Assessment of University of Florida Mobile Outreach Clinic
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**Background:** Today approximately 50 million Americans are uninsured. This is a three percent increase from the 2008 estimate of 47 million. Unlike their insured counterparts, the underserved populations (uninsured, under-insured, and homeless) are less likely to have continual access to health care services. Over the years, various safety-net organizations have developed into local safety-net systems to provide services to underserved populations. Local safety-net systems vary due to their location, but they generally include public or government-funded hospitals and clinics, community health centers, and sometimes a very small number of private hospitals and physicians. One variation in safety-net systems are those systems that include mobile clinics. Unlike the aforementioned components of safety-net systems, mobile clinics attempt to bring a primary care home and preventative care to the underserved populations within their communities. The study describes the services that the UF Mobile Outreach Clinic provides and its stakeholders’ perceptions of those services.

**Methods:** Quantitative and qualitative data collection and analysis were used to address the project’s objectives. The study was conducted in three phases. In Phase I, de-identified service data were analyzed to describe the clinic’s services and the demographic make-up of its patient population. In Phase II, semi-structured interviews were administered to 10 clinicians and stakeholders associated with the clinic. In Phase III, the data from Phase II were used to create the clinic’s mission statement.

**Results:** *Phase I:* The clinic provides primary care and referral services. In 2010 and 2011 women received more primary care services from the clinic when compared to men. *Phase II:* Providers and partners reported that Alachua County would experience an increase in ER visits if the Mobile Clinic ceased to provide services to the underserved population. *Phase III:* The mission statement for the clinic effectively communicates the clinic’s dedication to the provision of care to Alachua County’s underserved populations and patient-centered education for future providers.

**Conclusion:** The UF Mobile Outreach Clinic represents a unique component in both Alachua County’s mainstream healthcare system and its safety-net system. A fairly new safety-net provider, the clinic’s providers and partners support researchers’ concerns about the sustainability of the mobile approach utilized by the clinic. The clinic mobility is a unique asset that enables it to identify health needs and address it. Interestingly, its mobility also has inherent problems that affect the clinic’s ability to provide continuous primary care to its patients.