Hope Clinic
Community Based Outreach Plan
Findings and Future Considerations
Duke Global Health Institute
Student Research Training Team
July 11th, 2022
Today’s Agenda

Introduction
Meet the team and project

Patient Mapping
Geographic distribution of Hope Clinic patients

Interviews
Strengths and Opportunities for Growth

Proposed Outreach Plan
Key Components and Next Steps
Introduction
Meet the Project Team

Adey Harris
Psychology & Global Health

Nick Haddad
Environmental Science & Global Health

Advika Kumar
Biology & Global Health

Rujia Xie
Public Policy & Global Health
Meet the Project Team

Community Partner

HOPE CLINIC

Yolanda Cristiani, LPN

Faculty Mentors

- Dr. Diana Silimperi, MD
- Dr. Sumedha Ariely, PhD
Project Goals and Activities

Develop an Outreach Model

01  Who is being served? Who isn’t?
   ● Patient Population
   ● Opinions and Needs
   ● Method: Patient and Staff Interviews

02  Where do they live?
   ● Geographic Trends
   ● Method: Patient Mapping Tool

03  How will it work?
   ● Mobile Health Units
   ● Community Health Workers
   ● Method: Partner Conversations and Literature Search
Active Patient Population

- **298** Active Patients
- **25%** Live in Neighboring Counties
- **21-68** Age Range
- **30%** Minority Population
- **58%** Have Diabetes or Hypertension
Interviews
Central Themes

Concerns
Potential Improvements

Feedback on Outreach Plan
Thoughts on mobile health units and CHWs

History and Experiences
Time with Hope Clinic and Values

Barriers to Access
Transportation, Clinic Hours, and Care Continuity
Patient Interviews (n = 20)

History and Experiences
- 6.28 years Average time as patient
- Satisfied With current care practices and communication with providers
- Health advice Want more assistance managing their conditions and meeting their goals

Barriers to Access
- 3 minutes to 2 hours Range of travel times to clinic via car, foot, or hitchhike
- Unreliable Many patients don’t have consistent transportation
- 33% Patients interviewed who can’t get to specialty appointments

Feedback on Outreach
- Positive Reception to mobile health units and CHWs
- Privacy Patients want private rooms at mobile health units
- Check-ins and resource referrals Most sought-after CHW tasks

Concerns
- Support and Continuity Disconnect with providers
- Comprehension Some materials emphasize negatives – share what patients CAN do instead
- Eye and dental care Patients express difficulty staying up-to-date on exams and checks
Staff Interviews (n = 7)

**History and Experiences**
- Sense of Community
- Diverse Backgrounds
- Dedication
  - To Hope Clinic’s mission and patients

**Patient Needs and Barriers**
- Access
  - To transportation, specialized medication for diabetes, and hypertension management
- Expanded Hours
- Compassion

**Feedback on Outreach**
- Enthusiastic
  - Reception of mobile clinic plans
- Intended involvement
  - Desire to be a part of mobile outreach plans

**Concerns**
- Continuity of care
  - No patient follow-up
- Equipment
- Staffing
  - Need a full-time provider
- Medical Records
  - Need to switch to electronic records
- Hours
  - Limited clinic hours
Patient Mapping Tool
Resources

- Food Lion
- Walmart Supercenter
- Piggly Wiggly
- Paul's Produce
... 28 more
Healthcare Facilities

- Hope Clinic
- Pamlico County Health Department
- Pamlico Community Health Center
- CCHC Pamlico Medical Center

... 9 more
Fire Stations and Districts

- Fire Stations
- Fire Districts
  - Craven
  - Pamlico
  - Beaufort

- Patient Database
- Resources
- Healthcare Facilities
- Churches
- Travel Time to Clinic
- Clusters
Travel Time to Clinic

- 15 minute drive
- 30 minutes drive
- 45 minute drive
- 15 minute walk
- 30 minute walk
- 45 minute walk

Hope Clinic Patient Map
Proposed Clusters

- Arapahoe (53)
- Arapahoe United Methodist Church
- Pamlico Community College
- Oriental (32)
- ST. THOMAS Episcopal CHURCH
- Aurora/Beaufort (24)
- Aurora Community Center
- Aurora Church of God
- Hobucken/Lowland (14)
- HOBUCKEN COMMUNITY CENTER
- Lowland Church of Christ
- Reelsboro (17)
- Reelsboro United Methodist Church
- Vandemere/Mesic (19)
- Camp Vandemere
- New Bern (50)
- First Baptist Church of New Bern
Patients by Ethnicity and Race

Hope Clinic Patients

Ethnicity_Race
- Non-Hispanic White
- Black or African American
- Hispanic or Latino
- Asian
- Other

Number of features
- > 77
- 60
- 40
Diabetes Patients
Hurricane-Related Vulnerability

95 patients
Live in FEMA defined flood zones
Benefits

+ **Familiar Platform**
  Google Maps is intuitive and powerful

+ **Resources**
  Search functionality allows resources to be visualized clearly

+ **Limited Access**
  Restricted to staff that need this tool

Future Considerations

→ **Patient Privacy**
  Explore more secure platforms that retain ease of use

→ **Update Process**
  Import AthenaNet data once a month

→ **Staff Training**
  Evaluate ease of use among staff
Proposed Outreach Plan
Overview of Plan

01 Outreach Sites
Patient clusters and proposed clinic and support sites

02 Mobile Health Units
Plan for an Oriental pilot in late Sept./Oct. and program assessment

03 CHWs
Proposed roles, integration, and evaluation
Proposed Outreach Service Sites
Proposed Pilot Cluster - Oriental

- St. Thomas Episcopal Church
- Offer regular clinic services
- Wednesday or Thursday in Late September
- Max travel time: 9 min
  # of Patients served: 32
- Visit each outreach site quarterly
- Collect information on patient experiences
Community Health Workers

01 Provider Referrals
Connecting patients with resources and management advice

02 In-Person/Mobile Patient Check-ins
SDOH screenings and resource referrals

03 Support Groups
Helping patients navigate their conditions and establish support networks
Monitoring Plan

- Tracking process measures
  - Track # of patients reached, date reached, # of referrals, no-shows, cancellations

- Patient Satisfaction Questionnaire

- Clinical indicators
  - Baseline measurement/compare
  - Patient vitals (BP, HR, A1C)
  - Standardized screening tools
Proposed Outreach Expansion Timeline

**July**
- Gather supplies
- Begin talking with CHWs
- Finalize details for pilot plan
- Recruit volunteers
- Pilot CHW integration

**August**
- Initial clinic pilot in Oriental
- Data collection at sites and main clinic
- Data analysis and quality improvement
- Additional grants
- Integrate CHWs
- Initiate next sites

**Fall**

**Spring**
- Operate mobile health units at all 7 locations quarterly
Upcoming Grant Opportunities

**Family Medicine Cares USA**
- $10,000 for existing NAFC clinics
  - 7/15

**Louise Oriole Burevitch Grant**
- $25,000-50,000 for non-profits in Eastern NC
  - 7/29

**Building Bridges to Better Health**
- 3-phase competition with $1 million purse
  - 10/14

**CarolinaEast Foundation**
- Can request any amount; Letter of Intent due 10/14, Final App due 12/9
  - 8/2
Final Thoughts

Activities

- **Interviews**: Both patients and staff want more condition-related education
- **Patient Mapping**: Patients are widespread and face significant transportation challenges
- **Outreach Plan**: Mobile Health Units and CHWs are potential avenues to pursue
- **Grants**: There are many upcoming grants that meet Hope Clinic’s mission
Thank you for listening! Any questions?

A special thank you to Yolanda, Dr. Silimperi, Dr. Ariely, and the rest of the Hope Clinic staff who have supported us and worked with us to make this happen.
Potential Questions

● How might Hope Clinic mobilize current staff members and resources to put some of these ideas into action?
● What can the map be used for besides developing community-based outreach initiatives?
● How would the map stay updated as patients are added or removed?
● Which community health workers do you have in mind for testing out this idea? Who are they?
● Who would keep track of monitoring measures for the community-based outreach initiatives? Who would manage this data?
● How does this plan fall within Hope Clinic’s current capabilities? If not, what needs to change to make this happen?
● Is any of this information available in more detail?
How might Hope Clinic mobilize current staff members and resources to put some of these ideas into action?

- In talking to staff members during our time here, many have expressed interest in being directly involved in the design and implementation of mobile outreach sites. Here are some possible roles that existing staff can play. [NOTE: many of these roles are similar to roles they currently play on Thursday evenings]
  - Clinic Support Coordinator: Manage reception and patient eligibility checks
  - Clinic Operations Coordinator: Ensure that patient flow is smooth, help operate lab, and possibly hold patient education sessions with individual patients
- To make this process as easy as possible, Hope Clinic should operate mobile clinics as similar to normal clinics as possible. Thus, most resources and processes are familiar to staff. An eventual shift to EMR (AthenaNet) would streamline data input and reduce the need to transport as many paper materials to outreach service sites.
What can the map be used for besides developing community-based outreach initiatives?

- The Patient Mapping tool contains several other layers besides just proposed patient clusters. Eventually, a tool like this can be used to connect patients with resources based on their physical locations, to identify nearby emergency services to connect patients with assistance during natural disasters and violence situations, and to pull out groups of patients with similar conditions in similar areas to form support groups and other educational interventions targeted to their specific needs.

- This map demonstrates the geographic reach of Hope Clinic and can also be used for grant purposes.
How would the map stay updated as patients are added or removed?

- Google Maps allows users to upload a CSV or XLSX (Excel) file easily into the interface, and the software will create a layer based on the data with little user input. This makes it easy for staff to download an AthenaNet patient report each month with specific variables and upload that file into Google Maps. All a user has to do is identify which columns indicate location (e.g., address lines, city, state, ZIP code) and which column should be used as a label for each point (e.g., patient chart ID). This entire process would only take 5-10 minutes.
- The Clinic Support Coordinator would be in charge of updating this resource.
Which community health workers do you have in mind for testing out this idea? Who are they?

- Currently, ECU Health operates a Community Health Worker program that began with a statewide grant during the COVID-19 pandemic. Initially focused on providing COVID-specific resources to residents in Eastern North Carolina counties, their roles have recently expanded to include Primary Care, Maternal and Child Health, and Behavioral and Mental Health support.
- The two Pamlico County CHWs through this program have extensive knowledge of the area and strong connections with existing community resources. They are passionate about serving those whose voices are typically forgotten, and are extremely interested in working with Hope Clinic.
- Their possible roles are still being worked out, but more information will be available in the full report we share with Hope Clinic in the coming weeks.
Who would keep track of monitoring measures for the community-based outreach initiatives? Who would manage this data?

- In the full report and outreach plan documents that will be shared with Hope Clinic, we have outlined more clearly measures to keep track of. However, the exact implementation and collection of this data needs to be worked out between us and Hope Clinic. We don’t want data collection to impede clinic operations, so we will work with staff to identify where in the patient flow it makes sense to collect this information and who will keep track of it. We know staff members have countless responsibilities as is, so this shouldn’t be a burden to their already taxed schedules.
How does this plan fall within Hope Clinic’s current capabilities? If not, what needs to change to make this happen?

- In talking to staff members during our time here, many have expressed interest in being directly involved in the design and implementation of mobile outreach sites. Here are some possible roles that existing staff can play. [NOTE: many of these roles are similar to roles they currently play on Thursday evenings]
  - Clinic Support Coordinator: Manage reception, patient eligibility checks, and
Is any of this information available in more detail?

- A full report will be available in the coming weeks with our general findings and next steps.
- A detailed proposed outreach plan will also be available in the coming weeks.
- Training materials for the patient mapping tool will be shared with staff to ensure sustainability of the tool.
- A grant database document will be shared with the Executive Director.
- Additional statistics we've calculated using the patient roster will also be shared with the Executive Director.

The Executive Director will have all of these documents and materials. For more information or to reach one of us directly, please contact one of us:

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