Bringing Healthcare To The Mountains Of Appalachia
Mission

The Health Wagon provides compassionate quality health care to the medically underserved people in the mountains of Appalachia.
Innovative Model for Healthcare Delivery

• Mobile Clinical Health Services

• Unit Base clinic in Clinchco VA (Dickenson Co.)

• Provide dedicated care to eight sites in Buchanan, Dickenson, Russell and Wise counties on a weekly to biweekly basis.

• Through the use of its innovative mobile health unit, HW opens health care doors that would otherwise remain closed
Innovative Model for Healthcare Delivery

- Sr. Bernie Kenny is a pioneer in nurse managed healthcare

- In late 1970s began delivering healthcare out of a Volkswagen Beetle (hence the name “Health Wagon”)

- Originally from Boston Mass came here at request of Richmond diocese and made the Southwest VA mountains her home and mission

- Innovative primary and preventive care practice that provides health care to the Southwest Virginia's uninsured and vulnerable population
Sr. Bernadette Kenny, FNP-BC
Founder of Health Wagon
Innovative Model for Healthcare Delivery

• Health Wagon is committed to serving the health care needs of the uninsured, underinsured, and disadvantaged populations.

• Services are rendered free of charge; however, patient donations are encouraged and accepted.

• Health Wagon is a nurse managed health clinic.
Over 1 Million Virginians Uninsured in 2010

Total Nonelderly

Uninsured, 14.6%
Insured, 85.4%

1,004,000 uninsured nonelderly

Source: Urban Institute, February 2012. Based on the 2010 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS). Estimates reflect additional Urban Institute adjustments for the underreporting of Medicaid/CHIP and the overreporting of private nongroup coverage (See Lynch et al, 2011). Coverage estimates were developed under a grant from the Robert Wood Johnson Foundation.
A Vast Majority (89.2%) Of Uninsured Virginians Lived At Or Below 200 Percent Of FPL In 2010

Notes: Family poverty level estimates are based on health insurance unit gross income and use the 2010 Federal Poverty Levels (FPLs) defined by the U.S. Census Bureau.

Source: Urban Institute, February 2012. Based on the 2010 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS). Estimates reflect additional Urban Institute adjustments for the underreporting of Medicaid/CHIP and the overreporting of private nongroup coverage (See Lynch et al, 2011). Coverage estimates were developed under a grant from the Robert Wood Johnson Foundation.
The areas served by the Health Wagon lie deep within the heart of Central Appalachia.

Counties of Dickenson, Buchanan, Wise, and Russell (combined population of 110,854).

The terrain is mountainous, covering 1,715 square miles, with numerous locations being geographically isolated.

In Dickenson County, distances are great, as there are no four-lane roads and no public transportation.

For many residents, this lack of adequate transportation means they cannot access health care.

For others, these factors can lead to missed appointments, fragmentation of care, and increased anxiety about meeting health care needs.
Economic and Social Conditions

- 18.2% of the people live on incomes less than the federal poverty rate (in Virginia – 10.5%)*

- 43.4% live on incomes less than 200% of the federal poverty rate (Virginia – 27.1%)*

- Per capita income in Southwest Virginia ($18,706) is only 67% as high as Virginia’s per capita income ($28,063)*

- 11.8% of population is enrolled in Medicaid (Virginia – 7.1%)*
Economic and Social Conditions

• 49.3% of the population over the age 25 has no high school diploma (Virginia – 24.8%)*

• 15.6% of the people in our area are over the age of 65 (Virginia – 11.2%)*

• Of the 100 poorest counties in the United States, 37 are located in central Appalachia**

* Health and Resource Data Guide 2000, Virginia Department of Health – Center for Primary Care and Rural Health
** North American Mission Board
Americans Receiving Disability

The percentage of people 15-64 receiving Social Security disability payments varies widely from county to county.

In U.S., 4.6% of those 15 to 64 qualify for Social Security disability payments.

- **High**: 10% to 27.6% of adults (15-64) receiving disability
- **Above Average**: 7.6% to 9.9% receiving disability
- **Moderate**: 4.7% to 7.5%
- **Below Average**: 3.6% to 4.6%
- **Low**: Below 3.5% of adults receiving disability
Service Area
4 of top 15 counties in US

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>County</th>
<th>County Type: Rural, Small City or Urban</th>
<th>2009 Working Age Population (15-64)</th>
<th>Number Receiving Social Security Disability (2009)</th>
<th>Percent of Working Age Population Disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Virginia</td>
<td>Buchanan</td>
<td>Rural</td>
<td>15,974</td>
<td>4,405</td>
<td>27.6%</td>
</tr>
<tr>
<td>2</td>
<td>Virginia</td>
<td>Dickenson</td>
<td>Rural</td>
<td>10,791</td>
<td>2,550</td>
<td>23.6%</td>
</tr>
<tr>
<td>3</td>
<td>West Virginia</td>
<td>Mingo</td>
<td>Rural</td>
<td>17,760</td>
<td>3,770</td>
<td>21.2%</td>
</tr>
<tr>
<td>4</td>
<td>Kentucky</td>
<td>Pike</td>
<td>Rural</td>
<td>44,926</td>
<td>9,215</td>
<td>20.5%</td>
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<tr>
<td>5</td>
<td>West Virginia</td>
<td>McDowell</td>
<td>Rural</td>
<td>14,832</td>
<td>3,025</td>
<td>20.4%</td>
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<tr>
<td>6</td>
<td>West Virginia</td>
<td>Wyoming</td>
<td>Rural</td>
<td>15,801</td>
<td>3,170</td>
<td>20.1%</td>
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<tr>
<td>7</td>
<td>Kentucky</td>
<td>Floyd</td>
<td>Rural</td>
<td>26,864</td>
<td>5,635</td>
<td>19.6%</td>
</tr>
<tr>
<td>8</td>
<td>Virginia</td>
<td>Russell</td>
<td>Rural</td>
<td>19,568</td>
<td>3,775</td>
<td>19.3%</td>
</tr>
<tr>
<td>9</td>
<td>Idaho</td>
<td>Lewis</td>
<td>Rural</td>
<td>2,216</td>
<td>420</td>
<td>19.0%</td>
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<tr>
<td>10</td>
<td>Kentucky</td>
<td>Leslie</td>
<td>Rural</td>
<td>7,810</td>
<td>1,465</td>
<td>18.8%</td>
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<tr>
<td>11</td>
<td>Kentucky</td>
<td>Wolfe</td>
<td>Rural</td>
<td>4,446</td>
<td>805</td>
<td>18.1%</td>
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<tr>
<td>12</td>
<td>Kentucky</td>
<td>Martin</td>
<td>Rural</td>
<td>9,367</td>
<td>1,660</td>
<td>17.7%</td>
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<tr>
<td>13</td>
<td>Kentucky</td>
<td>Harlan</td>
<td>Rural</td>
<td>20,715</td>
<td>3,650</td>
<td>17.6%</td>
</tr>
<tr>
<td>14</td>
<td>West Virginia</td>
<td>Logan</td>
<td>Rural</td>
<td>23,876</td>
<td>4,185</td>
<td>17.5%</td>
</tr>
<tr>
<td>15</td>
<td>Virginia</td>
<td>Wise+Norton</td>
<td>Rural</td>
<td>31,014</td>
<td>5,410</td>
<td>17.4%</td>
</tr>
<tr>
<td>16</td>
<td>Kentucky</td>
<td>Letcher</td>
<td>Rural</td>
<td>16,006</td>
<td>2,775</td>
<td>17.3%</td>
</tr>
<tr>
<td>17</td>
<td>Mississippi</td>
<td>Webster</td>
<td>Rural</td>
<td>6,128</td>
<td>1,025</td>
<td>16.7%</td>
</tr>
<tr>
<td>18</td>
<td>Virginia</td>
<td>Lee</td>
<td>Rural</td>
<td>17,341</td>
<td>2,890</td>
<td>16.7%</td>
</tr>
<tr>
<td>19</td>
<td>Arkansas</td>
<td>Sharp</td>
<td>Rural</td>
<td>10,483</td>
<td>1,740</td>
<td>16.6%</td>
</tr>
<tr>
<td>20</td>
<td>Kentucky</td>
<td>Magoffin</td>
<td>Rural</td>
<td>8,863</td>
<td>1,460</td>
<td>16.5%</td>
</tr>
<tr>
<td>21</td>
<td>Kentucky</td>
<td>Clinton</td>
<td>Rural</td>
<td>5,964</td>
<td>970</td>
<td>16.3%</td>
</tr>
<tr>
<td>22</td>
<td>Kentucky</td>
<td>Johnson</td>
<td>Rural</td>
<td>16,108</td>
<td>2,605</td>
<td>16.2%</td>
</tr>
<tr>
<td>23</td>
<td>Missouri</td>
<td>Wayne</td>
<td>Rural</td>
<td>7,548</td>
<td>1,220</td>
<td>16.2%</td>
</tr>
<tr>
<td>24</td>
<td>Alabama</td>
<td>Wilcox</td>
<td>Rural</td>
<td>7,763</td>
<td>1,240</td>
<td>16.0%</td>
</tr>
<tr>
<td>25</td>
<td>Arkansas</td>
<td>Searcy</td>
<td>Rural</td>
<td>4,912</td>
<td>780</td>
<td>15.9%</td>
</tr>
<tr>
<td>26</td>
<td>Alabama</td>
<td>Greene</td>
<td>Urban</td>
<td>5,620</td>
<td>890</td>
<td>15.8%</td>
</tr>
<tr>
<td>27</td>
<td>Alabama</td>
<td>Coosa</td>
<td>Urban</td>
<td>7,029</td>
<td>1,015</td>
<td>15.7%</td>
</tr>
</tbody>
</table>
CHALLENGES

• Appalachian culture typified as independent, proud and reclusive
• Significant Economic, Social and Health Disparities
• Geographical Isolation, Secluded, Limited to No Public Transportation
• Mining industry is no longer viable
• Lack of sub-specialist and specialist
• Tremendous need for primary and preventive health care
CRISIS OUR PATIENTS FACE

- Poverty is a fact of life for many residents.

- Compared to the state as a whole, Southwest Virginia’s coal counties are characterized by two-thirds more poverty and even greater unemployment, underemployment, and under-education.

- Dickenson and Buchanan counties are particularly disadvantaged - 25.9% and 21.9% of county residents live below the poverty level, respectively.

- Chronic unemployment rates that are five times higher that the state average
Future of Healthcare and Free Clinics

“Although we are challenging the Patient Protection and Affordable Care Act, it is currently the law of the land and it would be irresponsible not to prepare for its implementation.”

--Governor Bob McDonnell via Virginia Secretary of Health and Human Resources Bill Hazel (August 2010)
Change in Health Insurance Coverage with Affordable Care Act

<table>
<thead>
<tr>
<th></th>
<th>Insured</th>
<th>Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without reform</td>
<td>4,331,000</td>
<td>1,245,000</td>
</tr>
<tr>
<td>With reform</td>
<td>6,414,000</td>
<td>1,665,000</td>
</tr>
</tbody>
</table>

- Public
- Nongroup
- ESI

Uninsured

Without reform: 4,331,000
With reform: 6,414,000
Major Medicaid Provisions of Federal Health Reform

*Does not include 50% income disregard*
Components of the Health Care Outreach

- Acute Disease Management
- Chronic Disease Management
- Low Cost Lab Services
- Medication Assistance and Pharmacy Connect
- Telemedicine
- Physical Assessments
- Health Teaching Components
- Immunization Program

- Referrals and Follow-up Systems
- Specialty Clinics (Cardiac, Pulmonology, Endocrinology and Nephrology)
- Mobile Chest X-Ray Unit
- Women’s Health & Mobile Mammography (UVA)
- Loan Closet for Medical Supplies
- Dental Services (limited)
PARTNERS IN TELEHEALTH & Others

- Utilizes an advanced computer system and broadband telecommunications that provides specialty services to patients
- Enables real time communication between local providers and medical specialist at the University of Virginia
- Provided by the Southwest VA Alliance for Telemedicine in collaboration with UVA Health System
- Allows patients in secluded rural areas to go to local facilities, increases convenience and lowers cost of care for people with serious acute and chronic illnesses
- AstraZeneca Health Care Foundation
# PARTNERS IN TELEHEALTH

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile Mammography</td>
<td>406</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>189</td>
</tr>
<tr>
<td>Nephrology</td>
<td>117</td>
</tr>
<tr>
<td>Dermatology</td>
<td>32</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>28</td>
</tr>
<tr>
<td>Hepatology</td>
<td>9</td>
</tr>
<tr>
<td>Cardiology</td>
<td>4</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>3</td>
</tr>
<tr>
<td>Neurology</td>
<td>1</td>
</tr>
<tr>
<td>Surgery</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>790</strong></td>
</tr>
</tbody>
</table>

United Breast Cancer Foundation
Serving Patients of all Ages
Endocrinology Team from UVA
Our patients are our friends and family
REMOTE AREA MEDICAL (RAM) Health Expedition

- In addition to HW’s regular rotations, the Health Wagon staff spearheads the annual Remote Area Medical (RAM) Expedition.
- Held annually in Wise, Virginia at Wise Co. Fairgrounds
- FREE three day event
- The primary focus is eye, dental and medical care.
- Telehealth is available on Site
REMOTE AREA MEDICAL (RAM)
Health Expedition

- Eye- exam and prescription glasses made
- Dental- cleanings, filings, extractions, and dentures
- Medical-
  - Specialist Exams- endocrinology, cardiology, nephrology, ENT, pulmonology, dermatology, etc
  - Labs
  - Digital Mammograms
  - Pap Smears
  - Chest X-Ray, Pulmonary Function Testing
  - Sigmoidoscopy
  - Women’s Health Procedures- LEEPs, colposcopies
  - Ultrasounds
  - Hearing Exam and Hearing Aids
  - Bone Density
  - Echocardiograms and EKGs
  - Skin Biopsies
  - Onsite Pharmacy
RAM 2012: July 21-23
Teresa Gardner, Dr. Joe Smiddy, Sr. Bernadette Kenny
FUTURE PLANS FOR TELEHEALTH

✓ New clinic site for Telehealth: Wise Clinic
  ✓ VA Health Care Foundation, 2 PT NP
✓ Colposcopy using Telehealth
✓ Retinal Ophthalmic Screening
✓ Counseling Mental Health and Substance Abuse
FUTURE PLANS FOR TELEHEALTH
Crisis for Health Wagon

- Sustainability-Continued Funding
- Current Economic Conditions: increasing need for services, continued lack of access for patients in need of dental and vision care, lack of specialty services
- Lack of professional volunteers; lack of skilled volunteers
- HRSA Federal Grant Funding: received latest federal grant for development of Nurse Managed Clinic (the only free non-educational based clinic in the nation to receive).
- Our goal is to be completely self-reliant
Vision for the Future

- Blessed Past
- Expansion-Wise County Specialty Clinics
- Expansion of Technology which is essential to addressing the healthcare crisis delivery
Institute of Medicine Report, Future of Nursing, Leading Change, Advancing Health

- Nurses Practice Full Extent of Ed/Training
- Achieve Higher Levels of Education
- Be Full Partners, with Physicians & Other Health Professionals in redesigning health care
- Effective workforce planning and policy making require better data collection & information infrastructure
Leading Change Recommendations

- Increased Scope of Practice
  Barriers/Remove Barriers
- Take Lead in Multidisciplinary
  Collaborative to Improve Health Care
- Expanded Leadership Role
- Support/Encourage Life Long Learning
- Support Entry Level BSN
  - Ensure nurses are leaders in health care changes
Life Support: 
Rural Health Care in America 

Lack of insurance does not mean lack of 
quality health care
THE BEST WAY TO FIND YOURSELF IS TO LOSE YOURSELF IN THE SERVING OF OTHERS.
Contact Information

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Web Site: thehealthwagon.org