# Gaining Community Acceptance of a Free Health Clinic

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AMERICA'S MEDICAL CARE SYSTEM has undergone many changes designed to increase access to services for the poor. According to recent statistics, people in the lowest income categories now average more physician visits than the wealthy (1). However, a corresponding improvement has not been achieved for persons with "grav area" incomes-too rich for Medicaid and too poor to pay for private medical care. Receiving adequate medical care at a reasonable cost is often impossible for such persons. Unless they accept poor credit status by refusing to pay their bills or the implied label of "charity case" by seeing a physician without charge, they simply may not receive any medical care.

The creation of a nationalized

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medical care system is a solution often proposed for equalizing access to services. Many remain opposed to this concept, however, and supporters recognize that a comprehensive bill is not in the foreseeable future. Thus, remedial programs must be used to fill the void.

Although their potential has received little study, free medical clinics represent a partial solution to the problem. As Eisenberg stated, most free clinics are developed as an alternative to the established medical care system (2). But there is evidence that these clinics can become an important part of the system and still maintain their unique identity. Unfortunately, many free clinics have been short lived (3).

The Free Health Clinic of the Roanoke (Virginia) Valley is an exception to the pattern of short survival. Since its inception in 1974, the clinic has grown in viability and community acceptance. For example, when the Roanoke Valley was recently awarded the title of "All-American City," the clinic was

one of the agencies identified as being most innovative and important in the community. The methods employed to gain this extent of acceptance for the clinic may be useful to others working for or studying free health clinics.

We believe that the success or failure of a free clinic depends largely on its ability to project credibility, that is, a positive image in a community. The success with which any free clinic establishes such credibility with various community groups will have a singular effect on its destiny. The following six groups in particular must see the clinic as credible. The failure to establish a positive image with one or more of these groups has led to many problems for free clinics.

- Potential patients.
- Volunteer physicians and other providers who will staff the clinic.
- Volunteer nonprofessionals who will perform other duties at the clinic.
- The medical community that will provide the professional volunteers,

Age, sex, and reasons for visits of 2,564 patients to the Roanoke Valley Free Health Clinic, 1974-76

Age group (years), sex, and reasons for visits	Patients	
	Number	Percent
0–5	191	8
6–17	575	22
18–34	1,435	56
35–54	267	10
55 and over	96	4
Males	948	37
Females	1,616	63
Physical illnessVenereal disease examination and	1,616	36
treatment or recheck	567	12
Physical examination	398	9
Medication refill	373	8
Birth control	365	8
Blood pressure	357	8
Pregnancy test	336	7
Pap smear	252	6
Followup visit	129	3
Emotional problems	101	2
EKG	11	1

referrals, and moral support for the clinic (or, at the least, will not actively work against it).

- Funding agencies, such as local governments, that will subsidize the clinic.
- The community at large, whose acceptance and support the clinic needs.

Free clinics repeatedly report the same problems: inadequate funding and too few volunteers (4,5). Local funding sources (local government, foundations, the United Way, among others) must be convinced of the viability and worth of a free clinic, and the medical community must be convinced that the clinic has high professional standards, will provide a valuable community service, and will not duplicate existing services or compete for patients who can afford private care.

Although the marketing task is formidable, it can be done successfully. The Free Clinic of the Roanoke Valley owes most of its success to the effectiveness of its credibility

campaign. Seven components are essential in such a campaign—three relate to the leadership of the clinic, two to clinic procedures, and two to communication techniques.

### Clinic Leadership

Medical director. A free clinic must have a medical director present if its credibility campaign is to be successful. The presence of an established clinician who directs the medical operation of the clinic reassures patients, volunteers, and the community that medical treatment will not be second rate. Often when a medical colleague joins the ranks of a free clinic, the worth of the enterprise is so enhanced as to promote volunteering by other medical professionals. A forceful medical director can persuade colleagues to donate time or samples of medications to the clinic, as well as to accept referrals from the free clinic of patients with complex emergent conditions.

Funding agencies also will be re-

assured by the presence of a medical director. It is understandable that such agencies are reluctant to allocate money to an enterprise that lacks a specified medical authority.

Executive director. Much has been written about the daily operations of free clinics and the problems associated with volunteers (6,7). Without a calm, efficient person of mature judgment to direct the hourto-hour operations of a clinic, chaos is a virtual certainty. A clear chain of command must flow from the board of directors through the medical director to the executive director so that fundamental clinic philosophies and concerns are not overlooked or forgotten. The key to this critical line of authority is the executive director, who implements and follows through on decisions of the board and the medical director. Conversely, the executive director gives valuable assistance to the board and the medical director because of the perspective he or she gains by overseeing daily clinic operations.

Board of directors. Because the board of directors may have links with social service agencies, funding agencies, physicians, and other groups vital to the well-being of the clinic, it is important to have committed and respected members. A board functions best where a balance of representation is achieved. Within that balance, the presence of respected community members provides important support for the clinic's ideals. Such a board can be invaluable in finding solutions for many unpredictable misfortunes. For example, our volunteer physician force was drastically reduced when our malpractice carrier raised its premiums to a prohibitive level. We feared that the clinic's services would have to be reduced severely. After a brainstorming session, however, we decided to ask our State senator to amend the Good Samaritan Act to cover physicians (internists and residents) against simple negligence while working in the free clinic. Although it took some time, the change in the State law was accomplished and our loss of physician volunteers was temporary.

### **Clinic Procedures**

Screening. To ensure that the primary goal of our free clinic-to provide quality medical care for persons unable to afford it-is maintained, a procedure for screening potential patients was developed. In terms of establishing credibility with our physician community, we have been advised by the Roanoke Academy of Medicine that the existence of this screening procedure has done more than any other facet of our operation to reassure physicians that the clinic is not a competitive medical facility. In addition, it provides assurance for our funding sources that the patients being seen are clearly those most in need and that the funds granted to the clinic are having a definable impact on these people.

The clinic has a somewhat flexible eligibility schedule. Patients who can receive free care at the local Veterans Administration hospital or have third-party coverage (for example, Medicaid) or can afford private care are not eligible. Determination of who can or cannot afford private care is left to the discretion of a screener (intake worker) and the patient. All patients requesting tests for pregnancy or venereal disease are seen. The target population of the clinic is so well known in the community that rarely is a patient turned away.

Clinic operation. The patient flow at the clinic is shown in the diagram. Each patient's initial contact is with the screener. In addition to

determining eligibility, the screener fills in certain sections on a patient history form. The clinic nurse also interviews each patient to obtain more detailed information about the present complaint and the medical history.

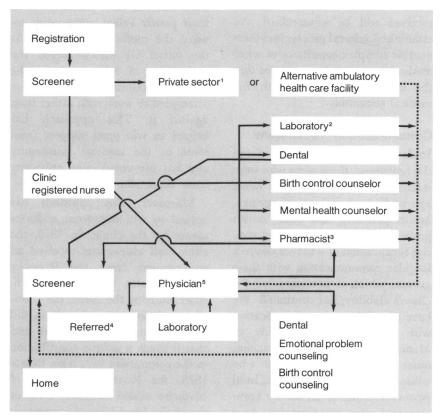
Next, the physician examines the patient. If the need arises, other services such as laboratory tests, electrocardiograms, dental services, birth control counseling, and mental health counseling are available. If the physician prescribes medication, a registered pharmacist explains to the patient how to use the medicine, asks about allergies, and advises about drug interactions. Finally, the nurse or the screener makes sure that the patient understands what he or she has been told.

The clinic facility consists of three

examining rooms, a two-chair dental clinic, a pharmacy, a laboratory, and several interviewing rooms. The clinic is open every Tuesday and Thursday evening from 5:30 until all patients are seen. On an average night, the clinic staff sees between 20 and 40 medical patients and 15 to 20 dental patients. Registration begins at 5:30; appointments are not accepted.

Present on each clinic night are one or two physicians, two registered nurses, a licensed pharmacist and a pharmacy assistant, a laboratory technician, a birth control counselor, a mental health counselor, two or three screeners, a person in charge of patient's files, and the executive director. A dentist and dental assistant are present every Thursday night.

Patient flow at the Free Health Clinic of the Roanoke Valley



If the patient has the ability to pay for ambulatory facility.
 Only laboratory tests needed; for example, pregnancy test and no medical complaints.
 If patient needs only refill or has many current medications that require professional collaboration.
 To external medical facility.

<sup>5</sup> If prescription given.

A well-coordinated, clean medical facility with appropriate and modern equipment, files, and methods strongly reinforces the free clinic's credibility in the eyes of the professional volunteer. Since no scheduled analgesics or psychotropic medications are available on the premises, fears about clinic abuse by addicts are laid to rest. A well-run clinic operation establishes the commitment of the free clinic to modern medical care. This is apparent to the physicians, professional volunteers, the community, and the patients.

Physicians, upon seeing such a facility, appreciate the benefits of concentrating their charitable work at the free clinic. The physicians may free their office appointments for the nonindigent, thereby reducing clerical costs, and refer patients unable to pay for care to the free clinic without fear that the medical care received will be substandard. An established referral process for emergent or complex conditions to other medical resources demonstrates that the clinic is integrated with the medical community.

## **Communication Techniques**

Initiative in communications. From the beginning, those of us who were interested in forming a free clinic approached physicians, clergymen, health planners, and other health professionals with a clear and concise formulation of what we desired. Regular communication with these groups, which is necessary for the clinic's viability, has continued. We have also initiated communication with the Roanoke Academy of Medicine, individual physicians, other professional personnel who voluntarily work at the clinic, local government and social service agencies, and civic organizations. As a result, the importance and effectiveness of the free clinic as a viable public service has become recognized by the community.

This communication has also enabled us to identify and refute misconceptions about the clinic. We found that much resistance to the clinic came from people who did not understand what we were doing. Among the misconceptions about the clinic were that it focused only on particular groups, such as drug addicts, patients with venereal disease, or those with problem pregnancies. Further misconceptions were that it was an abortion clinic and that it duplicated already existing services. By communicating with relevant groups in the community, we proved these charges incorrect. As shown in the table, patients of all ages come to the clinic for a variety of reasons.

# Attitude toward medical commun-

ity. Many free clinics in the nation have suffered as a consequence of their poorly veiled antagonism toward the medical community. At the outset we acknowledged the desirability of acceptance by the medical community, and we have attempted to work with rather than against it. This approach has helped us win open support from some in the medical community and has prevented open animosity from those who oppose the clinic.

Moreover, this approach has helped to win important endorsements for the clinic. In 1975, the clinic staff sought and received an endorsement from the Roanoke Valley Health Planning Council. After studying the clinic, the council concluded that the clinic did not duplicate existing services and that it made a unique contribution to the community (8). Also, in late 1975, the Roanoke Academy of Medicine added its endorsement of the clinic. Identifying the screening process as a key reason, the academy members voiced their recognition that the clinic was not competing for paying patients.

#### Comment

If free clinics are to survive, they must gain acceptance from potential patients; physician, other professional, and nonprofessional volunteers; funding agencies; and the general community. The success of the Free Health Clinic of the Roanoke Valley can be attributed to the presence of an active medical director, an efficient executive director, an active and committed board of directors comprised of respected citizens, use of a screening procedure to ensure that only needy patients are seen, clear and efficient clinic procedures, communication with relevant people and agencies, and recognition by the medical community of the clinic's value.

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