Dear Colleague:

I am pleased to present to you two new and exciting publications, Planning a Rotation or Elective in the Health Care for the Homeless Program and Starting a Student-Run Homeless Clinic.

As many of you know, students are one of our Nation's greatest resources. Therefore, it is not a surprise that so many of the Bureau's programs benefit from the energy and talents of students, particularly health professions students.

These publications will fill an important void by providing health professions students with a wealth of information at their fingertips related to service learning through Health Care for the Homeless programs nationwide.

Whether students are interested in broadening their educational experience or exploring possible long-term career options, they will now be able to use one or both of these publications to help them identify possible avenues for doing so.

It is our hope that both of these publications will be a great resource for health professions students, faculty, and homeless health care providers alike.

Sincerely,

Marilyn H. Gaston, M.D.
Assistant Surgeon General
Associate Administrator

This publication was produced by the American Medical Student Association/Foundation through a purchase order from the Health Resources Services Administration, Bureau of Primary Health Care.

We welcome comments and suggestions about this publication. Please contact Kim Evans, Public Health Analyst at the Bureau of Primary Health Care at 301-594-4474 or by e-mail at kevans@hrsa.dhhs.gov.

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Foreword

"By addressing access and by being nonjudgemental about homeless people's lives and conditions, small, simple interventions can lead to significant improvement in health" (Fournier, 1993).

There are many reasons to start a student-run homeless clinic, as countless health professions students across the country can attest. First, it provides students the opportunity to have real clinic experiences early in their careers with the added benefit of providing needed community services. Students work within the community, alongside community members, for the betterment of the community. As such, students are not only introduced to the practice of medicine, but begin to understand the art of medicine. Second, working at a student-run homeless clinic also exposes students to primary care medicine from the perspective of a multidisciplinary team approach. "The team structure allows students to learn not only from the physician faculty, but from the nurses, nurse practitioners, physician assistants, social workers, volunteer specialists, and previously homeless employees. The complexity and severity of our patients' medical and social problems make collaborative efforts mandatory" (Fournier, 1993).

In their own way, student-run homeless clinics can have a lasting impact. While not professing to have the means to tackle the larger issues of poverty, social injustice and welfare reform that are linked with homelessness, student-run clinics can provide necessary services, education and support for people who desperately need them.

Working with a homeless and underserved population is not particularly easy, but neither is homelessness. On occasion, our presence may seem to be unappreciated and inconvenient, as we are imposing a standard of health care that emphasizes wellness and prevention onto a group of people who, by necessity, live in the immediacy of the present. For the most part, however, our work is greatly appreciated and rewarding" (Homeless Outreach Project, 1995)

Foreword

The purpose of this manual is to provide a "how-to" framework for the development of a student-run clinic. Be forewarned that the nature of the topic makes reading the manual from cover to cover an arduous task. Rather, it is suggested that the manual be used as a resource, referring to the table of contents and index for specific areas of interest.

The manual details, in an example-based fashion, the phases for the development of a student-run clinic. It is important to note that the clinics that are referenced fall along a spectrum of student involvement, from entirely student-run clinics to student participation in existing clinics. Because clinic structuring will be determined based on community needs, volunteer support and financial backing, it is helpful to see how various student-run clinics approach various stages of clinic development.

Along the way, students may discover that although they would like to institute a student-run clinic, the community may not view this as a priority. If this is the case, or there are other obstacles that make it difficult to start a clinic, an alternative is doing a rotation with a previously existing health care for the homeless clinic or other federal program sites.

Executive Summary

The Bureau of Primary Health Care, in cooperation with the American Medical Student Association/Foundation has developed this guidebook to assist health professions students who are planning to establish a student-run homeless clinic. Student-run homeless clinics can provide necessary services, education and support for people who are homeless.

Health Care for Homeless People

Although it is difficult to quantify the actual number of homeless people in the United States at any given time, few would deny that it continues to be a growing problem. Estimates made by *Priority: Home! The Federal Plan to Break the Cycle of Homelessness* indicate that on any given night, approximately 600,000 people are homeless. Nearly seven million people have experienced homelessness between 1985 and 1990 (Health Care for the Homeless Directory, 1997). The fastest growing segments of the homeless population are children and families. With the welfare reform initiatives of 1996, this number may continue to increase.

Homelessness has many factors that contribute to its existence: some of the main causes are poverty, lack of affordable housing, under- or unemployment, decreases in public assistance, history of abuse or neglect as a child, substance abuse, and chronic diseases (both mental and physical). All add to the increasing number of people forced to live in shelters or on the streets and, unfortunately, tend to keep them there.

Student-Run Clinics

Student-run homeless clinics have been in existence for the past 30 years. The first clinics were developed at a time when the country was embroiled in the Vietnam War and enthusiasm for social activism was high. There are many reasons to start a student-run homeless clinic. Student-run clinics provide students with the opportunity to have real clinic experiences early in their careers, with the added benefit of providing needed community services. Students work within the community, alongside community members, for the betterment of the community.

Starting a clinic is no small task. It requires an intense commitment on the part of a small group of students. Fledgling clinics are faced with

Executive Summary

the task of funding, finding volunteer staff, and trying to balance educational and service goals. Student organizers must contend with these issues while trying to keep up with the demands of their own education. Students who volunteer at student-run homeless clinics often come from different ethnic, geographic and cultural backgrounds than the population with whom they are working. This may pose some difficulties in terms of being welcomed into the community. Fundraising is also a major hurdle in both starting and running a clinic. The question of whether or not to involve the university is one that must be answered early in the start-up efforts. Transition to the next governing student body is another difficult challenge facing new clinics.

There are both advantages and disadvantages to student-run clinics. One major downside is problems with continuity of care. Seeing patients for follow-up is difficult in a traditional clinic setting, but is compounded by obstacles for both the patient (scheduling, transportation, finances, weather) and students (scheduling, exams, studying). Most programs tend to have too many students who are interested in working their clinics.

Service Learning

Service learning seeks to find a balance between service and learning while fulfilling community needs. As a result, all involved parties benefit. In the case of a student-run clinic, students learn practical skills in history taking, physical exam, communication and clinic management, while the community benefits from necessary medical and social services.

Working with Communities

A community needs assessment should be conducted to discern if a need exists, and whether students have the capacity to fulfill that need. Establishing community linkages is an essential phase in the start-up of a student-run clinic.

Services to Provide in Student-Run Clinics

Determining the type of care provided is one of the most difficult assessments to make and often overwhelms most fledgling clinics.

Executive Summary

Most student-run clinics focus on problem-oriented visits. Taking histories and physicals, making clinical assessments, and developing treatment plans is generally the approach taken. Referral services, preventive measures and social services are also usually offered in the most modest of student-run clinics.

Interdisciplinary Teamwork

Involving other health professions students is important because the health and social issues of homeless people are complex. No one group can do it all because each group brings its own strengths and weaknesses to the clinic.

Funding a Clinic

Students interested in starting a clinic should first look within the university for funding. Other resources within the school itself include the school's national professional school chapter, health professional alumni associations and specific departments. Grants are another potential source for funding.

Quality Assurance

Quality assurance is an important aspect of all clinics and should be incorporated into the planning of a student-run clinic. A quality improvement plan is beneficial because it can reduce costs, decrease burnout, improve morale and build strong teams.

Starting a student-run homeless clinic can be an exciting, rewarding achievement. This guidebook is designed to serve as a resource and to provide information to students who are contemplating starting a clinic. Balancing education and service to the community can be a challenge, but can make the difference in the lives of people who are homeless.

Section 1

Introduction

According to Title I of the McKinney Act, a homeless person is "(1) an individual who lacks a fixed, regular, and adequate nighttime residence; [or] (2) an individual having a primary nighttime residence that is a) a supervised or publicly operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); b) an institution that provides a temporary residence for individuals intended to be institutionalized; or c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings." Homelessness, however, cannot be summed up by defining housing status alone; it encompasses a much broader range of social issues that are directly linked to, and often magnified by, homelessness.

Although it is difficult to quantify the actual number of homeless people in the United States at any given time, few would deny that it continues to be a growing problem. Estimates made by *Priority: Home! The Federal Plan to Break the Cycle of Homelessness, 1993,* indicate that on any given night, approximately 600,000 people are homeless. Nearly seven million people have experienced homelessness between 1985 and 1990 (*Health Care for the Homeless Directory*, 1997). A survey conducted nationwide suggests that as much as 7.5 percent of the adult population questioned had been homeless at one point in their lives (Link, 1994). In addition, the fastest growing segments of the homeless population are children and families. With the welfare reform initiatives of 1996, this number will no doubt continue to increase.

Homelessness has many factors that contribute to its existence. Some of the main causes include poverty, lack of affordable housing, under- or unemployment, decreases in public assistance, history of abuse or neglect as a child, substance abuse, and chronic diseases (both mental and physical). All add to the increasing number of people forced to live in shelters or on the streets and, unfortunately, tend to keep them there.

Introduction

Deficiencies in the social structure of the community also lend to the conditions that place people at risk. Some of these conditions include housing shortages, deinstitutionalization policies, changes in the industrial economy, failed educational systems, racism and inadequate income supports (Koegel, 1992). Lack of food, clothing and shelter are issues that these individuals must face every day.

Causes of Homelessness

- *Unemployment and other employment-related problems*
- *Lack of affordable housing*
- *Substance abuse and the lack of needed services*
- *Mental illness and the lack of needed services*
- *Domestic violence*
- *Family crisis*
- *Poverty or insufficient income*
- *High cost of living*
- *Inadequate welfare benefits*

(Generalists Physicians in Training, Projects-in-a-Box, AMSA, 1997)

Special Considerations When Working With Homeless People

- *Health issues*
- *Mental health*
- *Substance abuse*
- *Housing*
- *Financial limitations*
- *Access*

Issues Affecting Health

Homeless individuals suffer from nearly twice the number of medical problems than those individuals who are not homeless (HCH Directory, 1997) and have nearly four times the death rate (Hibbs, 1994). For example, in Atlanta for the years 1988-1990, the average age of death for homeless persons was 46 years of age, with half of those deaths attributed to acute or chronic effects of alcohol (Hanzlick, 1993). Homeless people are more susceptible to acute illnesses and traumatic injuries and have to contend with the elements as well as worry about physical harm. A combination of poor nutrition and hygiene in conjunction with overcrowded shelters or living on the streets contributes to these susceptibilities. Tuberculosis, AIDS, substance abuse, mental health problems and domestic violence are particularly prominent with homeless people, as are chronic problems like hypertension and diabetes. Homeless children tend to fall behind on immunizations and are more likely to be malnourished. Yet, homeless individuals often do not seek medical attention because of obstacles that prevent them from accessing health care.

Barriers to Health Care

Some barriers that are inherent to homelessness itself include transportation issues and financial limitations. Many individuals cannot afford to travel on public transportation. If they can afford a bus fare or subway token, the majority are uninsured and can't afford to pay for doctors' services out of pocket. Language barriers may also limit service provisions. Above all, many homeless individuals have grown to distrust the medical profession. They wait longer for treatment and as a result usually end up in the emergency department. These issues faced by homeless people make for very complicated scenarios that are best tackled by a multidisciplinary team approach.

Special Considerations When Working With Homeless People

Potential Barriers to Accessing Health Care Among Homeless People

- *Health care not a priority*
- *Denial*
- *Shame*
- *Fear*
- *Distrust*
- *Address requirements and lengthy processing*
- *Transportation*
- *Crowded waiting rooms*
- *Long waits for appointments*
- *Language barriers*
- *Illiteracy*
- *Limited access to telephones, showers and laundry facilities*
- *Unfamiliarity with available services*
- *Lack of skills to manage red tape*
- *Lack of follow-up*

(Watkins-Tartt, 1994)

Background and History of the McKinney Act

In an effort to address the increasing numbers of homeless people in the United States, Representative Stewart B. McKinney of Connecticut began to lay the groundwork in 1982 for what would ultimately become known as the McKinney Homeless Assistance Act, Public Law 100-77, in 1987. Homelessness was recognized as a growing problem in the early 1980s. The Robert Wood Johnson Foundation and the Pew Memorial Trust, in conjunction with the U.S. Conference of Mayors' Health Care for the Homeless Program, funded 19 demonstration projects in 1984 to address the medical needs of homeless persons.

McKinney and others in Congress took notice; with bipartisan support they developed the Homeless Person's Survival Act in 1986, which provided emergency and preventive services to homeless people and sought to identify and develop long-term solutions. One answer was the Homeless Eligibility Clarification Act, which dropped the requirement of having a permanent address as a precursor to qualifying for federal assistance programs. The Homeless Person's Survival Act, in combination with the Homeless Housing Act, which provided emergency shelter and transitional housing, was reintroduced as the Urgent Relief for the Homeless Act. Representative McKinney died before the bill received presidential approval. In honor of his dedication to the issue of homelessness, the Urgent Relief for the Homeless Act was renamed the Stewart B. McKinney Homeless Assistance Act and was signed into law by Ronald Reagan in July 1987.

The purpose of the original McKinney Act was to assist homeless individuals by providing emergency food and shelter, educational opportunities and job training, establishing transitional and permanent housing, and addressing health care concerns. The act was not meant as a panacea, but was intended to serve as a springboard for the development of further actions to help fight against homelessness. As then-Senator Al Gore stated in March 1987: "[McKinney] is an essential first step towards establishing a national agenda for action to eradicate homelessness in America..."(Congressional Record pS3683 3/23/87).

"We need to help the people who are homeless today with a place to live, food and medical attention, and a way to get back into society. We need to reach out to people who may be homeless tomorrow so that they never get to that point."

Stewart B. McKinney

Background and History of the McKinney Act

Amendments to the McKinney Act have taken additional steps toward solving the problem of homelessness. In 1990, the Shelter Plus Care Program was added to provide housing assistance to individuals with disabilities, mental illness, AIDS, and alcohol and drug addictions. Efforts to expand the educational opportunities for homeless children continued. In 1992, the Rural Homeless Housing Assistance Program was instituted and the Access to Community Care and Effective Services and Support (ACCESS) program was established to integrate services for the mentally ill. Despite these advances, the McKinney Act has not been spared from setback. Over the 10 years of its existence, support for the McKinney Act has dwindled. In fiscal year 1996 alone, the programs saw a 27 percent cutback overall (National Coalition for the Homeless website); many programs lost all of their funding. Attempts have been made, albeit unsuccessfully, to repeal some of the authorizations for other programs created under the McKinney Act. Despite these setbacks, the McKinney Act continues to make a difference in the lives of homeless individuals across the United States.

Health Care for the Homeless Program

Title VI of the original McKinney Act added Section 340 to the Public Health Service Act. This provision authorizes the Secretary of Health and Human Services to award grants to organizations that provide health care to homeless individuals thus establishing the Health Care for the Homeless (HCH) Program. The HCH Program embraces a multidisciplinary approach with emphasis on issues that relate to all aspects of homelessness: health care, housing, substance abuse, mental health and case management. This is accomplished through:

- the formation of clinics at sites that are readily accessible to homeless individuals, such as shelters and soup kitchens
- providing referrals for emergency services and in-patient care
- emphasizing outreach services to deal with issues of housing and substance abuse

Background and History of the McKinney Act

Since its inception in 1987, the HCH Program has provided support to nearly 130 grantees nationwide. As the 1997 Health Care for the Homeless Directory highlights, the majority of sites are located in urban centers, but evidence of the growing epidemic of homelessness can be observed in the fact that 15 percent of the grantees are rural communities. Data from 1997 reveal that the majority of clients in the HCH program are male (60.5 percent) and 30 percent of the clients are males between the ages of 25-44. The largest minority group of homeless clients is African Americans, representing 43 percent of homeless clients (HCH Program Data, 1997). More than half of all patients seen had no financial resources whatsoever. Most were living in shelters (44 percent) or on the streets (14 percent), and the remainder were in transitional housing or stayed with friends. Clearly, efforts to combat homelessness have helped, but have not halted, its progression.

History of Student-Run Clinics

To date, nearly 50 health professional schools boast involvement with student-run homeless clinics, with many providing a main source of ambulatory health care for the communities they serve.

Student-run homeless clinics have been in existence for the past 30 years. The first clinics were developed at a time when the country was embroiled in the Vietnam War and enthusiasm for social activism was high. In the fall of 1967, 10 students from various groups at the University of Medicine and Dentistry of New Jersey (UMDNJ) organized the Family Health Care Center in the wake of the Newark summer riots. With $20,000 in funding obtained from the State Health Department, the clinic started offering service one evening a week in one of the university hospital clinics in July 1968. Shortly thereafter, clinics began to emerge in St. Louis, Missouri; Chicago, Illinois; Louisville, Kentucky; and Durham and Chapel Hill, both in North Carolina.

On the opposite side of the country, La Clinica de la Raza (LCDLR) was started by students at the University of California at Berkeley (UC Berkeley) in a barber shop in East Oakland, California, to address the health needs of underserved Latinos and Mexican immigrants. Since its inception in 1971, LCDLR has grown from a free clinic run by volunteers to three sites staffed by more than 200 individuals. In 1971, the University of California at Davis (UC Davis) opened the doors of Clinica Tepati, a very successful student-run clinic. Its sister program, the Asian Clinic, was also started at that time.

The 1980s saw more homeless clinics established with student involvement. In 1984, an intern from the University of Miami internal medicine department started the Camillus Health Concern, which is now a required rotation site for all its medical students. Other schools offered credit for rotating through their student-run clinics, including the University of Colorado, which offered credit for rotations at its South Street Clinic. In 1989, Hahnemann University and Medical College of Pennsylvania (which merged to form Allegheny University) began their Homeless Outreach Project after two students read an article in *The New Physician* about clinics for homeless people that were run by students from other medical schools. From its modest beginnings, the Homeless Outreach Project now operates five clinics in the Philadelphia area and was named the 809th "Point of Light" by George Bush in 1992.

History of Student-Run Clinics

The 1990s gave rise to such influential student-run clinics as the Suitcase Clinic at UC Berkeley, the Homeless Clinic at the University of California at San Francisco (UCSF), University of Pennsylvania's University City Hospitality Coalition, and a host of other student-run clinics. Other programs, such as the Rush Prenatal Program, have been recognized for their success. At the 1991 Association of American Medical Colleges annual conference, representatives from other medical schools were most impressed by the fact that:

"(a) the program was student generated, that is, it evolved from the students' desire for real community involvement;

(b) it combined community service with active learning (biomedical and psychosocial);

(c) it appealed to one of the highest traditions in medicine—volunteerism; and

(d) there were many other skills—organizational, interpersonal, writing, presenting, and so forth—that the students acquired as part of the participatory process" (Bardack & Thompson, 1993).

Eight Steps for Starting a Student-Run Clinic

1. *Assess population demographics*
2. *Determine what can be done*
3. *Find a place to conduct clinic*
4. *Develop community partnerships*
5. *Take stock of human resources*
6. *Acquire material resources*
7. *Draft a mission statement*
8. *Set long-range goals*
9. *Plan your work and work your plan*

(Adapted from Jerry Cohen, the Homeless Clinics Project, Hahnemann University School of Medicine JAMA, February 1, 1995—Vol 273, No. 5.)

Section II

Why Start a Student-Run Homeless Clinic?

- *Community clinic experience*
- *Learn from other Students*
- *Cost-effectivenes*

Community Clinic Experience

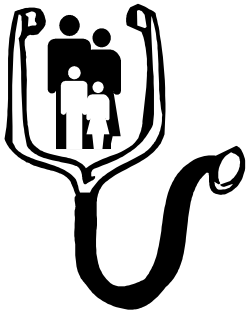
Students establish clinics for numerous reasons. Student-run clinics provide students with the opportunity to have realistic clinic experiences early in their careers. In the past, students were not exposed to patient contact until their clerkship years. By working in a student-run homeless clinic, students gain experience seeing patients with the added benefit of providing needed community services. Because many students have volunteered in clinics, emergency rooms, shelters or other venues prior to starting professional school, working in a clinic is a way to capitalize on this volunteer spirit before it is dashed by the rigors of academia.

Learn from Other Students

Most clinics affiliated with medical schools are set up to have first- and second-year students working side by side with upperclass students. Usually, the younger students elicit the history and perhaps the physical, and then present their findings to third- and fourth-year students. Then, the team either re-examines the patient together or presents the patient again to a volunteer faculty member. By intermingling student classes, first- and second-year students can learn from the upper classes. Conversely, this provides a chance for older students to teach younger medical students, a skill that is unfortunately not taught in medical school, but expected in residency. As an added bonus, it provides a pressure-free learning environment that is vastly different from learning medicine on the wards.

Cost-Effectiveness

Student-run homeless clinics, while providing health care to underserved, special populations, can also prove to be cost-effective for their academic overlords. The Homeless Outreach Project demonstrates the effectiveness of a student-run homeless clinic. The project consists of a network of clinics at five area shelters that provide basic health services to underserved communities in Philadelphia. The clinic is administered by medical and physician assistant students, with more than 300 students



Why Should Students Volunteer?

- *Exposure to community medicine*
- *Initial presentations*
- *Learning opportunities*
- *Fulfilling experiences*

"Some students are hesitant the first time they visit a shelter, not knowing what to expect from the homeless, but they quickly learn that the homeless, like students, are ordinary people" (Collins, 1995).

working as volunteer staff each year. Serving close to 2,200 patients each year, it is estimated that the Homeless Outreach Project has saved the Hahnemann Emergency Department more than $40,000 in a one-year period.

Exposure to Community Medicine

A compelling question that begs to be answered is: "Is a hospital affiliated with an academic medical center the most appropriate atmosphere in which to train physicians?" (Reuler, 1994). In such settings, students have the advantage of being exposed to more exotic disease presentations and the latest technological treatments. However, the majority of health professional graduates will not be working in tertiary care facilities, so it makes sense to expose individuals early in their careers to community medicine early where they will face a more realistic patient population. It is even believed that earlier exposure to a community medicine experience will shift student interest in favor of primary care.

Initial Presentations

"From an academic point of view, the thing that impressed me was the fact that most of the patients and conditions I saw were first-time presentations. This gave me the valuable opportunity of being the first to examine and diagnose the condition... Socially speaking, the experience was equally valuable. The shelters were humbling and, at times, shocking eye openers to the poverty and destitution that can exist in a wealthy country" (Scharer, 1990). Working at a student-run clinic can offer a student the opportunity to make initial assessments on a variety of physical and mental conditions. Because students may have never worked with homeless individuals before, working at a student-run clinic is a good way to shatter stereotypes.

Why Should Students Volunteer?

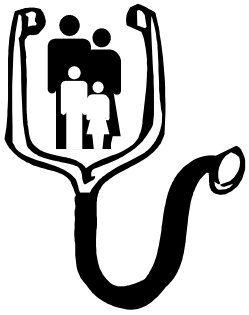
Learning Opportunities

Students find that the learning opportunities afforded to them when working with the homeless have been an invaluable part of their education. "The UMSM [University of Miami School of Medicine] students were asked to evaluate their clinical training sites. Camillus Health Concern was rated as the place students would most like to spend more time. It was rated the best setting to learn clinical knowledge of common problems, social responsibility, ambulatory medicine, cost consciousness, meaningful interaction with faculty, student responsibility and adequacy of supervision...ranked second only to the major teaching hospital as a place to learn clinical knowledge of unusual problems and to private physicians' offices as a place to learn positive patient interactions" (Fournier, 1993). Their new knowledge reaches beyond the classroom and covers even broader social learning.

Fulfilling Experiences

"Students have often stated that they reap more benefits from the program than do the guests. They express gratitude to the guests, who have taught them not to take things at face value, who have shown them the fear in suspicion, the hurt in anger and the strength they manifest in spite of being homeless. The students feel changed by the experience and more accepting of themselves" (Scharer, 1990). As one medical student put it: "As a participant, it was the most significant thing I'll do in medical school... It was an incredible learning experience" (Ward Carpenter, HIPHOP, telephone interview 1998).

"Student-run clinics provide students with an opportunity to develop a professional practice that emphasizes community involvement, critical reflection, a desire to fight injustice and a commitment to active citizenship" (Ratner, 1997).



Challenges of Starting Student-Run Clinics

- *Continuity of care*
- *Long waits*
- *Service limitations*

Students cite many advantages of participating in student-run clinics. The opportunity to help others is often mentioned first, followed by the chance to apply classroom learning early in their medical careers, the chance to work with a multidisciplinary team and to "make a difference." Students have the advantage of spending more time with their patients and feel that they are better able to empathize with patients. Education is also a two-way street. Not only can the patient benefit from the services available at a student-run clinic, but the student also benefits, by acquiring communication skills that are best learned by experience. Students also have the chance to become involved in outreach, community activism, fundraising, grant writing and networking.

Continuity of Care

One major downside to student-run clinics is problems with continuity of care. Seeing patients for follow-up is difficult in a traditional clinic setting, but is compounded by obstacles for both the patient (scheduling, transportation, finances, weather) and students (scheduling, exams, studying). Most programs tend to have *too* many students who are interested in working their clinics. As such, students are scheduled for a few clinic slots that are often scattered throughout the year, making continuity difficult. Ways to overcome this would be to get students involved in various clinical experiences that have limited patient contact, but nonetheless are important for day-to-day functioning such as scheduling, fundraising, filing and marketing. For those students who may envision a career in the "business" of medicine, such as management, policy, hospital administration or academia, these skills would prove invaluable.

Patient Waiting Times

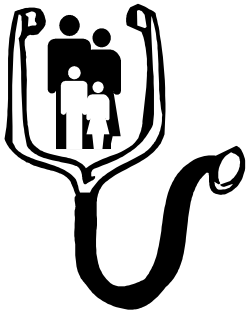
Another problem inherent, but not unique, to student-run clinics is long waits for clients. Oftentimes, patients must be examined by at least two students before seeing the health care provider in charge, which could potentially extend what would normally be a 15-minute appointment to an hour or more. In the process, patients may feel that they are being treated like "guinea pigs." To circumvent this, students

Challenges of Starting Student-Run Clinics

need to ask for permission to interview patients, explain their role clearly and be considerate when patients do not cooperate. Be sure to avoid letting student objectives override patient care. Finding the happy medium between the two is a challenging proposition.

Service Limitations

Students may also be misled into believing that they are "doing good" when in reality that may not be the case. "Although I am pleased that the clinic has become accepted...I am concerned about the message our presence may be sending. During the summer, I attended a meeting (along with other students who organize homeless health clinics) where speakers from the Philadelphia Health Management Corporation talked about health-care delivery to homeless persons. They warned us of the danger that these small clinics may become substitutes for using a primary care physician, and thus serve only as a Band-Aid stations providing immediate care but concealing larger health problems. I became acutely aware that we may actually be doing the clients we serve a disservice. The clinic is not equipped to provide comprehensive care and should serve only as a stepping stone" (Presser, 1995). Student-run clinics are often limited in the services that they are able to provide due to funding constraints, yet another problem associated with student-run clinics.



Common Struggles When Starting a Clinic

- *Cultural differences*
- *Building a multi-discplinary team*
- *Clinic autonomy*
- *Transitioning student leaders*

A list of Heath Care for the Homeless Grantees can be found on the Health Care for the Homeless Information Resource Center web site. The address is: http://www.prainc.com/hch/intro.htm

Starting a clinic is no small task. It requires an intense commitment on the part of a small group of students. For example, it took five to ten students working together during a two-year period to launch Clinica Tepati in Davis, California. Clinics are often started on enthusiasm alone, which often wanes over time as challenges arise. Fledgling clinics are faced with the task of funding, finding volunteer staff, and trying to balance educational and service goals. Student organizers must contend with these issues while trying to keep up with the demands of their own education.

Cultural Differences

Students who volunteer at student-run homeless clinics often come from different ethnic, geographic and cultural backgrounds than the population with whom they are working. This may pose some difficulties in terms of being welcomed into the community. Students sometimes further undermine their efforts by attempting to label community members as "homeless" or "underserved." People may not want to be clumped together or classified in such a way. To combat this, involve the community early to establish trust and emphasize the strengths of the community. Students should talk to people at shelters and soup kitchens, attend community meetings and make their presence known before setting up shop. Students should also speak to representatives from area Health Care for the Homeless Federal Grantees and other area clinics who may also be able to assist in preventing these pitfalls.

Building a Multidisciplinary Team

The issues of homelessness are best approached by building a multidisciplinary team, which in itself can be challenging. Volunteers at the Suitcase Clinic are comprised of representatives from the graduate and professional level, including medical, law and chiropractice students, as well as physicians, social workers and nurses. To help these volunteers have a common goal, the clinic adopted a quote from an Australian Aborigine woman to help keep things in perspective: "If you are here to help me, then you are wasting your time. But if you are here because your liberation is bound up in mine, then let us begin" (Lily Walker, from the Suitcase Clinic manual).

Common Struggles When Starting a Clinic

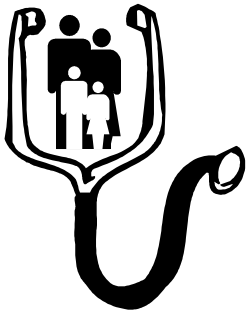
Clinic Autonomy

Fundraising is also a major hurdle in both starting and running a clinic. The question of whether or not to involve the university is one that must be answered early in the start-up efforts. The student director of the Equal Access Clinic in Gainesville, Florida, maintains that the clinic is entirely student-run and has been since its inception six years ago. The university offered financial support, but it was refused because organizers did not want any subsequent advice on running the clinic. Currently, members of the board are debating whether or not to purchase land for a clinic site. In order to do so, the clinic must become incorporated in order to appear as an attractive charity to get a land grant. In this way, it can continue to be entirely student run.

Transition of Student Leaders

Transition to the next governing student body is another difficult challenge facing new clinics. Nothing would be more devastating than to get a clinic up and running only to have it flounder in the hands of students who may be unprepared for the challenges of managing a clinic. What usually happens during the transition in leadership is that the incoming group of officers tends to want to run the clinic their own way, which often "ruffles the feathers" of outgoing officers. "As with other student organizations, the transition from one student leadership core to the next is crucial. With a poor transition, the organization loses some of its history and effectiveness" (Ratner, 1997).

Students may also assume their help is wanted. Keep in mind that students are dealing with groups who, more than likely, have been made empty promises by politicians, community leaders and other agencies.



The Role of Service Learning and Community Oriented Primary Care

Service learning is "an experiential educational methodology by which people learn and develop through active participation in thoughtfully organized service experiences" (Greenberg, 1997). It differs from community service and volunteerism in that these efforts tend to focus more on providing the service. In contrast, internships and fieldwork are defined more by participant involvement and growth. Service learning seeks to find a balance between service and learning while fulfilling community needs. As a result, all involved parties benefit. In the case of a student-run clinic, students would learn practical skills in history taking, physical exam, communication and clinic management, while the community would benefit from necessary medical and social services. If this balance is met, student-run clinics can be effective purveyors of community-oriented primary care.

Community-Oriented Primary Care

Community medicine covers the gamut of public health-oriented care: maternal and child health, communicable diseases, sanitation and nutrition, focusing on the community as a whole rather than on segments of the population. "There is no reason why primary health care should be confined to the treatment of individual patients. In fact, there is a strong case for enlarging the traditional horizons of the primary care practitioner from the strictly clinical to the epidemiologic and community aspects of care. It is this which I refer to as community-oriented primary health care" (Kark, 1981).

Primary care should be "rooted in communities, for communities, and with communities." (Geiger, 1993)

The Four Steps of Community-Oriented Primary Care

1. *Defining and characterizing the community*
2. *Identifying community health problems*
3. *Developing programs to address the identified health problems*
4. *Monitoring the impact of the program*

(Nutting, 1990).

Section III
Initial Planning Stages

- *Preplanning*
- *Develop a timeline*
- *Flexibility*

Conducting a Needs Assessment

- *Contact local agencies*
- *Community Involvement*

Initial Planning Stages

Planning is the key to success. "A successful program begins as an idea that is shaped and molded through a process that is preplanned. Those who are in charge need to give thought to who should be involved, when the best time is to plan such a program, what data are needed, where the planning should occur, what resistance can be expected, and, generally, what will enhance the success of the project" (Timmreck, 1995). Developing a timeline will help steer the planning process and is invaluable for instituting a long-term plan for the student-run clinic. Assessing and adjusting to changes in plans is necessary if the clinic is to be successful. Everyone involved in the clinic is responsible for quality control. This topic will be addressed later in the manual.

Conducting a Community Needs Assessment

Local Agencies

A community needs assessment should be conducted to discern if a need exists, and whether students have the capacity to fulfill that need. To avoid duplicating existing services, contact agencies that serve homeless people. The local health department or community health center may be able to provide information on needs assessments they have conducted, start-up funds, expertise in community health projects, and in some instances, they may even be able to provide a site for the clinic.

- Municipal government
- Public health board
- Local shelters
- Health Care for the Homeless grantees
- Local American Red Cross branch
- Salvation Army
- Local religious groups or charities

Conducting a Needs Assessment

Community Involvement

Often, students get bogged down in the needs or deficiencies of a community. Robert Ratner, a medical student who worked with the Suitcase Clinic, maintains that it is also imperative to assess the strengths of the community as well. He feels that this can be done by getting to know the people in the community, be it through one-on-one discussions or organized discussion groups. As one of the founders of S.H.A.R.E. (Searching How to Achieve Respect and Empowerment), a group of students and clients that meet to discuss Suitcase Clinic operations on a monthly basis, Ratner states that his interaction with this group has been one of the most rewarding experiences he has had in relation to the clinic. The group has been able to make an impact outside of the clinic, as evidenced by its successful campaign to continue a community shower program.

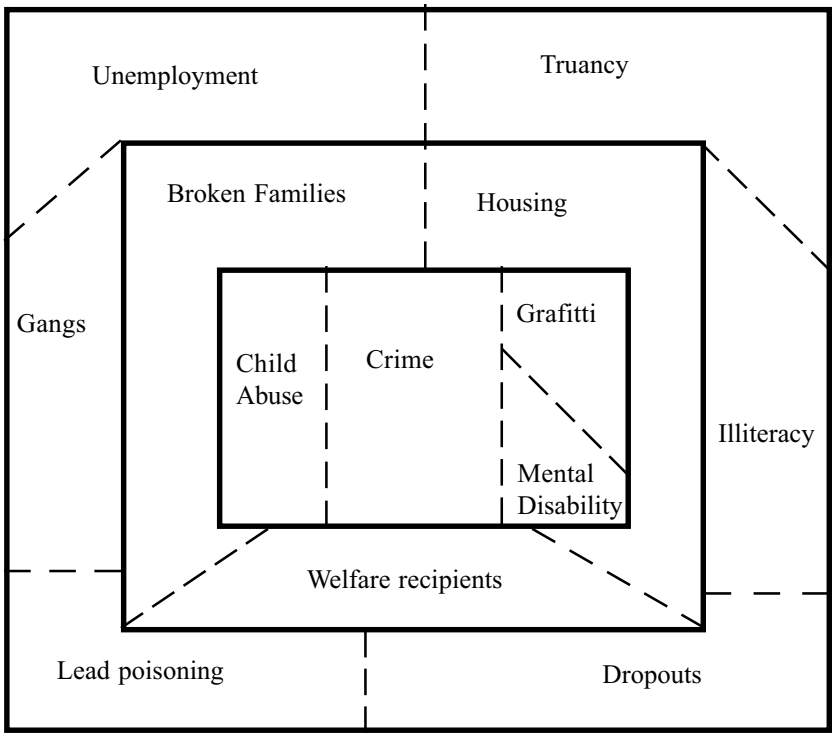
When determining community needs, question community leaders. See the Worksheets and Activities section, page 70, for a sample community leader survey. After gathering this information, utilize an approach developed by John P. Kretman and John L. McKnight in *Building Communities from the Inside Out.* Using the maps on the next page, identify an area of community need and match it with the corresponding area in the community assets map. For example, if unemployment is prevalent in the community, identify the thriving businesses in the area. In this way, strengths can be ascertained and answers generated from within the community itself.

"Students often describe these communities as 'needy,' 'dependent,' 'underserved,' 'vulnerable,' and 'less fortunate.' It is rare to find student leaders referring to the communities they work with in terms of their strengths." (Ratner, 1997)

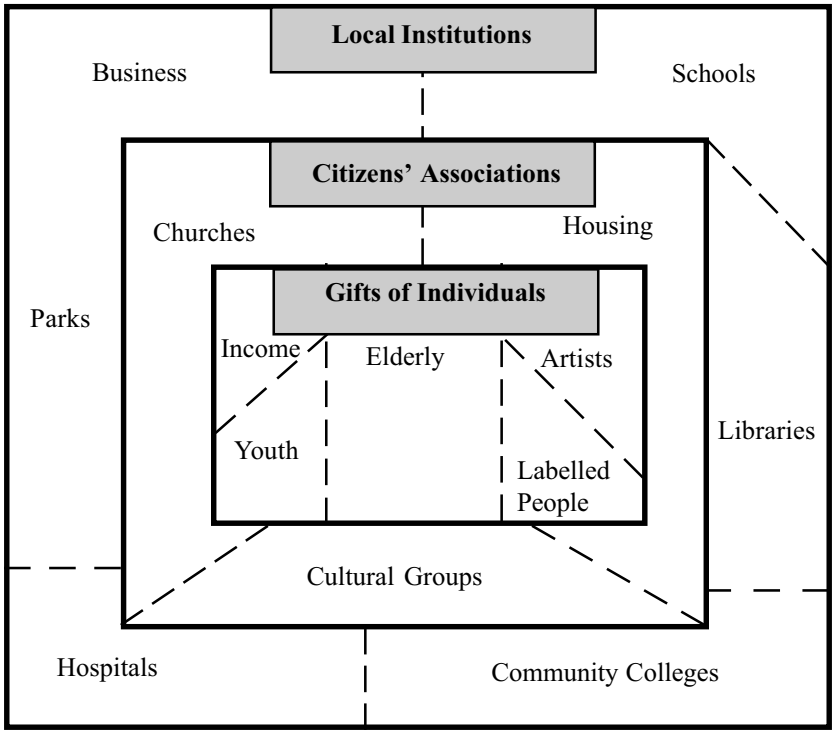
"Founders of student-run clinics are often community outsiders unfamiliar with the nuances of the 'outsider-defined' communities they target. When outsiders create programs for communities that are not involved with the organizational planning process, they create programs based on their own perceptions of a community's deficiencies and needs. The strengths and resources of the community are not usually considered. Such a process results in services that the agency can provide rather than services and programs the community wants." (McKnight & Kretzmann, 1992)

Mapping Assets

Neighborhood Needs Map



Community Assets Map



Community Collaboration

- *Involve community leaders*
- *Devise a specific proposal*
- *Encourage community empowerment*
- *Offer training*

Avoid overburdening community leaders, but be sure to involve them.

Establishing community linkages is an essential phase in the start-up of a student-run clinic. "In the past, students involved in community health projects have often tended to burden local community leaders with more responsibility than they are prepared to handle. Any health science students interested in establishing a community health project should first approach the local leadership with a specific proposal that clearly outlines both student and community responsibilities" (Levy and Applegate, 1972). As students from the Greater Louisville Organization for Health (GLOH) found out the hard way, developing this is imperative.

Case Study

In 1969, GLOH, a student-run health project in Louisville, Kentucky, decided to set up a screening clinic in an impoverished area of Louisville. Instead of selecting an area based on the community's readiness, students chose an area based on "(1) income level, (2) racial mixture, and (3) statistical proof of the overall health of the residents." Area council leaders "suggested an informal approach (for example, attend council meetings, take part in other council activities) before actually proposing anything specific." After several months, the students began to conclude that they had gotten in over their heads and were unable to come up with a specific proposal for their clinic. At a community meeting that was covered by the press, the community demanded to know what the students were specifically planning for the clinic. "The subsequent news release portrayed us as a group of health science students who proposed a comprehensive health plan for the Russell area. Although this allegation was, in fact, untrue, GLOH's lack of specificity allowed the reporter to print what he wished. The same Russell-area people with whom we hoped to work in planning the student-run clinic were presented, via the press, with a very extensive program. The framework for doubts and suspicions had been laid...(and) local leadership became increasingly suspicious of GLOH's motives...Finally it became mutually beneficial to terminate the 'relationship.'" (Levy & Applegate, 1972).

Community Collaboration

Empowerment is a concept important to the development of trust. It involves "analyzing ideas about the causes of powerlessness, recognizing systematic oppressive forces, and acting both individually and collectively to change the conditions of our lives...a process one undertakes for oneself...not something done 'to' or 'for' someone" (Lather, 1991).

Learning by Experience

Although this occurred almost 30 years ago, the lessons learned by GLOH members are still relevant. In their second attempt, GLOH approached neighborhood councils to see who would be interested in their services. GLOH supplied each council with a clinic proposal, which clearly outlined the services GLOH would provide and what effort was expected from the council in return. Its limitations as a student-run organization were emphasized as well. The council that responded most positively was chosen as a site for the new clinic. It was then determined that a board of advisors consisting of council members and other organizations could best serve as a steering committee for the clinic's endeavors. The board would provide feedback and brainstorming, and function as a liaison between the community and GLOH. Learning from the failure of the first clinic, the students realized that "strong motivations overrode a rational approach to the Russell area people—too much was expected too quickly. We had hoped their council would learn to trust us, develop an understanding of their health problems, and help devise a remedy for these problems, all within a few months. These expectations were not realistic" (Levy and Applegate, 1972). Students who try to institute change in communities where they are perceived as outsiders, without gaining the trust of the community, can expect to accomplish little.

Community Empowerment

Above all, it is imperative that student and community roles are clearly expressed. To help foster stronger community involvement, the Casa en Casa project of LCDLR employed some of the strategies developed by Paolo Freire, whose *Pedagogy of the Oppressed* has encouraged countless efforts for community organization. This is epitomized in the literature of the Casa en Casa project: "Every community worker must of necessity be a community organizer" (Hernandez, 1978) and "Our goal in community organizing is to co-organize with members of the community to promote community self-reliance as a source of both individual and group empowerment" (Casa del Sol, 1978).

Community Collaboration

"To give people help, while denying them a significant part in the action, contributes nothing to the development of the individual. In the deepest sense, it is not giving but taking—taking their dignity. Denial of the opportunity for participation is the denial of human dignity and democracy. It will not work"
(Alinsky, 1969).

Training Volunteers to Be Community Liaisons

It is imperative not to assume that a one-day orientation or one-time workshop will produce community representatives who are ready to function in the role of community liaison. At Casa en Casa, where health promoters are selected from the community to partake in clinic operations, staff falsely assumed "that learning to facilitate a meeting, plan a project, set goals and objectives, strategize, organize, and manage group dynamics were skills that could be learned by osmosis" (Merideth, 1994). To circumvent this dilemma, a five-week intensive training course for health promoters was devised that helped to develop the aforementioned weaknesses and clearly outlined the roles of the promoters. As a result, promoters felt more confident about their organizational and planning abilities. As Saul Alinsky, a major force in social action organization, states: "The organizer knows...that his biggest job is to give the people the feeling that they can do something, that while they may accept the idea that organization means power, they have to experience this idea in action" (Alinsky, 1972).

Students don't have the means to tackle all of the injustices that they will confront, but they can make a difference. Engaging the community in the planning stages will provide a better chance of solving the smaller problems that the clinic will confront.

Assessing the Specific Health Needs of Homeless People in the Community

The best principle to follow is to start small and stay focused; there is always room for future growth and expansion.

Determining the type of care provided is one of the most difficult assessments to make and often overwhelms most fledgling clinics. Most student-run clinics seem to focus on problem-oriented visits. Taking histories and physicals, making clinical assessments, and developing treatment plans is generally the approach taken. Referral services, preventive measures and social services are also usually offered in the most modest of student-run clinics.

Patient Demographics

Deciding whether or not to target a specific population is a difficult but important task. Most homeless individuals are single adults. However, the number of homeless women, adolescents and families is growing, each with specific needs of their own. Clinica Tepati has found that dividing its clinic sessions into a Women's Clinic and an Asian Clinic has worked well because people feel more "culturally secure." Call the public health department for a statistical breakdown of the population by gender, race, age, number of families with children, addicts, mentally ill, those with disabilities, veterans, HIV/AIDS and insurance. Consider conducting a focus group of homeless individuals at a homeless shelter or arrange interviews with clients to gauge people's comfort level while working with students. Also, contact local homeless coalitions.

Determining What the Community Wants

To further determine what services to offer, conduct a health fair. Consult with the community about planning. This is a great way to build a reputation within the target community and simultaneously determine what services may be needed. Blood-pressure screenings, flu shots and blood sugar tests are all considerations to draw attention to the clinic. Participants could be asked to fill out a questionnaire as to what health services they feel are lacking in their community. Keep in mind that roughly 25 percent of the U.S. population is either functionally illiterate or operating at the lowest level of literacy (U.S. Dept. of Education, 1993), so consider providing visual or oral questionnaires and translator services.

Assessing the Specific Health Needs of Homeless People in the Community

The Worksheet and Activities section contains a community leader opinion survey.

Organizing a Focus Group

Focus groups are an important method of assessing community needs. Groups work best when they are large enough for a variety of opinions but small enough to engage all members. Ten participants is ideal, but invite more to account for those people unable to attend. Schedule the meeting for two hours, which provides enough time to foster serious discussion and time to socialize. Providing food and refreshments is important. Also, consider providing transportation if the meeting cannot be held at a more convenient site. This is also a prime opportunity to assess community strengths. Document the feedback either by taking minutes or having the participants complete questionnaires.

Sample questions to ask when interviewing Health Care for the Homeless Grantees

- *At what stages of life or living situations are homeless people at your site (single men, single women, children, families, etc.)?*
- *What are the special health problems you see? Have you noticed any trends?*
- *What special services do homeless people need? How do you address their total health needs (which might include needs for food, shelter, mental health counseling, and more)?*
- *Do you work with other agencies/organizations in the community? What other support do you receive from the community?*
- *Do you enjoy working with homeless people? What unique skills does it require?*
- *What are the challenges of working with homeless people?*
- *How have you adjusted your standard procedure for medical visits for this special population?*
- *How can students get involved?*
- *Do you feel as if the community is in need of a student-run clinic?*
- *How can a student-run clinic assist homeless inidividuals?*
- *Would a student-run clinic complement your services?*

(adapted from the Generalist Physicians In Training Projects-in-a-Box, American Medical Student Association/Foundation, 1997).

Program Services

Acute Care

Many student-run clinics begin by providing acute care services. Acute care refers to responding to a patient's immediate health concern. A patient comes to the clinic with a particular health issue and the issue is addressed at the clinic. When most people hear the word "clinic," acute care services is the expected level of services to be provided at the clinic.

For people who are homeless, acute care might be the more important service that can be provided in a student-run clinic. As mentioned previously, people who are homeless have other more pressing life issues. With a lack of access to health care, the health issues faced by a homeless individual may not be addressed for long periods of time. When the homeless individual has access to a clinic, his or her immediate needs and concerns should be addressed.

Preventive Services

Some student-run clinics provide preventive services, such as immunizations, mammograms, cholesterol counts and so forth. Health professionals recognize the importance of preventive services. However, to a family who is homeless, preventive health may not hold as high a priority. When a family or an individual enters a clinic, it is a good opportunity to address their health issue of concern and discuss other preventive services that might be of benefit.

Preventive services may be especially necessary for children who are homeless. Children are in critical need of immunizations and other preventive health services. These types of services can be provided at student-run clinics.

Some student-run clinics provide physicals as a preventive service for patients. Physicals generally require a longer clinic visit and this needs to be accounted for when planning the clinic day. Students may want to consider reserving a day primarily for physicals or setting aside the last hour of a clinic time period for physicals. Some people who are homeless may not be aware of what is entailed during a physical. Explain what procedures are going to be conducted and the importance of a physical. Follow-up is necessary to address any health issues discovered during the physical.

Referrals

Referrals are important part of a clinic. No clinic can provide a complete scope of health or social services. Student-run clinics can only provide limited health care delivery. A referral list needs to be developed and updated on a regular basis. All students participating in the clinic need to be aware of the referral list. A referral list should not only contain a list of health care providers, but a variety of referrals, including shelters, meal programs, job programs and so forth.

Social Work

People who are homeless are faced with many health and social issues. During an examination, a student working in the clinic may learn of a social issue that may need to be addressed. For example, a family who is recently homeless is having problems locating a shelter that will accept the entire family or a woman was displaced from her home as the result of welfare reform and is looking for a job-placement program.

Partnering with social work students in a student-run homeless clinic is very important. Social work students receive extensive training in dealing with many of the issues faced by people who are homeless. Have social work students readily available in the clinic. Work with social work students to develop the referral list mentioned above.

Health Education

Depending on the depth of services offered at a student-run clinic, health education services may also be offered. Health education may be offered in a variety of formats, including:

- a "workshop" on a health issue
- posters placed throughout the clinic
- brochures distributed to patients
- health information available in the waiting room

Student organizers should assess their clinic, the patients seen at the clinic and their interest in health education, the time available to discuss health education and more to determine in health education should be provided. At the very least, health education posters should be placed in the clinic. Remember to consider the reading level and language of the clinic patients.

Some examples of health education topics include:

- managing diabetes when living in homeless shelters
- nutrition when eating at meal programs
- safe sex (condoms can be distributed)
- stress reduction

Expanding Services

Services can be expanded when the clinic is up and running. Other services to consider offering at the clinic include HIV counseling and testing, dental care, vaccinations, STD counseling, social services, outreach (going out in the community for HIV testing, flu shots), mental health services, and so forth. Obstetrical care is another needed service that often goes unmet. In Chicago, the Rush Prenatal Program was developed to address this need by "delivering comprehensive prenatal care to poor and disadvantaged women; providing a learning environment in which medical students are taught to be humane, culturally sensitive, and competent physicians through active involvement in patient management; and creating an experience that reinforces the student's self-motivation to practice community-oriented primary care" (Bardack & Thompson, 1993).

Determining the Level of Interest Among Students

Determining the level of student interest

- Circulate an e-mail message to the entire student population
- Send around a sign-up sheet in class
- Post flyers in common areas
- Target health professional students at their orientations
- Contact class council or other student organizations
- Contact other health professional programs, undergraduate students, law students

Arranging opportunities for interested students

- Invite a panel of health professionals (students who work in clinics from other schools, physicians, nurse practitioners, social workers, homeless clients) to answer general questions about their experiences
- Contact local clinics or check with area shelters to find homeless clients
- Organize a food or clothing drive
- Organize volunteers to work in a soup kitchen
- For other ideas, a good information resource to use is *Generalist Physicians In Training Primary Care Projects-in-a-Box: Health Care for the Homeless*, which is available through the American Medical Student Association/Foundation

The University City Hospitality Coalition at the University of Pennsylvania offers a training program during orientation week for the entire first-year medical student class. A panel describes the program's history, details a typical night at the clinic, offers sensitivity training, and covers issues of working with indigent populations. Those students who show interest undergo further training seminars in vital signs, history taking and physicals.

Determining the Level of Interest Among Students

It is best to "staff" the student-run clinic with medical, nursing, social work, pharmacy, and other students in training to help build a multidisciplinary team.

Involving Students from Many Disciplines

Involving other health professions students is important because the health and social issues of homeless people are complex. No one group can do it all because each group brings its own strengths and weaknesses to the clinic. The main benefit of having a multidisciplinary team is that a certain group's weakness is usually another group's strength. Still, building a multidisciplinary team can be challenging. For example, nursing students at the Pine Street Inn Clinic in Boston found that fourth-year medical students who were assigned to rotate through the clinic did not desire to work with homeless people. As a result, tensions mounted within the clinic and patient care suffered. To combat this, guidelines were developed: students were to come voluntarily, were required to make a specific time commitment to foster patient relations, and had adequate supervision. Supervising physicians like Dr. James O'Connell have come to realize the importance of the multidisciplinary team: "Perhaps I could manage scleroderma or leukemia, but the expertise of these dedicated professionals included maggots, lice and festering feet. There was much for me to learn" (Scharer, 1990).

First- and second-year medical students at Harvard Medical School began the Urban Health Project. As part of this program, students spend 10 weeks in shelters, soup kitchens and prisons. Because of their limited clinical experiences, they spend the majority of their time interacting (playing cards, bringing guests to appointments). As a result, "they became significant assets to the shelters and paved the way for further student involvement" (Scharer, 1990).

Faculty Involvement in a Student-Run Clinic

- *Recruit faculty with prior volunteer experience*
- *Organize grand rounds forum*
- *Conduct rounds in the local hospital*

Recruiting Faculty

A good place to find interested faculty is in the family medicine, community medicine, community nursing or internal medicine departments. Also, try other departments such as psychology, psychiatry, health education and so forth. Check to see if there are any practitioners who have a history of working with the underserved, for example, the National Health Service Corps, Peace Corps, Vista who would be willing to serve as a faculty advisor. Often, this will open the door to a network of providers who are willing to volunteer their time. It's probably best that the director or advisor be from the academic institution in order to maximize relations with the dean's office and assist in tackling issues of liability. They can also help coordinate an elective course to coincide with clinic involvement. However, students may find providers outside of their academic institution who are willing to volunteer their services.

Legitimizing Clinic Impact

After the clinic is up and running, students may consider including a grand rounds experience to educate non-participating students, residents and physicians. For example, the Homeless and Indigent Population Health Outreach Program (HIPHOP) offers a monthly grand rounds that addresses issues related to community-oriented primary care and preventive services for underserved populations. Such gatherings provide opportunities for reflection and idea exchange, as well as sparking further interest in the clinic's efforts.

HIPHOP Lecture Schedule1995-1996

Learning as We Serve
Developing Cultural Competence: New Brunswick as a Case Study
Interdisciplinary Teams in Health Care Delivery
Working With Underserved Populations
Urban Environmental Health Hazards
A Teen's Perspective on Adolescent Health Issues

Faculty Involvement in a Student-Run Clinic

Involvement Outside the Clinic

Inviting members of the student multidisciplinary team to hospital rounds on patients from the clinic that happen to be in the hospital could prove to be quite beneficial in strengthening team ties. Once a week, nurses from the Pine Street Inn clinic attend rounds in the hospital with residents who also work at the clinic. "Here the nurses were able to speak directly with the residents responsible for patient care, and mutual respect grew. The house staff could learn about realistic discharge planning and follow-up, and the nurses offered valuable background information to improve care" (Scharer, 1990). In this way, the understanding and respect between team members can grow, which will enable them to better serve their mutual clients at the clinic.

An interdisciplinary approach is essential when working with homeless people. It is not practicing good medicine to focus only on one aspect of patient care without providing resources to tackle other issues that may be contributing factors. Therefore, engaging the skills of nurses, social workers, pharmacists and counselors to assist in the clinic is very important. It is a challenge to build these collaborations.

Building Interdisciplinary Teams

"The team approach allows providers to contribute from their individual areas of expertise, creates an environment for innovative care by bringing together different perspectives and problem-solving skills...."
(Pew Health Professions Commission, 1995).

Interdisciplinary, collaborative care is based on (Grant, 1995):

1. Integrated clinical care
   - Providers contribute coordinated decision-making and management skills
   - Division of labor is organized around common goals, with each member contributing his or her experience as needed
   - Outcomes and goals are regularly re-evaluated
   - Providers share responsibility for patient care

2. Open communication
   - Patient case discussions involve not only diagnosis and management, but also individual, family and community issues
   - The patient (and family) is actively involved in the discussion of care
   - Pathways of communication are ensured by the organizational structure

3. Providers trained in team concepts
   - Collaborative rather than delegative model is employed
   - Team members have skills in communication, conflict resolution and leadership
   - Members understand the roles and expectations of others
   - Members are innovative and tolerant of change

4. Respect for other team members
   - Team members are open-minded and respectful of other disciplines
   - Providers recognize the contributions of other team members

Building Interdisciplinary Teams

Designing an interdisciplinary team approach is a time-consuming exercise. Because it involves more team players, students have to work with more individual schedules. Communication becomes critical. It is imperative to keep open the lines of communication between co-workers, as well as those between staff and patients. Conflicts can occur if communication is limited. One way to reduce confusion is to have frequent self-assessment and group-assessment meetings among staff and students. Circulate a newsletter to all members of the interdisciplinary team concerning events, meetings and other clinic news.

The Worksheets and Activities section includes an interdisciplinary workshop curriculum for new clinics. Look on page 74-75 for more information.

Funding a Student-Run Homeless Clinic

- *University resources*
- *Grants*
- *Accountability*
- *Fundraising events*
- *Private donations*
- *Fee for services*

University Resources

Students interested in starting a clinic should first look within the university. A good place to start is the dean's office. Other resources within the school itself include the school's national professional school chapter, health professional alumni associations and specific departments. Contact the student government to see if it has any additional funding. Another potential source of revenue within the university is the general alumni association. If an alumnus showed commitment to the effort, perhaps even an endowment might be forthcoming so that the clinic could run off the interest generated.

Grants

Grants are another potential source for funding. For example, the Fourth Street Clinic in Salt Lake City was awarded a seven-year grant from the Area Health Education Center (AHEC) to assist the clinic in its operations. Federal funding such as this works by providing increasing amounts of money, then subsequently decreasing the amount of its award over time in anticipation of the clinic being able to find additional moneys from state and private sources. Another program that utilizes grants effectively is HIPHOP in New Brunswick, New Jersey. It currently receives grants from the Corporation for National Service: Learn and Serve Program and grants from the Robert Wood Johnson Foundation. For more information about grant-and proposal-writing assistance, contact The Grantsmanship Center, Dept. DD, P.O. Box 6210, Los Angeles, CA, 90014; or try its Web Site at http://www.tgci.com. For more information about foundations and philanthropic agencies, contact the Foundation Center on the Web at http://www.fdncenter.org.

Accountability

Funding is not a benign operation. Many times, funding sources may provide guidelines for how money is spent. When accepting a grant or contract, an organization is held responsible for following these guidelines. A funding source always has the option of determining that money is not being spent properly. Funding may also be dependent on outcome measures. Depending on the flexibility of the funding and the

funding source, an organization may be required to meet a predetermined set of outcomes. If these are not met, the grant is not considered to be a success. Check the funding guidelines before accepting a grant or contract.

Fundraising Events

Fundraisers are another way to generate revenue. T-shirt sales are always popular, but don't hesitate to be creative. For example, the University City Hospitality Coalition uses revenues generated from sales of anatomy lab coats and exam gloves to incoming first-year students to help fund the clinic. At UC Davis, the Asian Clinic hosts a wine-tasting benefit in the fall and conducts an auction of donated physician services in the winter. In the spring, a community health fair and a 10K run called "Heart-Beat" help raise money for clinic supplies. The Equal Access Clinic has a 5K run sponsored by a local gym, which has made a commitment to donate $2,000 a year. The UCSF Homeless Clinic fundraiser "Stand up for the Homeless" raised $40,000.

Private Donations

Private donations are another means of acquiring funding. Donations from area physicians, hospitals and churches, whether monetary or material, help many student-run clinics stay afloat. Pharmaceutical and medical supplies companies are also important resources. Other financial support can come from seemingly improbable sources. For example, the UCSF Homeless Clinic has worked out a deal with the landlords of the clinic: for rent of $1,400, students pay $300, and their landlords contribute the remainder.

Fee for Services

Consider charging small fees for patients who may be able to afford it. A surprising number of people who are homeless are actually working, eligible for federal assistance programs, or could receive veterans benefits. If uncomfortable about asking for a fee, consider accepting donations from clients.

Finding a Location for the Clinic

- *Location*
- *Floor plan*
- *Patient privacy*
- *Liability*
- *Rent*
- *Utilities*
- *Maintenance*

Location, Location, Location

Choosing a clinic that already exists and expanding its hours of operation is probably the most common route students take in offering services to homeless populations. Geographic location is an important consideration. The most successful clinics operate amidst the people they serve, be it at a soup kitchen, shelter, church basement or other clinic. Some students bring the clinics to the patients by operating an outreach van. When negotiating for clinic space in a building that is not a clinic, try to negotiate for the best space possible. It must be accessible, but still able to offer privacy. For example, one clinic that runs in the basement of a men's shelter-- in a room with two dividers-- plays music to maximize patient privacy by drowning out voices that might carry. A floor plan of the site is helpful in determining clinic layout. If space allows, provide a separate waiting room, counseling room, and exam room(s). Make sure clients' privacy is respected and security is intact.

Additional Considerations

After locating a site, check to make sure that there are no site restrictions on services that will be provided. There may be additional liability issues to consider as well. If renting is necessary, consider asking the landlord for a "donation" of rent reduction. Check to see if there will be charges incurred for electricity, water, heat and other utilities. Maintenance is another issue to contend with. Make sure all of these are clearly defined before signing a lease or rental agreement. It may be wise to draft a contract with whomever is in charge of the site, documenting a clear understanding between both parties of the clinic's role and site's role in this endeavor. Also, consider the community's response, which may or not be receptive to a local program that addresses the needs of the homeless. Be sure there is not neighborhood opposition to the clinic such as not in my backyard (NIMBY) reactions from residents.

Staffing

Staffing a student-run clinic requires some planning. It is best to divide up responsibilities among a core group of students. Elected students can report on their responsibilities at weekly meetings. The Homeless Outreach Project has developed a handful of positions that govern the operations of their clinic sites. Two students are nominated as project directors and operate under the supervision of two faculty advisors. The project directors oversee a general administrative branch that consists of physician schedulers, student schedulers and finance directors. Each of the four clinic sites is further monitored by intake directors, referral directors and pharmacy directors. An advisory board reviews the progress of the clinic at biannual meetings. Shorter versions of these job descriptions have been adapted from the Homeless Outreach Project operating manual and are listed in a table on the following page.

Staffing

Student Coordinator Positions

Position	Job Description
Project Co-Director	*Oversees all positions* *Acts as a spokesperson and trouble shooter* *Maintains project administration* *Makes financial decisions* *Organizes meetings and events* *Responds to mail* *Coordinates with other directors*
Finance Director	*Maintains records of expenditures* *Determines that grant requirements are met* *Collaborates with other positions to apply for*
Clinical Scheduler	*Schedules providers* *Recruits new providers* *Updates volunteer phone list* *Remind providers of their schedules (at least a week in advance)* *Distribute introduction packet for prospective providers*
Student Scheduler	*Schedules appropriate number of students* *Reminds students of scheduled clinic time* *Contacts students* *Places a poster-sized calendar of scheduled students at appropriate places*
	Coordinates clinic administration *Confirms providers' scheduled appointment to* *Prepares black bag with forms and equipment* *Meets and instructs students before clinic ope*

Planning for Quality Assurance (Stage I)

Most successful student-run clinics operate under the auspices of a student committee that helps organize clinic volunteers, scheduling, goals, funding issues and so forth. For example, the HIPHOP program, although not entirely student-run, is governed by a steering committee of nine volunteer students who are advised by five volunteer faculty. Students who are interested in becoming committee members must fill out an application to qualify for consideration and are then interviewed by current members. They are then graded on their applications and interviews, based on pre-established selection criteria. Those who acquire the highest scores are then selected to serve as committee members. See page 78-80 for a copy of the steering committe application and review process. Corpus Clinicus is the advisory board that oversees the UCSF Homeless Clinic, helping to make decisions about the direction of the clinic. It is a nonhierarchical governing body that meets once a month to discuss scheduling, supply requisition and budgeting, and helps organize lecture topics for the elective course.

Quality Assurance

Quality assurance can either be overseen by the student governing body or by selected student members. By definition, each participant (student, practitioner, patient) should be accountable for the quality of care provided at the clinic. However, it is not enough to say "I will do my best to provide quality care," although this is clearly the mission of the clinic. Rather, by designing and enforcing a means of assessing and evaluating outcome measures, students can ensure that the clinic is functioning at its best.

What is quality assurance? Like a lot of management terms, quality assurance refers to a concept that may be considered 'common sense.' Rather than get bogged down in semantics, a simple definition and a simple plan of enforcement can help fledgling clinics get started in self-assessment. A quality improvement plan is beneficial for several reasons: "it can help reduce costs and document value of services; it can help improve working conditions for staff by decreasing frustration and burnout, improving morale, and building stronger teams; it can help HCH projects assert their capacity to 'compete' with other health care providers; and it is required by most funders, especially public sources" (McMurray-Avila, 1997).

Planning for Quality Assurance (Stage I)

Enforcing Quality Assurance

Quality assurance concerns are best met when student organizers develop a structure for monitoring the success of the clinic. Designating an individual who is in charge of overseeing quality assurance and delegating responsibilities ensures that the work is completed and that duplication of work is held to a minimum. Through constant self-assessment, problems that arise can be tackled early before they become unmanageable. Defining problems, developing solutions and monitoring progress are all aspects of quality assurance. Document pre- and post-intervention discussions and developments to keep a history of what has and has not worked for your clinic.

Outcome Measures

Choosing which indicators of success to follow is an important step in quality assurance. Dividing areas as follows is a helpful starting point (McMurray-Avila, 1997):

- Funding or legal requirements (for example, compliance with grant/contract requirements)
- Generally accepted standards (for example, clinical standards of care for immunization rates)
- Frequently seen problems (for example, hypertension, mental illness, alcoholism)
- Conditions of special concern due to serious public health impact (for example, HIV, TB)

Planning for Quality Assurance (Stage I)

For more information on developing quality assurance parameters, contact: Health Administration and Management Resources at http://www.execpc.com/~stjos/admin.html.

Data Collection Techniques

Collecting data can determine the success or failure of those areas designated as indicators. Some different data collection techniques include (McMurray-Avila, 1997):

- Client satisfaction survey (for example., to determine if access is improved by changes in scheduling, location, etc.)
- Chart audits (for example, to monitor specific clinical conditions, how they are treated and documented)
- Time studies (for example, to track how long clients wait to be seen in walk-in clinics or wait to be scheduled for appointments)
- Database statistics (for example, to monitor increase in numbers of children given well-child exams or numbers of veterans seen or another target population)
- Referral tracking (for example, to monitor number of referrals from a certain shelter, emergency departments, or in-house referrals from other HCH clinics)
- Administrative audits (for example, to check compliance with funding regulations, licensing requirements, provider credentials, etc.)

Planning for Quality Assurance (Stage I)

Plan-Do-Study-Act

A useful study design for student-run homeless clinics to consider is the Plan-Do-Study-Act (PDSA) model. "The PDSA cycles—short-cycle, small-scale tests linked to reflection—are powerful tools for learning in complex systems when the aim is to improve those systems. They are most helpful when inaction seems inappropriate but action without reflection seems unwise" (Berwick, 1998). These cycles work better in settings such as student-run clinics because more formal studies are time-consuming. In a nutshell, the PDSA model allows student organizers to ask a question and then devise a probable solution, which also allows that solution to be tested almost immediately. "For example, take one hospital's efforts to introduce a new approach to teaching patients with asthma how to use their inhalers. An improvement team chose to observe five patients in a row who were receiving the new instructions. By the fifth patient, the team had their findings: the instructions were confusing, and a Spanish-language version was needed. The team did not need a large sample or a randomized trial to reach a conclusion useful enough to suggest a next step" (Berwick, 1998). Even a simple question asked of the patient at the end of the interview complies with the PDSA model. 'Were you satisfied with your visit today?" embodies the parameters of the PDSA model and allows instant modifications in provider-patient interactions.

"We believe that the expectations for quality should be no different for the care of homeless persons from that of others. This does not necessarily mean that the process of care should be identical. Indeed, to treat homeless clients the same as others may indicate poor-quality care, if, for example, an antihypertensive medication that must be taken four times a day is prescribed when one that can be taken once daily would be equally safe and effective. To ignore the realities of homelessness is as potentially serious a cause of poor quality care as to fail to offer the same opportunities for treatment to clients simply because they are homeless and therefore assumed unable to understand instructions or adhere to a regimen." (Under the Safety Net: The Health and Social Welfare of Homeless in the United States, 1990).

Liability Issues

- *Liability*
- *Risk management*
- *Insurance Arrangements*

Liability Issues

Before embarking on providing care, check with the dean's office to see what its protocol is for covering students. The school may be able to cover students with the school's liability insurance just as if the students were doing an away rotation. Individual volunteer physicians should carry their own liability insurance. The site can also be insured through the Department of Health for the clinic hours of operation. Check with both the school and hospital legal affairs representative to make sure that the project is proceeding according to the law. Ask about the school's position on various clinic scenarios regarding confidentiality, threat, violence and so forth. Develop clear policies and procedures that are consistent with the legal obligations of the school and clinic site. Enlist the help of law students who are interested in public policy and health law.

For more information regarding legal issues, contact the Nonprofit Risk Management Center (NRMC). Three helpful publications available through the NRMC are: *Managing Volunteers within the Law, Legal Barriers to Volunteer Service, and Legal Issues for Service-Learning Programs.* They can be reached at NRMC Publications 1001 Connecticut Ave, NW Suite 900, Washington, DC 20036, (202) 785-3891.

Legal Issues for Service Learning Programs

1. *Rules for imposing liability for harm your program may cause*
2. *Laws that require or prohibit certain practices*
3. *Risk management procedures to reduce the likelihood of a negative incident*
4. *Insurance arrangements to provide adequate coverage when things go wrong*

(Seidman & Tremper, 1994)

Advisory Panel

An advisory panel usually consists of key student members, faculty advisors and community representatives. The panel can provide direction for the start up of the clinic and can serve to review the progress of the clinic when it is underway. The Homeless Outreach Project uses the services of a project advisory board. The purpose of this student-run board is to foster better relations with school officials and administrators as well as with funding agencies, government and media. It also serves to evaluate the short- and long-term goals of the project, offering input and suggestions as needed. This board meets twice a year (April and September) and is chaired by two physicians who have been involved with the program from the start. Several community leaders also sit on the board to provide a voice for the community.

The Workshops and Activities section includes the HIPHOP Steering Committee application and section criteria. See pages 78-80 for more information.

Suggested Advisory Panel Members

- *Co-directors*
- *Treasurer*
- *Secretary*
- *Personnel manager*
- *Community liaison*
- *Undergraduate representatives*
- *Nonvoting members*
  - *Administrative assistant (provided by the medical school's department of health)*
  - *Medical director*
  - *Instructor of record (often from the school's department of family medicine)*

(AMSA Web page)

Section IV

Advanced Planning Stages

Developing a Mission Statement

Developing a mission statement should be the first task after:

- *the data have been compiled from the community needs assessment and surveys,*
- *student and professional interest levels have been determined, and*
- *clinic location and initial funding phases have been initiated.*

Naming the Clinic

Choosing a name for the clinic is an important stage in planning. A catchy, memorable name will help with patient recognition, student interest, and legitimize student efforts in the eyes of the public. Developing a logo can help pictorally identify the clinic and related projects. Use the logo to create letterhead for use in recruiting health professional volunteers, supply requests and donation solicitations.

Developing a Mission Statement

A mission statement is a general statement that delineates the overall direction and purpose of an organization. It serves as a guide for future planning and should reflect the scope and aim of the organization in a succinct fashion. Unlike a goal, it does not serve a specific function; unlike an objective, it does not hinge on being completed within a certain time frame. "When executed properly [a mission statement] can bring honor and credibility to the group's efforts and aid in long-range planning and success" (Cohen, 1995).

A mission statement should

- *Contain the philosophy of the organization*
- *Specify the level and type of services provided*
- *Set forth the major functions of the organization*
- *Identify the service area or population*
- *Identify formal and informal relationships with other organizations*

(Brinckerhoff, 1996)

Developing a Mission Statement

Developing the mission statement:

- The statement should emerge from a brainstorming session among a small core of students and faculty advisors.
- Check with the dean's office and legal counsel to ensure that the mission statement does not conflict with pre-existing hospital or university policy.
- Keep people aware of the mission statement through repetitive exposure, for example, provide a copy to all participants, revisit the statement at meetings and retreats, and consider constructing a framed copy to place at the entrance of the clinic so that patients are aware of the clinic's efforts.
- Utilize the mission statement to help make better management decisions. When discussing new ideas, determine whether they coincide with the vision of the clinic.
- When morale is low, ask students to generate a list of positive outcomes that have come as a result of efforts guided by the mission statement. Organizers could use these positive outcomes to rally volunteers for the student-run clinic.
- Use the mission statement to meet outcomes defined by grants. "The crucial linchpin for the donor is not so much what you do as why you do it...donors, especially large donors, like to see organizations that are focused on their mission, not just taking money for any purpose" (Brinckerhoff, 1996)

Suitcase Clinic Mission Statement

- *We, students and professionals, join together as a group of volunteers in a cooperative relationship with the community, to be advocates of homeless people.*
- *We provide continuous aid to the homeless and low-income groups, regardless of their ability to pay.*
- *We help those who want help, with health and social services, using our skills to make it possible for them to help themselves.*
- *We provide assistance regardless of race, sex, religion, sexual orientation, and lifestyle, not discriminating against anybody in need.*
- *We recognize that health and well-being affect the spectrum of life.*
- *We will strive to make a long-term difference through commitment.*
- *We will maintain this mission through constant re-evaluation and efforts to benefit homeless individuals in any way that we, as a group, are able.*

Setting Goals and Objectives

A goal is a broad outline derived from the mission statement and provides guidance for the establishment of objectives. They are "long-term hopes and aspirations" (Timmreck, 1995). Objectives are the specific steps that need to be taken to accomplish the goal in a particular time frame. "They specify who, to what extent, under what conditions, by what standards, and within what time period certain activities are to be performed and completed" (Timmreck, 1995). Together, goals and objectives are instrumental in establishing a student-run clinic's early success. When drafting goals, consider dividing them into service and learning constituents. To help expand the vision of the mission statement, also consider drafting three- to five-year goals.

Objectives must (Timmreck, 1995):

- Be performance-, behavior-, or action-oriented
- Be precise in their language (do not use general or vague verbs)
- Be measurable
- Be clear and state the level, condition or standard of performance
- Be results-oriented and have stated outcomes
- Have clear descriptions of the content and performance
- Have a specific time for completion

A helpful skeleton for writing objectives:

To _____ (verb/action) _____(noun/outcome)

by _____ (date/time) at _____(cost/level/condition).

(Timmreck, 1995)

Setting Goals and Objectives

A good recipe for success when drafting goals: "Set realistic goals based on your capabilities and limitations; start small, learning from mistakes; never promise more than can be delivered, but utilize the skills of all who wish to volunteer; and conduct all activities with integrity and consistency" (Cohen, 1995).

Goal and Objective Examples

Service goal: *"Provide health care for acute complaints to underserved homeless people."*

Objectives:
1) Find a suitable clinic location
2) Adequately staff the clinic site
3) Develop a list of most common complaints
4) Establish an arsenal of pharmaceutical supplies geared towards these complaints
5) Establish a referral base for cases that are beyond the clinic's scope
6) Chart appropriately
7) Schedule follow-up

Learning goal: *"To familiarize students with social issues specific to homeless individuals."*

Objectives:
1) Devise an introductory lecture to address issues of poverty, illness and substance abuse
2) Develop skills for student-patient interaction
3) Learn to apply these skills to facilitate a student-led focus group
4) Utilize acquired skills to develop community-oriented projects.

Many students have stated that poor distribution of goals has hampered the growth of their clinics. They indicate that goals are generally known by a few individuals, but are not common knowledge to the majority of student participants. Even those who draft them often are not able to revisit them enough. To help alleviate this, provide participants with copies of the clinic's mission statement, goals and objectives. Invite all volunteers to attend weekly advisor meetings. Make a concerted effort to revisit the goals at least on a monthly basis. If need be, schedule a meeting for the sole purpose of reviewing these key components.

Creating a Long-Term Plan

- *Timetable*
- *Operating hours*
- *Services*
- *Safety issues*
- *When to open*

Timeline

A timeline is a useful organizing tool that helps assess when to implement steps vital for clinic survival. When developing a timeline, important areas to address include when to:

- recruit incoming students and physicians,
- meet with university officials,
- schedule fundraisers and health fairs,
- evaluate and elect new directors,
- begin training new directors, and
- review goals and objectives with the advisory panel.

Other important dates to include are community events, student exam schedules and grant deadlines. Consider drafting a three- or five-year plan when all of the initial groundwork has been laid to help determine whether all organizers envision the same goals for the future of the clinic.

Operating Hours

Operating hours should be established to best suit the needs of the population to be served. For example, the University City Hospitality Coalition operates in a soup kitchen during dinner hours. Arrangements are made so that patients can eat their dinner and also see their provider. Nearly all student-run clinics have evening or weekend hours. This also allows the most flexibility for all involved: physicians are usually free, students are not in class, and patients who work do not have to miss a day's wages. Most student-run clinics operate once a week; more established clinics operate on different nights, at multiple sites. One issue to address is summer hours. First- and second-year students who staff most of the clinics will either be on vacation or in the middle of their third-year rotations during the summer. The question to ask is whether or not to keep the clinic open during the summer. The Homeless Outreach Project selects four students to run the program over the summer; they split their duties between day-time administration and evening clinic hours and receive a stipend for their work.

Creating a Long-Term Plan

Policies

Reporting requirements for child abuse, sexually transmitted disease and HIV need to be ascertained. Check with the local public health board or hospital administrator to find out more about your local policies. Draft appropriate protocols accordingly.

Services

Deciding which services to initially offer can be challenging. Choose services based on the community needs assessment and categorize them as clinical, preventive, educational and counseling. Most new student clinics offer basic services: acute care, preventive services, physicals and referrals. After clinics become established, the possibilities become endless. For example, the UC Berkely/UCSF joint medical program offers a myriad of services at its clinic: acute care, social services, optometry, chiropractic, legal counsel, and tax and welfare application assistance. The Camillus Health Concern offers immunizations, podiatry, mental health, HIV screening and counseling, and disability exams. Other programs affiliated with dental schools provide dental exams. Outreach is a mainstay of the HIPHOP program. Medical students accompany a social worker to travel to the homes of clients who have missed several pediatric appointments. The students survey the living environment and distribute safety information accordingly while a social worker addresses the issue of why the child missed the appointments.

Safety Issues

Developing a method for handling emergency situations is very important. While students may rarely or never encounter angry or intoxicated patients, potentially violent situations, or emergencies, these are made less difficult with step-by-step clinic procedures and instructions for such situations. Check with the hospital administration or clinic supervisor to acquire a copy of their emergency protocol, which can be tailored to suit the clinic's needs. A copy of the HCH *Safety Guidelines* can be obtained from the Health Care for the Homeless Clinician's Network (see the Resources section for contact information).

Opening the Doors

Perhaps one of the most difficult questions is when to become fully operational. Unfortunately, there is no concrete answer. Most students will find that no matter how well they have planned, there will be unexpected situations and unforeseen problems.

Recruiting Volunteers

- *E-mail*
- *Sign-up sheets*
- *Training seminars*
- *Networking*

Within the University

Students can be contacted about volunteering at the clinic by e-mail, sign-up sheets and class announcements. Most student-run clinics have an overabundance of enthusiastic students who want to partake in clinic activities. The plus side of this is that clinics are rarely at a loss for student volunteers. However, the flip side of this means fewer clinic sessions per student and difficulties with patient-provider continuity. Keep in mind that new students will need to know how to do the following: triage, eliciting the chief complaint, taking vital signs, performing a history and physical, documenting information in charts (SOAP notes), and presenting to the health provider in charge. If the student's school does not provide a course that teaches these skills, be prepared to plan for a training seminar to teach students these important skills. Scheduling the upperclass students is more difficult because of call responsibilities, frequent rotation changes, away rotations and residency/job interviewing.

Multidisciplinary Recruiting

Don't discount undergraduates and students from other disciplines when assessing interest. Students from different disciplines and levels should be incorporated into the clinic. Engaging the undergraduate pre-medical students proved to be quite beneficial for The Suitcase Clinic. If the school has a special program that combines undergraduate and medical training, those individuals who have worked at the clinic as undergraduates and then matriculated as medical students can bolster the strength of the clinic through shear experience. Other health professions students may be interested in participating as well; podiatry, dental, nursing, nurse practitioner, physician assistant, social work and chiropractic students should all be contacted (see page 53 for a listing of student organizations).

Other volunteer positions that may need to be filled include office staff, translators, law students for legal issues, business students for basic organizational assistance, and accounting students to assist with budgeting.

Recruiting Volunteers

The following organizations either have chapters at health professions schools or have a large student membership. Contact these organizations when recruiting volunteers for a student-run clinic.

Student Organizations

- *American Medical Student Association*
  703-620-6600; http://www.amsa.org
- *Physicians for Social Responsibility*
  202-898-0150; http://www.psr.org
- *American Student Dental Association*
  312-440-2795; http://www.asda.net
- *Student National Medical Association*
  202-371-1616; http://www.snma.org
- *Student Academy of the American Academy of Physician Assistants*
  703-836-2272; http://www.aapa.org/saaapa/
- *American Academy of Nurse Practitioners*
  512-442-4262; http://www.aanp.org
- *Student Osteopathic Medical Association*
  800-621-1773
- *National Student Nurses Association*
  212-581-2211; http://www.nsna.org
- *Student National Pharmaceutical Association*
  202-429-7595
- *American Podiatric Medical Students Association*
  301-493-9667
- *American Bar Association, Law Student Division*
  312-988-6048; http://www.abanet.org/isd/home.html

Recruiting Volunteers

Soliciting volunteer health care providers can be accomplished by attending chapter meetings (such as the city's family practice, physician assistant chapter or other type of provider) and presenting a slide show. Also, consider making a brief pitch to providers before family practice or medicine Grand Rounds. Some helpful rules to follow: Keep it short, simple and to the point, definitely no longer than five minutes. Make postcard-size cards to give to the physicians that provide a brief description of the clinic, clinic hours, and a number to call for more information. Avoid the mistake of barging in unwanted by first getting permission from the host department. Also utilize the physicians and other providers that are already linked to the academic institution. The Equal Access Clinic enlists physicians by arming first year students with information about their clinic when they visit their preceptor assignments. The faculty advisor(s) might also be able to help students by introducing them to their network of peers. Other providers can be contacted through local health care organizations as well.

"The most important ingredient for starting a student-run clinic is motivated students willing to work hard, adapt to a variety of situations, and energize others to participate with heartfelt vigor and teamwork" (Cohen, 1995).

Developing a Plan to Manage Volunteers

Scheduling Volunteers

The Homeless Outreach Project assigns students to serve as coordinators for student and physician volunteers. Student schedulers maintain the list of interested students, schedule an adequate number of student volunteers per session (at least two weeks in advance), remind the students one week prior to the clinic session and update a poster-sized calendar of student volunteers in appropriate settings (classroom, lab, office and so forth). Physician schedulers recruit new doctors, distribute introductory packets, schedule clinic times, and send reminders. Regardless of whether or not students' choose to appoint volunteer coordinators or establish a committee, be sure to keep a master list of all who have expressed an interest in volunteering and those who have already participated. All volunteers should fill out an evaluation form regarding their experiences at the clinic. The positive responses can serve as a great source for inspirational quotes to include in recruitment letters sent out to other potential volunteers. Critical suggestions may help in improving the administration of the clinic.

Preparing Volunteers

Talk to the dean's office about what other types of preparation are recommended. Students should sign consent forms to participate and should complete Occupational Safety and Health Administration (OSHA) training. Hepatitis B shots and PPD screening are important preventive measures and are normally required before starting clerkships. Consider requiring them of all clinic volunteers. An often overlooked area of preparation is how to train volunteers to deal sensitively with homeless people and their many corresponding issues. Coordinate lectures with social workers, nurses and others who have experience working with homeless people.

A good reference is the National Health Service Corps' Educational Program for Clinic and Community Issues in Primary Care module. For more information on the module, contact the American Medical Student Association at 703-620-6600 ext. 209.

Developing a Plan to Manage Volunteers

Transitioning

Transitioning from year to year requires advanced planning. The UCSF Homeless Clinic has developed a system in which second-year students who hold positions at the clinic (coordinator, treasurer, schedulers) outline the responsibilities of their positions to the first-year students in March. Elections/appointments are made in April, providing a transitional period in the spring. HIPHOP follows a similar approach. Its steering committee consists entirely of second-year students. They start selecting a new steering committee at the end of the first semester and spend the entire second semester transitioning. The program has a paid project coordinator and a faculty advisor who remain the same year after year, which also helps to foster a smooth transition.

Supply Requisition

Historically speaking, health care providers have always found creative ways to acquire necessary items for their patients. In the 1960s, a group of physicians at the Delta Health Center in Mississippi wrote prescriptions for food for their malnourished patients. Local grocery stores accepted these prescriptions and charged them to their pharmacy budgets. No doubt, these physicians had heard about Stanley Kark's similar efforts in the 1940s, when he delivered dried skim milk to the starving children of South Africa. It just goes to prove that "good ideas and concepts...may be rediscovered or reinvented—and may even flourish—in the face of urgent need, political upheaval, or both" (Geiger, 1993).

Students can learn from these examples in their own quest for supplies. To make things less confusing, consider grouping supplies by category.

Supply Category	*Example*
Furniture	*Exam tables* *Room dividers* *Filing cabinets* *Tables* *Chairs*
Office Equipment	*Office space* *Telephones* *Fax machines* *Photocopiers* *Computers* *Office supplies*
Medical Equipment	*Stethoscopes* *Blood pressure cuffs* *Otoscopes* *Opthalmoscopes* *Glucometers* *Microscopes* *Centrifuges* *Scales* *Thermometers* *Equipment bags* *Medical charts*

Supply Requisition

Supply Category	Example
Medications	Antibiotics Cold Medicines Aspirin NSAIDS Multivitamins Blood pressure medications Antacids Inhalers Insulin Anti-retrovirals Anti-fungals Shampoos for lice
Other	Socks Powders Deodorant Soap Razors Toothbrushes Toothpaste Food
Educational	Brochures Pamphlets Posters Flyers Charts

Ask the dean's office if the clinic can share or use university office space and equipment. Consider drafting a "wish list" and distributing it to area physicians, posting it in medical newsletters, and presenting it to university administrators. Often, physicians may think only of donating medications when, in fact, they may discover resources that they did not think of donating.

Medications are one of the most important, and most easily acquired, components of the clinic. Asking area physicians for their free samples is one way to stock the medicine cabinets. Most are quite willing to do so. The students at the Equal Access Clinic have developed several creative ways of obtaining pharmaceutical supplies. As part of the first-year requirement, each student works in a

Supply Requisition

preceptor's office. Arming each of these students with literature about the Equal Access Clinic has developed several creative ways of obtaining pharmaceutical supplies. For Halloween, the clinic has students dress up in costume and sends them to local doctors' offices to "trick or treat" for medications. Their efforts have been so successful that the clinic has been able to send students to Haiti with the excess supplies.

Drug companies are another source of free medications, although some clinics, such as the one at UCSF, will not accept them as a matter of principle. Their supplies have been donated by the San Francisco Department of Public Health. The local health department may also be able to assist. Don't forget to check with hospital pharmacies as well. An excellent resource is the Directory of Prescription Drug Indigent Programs compiled by the Pharmaceutical Manufacturers Association (PMA). This directory details the medications that specific companies are willing to donate to clinics. For more information, contact PMA at 1100 15th St NW, Washington DC, 20005.

Equipment and Services

Other medical items can be acquired through donations. Many clinics have had medical equipment such as exam tables, partitions and desks donated by retiring physicians. Services can also be donated. For example, the UC Davis Asian Clinic has free Pap smears donated by its pathology department. The Rush Prenatal Program has made arrangements with the academic medical center to provide 24 free deliveries per year for its clients. The center also covers the cost of all laboratory expenditures and provides taxi vouchers for use at the time of delivery. In the first 18 months of its existence, the Rush Prenatal Program provided approximately $150,000 worth of basic prenatal care (Bardack & Thompson, 1993).

Marketing

Initial marketing endeavors should be geared toward drawing/ attracting patients to the clinic. Poster placement near soup kitchens, shelters and churches can help notify area homeless individuals of the clinic's existence. Keep in mind that the clinic may be targeting a population whose issues of illiteracy and language are predominant. As such, be sure to develop posters that pictorially represent the clinic and its services and to also design posters in languages other than English. Most clinics report that the main way they attract clients is through word of mouth.

Offering free condoms and multivitamins as a preventive service has helped the University City Hospitality Coalition become recognized as health care providers. Its location in a soup kitchen has been quite beneficial as well. Other methods of becoming known to patients include sponsoring a health fair, offering flu shots, or arranging for clothing and food drives.

Planning for Quality Assurance (Stage II)

- *Regular meetings*
- *Retreats*
- *Training seminars*
- *Documentation*

Document Clinic History and Procedures

Student leaders may change from year to year; so do clinic goals and how they are implemented. Retreats are helpful forums to revisit mission statements and clinic goals. To be successful, a clinic also should design a method to document the history as well as the standard operating procedures of the clinic. This can be accomplished by maintaining a record of minutes from advisory panel meetings, documenting the group's assessment of progress from discussions at monthly "reflective" meetings, or appointing a clinic director. The director could serve as a resource to guide each new group of student leaders on what has worked in the past, what was tried and what has failed.

Meet Regularly

Frequent meetings can also help to keep the clinic focused. The Equal Access clinic's group of officers meets once a week to make assessments and suggestions, as well as talk about new goals. Minutes are taken and recorded. The University City Hospitality Coalition encourages volunteers to attend biweekly meetings and yearly sensitivity training courses. Keeping a copy of all minutes, correspondence, and other related material in a three-ring binder can help facilitate quality assurance.

Referrals

A student-run clinic is not able to provide the full scope of services needed by homeless individuals. A referral handbook should be established. This handbook should contain a list of social service agencies that can be of assistance to the needs of homeless individuals. The handbook should also contain a list of health care providers or other clinics that can provide care to people who are homeless. A referral handbook will take time to compile, but will be of great benefit to providers and clients. Recruiting the assistance of an undergraduate student may be helpful in developing a referral handbook.

Section V Implementation

Developing an Operating Manual

Most student-run clinic organizers maintain that their operating manuals have always been "works in progress." Don't expect to start a clinic with a completed operating manual in hand. Rather, consider polishing it as the clinic grows. Below is a suggested list of items to include:

- Mission statement
- Goals and objectives
- Job descriptions for project administrators and faculty advisors
- Role of student advisory council
- Role of advisory panel
- Clinic schedule
- Timeline and procedures
- Clinic forms: past medical history (adult, pediatric), consent, minor's consent, referral, diagnosis, medication , supply order and inventory control forms
- Office forms: student recruitment, student volunteer letter, physician recruitment , physician volunteer letter, donation contact, sample thank-you letter and budget forms.
- Policy: Reporting requirements for child abuse, sexually transmitted diseases, tuberculosis and legal obligations.
- Important resource phone numbers: Health Care for the Homeless, State Case Management for the Homeless, United Way Homeless Families Initiative, Domestic Violence Training Project, Federal Health Centers that are funded by Heathcare for the Homeless programs, insurance, Federal Assistance, Veterans Administration, day programs, shelters, clothing referrals, food referrals, meals served, services for uninsured, Alcoholics Anonymous and similar programs, needle exchanges, health centers (community, hospitals), laboratories, and a list of participating physicians
- Clinical protocols: lab values, work-ups and so forth
- Dress codes
- Incident report forms for unexpected accidents and altercations

Client Flow Cycles

Walk-Ins

Most clinics see patients on a first-come, first-served basis. Undergraduate students or first-and second-year medical students sign in patients, pull their charts, and then assign the patients to first-or second-year students. A chart is started for new patients. Charting is an important aspect because it maintains a patient's medical history. Document the medications and referrals for each patient to help maintain accurate statistics and improve follow-up.

Outreach

At Camillus Health Concern, emphasis is placed on outreach programs. Every person is a trained HIV counselor who goes out as a member of "safe street" teams and educates people about HIV prevention. They are willing to go under bridges to help make people feel comfortable enough to come to the clinic. "These outreach visits frequently have a visible and lasting impact on students. They provide an exceptional opportunity to see the realities of homelessness and poverty, and they improve access by bringing the services directly to the homeless. Most importantly, in this process, the students develop their patient's trust" (Fournier, 1993).

Transportation issues often prove to be a limiting factor in whether or not a homeless individual seeks health care. One way to overcome this is to provide taxi vouchers or bus tokens. UCSF has been able to obtain vouchers from cab companies for its clinic patients.

Referrals

The Equal Access Clinic has found a way to alleviate the difficulties of establishing a referral base by sharing its referral network with area clinics. The clinic has a good rapport with a local dental clinic and is able to send patients needing dental care to this clinic. If Equal Access sees diabetic patients who need opthamology services, for example, it may send the patient to another clinic that may have better ties to an ophthamologist. However, the clinic has a finite number of referrals to the dental clinic, so care is taken to refer judiciously. Referrals are an important part of clinic operations because the clinic will only be able to perform a finite amount of patient services. As such, consider which of the following referral services the clinic will need to establish: pediatric, internal, obstetric, gynecologic, surgical, orthopedic, ophthalmologic,

Organizing Volunteers

Budgeting and Administration

The Worksheet and Activities section on page 82, has a sample budget.

radiologic, dental, podiatric, mental health related, or emergent. For those patients who are sick enough to possibly be admitted, knowing which emergency room to send patients to is of paramount importance.

Organizing Volunteers

Developing a means of organizing volunteers is another key component of clinic operations. It is best to appoint a student or group of students to be in charge of recruiting, scheduling and contacting prospective student volunteers and attendings. Follow-up is key. Consider rewarding volunteers with plaques for "best provider" or "most dedicated student." Consider publishing a list of volunteers in the school paper or on a designated bulletin board at school.

Budgeting and Administration

Administrative files should contain the following:

- checkbook records
- finance records
- correspondences
- purchase orders
- donations
- thank you notes
- user manuals
- minutes from meetings
- public relations material
- fundraising flyers
- hard copies of all clinic forms

Documenting patient billing (if applicable), funding and in-kind donations and services can be done in conjuntion with the school. For example, the Homeless Outreach Project coordinates its accounting with the Office of Student Life, which sends students quarterly reports of their expenditures.

Budgeting and Administration

Budget

Drafting an initial budget is challenging because it is based on initial start-up steps of the clinic. The clinic must take into account the balance between what money is available, versus what services are to be provided. Initially, it is best to overestimate the cost of running the clinic. As grants are awarded and donations increase, the provided services can be expanded accordingly. Careful documentation is essential. Consider enlisting the services of an accounting or business major. Below are sample budget line items:

REVENUE		**Actual**	**Budgeted**	**Variance**
Donations	University Associations Individual			
Grants				
Awards				
Fundraisers				
EXPENDITURES		**Actual**	**Budgeted**	**Variance**
Salaries	Program Manager Consultants			
Medical	Supplies Equipment Pharmacy			
Clinic	Rent Utilities Maintenance Telephone			
Managerial	Printing Postage Travel			

If students do not want to utilize university resources for assistance, they will have to delegate a student or group of students to serve as money manager(s). This student or group of students would be responsible for fundraising endeavors, contacting donors, researching grants, and so forth. Documenting the ebb and flow of clinic moneys is essential for clinic operation, legitimacy and growth.

Constant Assessment

Constant assessment is a feature of the UCSF clinic. This is accomplished by scheduling case reviews at the end of each clinic session. Physicians and students meet to discuss specific issues that surfaced during the session, as well as reviewing the mission statement to determine if the clinic is on course to meet the predetermined goals. In addition, a retreat was scheduled for volunteers and faculty to review the mission statement and discuss how to better implement psychiatric concerns and community involvement in the existing program. Retreats are great forums to discuss what works and what doesn't work. Also, consider asking students to keep a clinic journal to log their experiences with patients, issues, emotions and events that have surfaced during their clinic sessions.

Terminating Student-Patient Relationships

Another important issue to tackle is the termination of the student-patient relationship. Over time, students will have forged relationships with patients that need to be concluded when the students graduate, move on to clerkships and so forth. Nursing students who rotate at the Pine Street Inn Shelter are taught skills to give closure to their therapeutic relationships. "Students may feel that they are deserting the guests and either want to avoid the issue by saying, 'I'll probably come back.' When termination is mismanaged, guests may have difficulty in trusting nursing students in the future. However, when termination is handled correctly, it is common for a guest to request work with an incoming student" (Scharer, 1990). Consider offering a lecture during the latter part of the year to advise students on how to better handle their departure.

Alumni

Follow-up studies that monitor student clinic participants' professional careers are enlightening. For a long-term goal, consider developing a means of tracking alumni of the student clinic. Consider starting a newsletter to keep clinic alumni abreast of new activities. Alumni may be more willing to volunteer as providers or to donate funding if they are kept 'in the loop.'

Patient Input

When surveying patients, keep it simple. Ask them what they like, what they don't like, and any additional suggestions they may have. Avoid elaborate questionnaires. People are less likely to fill them out and may be offended that they are viewed more as a patient with a disease/problem than a person with an opinion.

"Program achievements can best be assessed longitudinally by tracking participants over time in terms of a specific set of outcome variables:
(a) patients (health status, utilization, satisfaction);
(b) students (knowledge and skills, participation, attitudes and values, satisfaction, career choice);
(c) faculty (participation, attitudes and values, satisfaction); and
(d) the community (awareness, acceptance, participation)"

(Bardack and Thompson, 1993).

Final Thoughts

Starting a student-run homeless clinic is a tremendous challenge. However, with careful planning and dedicated student involvement, starting a clinic can prove to be an enjoyable, rewarding and invaluable part of your health professional training. Hopefully this guidebook has been a useful resource. Again, suggestions and comments about the guidebook are encouraged. Please refer to page iii for contact information.

Checklist for Program Planning and Implementation

Checklist for Program Planning and Implementation

1. Have you established a community advisory group with:
- ❑ *Representation of your targeted groups*
- ❑ *The ability to provide valuable links with the community*
- ❑ *Skills and resources that will be useful to the program*

2. Have you identified community needs and concerns by way of:
- ❑ *Surveys/questionnaires*
- ❑ *Focus groups*
- ❑ *Public meetings or forums*
- ❑ *Interested party analysis*

3. Have you determined the community's priorities, taking into account:
- ❑ *Historical conditions*
- ❑ *Traditional practices*
- ❑ *Political and economic conditions*

4. Have you developed program goals and objectives?
- ❑ *Yes*
- ❑ *No*

5. Have you decided on program strategies that:
- ❑ *Fit with the resources and needs of the community*
- ❑ *Consider the beliefs, values, and practices of the community*
- ❑ *Reflect field testing*
- ❑ *Dispel health misconceptions*
- ❑ *Change behavior*
- ❑ *Change the environment*

6. To implement your program, have you:
- ❑ *Prepared a timeline for program implementation*
- ❑ *Listed people to be involved, and resources needed*
- ❑ *Hired staff (preferably from the community)*
- ❑ *Developed linkages with other community agencies, as appropriate*
- ❑ *Planned to carry out an evaluation*

7. Have you chosen appropriate methods and questions for
- ❑ *Process evaluation*
- ❑ *Outcome evaluation*

Worksheets and Activities Table of Contents

A. Three-Hour Workshop for a New Clinic: Interdisciplinary Teamwork
This workshop outline, developed by the Pew Health Professions Commission, can assist students in planning a clinic to conduct an interdisciplinary teamwork workshop as part of the clinic orientation or training of new volunteers. Many students have not had training or received formal information about interdisciplinary teams in their health professions training and may need some instruction before experiencing interdisciplinary teamwork.

B. Steering Committee Application and Selection Criteria
Appendix B and C of The Homeless and Indigent Population Health Outreach Project (HIPHOP) Manual contains an example of a steering committee application and selection criteria which may be helpful to students.

C. Course Objectives and Requirements
The Suitcase Clinic in Berkeley, California has established an independent study course at the University of California, Berkeley. The course is sponsored by the Health and Medical Sciences Department.

D. Sample Budget

E. Directory of Prescription Drug Indigent Programs
A list of pharmaceutical companies that provide prescription medicine free of charge. Developed by the Pharmaceutical Manufacturers Association.

F. The Homeless Outreach Project "Wish List"

The following worksheet can be used in the planning process:
H. Community Leader Opinion Survey

Worksheets and Activities

Workshop on Interdisciplinary Teamwork

Three-Hour Workshop for a New Clinic
Interdisciplinary Teamwork

The following is a suggested outline for conducting a 3-hour workshop on interdisciplinary collaboration for participants forming a new primary care clinic, with recommended times for each activity and references to which sections in the curriculum to emphasize.

Schedule of Workshop

1. Introduction

5 minutes

- purpose and goals of this workshop
  1. to establish a solid foundation for collaboration
  2. to establish specific ground-rules for the functioning of the clinic

2. Brief History of the New Clinic

15 minutes

- how the new clinic was formed
- the principle individuals involved
- the decision for interdisciplinary collaboration

3. Introduction of Core Members

40 minutes

Each participant should spend 5 minutes to introduce him or herself, providing the following information:

- previous work and learning experiences
- motivation for entering chosen professional field
- circumstances that led to involvement in this clinic
- what he/she hopes to gain from this clinic experience

4. Small Group Discussions

75 minutes

Participants will divide into groups to discuss one of each of the following topics and return to present their conclusions to the larger group.

Group A: Collaboration

What is your definition of collaboration?

What experiences (good *and* bad) have you had collaborating with other professions?

What effective strategies for collaboration can you identify for use in this clinic?

Group B: Communication and Conflict

What individual difficulties do you have communicating with others and with groups?

continued on next page

Group B continued...

How do you feel about conflict? What are positive outcomes of conflict?

In your experience, what are effective strategies for conflict resolution? What mechanism should we develop for communicating effectively and for resolving conflict within the clinic?

Group C: Mission and Goals of Clinic

What are the important issues involved in providing primary care to this patient population?

What should be the mission of this clinic?

What are the roles and tasks of members of this clinic?

After 30 minutes of discussion, each group will present its conclusions to the larger group.

5. Laying the Ground-Rules

45 minutes

As a group, students should establish some of the "nuts and bolts" aspects of how the clinic will function by finding definitive answers to:

- What effective strategies for collaboration can you identify for use in this clinic?
- What mechanism should we develop for communicating effectively and for resolving conflict within the clinic?
- What are the roles and tasks of members of this clinic?

The program facilitator should provide a schedule of the workshop as well as a handout culled from the curriculum to all participants at least one week before the workshop. The handout should include information from sections in the curriculum relating to collaboration, team formation, conflict resolution and role negotiation, stages of team development, members of the interdisciplinary primary care team, and overcoming barriers to collaboration. As part of the preparation for the workshop, participants should consider answers to the questions posed in each of the small group discussions.

For longer workshops, participants may wish to spend time going through the team building exercises described in Section 2.3 - Learning Exercises for Students. In particular, the team building games ("Name Ball", "Big Wind Blows", etc.) would be appropriate during the "Introduction of Core Members" section of the seminar. Likewise, the strategic planning exercise would be useful during the small group discussion of "Mission and Goals of the Clinic."

Worksheets and Activities

Steering Committee Application

Steering Committee Application

Position (Rank as many positions as you wish to be considered for, 1= your first choice):

____Student Director
____Resource Manager
____Technical Administrator
____Clinic/Home Visit Supervisor*
____Health Workshops Supervisor**
____Events Coordinator

*3 positions available
**2 positions available

Name:_____
Date:_____

Program:____MD ____BA/MD ____MD/MPH ____MD/Ph.D.
Year In school: _____
Address: _____
Phone Number: _____
Email Address: _____

List any prior leadership positions and include the number of years served and responsibilities.

List prior community service experience. Are you participating in any HIPHOP Projects this year? If so, which one (s)?

Why are you interested in the HIPHOP Steering Committee? What qualities will you bring to HIPHOP?

What do you hope to accomplish as a member of the HIPHOP Steering Committee?

Worksheets and Activities

Steering Committee Selection

Steering Committee Selection Criteria

1. Application completed in full and submitted on time.

Question:
List any prior leadership positions and include the number of years served and responsibilities.

2. Has served as a leader in other organization.

3. Shows sustained commitment to a few projects rather than sporadic help to many.

Question:
List prior community service experience. Are you participating in any HIPHOP projects this year?

4. Has participated in community service outside of HIPHOP.

5. Shows sustained commitment to a few projects rather than sporadic help to many.

6. Is currently participating in one of the HIPHOP projects.

Question:
Why are you interested in the HIPHOP Steering Committee? What qualities will you bring to HIPHOP?

7. **S**hows interest in personal growth and in helping community.

8. Qualities to look for: organizational skills, time management skills, creativity, ability to work under pressure, ability to work independently as well as within a group, confidence, enthusiasm, dedication

Question:
What do you hope to accomplish as a member of the HIPHOP Steering Committee?

9. Answer indicates that the applicant has thought about his/her potential participation instead of writing an overly general answer.

10. Goals of the participant are in line with the mission, goals, and objectives of HIPHOP:
    - Shows interest in helping others/community
    - Shows interest in self-betterment
    - Shows interest in institutional and curricular change

Worksheets and Activities

Steering Committee Selection

Review Process:

- Applications will be screened so that criteria #1 is fulfilled.
- Four Steering Committee members will be responsible for interviewing applicants and the other four members will be responsible for reviewing applications.
- Each application will be independently reviewed by two Steering Committee members; criteria #2-10 will be rated on a holistic scale of 1(low) to 5(high).
- Discrepancies greater than one point in either direction between the two reviewers will require that a third Steering Committee member review the application in full.
- Scores will be averaged for each question and totaled for each application.
- For the interview, each applicant will receive two scores from each interviewer. Each score is on a holistic scale of 1(low) to 5(high). **Five points of the interview will be based upon the interviewer's overall subjective opinion of the applicant and the interview. The other five interview points will be based upon the applicant's ability to explain and clarify what he or she wrote in the application.** The total scores given by each Interviewer (a maximum of 10 points) will be averaged together. Thus, the interview will contribute a maximum of 10 points to the overall participant score.
- There are a total of 55 possible points (45 from the application and 10 from the interview).
- Using the overall participant score, the highest scoring applicant will be placed in his/her first choice position. Placements will continue in this manner with the next highest scoring applicant. If an applicant rates a position as his/her first choice and it is already filled, the applicant will receive his/her second (or third, etc.) choice as appropriate. If all of the positions that an applicant ranks are filled, his/her application will be disregarded and selection will continue with the next highest scoring applicant.

Worksheets and Activities

Suitcase Clinic Course Requirements

Suitcase Clinic
Course Objectives and Requirements

The Suitcase Clinic operates a course at UC Berkley in conjunction with its clinic. Below is a list of course requirements.

Course Objectives or Students:
1. To gain basic case working skills.
2. To be more aware of homeless issues
3. To be aware of available resources to help make appropriate referrals
4. To learn how to interview for social history in a sensitive manner without intruding on the client's right to privacy
5. To educate yourself as well as our clients
6. To become involved in the clinic and as a member of the larger community

Role of the Caseworker:
1. To establish a positive client/worker relationship with the people seeking our services
2. To interview the client for a social history
3. To provide information and make referrals to other services
4. To provide follow-up and take an active interest in the welfare of the client
5. To act as an advocate for the client

Requirements for All Students:
1. Attendance for the 2nd, 3rd and 4th weeks of class is absolutely mandatory, as they are considered training weeks
2. You must be present for the entire class period; leaving class unexcused before 8 o'clock will be considered an absence
3. You are allowed only TWO absences - any more than TWO will result in automatic failure. If you have midterm(s) on Thursday nights you are allowed a total of THREE absences
4. You must pass all three quizzes. You must pass the first quiz in order to conduct casework. Of the two remaining quizzes, you are allowed to fail one, which can be made up by a 6-8 page research paper on a topic assigned by the coordinator. Failure of two quizzes results in failure of the class.
5. You must participate in all group activities
6. You must be an active participant in both group projects
7. You will be held responsible for all assigned reading and lectures
8. You must write a two page journal about your experience at each clinic to be collected at the following class meeting

Requirements for Students Enrolled in HMS 98:
1. Freshmen or sophomores only
2. Attendance at THREE clinics (Tuesday 6:30-9:15pm), including set up and clean up

Requirements for Students Enrolled in HMS 198:
1. Juniors and seniors only
2. Attendance at SIX clinics (Tuesday 6:30-9:15) including set up and clean up
3. An article summary on any issue pertaining to homelessness (to possibly be used for the next reader)

Worksheets and Activities

Sample Budget

Sample Operating Budget

Revenue	
Local organizations	3,000.00
Foundations	2,000.00
Local government	1,000.00
Corporations	2,000.00
Individuals	3,000.00
Earned Income: Fund-raisers	1,600.00
TOTAL	12,600.00
Expenditures	
Salaries	
Benefits and payroll taxes	0
Consultants	500.00
Conferences/meetings	500.00
Printing/Publications	1,500.00
Rent and utilities	1200
Telephone	2000
Supplies	1,600.00
Postage	1,500.00
Equipment purchase	1,100.00
Equipment maintenance	0
Travel	500.00
Pharmacy	2,200.00
TOTAL	12,600.00

Worksheets and Activities

Wish List

The Homeless Outreach Project

"WISH LIST"

Equipment/Supplies

Otoscope + Tips
Insufflation bulb
Opthalmoscope
BP cuffs
Stethoscopes
Ear thermometer
Digital thermometer
Pediatric air mask
Pediatric scale
Pediatric medicine dispensers/droppers
Cerumen remover
Glucometer
Folding exam tables
Privacy dividers
Luggage carrier
Duffle (tote) bags - xlarge & large
Fax machine
PC Computer

Books

PDR
Harrisons
Medical Dictionaries
Medical Reference Books

Medicines (both pediatric and adult forms):

Antibiotics
- Amoxicillin
- Ampicillin
- BACTRIM DS
- Cephalexin
- Ciprofloxacin
- Erythrmycin
- Penicillin
- Tetracycline

Analgesics/NSAIDS
- Acetaminophen, Ibuprofen

Cough/Cold
- Antihistamines, especially Diphenhydramine and HISMANAL
- Decongestants, especially Pseudoephedrine
- Expectorants, especially Guaifenesin

Gastrointestinal
- Antacids
- Anticholineric antispasmodics, especially BENTYL
- Anti emetics, especially COMPAZINE
- Antidiarrheals, especially IMODIUM
- Laxatives/stool softeners
- H2 receptor agonists, especially PEPCID

Respiratory
- Corticosteriod inhalers, especially VANCERIL
- Intranasal corticosteroids, especially BECONASE
- Bx-adrenergic agonist inhalers, especially Albuterol and Bitolterol mesylate

Topicals
- Antihemorrhoidal ointments
- Lotions/Moisturizers
- Topical Antibiotics
- Topical Antifungals, especially Clotrimazole and Toinaftate (creams, powders and toches)
- Topical Corticosteriods
- Topical Corticosteriods & Antibiotic/Antifungal mixtures, especially Lotrisone

Vitamins

Worksheets and Activities

Student Clinic List

Student Clinics

Below is a list of schools (not exhaustive) that feature clinics with a spectrum of student involvement, from volunteer only to entirely student-run. The American Medical Student Association/Foundation is attempting to establish a database of existing student-run homeless clinics on its web page. If you would like to add or change information regarding a clinic or are aware that a clinic has closed, please submit your request to www.amsa.org. Thank you.

State	School	Name
AR	Arizona	Refugee Clinic
CA	UC Berkeley	La Clinica de la Raza (LCDLR)
		Suitcase Clinic
	UC Davis	Asian Health Concern
		Clinica Tepati
	UC Irvine	UCI MedReach
	UCSD	Free Clinic
	UCSF	Student Homeless Health Care Project
	Loma Linda	Two migrant farm worker clinics
	Stanford	Arbor Free Clinic
CO	Colorado	Stout Street Clinic
CT	Yale	Internal Medicine Residency Program
		Homeless Health Care Outreach
DC	All Schools	Alliance
FL	Florida	Equal Access Clinic
	Miami	Camillus Health Concern
GA	Mercer	Expanded Teen Clinic
IL	Chicago	Robert Taylor Clinic
	Rush Medical	Community Health Free Clinic
		Model Prenatal Program @ St. Basil's Free
		People's Clinic
KS	Kansas	Children's Primary Care Clinic
KY	Louisville	Blitz Clinic
		Hope Clinic
MA	Massachusetts	Free Clinic
	Northeastern	Codman Square Health Center
		Pine Street Clinic
MI	Wright State	Project Reach Out
MO	Washington-St. Louis	
NH	Dartmouth	Free Pregnancy Clinic
NJ	UMDNJ	Family Health Center
		HIPHOP
NY	Albert Einstein	Health screenings
NC	Duke	Edgemont Community Clinic
	UNC-Chapel Hill	Chapel-Hill-Carboro Family Health Clinic
PA	Allegheny	Homeless Outreach Program
	Pennsylvania	University City Hospitality Coalition Medical Clinic
		Interschool Homeless Health Initiative
	Pittsburgh	Birmingham Clinic
	Thomas Jefferson	Jeff HOPE
UT	Utah	4th Street Clinic for the Homeless
WI	U of W-Mad.	MEDIC
	Med College Wisc	Student-run clinic

Community Leader Opinion Survey

1. What do you think the main health problems are in our community?

2. What do you think are the causes of these health problems?

3. How can these problems be reduced or eliminated in our community?

4. Which one of these problems do you consider to be the most important one in our community?

5. Can you suggest three other people I might talk with about the health problems in our community?

Thank you for your help. Right now I do not have any more questions, but I may contact you in the future if other issues come up?

Source: PATCH: Planned Approach to Community Health, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Chronic Disease Control and Community Intervention, Atlanta, Georgia.

Resources

Government Resources

The resources listed in this section are organized in the following categories:

- Government Resources
- Student-Run Clinics
- National Resources
- Service-Learning Resources and Community-Campus Resources
- Hotlines
- Information on the McKinney Act

The phone numbers and web sites listed are current as of June 30, 1998. The following list of resources are to be used as a guide to locating information that may be helpful in starting a student-run clinic.

Government Resources

U.S. Department of Health and Human Services (301) 594-4430
Health Resources and Services Administration
Bureau of Primary Health Care
http://www.bphc.hrsa.dhhs.gov

Supports the 128 Health Care for the Homeless Projects. Funds are available to both private and public organizations that integrate service delivery to include primary health care, substance abuse treatment, mental health and other services that contribute to sustaining the health and to promoting the independence of homeless people.

U.S. Department of Health and Human Services (301) 443-3706
Substance Abuse and Mental Health Services Administration
Homeless Programs Branch
Center for Mental Health Services
http://www.samhsa.gov/cmhs.cmhs

A division of the Substance Abuse and Mental Health Services Administration, this is the Federal agency concerned with the prevention and treatment of mental illness and the promotion of mental health.

Resources

Government Resources

Emergency Food and Shelter National Board Program
(703) 706-9660
Website: http://www.efsp.unitedway.org/

This program is a public/private partnership to deliver money to communities depending on the need of the community.

Interagency Council on the Homeless **(202) 708-1480**
Washington, D.C.

Reviews and coordinates Federal programs designed to help homeless people. The Council works with state and local governments on homelessness-related efforts and provides technical assistance to organizations serving homeless people.

National Health Service Corps **(800) 221-9393**
http://www.bphc.hrsa.dhhs.gov/nhsc/
The mission of the NHSC is to assist communities through the development, recruitment and retention of community- responsive, culturally competent primary care clinicians dedicated to practicing in health professional shortage areas. Opportunities are available for health professions students through full educational scholarships or externships offering hands-on training.

Social Security Administration **(800) 772-1213**
http://www.ssa.gov

Every Social Security Administration district office has a homeless coordinator available to assist in determining benefits for people who are homeless. They work with individuals as well as organizations and agencies. The web site has a search feature to locate your local office.

U.S. Department of Housing and Urban Development
(800) 245-2691
http://www.hud.gov/

The mission of HUD is to help people create communities of opportunity. The HUD web site has a list of HUD-funded clearinghouses, including the University Partnership Clearinghouse, Community Connections and HUD USER.

US Department of Veterans Affairs **(800) 827-1000**
http://www.va.gov/ *Benefit Number*

Veterans Affairs offers many special programs and initiatives specifically designed to assist homeless veterans. The web site has a comprehensive list of benefits. The address is http://www.va.gov/health/homeless/index. For information on benefits, contact your local VA facility. The web site has a list of VA offices.

Resources

Student-Run Clinics

National Resources

Student-Run Clinics

Clinica Tepati
http://edweb.sdsu.edu/edfirst/prophets/clinica/clinica_index.html

Jeff HOPE
http://jeffline.tju.edu/CWIS/activities_guide/jeffhope/

HIPHOP
http://rwja.umdnj.edu/hhopweb/hiphop.html

Suitcase Clinic
http://socrates.berkeley.edu/~suitcase

UCSF
http://itsa.ucsf.edu/~hclinic

National Resources

American Association for the Protection of Children	(303) 792-9900
American Lung Association http://www.lungusa.org	(212) 315-8700
American Medical Student Association/Foundation http://www.amsa.org	(703) 620-6600
American Psychiatric Association (APA) Committee on Poverty, Homelessness, and Psychiatric Disorders http://www.psych.org	(202) 682-6120
Association for the Care of Children's Health http://www.acch.org/AACH	(609) 224-1742
Campus Outreach Opportunity League (COOL) http://www.cool2serve.org	(612) 624-3018
Caucus on Homelessness American Public Health Association http://www.apha.org/	(703) 739-9333
Centers for Disease Control and Prevention http://www.cdc.gov/	(404) 639-3311
Center for Mental Health Services http://www.mentalhealth.org	(800) 789-2647
Center for Child Health and Mental Health Policies http://www.dml.georgetown.edu/depts/pediatrics/gucdc/index.html	(202) 687-5000

Resources

National Resources

Child Welfare League of America (202) 638-2952
http://www.cwla.org

Family Services America, Inc. (414) 359-1040
http://www.ssanet.org (800) 221-2681

Health Care for the Homeless Clinicians' Network (615) 226-2292
http://www.nashville.net/~hch

Health Care for the Homeless Information Resource Center
http://www.prainc.com/hch/index.html (888) 439-3300 ext. 246

Healthy Mothers, Healthy Babies (202) 863-2458

Health Resource Center on Domestic Violence (800) 313-1310
http://www.igc.apc.org/fund

Herpes Resource Center (919) 361-8488
American Social Health Association
http://sunsite.unc.edu/ASHA

Homelessness Information Exchange (202) 775-1322
http://nch.ari.net

Institute for Women's Policy Research (202) 785-5100
http://www.iwpr.org/

International Center for Non-Profit Law (202) 624-0766
http://www.icnl.org

Mental Health Policy Resource Center (202) 785-5100

National AIDS Clearinghouse (800) 458-5231
http://www.cdcnac.org

National Alliance to End Homelessness (202) 638-1526

National Association of Community Health Centers (202) 659-8008

National Center for Education in Maternal and Child Health (703) 524-7802
Clearinghouse Phone: (703) 821-8955
http://www.circsol.com/mch

National Center for Non-Profit Boards (800) 883-6262
http://www.ncnb.org

National Clearinghouse for Alcohol and Drug Information (800) 729-6686
http://www.health.org

Resources

National Resources

National Clearinghouse on Child Abuse & Neglect Information
http://www.calib-com.nccanch/ (800) 394-3366

National Clearinghouse on Families and Youth (301) 608-8098
http://www.acf.dhhs.gov/programs/fysb/programs/ncfy.htm

National Clearinghouse for Primary Care Information (703) 821-8955
http://www.bphc.hrsa.dhhs.gov/ncpci/

National Coalition for Homeless Veterans (202) 546-1969
http://www.nchv.org/ (800) VET-HELP

National Coalition for the Homeless (202) 737-6444
http://nch.ari.net

National Council on Alcoholism and Drug Dependence (212) 206-6770
Website: http://www.ncadd.org
Hope Line: (800) 622-2255

National Digestive Diseases Information Clearinghouse (301) 654-3810
http://www.niddk.nih.gov

National Heart, Lung and Blood Institute
http://www.nhlbi.nih.gov/

National Health Care for the Homeless Council (615) 226-2292
http://www.nashville.net/~hch/

National Health Information Center (800) 336-4797
http://nhic-nt.health.org/

National Institute on Aging Public Information (301) 496-1752
http://www.nih.gov/nia/

National Law Center on Homelessness and Poverty (202) 638-2535
http://www.nlchp.org

National Network for Youth (202) 783-7949

National Oral Health Information Clearinghouse (301) 402-7364

National Resource Center on Domestic Violence (800) 537-2238

National Resource Center on Homelessness & Mental Illness
(800) 444-7415
http://www.prainc.com

National Student Campaign Against Hunger & Homelessness
http://www.pirg.org/nscahh/ (310) 397-5270
(800) NOHUNGER Ext 324

National Women's Resource Center http://www.nwrc.org	(800) 354-8824
Office of Minority Health Resource Center http://www.omhrc.gov	(800) 444-6472
Prescription Drug Patient Assistance Programs	(800) 762-4636
Schweitzer Fellows Program http://www.schweitzerfellowship.org/	(617) 667-7989

Service-Learning Resources and Community-Campus Resources

ACTION, The Federal Domestic Volunteer Agency	(202) 606-5108
Alliance for Service Learning in Education Report	(202) 336-7026
Association for Volunteer Administration	(612) 296-4731
Break Away: The Alternative Break Connection http://www.vanderbilt.edu/breakaway/	(615) 343-0385
Campus Compact	(401) 863-1119
Community-Campus Partnerships in Health http://futurehealth.ucsf.edu/ccph.html	(415) 502-7979
Congressional Youth Leadership Council http://www.cylc.org/	(202) 638-0008
Corporation for National and Community Service http://www.cns.gov	(202) 606-5000
Independent Sector http://www.indepsec.org/	(202) 223-8100
National Association of Partners in Education, Inc. http://napehq.org/	(703) 836-4880
National Association for Service and Conservation Corps http://www.nascc.org/	(202) 737-6272
National Center for Service-Learning and Early Adolescence	(212) 642-2946
National Service-Learning Cooperative Clearinghouse http://gopher.nicsl.coled.umn.edu/NSLCHomePage.html	(800) 808-7378

National Society for Experiential Education (919) 787-3263
http://www.nsee.org

Points of Light Foundation (202) 729-8000
http://www.pointsoflight.org/

Youth Service America (202) 296-2992
http://www.servenet.org/

Youth Volunteer Corps of America (913) 432-9822

Hotlines

AIDS Clinical Trials Information Service (800) 874-2572
http://www.actis.org

CDC National Immunization Hotline (800) 232-2522
http://www.cdc.gov/nip

CDC National AIDS Hotline (800) 342-AIDS – English
http://www.cdcnac.org (800) 344-7432 -- Spanish

Covenant House Nineline (800) 999-9999
http://www.covenanthouse.org
Covenant House is a childcare agency providing shelter and service to homeless and runaway youth. The number above is a 24-hour hotline for youth.

HIV/AIDS Treatment Information Service (800) 448-0440
Provides general treatment information and guidelines.

Hospice Link (800) 331-1620

Medicare Telephone Hotline (800) 638-6833

National Child Abuse Hotline (800) 422-4453

National Coalition for the Homeless Hotline (202) 775-1372

National Council on Alcoholism and Drug Dependence (800) 622-2255

National Runaway Switchboard (800) 621-4000

National STD Hotline (800) 227-8922

National Youth Crisis Hotline (800) 448-4663

Resources

McKinney Act

Information on the McKinney Act

Actual text of federal law
http://www.law.cornell.edu/uscode/42/ch119.html

HUD's Homeless Resource Page
http://entp.hud.gov./homeless.html

Report evaluating the McKinney Act programs
http://www.huduser.org/

National Housing Institute: news on legislation
http://www.nhi.org/

Congressional testimonies of McKinney program
http://www.nichp.org

National Coalition for the Homeless
http://nch.ari.net/mckinney.html

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