For years, people in rural areas across Oklahoma have had their literary needs met through periodic visits from the Bookmobile, the rolling outreach program of the state’s multi-county library systems.

Now the University of Oklahoma College of Medicine, Tulsa is applying the same principle to health care with the launching of Sooner Schooner II, a mobile medical clinic that delivers health care professionals to the underserved in the Tulsa area. Sporting a crimson and cream paint job—and a horn that plays “Boomer Sooner”—the 41-foot, modified RV is becoming a welcome sight at Head Start centers, Tulsa-area schools, Tulsa Housing Authority apartments and other locations where the need is greatest.

continued
“People visiting us are going to get the same excellent care that they would get at an office they would have to pay top dollar for.”

The $370,000 Schooner was purchased with a $250,000 Oklahoma State Health Department grant, clinic revenue and private donations. The Schooner project is part of the OU Bedlam Alliance for Community Health. The innovative, collaborative program operates through the OU College of Medicine, Tulsa providing affordable health care since 2003 to Tulsa County’s indigent and underserved at 14 school-based clinics. John Gaudet serves as the administrative director with Janelle Whitt as medical director of the OU-Tulsa Alliance.

Initially, administrators at OU-Tulsa and the Bedlam Clinics considered the feasibility of adding five new clinic locations at approximately $100,000 each by 2008. With the launch of Sooner Schooner II this past summer, these areas are receiving coverage without the construction and staffing costs of new clinics.

Peggy Navins, a medical technician, medical assistant and a certified commercial chauffeur, maneuvers the mobile clinic, with physician assistant C.J. Dark riding shotgun. Onboard with Navins and Dark is Nicole Roberson, a social worker who serves as liaison between the Sooner Schooner II and sites visited. Roberson’s role is central to the mission of the mobile clinic. She schedules appointments with day care centers, schools, organizations and individuals.

As liaison between the mobile clinic and various agencies like Head Start, she books child well checks, hearing and vision tests, height and weight tests, immunizations, and other required childhood health tests. She conducts triage, determining which patients can be seen at the mobile clinics and which would be better served by going to a testing lab, an emergency room, a specialist or elsewhere.

If the patient requires specialized care, Roberson finds a provider—one located near the patient’s home who can offer free, or low-cost, treatment. For a patient with insurance, she handles the paperwork with SoonerCare, Medicaid or other insurers.

However, Roberson stresses, no one is ever turned away because of lack of insurance. “I haven’t seen one person come through here yet who hasn’t been helped,” she states confidently.

Dark, a physician assistant for nine years with an extensive background in rural and emergency room medicine, is proud of the work they are carrying out as Sooner Schooner II’s first “crew.”

“I asked to work on Sooner Schooner II because I like the fact that it was developed to help people without insurance—people who would not receive care otherwise,” Dark says.

“In the rural communities, you don’t have a Walgreen on every corner, and their drug store may not have everything a larger drug store has. So we have to be able to work with different kinds of therapy.”

So how has Sooner Schooner II been received so far?

“Response has been remarkably positive,” Dark replies. “It’s even cooler than I thought it would be. It’s such a great experience to help people who weren’t getting any medical attention, or who might have gone to an E.R., and just be given a prescription and sent home without any follow-up.

“The response? It has been positive—overwhelmingly positive! Everyone is very appreciative. Everyone has been quick to say thank you.”

Dark expects the impact of the Sooner Schooner II on the community over time to be profound. “Long term, people [who are un- or underinsured] may go for years without going to a doctor. Now, we can care for someone before their problem be-
Working with programs like Head Start, the Sooner Schooner II provides well check-ups, hearing and vision tests, height and weight tests, immunizations, and other basic health requirements for children.

The mobile unit features two examination rooms which are virtually indistinguishable from the brick and mortar variety—and at a fraction of the cost. The Sooner Schooner II does the work of five neighborhood clinics without the overhead.

The mobile clinic also will help lower the number of emergency room visits by people who are uninsured, helping lessen emergency room crowding and saving excessive medical costs.

The mobile unit contains all the equipment and amenities of a general clinic, including two exam rooms and a refrigerator to store immunizations, lab samples and medications. A wheelchair lift makes caring for patients with mobility disabilities simpler. To comfort smaller patients, some of whom may never have seen a doctor, there is a large, flat-screen television showing Disney movies. Telemedicine technology allows Dark to interface with OU Physicians at the OU-Tulsa Schusterman Center Clinic.

Other mobile clinic features include a slide, or awning, that is moved out at clinic stops to enlarge the size of the facility and shelter patients from inclement weather.

Since Sooner Schooner II is still in its infancy, its routes, role and mission remain flexible. “Our goal is to get this bus to the places that need it, including rural areas,” Dark says. “We’re still figuring out all the needs out there.”

One of those roles is providing training exercises conducted by the OU College of Medicine, Tulsa Department of Emergency Medicine to prepare for statewide disasters. But while it will take some time to get the word out about Sooner Schooner II’s services, and to determine more fully how it can best serve the community, Dark says one thing is already obvious.

With patients coming to the Schooner from as far away as Arkansas and Texas, he is convinced that the need for medical care is far greater than what is currently available. “People are desperate to get their health-care needs met,” Dark says.

That is why the Sooner Schooner II is there, meeting patients mile by mile.

Jerri Culpepper is coordinator of news and publications in the OU Office of Public Affairs and writes freelance articles for Sooner Magazine.