



SHELTER HEALTH SERVICES

10th Anniversary

10 years of providing free healthcare
to homeless women and children
2006 – 2016



Annual Report FY15

July 1, 2014 - June 30, 2015

A Message from Michael Sowyak, Executive Director

2016 marks our 10th anniversary as Shelter Health Services, Inc., an independent 501(c)(3). We hope you enjoy reading about our achievements and the unique role we play in providing free healthcare to uninsured, medically indigent, homeless women and children living in poverty and staying in the Salvation Army Center of Hope shelter.

As I review our clinic's many achievements, successes, improvements and changes, one word comes to mind that transcends all the many different things we do, that word is **presence**.

Beyond the clinic services, tests and screens, exams, diagnoses, treatments, prescriptions, OTC medications, referrals, health information, discussion groups, special events, case management, and advocacy, **presence** stands out as the foundation of our ability to help so many people, in so many ways:

PRESENCE

- * Embedding our physical location within the population that needs healthcare the most, yet has the least access
- * Being there when our clients need us, and have nowhere else to turn
- * Fulfilling a healthcare need that would likely not be filled
- * Accompanying, supporting and advocating for our clients along their journey to self-sufficiency
- * Being involved and responsive no matter how difficult the challenges
- * Caring staff of professionals who are hard-working, dedicated and committed

Whether administering an abuterol treatment in the middle of the day to a one year old that has asthma and difficulty breathing, proactively working with Adult Protective Services to get an elderly lady living in the shelter with dementia placed in nursing care or scrambling into the shelter to care for a lady having a seizure, without the presence of the clinic, what would these clients have done?

As you read about our clinic and what we do, I hope you will ascribe increased importance and relevance to our mission: *Removing health issues as barriers to self-sufficiency for homeless women, and as impediments to development and readiness to learn for homeless children, by providing free healthcare and health information that is easily accessible.*

Thank you for reading about Shelter Health Services. FY15 was quite an eventful year and we are poised to make FY16, our 10th anniversary year, even better.

Michael Sowyak

One of the biggest challenges we face is making people understand the importance of free healthcare for homeless women and children and the unique role our clinic plays in providing these services. The most significant barriers to getting this message across are the prevailing myths and misperceptions about the accessibility of healthcare.

Myth-Perception #1: Homelessness is decreasing. *The Charlotte Observer's* article on May 15, 2015 reported the results of the 2015 Point-In-Time Homeless study. Like last year, the study's overall global results framed the headline, while less rosy details were unreported. Contrary to the optimistic impression given by the headline, overall homeless numbers "fell" only 1%.



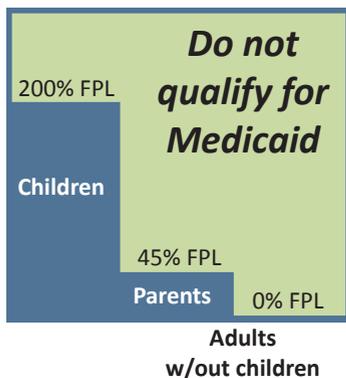
However, if you take a look at the population we serve, the homeless women and children living in emergency/seasonal shelters, the results are much different.

Homelessness for **women without** children increased 37% in 2015; **women with children (families)** increased 15%. In total, this population increased 22% from 2014 to 2015, on top of a double digit increase from 2013 to 2014.

Contrary to the impression given by the article, homelessness is increasing in many sizable segments. For agencies like Shelter Health Services and the Salvation Army Center of Hope that focus specifically on homeless women and children, the ability to keep pace with this group is challenged every day.

Myth-Perception #2: Everyone that is poor has Medicaid. This is far from the truth. North Carolina did not expand Medicaid under the Affordable Care Act ("ACA") and as such, those that were uninsured before the ACA, remained uninsured.

In North Carolina, **adults without children**, regardless of how little they earn, DO NOT qualify for Medicaid. Half of the adults who are staying in the Center of Hope are in this category.



Adults with children (parents) qualify for Medicaid if they make less than 45% of the Federal Poverty Level ("FPL"). For a family of two this is \$7,168 annually, or \$21.33/day. Working part time and earning the minimum wage can easily exceed this threshold, disqualifying the parent from Medicaid.

All children living in households with income less than 200% of the FPL qualify for Medicaid. For a family of two this is \$31,860 annually or \$94.82/day. 79% of the clinic's adult clients and 65% of the children clients do not have Medicaid.

Myth-Perception #3: The ACA provides a premium subsidy to pay for health insurance. A national insurance exchange was created as part of the ACA through which health insurance can be purchased. A variety of plans are offered. Those with the lowest premiums have the highest deductibles. For the poor, high deductibles offset the benefits of low premiums and become barriers to purchase and use.

The premium subsidy is not available to everyone including the very poor. Only those earning from 100% FPL to 400% FPL (\$11,771 to \$47,080 annually for a single adult. \$23,050 to \$92,200 for a family of four) qualify for the subsidy.

Persons making below 100% FPL do not qualify for the subsidy. 85% of the women we serve make less than 85% FPL and as such, are disqualified from the premium subsidy.

More than 400% FPL No Subsidy Available
400% FPL - Subsidy Available Premium Subsidy
100% FPL - No Subsidy

With the record set straight, imagine living in this situation. The factors that get in the way of accessing healthcare are beyond the control of the women and children experiencing them. The frustration, anxiety and stress caused by this can be daunting. Fortunately for our clients, our walk-in clinic is available to them, Monday through Friday, 9:30 to 6:00, for free nursing care, provider care, medications, treatments, advice, support and much, much, more.

**MYTH-PERCEPTIONS
DISPELLED!**

***The number of homeless women and children is increasing dramatically.
Few qualify for the insurance premium subsidy.
Fewer qualify for Medicaid.***



LET IT RAIN. LET IT RAIN. LET IT RAIN.

FY15 was the year of the big flood at the shelter. In September, a rainstorm flooded the clinic and part of the shelter’s first floor. The clinic relocated to temporary space while repairs were made.

Before we could open the temporary clinic, exam tables, testing equipment and materials, clinic supplies, OTC medications, desks, computers and printers had to be moved to the temporary space. Two months later, everything was moved back to the main clinic. In the temporary clinic, virtually every process had to be adjusted. Client intake and flow had to be changed. At times the clinic rooms were vacated to provide privacy for nursing and provider exams and consultations.

Congratulations to our staff for keeping their spirits high under these difficult circumstances and showing an ability to bounce back quickly. Remarkably, even with these disruptions, providing care was interrupted for only four days during this period.

INCREASED PRESENCE



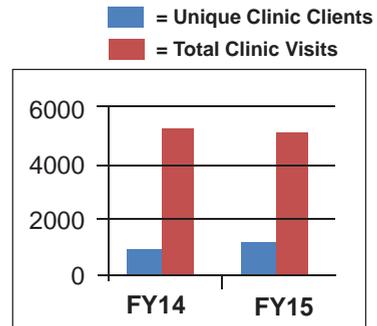
The Safe Alliance satellite clinic was opened. On April 13, 2015, a one-day-a-week satellite clinic was opened in the Safe Alliance shelter providing free healthcare to their residents. In FY15, we cared for 170 Safe Alliance residents in 11 clinic days and one health fair; 33% of those cared for were children. A higher proportion of Safe Alliance clients have Medicaid (50%) as compared to the Center of Hope clinic (25%). However, this does not mitigate their need to access free healthcare. When in need of medical attention, assigned Medicaid providers are usually not available at a moment's notice.

During the day, half of the shelter's children are in school and half of the adults are working. The satellite clinic is open on Mondays from 4:00 pm to 8:00 pm so as to service the most residents.

Our proven-successful model of providing free healthcare to homeless women and children was successfully replicated in the Safe Alliance satellite clinic.

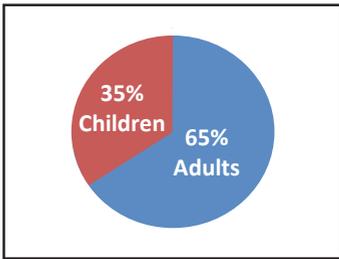
DEMAND FOR CLINIC SERVICES

The number of clients that received free healthcare at the clinic is sometimes viewed simply as clinic volume. But these numbers represent much more than that. These are women and children that without the clinic, would not have had access to healthcare.

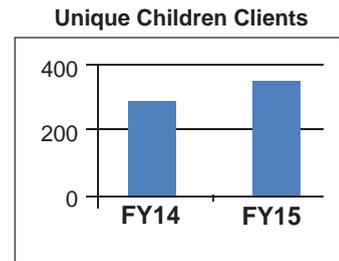


Without Medicaid, the network of medicaid services and providers are not available. Without money, fee-for-service and sliding scale clinics are unaffordable. Without money and medicaid, the clinic's clients are medically indigent, without a medical home or primary care and continuity of care. Our clinic fills these gaps by providing free healthcare to shelter residents.

Total unique clients increased 10% (from 936 to 1,036) in FY15. Even with the clinic being closed for four days and scrambling to provide care out of the temporary space due to the flood, our staff was able to overcome the potential negative impact and show an increase in clients treated. Total clinic visits remained virtually flat (from 5,193 to 5,042) reflecting on average five clinic visits per client.



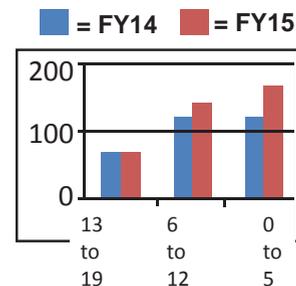
**CHILDREN CLIENTS
INCREASED 21%**



The proportion of adults and children has held steady over the past few years. However, the number of children clients increased 21%, from 315 to 380 in FY15. This reflects the increase in the number of homeless families (children) staying in the Center of Hope shelter, proactive engagement by clinic staff with mothers and children to motivate a first clinic visit and our Children’s Health Fairs.

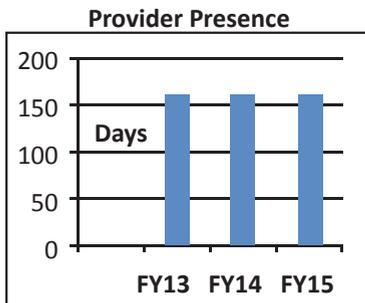
**INFANTS, TODDLERS AND
PRE-SCHOOLERS INCREASED 34%**

The number of children clients seen in FY15 was dramatic. Even more dramatic was the change in their age distribution. There was a 34% increase in children ages 0 to 5 years that came to the clinic for care. More infants, toddlers and pre-schoolers became clinic clients.



Responding to this trend is a new initiative previewed in this report. The initiative will be called the Pediatric Wellness Program and will specifically focus on health issues that can become barriers to proper development and readiness to learn in children ages 0 to 5.

In addition, there was an 18% increase in clinic visits in children ages 6 to 12. Since these children are in school during the majority of regular clinic hours, they became clinic clients as a result of everyday illnesses that kept them from going to school, physicals required for summer camp and sports activities and our quarterly Children’s Health Fairs held on Saturdays. There was no change in the number of children ages 13 to 19.



**PRESENCE OF PROVIDERS
INCREASES CLINIC PRESENCE**

The presence of providers is an important part of our ability to provide appropriate healthcare on-the-spot. When clients can see a provider the day of their visit or within a couple of days, the path to treatment and wellness is accelerated.

We have a pool of MDs, Physician Assistants and Nurse Practitioners that support our part-time Family Nurse Practitioner to provide coverage for 65% of the days the clinic is open. Not every client has to see a provider on every visit. Many times our nurses can attend to the health issues. 65% is considered excellent coverage, considering our volunteer providers have to arrange their time volunteering around their regular work schedules.

NOVANT CANCER CENTER COLLABORATION



Novant Cancer Center's mobile imaging van continued to come to the clinic to provide free mammograms to our clients. In FY15 the van came to the clinic 2 times (quarterly scheduling was disrupted by the flood) and provided a total of 24 mammograms to women that did not have Medicaid.

As part of this collaboration, the Novant Cancer Education, Prevention & Early Detection Education Team co-hosted with the clinic discussion groups on Breast Health and Cancer Prevention. These discussion groups are held a few days before the van arrives so that interest can be heightened to get a mammogram and appointments can be scheduled for the van.



RAIN (REGIONAL AIDS INTERFAITH NETWORK) COLLABORATION 5TH ANNIVERSARY

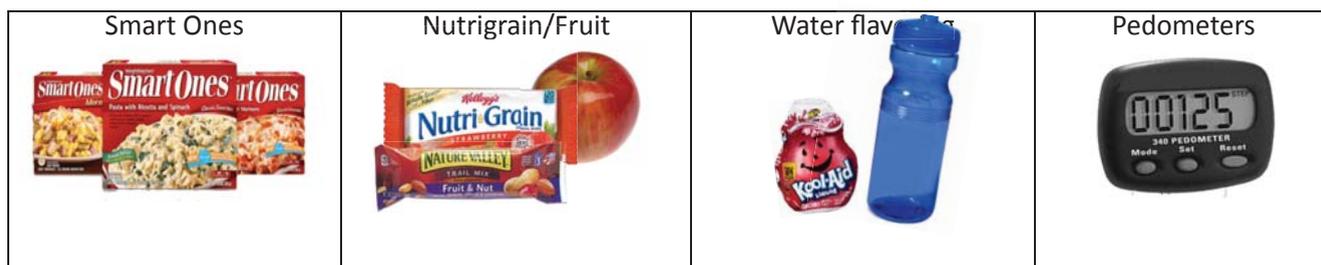
FY15 marked the 5th year anniversary of our collaboration with RAIN (Regional AIDS Interfaith Network). Since inception of the HIV Prevention and Testing program, 848 tests have been administered. In FY15, 142 attended the discussion groups on prevention and 138 were tested.

5 years ago, RAIN helped develop the program that seamlessly integrated HIV prevention, education, testing and counseling into the clinic's services. They recommended rapid testing kits that were easy to administer, highly accurate and provided results in a short time. Over the last five years, RAIN co-hosted bi-weekly discussion groups on HIV Prevention. Relaying results of positive HIV tests requires special expertise beyond that of our nurses. From the start, RAIN counselors were on-call to come to the clinic to relay this news. These clients then became RAIN clients for counseling, support and primary care.

**PRE-DIABETES PROGRAM
LAUNCHED**

**12% of our clients have diagnosed diabetes.
More than double this number are pre-diabetic and at risk of diabetes onset.**

Our Pre-Diabetes Program was launched in February, 2015. Using Carolinas Medical Center’s Pre-D scoring assessment tool, we are able to identify clients who were at risk of developing diabetes. This program helps clients avert the onset of diabetes by making free weight loss tools available to reduce or stabilize HgA1C at lower-risk levels.



These tools include frozen Smart Ones and Lean Cuisine entrees to increase access to meals that are lower in fats and calories. NutriGrain health bars and fruit to replace chips and cookies for snacks. Water flavoring and sports water bottles to replace sweetened tea and sodas. Increased exercise facilitated by pedometers to track walking distance, bi-weekly Zumba sessions and ad hoc walking in the afternoon with clinic staff.

The assessment of new clients showed that 26% were pre-diabetic and at risk of diabetes onset. In the challenging shelter environment where food choices and exercise options are limited, we are very pleased with the results in the first five months of the program.

Results from the program indicate that the majority of program participants either held steady (did not get worse) or showed improvement. Highlights include: 54% remained the same weight as when they started the program; 29% lost weight; 67% had the same HgA1C readings as when they started the program; 21% reduced their HgA1C. The HgA1C range for pre-diabetes is 5.7% to 6.4%. The average HgA1C for program participants was 5.9%.

The Pre-Diabetes program has been fully integrated into our overarching approach of Early Detection, Aversion and Prevention (EDA&P) of health issues and will continue in FY16 and beyond.

FY16 Preview
PEDIATRIC WELLNESS PROGRAM

In FY15, the number of children clients increased 21%, from 315 to 380. The age distribution shows a 34% increase in children 0 to 5 years old. In response to this trend, we are enhancing our Early Detection, Aversion and Prevention holistic approach to include a variety of new services and capabilities especially focused on development and readiness to learn for children ages 0 to 5 years.

The driver behind the Pediatric Wellness Program is Dr. Wirt Neale, a well-known and respected pediatrician that volunteers every Wednesday afternoon.

Well child exams
Asthma and anemia screens
Type II diabetes evaluated
Immunizations
Presence of lead
Sickle cell trait
Fluoride
Spot Vision screening
Hearing
Obesity

Prior to Dr. Neale's arrival, our services for children this age focused mostly on addressing acute issues like asthma, anemia and everyday illnesses. Dr. Neale, in collaboration with Dr. Glenn Holladay, helped create the Pediatric Wellness Program.

The Program starts with a full physical and Well-Child exam followed by an assessment and screening for asthma and anemia. Based on certain qualifying questions, children are screened for lead and sickle cell trait. Type II diabetes is evaluated in at-risk children. Furthermore, children lacking certain immunizations are identified by accessing the North Carolina Immunization Registry. When missing immunizations are found, clients are referred to the county health department to receive these immunizations. Checking the NCIR afterwards can verify if the child actually received the immunizations.

Fluoride treatments are provided for children 6 months to 3 ½ years. Hearing is evaluated to detect deficiencies. Within a split-second, the Spot Vision Screener detects eye diseases that can cause serious visual problems, some of which can lead to total blindness. Finally, to address childhood obesity information is provided including helpful and easy to follow tips, such as replacing fruit juices with water or milk to reduce calories.

Infants, toddlers and pre-schoolers rely on their mothers to seek healthcare for them. If overt signals are not present indicating that the child is sick and in need of a clinic visits, healthcare will likely not be sought. The comprehensive nature of the Pediatric Wellness Program promotes regular healthcare interactions and clinic visits to monitor and keep on top of known issues, identify potential issues and address new issues that occur.

**PRESENCE
OUR STAFF**

Michelle Carr, Registered Nurse, Clinic Supervisor
Marilyn Benner, Registered Nurse
Karen Bennett, Office Manager
MarQuesha Drummond, Medical Assistant
Michele Gordon, Registered Nurse
Nena Harris, Family Nurse Practitioner
Markele Hill, Medical Assistant

All of the achievements, activities and programs described in this report are a result of our excellent and hard working staff. They are dedicated and committed to providing quality healthcare to those who need it most. They are creative in identifying new needs, developing services and programs to meet these needs and delivering quality care.

OUR BOARD OF DIRECTORS

Our Board is an invaluable source of expertise, experience, guidance and support. Thank you.

William K. Cody. Chair Emeritus	David A. Pearson, MD. Board Chair	Suzanne Johnson. Treasurer
Stephen Keeble. Secretary	Laura Hays, MD. Medical Director	E. Parker Hays, Jr. MD. Medical Director
Michelle Carr, RN. Clinic Supervisor	Monica Able	Clyde Alexander
Carolyn C. Allison	Maura Atwater	Dee Baldwin
Doris Bowman	Stephanie Britt	Michelle Burba
Susan Carr	Alan Chadd	Barbara Ferguson
Bliss Green	Deronda Metz	Jillian Niles
Abena Okomeah, MD	Ahmed Salim	Valerie Schwind, MD
Wendy Shanahan	Christine Waggoner	Bert Woodard
	Kelly Yarborough	

THANK YOU FINANCIAL SUPPORTERS.

Uninsured, medically indigent, homeless women and children living in poverty deserve access to healthcare. Not being able to pay or not being covered by insurance or Medicaid is no reason to deny them this right. To all those that financially support our clinic and enable the ability to provide all of our healthcare services totally free of charge, we thank you.

Back Creek Church	Macy’s Corporate Giving	St. Matthew Catholic Church
Bank of North Carolina	Mary E. Carnrick Foundation	Sigma Theta Tau
Blumenthal Foundation	Mary Norris Preyer Fund	Sisters of Mercy North Carolina Foundation
Carolina Electrical Services of Charlotte	Mecklenburg County	Speedway Children’s Charities
Carolinas HealthCare Foundation	Mecklenburg Medical Alliance & Endowment	The Leon Levine Foundation
Carolinas Professional Saleswomen & Entrepreneurs	Merancas Foundation	Triad Foundation
Christ Church Good News Shop	Network for Good	3SX Performance Automotive, Inc.
CSX Transportation, Inc.	NC Association of Free Clinics	Tough Girls
CVS/Caremark	NC DHHS - Office of Rural Health and Community Care	Wells Fargo Capital Finance
Good Friends	Provident Benevolent Foundation	Wishart, Norris, Henninger & Pittman
Jayne R. McBryde Family Charitable Trust	Providence United Methodist Church	

We also thank the hundreds of generous individuals and a handful of companies that support the clinic through cash donations, OTC medications, personal care products, wheelchairs, walkers, canes and other needed items.

We receive no funds from the Salvation Army, United Way, Medicare, Medicaid or the federal government. Corporate and employee payroll deduction donations are virtually nonexistent due to the exclusivity the United Way has with most companies.



Shelter Health Services
534 Spratt Street
Charlotte, NC 28206

Michael Sowyak, Executive Director
Phone: 704 334-2235
Fax: 704 339-0088
msowyak@gmail.com
www.shelterhealthservices.com

To make a donation visit our website
or mail your check to the above address

FY15 Audited Financial Reports are available upon request and are posted on our website.