

ITHACA FREE CLINIC | CIPA CAPSTONE PROJECT SPRING 2019

A REPORT ON RECOMMENDATIONS FOR PROVIDER RECRUITMENT STRATEGIES

PRESENTED BY:

LAUREN GILLOTT
BILU GUAN
JACQUELYN CHYRELL RICHARDS



Cornell University
Cornell Institute for Public Affairs

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EXECUTIVE SUMMARY

The Ithaca Free Clinic provides free medical and holistic care to those in need, primarily the uninsured population. The clinic is an integrated medical center where patients can receive both conventional medical services from physicians and nurse practitioners and alternative care from professionals. Volunteer practitioners entirely provide all of these services.

Therefore, an identified need of the Ithaca Free Clinic is a more considerable practitioner volunteer base, specifically of medical providers. As a result, through a partnership with the leadership of Ithaca Free Clinic and the Cornell Institute for Public Affairs (CIPA), this project aims to begin the process of identifying recruitment strategies for medical practitioners to address this need.

There are three components of this report. The first is a draft survey design for potential provider recruitment through distribution to the medical community countywide. The second component is recommendations-based interviews with current volunteer providers for recruitment strategies and future projects. The final component is a legislative recruitment package on lobbying for political support. As the Ithaca Health Alliance continues to grow, this package will allow IHA to reach and even expand their mission and to work with allies across Ithaca, Tompkins County; which will eventually advance the vision of IHA to work with partners around the state to promote legislative policies.

The methodology focused on qualitative data analysis from informational interviews with providers currently volunteering at the free clinic. The methods based upon a literature review of the background of free clinics, the current healthcare system demands on practitioners, motivations of medical volunteers, and existing volunteer recruitment strategies were informative as well. After which the informational interview questions and the potential provider survey were designed.

Given the analysis of both the research and the current provider interviews, our team crafted recommendations and next steps. The recommendations from current providers include potential partnerships with student programs and community provider recruitment strategies. Given these recommendations, our team crafted likely project proposals of distributing possible provider survey, crafting a paper recruitment package, and utilizing current community connections. With these recommendations and additional project proposals included in this report, the clinic can build on the foundation this report provides to develop medical provider recruitment strategies.

LITERATURE REVIEW

SIGNIFICANCE OF FREE CLINICS IN THE UNITED STATES

The United States faces a severe problem with a lack of access to health care, which has resulted in community-based healthcare safety net organizations, such as free clinics, becoming imperative contributors to the health of the United States population (Beck et al., 2005). Free clinics across the United States face severe challenges due to the broad demographic of uninsured and underserved populations with a high frequency of neglect and health problems (Weiss, 2006). These free health clinics are a significant support to the current healthcare systems that help buffer both social and economic inequities (Cadzow and Servoss, 2009).

Free clinics still provide primary care for millions of people in need, offering the option for patients to seek primary care instead of going straight to the emergency room. The literature analyzing 1,114 free clinics nationwide, found that each clinic provided on average 4,310 annual visits to patients in need. Survey results indicated that eighty-six percent of patients used the free clinics for primary care, other eighty percent indicated utilizing for pharmacy services, and over ninety-seven percent of patients were satisfied with the care they receive (Gertz et al., 2010). Without the existence of such a clinic, twenty-four percent of patients stated they would not have sought care, citing cost as a barrier to accessing treatment elsewhere. While twenty-three percent indicated, they would have sought care at the local emergency department (Gertz et al., 2010). These findings demonstrate that free clinics provide an extensive amount of primary care to uninsured and poor working demographics.

Julie Darnell (Darnell, 2010) provides an overall picture of the free clinics in the US. After the national mail survey to 1007 free clinics throughout 49 states, a conclusion is made that there

is a far higher demand of free clinics than they can be met, and free clinics badly need volunteer doctors and government funding, with 58.7% received no government revenue. The most frequent type of health care providers in volunteer positions is physician (82.1%), while fewer social workers (25.6%) and psychologist (12.0%) The free clinics provided care to 1.8 million individuals annually and the valuation of the service accounted for 3.5 million. The mean annual number of volunteer hours per clinic was 4237, 2.4 volunteer hours per patient. It is recommended that the free clinic network should be provided more financial support or integrated with other safety net providers.

Recruiting a sufficient number of volunteers is a frequent challenge for most of free clinics in the US, and patients need to wait months to take a visit. The reports on individual free clinic which faces volunteer shortage can be easily found: “Volunteer are urgently needed for free clinic in the Atlanta area” (“Volunteers Are Urgently Needed for Free Health Clinic for Uninsured,” 2010); “Meliheh Free clinic needs nurse volunteers” (“Maliheh Free Clinic NEEDS registered nurse volunteers!” 2012); “Pocatello Free clinic in need of medical volunteers” (*Video*, 2013)... Through media reports, free clinics seek attention from the community and call on more potential volunteer to join in their work. Media is the frequently used tool for them to mitigate the urgent shortage problem.

MOTIVATIONS FOR VOLUNTEERING FOR MEDICAL PROVIDERS

Using the case of the survey of volunteer physicians carried out in free clinics among in El Paso, Texas, where the city is heavily affected by a large number of uninsured and free clinics are strongly needed, Jennifer Fan’s research found that the strongest perceived barriers were time away from family and practice. The strongest motivating factors are a desire to give back to the community and feeling good about oneself when volunteering (Fan, 2018).

The literature on motivations and influence of volunteerism to specifically young adults is extensive. Research has found that young volunteers prefer the organization that they can be more involved, and they tend to be more selective with the organization they choose to volunteer in. 77% of young Swiss adult volunteers' motives to volunteer are an altruism-egoism mixture. They expect some personal benefit from the process of volunteer (Rehberg, 2005).

Regarding student volunteers, undergraduate students are less likely to be motivated by values, compared to non-students; and graduate student are more likely to be motivated by career development (Kamimura, Garfield, Tabler, & Nourian, 2018). According to these results, the organization should develop respective strategy to different groups for more targeting and effective recruitment. The case study in a student-run free clinic suggests that students who had some knowledge in providing care to uninsured and underserved may be more likely to volunteer at free clinic at the beginning (Nakamura, Altshuler, Chadwell, & Binienda, 2015).

There is also evidence of volunteer "benefits" that can be utilized to attract young volunteers. Research found that the student volunteers ultimately exhibit better academic progress, such as improved GPA. Also, they express higher levels of self-esteem and view themselves as more socially competent and self-efficacious (Schmidt, Lee, & Kackar, 2007). The case study conducted in a student-run free clinic at Wayne State University School of Medicine to measure impact of volunteerism on clinical skills development in preclinical medical students found that, students who volunteered at free clinic had greater self-confidence than non-volunteers at both the beginning and end of Year One (Nakamura et al., 2015).

Although many volunteer organizations concern more about volunteer satisfaction hoping to attract and retain more of them, the research showed that the volunteers who were more satisfied with their volunteer experience were not more likely to contribute (Dwyer, Bono, Snyder, Nov, &

Berson, 2013). The research examined how volunteers' personal motives and transformational leadership influence volunteer outcomes. Volunteer contribution is positively associated with the motive to gain understanding and negatively related to motives pertaining to esteem enhancement and social concerns. Volunteers tend to be more satisfied with their service when team leaders are inspirational, and when they have high quality relationships with another volunteer on their team.

FREE CLINICS RECRUITMENT STRATEGIES AND VOLUNTEER MANAGEMENT

Deborah Smith (2004) proposed a general volunteer recruitment tool in his research that is: to increase overall visibility of an organization in its community, e.g., offering classes that appeal to all ages and letting a diverse group of people know about the organization; organizing workshops specifically on retirement planning as an approach to get close to who not yet planned their retirement life; keeping potential volunteer on the mail list and contact routinely.

A study found that the prevailing age of volunteers influence the rates of volunteer retention: reliance on young volunteers leads to higher turnover rates; while older volunteers might show greater commitment, they are more difficult to be found and attracted (Hager & Brudney, 2011). To solve recruitment problems, organizations need to consider two aspects of organizational “nature” and “nurture” (Hager & Brudney, 2011). Two “doors” should be built for recruitment: one is the door that get volunteers to get in the door, such as giving non-volunteers information about organizational tasks and emotional support to enhance their attraction to the organization; the other door is to improve volunteers' sense of belonging and to keep them inside through recognition activities, training and professional development.

Furthermore, Mark Hager (2011) made recommendations for recruitment that organization should study which methods work best and concentrating time and attention on the particular

methods. That is the most productive strategy to recruit more suited and qualified volunteers. This recommendation is supported by other research suggesting that recruitment should be conducted using segmentation strategies and test different appeals across different groups.

For young adult volunteers, nonprofit organizations, especially health care organizations have focused on their long-term rewards. Karen Andersen mentioned in her research that the healthcare industry has recognized that today's volunteer may be tomorrow's employee, financial donor, or important community link with aligned institutional loyalty and commitment (Andersen, 2003). Through collecting data from young adults' volunteers, Shields made the recommendations for recruiting young volunteers: the most effective strategy should incorporate the two basic and fundamental motivations of helping others and maintaining socially beneficial relationships (or personal development) (Shields, 2009). For college students, volunteer recruitment should start in college and it might be a long process.

The research showed that volunteerism has not achieved any increase among the elderly population for the last 10 years. The elderly people will not easily turn on masse to volunteerism (as most people thought) because they have too many deterrent factors, for example they may reenter into the job market because of the shortage of workers (Cnaan & Cwikel, 1992). Therefore, recruitment strategies need to consider the needs and conditions of diverse type of elderly groups. Other research suggests that maintain ties with potential volunteers before, during and after their retirement transition can benefit to recruit volunteers in retirement. This strategy can be applied into Ithaca Free Clinic for recruitment (Vinokur-Kaplan & Bergman, 1987).

RESIDENCY PROGRAMS & THE CHANGING DEMANDS ON JUNIOR PROVIDERS

Today's providers need to be able to address the social determinants of health, develop care coordination programs for holistic care, and handle increasingly complex care provision. The shifting demographics of today's physician workforce reflect these changes in the current healthcare system. The current system is focused on value-based payment, which has demanded that providers change how they deliver care, including an emphasis on: teamwork, care coordination, and utilizing data to identify how to improve the quality of care and reduce costs.

This model of care rewards physicians who have experience in low resource environments. Academic institutions are realizing that the current healthcare system, value-based medicine, requires skills which are best cultivated in these resource limited areas, such as rural areas and especially free clinics, as these environments have been utilizing value-based medicine practices for years. Indeed, leading them to actively recruiting professors who have experience in community hospitals, rural communities, and free clinics to educate the next generation of providers. The shifting in the demanded skills for physicians has led medical students to seek service opportunities and clinical experience in low resource settings, such as free clinics (Muhlestein and Winfield, 2018).

With increasing opportunities in medical school to learn to care for the population of uninsured and underserved Americans, more medical students are seeking clinical opportunities to fulfill their professional obligation of: "providing care to the indigent.... All physicians should work to ensure that the needs of the poor in their communities are met. Caring for the poor should become a normal part of the physician's overall service to patients" (Huang, 2011). There is a greater emphasis on social determinants of health, generating students with a holistic view of patient care and generating interest in addressing the needs of these underserved individuals.

(Huang, 2011). This shifting of focus is reflected in the recent increase in students pursuing careers in primary care.

After completion of medical school, the graduates, now junior doctors, must complete a residency program in order to be fully qualified to practice within the United States. Residency provides these junior practitioners with clinical experience and critical professional development, it is also a crucial step towards choosing a specialty of medicine to practice. Fourth year medical students are placed into residency programs through a process called the match. The National Resident Matching Program uses a mathematical algorithm to place applicants into residency positions at teaching programs around that nation. The algorithm is based off of both the programs preference for applicants, but also considers the applicants preference of programs to determine the best match for both (NRMP, 2019). Meaning that while applicants are being evaluated, programs must likewise attract applicants in order to fill all of their program spots.

Even with the current rise in applicants to primary care positions, family medicine residency programs still struggle to fill their positions, and therefore the needs of their community. This is evident even in this year's match process, as there were ten spots not filled in New York state alone, leaving family medicine with only 96% of the positions filled, whereas most specialties have 100% of positions filled. (NRMP, 2019) Therefore, primary care residencies must recruit applicants. Due to the current emphasis on service and clinical experience in low resource settings in medical schools, one method for resident programs to recruit applicants is by opportunities for community engagement, especially with free clinic.

DATA COLLECTION AND METHODOLOGY

PURPOSE OF STUDY

To methods were designed to collect data to be utilized for provider recruitment. First, the survey will be conducted to learn more about the barriers and motivations for potential volunteers when considering volunteering. The information will be used to improve the organization's volunteer recruitment work. Due to the time limitation for the project, we have not sent the survey to specific respondents. We recommend Ithaca Health Alliance access the target volunteers and distribute the survey through its network.

Second, the interviews with current volunteer physicians will be conducted. The purpose of the interviews is to collect information on their volunteer experience in the free clinic, which includes their reflections, concerns and hopes for the volunteer work. Regarding interview analysis, the tool of text analysis will be used. The interview transcripts will be imported into Microsoft and be analyzed based on its tone and word frequency. For an individual to be considered holding positive or negative attitudes towards volunteer experience, two-thirds of all quotes had to be explicitly positive or negative in tone, or it would be considered neutral/balanced. After analyzing the tones of interviews, the interview content will be analyzed with Word it Out, a data visualization tool that allows users to upload data and then produce graphic representations to view the word frequency. The most frequent words indicate a more attention from the interviewees, which should also be the focus for the organization during its volunteer management. The results can support the agenda analysis based on the interview texts.

Some methodological issues and challenges exist in the process of conducting surveys and interviews. First, asking respondents to finish the survey and interviews might take more

time than their original service hours and bring extra burden for the volunteer work. Therefore, we made our survey and interview questions short and easy to understand. Second, the survey and interviews can only target a small number of respondents. Although using small sample sizes cannot quantify general perceptions and performance within a broad population, it still can document the existing impact and problems for a specific organization of Ithaca Free Clinic.

CURRENT PROVIDER INTERVIEW DESIGN

The interviews will be taken in forms of phone, face-to face or online (e.g. Skype). Face-to-face interview will be set in the clinic. At least two team members will attend the interview and it will be recorded upon the permission of the interviewees. The questions and topics to guide the interview include:

1. What is your typical volunteer day at Ithaca Health Alliance?
2. How much of an impact do you feel your volunteer work had?
3. How easy was it to get along with other volunteers/staff at Ithaca Health Alliance?
4. How appreciated did the organization make you feel?
5. Overall, are you satisfied with the volunteer experience with Ithaca Health Alliance?
6. How likely are you to continue volunteering at Ithaca Health Alliance in the future?
7. Is there anything that the Free Clinic could change to improve your volunteer experience or address barriers to volunteering?

POTENTIAL PROVIDER SURVEY DRAFT

The survey includes nine (9) questions about the barriers and motivations to volunteering within Ithaca Free Clinic. It will take around ten (10) minutes to complete. Ithaca Health Alliance and our team will conduct the survey. Detailed survey questions are attached as Appendix B.

FINDINGS

The research collected full transcriptions from interviews with five volunteer practitioners, which is attached as the appendix. Regarding interview contents analysis, qualitative method with the tool of text and themes interpretation will be used. The research results are only for internal discussion within the organization and CIPA capstone project group. Completed transcriptions of the interviews are attached in Appendix C.

The analysis includes the following two parts:

- ❖ To analyze each interviewee's answers and investigate its overall tone to detailed questions (For an answer to be considered positive or negative two-thirds of all assertions and quotes had to be explicitly positive or negative in tone, or the story would be considered neutral/balanced);
- ❖ To summarize the conclusions from interviews and the recommendations put forward by the practitioner interviewees. Next steps for the organization will also be suggested

INDIVIDUAL INTERVIEW ANALYSIS

ANN DALTON, NP

Interviewee: Ann Dalton, Nurse practitioner.		
Questions	Answers	Tone
Q1 Typical Volunteer Day	Listening; Communicating; and examining	/
Q2 Volunteer Impact	Huge impact	Positive
Q3 Working with other staff	Get along very well	Positive
Q4 Organization Environment	Appreciated “thanking everyone”	Positive

Q5 Overall satisfaction	Well set up already	Positive
Q6 Continue /recommend others to volunteer	Yes	Positive

Figure 1

Ann Dalton, a 78-year nurse practitioner, gave positive feedback to her volunteer work at Ithaca free clinic during the interview. As a nurse practitioner with many years of experience, she emphasized her unique ways to help the patients, considering it is a very vulnerable population. First, communication is the highlight of her work: “I usually tell them every single step of what I am doing and why and what I am finding; I always keep on hand on the patient and finds that the contact enhances the ability for them to speak.” Second, because most tests are very expensive, and price is a serious problem for these patients, Ann always helps patients find lower cost alternative for needed drugs, machines and treatments. She holds the belief that diagnosing and treating can be possible without a bunch of tests through learning patients’ history and the symptoms. Also, she gave specific examples of how she used her language skills in Swahili to communicate and help patients from Kenya.

According to Ann’s answers, two advices might be taken into consideration to incentivize doctors to volunteer. First, the most-likely-to-volunteer groups should be targeted. For example, for young NP students who cannot be clinicians yet, volunteering at free clinic would be worthwhile for them to learn early and benefit their professional development. Students who received scholarships or community support are more likely to give back to the community (as illustrated in Ann’s personal story). Second, after targeting the population, the potential volunteers should be invited to come and see how the free clinic works and be contacted in regular basis even if they choose not to sign up temporarily.

KAREN READER, NP

Interviewee: Karen Reader, Nurse practitioner.		
Questions	Answers	Tone
Q1 Typical Volunteer Day	Not asked/answered	/
Q2 Volunteer Impact	Mutual Impact	Positive
Q3 Working with other staff	Good relationship	Positive
Q4 Organization Environment	Supportive and warm	Positive
Q5 Overall satisfaction	Works well	Positive
Q6 Continue /recommend others to volunteer	Yes	Positive

Figure 2

In the interview with **Karen Reader**, the nurse practitioner, she gave a high praise and satisfaction feedback towards her volunteer work in the free clinic. For the impact of volunteer work, she tends to regard it as a mutual impact, which means that the community benefits from her work, and at the same time she is feeling good for “saving lives” and has the opportunity to connect with different population of patients. Regarding the organization environment, Karen used her personal story to illustrate how appreciated the colleagues and organization make her feel. She did not provide any recommendations for the organization – “Have only worked the way it works, and it works well.” Although she herself is passionate to push others to volunteer, she also mentioned the challenge: “lives are busy, everyone is busy.”

DR. TIM CARDINA

Interviewee: Tim Cardina, MD		
Questions	Answers	Tone
Q1 Typical Volunteer Day	Like the general primary care practice, but with no rush and concern of malpractice	Positive
Q2 Volunteer Impact	Make a difference to patients; an interesting experience for himself	Positive
Q3 Working with other staff	Be proud to be working with these people	Positive

Q4 Organization Environment	Part of a team	Positive
Q5 Overall satisfaction	Frustration happens, but overall satisfied	Neutral
Q6 Continue /recommend others to volunteer	Yes	Positive

Figure 3

Tim Cardina, the MD retired two years ago from practice and has volunteered once a week for a week at the free clinic. He presented some new insights and thoughts on the organization during his interview. He praised what Norb achieved since he started in keeping on good terms with the hospitals and business community and enhancing relationships with the community. Tim also expressed his surprise about the patients he met, since they are hardworking and invested in their care, and they are all thankful, respectful people.

Given his personal experience and interest, Tim mentioned two factors that attract him the most to volunteer. First, working at the free clinic reminds him why he decided to go into healthcare in the first place. The volunteer experience is interesting, intellectually challenging just because of the limitations – “there is not the rush, no concern of malpractice; you just zero in on what it is they need, listen to their story and solve the problem in a creative way”; Second, the free clinic is like the international medicine light because it serves a fair number of international patients, including Cornell international students’ families. It is quite related with his previous oversea volunteer work in Central and South America; he even can use his Spanish skills to communicate with patients during the practice.

While Tim spoke highly of the environment and the staff he worked with at the free clinic by saying that “it is very easy to feel like you are a part of a team of people, and it is proud to be working with these people and they have the right priorities”, he also suggests the problem of getting patients process faster should be addressed.

Interviewee: Chris Peck, Physician Assistant		
Questions	Answers	Tone
Q1 Typical Volunteer Day	<i>Listening to patients; figuring out a plan and an approach</i>	/
Q2 Volunteer Impact	Fulfilling	Positive
Q3 Working with other staff	All express their appreciation	Positive
Q4 Organization Environment	Nice place to work	Positive
Q5 Overall satisfaction	Some things could be addressed for better results	Neutral
Q6 Continue /recommend others to volunteer	No reason to stop/ speak with the Residency Program	Positive

Figure 4

Chris Peck is the physician assistant at an orthopedic clinic associated with Cayuga Medical. He has been volunteering with the free clinic for two years. He began to volunteer for natural reasons: he started the volunteer when his last child was finishing college and he was willing to volunteer to help address the issue happening in his own community. Similar to Ann Dalton, he also emphasized the importance of communication with patients – “the biggest side of healthcare is listening to patients”, and he regarded part of his work as “just talking and figuring out a plan and an approach to the problem rather than just a prescription.” The motivating factor for his volunteering (he believes also for most physicians) is the work is really fulfilling and every single patient express their appreciation and it is the reward.

Chris Peck made recommendations to the free clinic’s work. First, it would be more comfortable for providers if they are doubled up with a primary care specialist and have a backup; Second, some little things in day-to-day operations could be addressed, e.g. paper towel dispensers, supplies and medications. Although most of the things depend on the volunteers’ work and

donations, there is still room to make them better. Regarding volunteer recruitment, Chris admitted the challenge to recruit young volunteers – “they either have or are starting families or just establishing their professional careers, it is hard to ask for their commitment to volunteer work.” He also presented his opinions on how to improve the recruitment. Given his previous experience at the Friday morning conferences, he preferred traditional methods for recruitment, through word of mouth or a physical letter to providers. He also expressed his willingness to contact the doctors running in the Residency Program and promote its relationship to the free clinic.

BILL LARSON, NP

Interviewee: Bill Larson, NP		
Questions	Answers	Tone
Q1 Typical Volunteer Day	<i>Chronic program; more like being a regular doctor's schedule</i>	/
Q2 Volunteer Impact	Benefiting people & A good challenge for practitioner	Positive
Q3 Working with other staff	Have a shared vision	Positive
Q4 Organization Environment	The board is improving and appreciating practitioners	Neutral
Q5 Overall satisfaction	Moving towards being modernized	Neutral
Q6 Continue /recommend others to volunteer	Have contacts and be willing to work out a new program	Positive

Figure 5

Bill Larson, the NP who has been with the clinic since 2011, volunteered at free clinic once a month. He worked with the chronic CARE program and his visits are typically planned visits. Most of the patients stay in the program because they are interested in acupuncture or Chiropractic which can be fulfilled from the clinic. Except the beneficial impact to the patients,

Bill also emphasized that volunteering at free clinic helps new practitioners to have unique experience and provides opportunity for “using clinical reasoning skills without a lot of extensive diagnostics and trying more traditional approach.”

Although he admitted that for a long time the free clinic and its board lacks efficient working methods and management measurements, it is becoming more organized and modernized. According to his personal experience, Bill put forward three detailed recommendations: 1, to have more partnerships with experienced Primary Care providers and establish the teaching resource for volunteer providers who are not Primary Care or Internal Medicine. The resources and referral system should be built in a formal way from the organizational level, to make sure that providers have someone with experience to consult when needed. It would greatly help current providers more comfortably volunteer. 2, to use a more marketing approach to recruit volunteer and focus more on younger generation primary care doctors. Bill suggested that the format of “menu” might be applied in recruitment, offering more flexible options to the potential volunteers; 3, the proposal to work out a new program with Binghamton University was mentioned - Bill is willing to lead a program and encourage students to practice at free clinic.

INTERVIEW CONCLUSIONS

The conclusions from interviews are summarized as follows and are separated into three parts: overall feedback, major concerns, and recommendations. On these grounds, the next steps will be suggested.

MAJOR CONCERNS AND CHALLENGES

There are reality factors that might limit practitioners from volunteering. It is great to have younger volunteers, but it is hard to ask those who have just started families or established professional careers to carve out hours every month to volunteer. For some volunteers who are

already retired, their age and health condition should also be considered, and they might face challenges to accept new technology for working (e.g., the new electronic medical record [EMR] system).

Current providers who are not primary care providers might be not be comfortable seeing complicated primary care patients without backup or technical support. Providers in other specialties might also hesitate to work at a free clinic because they perceive the volunteer work as only needing primary care or internal medicine providers.

OVERALL FEEDBACK FROM PROVIDER

All of the interviewees regard the impact of their volunteer work as greatly positive. They tend to think of the impact in two ways. It helps vulnerable people who get sick but are not covered by health insurance; at the same time, the work makes the volunteer practitioners feel needed, as well as being rewarding and fulfilling.

All of the interviewees thought the environment of the free clinic and the staff made them feel appreciated; they especially spoke highly of the people they worked with. Some of them mentioned that after Norb started, the free clinic started to build a relationship with the community, the hospital, and the business sector and improve the working methods in a more modernized way.

All interviewees believe that working at the free clinic is a unique experience. The patients are basically financially challenged and cannot afford all the tests. Therefore, the practitioners need to listen carefully to their symptoms and diagnose without running a bunch of tests. During this process, communication with patients (listening and talking to them) is so important; nearly all practitioners mentioned this. Interestingly, some talked about using their foreign language skills to communicate with patients, considering that a large portion of the patients are immigrants or international visitors.

RECOMMENDATIONS

After analyzing the five informational interviews, including direct input, with current volunteer providers the team identified the following recommendations, including: potential partnerships, day to day changes, and recruitment strategies.

PARTNERSHIPS

The free clinic should establish more partnerships with experienced primary care providers so that the practitioners can always refer to those further up the chain and consult for technical support. Doing so will also shorten the patient process.

DAY TO DAY CHANGES

The little things in the day-to-day operations of the free clinic should be fixed. The physical building could be improved, as Chris mentioned: the paper towel dispenser and gauze supplies, etc.

RECRUITMENT

For recruitment of medical providers, three specific recommendations were made:

- ❖ The free clinic should target as many potential volunteers as possible. There should be more opportunities for volunteers to be invited to come and see how the free clinic works. Even if they do not sign up to volunteer right away, the free clinic should contact them routinely through letters to update them on the free clinic's information and encourage them to consider volunteering.

- ❖ More marketing approaches should be utilized. For example, Bill recommended using the format of a menu so that people would be provided with more than one option than volunteering. They can have flexible volunteer time slots, but they can also choose to give funds or donate.
- ❖ For the most-likely-to-volunteer groups, such as young students, when encouraging them to volunteer, it should be emphasized that they are not only giving back to the community but benefiting their professional development by training in diagnosis and treatment skills in an uncommon environment.

NEXT STEPS: PROJECT PROPOSALS

Based upon the provider recommendations along with the teams' research and analysis, we have identified the following project proposals. Therefore, the next steps from this project are:

- ❖ Distribute the potential provider survey to collect quantitative data on volunteering inclinations and motivations within the community, utilize data in designing recruitment packages and strategies. Craft the survey to be both for recruitment and to collect data on provider attitudes and barriers to volunteering. The identified populations in the community to distribute this survey are Cornell Health and Cayuga Medical Center.
- ❖ Create a paper recruitment package: The package should include general information about the free clinic and detailed contact information for potential volunteers; also, it should not only highlight the impact of their work on the community but also emphasize what the practitioners can get from the clinic.
- ❖ Contact Binghamton University (Bill Larson) and the Residency Program (Chris Peck). The free clinic could build relationships with these programs, utilizing current provider

connections, and create new programs that would attract students to volunteer at the clinic.

- ❖ Once you've identified the key decision makers, for a policy that might affect IHA negatively or positively, pull together what you know about their record and positions. Next, evaluate the existing relationships that you or members of your organization have that can create some sort of outreach/political committee that will be used to influence the decision makers.

APPENDIX A: RECRUITMENT PACKAGE & LOBBYING GUIDE



ITHACA HEALTH ALLIANCE



ITHACA FREE CLINIC



Lauren Gillott

Bilu Guan

Jacquelyn Chyrell Richards

PADM 5910: Domestic Capstone

Ithaca Health Alliance Project

ITHACA FREE CLINIC



ITHACA HEALTH ALLIANCE



[Norb please use this page to introduce you and the organization/provider you are sending this to. Explain the unconventional appeal, and the importance of the organization for Ithaca. Throw some statistics from the last report from last semester would be helpful if sending for providers. But a list of services would be better here if given to patients and members of the community. For now, I have the information you provided on the website under the “About Us” page, but you can make this as you see fit].

About Us

The Ithaca Health Alliance was founded in 1997.

Our mission is to facilitate access to health care for all, with a focus on the needs of the uninsured and underinsured.

Since our founding, we have used the contributions of our community to create a sustainable model of community-oriented, community-driven solutions to the ongoing healthcare crisis.

Our 3 Primary Programs are:

- Ithaca Free Clinic
- Ithaca Health Fund
- Community Health Education

ITHACA FREE CLINIC



ITHACA HEALTH ALLIANCE

Through the Alliance’s three programs, we provide 100% free medical and holistic services for people with no health

insurance or who cannot afford holistic care. We offer financial assistance for those who qualify, and we promote greater health literacy, prevention and self-care through events and resources.

Picture of Norb ☺

We depend on a diverse volunteer team for all of our programs and our volunteer board. Visit the Volunteer Page to join us!

521 W Seneca St, Ithaca, NY 14850

CLINIC: (607) 330-1254

OFFICE: (607) 330-1253

FAX: (607) 330-1194

The Ithaca Health Alliance Free Clinic

PROVIDERS

ITHACA FREE CLINIC



ITHACA HEALTH ALLIANCE

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ITHACA FREE CLINIC



ITHACA HEALTH ALLIANCE

STAFF

ITHACA FREE CLINIC



ITHACA HEALTH ALLIANCE

ITHACA FREE CLINIC



ITHACA HEALTH ALLIANCE

ITHACA FREE CLINIC



ITHACA HEALTH ALLIANCE

ITHACA FREE CLINIC



ITHACA HEALTH ALLIANCE

VOLUNTEERS

ITHACA FREE CLINIC



ITHACA HEALTH ALLIANCE

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(D) Letitia James, Attorney General

Office of the Attorney
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Albany, NY 12224-0341



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333 East Water Street
Suite 301
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(D) Barbara S. Lifton, Your Assembly member

District Office -
106 East Court Street
Ithaca, NY 14850



IMPORTANT LINKS & INFORMATION

- The New York State Assembly Website
 - o <https://nyassembly.gov/>
- The New York State Senate Website
 - o <https://www.nysenate.gov/>
- The New York State Governor
 - o <https://www.governor.ny.gov/>
- Committees, Commissions and Task Forces
 - o <https://nyassembly.gov/comm/>
- Standing Committee on Health
 - o <https://nyassembly.gov/comm/?id=19>

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ENGAGING WITH YOUR ELECTED OFFICIALS CHECKLIST

When meeting with public officials as a constituent, keep in mind that your leaders are in office to serve the public. You have a unique story, and they won't know what you think unless you tell them.

Understand the Legislative Process

Knowing how the legislative process works and tracking the progress of legislation, you are interested in; will help you organize communication with legislators when it is most needed.

Educating Public Officials

Individual Meetings with Legislators and Staff Most members of Congress and state legislators are happy to schedule meetings with constituents. Call the local office to find out when your elected official will be in town and ask for a meeting. Fridays and Mondays are often good days to find them in-district, as well as during a more extended congressional recess. Their calendars can fill up quickly, so don't be surprised if it takes time to get a meeting scheduled.

If you are trying to set up a meeting on behalf of a local coalition or group of leaders, be sure to let the scheduler know how many people you expect to attend. Ideally, it should be a relatively small group representing a diversity of constituent groups and interests. You may be able to get a meeting sooner—or with a higher-ranking staff member—if you note in your request that a particularly well-regarded member of the community will be attending.

Keep in mind that the congressional schedule is frequently changing, and you may end up meeting with staff rather than the legislator. Don't think of this as a lost opportunity. Staff members may be more familiar with the details of an issue and may have more time to spend hearing your views.

It can be frustrating to deal with staff at bustling legislative offices, and they may seem brusque or impatient with you. Remember that they are often operating in stressful situations. They're likely to remember you favorably if you show patience, respect, and understanding of their job while making a request or advocating for your position.

Meeting with Your Elected Officials:

Prepare in Advance:

- Find out if the legislator has recently been in the media, and for what reason(s). That may tell you something about his or her current priorities.
- Do enough research to understand the legislator's interests, positions, and voting record on the issue you are advocating for. If you are there to talk about a specific bill, be sure you

know its current legislative status. Has it been introduced? Who supports it? Is it likely to be voted on soon?

- Anticipate the kinds of questions or concerns that will be raised and have clear answers ready. It's especially important to anticipate what your opponents would say to the same legislator or staff member.
- Know your message. Practice making your case clearly and quickly. If it's a busy day, your meeting may last as few as 10 minutes. If there are several of you, work out in advance who will speak first and what they will address. Don't waste people's time with prolonged or repetitive presentations. Not everyone may be able to talk.
- If you are meeting with a group, be clear on each person's role and the speaking order. It may be helpful to identify someone to open and close the conversation. Prepare materials to leave behind with the legislator or staff, such as fact sheets or a memo summarizing your positions.

Make the Visit Count:

- Introduce yourself and start on a positive note. Can you start by saying thanks for a recent vote or public statement?
- State your positions, concerns, or requests clearly and directly. Bolster your facts with personal stories about how the issue affects the legislator's constituents and district.
- If you don't understand your legislator's opinion or legislative obstacles to success, ask for an explanation.
- If you're not sure how to answer a question, say so honestly, promise to get the information and follow through quickly.
- Leave several copies of your materials and contact information for yourself and your coalition members.
- Be sure to thank the legislator and staff for spending time with you.

Following Up:

- Write or call legislators and staff after the visit to thank them for their time.
- If they agreed to take any actions, remind and thank them—and offer your assistance if appropriate.
- If you promised to get them any additional information or answers to questions, do so promptly.

- Share any news or insights you gained from the meeting with your colleagues and coalition members and decide together if any additional follow-up is needed.
- Maintain a relationship with people you met with by sending them updates on your activities.

An opportunity you won't want to pass on!



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**EXPERIENCE A
GREATER SENSE OF
MISSION AND
ACCOMPLISHMENT
SERVING IN AN AREA
OF NEED.**



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**CRAVING THE EXPERIENCE OF A CLINIC
THAT IS KIND OF LIKE INTERNATIONAL
MEDICINE LIGHT, SO IT'S THE EXPERIENCE
WITHOUT SOME OF THE RISKS OF
INTERNATIONAL HEALTHCARE."**

DR CARDINA

ITHACA HEALTH ALLIANCE

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Our mission is to facilitate access to health care for all, with
a focus on the needs of the uninsured and underinsured.

APPENDIX B: POTENTIAL PROVIDER SURVEY

Volunteers Recruiting and Retaining Survey

The purpose of this survey is to learn more about the barriers and motivations to volunteering within Ithaca Health Alliance (IHA). The information will be used to improve volunteer recruitment and retention at IHA. The survey is being conducted by IHA and capstone project team from Cornell University.

You will be asked nine (9) questions. The survey will take around ten (10) minutes. You can choose not to answer any question or to end the survey at any time. If you choose to end the survey early, your answers will not be saved or collected. You will not be asked to provide your name or any information that can identify you. All responses will be kept confidential.

If you have any questions, please feel free to contact IHA at 607-882-9060. Thank you!

1. Do you have volunteer experience?

☐ Yes ☐ No ☐ I choose not to answer

2. What are the major barriers to prevent you from volunteering? (Check all that apply)

☐ Lack of time ☐ Lack of interest ☐ Lack of transportation
☐ Not being asked ☐ Unsure if the skills qualify ☐ Other personal reasons

3. What motivated or would motivate you to volunteer? (check all that apply)

☐ Sense of giving back ☐ Building connections with people
☐ Achieve social justice ☐ Religious convictions
☐ Gain professional skills for future career ☐ Plenty of time
☐ Other _____

4. What medium would be most likely to receive volunteer recruitment information and motivate you to volunteer? (check all that apply)

☐ Flyers ☐ Local radio station ☐ Personal invitation
☐ Newsletter at workplace ☐ Facebook and other social media
☐ Organization website ☐ TV news ☐ Other _____

Please go to #6 if you have no volunteer experience.

5. If you currently volunteer or have volunteered before, which of the following would be the most important factor that retain you as a volunteer?

☐ Recognizing the contributions of volunteer
☐ Providing training and professional development

- ☐ Matching volunteers with appropriate assignments
- ☐ Regular activities to connect both paid staff and volunteers
- ☐ Other _____

6. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other

7. Which of the following categories best fits your age?

- ☐ 18-25
- ☐ 26-30
- ☐ 31-40
- ☐ above 41

8. Is there

8. Which of the following describes your race/ethnicity?

- ☐ White/Caucasian
- ☐ Asian or Pacific Islander
- ☐ Black/African-American
- ☐ Native American
- ☐ Hispanic/Latino
- ☐ Other _____

9. What is your marital status?

- ☐ Single
- ☐ Married
- ☐ Divorced/Separated
- ☐ I choose not to answer

APPENDIX C: INTERVIEW TRANSCRIPTIONS

ANNE DALTON, NP

Interview with Ann Dalton, NP, 4.17.19, phone interview

Lauren Gillott: What is your typical day at Ithaca Free Clinic like?

Ann Dalton, NP: Well, I usually arrive 15-20minutes early, just so I can **chat** with everyone who is working that day to meet them, and make sure I know who to go to if I need help, set up my computer they provide, make sure I have everything I need in my room, and basically just set up. So, at 2pm I am ready to go

So then at 2 the patients start rolling in, and when they are done with intake I pull up their record and then go and get them and call them in.

And even though I know the reason they're, I always start by asking again, "what brings you to the clinic today". And not a lot but a fair number but they are embarrassed to tell the nurse or have four reasons and only told the nurse one. So, once I know why they are there then I usually *talk to, ask a few questions, I don't take any notes or look at my computer at this point, I just talk to the patient.*

I find out a little history of the complaint or the reason for the visit, find out if they have tried anything, how long it has been going on, see if I can figure out without even touching the patient what may be going on for

Then I have them get up on the table and I exam them, with thoughts in mind what might be going on, @ 12:20 minutes

Lauren Gillott:

Ann Dalton, NP: Once I have an idea of what might be going on, I have them get up on the exam table and I exam them. With thoughts in mind I do various manipulations, **listening, examining. I usually tell them every single step of the way, every time what I am doing and why and what I am finding. I always keep on hand on the patient, if I can, as much as I can, and I find that, the contact, really enhances the ability for them to speak.** After which, I tell them pretty much what I am finding, then I have them sit back down and tell them what I plan to do, what we can do together, them and I, to improve whatever their complaint was.

At that point I go to the computer. I do not write as extensive notes as I used to with handwritten notes, I am very brief because I am not a great typist, I order the medications I need, the referrals, have them fill out the urgent RX forms if needed, close the chart and bring them to the discharge window.

go back to clean up my room, wash up, clean my stethoscope, change the paper, wash my hands, pull up the next patient see what they have and go get them

Lauren Gillott: how many on a given day?

Ann Dalton, NP: it depends, if I am alone, I don't spend as much time with wash, I see 14-15. if someone is there with me, I take twice as long than if I am alone, so I see 6,7,8 something like that. I take twice as long than if I am alone, just because I have the time which is my preferred way to treat.

Bilu: How long with each patient?

Ann Dalton, NP: it depends, I have spent an hour and a half, and I have spent 15 minutes. depends on what the need is. I have had patients come in who are suicidal in which case it may be 1-2hours. I have had patients come in who just need one medication refill and it is 15 minutes. typical I will spend 30 - 40 minutes. But if needed longer. **I will stay until 8pm if needed, I will never leave just because I am done, if there is still a need.**

Bilu: Could you tell us of a few exceptional patient stories

Ann Dalton: I can tell you two or three really cool stories I will start with a very simple one this is probably two or three years ago in the spring or summer the nurses came in and they said that they had a patient from Kenya who did not speak any English and they did not know why she was there. so I called the patient in and it just so happened that my husband and I had just booked a trip to A trip to Kenya and a mutual friend had just started to teach me Swahili so that I would know just a few phrases so the woman came into my office and I said to her and **Swahili some low-key APA hello why are you here today and her eyes got about as big as two big plates that's about the extent of my Swahili that's all I know I said in English well it opens her mouth she started speaking English she knew English but she didn't let the nurses know that she knew English** while she said that was she was from Kenya she said that she was there with an upper respiratory infection basically she had a cold. after that we didn't speak anymore Swahili it was just hello why are you here and that was all it took, and I was prescribed an antibiotic and I asked by the way are you with child and then you can adjust antibiotic I was giving her, and she left happy as she could be with medication covered by an urgent RX. and I didn't have to know any more Swahili than that that worked.

You want another patient story?

Alright, second story this is a doctor in the adjacent room called me in to get my opinion on a rash an infected rash that the patient had over their entire body the legs for the worst the gentleman was from upstate New York actually he lived near my home but he was from the Dominican Republic and he'd come back to try and get treatment for this rash he was self-pay he had no insurance and someone had given him an antibiotic but it always came back it looks like little bug bites all over I knew there was sand fleas on the beaches of the Caribbean so I thought maybe that's what it was so I did some research and I found that there was a germ transmitted by the sand fleas that was called mission of myiasis. And everything I read said that this was what this was and it was a reportable disease so I called the health department that New York State

Department of Health and worked out where we could get testing where we could send him and how he would not have to pay for them found a wonderful infectious disease doctor here in town that was willing to help us out that did the biopsy send a text to New York State he thought it was what we thought it was but the test came back negative. the patient went back to the Dominican Republic. we told him to go to the doctor there back when he was in the Dominican Republic and he called me I hate seeing a doctor there and they diagnosed him as allergic to the Sun the treatment was sunscreen. so, I thought this was interesting it was **really nice that he called to follow up and he was improving**, and he just scratched himself so much that he infected all of the rashes. so even that there was a different outcome than I expected I thought that was a fascinating case.

More recently I had a very young man who had been recently let go because his boss had said he was coming and drunk all the time falling asleep at work drowsy coming in late. however, he did not drink very nice respectful very young man very very young. upon further question it came up with his girlfriend that he gasps for breath in the night. she had taken a video of him breathing in the night and he had the most severe sleep apnea that I have ever seen. and this too was another amazing story of cooperation around Ithaca he had two days left on health insurance before it ended the end of the month and the end of his work health insurance the Sleep Center here in Ithaca instead of scheduling him for a sleep study and patient they set him up for a sleep study and media at home they said that he had very severe sleep apnea he **needed a major expensive machine to help him sleep at night** we scrounged around loose our coordinator **found an old machine that someone has donated to the clinic** call dust free medical surprise and they scamjet and they were willing to do the settings so that he was able to start breathing again I saw him about 10 days ago he came into contact for something else and he was like a different person he a good color he didn't have dark circles he was alert he was cognizant memory was improved I thought that was another fascinating case

is that cooperation around Ithaca happen often is that a common feature in both of those instances I got amazing cooperation most people know if I call about a console table talk to me on the telephone some people aren't allowed to do three work because of their contract are there because they're part of a corporation late pay the medical center but they're **willing to talk so they're very helpful over the telephone** and they'll make referrals to people who can assist yeah I sound **amazing help**

Lauren Gillott: do you think that's because of your personal Community connections or because of the free clinic

no, I never practice in Ithaca some of the other it's one of the practitioners that I practice with do you have connections and they'll say call this other person that worked with but no I don't have Community connections I only moved back to Ithaca after I've been practicing for years so, you are retired now, or do you still practice

I've been retired about 12 years ago I moved from New York City to Kingsbury New York about 12 years ago and I moved it to Ithaca about 2 years ago
and how long have you been with the free clinic
since maybe three years

I commuted the first year that was one of the reasons I want an apartment in Ithaca is that I got flooded into Kingsbury that's no bounds.

Lauren Gillott: and do you do typically one shift week with them

Ann Dalton, NP: yes, I work every Monday and occasional Thursday if they need a provider and I do the vaccine clinic on Wednesday

Lauren Gillott: and do you have to pay for your license to be current do you find that to be a challenge to keep your license up-to-date do you think that would be a good it's a tear if the state-subsidized sets cost

Ann Dalton, NP: the DEA is the expensive one knows the license isn't that much it's only every other year it's between 20 + \$60 the DEA is like hundreds

Lauren Gillott: How much of an impact do you feel your volunteer has work has on the community do you think that working at the free clinic you can see the impact you're having on the community do you feel the impact on yourself

Ann Dalton, NP: absolutely and when you say the community I think of individuals that have been helped. I think it's a **huge impact** you know if you keep one person from becoming brain damage and having a slope and high blood pressure and that's a whole person. I think there's a very large people most of the people that come in many many have jobs they just don't cover health insurance many people want jobs but they can't get a physical and you can't go to the emergency room and get a physical if you don't have a private doctor how do you get a physical and they could be several hundred dollars. **so, it helps people who have very low income and no connections it helps the community and that many students both at Ithaca and Cornell their parents come from out of town or from other country and they get sick here and they have no insurance in United States and then go to the clinic.**

so, it's not the individuals that necessarily lives and **Ithaca is larger community it's Farm Workers who have no insurance** many

Lauren Gillott: how do you think, what do you think the impact is on the providers who are volunteering especially thinking of younger providers may be residents what do you think the impacts on yourself to this volunteer and experience has been

Ann Dalton, NP: first of all I have seen well Monday is the favorite day of my week I come home I can barely sleep at night I'm **so excited** on Sunday I wake up and I'm like yeah it's glorious and I've seen a **volunteer who has any interest above and beyond just doing intake I will bring people into the room and I will show them interesting things I will show them how to do a physical** even if you're not qualified for me is anyone who wants to learn I will show them and teach them if something's wrong they get good care on the spot. there's a wonderful student community they had **acupuncture chiropractor herbal treatment social worker** just to see a smoothly running operation it's an idea that they can carry with them and live up to going forwards the **communication** beyond the various members is very good. just being a part of that is **exhilarating** I think.

Lauren Gillott: Can you comment what you think was the most important lessons they would learn that about practicing medicine, or if you're looking to broaden your skill-set or improve your profession why should you volunteer at the free clinic

Ann Dalton, NP: what I believe in is **diagnosing and treating without a bunch of tests.** My background is in neurology. One of the reasons I really really loved neurology, is it is basically diagnosing and treating without a bunch of tests. Which is what I said I do by **talking** to the patient, and then when I pretty much know what I'm going to look for, I examine them, because then I basically know what to look for at that point. Because I know what I'm looking for I think a lot of doctors start with a whole bunch of tests and analyze them and see what's wrong rather than figure out what's wrong first and then order just one test and if you have no test whatsoever you know tests are very expensive so to be able to treat just on diagnosis just by an examination you're taking the history and learning just to listen to the story and the symptoms **it is a rare opportunity God knows that they're not necessarily going to practice in a hospital with a million supplies or a population who can afford all those tests so if you're out in the field somewhere with no test do you have to figure out so, you're really honing and practicing your listening and examining skills, which is a really valuable lesson from the free clinic.** And I think To just **come down to earth and see how many people live and the challenges and the struggles that a lot of people have in just daily food or transportation,** I remember many many years ago a doctor telling a patient that they need to rest so just go home and sit in the sun in the backyard for a month and I just thought what planet is he from another patient may not have running water or refrigerator. we had one patient whose insulin kept going bad because he didn't have a refrigerator, so I brought him a freezer pack when I pick up my dog's vaccines at Cornell they give me a freezer pack every time, so I just brought it to him I just gave him one. And they may not have running water you can't go home and soak your foot if you do not have running water.

Lauren Gillott: Would you say it's an important part of the free clinic is understanding the cost side of healthcare??

Ann Dalton, NP: Absolutely I had one patient who came in it was from Nigeria is in her family at Cornell and she had a baby with her the baby was totally was totally lethargic and floppy, the baby was a year and a half, but the size of a three-month-old. She told me that the baby had severe epilepsy, they had been seeing a specialist in Syracuse, and I asked what the baby was on, she told me the baby was on very expensive hard to obtain drugs. I asked how they would get the medicine in Nigeria, and she said that it doesn't exist there. So, I said to try Phenobarbital, it is inexpensive and easy to obtain. So, I thought about the availability and the price in prescribing to the patient, because that is their reality.

In my phone I have an app that has all of the drug prices, or I will call Wegmans and ask how much it is, if it is cheaper to do this dose and do it more often or do this dose and break in half. I always find a way to the cheapest drug that is needed. I would say at least 3 times a day.

Lauren Gillott: We have a couple question more about the clinic so their environment how easy it is to get along with other volunteers and stuff how appreciated does that make you feel an overall how satisfied you with the volunteer experience at Ithaca free clinic are.

Ann Dalton, NP: first of all, I've already mentioned that **everyone seems to get along very very well**. North is very conscientious of **thanking everyone** I don't know if he thinks others, but he certainly thinks me every time I am there. So, he is **clearly appreciative**. So, I usually thank the other volunteers because I couldn't do my part without them.

Lauren Gillott: Is there anything that the Ithaca Free Clinic could do differently to make the experience better or to incentivize doctors to volunteer or just anything that they could change?

Ann Dalton, NP: I think it's pretty well set up already, right off the top of my head I can't think of anything!

I think if people wanted to **come in and observe, volunteers could just come in and see what we do, and follow one of the other providers, even if they haven't signed up to be a volunteer yet, they could invite potential volunteers to come and shadow**

Lauren Gillott: How likely are you to continue to volunteer at the Free Clinic?

Ann Dalton, NP: Oh, yea, I love it, yea I'll keep volunteering, not sure when I'll stop but when I feel that I am too old I'll quit. One of the other volunteers he said well I'm 87 I can't do this anymore. I'm already 78, so maybe another five I don't know, I'm on my way to get into that nanna. But you know I do a lot of reading, listening to medical education, I talk to the other doctor's any challenging cases I look it up.

Lauren Gillott: Any other comments?

Ann Dalton, NP: For providers I would say that it is an experience to have contact with a very unique population. It is very humbling to realize that there are really bright, serious, well rounded people who have no money. Not all of them. But it is not a, Thursday in particular it is more working people because clinic is a little later. I was surprised when I first did a few Thursdays to realize it is a different population.

But any young doctor of NP I think that would be really worthwhile to learn early. I think the other group of potential providers are NP students, but they cannot be clinicians yet.

How could you convey the need to volunteer, or give back to the community, volunteer at free clinics?

Both of those factors were primary motivators, I oh several years ago a friend of mine told me that a migrant friend of hers had hurt her leg and could I see this person, they had come by the clinic and there were no providers, there was a sign on the door. That was the day I called and offered volunteer. So, I said this is something the community needs, and I can do. I am always looking for opportunities to do service in the community. I think the other part is when I was in school a lot of scholarships paid for a lot of my schooling, so I would say that the community educated me, and I would like to give back to them.

KAREN READER, NP

Karen Reader, Nurse Practitioner, interviewed 4.18.19, in person at clinic

L: Impact on the community?

Karen Reader: Impacts both of us, I feel like I am giving back to the community, and I feel how grateful they are, and it makes me feel good, because I am helping them, and they are overwhelmed and grateful that someone is volunteering to do this.

L: “How has volunteering impacted you professionally?”

Karen Reader: Has been an NP since 2012, started school at 45, day job is working in a prison for teenage boys, so working at the clinic keeps me in touch with the adult population, down here people are sicker, so they need more help

The kids do not have the disease that the baby boomers do down here, so it keeps my mind in it

L: “So it keeps you on top of your game?”

Karen Reader: Yes, it does, that’s the reason I came down here

L: Environment of the Free Clinic, how do they make you feel appreciated?

Karen Reader: They are so good here, they are amazing

One time treating patients here for abdominal pain and he had to go to the hospital because I diagnosed him with Appendicitis, and when he got there it had almost burst. So, when I came in that next time they had a flower plant for me and they said, “you saved a life” and that just makes me feel like I am doing something that is good

L: Norb’s question, what could IHA do differently

Karen Reader: *Have only worked the way it works, and **it works well**, and everyone is **back up for me** if I don't know how to do something, I'm only here once a month, they make you feel **welcome and supported**.*

I'm always pushing people to volunteer if they have time, but everyone is busy. Lives are busy. I work two jobs and then come down here. So, I am busy.

DR. TIM CARDINA, MD

Interview with Dr. Tim Cardina, MD, 4.23.19, phone

Time volunteering: once a week for a year

Lauren Gillott: How to recruit/general project description

Dr. Cardina: Well that would be the other project, why don't people volunteer. You know I retired two years ago from practice, and **I did not volunteer while practicing**. You know I did volunteer work overseas, so that was my volunteer gig. And then when I retired I realized it worked out better for me to just do this. so, I guess the main reason you are going to encounter is just that **people are busy**, you know it's **a time commitment**, and you know it's a little like a Boston holiday, in your free time you are doing what you do at work. That you probably cannot overcome. but I tell you what you could is the **misconceptions of the free clinic**

Lauren Gillott: what do you think those **misconceptions are??**

Dr. Cardina: I'm thinking of it from a **traditional western practitioner**. I think from the beginning the free clinic has chosen to include other **treatment alternatives**. but I think in some ways it may have **overshadowed the traditional healthcare**, so some provider may have the **impression that the care is alternative care**, so they do not feel they would **fit in** or they **do not want to endorse** that care. so, I think that was one of the push backs. **the clinic up until Norb took over**, had a bit of a, let's see, so some of it was what became objectionable to practitioners is that for a while they were **dispensing a lot of pain medicine**. They were you know sort of where people would go. The population at the clinic, is working poor, uninsured, often with more chronic conditions, and some chronic pain conditions and cannot work. **However, it became the place to go and get controlled substances. You know most people who work there are kind and not confrontational, so kind of an easy sell for these people.** So, when I say I work there now people raise their eyebrows and say oh that was the place giving out pain medicine and anxiety medicine.

Dr. Cardina: The free clinic staked out a pretty or was **confrontational against the hospital**. they were angry because the hospital would not provide discounted or free services. And then consequently the have a **rebel rousing reputation** in the community. some businesses who otherwise may donate to a worthy cause see them as these liberal cranks.

For me I guess some of it was, this isn't factual stuff you can enumerate, a lot of it was **meeting with Norb and realizing he is a straight shooter guy**. he says he tries to **belong to civic organizations** in the community, and keep **on good terms with the business's community**, and stay **on good terms with the hospitals** and generate some connections with them through maybe this project, to **enhance relationships with the hospitals and not to have them as an adversary** to me this **made a quite a difference to realize this guy had an idea of how to go about it**, as it was a sinking ship for a while.

how do you dispel the negatives, without having a conversation, you are preemptively addressing what they think, trying to say here's what it is not. **Present volunteers, ask what surprised you about the free clinic?** What surprised me is that the **patients I see at the clinic are patients are just like most of the patients I saw in my practice** all the time. what else surprised me is that they are **often pretty hard working, usually have several jobs**, and they are **interested in their healthcare**. Which isn't a demographic you see usually with patients on Medicaid, just the patients are not as focused on the details of their symptom is, they won't help you, they are not interested in their care. It is much less of this than I expected, instead **people are invested in their care**

Lauren Gillott: what is your typical day at IHA like?

Dr. Cardina: so again, it is most **just like general primary care practice, in a private practice**. You know a wide variety of complaints, it's all adults, **usually more acute problems not so much chronic issues**. Lot of time the issues, not having been neglected but **care has been postponed**, so by the time you are seeing the patient the **disease is more advanced**. so, there are less of the worried well, which is something you see in private practice when people have good insurance and they saw some disease on TV and wanted to talk to a doctor, you don't have that. It is mostly **people with a genuine need**. Some **more misunderstanding** because they do not have, they have gone a longer time without a diagnosis, so they **have tried other avenues to get information**. they have gone on the internet more they have talked to friends, they have tired this or that. so that is more you see then in private practice when people come in more often, so you do **spend more time on that getting them from what they think it is to what you think it is**

But I have to say they are **all very appreciative**, so there is no, I have not yet encountered anyone who is difficult, or not appreciative, or not respectful. all the patients I see are **thankful, and they are respectful people**. they don't blow you off, they don't sit there on their phone while you're trying to examine them, which you do see in your private practice not that you want them to bow down but come on you have to meet me have way.

Lauren Gillott: how much time which each patient do you typically spend?

Dr. Cardina: Well **that is the beauty of it, there is not the rush as opposed to private practice**. **Because of the financial aspect - there is not the insurance dictating the number of protocol questions you have to ask, there is just about no concern of malpractice;** because of all that it is more like real healthcare, **like the reason I decided to go into healthcare in the first place**. Untainted by time factor and money factor, the protocols, the insurance company, the

requirements to document everything so you either get paid better or you have an air tight case in case of malpractice. So, you just **zero in on what it is they need, let me listen to your story, take a good look** at you. So, it's much more of that the other thing that I find plus to me because of the limitations in terms of getting lab work and spending lots of money on testing you do what you can either look at it as you have to be, or **you get to be more creative and solving the problem**. So very personally it's very familiar because I've worked a lot overseas so it's the same idea of **solving the problem without breaking the bank which to me is fun** it's the way. I think that medicine should be anyways, but I think we've kind of lost track of that because of all the burdens of being sued keeping, of the lights on and the expenses paid. **But if you strip all that away practicing medicine is very rewarding, it can be kind of fun, it's interesting, it's intellectually challenging, and that is much more evident at the free clinic setting or working overseas**. So, once you break that shell it's a lot more fun Healthcare honestly, I enjoy it a lot more than the average patient in private practice.

Lauren Gillott: You mentioned this but, that was the reason you went into medicine in the first place?

Dr. Cardina: because **you like the challenge you like to deal with people and you like to be helpful**, you like to be doing something that **makes a difference**. Something that's important and well-recognized and people will get that this is important stuff something that it takes a long time to get the skills up to do it and it's a value skill set that you have and so people do appreciate it and that is fun it is fun to feel **like you could step into a situation and make sense out of it and somebody leaves feeling relieved or at least they have a better understanding they have some hope they have something that you're offering to them**.

Lauren Gillott: Would you say that working in the free clinic is good experience for those who wish to volunteer overseas?

Dr. Cardina: Yes, probably because we see a fair number of international patients. Most of my volunteer work has been in Central and South America and almost every session in the clinic I ended up using my Spanish skills almost every time. Because just the number of people who are immigrants or migrant Health Care Farm Workers Who coming to the clinic. **So, I joke, I say I used to go to them and now they come to me. We still speak Spanish it's still a cultural Exchange and I enjoy working with them**.

So part of it is that population but part of it is **Cornell** you see not the **international students** because they get coverage but **their families and maybe their spouse their parents their in-laws who come to visit** who come to take care of the grandchildren and they're here for six months and they have a health problem and they don't have coverage it's very expensive to be seen in America without health insurance so we do see that population as well so. So, you see people from other cultures and other health issues. But yes, I think someone who is interested in international medicine **the clinic is kind of like International medicine light, so it's the experience without some of the risks of international Healthcare**.

For The Residency program I'm sure for part of the program requirements you have to have a certain number of patient care and so The Residency program May wish to place people at the free clinic because it may honestly be a problem to get people in private practice to take a resident because it is time consuming it slows you down and it's hard to run your office efficiently with a resident there, so it is a time loose. So, the private practitioners in town would probably be happy if the free clinic would play that role.

Lauren Gillott: what is the impact you see your work is having on the community but also on yourself?

Dr. Cardina: I don't know if I have an impact on the community. That's a little big but yes by **patient by patient I am making a difference**. It is these people who often don't have any other Alternatives and they are very stuck between not getting any Healthcare or setting themselves back financially. And it's not rare that someone says wow I hesitated but then someone told me about the free clinic and I thought well I'll give it a try. You always here at the time of the visit will thanks so much I don't know what else I would have done. The exit interview asks what patient would have done without the free clinic but it's a little cold and general. **But I got to hear the stories of people going well I really appreciate this option being available in the community**. I don't know about the impact on a community-wide scale because we don't see that many people but those we do there is a big impact.

Personally, because I am retired **I wasn't really ready to give up all of medicine because I still enjoy it it's interesting it's challenging** and frankly it took me so many years to learn how to do it why would I walk away now it's almost disrespectful the so many years of learning. All those years I busted my rear end to be good at this. And I don't want to let those skills go. And lots of people after they retire do volunteer work. And so probably I would do volunteer work anyway and other people volunteer at the soup kitchen or the library and I could do those too, but I have a skill set that is unusual and it would be stupid for me to not do that. Not those other volunteer positions are important but there are other people who are able to fill those why would I not use the **skill set** that I have it's a little rare it's not that hard for me to do but not many people have the background to do it. It's challenging enough to keep you interesting but it's not too much it's fun to do.

Lauren Gillott: Do you intend to volunteer abroad again?

Dr. Cardina: Honestly, I'm not sure because a lot of places just aren't that safe anymore. Especially where my background is in central and south America.

Lauren Gillott: What professional skills do you think you develop volunteering at the Free Clinic? Or experience that is useful?

Dr. Cardina: My experience both of the free clinic and with other volunteer experiences where you have **limited resources is that it forces you to be a much better diagnostician**. Because

you can't even relate default to getting an expensive test or a consultation, so you have to be very going to examining the patient **at listening to them**. The clinic, due to the time you have, it does **allow you to develop better diagnostic skills** than you would if you have to keep pace in a private practice and you have to get the patient off to a private specialist, instead you are the doc you **follow the patient the whole way**. So yes, especially for a young person, who is trying to develop their skills it is a great opportunity to do that because you do not have readily available all of the high-tech and other resources you would otherwise depend on. I think at its most high tech the primary care doctor becomes a traffic cop just pointing people to their next consultation or a specialist. But if you've value having a broad set of skills then you in the consultation you have to figure it out you have to go to the books you ask him to come back another time **you have to be more thorough**.

Lauren Gillott: The remaining questions are specifically about your experience at the free clinic, how appreciated do they make you feel, how easy is it to get along with other staff and volunteers?

Dr. Cardina: I just can't say enough good about the people I work with it **makes it really easy to keep going back**. Everyone is **cooperative**, they are **very very helpful** I've never felt pushed back or people getting impatient because sometimes you know we just had two different electronic medical record systems and they are kind of clunky and I hate them, but they are very good about not getting short-tempered about that. Within reason whatever you want they really try and get it for you. And especially people who I interact with who helped me like Luz, clinic medical coordinator, who is just **very creative and will bend over backwards to help the patient, so it is very easy to feel like you are a part of a team of people here. And you are proud to be working with these people and they have the right priorities**.

Lauren Gillott: So overall are you satisfied with your volunteer experience? And is there anything that the organization could change or make better to improve your experience?

Dr. Cardina: yes, I am. But I think it is the nature of the Beast the one thing that is a little frustrating is that the people it is a walk-in clinic so whatever happens-happens. There are times when you first get in for your shift and your twiddling your thumbs because it's a clunky process to get the patients into the provider and then the end is a Mad Dash because you have people all backed up. And so, at the end of the one else is going home because their shift is done, and you're stuck. Because there's people waiting to be seen. And I realize that part of it is just grow up that's part about being a doctor, but I do think if you were to change something would be a to try and improve that. So maybe trying to get people process faster part of it might not even be the system it just might be the time of day to 2-6 on Monday people are working and they get out of their job at 4 or 5, or the last patient of the day comes in with a stack of 20 problems that they want addressed. And maybe the nurses can address some of that because realistically you're not going to be able to address all of these problems in 20 minutes, but you can come back again,

and it does not cost you anything. So, if it had to be one thing that is a source of frustration that is it.

Lauren Gillott: So, you have been with them for a year now, how likely are you to continue for how long?

Dr. Cardina: The first 6 months after I retired I didn't do any medicine and it was better than full-time medicine, but part time is better than none. So, it's kind of like Goldilocks this is the just right. Too much too little and then I got what I like. But that does not apply to people who are still working.

CHRISTOPHER PECK, PA

Chris Peck, Physician Assistant, Interview 4.23.19, Phone
Time volunteering at the clinic 2 years

Lauren Gillott: how long have you been with the free clinic and how did you hear them?

Chris Peck: I think I've been with them for two or three years not terribly long. I've known of them for many years. I've known about the clinic for probably since its existence and really the big thing for me I've always been in favor of it, but I **didn't always feel like I had time to offer to volunteer** there until about two years ago when our last children were finishing College. As when your kids are off to college or a finishing College you have less time to stretch than you used to do because there's not the concerts and moving and the driving.

The other part of it is that my wife and I threw our church and with a couple other organizations we've done a couple of mission trips mostly to Central America. They have been mostly medical it'll be a mix of young people and some adults then also and that has always been also rewarding and certainly addressing a more General need for basic Medical Care in other countries, so we have seen that need but that is also a big effort to get people recruited for trips like that and plan. So, this is something I thought two years ago that I could get involved with this and **volunteer in a way that is local and address I need that is present in my own community**. And there certainly seems to be an ongoing need so I think it'll be running strong for some time because there will be some people who fall through the cracks between insurance or just other things that make Healthcare not supportable for them. I've been in the area for 30 years, moving to greater Ithaca area in the late 80's early 90's

Lauren Gillott: so, you have seen the clinics full history then

Chris Peck: yes, I have I've always been aware of it I've always had in the back of my mind or something that would be a good thing to do. But I've also been in general surgery practice for the last 30 years and most of what we do at the free clinic is primary care so that is a challenge for

me personally to morph into a primary care or when you take my shift and that's always a little unsettling because I feel like it is not my element and it's not my area clinically. But at the same time, I feel like I've got enough backup and resources and if I have a patient who is just too complicated, or I don't feel quite comfortable I know that I can bring them back on one of the other days when there's another provider who are more comfortable or are specialized in Primary Care. So that helps to have that mix of providers so that I feel like I have backup.

Lauren Gillott: so, you are working currently?

Chris Peck: so, I still work full time as a surgical a general surgical PA and the extent of my volunteering is one Thursday evening shift a month. And that's the extent at this point this is plenty for me I could see for doing more in the future but at this point life is still busy.

Lauren Gillott: what is your typical volunteer day like at Ithaca free clinic

Chris Peck: the first part of that response goes back to the fact that I'm working full-time so on Thursdays I try to have arrangements, so I can leave the office early so I don't get there too late but I'm usually rushing from the office to the clinic just, so I can get there a little bit before 4pm. Because they have a new EMR system which is better than the former one, but I've only used it twice and so I'm still getting familiar with it. What's the new system I can tell when the next patient is ready, and I can bring them back and if I know the waiting room is light and there's no significant backlogs and I tend to be someone who takes more time and know some more details I'll take 30 minutes with a patient where in other circumstances I would take 10. Again, just listening to whatever their history is with the problem and if I'm familiar with it I just run with it if I'm not familiar than I can Google or reference the manual or other resources I have on hand to figure out a plan. I think a lot of healthcare is people expressing symptoms that you as a clinician how to put together anatomically and physiologically, and sort of figure out okay this is why you're in this pain and here's how it fits with how your body works and here is what we can think about doing for it. And some of that is just talking and figuring out a plan and an approach to the problem rather than just a prescription. We do prescriptions, but I think the biggest side of that part of healthcare is listening to patients and a clinical contact and just figured out is this something that is going to get better on its own, is this something that requires a prescription if so what are the side effects how long do you take it. So that's a typical run down for each patient.

Occasionally there'll be some down time and I only get through for 5 patients and evening but most the time it's pretty steady just trying to keep an eye on how I'm doing so that I don't keep people waiting for too long. some people get there right at the store the shift but they end up waiting for an hour and a half because of the sign up system. However virtually every single patient, even if they have been waiting for an hour and a half or more, all express their appreciation. Even when I tell each patient alright I work in surgery I don't do this on a regular

basis, but we will do our best to figure it out, but **they all express their appreciation for coming to volunteer**. So **that is the reward**. So even when I'm pulling my hair out with the EMR or I have patience backed up and I just can't figure out one little order but at the end of the day those patients telling you how much they appreciate your work it's just it's really fulfilling it is my motivating factor.

Lauren Gillott: How long do you typically spend with a patient?

Chris Peck: Well for some it's a quick employment physical which is 5- 10 minutes. Sometimes over half an hour just depending on how busy the clinic is in the situation you're in.

Lauren Gillott: What motivates you to volunteer? what is the impact you feel your volunteer work has had on your community and the patient but also yourself as a professional?

Chris Peck: in terms of health care and I'll start at the nursing end of it and my wife is a nurse she also volunteers to the clinic so I can speak for her I think most nurses and I'll go as far as saying every nurse does what they do in nurse nursing and Healthcare because they care about people's well-being and they want to be a part of that. And therefore, that is a quick easy extension from what they do professionally to volunteer in a free clinic setting. As well as volunteering in other capacities including the trips we have helped to lead, or we currently teach a Sunday school class just different things that we volunteer for that capacity. But in this capacity volunteering in a clinic like this isn't easy extension from what we do for work and again I put nurses in that category because they are all there for that motivation I think most PA's or nurse practitioners Etc. but I'm not convinced of most visit physicians, who sometimes have other priorities, but some Physicians who are in Primary Care they're doing the work they do because it's challenging professionally and intellectually and everyone that works in healthcare pretty much has that reward of patients appreciating the work that you do. It is a highly esteemed area of work which is easily known. And translating that to volunteering, it just adds more fuel to that fire of a patient appreciating what you do now you don't get paid for it, but you have that reward. **Most Physicians most Healthcare professionals get paid a decent amount, so do I don't think anyone minds not getting paid to give back**. I think if you talk to most Healthcare people, they would be happy to work in a system where you don't have to think about the cost of the health care you provide which is what you find in the Free Clinic. In the US we have a very what I call messy healthcare system in this country, and that is probably not going to change a whole lot in the immediate future. But I mostly and there because I care about patients will Ben and when it comes to volunteer kind of thing I am happy to do it.

Lauren Gillott: Do you feel that your work at the clinic has provided you professionally any skills or experiences which would Aid you in your career specifically?

Chris Peck: As I said I work as a PA in general surgery the last 30 years but my first job out of school was in a primary care clinic which has helped me a lot. Because for me it is hard to go back to treating hypertension and diabetes and so on because it's not so I'm completely up-to-date on, but it is something that I try to keep up with and professionally I don't want to be just locked into what a general surgical PA does. **And that is something when people start out in their healthcare career in their specialty they have to decide for themselves if they want to maintain a good broad medical base in order to then volunteer abroad or volunteer in a medical clinic or just advise family members.**

So, to be honest I struggle to when I'm at the free clinic to feel like or I just keep asking myself the question if I am the best person to see this patient and if I'm qualified to see this patient even though I'm just a volunteer. So back to your idea of Recruitment and trying to look for people who are younger you would end up or the clinic would end up with people who have worked or have since I can't experience and primary care because when you have specialty experience it's hard to translate. Like one woman just comes to do women's health she only does Women's Health she doesn't see anyone else. Or Bill Larson when he is there he is only doing Diabetes Care. So, **there are some Specialists associated with the free clinic so some recruits you would want a background or some training in Primary Care.**

The tricky part about younger new recruits the community is **commitment for those that either have or are starting families or just establishing their professional careers or practices.** So, having them we're **asking them to carve out two or three hours a month because that's kind of all the commitment you need to volunteer but even that can be tricky.** You know I we have four kids and they're on college now but during the time of life it feels like you're running everywhere, and you don't have time to breathe so I can proceed of that kind of an issue for some people. One of the PA's who volunteers at the clinic Monica Welling she recently had a baby but she had been working at the hospital and I recruited her to come down to the clinic and one of the reasons that she is still working at the clinic and volunteering is all the reasons we talked about above but also because she is not currently working in professional practice because of her child or recently having her child.

Another PA I recruited or was trying to recruit she worked with the hospital service she now works and oncology but she is just had a second baby and she still working full-time and I kind of hesitate to ask her have you thought about trying to come back to the clinic again because life is just pretty crazy for her right now working full-time with two young kids. So, I would agree **I'd love to see people of all ages and all stages of life at the clinic as opposed to just people who are retired or older practitioner. but those are just the demographic** that have the time but strategy for recruitment is to try and reach those people who are busy but how do you reach them how do you get them to volunteer.

Ithaca area in general is fairly good and its level of volunteering that is just my impression, but I do see it in a lot of different ways. I mean I've been here for quite a while I think as a community it's pretty nicely oriented towards volunteerism. So that is a plus that is established in the community but within Healthcare Providers it might be not much of a leap to say well I can do once a month.

Lauren Gillott: Do you think there's anything the clinic could do to assist current provider to volunteering in recruiting other providers as you've referenced recruiting a couple already has anything the clinic could provide you or digital assist in this effort?

Chris Peck: Well that's a good question because when I think of who I can tap to recruit to the clinic I don't think of anyone in my office. It's a little sad to say that but I think that part of it is that most either people are at the younger end and have families and are busy in their professional lives or they've been doing general surgery for so long that they feel like me where they would hesitate to do Primary Care. **So when I think of people I think of people who work in the emergency department I think of people at the hospital or in the community and Primary Care specialties** and if I know them well enough and I know that they're not going to feel like I'm badgering them or anything then **I will say hey have you ever thought about doing this.**

So that is the other question where to put the recruitment efforts because I could put up a poster of flier in my office to give the hint to other providers but maybe nurse wise that would be potential, but primary care offices would be the primary source. But I know dr. Kilgore who was the driving force in the community for the free clinic I remember him trying to recruit people at the **Friday morning conferences where talks are given** just on General Medical knowledge or special research or approaches to the medical community that he was always very forward and approaching people just saying hey have you thought about volunteering at the free clinic he was very likeable he's very personable he could approach just about anyone. He talked to me about it was one of the motivations to find a time to do it.

Lauren Gillott: Do you think that restructuring volunteer schedule so that you would be paired with someone who was from a primary care background would make people who weren't from that background more comfortable with volunteering?

Chris Peck: **Yes, for sure for sure** in fact when I started down there I wasn't sure if I could do this I just went and **Shadow someone** who is there either and Dalton or another practitioner whose primary care focused for the first couple months just to get a feel for it. I was hoping and anticipating that there would be a time when we had plenty of providers and there would always be a second provider. Not always doubled up in the sense of shadowing but just working in the Next Room and that way when you have someone who is just a little unsure of something there is an excellent resource just next door. Just to have someone to run it by and have a second

opinion. So just **having more bodies even if only half the people or those with primary care background and half are from other Specialties who are a little uncomfortable that would be a huge help and incentive** to those two volunteers who otherwise would it be comfortable with the primary care sector.

Lauren Gillott: Do you think that making more official a shadowing or training program would make more people comfortable with volunteering at the free clinic?

Chris Peck: I think most people are either willing to give it a shot or they're not. She usually when I'm recruiting someone I say just come on down I have a good relationship with them I asked them to come to the clinic and talk to North or the coordinators and usually the clinics in session and some other providers are there and you can **spend some time shadowing. Usually that's how people start out.** But a person who has maybe worked in Orthopedics for 20 years but is still interested in doing this sort of thing they may again be reassured by the fact that they would be working with someone who had a background in primary care and there would be someone there at the same time as them to reference and you could move patients through more quickly you would have less of a wait time and I could be an incentive for many providers who again like me I want to do this but I'm not quite sure and I'm a little uncomfortable with the skillset giving my specialty. And then **yeah I would be more aggressive about asking people** who work in Orthopedics or Cardiology to say hey have you thought about this and oh yeah by the way you can spend time shadowing and we have enough providers that you will always have someone else in the clinic who has Primary Care background so you have that background and you have that assurance have a reference so you are not on your own you have you have backup.

Lauren Gillott: So, you think that might help incentivize providers?

Chris Peck: Yes, it would help even for someone like me who I look at myself as being responsible for treatment I think of it as my clinic and if I don't do anything to reach out to other providers and ask them to think about coming down to volunteer it's not going to happen on its own. So, I would be **more comfortable with a different volunteer schedule where providers were doubled up with a primary care specialist** if that were the situation I would be a lot more comfortable there right now we just don't have enough people.

Lauren Gillott: Switching more now to your experience with the clinic: how has your experience been volunteering, how appreciate it does the organization make you feel, how easy is it to get along with other staff

Chris Peck: I don't interact with other providers so much, so we will exchange greetings and I always meet all of the students volunteering and I know that everyone's there for the same reason I'm there even if we have different perspectives. And everyone from the front desk to the

coordinator to the director to Abby **all Express their appreciation** for may just be there whether it's a light evening or a heavy evening **it's always there every single time that you are appreciated, and they express that every time.** So that's nice.

Lauren Gillott: Overall how satisfied are you with your experience volunteering here? and what if anything would you change about the current way things are done at the clinic is there anything that the clinic could do differently to make it easier for you as provider to volunteer?

Chris Peck: There are some things that the **physical building** that I think could be addressed just in terms of like the paper towel dispenser still in the wall but doesn't work so every time you reach for it you have to remember oh yeah, I have to reach over here for rolling paper towels. So, it seems kind of third-world dish in the physical plant that maybe you could be better in ways but that would be different volunteers because it would be different people who know how to fix things. Sometimes with **supplies**, like we have gauze sometimes there's not and it might be we have gauze but there's no tape - things like that but I know a lot of times that free clinics are running by seat of their pants in terms of what's available and it's what's donated so I mentioned that but at the same time I know that they are working with what we have. Or for another example last time I was down there I had a patient who was either needing a new prescription or starting a new prescription for diabetes and in the sample supply cupboard sometimes there are diabetes **medications** which are so narrow in their application that there will be one patient in a hundred who will be on that medication which doesn't help me when terms of what I'm trying to do there but in other extreme there are relatively large stock bottles of medication but then I'm looking for when am I going to dispense that in and Luz, the coordinator, is trying to figure that out and running around looking for a bottle and label it. So, it's just some of those little things that could be better. But that also depends on do you have volunteers to do and what you get donated. There're just too many things like that that again I'd like it if a **paper towel dispenser that is on the wall works** I like it if **the otoscope on the wall had plastic coverings that fit** - the ones that were donated and they have thousands of them but are slightly different style and so they just don't fit. It's **just a little thing that add up.**

Lauren Gillott: do you think there is an ability of providers in the area who are not able to volunteer, but could donate funds or use their networks to donate supplies, and provide the funds or supplies to fix those things that are wrong at the clinic

Chris Peck: that is a question I had a thought about that. I have the general impression that most supplies are donated from other organizations so Regional or national. As opposed to the clinic thinking of what they need and asked you specifically for that. But I think there is potential for that to happen for a specific Supply to be donated from the hospital or from my office. The hospital is a huge organization locally and I don't know if that is something that they have been

approached about or if that would be something that would be possible. Even things just like empty pill bottles from the pharmacy if they have extra stock would be useful. Since I work in the operating room there have been times when there are people who are participating or doing medical trips and they will be asking for specific supplies or asking co-workers for things that they could reuse. So that has happened. But in terms of the local use of donated supplies that would seem to make a lot of sense.

Lauren Gillott: do you think there is a specific way to approach providers to ask if they cannot give their time if they could give supplies or funding?

Chris Peck: let's see you the ways that I would be reached would be announcements or information through email to the general medical staff, although I will tell you most of the stuff I see in my inbox for various things that are Hospital related but do not relate to me personally I spend very little time looking at those. There is a hospital newsletter that goes out but it's now in electronic form and they get less readership. If there is a paper copy I am more likely to pick it up and at least read one thing before I set it aside. But the electronic version you don't even look at.

Lauren Gillott: We've been thinking about sending out a paper letter to providers in the area do you think that would be a more useful resource than an email

Chris Peck: Obviously that would be a greater cost but not unmanageable necessarily and you wouldn't be doing that frequently it would be periodically that could be a good outreach to the community, looking for recruitment of personal time, money, supplies, or just ideas. People are just much more likely to look at a physical letter and they may decide right away no not for me, but others may consider it. The Friday morning conferences they have gone digital in the sense that if I cannot make it in on Friday morning I can watch it online, there hasn't been any advertising for the Ithaca free clinic or for things like this that I've seen but that could be a venue. Or again a letter type of thing that went to each provider in the community, as a one time or periodic thing.

The hospital is starting a Residency program is going to have Small Beginnings in terms of just getting one or two resonance and growing by one each year. and it's going to be a three-year or four-year internal medicine program. That depends on how heavily they are worked and if there is potential for volunteer experience as part of the curriculum, but I am on the committee for the residence program mainly regarding the residence education but also extended to other providers who have students. So, I know the doctor who's running in The Residency program fairly well And I could speak with them about the residency program and their relationship to the free clinic.

I am definitely willing to speak with them and just work with them.

Lauren Gillott: How long do you perceive on a train in the future?

Chris Peck: I don't see any reason in to stop monitoring unless I move. Foresee continue to do this at least to the point when I retire through my regular job and then at that point even maybe volunteering more time. And I hope again through efforts like yours and personal efforts to get other Butters to think about it, so we can get to that point where we have enough people to have buddy system are two providers every evening and then you have a good problem.

BILL LARSON, NP

Bill Larson, NP, Phone Interview 4.25.19

Lauren Gillott: the first question is what is your typical day at Ithaca free clinic like

Bill Larson: so, I primarily work with the chronic CARE program, so I see the same patients over and over rather than the other providers who work during the walk-in clinics. So, my visits are typically planned visits and I have a weekly schedule, so I'll see them every other month sore in three months, so it's scheduled so my experience is much more like being in a regular doctor's office visit schedule.

Lauren Gillott: Do you have a sustainable relationship with people or do you struggle to keep people in the program?

Bill Larson: Of course, we've lost some people, people have moved away, or they get insurance but most of the people stay in the program. A lot of the people that come in the clinic are very interested in seeing acupuncture or Chiropractic and we can make those things happen quickly. So, we have **pretty good retention in The Chronic CARE program of patients**

Lauren Gillott: How many people are in the program?

Bill Larson: I think about a hundred. Maybe active somewhere between 50-60.

Lauren Gillott: how long do you typically spend with a patient if they're all schedules

Bill Larson: I typically do **20 minutes appointment, but I do 40 minutes for intake so if it's their first appointment.**

Lauren Gillott: how often are you at the clinic

Bill Larson: I'm there **once a month**. As the only MD provider of the day.

Lauren Gillott: what do you feel the impact if your volunteer work is on the community and on yourself as a professional specifically skills that you phone at the clinic?

Bill Larson: I mean everyone who goes to the clinic has needs that are not met because they do not have the resources, for example they don't have insurance, or because insurance does not cover a lot of the services such as chiropractor or nutritionist or anything. So, you **really have a sense that what you're doing is really benefiting people and people are very happy to access some of these services.**

Lauren Gillott: And an impact on yourself, how long have you been volunteering with the clinic.

Bill Larson: I've been with the clinic since 2011 and I've been doing what I do now for the last five years with the chronic Care Program. **For new practitioners out there, I suggest volunteering because you see a lot of things which you don't normally see you in practice a lot of our patients been a lot of time Outdoors, so you get to see a lot of rashes and wounds which you don't normally see.** You do get to see some more, or I say this if there's a provider out there looking for why they should do this **it's an opportunity to use your clinical reasoning skills without a lot of extensive Diagnostics.** There are a lot of times where we do things where we wish we could just order CT of the abdomen, but you cannot because of lack of funding no one is there to pay for it. So, you **end up trying to solve problems using more traditional approach.** It is a **good challenge** for Physicians so used to having a ton of resources and Diagnostics available at their fingertips.

Lauren Gillott: do you think they gave me enough support to those who aren't in Primary Care/

Bill Larson: I have spoken with providers who do not feel comfortable volunteering because they are not in Primary Care. It's a little bit like being thrown to the wolves. **Because that whole point is that if you're not Primary Care and, in the clinic, you are seeing some of the most interesting and complex or complicated Primary Care patients. So, you have people like Tim Cardina, who has Decades of experience, and you should build something to have people like him with his experience to help providers who Primary Care is not their first field. It would be really useful providers to have that referral or have someone with experience to consult either in the phone or in person. I think that's something that should be made explicit so that someone who is not from a primary care specialty can at a**

moment's notice can call on someone who has the experience or has seen these cases so that he can better serve patients.

I think a lot of providers who are not primary care or Internal Medicine are put off from volunteering because it is not their specialty. Unfortunately, the best thing is leveraging them so that they are there more as a resource or a teaching resource would be a possibility as well as just a clinician. Because there are several providers who find it overwhelming to be in a primary care setting alone but with access to a teaching resource or a clinician with experience to refer to may be comfortable volunteering.

Having more partnerships like Dr. Caredina and Ann Dalton do could be made to work. But again, it should be a bit more formal and then people would feel more comfortable that if they see something that they're not sure about they can always just refer up the chain rather than feeling out of their depth.

Lauren Gillott: Do you have any insights to the clinics history or any barriers they may be facing in the community as its longest involved position that were interviewing?

Bill Larson: the clinic has a track record of not being the best organized place in the world. And in a lot of ways it doesn't feel like a doctor's office I mean for a long time we are working with paper charts and but now there are things that were starting to more resemble the social structures that some may see in a doctor's office. Each office has its culture but the free clinic that just feels foreign, and just silly things like nurses did not just really do the kind of intake that you would normally have in a doctor's office you expect the med list to be correct. And that stuff is getting better but that is still an issue. So, I think that is part of it. And I've seen that developed when I first started there it was a total mess. And now it is improving as the clinic director and coordinator have been moving the clinic more towards being modernized.

Lauren Gillott: The next: questions are about the experience of the free clinic how appreciated those the organization make you feel how easy it is to get along with other volunteers

Lauren Gillott: how easy is it to get along with other volunteers of staff

Bill Larson: I've never found that to be a problem there's a shared vision of providing Healthcare to people. And you're mostly on the same team with everyone.

Lauren Gillott: how appreciate it just the clinic make you feel

Bill Larson: this is again something that the board used to be a real mess, I don't know how to say this without coming off the wrong way, but I do not do it for the board or the organization and I am glad that they are improving and that they are appreciating us and I'm glad that they

appreciate us. But I'm not there for them I would not care if it was an organization run by assholes I'm not there for them. I don't feel validated by them for me is just not a big motivator.

Lauren Gillott: overall are you satisfied by your volunteer experience there and is there anything that the clinic could you differently to make your experience better or to potentially encourage other volunteers

Bill Larson: Like I said they're getting better, 4 or 5 years ago it was just not as well run; it was chaotic and there's a lot of back fighting and that is better. I think that's the biggest hurdles are recruiting providers and I know I've talked to Physicians who would want to give their time but a lot of it comes down to the fact that they are just so damn busy. I think it's good to have people who are at the end of their working careers, but I think it would be nice to have a 35-year-old primary care doctor or younger generation. But I think for a lot of people even a 4-Hour commitment is hard. And I don't have a good answer for that. But that is something that I've been told by other providers that that is an obstacle. I was told by one physician who had volunteered for a year or two and she had just said she just couldn't do it she had work and life and home and it was just too much.

Lauren Gillott: How do you think we could possibly approach providers to donate either in money or supplies how do you think the best way to go about approaching providers in that way? Just to encourage providers to be involved with the clinic in some way

Bill Larson: I think one approach, well I'm not sure how you would make the first Contact that is the top point because providers are often just so busy. But I think what you want to use a typical marketing approach and ask for the world and when they go oh I don't think I can do that so well how about just a few hours. So, I guess if you kind of format as a menu, so you could be here every week every Monday from 2 to 6. And when they say that's too much then you give them another option doing any supplies or giving funds. So, I would think about how to display it in kind of a menu format so there's something that everyone can do and something everyone can give so I think if you just get people involved then you get some cycling around there in the loop as a contributor for the clinic in some way.

Lauren Gillott: the last question we have is How likely are you to continue volunteering in the future

Bill Larson: I mean I have no intention of stopping I don't know how much longer I have no plans to not be there. I think the biggest issue is just getting the younger generation into volunteering at the clinic when they're just so busy. I have contacts at Binghamton University and I would be willing to work out a program to have students come to work at the clinic

because I actually try and play students an interesting critical environment and I would be willing to head a program like that and you should pass it on to Norb.

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