GE-NMF PCLP/ Matthew Walker Comprehensive Health Center
Patient Needs Assessment
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"A Searcher admits he doesn’t know the answers in advance…A Planner believes outsiders know enough to impose solutions. A Searcher believes only insiders have enough knowledge to find solutions, and that most solutions must be homegrown."
- The White Man’s Burden: Why the West’s Efforts to Aid the Rest Have Done So Much Ill and So Little Good by William Easterly.

The mission of the GE-NMF Primary Care Leadership Program is to provide future healthcare professionals with exposure to the challenges and rewards of primary care practice in community health centers (CHCs). Under the mentorship of an on-site physician and local faculty advisor, students of medicine, nursing, and physician assistantship spend two hundred service hours working at a CHC, implementing independent health-related projects. This year was the program’s inaugural year, and hopefully, all students left motivated to pursue careers in primary care with special attention paid to patients in underserved areas.

When starting work in a community health setting, the critical first step is the establishment of a relationship with the community being served and finding out what its members need, want, and already have. Given the short length of the program, many students were not able to get to know their CHC communities before they had to get started on their projects. The following needs assessment was created to help future GE-NMF PCLP scholars assigned to Matthew Walker Comprehensive Healthcare Center (MWCHC) in Nashville, TN get a head start on their projects by providing them with important information about the community which they will serve.

Nashville

Nashville is the capital of Tennessee, located in Davidson County in the central eastern part of the state. It is the second largest city in Tennessee, after Memphis, and the fourth largest city in the Southeastern United States.¹ In the 2010 Census, the total population of Nashville-Davidson was 626,681, making it the second-most populous city in Tennessee just behind Memphis, which had 646,889. (The next most populous city, Chattanooga, was one-quarter its size with 167,674 people.)² Ethnically, Nashville was 56.3% white (non-Latino), 28.4% black, 10.0% Latino, 3.1% Asian, 2.5% multi-racial, 0.3% American Indian and Alaskan Native, and 0.1% Native Hawaiian and Other Pacific Islander.³

Median household income 2006-2010 was $45,063, with 17.8% persons living below the poverty level. In a 2001 cross-sectional telephone survey of 7,200 Nashville residents, 89.3% of those surveyed reported having some kind of health coverage; the remaining 10.7% were uninsured.⁴ There was a difference in coverage between income groups, with the highest amount of insured in the groups with the highest incomes. (Ninety-seven percent of households with incomes greater than or equal to $50,000 and 90.4% of households with incomes between $25,000 and $49,999 reported having health insurance,
while coverage was reported in 80.0% of households with an income between $10,000 and $24,999 and 85.3% of households with incomes below $10,000. The 2001 Community Health Behavior survey found that 74% of their respondents reported having a usual source of primary care who they considered to be their personal doctor or provider.5

Nashville Health Stats

Heart disease and cancer were responsible for more than half of the deaths in Nashville in 2000.6 Nashville had the third-highest increase in obesity nationally between 1995 and 2010, and now has the fourth-highest adult obesity rate in the United States.7 Not surprisingly, Nashville residents are diagnosed with conditions related to obesity at high rates: Nashville has the fifth-highest rates of adult diabetes (10.6%) and adult hypertension (32.2%), and the fifth highest adult physical inactivity rate (29.9%). Child obesity rates (20.6%) are the sixth-highest in the country.8

The most common cancers reported in 2002 were of the lung, female breast, and colon. Combined, these three sites made up almost half (47.3%) of all new diagnosed cancer cases. For males, the top three cancer sites were of the prostate, lung and colon and for females, the top three cancer sites were female breast, lung, and colon.9 A complete table of the ten leading causes of death in Nashville, TN in 2000 is presented in Fig. 1.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Deaths</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart Disease</td>
<td>1,412</td>
<td>28.0%</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>1,123</td>
<td>22.2%</td>
</tr>
<tr>
<td>3</td>
<td>Stroke</td>
<td>406</td>
<td>8.0%</td>
</tr>
<tr>
<td>4</td>
<td>Accidents</td>
<td>261</td>
<td>5.2%</td>
</tr>
<tr>
<td>5</td>
<td>Chronic Lower Respiratory Disease</td>
<td>220</td>
<td>4.4%</td>
</tr>
<tr>
<td>6</td>
<td>Diabetes Mellitus</td>
<td>161</td>
<td>3.2%</td>
</tr>
<tr>
<td>7</td>
<td>Influenza and Pneumonia</td>
<td>120</td>
<td>2.4%</td>
</tr>
<tr>
<td>8</td>
<td>Alzheimer's Disease</td>
<td>90</td>
<td>1.8%</td>
</tr>
<tr>
<td>9</td>
<td>Suicide</td>
<td>75</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

Fig. 1: Nashville 2000 Leading Causes of Death, Nashville and Davidson Health Report

2014 and the critical role of FQHCs

With the implementation of the final stages of the Patient Protection and Affordable Care Act (PPACA) - effective January 1, 2014- the US healthcare system will begin its first act in transition toward establishing a system of universal healthcare. Under the new law, U.S. citizens and permanent residents will be required to obtain health insurance. With the expansion of Medicaid and creation of Exchanges, it is expected that all individuals will have equal access to healthcare.

Federally Qualified Health Centers (FQHCs) are expected to play a significant role in administering primary care to the influx of new patients who will enter the healthcare system. Under PPACA, Medicaid eligibility will expand to include all people with incomes up to 138% of the poverty
level and subsidized private coverage will become available to people with incomes up to 400% of the poverty level.\textsuperscript{10} While FQHCs are preparing for higher patient volumes, they also face the possibility of losing their patient populations to the more prestigious institutions. Currently, many patients view FQHCs as their medical “safety net”- the place they resort to when they have no health insurance or other means to pay for treatment at private and research hospitals. Once they become employed again or gain health insurance, many patients stop going to FQHCs. In order to secure their position at the forefront of primary care going into 2014, it is important for FQHCs to strengthen their relationships with current patients and improve their reputation among prospective patients.

**Matthew Walker Comprehensive Health Center**

Matthew Walker Comprehensive Health Center was the first FQHC in the state of Tennessee. GE-NMF PCLP fellows are based at the Nashville center at 14\textsuperscript{th} Ave and Jefferson, where MWCHC functions as a full-service health clinic offering pediatric care, family and internal medicine, general dentistry and ophthalmology, geriatrics, obstetrics and gynecology, nutrition, and mental health specialty care services. There are three additional sites: a full-service clinic in Clarksville, Ob/Gyn in Murphysboro, and a medical clinic in Smyrna. MWCHC continues to expand its services and leadership have a vision to become a Patient-Centered Medical Home.

**MWCHC and GE-NMF PCLP**

MWCHC signed on to be one of the first community health center sites for the GE-NMF PCLP in its inaugural year, 2012. One of the biggest challenges fellows faced was coming up with projects that would successfully reach a community they did not know well in such a short period of time. While the information provided in the UDS gives very important epidemiological info, when organizing projects, fellows had many sociological questions. When planning a *Biggest Loser*-inspired weight loss program, questions arose as to patients’ ability to come to MWCHC on a weekly basis for a short workshop and weigh in. Questions about transportation arose: Do patients drive or are they taking the bus? Are they coming from far away or are they members of the nearby community? How long does it take them to get here? When planning a Wednesday evening event, it was noted by a staff member that, being located in the “Bible belt,” most people in Nashville went to church for bible study on Wednesday evenings, so that is probably the worst weekday evening to plan a non-religious event. When deciding how to advertise our events we considered mailing, e-mails, Facebook, and even setting up Twitter accounts. Then the questions of Internet usage arose: Do patients check their e-mails often? Do they use social media sites such as Facebook and Twitter? Can we use these mediums to reach MWCHC patients more efficiently?
This needs assessment was conducted to help give future GE-NMF PCLP fellows working at MWCHC some perspective into the patients of MWCHC, including needs and considerations one should take into account when creating programs for that population.

**MWCHC UDS info**

The 2010 Uniform Data System for MWCHC lists various patient data used by the Health Resources and Services Administration (HRSA) to review the operation and performance of the health center. Zip codes 37042, 37040, 37013, 37207, 37211, 37208, and 37115 accounted for 50% of MWCHC patients in 2010. These zip codes correspond to neighborhoods in Clarksville, TN which is 51.2 miles (1-1.5 hour drive) away (presumably accounting for those visiting the MWCHC Clarksville Center) and the east neighborhoods of Nashville within 15 miles of the Jefferson Street location.

A total of 32,158 patients were seen in 2010, and according to MWCHC staff, those numbers continue to grow each year with increasing unemployment rates. Males made up 37.8% of the patients seen (ages 0+) and women made up the remaining 62.2%. Pediatric patients (up to the age of 19) made up 18% of visitors and adults ages 50-64 were most represented with 50-54 year-olds, 55-59 year-olds, and 60-64 year olds making up 11, 12, and 11% of patients, respectively. Most patients identified as black/African-American, white, or Latino making up 42.16, 31.67, and 18.60% of visitors, respectively (Fig. 2).
69.28% of patients were at or below the Poverty Level, 20% relied on Medicaid or Medicare for their medical insurance needs, and 72.4% were uninsured (Fig. 3).

The two main medical diagnoses were hypertension and diabetes mellitus, followed by depression and other mood disorders (Fig. 4). Top services rendered were oral exams (10,597 patients), oral surgeries (6,206), infant or child health supervision appointments (2,326), mammograms (2,246), dental restorative services (2,023), dental rehabilitation services (1,607), contraception management (1,258), and comprehensive and intermediate eye exams (1,030).
Diagnostic Category | Number of Patients with Primary Diagnosis
--- | ---
Selected Infectious and Parasitic Diseases | 
Symptomatic and Asymptomatic HIV | 15
Syphilis and other venereal diseases | 55
Hepatitis B | 2
Hepatitis C | 27
Selected Diseases of the Respiratory System | 
Asthma | 315
Chronic Bronchitis and Emphysema | 58
Selected Other Medical Conditions | 
Abnormal Breast Findings, Female | 220
Abnormal Cervical Findings | 183
Diabetes Mellitus | 1245
Heart Disease (selected) | 105
Hypertension | 3239
Contact Dermatitis Eczema | 386
Overweight and obesity | 356
Selected Mental Health and Substance Abuse Conditions | 
Alcohol Related Disorders | 25
Other Substance Abuse (excl tobacco) | 17
Tobacco use Disorder | 10
Depression and Other Mood Disorders | 597
Anxiety Disorders Incl. PTSD | 269
Attention Deficit and Disruptive Behavior Disorders | 102
Other Mental Disorders (Excluding Drug or Alcohol Dependence) | 175

Fig. 4: MWCHC 2010 UDS Primary Diagnoses

Needs Assessment Design and Objectives

Design: This is a cross-sectional study of patients at Matthew Walker Comprehensive Health Center in Nashville. 50 adult (18+) patients at MWCHC were given a questionnaire about their primary health issues, health goals, and their interest and availability for participating in health programs given by MWCHC. Surveys were available in both English and Spanish and patients were given the option to have the survey administered to them in an interview format or to fill out the survey themselves by hand. Answers were recorded and analyzed for patterns. Copies of the samples given are presented in Fig. 5(a-b).
Do you have any questions about your health?

*(If you would like answers to these questions, please provide contact information: ______________________*)

Do you have any health-related goals? Y/N

If yes, what are they?

Have you tried to accomplish these health-related goals in the past? Y/N

If yes, did you have any success? If yes, for how long were you successful?

What do you think could have helped you continue to be successful?

What kind of support do you think MWCHC can offer to you to help you be more successful at achieving your health-related goals?

How likely are you to attend classes or workshops at MWCHC? __Not likely __Somewhat likely __Very likely

What kinds of programs could we offer that would interest you?

Have any of your family members been diagnosed with one of the following:

Diabetes  Hypertension  Cancer  Stroke

Do you have any chronic (long-lasting) illnesses? Y/N

If yes, what questions do you have about how to properly manage these conditions?

What subjects interest you?

Diabetes  Hypertension  Obesity  Healthy Cooking/Nutrition  Exercise

What would be the best time for you to attend a health information session?

Monday morning (9-11am)  afternoon (12-3pm)  evening (4-6pm)

Tuesday morning  afternoon  evening

Wednesday morning  afternoon  evening

Thursday morning  afternoon  evening

Friday morning  afternoon  evening

Saturday morning  afternoon  evening

Sunday morning  afternoon  evening

What is the best method to contact you?  Mail  Phone  E-mail

How likely are you to use the internet for health information?

How often do you use the Internet?

Where do you access the Internet? __Home  __Library  __Work  __Other: ______________________

How often do you check your e-mail?

Do you use any of the following social media programs?

___ Facebook  ___ Twitter  ___ Yelp

Do you have any problems with reading and understanding health-related materials?

What medium do you think would be most effective for offering you information to reach your health goals?

__ handouts/brochures  __ classes/workshops  ___ MWCHC website  __Other: ______________________

Would you be willing to meet with an advisor following your doctor appointment to discuss your health goals? Y/N

What type of coverage do you currently use for your healthcare costs?

__Private health insurance (Company: ______________________)  
__Medicaid  
__Other: ______________________

Starting 2014, all US citizens will have equal access to their choice of healthcare providers. What can MWCHC do to remain your first choice for your medical needs?

The goal of this survey is to help MWCHC staff put on programs that would interest our patients and help them lead healthier lives. If you have any questions, suggestions, or comments that can help us achieve that goal, please add here:

Thank you very much for taking the time to fill out this survey! Your help is greatly appreciated.

If you would be interested in participating in a focus group, feel free to leave your contact information here or with your surveyor.
Fig. 5b: Matthew Walker Comprehensive Healthcare Services Needs Assessment Survey (Spanish)

¿Es MWCHC su proveedor de atención médica primario? Sí/No

¿Cuales servicios médicos recibe de MWCHC?
- United Neighborhood Health Services
- Sala de emergencia (Hospital: ________________________)
- Vine Hill Clinic
- Otro: ____________________________
- Nashville General Hospital at Meharry

¿Con qué frecuencia viene a MWCHC?
- Conduzco   __Alguien me conduce    __Autobús    __Taxi    __Camino
- Otro:  ____________________________

¿Cuánto se demora para llegar a MWCHC?

¿Tiene alguna pregunta sobre su salud?

(Si quiere respuestas, dénos su información de contacto: ____________________________)

¿Tiene metas para mantener buena salud? Sí/No
- Sí, ¿cuáles son?
  ¿Has probado lograr estas metas en el pasado? Sí/No
  Si sí, ¿Ha obtenido algún éxito? Sí/No, ¿Por cuánto tiempo tuvo éxito?
  ¿Qué cree que podría ayudarle continuar tener éxito?

¿Qué tipo de apoyo puede ofrecerle MWCHC para ayudarle lograr sus metas para mantener buena salud?

¿Cuál es la probabilidad de que venga a clases o talleres a MWCHC?
- Ninguna   __Puede Ser    __Definitivamente

¿Qué tipos de programas podríamos ofrecer que le interesen?

¿Ha sido diagnosticado alguien en su familia con cualquiera de las siguientes condiciones?
- Diabetes
- Derrame Cerebral
- Hipertensión o Presión Alta
- Cáncer

¿Tiene algunas enfermedades crónicas? Sí/No

Si sí, ¿Qué preguntas tiene sobre como manejar su enfermedad?
¿Cuáles temas le interesan?
- Diabetes
- Ejercicio
- Hipertensión o Presión Alta
- Obesidad
- Cocina Saludable/Nutrición
- Otro: ____________________________

¿Qué horario le convendría para asistir a una clase o taller?
- Lunes m.ña (9-11am)   tarde (12-3pm)
- Martes m.ña   tarde
- Miércoles m.ña   tarde
- Jueves m.ña   tarde
- Viernes m.ña   tarde
- Sábado m.ña   tarde
- Domingo m.ña   tarde

¿Cuál es el mejor método para contactarte? Correo    Teléfono    E-mail

¿Con qué frecuencia usa la Internet para leer información de la salud?

¿Desde dónde accede a la Internet?
- Casa    __Biblioteca    __Trabajo    Otro: ____________________________

¿Con qué frecuencia lee su e-mail?

¿Usa alguno de estos medios de comunicación social por la Internet?
- Facebook    __Twitter    __Yelp

¿Tiene problemas leyendo y entendiendo información sobre la salud?

¿Qué tipo de cobertura de atención médica usa para pagar sus costos médicos?
- Seguro médico privado (Compañía: ________________________)
- Medicaid
- Otro: ____________________________

A partir del año 2014, todos los ciudadanos y residentes legales de los EEUU tendrán acceso igual a su selección de proveedores de atención médica. ¿Qué puede hacer MWCHC para permanecer como su preferencia para sus necesidades médicas?

El objetivo de esta encuesta es ayudar al personal de MWCHC para crear programas que interesen a nuestros pacientes y ayudarlos a vivir vidas más sanas. Si tiene preguntas, sugerencias, o comentarios que puedan ayudarnos a lograr estas metas, añádalo aquí por favor:

¡Muchas gracias por participar en esta encuesta! Su ayuda es apreciada. Si estará interesado en participar en un grupo, dénos su información aquí o dé al topógrafo.
Results

The surveys collected consisted of 44 English surveys and 6 Spanish surveys from 15 males and 35 females, with representation from each age group (Fig. 6).

Seventy-eight percent of those surveyed relied on MWCHC as their primary health provider. Of those surveyed, 62% were uninsured and paid cash for their medical costs, using the clinics sliding-scale system, 11% specified using TN Care (TN’s Medicaid), 7% qualified for Medicare or Medicaid, and 20% reported having private health insurance (Fig. 7). Most patients (32%) surveyed visited regularly every three months- mostly for prescriptions and diabetes care- while 25% came as needed, and 10% reported this visit being their first time at the center. 75% of patients drove themselves to the center that day and 85% of those patients lived within a 30 minute travel time while the 14% who took public transportation traveled from thirty minutes up to an hour and a half (Fig. 8).
Among patients who reported having health-related goals, the top categories were weight loss (34%), health eating (24%), smoking cessation (20%), hypertension management (17%), and exercise (15%) (Fig. 9). Seventy percent of these patients reported that they had tried accomplishing these goals in the past and of those who attempted, 38% reported no success, 24% reported being successful still, and of those who had temporary success, the greatest proportion (14%) reported success for 1-6 months. Very few were able to list things that would have helped them to be more successful and many did not have ideas for what MWCHC providers could do to help them achieve their goals. After being led with examples of possible programs that MWCHC could offer to interest them, many expressed interest in exercise and nutrition classes. There was a nearly even distribution in patients’ likelihood to attend classes or workshops at MWCHC, with 34.9% stating that they were very likely, 27.9% somewhat likely, and 37.2 not likely to attend. For most, timing and transportation time were the determining factors. There was little difference in day/time availability, but weekdays were preferable to weekends for activities (Fig. 10).
Hypertension and diabetes were reported in 36 and 12 percent of patients surveyed, respectively, while family histories were reported at 64 and 66 percent. Familial cancers (46%) were also reported at high rates by patients (Fig. 11).

Patients’ willingness to attend classes was relatively low, however, questions were asked to explore alternative modes of delivering health information to them. When asked which medium they would find most effective for offering information to help them reach their health-related goals, 76.2% chose handouts/brochures, 57.1% elected classes/workshops, 40.5% would be interested in resources on the MCHC website/Internet, and 4.8% other (videos and computer-literacy classes were recommended). When asked about Internet usage for health information, 40.5% were very likely, 16.7% were somewhat likely, and 42.9% were not likely. When asked about Internet use, 54.4% reported daily use, 6.5% weekly, 8.7% monthly, and 30.4% reported rarely or never using the Internet. Half of those surveyed reported regular use of social media program, with 48% reported using Facebook and 8% used Twitter. 15.2% reported having some difficulty reading health-related materials. (Fig. 12-13)
Analysis/Conclusions

The UDS stats and data collected in this survey can be used to give future GE-NMF PCLP scholars background information on the city of Nashville and the patients served by MWCHC. Since the fellowship consists of only two hundred service hours, it can be difficult to get a grasp on the patient demographic in time to create an appropriate health program.

Targeting non-English-speaking patient population

In 2010, Latinos became the largest ethnic minority group in the United States. Of those who took the Census, 10.7% spoke only Spanish and 18.4% rated their English language skills as “not well.” Given this, many health professionals have become interested in learning Spanish in order to communicate with their non-English-speaking Latino patients. MWCHC’S Spanish-speaking Latino population may be of interest to students who want to practice their command of the language and facilitate health programs in Spanish. When surveyed, Spanish-speaking patients reported being able to find Spanish-language health education materials with easy access, however, workshops and classes are currently conducted in English.
While surveying patients, it was also noted that there is a considerable population of East Africans- especially from Ethiopia and Somalia. This information does not often show up in standard patient data because East Africans are grouped under “black/African-American” without consideration of their special language needs. One couple surveyed mentioned that it would be nice to be able to access health-related materials in Amharic because at times they have difficulty fully understanding everything being said by their healthcare providers. If there are any PCLP scholars with language or cultural interests in East African immigrant populations, MWCHC may be a great place to reach out to those communities.

**Strengthening MWCHC’s relationship with surrounding community to east of center**

The majority of patients visiting the MWCHC Nashville center live within 15 miles of the center. Nearly half of those patients surveyed live within a 30 minute drive. Patients who planned to continue receiving medical care from MWCHC following the implementation of PPACA in 2014 cited distance as their primary reason. As MWCHC works to become a Patient-Centered Medical Home, students may want to work toward building the center’s relationship with the surrounding community and help MWCHC gain a reputation as the local Urgent Care facility or doctor’s office.

**Providing patients with support for their primary health concerns and needs**

By a large margin, hypertension is the most common diagnosis at MWCHC and 17% of the patients surveyed listed goals related to lowering and managing their high blood pressure. The second most common diagnosis is diabetes. For most people, these two conditions could be achieved by patients’ most reported goals: weight loss, healthy eating, and exercise. MWCHC currently has programs related to all three of these goals, but turnout to these events has been relatively low. Many patients surveyed reported being unaware of the existence of these programs, which suggests that there is a need for more effective and regular marketing.

**Addressing patient psychological needs**

After the goals indicated above, smoking cessation was a common health goal. When asked about short-term success, many cited the stress of losing their jobs and unemployment as the event that triggered them to start smoking again in order to cope. Depression and mood disorders were the third-highest primary diagnosis at MWCHC, which could be of interest to students interested in psychology, counseling, or behavioral science. The introduction of regular stress management education programs in the behavioral health department at MWCHC, combined with a smoking cessation program could possibly be a great way to combat this problem. Behavioral approaches to obesity can help patients
achieve their weight-loss and blood pressure management goals as well. For example, a women surveyed who complained of problems with controlling her obesity cited the death of her grandparents and parents as the triggering events that lead to a drastic increase in her food intake and reversal of her previous weight loss success. Using behavioral techniques to combat obesity may help increase patients’ success rates, as well.

**Helping patients maintain and continue health improvement**

Most patients who attempted their present health goals in the past reported success that lasted for a few months. The timing of diabetes check-ups and prescription refills brings most patients surveyed to MWCHC every three months. This visit regularity offers healthcare providers with an opportunity to offer some sort of intervention that could boost their patients’ morale every three months. Due to the short span of the GE-NMF PCLP, this may be hard for scholars to explore, but it is worth noting for a wider picture of the MWCHC-patient relationship.

**Increasing patient participation in existing MWCHC patient health education programs**

MWCHC’s *Dial Down Diabetes* program is a way for patients to receive regular check-ups, participate in fitness classes, attend health-cooking classes, and keep track of their progress through the creation of a wellness improvement diary. During their *Diabetes Day*, doctor appointments (available every Thursday and every other Wednesday), patients have their blood sugars checked, meet with an internal medicine physician to discuss their results, receive a foot inspection, eye inspection from the ophthalmologist, dental check with a hygienist, and a meeting with a staff pharmacist, if necessary.

*Sickle Cell Days* are every Tuesday and patients fill out a questionnaire about their health and energy status, lab tests, dental check with a hygienist, and a meeting with a counselor from the Behavioral Health department.

Most patients surveyed expressed the most interest in the exercise and Zumba classes available at the center from 5-6pm on Mondays and during lunch from 12:30-1:30pm Tuesdays, Wednesday, and Thursday. They are available for free for anyone who comes. The large amount of interest and lack of knowledge of the availability of this particular activity suggests that efforts to advertise and promote the exercise classes could help MWCHC patients achieve their fitness goals.

By helping MWCHC staff to increase regular attendance to existing programs, this (1) makes efficient use of the clinic by reaching more patients with their current (and often underutilized) resources and (2) provides GE-NMF PCLP scholars with an easily accessible pool of patients to recruit for their summer projects.
Choosing the best methods to deliver health information to patients

Patients who indicated that they could not find the time to come to the center for classes and workshops chose handouts and brochures as the most effective medium for offering health information that would help them to achieve their health-related goals. A project-design suggested by Dr. Williams-the site mentor- was the creation of an information packet that could be presented to patients in a brief meeting following their doctor appointments. Students could be scheduled to meet with the patients just as the different providers meet with them for Diabetes Day and Sickle Cell Day appointments.

One-third of the patients surveyed reported being very likely to attend health-related classes or workshops at MWCHC. The greatest challenge will be finding a convenient day. During this summer, there were two Dial Down Diabetes workshops for which 400 mailings were sent and less than ten patients attended each workshop. Many patients who attended were recruited to come by the MWCHC Case Manager, which shows the success of reaching out to patients for programs while they are on-site. Cooperation between less-clinical staff and healthcare providers could help increase patient attendance to programs. When surveyed, 31 patients selected the telephone as a reliable way to contact them, 15 selected e-mail, and 9 selected postal mail. To recruit for projects, students may want to try calling eligible patients- a PCLP fellow this year used phone calls to recruit for her project and was able to get an attendance of 4% at very short notice.

Eighteen percent of those patients surveyed reported some having some difficulties with reading and understanding health-related materials. Classes and workshops would be most helpful for these patients in particular. One patient suggested using videos to offer information to patients.

National Health Center Week during second week of August offers great opportunity to reach patients

PCLP scholars at the MWCHC site helped out at the center’s National Health Center Week health fair during the second week of August. This event brings an influx of patients to the center and can be a great asset to PCLP scholars whose fellowship includes this time frame.

Note: MWCHC employees and future GE-NMF PCLP scholars desiring to have access to the survey data for cross-tabulations or other purposes can find it under “GE-NMF Needs Assessment Survey Summer 2012” under the center’s Survey Monkey (www.surveymonkey.com) account.

References
1 City-Data.com, Top 100 Biggest Cities, http://www.city-data.com/top1.html
3 U.S. Census Bureau, Nashville-Davidson (balance), TN Table, quickfacts.census.gov
4 Metro Public Health Department, Community Health Behavior Survey 2011. health.nashville.gov
5 Larson, C., Community Health Behavior Survey 2001, Metro Public Health Department
6 Metropolitan Public Health Department of Nashville and Davidson County, TN. Health: Nashville and Davidson County, TN, 2002. P. 154. Health.nashville.gov
9 Metropolitan Public Health Department of Nashville and Davidson County, TN. Health: Nashville and Davidson County, TN, 2002. P. 154. Health.nashville.gov