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***Creating a Model Medical Student-Run “Free” Clinic:
La Casita de la Salud-The New York Medical College Student-Run Clinic***

Andrew Chang

In 2004 the United States spent \$1.9 trillion, or 16% of its GDP on health care, making our healthcare system the most expensive in the world (The Economist, 2006). In spite of this expenditure, minorities tend to have less access to health care, and even when they do have access, they tend to have worse health outcomes when compared to whites with similar diseases, age, socioeconomic status, and other potential confounding factors (Smedley, Stith, & Nelson, 2002).

Though the statistic is recent, the information is in no way new. New York Medical College (NYMC) chose to combat this appalling reality by the creation of a student-run “free” clinic. To address the specific healthcare disparities experienced by minorities, this clinic would be built on the foundation of cultural competency, patient education, community integration, preventative medicine and physician recruitment.

The idea of the student clinic was conceived by three first year medical students in 2003. Elissa Lapide, Jessica Safra, and Megan Veresh, of the MD Class of 2007, pitched the idea and received overwhelming support from the NYMC community. A steering committee was formed, and their hard work over the year culminated in laying the framework for the services the clinic would provide its patients. After numerous meetings with supportive and enthusiastic attendings and administration from NYMC’s myriad clinical sites in Connecticut, Westchester County, and New York City (NYC), a location was also found. Dr. Richard Stone, the then Medical Director at NYMC’s affiliate Metropolitan Hospital Center in Manhattan, graciously offered to let students use one of their satellite clinics, La Clinica del Barrio, in East Harlem for one day a week.

The torch was then passed to the next class to perform a community needs assessment, set up the organizational structure, refine the mission and goals, and pioneer the opening of the clinic. Two students from the MD Class of 2008, Andrew A. Chang and Steven Leoniak, were chosen for the task. They also had the support and guidance of excellent mentors, Richard Stone, MD, Joan Liman, MD, Pranav Mehta, MD, Joseph Halbach, MD, and Stephen Peterson, MD, FACP, without whom, the success of the clinic could not have been possible.

The goal was to create a model clinic in the medically underserved area of East Harlem that actively addresses the public health issues of access and health care disparities for minorities. This is achieved through the integration of cultural competency, preventative health care, patient education, social services, and helping the uninsured through simple low-cost solutions. Another important objective was to provide medical and public health students with an opportunity that would expand their understanding of public health issues and practice in addition to the provision of healthcare.

To achieve this multifaceted goal, an extensive literature review was performed to identify and address the needs of minorities in underserved areas with a focus on the East Harlem demographics. The literature review was supplemented by outreach to various local community organizations to establish partnerships and better assess the health situation perceived from within the community. The U.S. Department of Health & Human Services’ *Ten Essential Public Health Services* (TEPHS) was also utilized as a guide..

After a summer of research planning, the clinic, La Casita de la Salud, first opened its doors to patients on September 24th, 2005. It was, and continues to be, a partnership between

New York Medical College's School of Public Health and School of Medicine, Metropolitan Hospital Center, and La Clinica del Barrio. Relationships were also forged with various local East Harlem organizations such as the Little Sisters of the Assumption, and the Project HEALTH Harlem Community Resource Center. In order to provide a safe haven for undocumented residents of East Harlem to access medical care, an agreement was also made with the Consulate General of Mexico in New York. They have been actively referring their constituents to our organization.

From the start, it was imperative to integrate community organizations that already provided necessary services. Though there is a great need for many of these services, there is speculation that they remain underutilized due to a lack of patient awareness. In preliminary assessments, this was primarily caused by language barriers and a paucity of centralized sources of information. As a response, a student "Social Service Team" trained with the knowledge of myriad local services was created to refer patients to community organizations for more specialized support and care if necessary. These students also evaluate patient eligibility for a variety of insurance programs.

Closing the health disparity gap requires a multifaceted solution. Using the help and expertise of the NYMC Dean of Student and Minority Affairs and current faculty advisor for La Casita de la Salud, Gladys Ayala, MD, MPH, we implemented a required cultural sensitivity and cultural competency training for student volunteers. Knowledge of cultural factors, beliefs, and behaviors are used to create medical plans that are suitable to different populations. This increases quality of care, patient compliance, and disease outcomes in an interrelated manner (Betancourt et al., 2003).

The next part of the solution involved the reduction of language barriers. Since the majority of the patients seen at La Casita de la Salud speak only Spanish and as many as 1 in 5 Spanish-speaking Latinos report not seeking medical care because of language barriers (Smedley et al., 2002), the clinic hired a paid Spanish-speaking professional medical interpreter who would be on site at all times. The interpreter is required to be HIPAA certified and specifically trained in medical interpretation skills. The interpreter's sole responsibility is to provide interpretation services and may not be working or volunteering for the clinic in any other capacity during that time.

Interpreter services ensure that health providers and patients understand each other completely and accurately so that appropriate diagnoses, treatment plans, and regimens can be made, communicated, and followed. Clear communication and cultural sensitivity can promote trust between provider and patient, which may lead to an increase in patient compliance (Brach & Fraser, 2000). To be more welcoming to patients, the clinic was named La Casita de la Salud (The Little House of Health), and all signs and pamphlets were offered in both English and Spanish. These changes have helped to foster the atmosphere of cultural sensitivity and trust, and aid in assuring a competent individual and public health care workforce while increasing accessibility, as outlined in the TEPHS.

In addition to cultural competency, patient education and preventative medicine are emphasized in an effort to reduce health disparities. The American College of Physicians (ACP) advocates for more patient education programs specifically targeted towards minorities (ACP, 2004). At La Casita de la Salud, while patients are in the waiting room, presentations are given by the "Patient Education Team" to teach patients about East Harlem's most prevalent diseases such as heart disease, asthma, diabetes, hypertension, obesity, and cancer. Patients are also counseled on important preventative health measures such as proper nutrition and smoking

cessation. All presentations are administered in both English and Spanish at an appropriate literacy and comprehension level. These student educators are also available on a one-to-one basis to answer any specific questions that patients may feel intimidated to ask their physician. This method provides a low stress environment in which important public health concepts can be taught. The waiting room was chosen as the best area for delivery as to maximize patient time efficiency.

Preliminary evaluation of the effectiveness of our patient education component is promising. Students have been able to witness the impact first-hand. A major pervasive problem encountered was that of patient's erroneous preconceived notions or misinformation. An example that several students have reported is that patients commonly think that non-communicable diseases such as asthma and diabetes are contagious. Many patients also do not understand concepts of caloric intake in the management of their weight. Correcting these misunderstandings of health and disease is the first step in cultivating patient compliance and disease prevention.

Due to increasing financial and time constraints, physicians have been forced to reduce emphasis on some necessary services such as patient education and disease prevention. This does not diminish the responsibility of the physician to adequately counsel the patient, yet by dispersing the duty of promoting preventative medicine to other health practitioners we may significantly increase efficiency of care. Physicians should strive to reinforce preventative medicine concepts, but should not be charged with the sole responsibility of educating patients.

Another source of health disparity stems from physician supply issues. According to the Institute of Medicine, minority patients lack a consistent relationship with a health care provider because of the lack of doctors in minority communities (Smedley et al., 2002). La Casita de la Salud teaches volunteer students from New York Medical College's School of Medicine and School of Public Health various aspects of patient care. The rewarding nature of this project inspires students to choose to continue to work in underserved communities like that of East Harlem. The experience also shows students the importance of primary care in these communities. Expanding the pool of healthcare workers in underserved areas should further increase patient access to culturally sensitive providers.

Today, La Casita de la Salud is in its third year of running and has experienced improvements and growth with each successive MD class that lends its leadership. It continues to forge relationships with patients and the community at large, while at the same time providing a sense of purpose and perspective to eager doctors and public health officials to be. Hopefully, its presence will serve as an example that the fight to end healthcare disparities is a worthy one, and can be achieved.

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