INTEGRATING SOCIAL HEALTH SERVICES INTO A STUDENT-RUN FREE CLINIC

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INTRODUCTION

The Jackson Free Clinic (JFC) is a student-owned and student-run free clinic operated by students from the University of Mississippi Medical Center (UMMC) health professional schools. The clinic's mission is to provide high-quality health services to underserved and uninsured Mississippians with an emphasis on equity, accessibility, and compassion. By nature of being uninsured, many of the JFC's patients face a variety of additional social determinants and barriers to health care access. However, throughout almost two decades of delivering free care to thousands of patients, the clinic had never had an official process to properly address patients' social determinants of health.

Social determinants of health are now widely understood to be significant contributors to patient health outcomes, and they are often tied to a patient's financial status. A patient's housing status, employment, transportation access, ability to afford food, and more not only create barriers to care but also create stress that can affect patients biologically.[1] In a state like Mississippi, where our poverty rates are the highest in the country, it is especially important to address these.[2] It was estimated in 2020 that there were at least two thousand unhoused people in the city of Jackson, alone.[3] These numbers, along with other social disadvantages, were only augmented during the COVID-19 pandemic.[4]

For the JFC to truly serve the underserved populations in our state, it is essential for the clinic to address social determinants in our delivery of care. In 2021, the JFC piloted a student-led and student-staffed Social Health Clinic (SHC) that successfully connected patients to community resources to help alleviate certain barriers to their health and wellness. This Clinic was integrated into a typical patient visit at the JFC. Most importantly, the findings were incorporated into the medical plans made for our patients in an effort to alleviate some of the burdens they face in seeking care and living healthy lives.

AIM

This poster describes the creation of the Social Health Clinic at JFC, which is intended to better provide comprehensive care that addresses patients' social determinants of health. The goal of this research is to demonstrate a reproducible model for student-run free clinics and small community clinics to implement social health services into their operating models.

The data and outcomes will be used to justify expansion of social health services at JFC and improve the quality of these services by better understanding the needs of our patient population. Ultimately, this poster aims to contribute to ongoing efforts to address disparities in healthcare access and ensure that we are providing holistic, empathetic, and accessible care options to our patients.

METHODS

- First, a screening process was established to evaluate patients on their level of need for the following areas: **government programs, general health and hygiene, sexual health, medication access, housing insecurity, financial resources strain, food insecurity, transportation insecurity, unemployment, substance dependence, and intimate partner violence.** Standardized screening tools along with models used by local clinics were taken into account when creating this questionnaire. A pre-screening tool was created for patients to opt-in to speaking to a Social Health volunteer about their needs.
- Next, a thorough review of community resources was conducted to create comprehensive resource sheets to address the key social determinants of health for which JFC patients would be screened. Community groups were contacted and partnerships were created to establish official and unofficial referral processes from the clinic.
- A training was created to educate interdisciplinary health professional volunteers on how to screen patients and connect them to our community partner resources. These training presentations were given to live classrooms along with recorded for distribution before volunteer days.
- As partnerships were made, donated hygiene and food products were collected to have an on-site supply of emergency items for patients to take with them after their Social Health visit. A partnership with Sostento and Uber Health was established to provide patients with free transportation to and from their medical appointments.
- A faculty advisor was appointed to guide students in learning and reflection after their social health volunteering experiences.
- Follow-up calls were implemented to assess whether patients had adequately accessed the resources they had discussed with the Social Health volunteer.
- The data collected from the first year of the program was analyzed to determine which patient needs were the greatest among the JFC patient population and used to inform the future directions of the Social Health Clinic.

RESULTS

The program ran successfully in its first year, from July 2021 - July 2022, where the JFC conducted 263 Social Health visits. Volunteers from all UMMC schools were trained and participated, with around four students staffing each Saturday at the clinic.

The areas in which patients expressed the most needs included **medical needs like visiting the doctor and getting prescriptions, basics like rent, utilities, and heating, and food.** Figures 1 and 2 show the distribution of responses to these screening questions. In Figure 2, patients who indicated anywhere between "somewhat hard" and "very hard" were directed to community resources to address their problem.

The follow-up calls were implemented in December 2021, and 114 out of 170 patients were reached by volunteers, who ensured that they were getting access to all of the resources discussed. The Uber Health program was also implemented in 2021, and the percentage of patients expressing a lack of transportation affecting their ability to get care declined from 62.8% to 37.2%.

FIGURE 1: FOOD INSECURITY OF PATIENTS AT JFC

Within the past 12 months, have you worried that your food would run out before you got money to bu more, or the food you bought just didn't last and you didn't have money to get more?

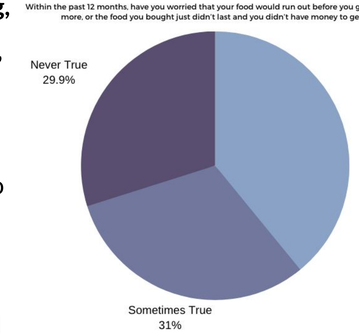
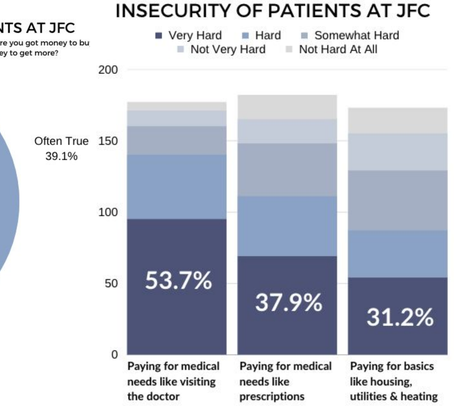


FIGURE 2: HEALTH AND FINANCIAL INSECURITY OF PATIENTS AT JFC



CONCLUSION

The JFC's SHC protocol allows us to provide comprehensive patient care that addresses social determinants of health. By identifying and addressing patient needs, JFC volunteers decrease barriers to health and wellness within our patient population. In describing the development and implementation of the SHC, we provide an example of how social health services can be integrated and make a difference in any similarly run clinic.

The data gathered indicates that a large percentage of patients at JFC cannot afford items essential for daily living and guides the future direction of resource connections through the JFC. We will use this data to continue incorporating the SHC protocol into our electronic health records, inform our resource expansion and community partnerships, and train the next generation of healthcare workers to have a more empathetic and holistic understanding of our patients.

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