

INTRODUCTION

The Jackson Free Clinic (JFC) is a student-owned and student-run free clinic operated by students from the University of Mississippi Medical Center (UMMC) health professional schools. The clinic's mission is to provide high-quality health services to underserved Mississippians with an emphasis on equity, accessibility, compassion, and respect for patients' lived experiences. The clinic has an existing Community Health Outreach Program that delivers blood glucose and blood pressure screenings and vaccinations at local partner sites, hosting over 70 events in 2023. One aspect of equitable care that the JFC focused on in 2023 was the expansion of rural outreach events including health screenings and mobile clinics to assess the long-term viability of providing mobile medical clinics through the JFC in rural areas within the state.

Access to quality healthcare is a persistent challenge for many Mississippians, with 10.8% lacking insurance. This is especially true for rural communities in the state. Rural counties in Mississippi are defined by a population with less than 50,000 individuals or an area with less than 500 individuals per square mile. More than 50% of the state is rural, with 1,546,256 Mississippians living in non-metro areas. Furthermore, the poverty rate in rural Mississippi is 21.5%, which is higher than the poverty rate in urban areas of 16.7%.¹ This creates a large population of medically underserved residents within Mississippi.

In 2023, the JFC provided care in the clinic to uninsured individuals from 107 different towns and rural areas across the state. However, JFC recognizes and seeks to alleviate the burden of seeking care for these patients by bringing our health care services to them.

AIM

This poster describes the expansion of the Rural Outreach program of the Jackson Free Clinic to provide full-scope care in rural, underserved areas, while exploring the challenges and needs of rural Mississippians to better tailor our outreach work.

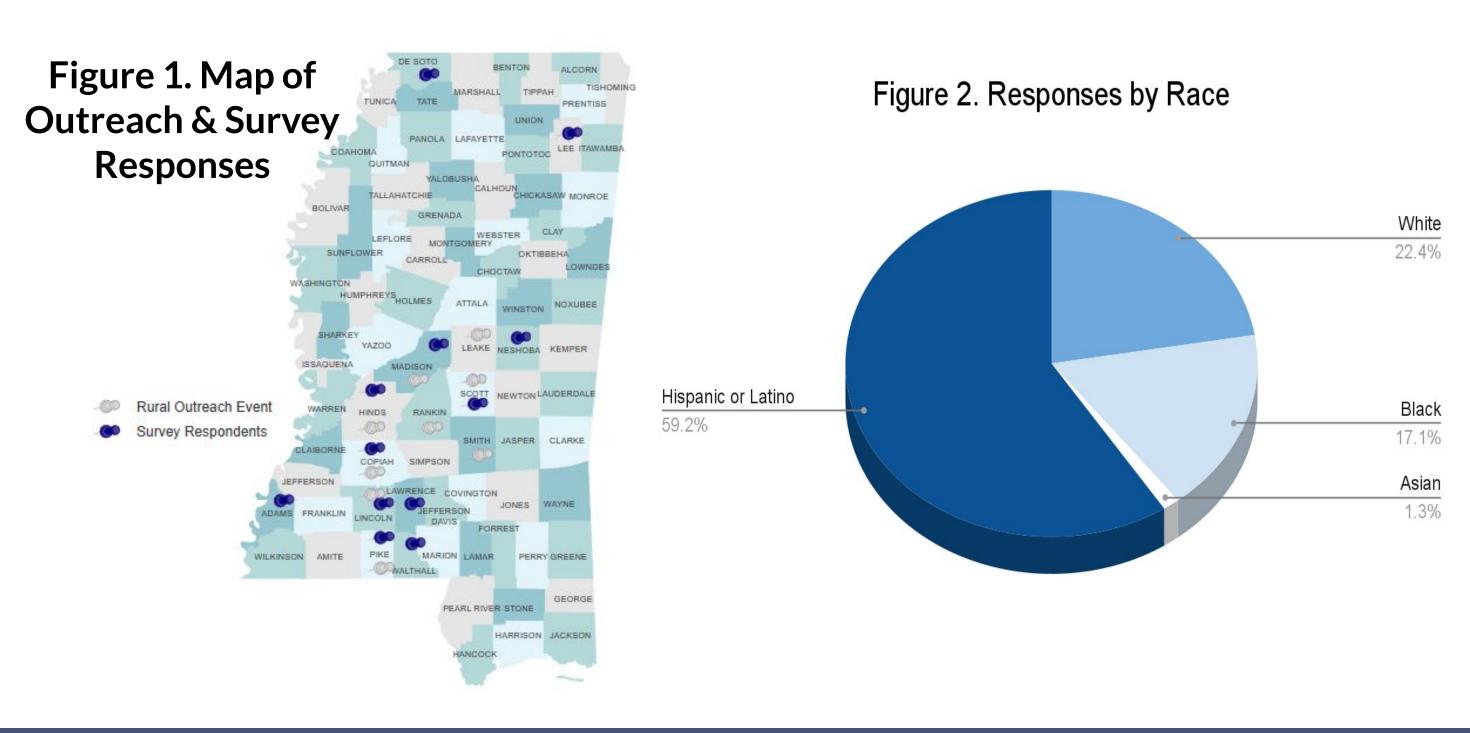
The goal of this research is to improve the quality of Rural Outreach through the JFC, in an effort to better meet the needs of the state's underserved populations. We would like to use the data gathered and the outcomes of our screening events to inform expansion of rural health outreach through a physical mobile unit in the next year. Ultimately, this poster aims to contribute to ongoing efforts to address disparities in healthcare access and ensure that all Mississippi residents, regardless of where they live, have access to the care they need to lead healthy and fulfilling lives.

Expanding Access: The Jackson Free Clinic's Rural Mobile Clinic Model and Patient Needs Assessment Caleb McCreary¹, Sunna Savani¹, and James Cloy, MD² (1) University of Mississippi Medical Center School of Medicine, (2) University of Mississippi Department of Family Medicine Professor Emeritus

- utilizing referral models first piloted at Forest Medical Mission in 2022.

In addition to on-site clinic care delivered to patients traveling from rural areas, the Rural Outreach program achieved the outcomes shown in Table 1 within the counties in Figure 1. The 75 survey respondents ranged from 18 to 83 years old. 62.67% of respondents identified as female and 37.33% identified as male.

Table 1. Outcomes	
Total Events	21
Total Student Volunteers	86
Rural Towns Reached	13
Screening, Education, and Vaccination Patients	316
Mobile Clinic Patients	66
Total Patients Served	382



The JFC Rural Outreach program was successful in reaching distant patients who would otherwise not have access to health services and provided them with a standard of care that mimics what they would receive at our home clinic site. It justifies the need for continued financial and time investment in reaching these populations. Our survey provides valuable insights into the needs and expectations of rural patients. Per the survey responses, uninsured and underserved patients in rural Mississippi need access to longitudinal primary care and preventive health services. These responses represent a population which carries a large disease burden while simultaneously being underscreened, underdiagnosed, and undertreated.

The JFC hopes to continue to work with our community partners as well as local free clinics in each area to provide timely and complete care while exposing students in health professional schools to rural healthcare. Our partnership with our rural health partners will allow us to expand our outreach to include essential services such as labs, telehealth, external referrals, patient prescription assistance, and more. Involving and investing in their community leaders will help us surmount barriers to care like transportation and access to communication lines. We will use these partners to recruit patients for our future mobile medical unit, where we will be able to perform even more comprehensive healthcare and employ this model in more towns across the state. By continuing to focus on the needs of rural patients, we can make a meaningful impact on their lives and improve the overall quality of healthcare in rural areas abundant in Mississippi.

REFERENCES

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METHODS

• 2022: We spent our first year of rural outreach expanding our partnership with Forest Medical Mission, who had an already established physician, performing phlebotomy and lab review for the patients who had otherwise no access to evidence-based medical decision-making. • 2023: With the success of the efforts in 2022, we decided to conduct full-scope medical visits in rural communities through our already established community partners with the addition of new partners in areas previously not covered.

• Mississippi Immigrants Rights Alliance: targeting specifically Hispanic populations in rural Mississippi, including Morton, Carthage, and Forest. • Greater Hope McComb: targeting the unhoused population at a shelter in McComb, MS.

• Continued work with Forest Medical Mission: providing them with lab services that help inform medical judgment and plans. • Because we were reaching new patient groups, we wanted to learn more about the needs of the populations being served. A survey was implemented through our rural partners and at our outreach events. This survey gathered qualitative data on what healthcare services are lacking in rural areas and quantitative data on how long it has been since patients have received certain primary care and preventive health services. • Lastly, we sought ways to make the care provided at our mobile clinics more longitudinal by providing clinics at each of our partners at regular intervals and

RESULTS

The prevalence of chronic diseases among respondents is shown in Figure 3. Regarding healthcare access, 61.43% of respondents did not have insurance. Other responses included "Insured but cannot afford", "Lack of transportation", and "Can't Tobacco and Alcohol Use Obesity" take time off of work," leaving 90.67% of respondents with some form of barrier to care. Although 84% of respondents had seen a healthcare professional within the past year, 41.33% did not have basic ^{white} labs drawn in that same time period. 64% of respondents reported interest in seeing a Family Medicine doctor when Back asked which physician they would most like to see. While 84% Asian reported being up to date on their vaccinations, the prevalence 20.076 of recent and timely colonoscopy, pap smear, and mammogram screenings is depicted in Figure 4.

CONCLUSION

We are grateful for support from HRSA and the UMMC SOM through the IMPACT the RACE grant

GOVERNMENT.



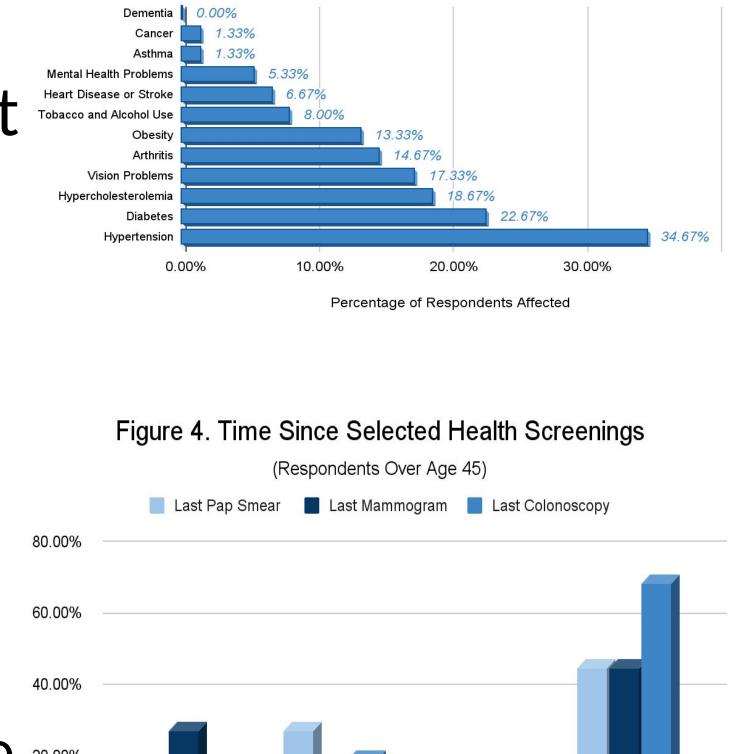


Figure 3. Disease Burden of Responden

ACKNOWLEDGEMENTS