



# Community Health Screening Events

## Annual Report

## 2014-2015

A project by Idaho State University- Meridian Health Science Center and Ada County

# Executive Summary

This is the 6th full year that ISU has conducted the Community Health Screening (CHS) events in collaboration with Ada County and other community partners. The primary focus is to identify people with health issues in our community who also have limited or no access to health care and directly connect them to primary care providers. Unrecognized and untreated conditions like hypertension, diabetes, or dental issues could lead to an expensive emergency room visit. The secondary goal is to provide an interprofessional learning experience for students coming from 10 different health care disciplines.

Of the 137 members of our community presenting to six screening events, most of the participants (74%) reported not having medical insurance. In the last academic year, 92% of participants reported not having medical insurance. This almost 20% drop is likely attributable to the Affordable Care Act, but it still indicates the ease of locating people without health insurance. Without insurance, this often accompanies the lack of a primary medical home; 61% do not have a primary care provider. This is a long term problem for many of our participants with an average of 5 years since a primary care visit and 4 years since they had seen a dentist. The lack of insurance can result in utilizing local emergency departments as their primary medical provider; in our participants 20% utilized an Emergency Room at least once in the past year. Many potential health concerns are identified throughout the CHS process (e.g. dental 67%, vision 38%, medical 29%, counseling 14%, audiology 29% and hearing 9%). Some of the medical indications for referral are as follows: 54% presented with high blood pressure, 33% with high cholesterol, and 28% with glucose values concerning for diabetes. Individuals with risk factors for hepatitis C were screened (n=66) and an addition 121 individuals were screened for HIV. One reactive hepatitis C result was referred for further testing. Importantly, CHS efforts connected participants to health care providers by directly scheduling into 30 medical, dental, mental health and/or ear wax removal appointments within a few weeks of the event and providing all participants a list of services available in our community.

The screening services are delivered by an interprofessional team of health care students in 8 different stations, supervised by their respective faculty. The screening stations included dental, labs, physical exam and nutrition, audiology, traumatic brain injury, vision, viral results, motivational interviewing as well as the check-in and check-out station. This year 207 students (129 individual students) volunteered approximately 1,200 hours throughout the year. Beyond the exposure to a model of interprofessional activity, the students also are exposed to serving the less fortunate in our community, another important educational outcome.

Each year the process is improved and refined to meet the needs of the faculty, students, and most importantly the participants. With the welcome addition of the Food Bank at our last event we have also begun a joint effort to provide healthy food options to those in need. The Community Health Screening is reaching its two goals and providing valuable services to the community. It continues as a model of collaboration, among health sciences professions, government and academia, and among those in the community that serve those with limited access to health care.

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## Introduction 1|one

Since January 2010, when Ada County approached Idaho State University-Meridian Health Science Center (ISU-Meridian HSC) to help find a way to reduce taxpayers' burden, the ISU-Meridian Community Health Screenings (CHS) have been providing better access to medical care to those in need. From the beginning, the Community Health Screening (CHS) was developed to serve the members of our community, to serve as an example of community coming together for those in need and provide an interprofessional educational experience for ISU-Meridian HSC students.

With the continuing support of Ada County and this year the addition of support from a traumatic brain injury program at ISU, the CHS events have matured into a sustainable project that brings together medical screening services, health care education, government agencies and community partners. It is in our best interest, as a community, to have the goal of identifying people with the greatest medical needs and connect them to partners in the community who provide affordable care. The CHS is meeting its goal utilizing efficient interprofessional teams and expanding partnerships for care with a focus on incorporating many of the goals set forth in Healthy People 2020 (USPSTF).

For people from the community, attending a CHS event provides personal health information from an array of medical, dental, and mental health screenings with the potential of identifying areas of concern. The screening includes immediate feedback on viral diseases like HIV and hepatitis as well as risk of diabetes or heart disease. The defining factor for CHS continues to be the collaboration with the community. This is evident in the community awareness of our efforts which has led to continued inquires to join our efforts, most recently from the Food Bank and Mountain States Tumor Institute (MSTI). It is also evident in the way that the CHS directly connects participants to needed healthcare services. This connection is strengthened by the use Motivational Interviewing in identifying priorities, barriers and solutions, encouraging the participant to follow through so they can begin to address their identified health concerns. For many, this is their first step to a healthier life and the CHS team helps to make this first step count.

## The Screening Process 2|two

The CHS planning team has designed an interprofessional progressive screening process for participants; most stations build upon each other. Students of various health care disciplines collaborate to complete the screening tasks. The screening process continually adapts to meet both participants' needs and the educational needs of the students. From a faculty perspective, the goal of the events was to have students from different disciplines work together as much as possible while ensuring that the students were still functioning within their scope of practice. This interprofessional team approach was beneficial as it increased communication between disciplines and built trusting relationships, as students with one skill set were able to rely on colleagues with a different background to assist them. The CHS planning team continues to look for ways to integrate student learning and practice within existing stations and to foster communication between disciplines during periods of time when participants are not being screened at that station. To truly meet the needs of an interprofessional practice experience, a reflection piece is being developed for the student volunteers.

Before participants are able to start the main screening stations, they must complete a check-in process. Paperwork, including a demographic section of a unique CHS documentation tool, nutritional assessment, hepatitis C risk factor form, depression questionnaire and alcohol use screening tool, is provided to participants to complete before beginning the main screening stations. The check-in packet also includes a liability release form that is completed by the participant with the assistance of a Career Path Intern or Public Health student. If participants need assistance with any of the paperwork, support is offered. Once paperwork is complete and a participant begins the actual screening process, it generally takes about 90-100 minutes to complete all the screening stations. A list of stations, screening and assessments offered, and the disciplines involved can be found in Table 1. The station order may change slightly based on the physical layout of the facility utilized during the events. In some locations, getting to the next station required directional assistance; extra students from any discipline were asked to help guide participants when necessary. For each event, students are selected to work in one or more of the screening stations based on their scope of practice.

CHS events were held at various locations throughout the year in order to maximize participant access and to ensure public transportation availability to those locations. Participants are able to arrive to the events anytime between 4 and 7 pm. Students and faculty arrive on location around 3pm to prepare for the event and often finish around 9 pm depending on the number of participants present at the CHS event.

Participants carry their CHS documentation tool and other paperwork they completed during check-in with them throughout the entire process. The documentation tool was created in a way to make the information collected easily understood by both participants and their future medical providers. Information collected from the various screenings and assessments conducted at each station are documented by the students conducting the screenings and designated faculty or licensed preceptor review the screening outcomes before the participant is escorted to the next station. Faculty determine if the participant needs a referral to outside services and whether the referral is general or urgent in nature. Referral information is then used during one of the final check-out stations. CHS faculty developed and approved recommendations for referral for screenings and assessments based on current evidenced based guidelines.

The check-out process has three individual components. The first is the referral station. A licensed clinical faculty reviews the findings from the screenings and assessments completed during the screening process with the participant. Each participant is provided this resource list of medical, dental, mental, and other specialty health services. The providers contained on this referral list have agreed to be a referral source for our participants. In the current referral station, special attention was given to those areas in which faculty identified a potential health care concern. If a general or urgent referral was indicated, the referral station attempted to connect the participant to community partners. In some circumstances, that connection occurs through direct scheduling with preset appointment times provided by some of the CHS partners. If an appointment is scheduled, a release of records is signed by the participant to the facility as well as back to the CHS. This allows the CHS to contact the clinic to assist with the scheduling process and after the appointment to determine if the participant kept their scheduled appointment. No other information is collected from the clinic regarding the details of the appointment.

Following the referral station, participants meet with counseling students for a motivational interviewing station. During this time, potential barriers to receiving health care and methods for overcoming these barriers are discussed. In future iterations of this station, the student will meet participants in the referral station to better understand the participants prospective of what they have learned and identifies as a health concern. They also discuss any possible barriers to their new goal of better health care and explore possible solutions. This change aims to help the students provide more complete and personalized motivational interviewing which in turn will lead to an increase the likelihood that the participant needing care will show up or self-schedule an appointment after attending a CHS event.

Finally, the documentation tool and other paperwork are scanned into a secure data base during the last component of the check-out process. In an effort to increase interprofessional interactions, students from various healthcare disciplines will be integrated into these last two check-out components during future CHS events.

# Community Health Screening Events

**Table1: Screening Process**

| Station | Duties/Tasks | Disciplines Involved |
|---|---|---|
| **Check-In** | -Initiate paperwork including a liability release and demographics form<br>-Complete forms reviewed later in the process including: hepatitis C risk, nutrition screening, depression screening, drug and alcohol screening | -Public Health<br>-CPIs<br>-Pharmacy |
| **Dental** | -Evaluate teeth and gum health<br>-Check for signs of oral cancer<br>-Conduct HIV screen<br>-Review hepatitis C risk factor assessment | -Dental<br>-Pharmacy<br>-Physician Assistant |
| **Labs** | -Collect and process:<br>-Glucose and total cholesterol screen<br>-Hepatitis c screen<br>-Provide glucose and cholesterol results<br>-Read HIV and hepatitis C results | -Medical Lab Sciences<br>-Accelerated Nursing<br>-Pharmacy<br>-Physician Assistant |
| **Physical Exam** | -Check blood pressure, height, weight, BMI<br>-Conduct:<br>-PHQ-2 and AUDIT-C to screen for depression and/or alcohol dependency<br>-Medication review of drug allergies, prescription medications taken, and over the counter products used on a regular basis<br>-Nutrition assessment using the Patient-Generated Subjective Global Assessment (PG-SGA) for malnutrition<br>-Vision screening | -Accelerated Nursing<br>-Dietetic Intern<br>-Pharmacy<br>-Physician Assistant |
| **Traumatic Brain Injury** | -Utilize Ohio State University-TBI Identification Screening Method | -Counseling |
| **Hearing** | -Examine ear health and wax build-up<br>-Conduct audiology/hearing screening | -Audiology/CSD/SLP |
| **Viral Results** | -Give HIV and hepatitis C test results<br>-Provide risk reduction education | -Frontier AETC<br>-Counseling<br>-Pharmacy<br>-Physician Assistant |
| **Referrals** | -Review screening document with participant<br>-Give referrals when necessary and/or actual appointment times when available | -Pharmacy<br>-Physician Assistant |
| **Motivational Interviewing** | -Discuss overall health priorities, barriers to care, and potential solutions<br>-Review plans to seek medical care | -Counseling |
| **Check Out** | -Collect information | -Idaho Center for Health Research |

## Outcomes 3|three

### CHS Participant Outcomes

#### Demographics

During the 2014-2015 screening season, 137 individuals presented to at least one of six screening events (see Table 2).

**Table 2: Screening Locations and Numbers Served***

| Date | Location | Participants Checked In | Participants Data Collected On** |
|---|---|---|---|
| **September 18** | Immanuel Lutheran Church<br>707 W Fort Street, Boise | 8 | 8 |
| **October 16** | Redeemer Lutheran Church<br>2920 Cassia St, Boise | 35 | 35 |
| **November 20** | ISU-Meridian Health Science Center<br>1311 E Central Drive, Meridian | 48 | 47 |
| **January 15** | Immanuel Lutheran Church<br>707 W Fort Street, Boise | 9 | 10 |
| **February 19** | Redeemer Lutheran Church<br>2920 Cassia St, Boise | 20 | 19 |
| **March 19** | ISU-Meridian Health Science Center<br>1311 E Central Drive, Meridian | 18 | 18 |
| | | **137** | **137** |

* See Appendix A for complete list of screening events since project inception.

**The discrepancy between participants checked in and data collected on is due in part to individuals who checked in but left before completing all stations or before checking out.

On average, participants were 51.2 years old (range 18-85; SD 13.9) and 54% identified as female and 46% as male[i]. The overwhelming majority (84.7%) reported that they had not attended a CHS event in the past. Ten individuals (8%) indicated that they were veterans.

As in years past, these events attract from a more diverse background than expected given Idaho's racial distribution. The events served a diverse group of individuals this year. Of all participants, 63% identified as Caucasian, 26% Hispanic, and the remaining 11% indicated Asian, African American, Native American, or other. Similarly, 22% of participants reported that Spanish was the main language spoken in home with an additional 4% identifying a language other than English or Spanish.

#### Current Access and Utilization of Services

We are seeing a slight shift from previous years with a slightly lower percentage reporting no insurance (74%). This percentage is still high and represents not just a transient situation, but individuals where the average length of time without insurance as 16 years with a range from months to 62 years. Sixty-one percent did not have a primary care provider and the average number of years since last receiving a medical exam was 5.1 (range 0.0 to 45; SD 9.2). During the past year, 1 in 5 participants had at least one

[i] Discrepancies in percentages throughout this chapter are due to missing data.

emergency department visit (see Table 2). Their average period since last dental visit was 4 years with 50 percent having greater than a year and 25% having greater than 4 years.

**Table 3: Current Access and Utilization**

| Evidence of Need | N | Percent |
|---|---|---|
| Currently lack medical insurance | 100 | 74.0 |
| No primary care provider | 83 | 61.0 |
| Visited the ED in the past year | 26 | 19.3 |
| Called 911 in the past year | 6 | 4.4 |

**Nutritional Needs** As a proxy measure of nutritional needs, participants' utilization of the Supplemental Nutrition Assistance Program (SNAP) was assessed. Just over one quarter (17%. *n* = 21) of participants were currently receiving SNAP benefits. In the last 12 months, nineteen percent (n=23) had worries that their food would run out. Half of those who had worries about running out of food reported running out of food before they received money to buy more (n=10).

## Health Behaviors

Thirty seven percent of participants reported that they rarely exercised and 20.0% currently used tobacco products (see Table 3), which is only slightly higher than the 15% smoking rate for the state[ii].

**Table 4: Exercise and Tobacco Use**

| Behavior | N | Percent |
|---|---|---|
| **Intentional Exercise** | | |
| Rarely | 45 | 37 |
| 1-2 days per week | 9 | 7 |
| 3-4 days per week | 30 | 24 |
| 5+ days per week | 39 | 32 |
| **Use Tobacco** | 24 | 20 |
| Smoke | 20 | - |
| Chew | 3 | - |

**Alcohol Misuse** To assess potential misuse of alcohol among CHS participants, the AUDIT-C[1] was implemented. The cut-points are different for males and females, so we will report them separately. Fourteen male participants (25.0%) had a positive score, and eight of the females ((12.1%) had a positive score for possible alcohol misuse.

## Physical Health Indicators

The overwhelming majority (79.23%, n = 91) of CHS participants were classified as being overweight or obese[2]. In addition, 53% of those tested had blood pressure readings consistent with hypertension[3]. Though participants may not be fasting prior to the blood glucose and total cholesterol tests, which can skew the interpretation of the results as treatment strategies are based on fasting cholesterol levels, it is

[ii] CDC: http://nccd.cdc.gov/STATESystem/rdPage.aspx?rdReport=OSH_STATE.Highlights&rdRequestForwarding=Form&rdDashboardTabs=HLR_TOB_Adult

still worth noting that many participants had results that warrant concern regardless of their fasting status. Thirteen participants had high total cholesterol[4], 32 had blood glucose levels falling within a pre-diabetes range, and 20 had glucose levels considered to be of a diabetic level (see Table 5)[5].

**Table 5: Physical Health Concerns**

| Health Concerns | N | Percent |
|---|---|---|
| **Blood Pressure** | | |
| Normal | 17 | 13.8 |
| Pre-hypertension | 39 | 30.9 |
| High BP Stage 1 | 39 | 31.7 |
| High BP Stage 2 | 29 | 23.6 |
| **BMI Classification** | | |
| Underweight | 0 | 0.0 |
| Normal | 26 | 21.3 |
| Overweight | 46 | 37.7 |
| Obese | 50 | 41.0 |
| **Total Cholesterol** | | |
| Desirable | 48 | 39.3 |
| Borderline High | 34 | 27.9 |
| High | 40 | 32.8 |
| **Blood Glucose** | | |
| Normal | 87 | 71.3 |
| Pre-diabetes | 20 | 16.4 |
| Diabetes | 15 | 12.3 |

## Oral Health

The average participant had not been to a dentist in 4 years with 50 percent having greater than a year and 25% having greater than 4 years. Oral screening results showed that 55.8% of participants had inflammation, 35.5% deposits, 25.0% recession, 20.8% obvious decay and 3.3% abscesses. Many participants also had missing or broken teeth, with screenings showing 52.5% and 16.7% respectively.

## Traumatic Brain Injury (TBI) Program

In its first year, the TBI program was able to offer screenings at nine CHS events, including one in Pocatello, one in Nampa and one on the Duck Valley Indian Reservation. There have been a total of 131 individuals screened for TBI, out of those screened, 45 individuals or 34% were determined to likely have sustained a traumatic brain injury. For those individuals without a primary care provider who screened likely for TBI a referral to a primary care provider was made along with a telephone follow up. In addition to the screenings, approximately 95 health care professionals have received interdisciplinary training on administering the OSU TBI Identification Interview.

## Mental Health

As a measure of mental health, the Patient Heath Questionnaire (PHQ-2) was administered to screen for depression. Most were below the cut point for further screening; however 22% of those screened indicated the need for further investigation of depression. Any score above 3 or more prompted a

counseling referral[7]. Twenty-four participants expressed an interest in being seen in our counseling clinic.

**Table 6: PHQ-2 Results**

| Severity | N | Percent |
|---|---|---|
| Below cut for further screening | 96 | 78.0 |
| Needing further screening for depression | 27 | 22.0 |

## Detection and Prevention

Based on recommendations from the Centers for Disease Control and Prevention, hepatitis C rapid antibody tests are offered for those who have one or more risk factors[6]. HIV tests are also offered to all participants, targeting those who are 18-64 years old[7]. A total of 121 participants were tested for HIV and no sample was reactive. Of the 75 participants who reported at least one risk factor for hepatitis C, 66 (88.0%) received the test with 1 participants producing a reactive result. The top risk factors reported were year of birth and having a tattoo and/or body piercing (see Table 7).

**Table 7: Identified Hepatitis C Risk Factors**

| Factor | N | Percent |
|---|---|---|
| Born between 1945-1965 | 74 | 56.4 |
| Had tattoo or body piercing | 28 | 21.3 |
| Shared personal care items with others | 16 | 12.1 |
| Been incarcerated | 12 | 9.2 |
| Held job that exposed to blood through needle stick or sharps | 10 | 7.6 |
| Received blood, blood products, or an organ transplant prior to 1992 | 6 | 4.5 |
| Ever injected drugs | 4 | 3.0 |
| Been a combat veteran | 1 | 7.8 |
| Had a medical condition where received blood clotting concentrates before 1987 or been on long term kidney dialysis | 0 | 0.0 |
| Born to mother known to be hepatitis C positive | 0 | 0.0 |

**Influenza Vaccination** Free influenza vaccinations were available at five of the six screening events. During these events, 79 participants (57.7%) were vaccinated. An additional 17 (12.4%) participants reported that they had already received an influenza vaccination during the current influenza season; therefore they did not need another. Over half of the participants we vaccinated (n = 45) reported that they had not received the vaccination during the previous influenza season.

## Potential Health Concerns Identified

During the 2014-2015 screening season, 82.5% of participants had at least one potential health concern requiring follow-up care identified during a CHS event. The most commonly identified health concerns were dental, vision, and general medical needs (see Table 8).

**Table 8: Identified Concerns**

| Concern | N | Percent |
|---|---|---|
| Dental | 82 | 67.2 |
| Vision | 42 | 37.5 |
| Medical | 36 | 29.0 |
| Counseling | 17 | 13.8 |
| Labs | 77 | 62.0 |
| Audiology | 34 | 29.0 |
| Hearing- Medical | 10 | 8.5 |
| Wax Removal | 7 | 6.0 |

## Connection to Community Partners

Of all participants who had at least one health concern which required follow-up care, 30 individuals (22%) received at least one scheduled appointment time. Some participants were able to leave the CHS event with four different appointment times (i.e. medical, dental, counseling, and ear wax removal). Table 8 shows the total number of appointment times provided by CHS community partners throughout all 2014-2015 events, how many appointment slots were filled, and how many participants attended the appointments they received.

**Table 9: Appointment Data from all 2014-15 CHS Events**

| Clinic | Available | Scheduled | Kept |
|---|---|---|---|
| Friendship Clinic | 18 | 4 | 2 |
| Garden City Community Clinic | 6 | 2 | 0 |
| ISU- Counseling | 81 | 8 | 4 |
| ISU- Dental Clinic | 24 | 7 | 3 |
| ISU- Wax Removal | 30 | 7 | 5 |
| Terry Reilly | 23 | 2 | 1 |
| **TOTAL** | **182** | **30** | **15** |

## Discussion

The CHS had a successful year in helping to address many of the Health People 2020 goals including increase access to a primary care provider. Through the CHS evens, many of the individuals completing the screening process were offered medical appointments to the community's safety net clinics. While there were many more participants who were identified as having a potential health care concern, there were many reasons why all participants with concerns were not given appointments. For example, some participants were not ready or willing to make appointments for various reasons, including financial concerns. Additionally, some of the clinics that provide no cost appointments or serve as main referral facilities do not have the capacity for the complex issues that are often identified among CHS participants. Half of those participants who scheduled an appointment at the time of the event kept their scheduled appointment time.

This past year there was no significant difference in the number of participants presenting to CHS events compared to last year. Compared to last year, there was a decrease in ethnic minorities and participants who had previously been incarcerated, but an overall increase in age. These changes may be reflective

of how the information about CHS events was disseminated. Flyer dissemination may wax and wane among our community partners, resulting in variations among participant demographics from year to year. A third Career Path Intern will be added to the CHS planning team to help with marketing aspects of the CHS.

The CHS team will continue to expand efforts to streamline the current screening process while incorporating additional screening tools and emphasizing interdisciplinary education. Additional evaluation pieces are being created to determine the effects of the CHS on student perceptions and various knowledge gains.

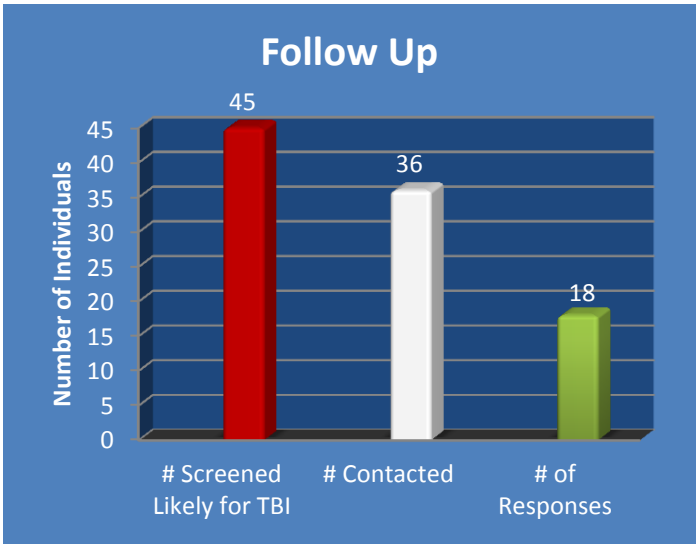
## Special Interests Report 4|four

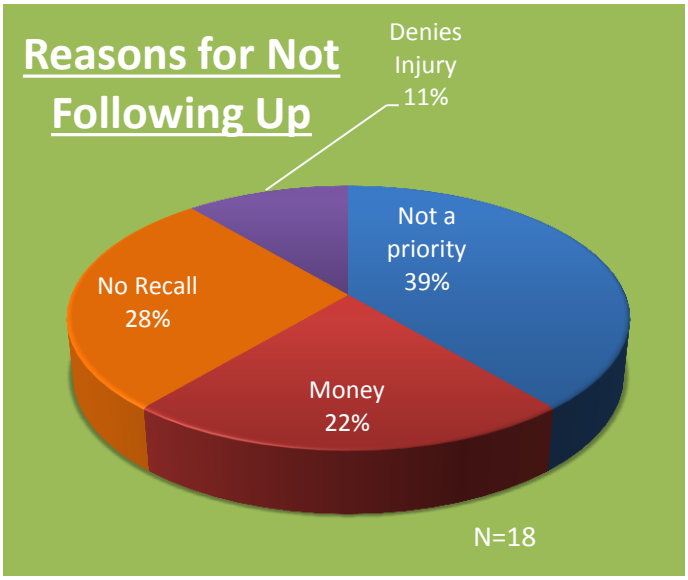
**Traumatic Brain Injury (TBI) Program: by Russ Spearman, M.Ed.**

The TBI Program is new to the community health screening (CHS) events after receiving funding from the 2014 Health Resources and Services Administration's Traumatic Brain Injury State Implementation Partnership Grant. Using the Ohio State University TBI Identification Screening Method (OSU-TBI) created by Dr. John Corrigan and Dr. Jennifer Bogner, the program was able to offer interview method screenings to assist individuals gain awareness about the likelihood of having experienced a traumatic brain injury (TBI). In its first year, the TBI program was able to offer screenings at nine CHS events, including one in Pocatello, one in Nampa and one on the Duck Valley Indian Reservation. There have been a total of 131 individuals screened for TBI, out of those screened, 45 individuals or 34% were determined to likely have sustained a traumatic brain injury. For those individuals without a primary care provider who screened likely for TBI a referral to a primary care provider was made along with a telephone follow up. In addition to the screenings, approximately 95 health care professionals have received interdisciplinary training on administering the OSU-TBI Identification Interview.

The TBI program conducted a six question follow-up survey with people who screened likely for TBI according to the OSU-TBI instrument during the 2014-2015 academic year. Of the 45 people, who through the screen were likely to have TBI, 36 (80%) provided contact information for follow-up. People were initially contacted by phone and additional emails were sent when phone calls received no response. A total of 85 phone calls were made and 31 messages left informing individuals of the purpose of the call. Three individuals that could not be reached by phone had emails available in addition to phone numbers, and emails were sent. Of the 36 people contacted 18 (50%) responded, 17 (47%) by phone and 1 (3%) by email. Individuals were first asked if they recalled receiving a referral at the CHS event when they were screened for TBI due an injury to their head or neck, 13 individuals (72%) did not recall receiving a referral. This is significant and requires further exploration. Follow up questions could provide additional context and information regarding the reasons that a majority of the persons who screened "likely" for TBI and for which we obtained contact information did not recall receiving a referral. Next individuals were asked if they followed up with a primary care physician and if not why not. None of the individuals reported following up on their TBI referral. Reasons given for not following up included that they did not feel their injury was a priority (n=7, 39%), lack of money (n= 4, 22%), denying an injury occurred (n=2, 11%), and 5 people (28%) said they would have followed up had they

realized they received a referral. Individuals were then asked if they had health insurance, 10 people (55%) reported they did not, while 8 individuals or (44%) reported they had health insurance. Individuals were also asked if they knew about the yourhealthidaho.org website for insurance information, 13 people (72%) said they were not aware of the site while 5 individuals or 28% reported that they were aware of the site. Finally, individuals were asked "how are you doing?" Of the 18 individuals contacted, 16 (89%) reported doing "fine" while 2 (11%) reported increased stress. This information speaks to the need for the development of post community health screening protocol to connect with those individuals who screen "likely" for TBI. Creating a follow-up protocol at specific intervals will aid in obtaining longitudinal information. Assessing the specific needs and obstacles to accessing follow-up care will situate responses such as these into the context of people's lives.



## ISU Student Involvement 5|five

Approximately 35 students are utilized during each event to complete the screening processes. This high number of students allows teams of students from different disciplines to learn from each other and to work together to accomplish all of the screening tasks. As mentioned before, students have the opportunity to work in multiple stations. Extra training sessions may be required to increase a student's scope of practice. For example, Physician Assistant students can spend a session with a dental resident in the dental clinic learning how to perform an oral exam. This year 108 individual students assisted in a CHS event, with many participating multiple times. These 108 students accounted for 202 student volunteers. Due to curricular and scheduling challenges from one event to the next, the number and types of students change, but because so many disciplines can cover multiple screening stations, no station is ever left out.

### Career Path Interns

Career Path Interns (CPI) are essential for the success of the CHS events. This year two CPIs, both doctoral pharmacy students, contributed up to 19 paid hours a week each to the CHS. Their day to day responsibilities included assembling CHS documentation files, enter all collected data, assist with data analysis and assist with organization and planning of the event. Their commitment to the project and the people that we serve was exemplified by the extra time during the weeks prior to the screening and their dedication to the long day of the screen, generally calling for a commitment from morning until late evening. During the actual events, they managed the check-in station and assisted participants in completing the initial paperwork.

**Department Involvement**

For a complete list and descriptions of academic programs offered at ISU-Meridian HSC please visit the following website: http://www.isu.edu/meridian/proms.shtml

## Communication Science & Disorders/Speech Language Pathology/Audiology

The Department of Communication Sciences and Disorders (CSD) offers Bachelor and Master degrees of Science in Speech-Language Pathology (SLP), Bachelor and Doctoral of Science degrees in Audiology, Associate of Science in Sign Language Studies, and Bachelor of Science degrees in Sign Language Interpreting. Students who are in the speech-language pathology Master of Science program complete two years of study at either the Pocatello or Meridian campus or online. Students who are in the Doctor of Audiology program complete two years in Pocatello, a third year of didactic program in Meridian, and a fourth year in a field experience. On average, 8 audiology students and 54 speech pathology students enter the graduate programs each year. In addition, 40 speech-language pathology/audiology juniors enter the undergraduate program yearly in Pocatello and Meridian. Currently, 120 students are located on the Meridian campus as well as five clinical faculty, three speech-language pathology research faculty, two educational interpreter faculty, and one audiology research faculty.

## Counseling

The Department of Counseling offers accredited Master of Counseling degrees in Marital, Couple, and Family Counseling, Mental Health Counseling, School Counseling, and Student Affairs Counseling. In addition, the Department of Counseling offers a Doctor of Philosophy (Ph.D.) degree in Counselor Education and Counseling. With over 50 students admitted to the various programs each fall across both campuses, approximately 30 master's level students and 6 doctoral students at ISU-Meridian HSC will be enrolled in the multiyear programs at any time. The ISU-Meridian HSC is also home to two full time faculty members. It offers a sliding scale clinic for low-income individuals with counseling needs.

## Dental Residency

The Idaho State University Dental Residency program trains eight licensed dentists per year, four of whom are located at the ISU-Meridian HSC. These dental residents gain valuable experience treating individuals at the 12 chair dental clinic located at the ISU-Meridian HSC. This is the only post-graduate training opportunity for dentists in the Treasure Valley. The residency program has two site directors as well as many adjunct faculty members on site to provide supervision and expertise.

## Dietetic Internship

The Dietetic Internship is open to students who have a bachelor's degree in the Didactic Program in Dietetics. The Dietetic Internship program is a 33 week internship: 11 weeks in a clinical rotation, 8 weeks in a food service management rotation, and 12 weeks in various community rotations. In Meridian, a half-time clinical coordinator coordinates classroom activities, preceptors, and facilitates rotations for the 8 students enrolled at the Meridian site. Ten additional students are enrolled in Pocatello.

## HIV/Viral Hepatitis Education Program

Through a partnership with the University of Washington/Northwest AIDS Education and Training Center (NW-AETC), ISU employs one program coordinator to provide statewide HIV and AIDS medical trainings. The program coordinator helps acquire free HIV and hepatitis c test kits, trains faculty and students to perform the tests, and is available at the screenings to provide results and education to participants.

## Idaho Center for Health Research

The Idaho Center for Health Research (ICHR) is a university-based research organization providing research, consultation, and technical assistance to faculty and students in the Division of Health Sciences and to community partners in the health field. The CHS co-director is also the assistant director of the ICHR.

## Medical Laboratory Sciences

Students can earn either a Bachelor or a Master of Science degree in Medical Laboratory Science (MLS). Up to 40 students are admitted to ISU each fall, with approximately 20 students enrolled at ISU-Meridian HSC. Students are on campus for two semesters and then are placed on practicum rotations. The ISU MLS program is NAACLS accredited and successful completion of the program permits students

to sit for national certification examinations. The MLS Program has 3 full time clinical faculty, with one geographically located in Meridian.

### Nursing

The School of Nursing offers Bachelor, Master and Doctoral degrees in Nursing. The School of Nursing has the only PhD in nursing program in the state. The School of Nursing is accredited by Commission on Collegiate Nursing Education, preparing exemplary nurse leaders who integrate education, service and research to enhance the quality of life for divers and rural populations. The Idaho State University-Meridian Accelerated Nursing undergraduate degree is offered in Meridian to individuals who have a bachelor's degree in another discipline and wish to make a career change. This program is three semesters in length and admits approximately 30 students every summer semester. Classes are taught on the Meridian campus through three formats: online, interactive telecommunication, and face to face. Clinical experiences are offered in the simulation lab and at a variety of off- campus settings, including community hospitals, community health facilities, service agencies, and schools.

### Public Health

In the only nationally accredited Master of Public Health program in the state, students acquire necessary public health knowledge and skills in epidemiology, biostatistics, health care ethics, health organization and policy, health program planning and evaluation, health education promotion, research methodology, and environmental health. The MPH program employs two full time faculty on the Pocatello campus and one faculty member at the ISU-Meridian HSC will be starting in the fall.

### Pharmacy

The College of Pharmacy is the only accredited pharmacy school in the state of Idaho. Students enrolled in the 4 year professional Doctorate program focus on improving clinical outcomes and the quality of life for patients. The College of Pharmacy admits 70-80 students each year; 35 students complete their coursework at the ISU-Meridian HSC. Five basic science faculty, nine clinical faculty, and 2 adjunct faculty members are housed at ISU-Meridian HSC. One of these clinical faculty is a co-director of the CHS.

### Physician Assistant Studies

The Master of Physician Assistant (PA) Studies Program admits 72 students a year; 30 students are located at the Pocatello campus, 30 in Meridian, and 12 in Caldwell (at the College of Idaho). The ISU PA program is focused on meeting the health care needs of Idaho by educating compassionate primary care providers who will serve individuals and their communities. There are five full time faculty at ISU-Meridian HSC campus.

## ISU Faculty and Staff Involvement 6|six

The interprofessional team of ISU-Meridian HSC faculty are the leaders in healthcare education for the Treasure Valley, and through the CHS events they are leading the community by example. Not to be overlooked is the example they set for their students, the health care providers of the future. Each health discipline involved with the CHS had one primary faculty member devoted to this project. In total, eight core faculty members participated in addition to the two co-directors who also represented their own disciplines (pharmacy and public health). Faculty log between 500 to 600 hours in preparation and execution of the screening events; this does not include administration and staff time. Faculty preparation included monthly planning meetings, organizing student volunteers, development of CHS policies and procedures, and other various tasks as delegated by the CHS planning team. The co-directors are the main contact points for all things related to the CHS between the core faculty and community partners. In addition, much of the event preparation and planning lies on the co-directors along with significant help from the CPIs. On the day of the screening event, a minimum of four to six hours of faculty time and a minimum of eight hours for the two co-directors were logged. The majority of faculty time at the screening events was spent in direct supervision of student activities, serving as a resource for student and participant questions, and in maintaining event flow. These faculty activities were in addition to academic and clinical workload in most departments.

Administrative staff at ISU-Meridian HSC assisted with public relations activities by advertising on the electronic sign outside of ISU-Meridian HSC and Renaissance High School and by providing press releases to various newspapers, radio and television stations announcing upcoming events. On the days prior to screening events, the staff also fielded calls from the community to answer any relevant questions.

The following faculty members, leading their discipline, provided countless hours in the ongoing development of the screening events: **Gabriel Bargen**, PhD, Assistant Professor Communication Sciences & Disorders and Education of the Deaf; **Liz Horn**, PhD, Assistant Professor Counseling; **Sonja Nehr-Kanet**, MS, MLS (ASCP) CM, Clinical Assistant Professor Medical Laboratory Science; **Jared Papa**, MPAS, PA-C, Clinical Associate Professor Physician Assistant Studies; **Pam Powell**, DMD, Co-Site Director ISU Family Dentistry; **Ruth Schneider**, MPH, RD, LD, Clinical Coordinator and Associate Professor Dietetics Internship and Department of Dietetics; **Russ Spearman,** M.Ed., Institute of Rural Health, **Susan Tavernier,** PhD, APRN-CNS, AOCN(R) Program Coordinator and Assistant Professor Accelerated Nursing; **Judy Thorne**, MPA, RTC, Program Coordinator HIV/Viral Hepatitis Education. These and other faculty members provided clinical supervision to their students and to students of other disciplines during the events to increase health education to all those who participated.

### Faculty Outcomes

There are two foci of interest from the screenings. The first is program development, where the screening process is examined and participant outcomes are evaluated. The second aspect revolves around educational and participant outcomes. As an interprofessional practice effort, this project is unique in providing a chance for different health disciplines to work and learn together. This uniqueness makes the program of interest at local, state, national and international meetings and has been presented in these venues. Following is the CHS curriculum vitae for 2014-2015 year.

## Presentations and Posters 2013-2014

**Poster Presentations**

Thorne, J., Carr, G., Tivis, R. (May 2015) Addressing Health Disparities in Idaho's Ethnic Minority Populations Through Point-of-Care Testing. Poster session presented for Caring Ambassadors Viral Hepatitis Summit; Washington, DC.

Bargen, G.A., & Tivis, R. (March 2015). Determining the Relationship Between Depression and Hearing Using Screening Tools. Poster presentation for Idaho State University's Research Day; Meridian, ID.

Tivis, R., Carr, G., Wilkin, M., Morris, B.M. (March 2015). What is behind the variable attendance at Community Health Screening events? Poster session presented for Idaho State University's Research Day; Meridian, ID.

Moore, K.E., Carr, G., Hunt, L., Fore, M.E, Tivis, R. (November 2014). What is next for participants of a Community Health Screening: Does screening increase medical home access? Poster session presented for American Public Health Association Annual Meeting; New Orleans, LA.

Carr, G., Hunt, L., Moore, K.E., Tivis, R. (November 2014). An Interprofessional Pilot Elective Course on Health Screening Tests and Tools: Lessons Learned. Poster session presented for American Public Health Association Annual Meeting; New Orleans, LA.

Carr, G., Hunt, L., Moore, K.E., Tivis, R. (July 2014). Community Health Screening Events: Innovative Interprofessional Experience and Community Engagement. Poster session presented for American Association of Colleges of Pharmacy Annual Meeting; Grapevine, TX.

**Invited Presentations**

Spearman, R.C (March 2015). Screening For Traumatic Brain Injury: Idaho's Approach. Podium presentation for 13th Annual Pacific Northwest Conference on Brain Injury. Sheraton Portland Airport Hotel, Portland, OR.

## Acknowledgements 7|seven

First, we would like to thank **Bessie Katsilometes**, PhD, Dean of Academic Programs, for her support and dedication to the Community Health Screening Events. Without her encouragement and endorsement the CHS would not be a success. In addition, we thank **Linda Hatzenbuehler**, PhD, ABPP, Associate Vice President and Executive Dean of the Division of Health Sciences at ISU for initiating the project with Ada County and to all of the deans and department chairs for their support of the core faculty members' participation in the CHS events.

This project would not even be possible without financial and community support. **Ada County Indigent Services** enables us to acquire the needed supplies to provide our screening services. In addition, they have also provided staff support to assist with the advertising efforts through various media outlets. Our community partners are one of the main reasons that our screening services stand apart from other health fairs. Because of our loyal partners, we are able to directly connect individuals with identified health care concerns and help get them the care they need and deserve. A huge thank you to the following clinics for providing medical appointments for our participants each month; **Friendship Clinic**, **Garden City Community Clinic**, **Terry Reilly Medical-Boise**, and **Unity Health Center**.

A thank you goes out to the **Idaho Family Planning, STD and HIV Program** for providing HIV and hepatitis C test kits.

We need to thank all of the interpreters who came out each month to guarantee that we could provide services to our non-English speaking members of the community. Specifically the **St. Luke's Health Window/Mexican Consulate** for providing volunteers. Without your assistance many of those individuals would not have received the valuable education we are able to provide.

The **Institute of Translational Health Science** provided secure, online storage of CHS data through their grant support (UL1 RR025014 from NCRR/NIH) from the University of Washington.

A big thank you is also extended to all the students who volunteered their time and services to those individuals of Ada County and beyond. We wish you the very best in your health care careers.

Finally, we must thank our two committed and outstanding Career Path Interns. Without the assistance of **Michelle Wilkin, PharmD Candidate and Benjamin Morris, PharmD Candidate**, the co-directors would be lost. These two individuals are the backbone to the success of this program from their preparation of the materials needed for each screening to the monotony of data entry. Good luck to you both in your future endeavors!

Sincerely,
Glenda Carr, PharmD and Rick Tivis, MPH

## Contact Us 8|eight

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## Appendix A: Complete List of Screening Events

| | Date | Location | Participants Checked In | Participants Data Collected On* |
|---|---|---|---|---|
| 1 | 3/12/2010 | Central District Health, Boise | 17 | 15 |
| 2 | 4/23/2010 | Vineyard Medical Clinic, Garden City | 10 | 10 |
| 3 | 9/24/2010 | Unity Health Clinic, Meridian | 7 | 7 |
| 4 | 10/29/2010 | Redeemer Lutheran Church, Boise | 37 | 37 |
| 5 | 12/3/2010 | Cathedral of the Rockies, Boise | 39 | 39 |
| 6 | 2/3/2011 | First Presbyterian Church, Boise | 28 | 28 |
| 7 | 3/3/2011 | Cathedral of the Rockies, Boise | 34 | 34 |
| 8 | 4/7/2011 | Garden City Community Clinic, Garden City | 20 | 18 |
| 9 | 9/28/2011 | Redeemer Lutheran Church, Boise | 22 | 21 |
| 10 | 10/19/2011 | Pioneer Neighborhood Community House, Boise | 54 | 51 |
| 11 | 12/7/2011 | ISU-Meridian Health Science Center, Meridian | 21 | 21 |
| 12 | 2/16/2012 | Ada County Fairgrounds, Garden City | 3 | 3 |
| 13 | 3/15/2012 | Immanuel Lutheran Church, Boise | 75 | 58 |
| 14 | 4/12/2012 | Pioneer Neighborhood Community House, Boise | 14 | 14 |
| 15 | 10/4/2012 | Immanuel Lutheran Church, Boise | 36 | 30 |
| 16 | 11/1/2012 | CATCH Office, Boise | 31 | 28 |
| 17 | 12/6/2012 | ISU-Meridian Health Science Center, Meridian | 73 | 71 |
| 18 | 2/7/2013 | Immanuel Lutheran Church, Boise | 65 | 55 |
| 19 | 3/7/2013 | CATCH Office, Boise | 11 | 10 |
| 20 | 4/11/2013 | Boys & Girls Club of Garden City, Garden City | 22 | 22 |
| 21 | 10/3/2013 | Immanuel Lutheran Church, Boise | 34 | 32 |
| 22 | 11/7/2013 | First Presbyterian Church, Boise | 36 | 35 |
| 23 | 12/5/2013 | ISU-Meridian Health Science Center, Meridian | 10 | 10 |
| 24 | 2/6/2014 | Immanuel Lutheran Church, Boise | 23 | 22 |
| 25 | 3/6/2014 | First Presbyterian Church, Boise | 18 | 17 |
| 26 | 4/10/2014 | Boys & Girls Club of Garden City, Garden City | 9 | 9 |
| 27 | 9/18/2014 | Immanuel Lutheran Church, Boise | 8 | 8 |
| 28 | 10/16/2014 | Redeemer Lutheran Church, Boise | 35 | 35 |
| 29 | 11/20/2014 | ISU-Meridian Health Science Center, Meridian | 48 | 47 |
| 30 | 1/15/2015 | Immanuel Lutheran Church, Boise | 9 | 10 |
| 31 | 2/19/2015 | Redeemer Lutheran Church, Boise | 20 | 19 |
| 32 | 3/19/2015 | ISU-Meridian Health Science Center, Meridian | 18 | 18 |
| | | | **886** | **834** |

*The discrepancy between participants checked in and data collected on is due in part to individuals who checked in but left before completing all stations or before checking out.

**Appendix B: References**

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