January 15, 2007

Project to Expand Clínica Cariño

CLÍNICA CARIÑO

Assessment of the Need and Feasibility of Expansion

v2.0

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1. Executive Summary

This document is the first systematic effort on behalf of a concerned group of students to discuss and assess the feasibility of expanding the services of UC Irvine's only student-run free clinic. It has been created following numerous discussions with key individuals and represents the first phase in a larger project to expand the services offered at Clínica Cariño. The document seeks to demonstrate that:

(1) significant unmet medical need exists in the Santa Ana community;
(2) a student-run free medical clinic *that provides medical care* is an appropriate response given the resources available and the institutions involved, and
(3) such a response is feasible both legally and financially.

The process leading to the creation of this document has been thorough, and has included conversations with: UC Irvine Chancellor, Michael Drake; CEO of the Orange County Coalition of Community Clinics, Dr. Fred Richmond; UC Irvine School of Medicine Deans, Drs. Alberto Manetta, Michael Prislin, Lloyd Rucker, and Gerald Maguire; Share Ourselves Clinic Medical Director, Dr Margarita Pereyda; UCSD Student-Run Free Clinic Medical Director, Dr Ellen Beck; UC Irvine faculty members, Drs. Vega and Bartolomé; Clínica Cariño faculty advisor, Camille Fitzpatrick NP; previous Clínica Cariño student boards; regular physician volunteers at Clínica Cariño, Drs. Alexandra Duke and Jorge Galdamez; various administrators of Santa Ana community clinics; several patrons that currently utilize Clínica Cariño referral services, and a broad group of UC Irvine medical students.

The document begins with a brief history of Clínica Cariño starting from 1996 and a review of its current status (Section 2). In Section 3.1, data is assessed from both national and county level organizations demonstrating sociodemographic and healthcare utilization characteristics of Santa Ana that increase the risk of vulnerable populations to medical underservice and the subsequent negative health consequences. Sections 3.2 uses data from the Orange County Health Needs Assessment (OCHNA) and from clinic assessments carried out by medical students to argue that, while existing community clinics attempt to provide care to vulnerable populations, gaps in care exist for a significant portion of the Santa Ana population – adult undocumented immigrants living below the poverty line. Section 4 discusses why a student-run free medical clinic *that provides medical care* is an appropriate response given the primary resource available is student energy and the main institution involved is UC Irvine and its medical center. Section 5.1 discusses the legal feasibility of expanding Clínica to provide

actual medical services through the UC Affiliation Agreement, which is the preferred option, having been tried and proven at other UC medical schools. Section 5.2 discusses alternative legal underpinnings for a student clinic aside from a UC Affiliation Agreement including the Federal Claims Tort Act. Finally, Section 5.5 argues that there are no insurmountable financial barriers to expanding Clínica Cariño to provide actual care, and existing evidence suggests that such a project may likely ease the current burden on the UCI Medical Center.

This document is the first step in a larger project cycle which includes: (1) Needs and Feasibility Assessment; (2) Project Design; (3) Project Implementation, and (4) Project Evaluation. Upon completion of this phase of the project cycle it is hoped that Project Design, or the institutional design of an expanded Clínica Cariño will ensue. Project Design should be a thorough process and include numerous opportunities for participation from both students and administrators. After much discussion and reflection it is suggested that the Project Design phase of an expanded Clínica Cariño begin by considering four especially important institutional structures:

> (1) the legal establishment of a future clinic through the UC Affiliation Agreement as has been done at UCSD and UC Davis;
> (2) an integrated practice management curriculum available to undergraduate, graduate, and professional students interested in running Clínica Cariño;
> (3) the *additional* administrative support of a volunteer Medical Director for the clinic;
> (4) the implementation of student driven fund raising through such mechanisms as grant writing and a Patient Assistance Program to ensure that UC Irvine and its medical center do not incur any financial burden.

These four elements are mere starting points for a future discussion and debate.

2. Overview of Clínica Cariño

2.1 History of Clínica Cariño

Clínica Cariño began in 1996, when UCI SOM Dean of Student Affairs Dr. Michael Prislin wrote a predoctoral grant to fund community oriented primary care projects which were written by students as a part of what was then the family medicine-run patient-doctor course. This course required students to write predoctoral grants to find a community need, to find resources that would fill such a need, and to suggest an intervention to solve the problem in that community.

In 1998 three 2nd year medical students, Mario Bartolomé, Allison Blaze, and Stephanie Doniger came up with the proposal for Clínica Esperanza (Appendix Section 7.1) which was intended to be a full service primary care clinic run by physicians, medical students, and undergraduates, to address the needs of the underserved population in Santa Ana. The main intent of the clinic was to (1) provide non-emergency urgent care, (2) tie patients with chronic illnesses into the established health care system, and (3) provide preventive and educational health services (Appendix Section 7.1). The 1998 proposal anticipated that the clinic would be open on a weekly basis and an extensive set of bylaws for its administration was developed (Appendix Section 7.2). It was hoped that once established the clinic would have been extended to include legal, social, and public health services. In 1999, two MD/MBA students Mario Bartolomé (from the 1998 proposal), and Anh Ngo expanded the original proposal (renaming it Clínica Cariño) by adding extensive sections on how the clinic could be funded and providing information on several successful models of student run clinics in the University of California system (Appendix Section 7.3).

In the fall of 1999 Clínica Cariño students began collaborating with St. Joseph's Church and by April of 2000 had conducted a needs assessment survey at the Loaves and Fishes soup kitchen based out of St. Joseph's School near downtown Santa Ana (608 Civic Center Drive). By March of 2001, the students were conducting roughly one referral clinic a month and were ready to expand the scope of services offered.

In the spring of 2001, at the request of students and with the assistance of Associate Clinical Professor Camille Fitzpatrick, MSN, NP, a meeting was held to discuss the feasibility of implementing the full vision of Clínica Cariño. The meeting consisted of Drs. Prislin and Rucker, Deans of Student and Curricular Affairs respectively; Ellen Lewis, Director of the Student Training Center; Terry Fowler, Director of Ambulatory Clinics at the UCI Medical Center; and several members of the student board. At the meeting it was decided that an education and referral clinic was the only feasible option. Four primary reasons were given for this decision: (1) the UCI Medical Center was not supportive of a new medical clinic, claiming they could not afford additional in-patient care responsibilities that might result

from Clínica Cariño; (2) it was claimed that there was *not* a lack of access to Health Care for the Santa Ana community because of existing community clinics including the UCI Family Health Center; (3) it was claimed that undocumented immigrants, the patients with the greatest need, would not go to such a clinic because they feared the possibility of deportation due to their legal status; (4) it was claimed that a student clinic would not be able to provide continuity of care and that there were insurmountable logistical barriers including JCAHO, HIPAA and, OSHA requirements.

However, the current evidence strongly suggests that these objections are either no longer valid or are completely surmountable. The level of urban hardship in Santa Ana is the highest of any city in the country (Section 3.1.1), and the medical need is so great that Santa Ana is consistently declared a Medically Underserved Area by the Federal Government where 92% of undocumented immigrants lack health coverage (Section 3.1.2). In fact, the UCI Family Medical Center experiences such demand for adequate health care from the underserved of Santa Ana that it continually experiences financial hardship, is no longer able to take walk-in patients, and charges $40 *per visit* at the very bottom of its sliding fee scale. In addition to the extensive 2005 Orange County Health Needs Assessment (OCHNA), a qualitative survey of existing clinics in Santa Ana (Section 3.2) reveals a continuing gap for the poor and uninsured. Finally, research has shown that all UC medical schools except UCI have been able to overcome the logistical barriers of having a full service student clinic that provides continuity of care and meets the federal and state regulations (Section 5.1 to 5.4); most of these clinics have done so at no additional expense to their respective medical centers (Section 5.5).

2.2 Current Activities of Clínica Cariño

Currently, Clínica Cariño is the only UCI School of Medicine student-run clinic and is considered a "non-curricular student-driven initiative". It is managed by an 8-person board of 1st or 2nd year medical students with the oversight of the faculty advisor Camille Fitzpatrick, MSN, NP. The board and faculty advisor organize roughly one referral clinic a month at the Loaves and Fishes site near downtown Santa Ana with the help of approximately 20 medical student volunteers, and 3 volunteer attending physicians at any given clinic. At a typical clinic about 25 patients have a medical history taken by medical students and are given basic physical exams as needed. Patients are then sent to a referral desk where they receive a sheet with information about and directions to a community clinic that might be able to meet their needs. Twice a year flu vaccinations and breast exams are also provided. There is currently no follow-up on patients and no system for tracking the history or progress of patients who visit the clinic multiple times. No medical procedures are provided and Clínica is unable to manage any medical conditions. It is unknown if Clínica Cariño is an effective referral center. It does seem that Clínica Cariño is successful at providing the opportunity for medical students to improve their doctoring skills,

and gather data for projects, posters and papers. Camille Fitzpatrick is the Primary Investigator (PI) when Institutional Review Board (IRB) approval is necessary.

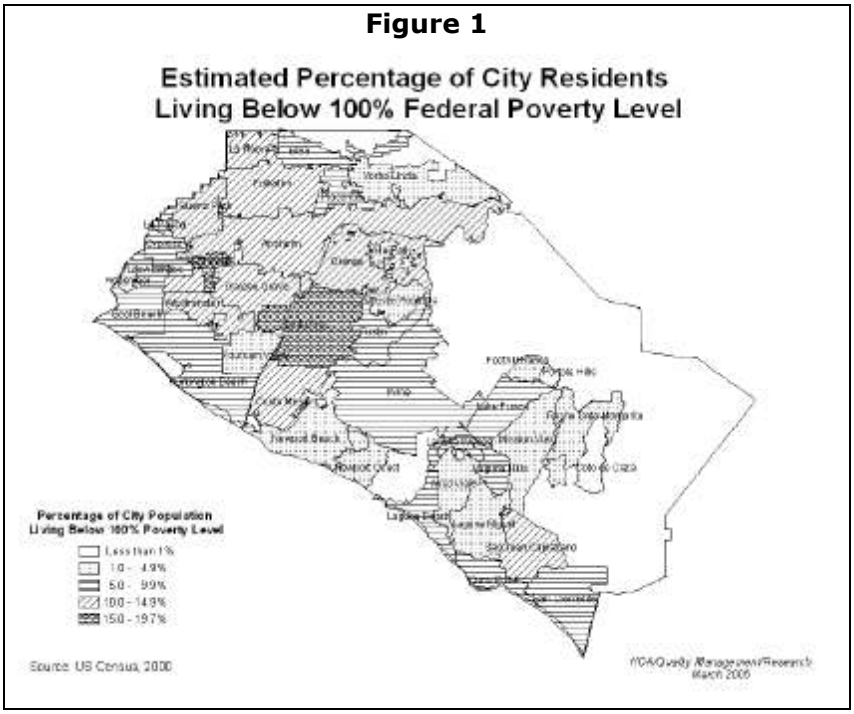
3. Unmet Need in Santa Ana

3.1 Characteristics of Need in Santa Ana

3.1.1 Social Characteristics of Santa Ana

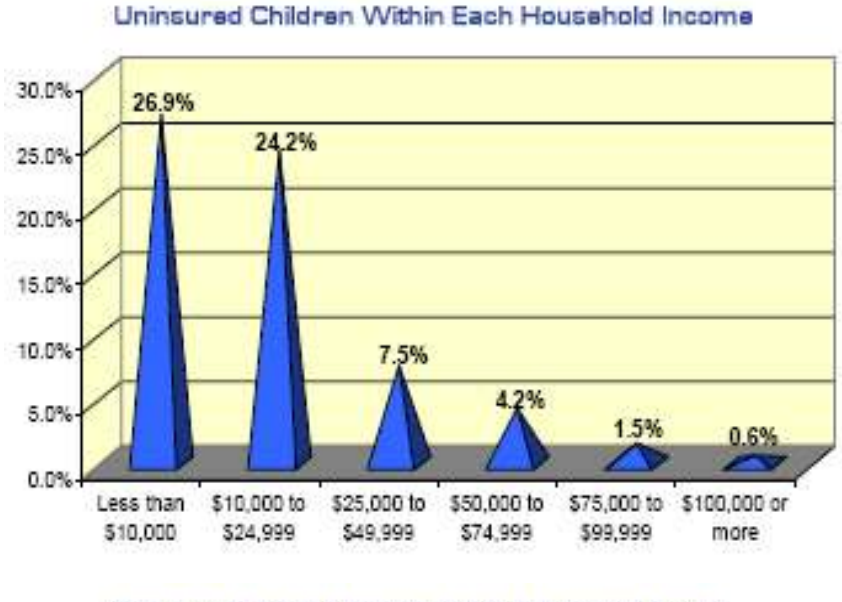
The social and demographic characteristics of Santa Ana have a significant impact on the health care access and health service needs of its population. Santa Ana has the highest rating for urban hardship of any major city in the US[1]. The hardship rating is a comprehensive measure of unemployment, housing, dependents, income, poverty, and education, and is greater for Santa Ana than for better known cities such as Detroit, Gary, Miami, Fresno, or Los Angeles which are also ranked amongst the top ten most troubled cities[1]. The population of Santa Ana is estimated at 338,000 of which 76% or 257,000 are Latino[2]. Amongst Latinos in Santa Ana responding to the 2000 census, 19.8% of individuals, 16% of families, and 26% of female headed households were below the federal poverty level (Figure 1)[2]. The median earnings for full-time, year-round workers was $23,000 and the per capita income was $12,152[2]. Regarding educational attainment, 36% reported attainment of a less than 9th grade level, and an additional 20% did not complete a high school level education[2]. In contrast, the median earnings for full-time, year-round male workers in Newport Beach was $94,820, and 98.3% of Newport Beach residents have at minimum a high school level diploma[3]. Additionally, the available evidence may underestimate the true magnitude of urban hardship in Santa Ana given that many residents are undocumented immigrants who tend to be under reported and worse off than the general population[4,5]. Educational attainment, income level, and legal status are significant factors in determining insurance coverage and

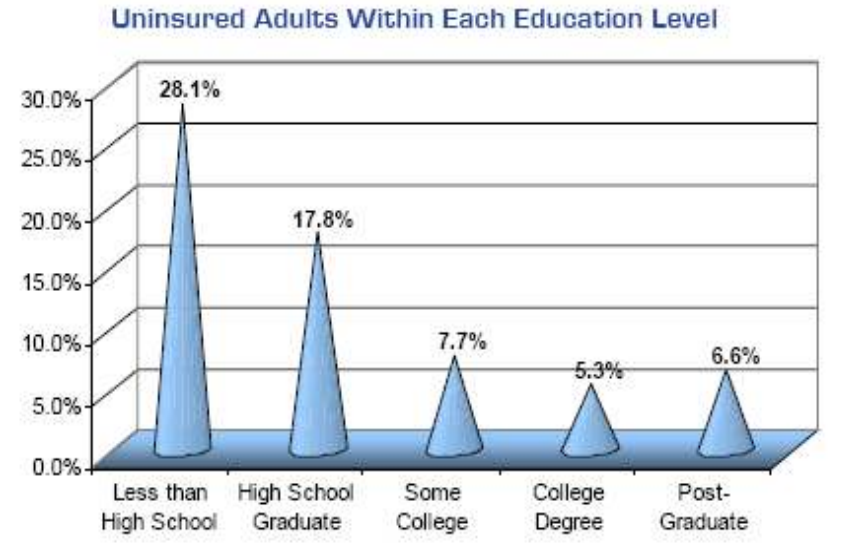
Figure 1



access to medical services[6,7,8]. Santa Ana's high level of urban hardship directly influences and increases the health care needs of its population (Figure 2).

Figure 2 - OCHNA





3.1.2 Health Care Characteristics of Santa Ana

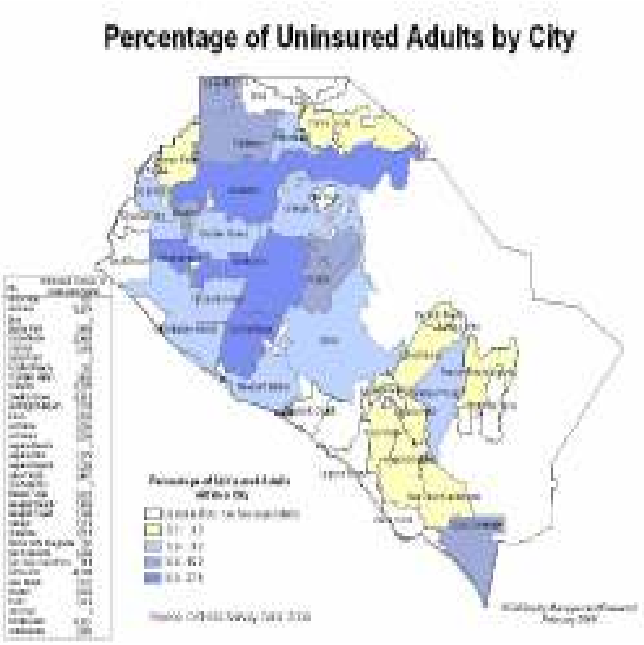
Santa Ana has low levels of access to care and a significant need for increased healthcare services. Santa Ana has been designated by Health and Human Services (HHS) as a Medically Underserved Area (MUA) as established by the Index of Medical Underservice (IMU)[9]. The Orange County Health Care Needs Assessment (OCHNA) 2005 survey indicated that lower income level groups were significantly less likely to have health coverage than groups in higher income categories, where 44% of uninsured

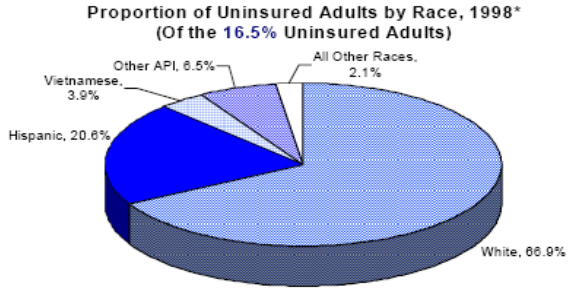
adults and 38% of uninsured children lived in households with an annual income of less than $25,000[10]. The survey also found that over half of the uninsured adults and 75% of uninsured children in Orange County were Latino and that 92% of respondents who were undocumented immigrants lacked health care coverage[10] (Figure 3). Additionally, services available for immigrants without legal status were primarily for emergencies, and there is only limited preventive care for this population. And while some programs such as California Kids provided services for children, the program had limited funding and only reached a fraction of those children in need[6]. Amongst the top five cities in Orange County with the greatest number of uninsured Santa Ana was ranked first with both the greatest number of uninsured adults and children[10]. This lack of health insurance amongst Latinos in Orange County, and Santa Ana in particular, is significant because decreased access to care is associated with increased risk for both acute and chronic diseases amongst both children and adults[10, 11, 12, 13, 14]. In fact, Orange County Latinos already have the highest prevalence of overweight children (30.7%) and overweight or obese adults (72.4%)[10] among Orange County residents, a risk factor that is associated with cardiovascular disease, cancer, and diabetes[15, 16], all of which are amongst the top five causes of death amongst Latinos in Orange County[10].

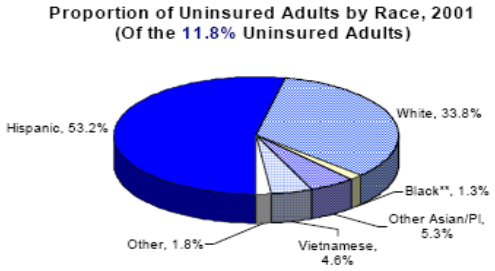
3.1.3 Summary of Health Care Need in Santa Ana

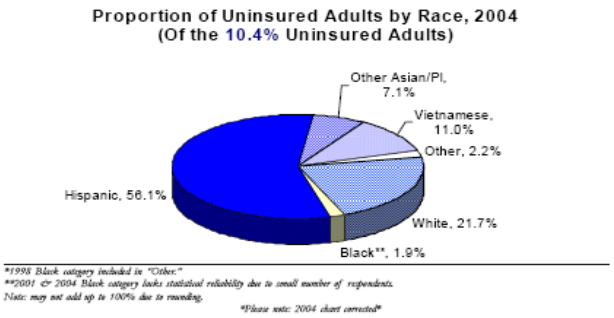
Both within the US, and within Orange County, Santa Ana has the highest level of urban hardship of any city which directly and negatively influences access to care, and health insurance (Figure 3). The problem is exacerbated by the ineligibility of Santa Ana's large adult undocumented immigrant population for state and federal health insurance programs[17] designed to aid at risk populations. As a consequence, the working poor of Santa Ana are forced to rely on community clinics or to go without care at the cost of increased risk to their health and well-being. The subsequent section will assess the available community clinics, the resources they provide, and discuss the admirable determination but ultimate inadequacy of their efforts to meet the health care needs of the men, women, and children of Santa Ana.

Figure 3 - OCHNA









3.2 Council of Community Clinics Data

3.2.1 The Coalition of Community Clinics

Founded in 1974, The Coalition of Orange County Community Clinics is a 501(c)3 non-profit organization serving a diverse membership of free hospital and community based clinics located throughout the County of Orange, California. The Coalition of Orange County Community Clinics is the representative of the community clinic safety-net providers in Orange County.

To understand how underserved patients receive care we met with community leaders, including CEO Fred Richmond of the Coalition. During the course of the meeting it was recognized that there are no clinics open on the weekends that are completely free to patients in the Saint Joseph's church area. Therefore, Clínica Cariño would be complementing the great work the coalition does in the Santa Ana community with student energy and enthusiasm. The clinics highlighted in yellow are open on Saturdays, while red indicates they are also in Santa Ana (Figures 4 and 5).

3.2.2 Levels of Unmet Need

Access to health care, as defined by OCHNA, is the ability to make use of health care services to promote the overall wellbeing of an individual. Having access allows a person to receive treatment for illnesses, injuries, and chronic diseases, as well as to participate in preventive measures to protect and promote future health. A major component of access is insurance coverage, which can be separated into the following:

- Primary health care coverage
- Behavioral health care coverage
- Vision health care coverage
- Dental health care coverage
- Prescription coverage

Any measurement of health care access must first include the availability of healthcare facilities and the number of providers in a community. However, this alone is not an adequate measure of accessibility; other factors such as the hours and location of services, cultural and language competency of health professionals at that location, cost of services and presence of health coverage, and how services are offered are all intertwined, complicating the process of measuring true access. Nevertheless, gaining a sense of the resources available in Orange County can provide a necessary base from which to assess unmet medical need.

Figure 4

	Low Income	Child Health Services	Teen Health Services	Adult Health Services	Women's Health Services	Senior Health Services	Dental Services	Mental Health Services	Immunizations	Asthma Services	Vision	Prenatal	Diabetes Care	TB Testing	Podiatry	Health Education	Tobacco Education/Service	Evening Hours	Saturday Hours	Walk-In/Urgent Care	WIC	Accepts Private Insurance	Medi-Cal, MSI & Gov't Insurance	Health Insurance Enrollment	Additional Languages	Mobile Van Services	Case Management	Radiology/Labs Mammography	Pharmacy Services
Camino Health Center Clinic Hours: M/F 8:00am-6:00pm, T-TH 8:00am-9:00pm, Sat 8:00am-5:00pm	SS	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X		X	X	HEB, ROM, SP, VT	X			
Casa de Salud Clinic Hours: M/T/TH 9:00am-9:00pm, W/F/Sat 9:00am-4:30pm	SS	X	X	X	X	X		X	X	X			X	X		X	X	X	X	X			X	X	SP				
Clinica CHOC Para Ninos Clinic Hours: M-F 7:45am-5:00pm Sat 9:30am-1:00pm	SS	X	X						X	X				X		X	X		X		X	X	X	X	SP	X			
CHOC Boys and Girls Club of Santa Ana Clinic Hours: M-TH 7:45am-9:00pm, Friday 7:45pm-5pm, Sat 9:00am-1:00pm	SS	X	X						X					X		X	X	X	X		X	X	X	X	SP		X		X
CHOC Costa Mesa Clinic Clinic Hours: M-W 8:00am-8:00pm, Sat 8:00am-4:00pm	SS	X	X						X	X				X		X	X		X		X	X	X	X	SP		X		X
CHOC Orange Clinic Clinic Hours: M-F 8:00am-8:00pm, Sat 8:00am-4:00pm	SS	X	X						X	X				X		X	X	X	X	X	X	X	X	X	SP		X		X
CHOC Mobile Vans Clinic Hours: Please call the information line for van hours and location.	SS	X	X						X	X				X		X	X				X	X	X	X	SP	X	X		X
Clinica Medica De Ella Clinic Hours: M-TH 9:00am-6:00pm, F 9:00am-5:00pm S 9:00am-4:30pm	SS			X	X			X				X	X	X			X	X			X		X		SP		X	X	X
Clinic for Women Clinic Hours: M-TH 9:00am-6:00pm, F 9:00am-7:00pm S 9:00am-4:30pm	SS			X	X			X				X	X	X			X	X			X		X		SP		X	X	X
Community Care Health Center Clinic Hours: M-TH 8:00am-5:00pm, F-Sat 8:00am-4:30pm	SS	X	X	X	X	X	X	X	X	X		X	X	X		X	X		X	X		X	X	X	SP, VT		X	X	X
El Modena Health Center Clinic Hours: M-F9:00am-5:00pm	SS			X	X			X				X	X	X			X	X			X		X		SP		X	X	X
First Steps/ Primeros Pasos Clinic Hours: Coming Soon		X																											
Friends of Children Health Center Clinic Hours: M 8:00am-8:00pm, T-Sat 8:00am-4:00pm	SS	X	X				X		X	X	X			X		X	X	X	X				X	X	SP		X		X
The Gary Center Clinic Hours: M-TH 9:00am-8:00pm F 8:00am-4:00; M/W-Sat 8:00am-4:30pm, M-S, 8:00am-4:00pm Dental Clinic	SS			X			X	X	X					X		X	X	X	X			X	X		SP				
La Amistad Family Health Center Clinic Hours: M-F 7:45am-5:00pm (12noon - 1:00pm CLOSED)	SS	X	X	X	X	X	X		X			X	X	X		X	X						X	X	SP, FR, VT		X	X	X
Laguna Beach Community Clinic Clinic Hours: M-TH 8:00am-5:00pm, F-Sat 8:00am-12:00pm	SS	X	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X		X	X	SP, FR, VT	X			
Lestonnac Free Clinic Clinic Hours: M-Th 9:00am-5:00pm	F	X	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X						SP				
Nhan Hoa Comprehensive Health Care Clinic (1:00pm-2:00pm Closed) Clinic Hours: M-F 9:00am-1:00pm 2:00pm-6:00, Sat 9:00am-1:00pm	SS	X	X	X	X	X	X	X	X		X	X	X	X		X	X		X	X		X	X	X	VT		X		X
Orange County Rescue Mission Clinic Hours: Please call the information line for van hours and location.	F	X	X	X	X	X		X								X	X	X	X					X	SP	X			
Planned Parenthood Clinic Hours: Please contact individual clinic for clinic hours.	SS		X	X	X							X				X	X	X	X	X	X	X	X	X	SP, VT		X	X	X
Puente a la Salud Clinic Hours: Please call the information line for van hours and location.	SS	X	X	X	X	X	X		X		X		X			X	X		X	X			X	X	SP	X	X		
Share Our Selves Free Medical and Dental Clinic Clinic Hours: M-TH 8:00am-12:00pm 1:00pm-5:00pm, F 8:00am-12:00pm 1:00pm-4:00pm (12:00pm-1:00pm Closed)	F	X	X	X	X	X	X	X	A	X	X		X	EP	X	X	X	X	X	X			X	X	SP, FAR		X	X	X
Sierra Health Center Clinic Hours: M-F 8:30am-5:30pm (12:00pm-1:00pm Closed)	SS	X	X	X	X	X			X	X		X	X	X		X	X	X	X			X	X	X	SP, TAG		X	X	
St. Jude Medical Center and Community Clinics Clinic Hours: Please call the information line for van hours and location.	SS	X	X	X	X	X	X	X	X			X				X	X		X	X			X	X	SP	X	X	X	
UCI Family Health Center - Anaheim Clinic Hours: M-F 8:00am - 5:00 pm	SS	X	X	X	X	X			X	X	X	X	X	X		X	X	X			X	X	X	X	SP, TAG	X	X	X	
UCI Family Health Center - Santa Ana Clinic Hours: M-F 8:00am-5:00pm	SS	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X			X	X	X	X	SP, VT	X	X	X	X
VNCOC Asian Health Center Horarios: M-F 9:00am-6:00pm (1:00pm-2:00pm Closed), Sat 9:00am-1:00pm	SS	X	X	X	X	X	X		X			X		X		X	X		X	X		X	X	X	SP, VT		X	X	X

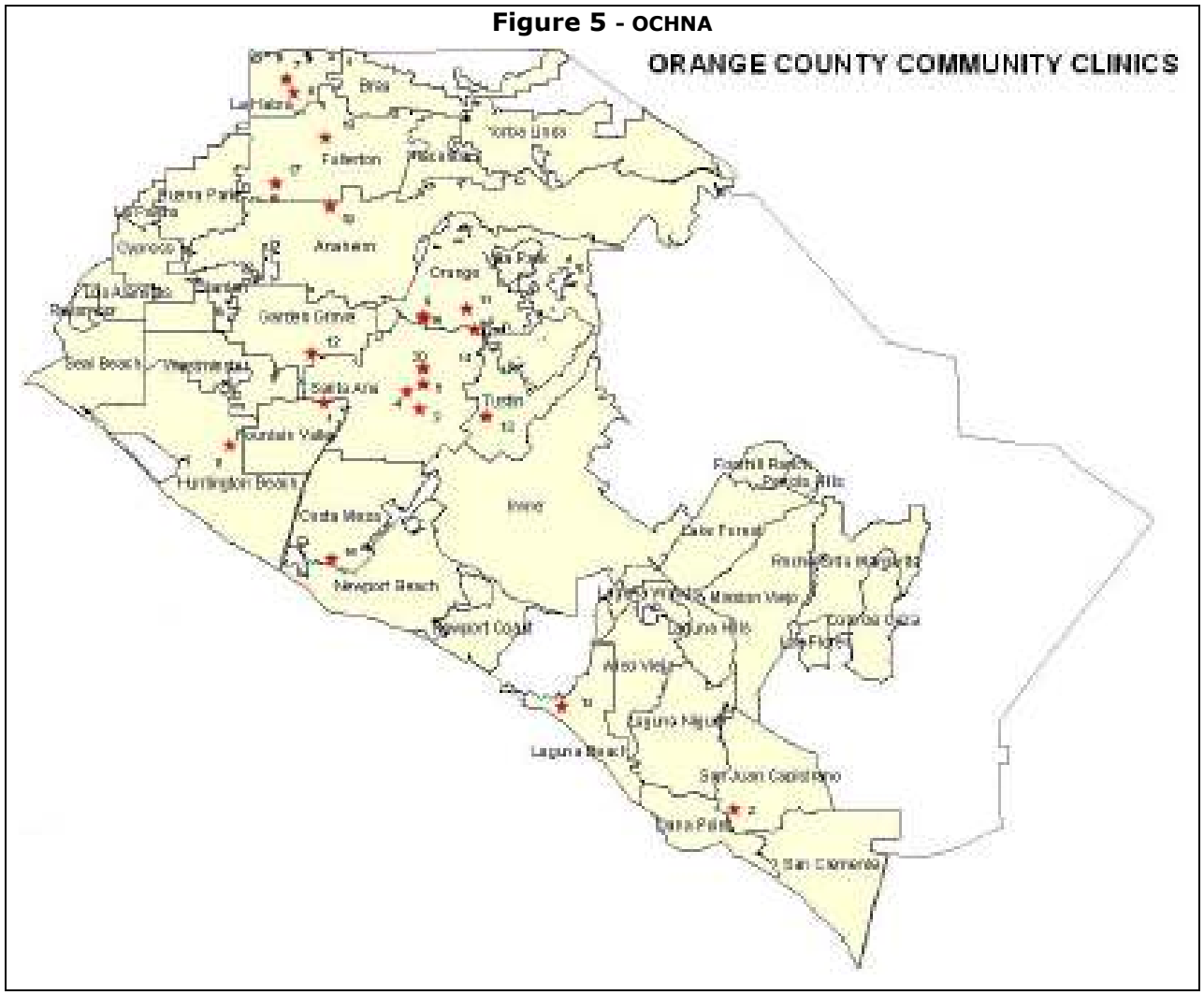
AIM: Access for Infants and Mothers (800) 433-2611
California Kids (818) 755-9700
CHDP: Child Health and Disability Prevention (800) 564-8448
Kaiser Permente Cares for Kids (800) 255-5063

Latino Health Access (714) 542-7792
M.O.M.S. Maternal Outreach Management System (800) 797-5858
Tobacco Use Prevention Program (TUPP) (714) 541-1444
WIC (714) 834-8333

A-Adult Only
EP-Established Patients
SS-Sliding Scale Fees
F-Free

X- Provides Service

Figure 5 - OCHNA



3.2.3 Barriers to Accessing Services

Use of health care services depends on a number of environmental, social, and economic factors within a community[10]. Such factors include the availability and acceptability of medical services offered, the health care system's organizational structure, and individual or community beliefs and attitudes about utilizing health services. While good patient health is the primary objective of utilization, successful interaction between patient and provider are also integral to accessing health care services[1, 20]. Furthermore, as illustrated in Figures 6 and 7, low-income families with two working parents require services that are located nearby. It is clear both intuitively and from these data that, free of cost, and open on the weekends, a student run free clinic like Clínica Cariño would help bridge this gap in the community, while relieving some burden on local emergency medicine departments (listed as a "usual source of care for children").

There can also be a number of other barriers to overcome when accessing health care, for example:

- Cost, including co-payments and deductibles
- Lack of available transportation
- Difficulty finding acceptable and affordable childcare
- Lack of respectful, friendly and helpful customer service attitudes by health providers' front office staff
- Discrimination; some believe that they are treated unfairly or negatively due to having government-assisted health care coverage or for being poor.
- Long waiting periods to get an appointment and long waits in the waiting room, even with an appointment.

Satisfaction with the services rendered has been discussed as a barrier for patients trying to access regular healthcare. For one reason or another, and often unintentionally, cultural backgrounds and beliefs are dismissed by healthcare professionals. This can result in patients feeling marginalized and disrespected. Many of the clinics in the area have compassionate staff members that are sensitive to the needs of the population they are serving, but students often are not exposed to such environments early on in their medical education. Allowing students the opportunity to take ownership of their work with low-income, underserved population creates a growth in individual students that no other volunteer position could compare to. It sustains a student's passion, compassion, and desire to make a difference, as well as provides the needed skills to help the student make his or her dreams of practicing with the underserved a reality. Lastly, and most importantly for the patient, it educates students early on about the barriers that indigent populations face and how to break down some of those barriers.

Figure 6 – OCHNA

Medical Home

Usual Source of Care (medical home)	Percentage	Numbers
Clinic (Includes County, Community, Mobile, and Free clinics)	8.9	70,294
Hospital emergency room	0.6	4,744
2 or more sources used to receive health care for child	21.3	167,115
One main reason a child does not have a usual source of medical care: Likes different places for Health Care (seeing a specialist for different medical conditions)	27.2	38,310
Emergency Room (ER) Visits		
Respondent indicated having taken their child to a hospital emergency room in the last 12 months	14.1	112,092
Reason Given for ER Visits		
All types of injuries	32.4	35,501
*Digestive disorder	10.5	11,478
Difficulty breathing/asthma	8.1	8,887
Barrier to Accessing Health Care due to Cost		
Cost of care as the main reason a child had not visited a doctor in the last year for a routine checkup	5.6	3,911

*Includes vomiting, diarrhea, and stomach pains.

Figure 7 – OCHNA

User Friendly, Patient Centered?				
Survey Respondents who rated their child's last health care visit:	"Satisfied" "Very Satisfied"		"Not Satisfied" "Very Unsatisfied"	
	Percentage	Numbers in Population	Percentage	Numbers in Population
Wait time to get an appointment	92.6	664,284	3.7	26,419
Time spent waiting to see child's health practitioner	87.1	622,052	7.5	53,215
Attitude/demeanor of child's health practitioner	97.4	699,744	1.2	8,261
Attitude/demeanor of front office staff	95.5	683,639	2.0	14,254
Quality of care your child received	95.4	688,634	1.6	11,217
	Percentage		Numbers in Population	
Those respondents that indicated this provider has services available evenings and weekends	61.8		415,537	

Measuring consumer satisfaction in health services is an important part of monitoring the success of community participation and quality improvement strategies. However, measuring consumer satisfaction is not straightforward. "Satisfaction" is a complex concept that is influenced and interrelated with socioeconomic characteristics, physical and psychological status, attitude and expectations about medical care, and the structure, process, and outcomes of care.

- The majority of survey respondents were either "satisfied" or "very satisfied" with their child's last health care visit.
- However, a substantial number in the population, 53,215 were "not satisfied" or "very unsatisfied" with the time spent waiting for the child's health practitioner.
- Respondents who were either "very satisfied" or "satisfied" with their child's quality of care were significantly more likely to indicate that their child's provider had services available on weekends and evenings.

3.2.4 Scope of Medical Services Available

According to Coalition of Community Clinics the clinics highlighted yellow/red (Figure 4) are open on Saturdays and provide services to the area near St. Joseph's in Santa Ana. The clinics only highlighted in yellow are open on Saturdays, but are not in Santa Ana.

Even among these clinics that are open on Saturday and are in Santa Ana, many deficits remain in providing total health care. For example, of the clinics listed, only Casa de Salud provides care for men (18+ y.o) and only Planned Parenthood provides STI testing for men. The other sites provide services for singular patient populations: women, children, and Asians. Clínica Cariño can complement what is already being done by opening its doors to the patients that are not able to be seen at the other clinics on Saturdays.

When looking at the clinics that are providing services to the Santa Ana area, one will quickly notice the gap in healthcare for very low income people or people with and specific demographics[18]. Note that of those listed only Casa de Salud provides any care for men over 18 on Saturdays, while a large proportion of the underserved are single adult males. Additionally, only Planned Parenthood provides STI testing for men, a service which is essential in preventing such devastating and costly chronic diseases as HIV and HPV which can lead to AIDS and genital cancers, respectively, as well as other treatable infectious diseases. Other clinics focus on singular patient populations (women, children, and Asians), leaving a large gap in the care available to those that are unable to attend clinic during the week. As such, a student-run clinic such as one formed by the expansion of Clínica Cariño would complement what is already being done in the community by opening its doors to patients that cannot be seen at other community clinics due to their work schedules.

3.2.5 Clínica Cariño Patient Population:

According to OCHNA in the whole of Orange County emergency departments visits are very common, and data indicates that many times people chose the emergency department because they have no other source for care (Fig. 8 and 9). When clients use a primary care physician (PCP) instead of an emergency department, they save the county money even when the physician/student team is able to care for that patient's needs. Educating patients may cut down on the number of costly, often unnecessary, emergency department visits for Orange County or even caring for patients who have chronic conditions could potentially prevent many from having more severe symptoms. Of the many reasons listed in Fig. 8 as to why people use the county emergency department system, one of the biggest, listed by ~45,000 people, is that there was no where else open for them to be seen at.

Figure 8 - OCHNA

Figure 9 - OCHNA

During two clinics held in November and December 2006, 36 patients filled out surveys regarding their health care. This was done to obtain a better idea of what kind of care Clínica Cariño patients utilized outside of the screenings they received at Clínica and to understand where our patients live. Of the 36 people that filled out the survey, 25 said that they come to Clínica for general screening. This shows that the population that attends the clinics understands the scope of services provided, while the other 11 came because they were ill and wanted to see a doctor. We also asked what their primary mode of transportation is and almost everybody answered that they walked or used city transportation. Of the 36 asked, 33 said that they lived within 5 minutes walking distance from St. Joseph's Church. Our patrons are local and come to us because we are close to where they live.

One of the most interesting findings to emerge from the survey was that 1 out of 3 individuals surveyed said they had visited local emergency departments a total of 34 separate times. A total of 12 people had to go to the emergency department the same number of times nearly 3x that number of people would have gone. This is a startling reminder that our patrons come to us because they know we do screenings, but such information indicates strongly that we need to do more for our patients. Our patients are also representative of the people surveyed by OCHNA and the numerous visits to local emergency

department's (Fig.9) By doing more for our patients we will be doing the entire health system in Orange County a service.

3.2.6 Assessment of Existing Clinics

There are 34 clinics in the coalition throughout Orange County. To qualitatively assess the level of unmet need in a community that seemingly is oversaturated with community clinics, nine community clinics in Santa Ana were visited and gauged on certain factors including: cost, wait time for an appointment, days and hours of operation, etc (See Appendix 7.7 for Questionnaire; additional results available upon request). From these surveys some general qualitative findings emerged.

During the course of this survey clinics that belong to and do not belong to the Coalition of Community Clinics were visited. The clinics visited include: Pio Pico School/ Mobile Clinic, Clínica Medica de Ella, Downtown Women's and Children Ctr, Delhi Community Center, Clínica Para Niños, B & 6, UCI Family Medical Center, Casa de Salud Family Health Clinic, Clínica Medica General, Clinic for Women. There are two basic sorts of community clinics which may be classified as for-profit and non-profit. The for-profit clinics are very abundant in Santa Ana, are not part of the Coalition of Community Clinics, and are setup on a fee-for-service basis. For example, many of these clinics do *not* accept any form of insurance, only accept cash, and charge between $20-30 per visit plus any cost of actual treatment. This system is an important financial barrier to accessing care. Of the non-profit full service clinics in Santa Ana, none are totally free for all patients. All the clinics that are a part of the Coalition offer services on a sliding fee scale, and SOS for example offers free services for patients that qualify. Almost all the clinics try to connect patients to a State wide program such as Medi-Cal, SCHIP, Healthy Families or CA-kids. Obvious limitations to such programs include coverage for patients who are undocumented and/or over the age of 18. Additionally, many working poor families fall in a gap where they earn too much to qualify for State programs, but too little to afford private insurance. For ineligible patients the non-profit clinics generally charge a minimum fee per visit ($15-25) plus a percentage for any services rendered. The UCI Family Medical Center provides excellent services, but charges a minimum of $40 per visit, does not take walk-ins, and has at least a month long wait list. Given the high levels of poverty and undocumented immigrants in Santa Ana significant financial and administrative barriers exist to accessing care at both for-profit and non-profit community clinics.

While community clinics help many individuals and families, gaps in care exist. An expansion of the services offered by Clínica Cariño, especially on the weekend when many clinics are closed, is one modest way to address the unmet medical need in Santa Ana and help support existing clinics by relieving a portion of their burden.

4. Nature of the Solution

The main resource we can bring to bear on the problem of lack of access to health care in Santa Ana is student energy, manifested through numerous student volunteers including undergraduate, nursing, medical, and graduate students. There are clinics in Santa Ana where students may consider volunteering; however, the problem is that after visiting the majority of the clinics in Santa Ana recommended by the Coalition of Community Clinics (Section 3.3) we have come to believe that the existing clinics do not have the capacity or expertise necessary to make use of this sort of resource. They are willing to accept residents, but are hesitant to consider 4th year medical students, and do not understand how anyone below that level of training could do anything much beyond menial office work. These clinics are not equipped to be training centers and are not eager to take on training responsibilities; they are already busy doing their best to address the high level of medical need in Santa Ana.

A program that funnels students into the existing clinics would not significantly increase the net care provided by these clinics, might increase the burden on these clinics, and would surely result in many disheartened student volunteers gaining nothing fruitful from the experience. A system that urges students to go out and find clinics where they can volunteer is inefficient and will only leverage a small fraction of the resources available to address the problem. Most active students will not get through the initial administrative hurdles and paperwork, and those that do will most likely find themselves in a tag-a-long situation where their energy is not being used to increase the net level of care for the most vulnerable populations in Santa Ana.

While we should continue to refer patients to these clinics whenever we can, and always encourage students to work with them whenever possible, we need a special sort of organization to make the most efficient use of the resources available; an organization that (1) provides free medical care to address a continuing gap in access to care, (2) is located at the geographic heart of Santa Ana, and (3) has the capacity to deal with a large number of enthusiastic but relatively inexperienced student volunteers. An expanded Clínica Cariño is exactly the sort of organization best equipped to leverage student energy in a fruitful and efficient manner, and add to the net level of care available in Santa Ana to fill existing gaps. Such a clinic is also likely to increase collaboration with community organizations that have been reticent to work with a referral only clinic. The following sections will show how this solution is feasible both legally (Section 5.1 to 5.4) and financially (Section 5.5).

5. Legal and Financial Feasibility

5.1 UC Affiliation Agreement

The UC Affiliation agreement is the primary legal document that other University of California medical schools, such as UC Davis and UC San Diego, have used to address liability issues related to

providing medical care. It is an agreement between the University of California and the site of the clinic. It includes a section to meet HIPAA requirements and makes it unnecessary to go through the relatively burdensome process of attaining JCAHO, and OSHA approval. This document is the legal foundation Clínica Cariño needs to diagnose patients and provide medical care. Currently, Clínica Cariño does not have an affiliation agreement with the UCI School of Medicine. According to documentation from 2000, from Dr. Prislin to the Pastor at St. Joseph's church school, UCI School of Medicine covers liability of faculty/student educational and/or teaching activities being held at the location. However, this agreement is not a UC Affiliation Agreement and does not make it possible to provide medical care to patients.

The UC Affiliation Agreement would cover the liability of participating physicians by designating them Volunteer Clinical Faculty. At UC Davis's clinics, volunteer physicians, who are not faculty at the UC Davis SOM, are appointed as Volunteer Clinical Faculty by the medical school administration. This not only promotes community physician involvement in the medical school, but reduces the burden on already heavily involved SOM faculty and also provides the clinic with an increasing number of volunteer physicians to help serve an even higher number of patients. At the Shifa Clinic at UC Davis, many private practice physicians have volunteered hundreds of hours for the past several years and have been generous benefactors. They have also proven useful in obtaining many donations to sustain the clinic. The volunteer clinical faculty forms can be utilized across any UC school (Appendix 7.4.3). This allows the physicians, UC faculty and community, to be covered under the insurance umbrella of the school. The same model also works at UCSD. Both the UC Davis SOM administration and the clinic decided upon the volunteer clinical faculty designation because it reduces any medical school liability by guaranteeing that each physician is covered and accounted for, rather than having private physicians volunteer who may or may not be covered. However, none of this can be attained without an affiliation agreement with the UCI SOM.

The UC Affiliation Agreement would cover the liability of participating students through the establishment of a practice management course in which students would be enrolled. For example, the affiliation agreement would allow the establishment of a course and its subsequent course number specific for Clínica Cariño members. Clínica volunteers would be required to sign up for a one-unit UCI course to designate them as legitimate students enrolled at the university and would hence be covered under the UC umbrella. UC Davis has established five course numbers, one for each of its clinics, which serves this purpose and is enforced strictly by each clinic coordinator.

The UC Affiliation Agreement specifies that a physician faculty member be designated as the Medical Director of the clinic. At one of the clinics at UC Davis, there is a physician faculty member from the medical center who originally volunteered to become the Medical Director of the clinic. Along with making course number generation and many other minute details much easier, the medical director is

responsible for all of the students. The medical director does not have to be present at all clinic days or activities but his/her presence provides a safety network for both the school and the clinic. The school knows for certain that the clinic is being run under a well-known faculty member and the students have a faculty member to turn to when questions or difficult issues arise. Although the respective UC Davis medical center department to which each volunteer clinical faculty member belongs had no legal obligations to the clinic, they are continually so impressed by the clinic that they offer to pay for some clinic activities.

An affiliation agreement will not be an additional burden on the school of medicine in any way. Under the affiliation agreements for the Shifa Clinic at UCD and the clinic at UCSD, the medical centers of each respective school are not involved in covering any services provided by the clinic. Similarly at Clínica Cariño, the clinic will run independently with funds raised by the students and private donors and grants.

5.2 Free Clinics Federal Tort Claims Act

Additionally, protection can be provided by the Free Clinics Federal Tort Claim Act, under which health care providers at free clinics can be protected as federal employees. A 2004 Program Information Notice (PIN) from the Department of Health and Human Services' (HHS) Health Resources and Services Administration (HRSA) provides detailed information regarding the implementation of the ***Free Clinics Federal Tort Claims Act (FTCA) Medical Malpractice Program (the Program)*** as described in Section 194 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Specifically, the PIN attached in the appendix provides information on:

1. Who is covered?
2. What services are covered?
3. What are the Program requirements?
4. What is the application process?

Congress enacted Federal Tort Claims Act (FTCA) medical malpractice protection for volunteer free clinic health professionals through Section 194 of HIPAA (Public Law 104-191) by amending Section 224 of the Public Health Service Act (PHS Act) (42 U.S.C 233). If a volunteer health care professional meets all the requirements of the Program, the related free clinic can sponsor him/her to be a "deemed" federal employee for the purpose of FTCA medical malpractice coverage. FTCA deemed status provides the volunteer health care professional with immunity from medical malpractice lawsuits resulting from his/her subsequent performance of medical, surgical, dental or related functions within the scope of his/her work at the free clinic. Claimants alleging acts of medical malpractice by the deemed volunteer health care professional must file their claims against the United States according to FTCA requirements. The payment of claims will be subject to the Federal government's appropriation. Free clinics must

submit an annual FTCA deeming application on behalf of their volunteer free clinic health care professionals to the HRSA, Bureau of Primary Health Care (BPHC) that administers the Program. To be covered under this law, the clinic must be deemed eligible and apply for the coverage. These laws were designed to protect and encourage volunteer health care in free clinic settings, such as Clínica Cariño[19]. HHS will deem a volunteer free clinic health care professional to be a federal employee for the purposes of FTCA coverage for medical malpractice claims if the free clinic and health care professional meet certain requirements. According to guidelines, a **free clinic** is a health care facility operated by a nonprofit private entity that:

1. In providing health care, does not accept reimbursement from any third-party payer (including reimbursement from any insurance policy, health plan, or Federal or State health benefits program)
2. In providing health care, does not impose charges on patients to whom service is provided OR imposes charges on patients according to their ability to pay
3. May accept patients' voluntary donations for health care service provision
4. Is licensed or certified to provide health services in accordance with applicable law (for example, a UC Affiliation Agreement)

5.3 Risk of Malpractice

While liability considerations are important, it must be emphasized that the actual rate of malpractice litigation by low-income patients, and the rate of litigation against volunteer health care providers, are low. A case-control study of 305 patients in New York State[20] found that, for similar levels of medical injury, poor patients and uninsured patients were significantly less likely to file malpractice suits. A similar study conducted more recently of patients in Utah and Colorado[21] found that injured patients who did not file malpractice suits were more likely to be Medicare or Medicaid recipients, elderly, or low income earners. This can be because low-income individuals and the uninsured have less access to legal resources. They also tend to be underserved, a population that would be afraid to drive away a health care worker who is willing to treat them for free. Data on free clinics also indicate that they have low rates of malpractice suits, due in part to the limited scope of their activities, and to their patient populations. A survey of 104 free clinics in 33 states by Volunteers in Health Care reported only eight suits ever brought against them. Another survey by the National Association of Free Clinics reported seven suits, three of which were later dropped[22, 23]. For a clinic like Clínica Cariño, there is little risk of malpractice, and it should not be a barrier to providing needed care.

5.4 Liability for Physicians and Students

For health care providers already working for a UC hospital, the University of California provides defense and indemnity coverage, which applies to work in "non University-owned health care facilities pursuant to written affiliation agreements approved by the University," (BUS-9) This includes faculty, certain non-faculty physicians working for the university, fellows, residents, medical students, and other

trainees. If Clínica Cariño receives UC affiliation, health care providers who are university faculty would be protected from losses due to malpractice claims. Clinics such as those in UC Davis and UC San Diego have extended this coverage to include all supervising faculty by appointing them as volunteer faculty in the School of Medicine.

The University of California's policy on liability for student injuries, in off-campus activities, is described in Business and Finance Bulletin BUS-23. Enrolled university students (excluding medical residents and interns) are automatically covered for $10,000 of accidental death and dismemberment, and $5000 of accident and sickness insurance. Eligible off-campus activities include tours, club events, and activities or field trips directly connected to the student's academic program. Clinics at UC Davis have required that participating students enroll in a course designed for this purpose. Enrolling in a one-unit course designated specifically for the clinic ensures that the volunteer is a legitimate student and will be covered automatically under the UC insurance.

5.5 Financial Feasibility

5.5.1 Funding Sources for Clínica Cariño

Funding is not a key barrier to the expansion of Clínica Cariño in the near future and such expansion could and should occur without adding to the financial burden of the UCI Medical Center. UCSD is a successful example of a program that intentionally did not asked for support from its medical center to ensure that no additional burden was placed on the center. The program continually expanded for 5-years with independent sources of funding at which time the UCSD Medical Center was so impressed that it voluntarily provided support for core infrastructure activities which make up a small fraction of the clinic's overall budget. Clínica Cariño could pursue a similar plan and be completely financially independent from the UCI Medical Center to alleviate concerns over financial hardship that may be involved in serving the hard working poor and uninsured of Santa Ana.

As was found in the initial 1999 proposal for Clínica Cariño, there are still a wide variety of grants available for student-run community clinics that provide medical services for at risk and underserved populations (Appendix 7.3; Survey of Potential Grants), and all known UC student run community clinics have been successful at receiving such grants to fund their activities (Appendix 7.3; Committee Research). In the interim period during which grant proposals would be submitted, expansion could be funded using successful models established at UCSD and UC Davis such as grassroots fundraising, and individual donations. The 1998 Clínica Esperanza proposal (Appendix 7.1) included an extensive list of potential donors willing to support a full service clinic. The 2005-2006 student board has confirmed these findings and indicated that they have been successful in applying for grants thus far and have been limited in applying for larger grants and pursuing individual donations because of the limited scope of services

provided in the current referral-only model of Clínica Cariño. Clínica Cariño currently has an excess of funds from recent grants that can be used to help with any start-up expenses.

An especially noteworthy resource to help pay for pharmaceuticals is the Patient Assistance Program (PAP) which UCSD used to secure roughly $200,000 worth of medications over the course of four months (June-September 2006). UCSD did not start at this admirable level of patient assistance but has continually expanded PAP over the course of several years and in order to meet the needs of a diverse patient base including the out of work, homeless, and undocumented immigrants. Furthermore the entire PAP is managed by undergraduates. The UCSD Medical Director, Dr. Ellen Beck, has been supportive of adapting the paperwork and system so that Clínica Cariño could start its own PAP within a relatively short timeframe.

5.5.2 Potential Savings for the UCI Medical Center

In addition to not bearing financial responsibility for an expansion of Clínica Cariño, the evidence suggests that the UCI Medical Center may experience financial savings from an additional primary care program in Santa Ana which could decrease expensive and unnecessary emergency department visits.

Currently, high levels of UCI Emergency Department use by the uninsured, and those who lack access to primary care, constitutes a significant financial burden on the UCI Medical Center[24]. In 2004, costs for uncompensated care at the medical center reached $49 million, roughly 13% of the hospitals operating expenses, and recently the federal government has needed to make available approximately $1 million to defray the costs of providing emergency care for undocumented immigrants[25]. This problem is part of a national trend where being uninsured[26,27], and lacking access to primary care[28,29,30], amplifies the use of emergency department services at an increased cost to hospitals[31], physicians[30,32], and the wellbeing of critically ill patients[33]. Given the large number of poor and uninsured in Santa Ana who lack access to primary care it should be expected that the UCI Medical Center and ED might bear significant uncompensated expenses.

The nature of the problem is lack of access to primary care and the evidence suggests that part of the solution should be to support expanded primary care services for vulnerable populations when possible. The Community Healthcare Access Program recently demonstrated that providing a regular source of care for the uninsured can significantly decrease the proportion of emergency department visits in a cost-effective manner[34]; another program showed that supporting a Community Health Center over the course of 10 years decreased ED visits from the uninsured by 40% within the first three years and saved the sponsoring hospital over $14 million[35]. These findings are supported by the Institute of Medicine[36] and are consistently found in the available literature[37, 38]. It is reasonable to assume that these trends would continue if Clínica Cariño expanded the scope of its primary care services and that the net

result could be significant cost savings and a decreased financial burden for the UCI Emergency Department and Medical Center.

Brief Survey of Potential Grants	
Organization	**Synopsis**
The California Endowment (www.calendow.org)	Since we adopted our strategic plan in 2002, we have clarified our focus on how to achieve the mission. First, every Californian must have access to quality health services. Second, our health care system must be culturally competent to respond to the diversity and demographic changes in our state. Third, we must eliminate the disparities in health and strengthen communities to become healthy places to live. Based on these convictions, we have organized our work around **three goals**: • Access to health; • Culturally competent health systems; • Community health and the elimination of health disparities.
California Healthcare Foundation (www.chcf.org/)	Since our inception in 1996, the California HealthCare Foundation has worked to improve California's health care delivery and financing systems. Our strategies and priorities have evolved, influenced by major issues facing the health care system as well as our past successes, financial resources, and potential to make an impact. We have also made a concerted effort to complement, not duplicate, the work of other health care foundations and organizations. CHCF focuses on four areas: chronic disease, hospitals and nursing homes, health insurance, and public financing and policy. Our Programs develop strategies to bring about specific improvements within these areas. Over the years we have developed particular skills and knowledge in three domains -- health information technology, consumer information, and publishing and communications -- that form our Areas of Strategic Emphasis. The ASEs support the objectives of CHCF's Programs.
AAMC Caring for the Community Grant (www.aamc.org/newsroom/pressrel/2003/030605.htm)	The "Caring for Community" institutional grant program provides funding for community health projects initiated, developed, and run by medical students. The goal of the program is to encourage students to identify unique or unexplored avenues of community service.
AMA Fund for Better Health	The Fund for Better Health provides seed grants for grassroots public health programs. Grants awarded in 2006 support programs that address three public health issues: • Substance Abuse Prevention • Violence Prevention • Healthy Lifestyles
Robert Wood Johnson Foundation (www.rwjf.org/applications/)	Through grantmaking, we seek to have an impact in our interest areas and to build a partnership of learning among grantees, the Foundation, and ultimately, the greater health care and health policy community. We focus on issues that demand attention—like covering the uninsured, improving care for chronic illnesses, reducing drug and alcohol addiction, fostering the next generation of health care leaders, and revamping our public health system. Each year, we award approximately $370 million in grants that fall within our 11 key interest areas.
Health and Human Services	The U.S. Department of Health and Human Services (HHS) is the Federal government's principal agency for protecting the health of Americans and providing essential human

(www.hhs.gov/grantsnet/)	services nationally and internationally, especially for those who are least able to help themselves. In support of its mission, HHS awards grants for more than 300 programs and has a budget of $250 billion, making it the largest grant-awarding agency in the Federal government. GrantsNet is designed to help the public navigate through the department's multiple websites that provide information about grants.
March of Dimes (www.modimes.org)	The March of Dimes funds maternal-child health program grants in collaboration with our local chapters. External organizations can apply for funding to support programs working to improve the health of mothers and babies by preventing birth defects, premature birth and infant mortality. Priority is given to projects that, based on community needs, address increased access to health care or prevention services to help reduce disparities or preterm birth.
Ronald McDonald House (www.rmhc.com/rmhc/index/grants.html)	Ronald McDonald House Charities and our global network of local Chapters have dedicated more than US$430 million in grants and program services toward making an immediate, positive impact on those children who need our help most. Through grants to other non-profit organizations serving children, RMHC can extend its reach, improving the health and well-being of children around the world.
Weingart Foundation (www.weingartfnd.org/)	Weingart Foundation will consider grants to assist credible agencies and institutions serving children and youth, the aged, the disabled, the homeless, the sick, the poor, or otherwise disadvantaged, and projects benefiting the general community. Grant requests from credible agencies or institutions will be entertained both for specific programs and for capital expenditures.
Irvine Health Foundation (www.ihf.org/philosophy/index.htm)	Our grants fall into two main categories: Community and Focused grants. We only accept grant requests for Community grants, which are one-time, non-capital grants for up to $15,000. For more information please visit our "how to apply for a grant" page. Nearly two-thirds of our annual grantmaking budget is dedicated toward our proactive "Focused" grants. These grants, which address one or more of our Priority Issues, include collaboration and partnerships with other foundations, governmental agencies, or other local and regional institutions.
Wells Fargo Bank (www.wellsfargo.com/about/community/wfcra/)	Wells Fargo considers support of social and human service organizations whose work primarily serves low- and moderate-income populations in the following areas: • Child care • Health services and education • Assistance with basic needs
The Candle Foundation (www.candle.com)	The Candle Foundation supports grants for community investment, education and information dissemination, hunger and homelessness, preventive healthcare and medical research

6. Summary

This document is the first systematic effort on behalf of a concerned group of students to discuss and asses the feasibility of expanding the services of UC Irvine's only student-run free health-care initiative. It has been created following numerous discussions with key individuals

and represents the first phase in a larger project to expand the services offered at Clínica Cariño. The document has sought to demonstrate that:

(1) significant unmet medical need exists in the Santa Ana community;
(2) a student-run free medical clinic *that provides medical care* is an appropriate response given the resources available and the institutions involved, and
(3) such a response is feasible both legally and financially.

This document is the first step in a larger project cycle which includes: (1) Needs and Feasibility Assessment; (2) Project Design; (3) Project Implementation, and (4) Project Evaluation. Upon completion of this phase of the project cycle it is hoped that Project Design, or the institutional design of an expanded Clínica Cariño will ensue. Project Design should be a thorough process and include numerous opportunities for participation from both students and administrators. After much discussion and reflection it is suggested that the Project Design phase of an expanded Clínica Cariño begin by considering four especially important institutional structures:

(1) the legal establishment of a future clinic through the UC Affiliation Agreement as has been done at UCSD and UC Davis;
(2) an integrated practice management curriculum available to undergraduate, graduate, and professional students interested in running Clínica Cariño;
(3) the *additional* administrative support of a volunteer Medical Director for the clinic;
(4) the implementation of student driven fund raising through such mechanisms as grant writing and a Patient Assistance Program to ensure that UC Irvine and its medical center do not incur any financial burden.

These four elements are mere starting points for a future discussion and debate.

Overall, this assessment has shown that there is a great need for an innovative approach to providing care in the Santa Ana area, and that the impact of such a project would be positive on all parties involved. More patients would have access to necessary care without burdening UCI Medical Center, UCI would build trust and credibility in a weary community through the work of dedicated students and faculty, and a student run clinic would provide an avenue for all UCI medical students and undergraduates to serve their community.

7. Appendix (available upon request – 75 pages)

7.1 Clínica 1998 Proposal

7.2 Clínica 1998 Manual and Bylaws

7.3 Clínica 1999 Proposal

7.4 UC Affiliation Agreements

7.4.1 UCSD Outpatient Model

7.4.2 UC Davis Shifa Clinic Affiliation Agreement

7.5 UC Davis Shifa Volunteer Faculty Paperwork

7.6 Santa Ana Community Profile

7.7 Clinic Visit Questionnaire

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