

Medical News & Perspectives

Clinic Explores Novel Approaches to Improving Health in Hispanic Community

PEOPLE WHO live in ZIP code 79905 are among the poorest of the poor in the fourth-most impoverished city in the United States. The population of this Texas community, which butts up against the US-Mexico border in eastern El Paso, consists mostly of native-born Mexican Americans and documented and undocumented Mexican immigrants.

Until the establishment of a community clinic in 1990 run by a Presbyterian ministry called Project Vida (meaning Life), most members of this neighborhood had few options when they became ill. They either ignored their problems, crossed the border for cheaper, more accessible health care offered in Mexico, or turned to the emergency department of Thomason, El Paso County's public hospital.

But as is well known, care provided by emergency departments is not only expensive, it usually is not the best kind of medicine for non-emergency problems. In an attempt to decrease inappropriate use of its emergency department by increasing access to primary care in this badly underserved community, Thomason Hospital has launched a pilot project in cooperation with Project Vida's clinic.

Since January, the hospital has been giving the clinic names and addresses of families from the community who bring children to the emergency department for non-emergency problems. The information is provided on written consent of the child's care giver. Thomason also gave the clinic a \$50,000 grant to fund the 6-month project that it expects may save the hospital more than twice that amount by reducing uncompensated emergency care costs for treating non-emergency situations.

Twice a week, the hospital gives the clinic a list of the names and addresses of children up to age 14 years who reside in the community served by Project Vida and who were seen in the emergency department for such problems as mild gas-



Social worker Dora Basurto and Roger V. Nafziger, physician assistant and clinic manager, stand outside Project Vida in El Paso, Tex. The project's clinic provides health services to more than a thousand families who live in one of the nation's most underserved communities on the US-Mexican border.

trointestinal illnesses or viral infections, which would be handled more appropriately by primary care providers, says Linda Abernethy, MSN, Thomason Hospital's assistant director of planning.

The clinic's nurse case manager then attempts to contact the family of each child to explain the health and other services available through the clinic and invites the family to register with Project Vida. Gloria Dennison, RN, the nurse case manager, has been able to reach at least half the families. Most who are contacted do sign up and visit the clinic, Abernethy says.

More Than Medicine Often Needed

"With this program we are able to address many of the social and economic issues that compound the medical problems—like the baby who had been

brought to the emergency department three times to be treated for otitis media," she says. "Nobody in the emergency department recognized what was really the matter. But within 20 minutes, the nurse case manager was able to learn the underlying problem: the father had lost his job. The family had no heat and almost no food. Antibiotic treatment alone wasn't going to work."

Working with the clinic's social worker, within 2 days the nurse case manager was able to get the family emergency assistance to provide heat and food for the children. The family registered for educational and health services at Project Vida, and no one from the family has used the emergency services of the hospital since, Abernethy says.

According to Abernethy, otitis media is the most common diagnosis of poor children who come to the emergency department. She estimates that this year the department expects to treat at least 240 children for this usually non-emergency condition.

Through its outreach program, the hospital hopes to better inform the community about a more appropriate alternative to the emergency department for primary care. Increased access to appropriate health care will improve health in the community and reduce health care expenses, Abernethy says. It will provide services to people who do not know they are available. She cites one example of the nurse case manager finding a child with Down syndrome who was not receiving any special attention.

"Gastroenteritis is rampant here on the border," Abernethy says. "Teaching mothers how to watch for high fever and how to rehydrate their babies who have uncomplicated nausea and diarrhea with a simple oral rehydration solution made by boiling water and adding salt and sugar will be much more cost-effective than having to later treat their badly dehydrated babies in the hospital for 2 or 3 days."

As far as she knows, no other hospital has tried a similar program to fund a community clinic to follow up on children of the indigent families who are treated in the emergency department for nonemergency illnesses.

Putting Community Clinics On-line

Thomason Hospital and Project Vida are cooperating on another novel project along with other federally qualified community health centers in El Paso. The hospital has obtained funding from Meadows Foundation in Dallas, Tex, and the Hospital District of El Paso County to establish a computerized system that will put the community health centers on-line with the hospital so that they can share patient information.

The object is to break down registration barriers that make it difficult for the poor to gain access to health services—to get around the “paper bureaucracy that often rations health care,” Abernethy says. “When patients come to the hospital, they have to register and fill out a multitude of forms. When they go to a community clinic they have to fill out forms and register. Forms, forms, and more forms. We want to simplify the registration process to bring these barriers down. So when a person comes to the emergency department and is registered with one of the community clinics, and has his or her registration card, we will be able to put the card through a card reader. The patient's demographic information and Medicaid eligibility information will be all there. They won't have to reregister, they won't have to go through processing.”

Just as important, she says, clinics caring for patients will be able to access their medical history and see results of all clinical tests. The on-line system should reduce the costs of duplicating expensive tests and make it easier to coordinate patient care. It should also reduce the costs of paper work. She expects the system to go on-line in June.

A Community Helping Itself

When codirectors Reverends William and Carol Schlesinger established Project Vida in 1989, their staff conducted a “needs assessment” by visiting every third house in the community. Among the most pressing needs they found was access to health services. No other community clinic served the more than 10 000 adults and children who live in the area designated by ZIP code 79905, the project's primary focus.

The next year, when they launched their own community clinic with an open house, “people only trickled in,” says William Schlesinger. “They didn't know if we were there to push drugs or to

convert them or what.” Now more than 1000 families are registered with Project Vida and the clinic.

By most measures, 79905 is a community of need. More than 95% of the population that lives here is Hispanic and more than 50% of its families live on incomes below the federal poverty level. Median family income is less than \$7000 per year. According to studies by Thomason Hospital, the area served by the Project Vida clinic has the highest number of mothers giving birth at the hospital who have had no prenatal care.

However, neither the clinic nor other programs of Project Vida are set up as a place to obtain handouts. The programs provide a way for community members to help each other, says Schlesinger. Members are expected to give something every time they take something, whether it's clothing or health care. People are asked to pay \$6 for each clinic visit if they can. The payment is less for defraying clinic costs than for encouraging the sense of community participation and empowerment. Patients can pay for clinic visits with service credits that they can earn in many different ways.

Community members are encouraged to participate in the running of the clinic and other programs by receiving “time-dollar program coupons” for their hours served. These coupons can be used instead of cash to pay for clothing or other purchases from the project's thrift shop, food from the cooperative, visits to the clinics, preschool nursery care, English and other after school classes for children and adults, and other offered services. “We encourage the community to provide for itself,” Schlesinger says. People can earn credit coupons by helping the project run any of its services.

Project Vida's credit system is used to encourage participation in other self-help programs. There's a walking-for-exercise program that awards coupons for miles walked that can be used to purchase shoes. There's a reading program that awards credits that can be exchanged for Christmas or birthday presents. Parents whose children are up to date on immunizations are given discounts on the purchase of gifts for their children.

Helping Families Gain Control

“We don't encounter many people here who are looking to take advantage of the system,” says Roger V. Naftzger, the clinic's full-time physician assistant and clinic manager. Formerly a Presbyterian minister in Ohio, at age 48 Naftzger wanted to combine his pastoral work with medicine. Told that he wasn't likely to be accepted by any medical

school because of his age, he enrolled in the Health Associate Program at Johns Hopkins University, Baltimore, Md, and became a board-certified physician assistant. Looking for a place where he could help provide people with “that good old-fashioned Dr. Welby kind of care,” he says, he joined the Project Vida clinic in 1991.

Naftzger is proud of the clinic's growth and achievements, especially the high childhood immunization rate. “More than 97% of the children who come to the clinic are up to date on recommended vaccinations.”

The clinic is supervised by Lyndon Moses, MD, a family practitioner in El Paso who puts in 6 hours a week there. In addition, the clinic has a part-time pediatric nurse practitioner, Mary Ellen Hanning, RN, who works with El Paso pediatrician Stephanie Anderson, MD, and who, Naftzger says, is largely responsible for the community's high childhood immunization rate. Jean Gowen, a board-certified physician assistant, specializes in women's health. Carmen Barajas, a retired licensed vocational nurse and member of the federal direct service program called AmeriCorps, assists the nurse case manager with follow-up visits.

The clinic also has a number of other VISTA and AmeriCorps volunteers who work as health promoters in the clinic and out in the community, where they provide education on nutrition, family planning, and other health topics.

The clinic's health promotion program is coordinated by Dora Basurto, a full-time staff social worker. Among other duties, the health promoters call registered parents to remind them when their children's next immunizations are due, says Basurto. They visit families in their homes to assess their needs and advise them about where they can obtain necessary health care. They help to educate the community about immunizations—why they are important, which ones are needed, and where they can get them.

“We also talk about the care and development of children, what antibiotics are and how to use them, about colds, and when they should take their children for a clinic visit,” she adds. “We explain the Early Prevention Screening, Diagnosis, and Treatment program. We try to build their confidence so that they will tell us what their problems and needs are, so we can help them decide how best to handle them. We suggest available resources or work with them ourselves. We work closely with families to help them find resources and visit them regularly until they feel that they have things under control.”

—Andrew A. Skolnick