

The Shifa Student-Run Free Clinic:

Bridging the Gap between the Uninsured of Orange County & the Healthcare System

I. Project Summary

“Shifa” in Arabic means “healing,” and as its namesake, the Shifa Student-Run Free Clinic aims to bring healing to the residents of Orange County by caring for the physical health and the wellness of the individual as a whole. Our clinic will act as a screening point for major health issues in the Garden Grove community, providing services to people who would have nowhere else to go, by integrating health and social services. Shifa will be a centralized treatment and referral system to direct patients to available resources in an interdisciplinary fashion. The long term goal for Shifa is to be fully integrated within the community, providing acute and chronic care needs in a culturally competent manner and to monitor and improve patient outcomes. Not only will the clinic offer medical services, it will provide for an educational setting as doctors, medical students and undergraduates all work together as a unit to make the clinic function. Grant money will go towards facilitating this transformation of the clinic from a screening, educational, and referral model to a diagnosis and treatment model. This project has three phases of implementation: 1) research, clinical services and outreach, 2) continuation of quality care for chronic illnesses and 3) improving patient outcomes.

II. Development of the Shifa Clinical Strategy: Community Outreach, Medical Prevention and Intervention Leading to Acute Care for Chronic Illnesses

Phase I entails the community needs assessment, focus groups, and community surveys. Garden Grove has been identified as a medically underserved region.⁶ For a current assessment of the health needs at this locale, the Shifa Clinic has organized a public health team which implemented a regional search using data from the Office of Health Planning and Development Geographic Information System (GIS) software, a focus group meeting with community leaders, and phone surveys throughout Garden Grove and Santa Ana. We found that this region was the most medically underserved area in Orange County.⁶ The assessment identified that racial

minorities, immigrants, and low income families do not have access to adequate and affordable health care.⁵ The main challenges to access include resource-related deficits such as lack of financial or insurance coverage, transportation challenges, and lack of time.⁵ Furthermore, a report by Hoffman on uninsured populations indicates that some patients fear deportation by immigration authorities when accessing healthcare facilities.¹ The primary barriers to healthcare access are: illiteracy, cultural and/or language barriers, and a distrust and fear of the system.¹ Shifa will overcome these barriers by providing culturally-competent care in a multilingual setting, educating patients through classes and health fairs, and maintaining strong ties to gain the trust of the community with the help of our community advisory board.

The main minority groups living in the identified areas are Latinos, South East Asians and Middle Easterners.⁵ The health needs of the community include diabetes, hypertension, obesity, dental health, and behavioral/mental health.⁵ These health problems will be addressed in phase II via culturally sensitive health fairs by providing prevention (coupled with monitoring) and intervention. Phase II is the implementation of health services in areas of high need in accordance with results generated by the community needs assessment. In the Screening, Education, and Referral model (SER), we focus on providing continuous aid to the low-income and underserved groups, regardless of their ability to pay, in a culturally sensitive manner, by having the following three goals: (1) *Screening* for basic health problems such as hypertension and diabetes which plague these communities;¹ (2) *Education and Prevention* to help decrease health disparities in the future and emphasize the importance of preventative medicine; (3) *Referral and Follow Up* to ensure patients can be connected to pre-existing continuity care clinics in Orange County. For patients with limited transportation, we will provide OCTA bus passes to remove transportation barriers to healthcare.

Phase II begins with several health fairs throughout the community, visiting several community groups and various locations that are expected to use clinical services in the future. We will offer educational classes on health risks and prevention, teaching at the clinic's location,

as well as at neighboring schools. For diabetes and hypertension classes particularly, certificates of completion will be awarded to participants and they will be trained to raise awareness of these health problems in the community to create a ripple effect. Currently the clinic is holding monthly free health fairs and will continue to provide screening, education, and referral services to patients. Recently, our healthfair has been featured in the New University newspaper.⁸ In order to continue to implement phase II, we will need monetary support to purchase certain medical supplies, produce educational materials, and offer educational classes.

In both the second and the third phases of implementation of this project, the clinic will also focus on prevention, emphasizing teaching and educating children and teenagers in schools as well as in programs at community centers. According to our report, pediatric services will recruit most family members into seeking clinic services;⁵ therefore we will have pediatric services and programs on site. The needs assessment report is to be conducted once every two years to continue monitoring changing health needs and to provide more suitable services.

III. **Future Outlook**

Phase III of the clinic is the establishment of a Diagnosis and Treatment (DAT) model of the clinic, in which patient care becomes more extensive: with the clinic open several days a week for longer hours providing patients with higher quality care. The DAT clinic will provide better monitoring of patient outcomes as management will be done within our own facility or affiliates including imaging labs, medication, ancillary services, and patient follow-up. I hope to use the Strauss Scholarship money to further develop and transition the clinic from an SER model to a DAT model.

IV. **Motivation and Feasibility**

Free clinics that are culturally competent can improve the health outcomes of the community and have promising results.² One of the free clinics we have been involved with in the past at UC Davis was able to attain cholesterol goals for 61% of the patients.³ Also, at the East Harlem Health Outreach Partnership (EHHOP) student-run free clinic, the diabetes quality-

of-care indicators were comparable to or better than averages previously reported for uninsured populations.⁷

I am working with two doctors, Dr. Khan and Dr. Barba, who have extensive work experience with the underserved, running health fairs, and starting free clinics. We are collaborating with the following local non-profit organizations: St. Anslem’s Community Center, Islamic Society of Orange County (ISOC), and local schools in Garden Grove. Our collaborators are providing venues for our health fairs and sites for education and outreach efforts. These Community Advisory Board members will advise the clinic on how to remain culturally sensitive and maintain a close relationship with the community. There is great outlook for this project, as ISOC will give the first floor of its newly purchased community center to the Shifa Clinic for a modest rent. Shifa will be housed with other programs and services in the facility that would be of interest to our target population such as: legal advising, immigration services, support programs, and development programs.

Shifa provides an academic learning environment through its multidisciplinary team of doctors, medical and undergraduate students. Students will learn clinical skills and also the business plan aspects of starting a free clinic. This program will plant the seed for America’s new generation of doctors working compassionately with underserved communities. There will also be an opportunity for medical students to shadow and intern during their rotations at Shifa once we are affiliated with the School of Medicine.

V. Project Budget and Timeline for Transitioning into the DAT model

Item	Amount/month	Amount/year		
Rent through ISOC	\$300	\$3600	Feb- March 2011	Complete development of educational materials, finalize health fair times and locations
Clinical supplies	\$333.33	\$4000	Apr-Jun 2011	Complete health fairs, continue classes, obtain supplies, open clinic as SER model
Community health education and diabetes/hypertension programs, pamphlets, posters, referrals and classroom materials	\$200	\$2400	Jul – Aug 2011	Community programs, fundraising, continue as an SER model
Total for First Year		\$10,000	Sept 2011	Open up as a DAT model

VI. References

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3. *Annual Report 2007*. UC Davis Shifa Community Clinic. Sacramento, California, 2007
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7. Ryskina KL, Meah YS, Thomas DC. (2009). Quality of diabetes care at a student-run free clinic. *Journal of health care for the poor and underserved*, 20(4), 968-81.
8. Zhou, K. (2011). UCI's Shifa Lends Helping Hands. *New University*, 22 Feb. 2011. <<http://www.newuniversity.org/2011/02/features/ucis-shifa-lends-helping-hands/>>.