the life-saving COVID-19 vaccine directly to hard-hit communities.

The Vaxmobile staff of nurses and our community education team administered more than **11,000 vaccines**. The Vaxmobile has been covered regularly by News12, Newsday, and other Long Island based TV reporters, offering an opportunity for Mount Sinai South Nassau clinical leaders to educate the public about the importance and safety of the vaccine.

- Exploring transition to possible Long Hauler program.



Award Winning



FOR EXTRAORDINARY NURSES

**HONORING NURSES INTERNATIONALLY
IN MEMORY OF J. PATRICK BARNES**

Fair Media Council

Folio Awards

Best COVID-19 Awareness Campaign



About the Speaker

Angie Malone, MA, CHES

Coordinator of Clinical Services at Molloy University. Project Coordinator for the Community Care mobile clinic, overseeing scheduling, budgets, staffing, reporting, and day to day operations.



Mission

Provide free health and wellness services to low-income residents on Long Island, while offering our students opportunities for hands-on community health experience.

Faculty and students from Molloy College provide services from a mobile clinic to address healthcare, social determinants of health, education and community resources.

Funded by the Mother Cabrini Health Foundation
Cabrinihealth.org/



Multidisciplinary

- Nursing
- Communication Sciences & Disorders
- Clinical Mental Health Counseling
- Social Work
- Music Therapy
- Education
- Languages & Culture





Services Provided

- blood pressure screening
- cholesterol screening
- blood sugar tests
- BMI
- smoking cessation
- stress and anxiety screening
- hearing screening
- speech screening
- mental wellness information
- referrals to medical and community resources
- voter registration
- musical experiences
- health and wellness education
- social emotional learning support

Events

- Driving into communities facing complex barriers
- Health fairs, community centers, libraries, food pantries, nonprofits, churches
- Strive for cultural responsiveness
- Community health = engagement, engagement, engagement





COVID-19

- See patients outside
- Masking, symptom screening, and other policies evolving
- Limited health fairs and community events
- Virtual student enrichment for school districts focused on Social Emotional Learning

Impact

June – December 2021

1,160 people served

32 locations and virtually



79% had high blood pressure

83% had a BMI = overweight or obese

44% of hearing screenings referred for further evaluation

25% of speech and language development screenings referred for further testing

The people we saw at mobile clinic events identified as:

Black/African American: 39%

Latino/Hispanic: 41%

Non-Hispanic White: 18%

Multiracial: 0.5%

Asian/Pacific Islander: 1.5%

American Indian/Alaskan native: 0%

Demographic by age:

• 0-3: 3%

• 4-11: 39%

• 12-24: 23%

• 25-64: 27%

• 65+: 8%



Discussion: How mobile healthcare clinics can address barriers to accessing care.

Please type your questions in the Q&A box.



Discussion: Communicating effectively with community members about your mobile program.

Please type your questions in the Q&A box.



Discussion: Launching a mobile healthcare clinic.

Please type your questions in the Q&A box.



What questions do you have?

Please type your questions in the Q&A box.



Thank you for Attending

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