

INNER-CITY CLINICS ENABLE A MINISTRY TO CONTINUE

*A Minnesota Congregation Expands
Its Acute Care Ministry in Order to Serve the Poor*

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In 1991 women religious from the St. Paul Province of the Sisters of St. Joseph of Carondelet met in a brainstorming session to discuss how the institute could ensure that the poor and the underserved in the Minneapolis-St. Paul area have access to affordable healthcare. As a result, the province formed Carondelet LifeCare Ministries (CLM) to pursue its goal of adapting its resources to meet the changing healthcare needs of this at-risk population.

The sisters concluded that CLM could best serve this group by going directly to them, opening health clinics in neighborhoods throughout the metropolitan area.

ANSWERING A NEED

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Summary In 1991 the St. Paul Province of the Sisters of St. Joseph of Carondelet formed Carondelet LifeCare Ministries (CLM) to ensure that the poor and underserved in the Minneapolis-St. Paul area have access to affordable healthcare. The sisters decided that they could best serve this population by going directly to them, opening health clinics in neighborhoods throughout the metropolitan area.

The first of CLM's St. Mary's Health Clinics began operations in January 1992. Since then, 10 clinics have opened to persons in poor and medically underserved neighborhoods, and CLM plans to establish a network of 15 to 20 health clinics within the next year.

The clinics, which are staffed primarily by volun-

teers, offer primary, basic, intervention care. Patients are referred, when necessary, to specialty and subspecialty physicians. Clinics are initially open for one-half day per week, and hours are expanded as need dictates.

The clinics served 2,689 patients in 1993, two-thirds of whom were women and children. Patient ethnic mix is representative of the demographics of the metropolitan area.

Clinic volunteers work a minimum of four hours a month. A core paid staff—consisting of a director of nursing, a staff nurse, and a clinic coordinator—recruit volunteers and oversee daily operations. St. Mary's Health Clinics provide a variety of educational programs to prepare volunteers for their work.

Discussions with existing healthcare providers; elected city, county, and state officials; church groups; and community agencies and organizations have been essential in selecting underserved locations and in monitoring the appropriateness of existing clinic sites. After a neighborhood has invited CLM to establish a clinic, the demographics are researched to ensure that the area is both medically underserved and economically depressed.

The clinics occupy donated space in existing community facilities, none of which are medical facilities. Most of the clinics' equipment is donated by hospitals, physicians, and businesses in the Twin Cities. CLM collaborates with local healthcare providers—hospitals, pharmacies, and specialty care centers—for patient services. Each clinic's primary service area is within a one-mile radius of the clinic site.

St. Mary's Health Clinics offer primary, basic, intervention care in low-income neighborhoods, where the patients have easy access and operating

hours are convenient for the elderly, children, and working parents. Patients are referred, when necessary, to specialty and subspecialty physicians who have agreed to see them in their offices without charge. Initially each clinic site is open one-half day each week. Clinic hours are expanded or additional days added as need dictates.

The free clinics treat anyone who does not have health insurance or the resources to pay for care. Contributed services of volunteers, corporate and individual gifts and grants, and funds supplied by the Sisters of St. Joseph, St. Paul Province, support clinic operations.

In 1993 the clinics served 2,689 patients.

Although the majority of patients make appointments, walk-ins are welcome. Approximately nine patients are examined each afternoon, which results in an average per-patient visit of one-half hour. These visits enable care givers not only to provide care but to instruct patients about the importance of establishing proper eating habits, taking medications, and observing other preventive health measures.

The importance of the clinic visit and educational contact for our patients cannot be overemphasized. The majority have diseases such as upper-respiratory tract or ear infections, hypertension, diabetes, obesity, skin conditions, and other problems that, if not treated early, can result in premature morbidity or even death. Staff at St. Mary's Health Clinics recognize that health is more than the absence of illness—that it depends on where we live, when and what we eat, how we relate to the world around us, and how it responds to us. The time our care givers spend with patients underscores a commitment to their health and a respect for them.

Despite their common need for health education and respect, clinic patients are a diverse group. Ranging in age from 5 weeks to 75 years, the patients include low-income hourly workers without health benefits, the unemployed, homeless women and children not qualified for medical assistance, the elderly on limited income without a Medicare supplement, and those who "fall through the cracks" of our present healthcare system. In 1993 two-thirds of clinic patients were women and children. Patient diversity reflected community demographics, with 58 percent of those served being white, 28 percent African American, 9 percent Hispanic, 3 percent Asian, and 2 percent Native American.

VOLUNTEERS

Patient care at St. Mary's Health Clinics is provided by volunteers, who work at least 4 hours per month. Typical staffing per clinic is one physi-

cian, one or two nurses, and one or two admission personnel. Doctors and nurses are required to maintain their professional licenses, although CLM provides their professional liability insurance when necessary (e.g., for retirees).

A core paid staff, consisting of a director of nursing, a staff nurse, and a clinic coordinator, recruit and orient volunteers as well as oversee the day-to-day operations of each clinic. A volunteer medical director, along with the director of nursing, monitors the quality and continuity of patient care. More than 150 volunteers are involved in the clinical program.

To prepare the volunteers, St. Mary's Health Clinics provide educational programs that address the differences in culture in minority groups and

Continued on page 57



A Commitment to Community

COLLABORATIVE OUTREACH OFFERS PREVENTIVE HEALTHCARE

This past October more than 13,000 Cincinnati-area residents received flu vaccinations at a reduced rate through the Catholic Health Collaborative's "Winterizing Your Body" program. The Catholic Health Collaborative, a group of six Cincinnati-area Catholic hospitals, was formed to address the community's healthcare needs.

"Winterizing Your Body," developed by the group's Community Health Education Committee, was sponsored by the six participating hospitals, the *Cincinnati Enquirer*, and WLW-TV5. To prepare area residents for winter, during one week in October the hospitals provided flu vaccinations for \$5 each; blood pressure screenings at no charge; and information on winter fitness, nutrition, depression, and infection control.

None of the hospitals anticipated the overwhelming response "Winterizing Your Body" would receive. Some persons waited in line for up to three hours to receive a flu vaccination at Mercy Hospital of Fairfield. Providence Hospital's 2,000 flu vaccinations were depleted by noon on the day of its health fair. Other Catholic Health Collaborative members had similar experiences.

The following hospitals are members of the collaborative:

- From the Franciscan Health System of Cincinnati, Inc.: Providence Hospital, and St. Francis-St. George Hospital
- From the Mercy Health System: Clermont Mercy (Batavia, OH), Mercy Hospital Anderson, and Mercy Hospital of Hamilton and Fairfield
- From the Sisters of Charity Health Care Systems, Inc.: Good Samaritan Hospital

The Catholic Health Collaborative was created as a result of meetings during the past several years among chief executive officers (CEOs) of the six hospitals and three healthcare systems. The CEOs asked their employees to suggest areas for the hospitals to focus their collective efforts. The CEOs prioritized the ideas and established three committees, each with a different focus: the Community Health Education Committee, the Senior Services Committee, and the Mission (Ethics) Committee.

CLINICS

Continued from page 37

"refresh" memories about medical problems related especially to poverty. Orientation programs center on the organization's mission—"to witness to the healing ministry of Christ by providing needed health service accessible to the poor and medically underserved in their neighborhoods."

Educational programs emphasize the importance of respecting the dignity of each person treated. They include material that helps volunteers become sensitive to the cultures of the diverse patient population and understand the daily hardships many patients bear (e.g., lack of telephone, transportation, or nutritious food). In addition, a clinical program keeps volunteers up-to-date on specific medical treatments.

Many of the medical educational programs are a joint project with the Hennepin County Medical Society, which was instrumental in getting senior physicians involved with the St. Mary's Health Clinics. The programs are accredited by the American Academy of Family Practice and the American Medical Association.

BENEFITS FOR VOLUNTEERS

Apart from the benefits enjoyed by the patients—for many their only access to healthcare services was through a hospital emergency room—the clinic volunteers themselves benefit. They have learned to communicate across cultural lines; they have broadened their understanding of the relationship between poverty and health; and they have experienced serving Christ in a personal and meaningful way. Clinic evaluations reveal that volunteers are grateful for the opportunity. As a result of their willingness to serve and the ongoing support of business and community leaders, CLM will continue to create additional clinic sites to meet the needs of the medically underserved in the Minneapolis–St. Paul metropolitan area. And, if healthcare reform solves this problem, the Sisters of St. Joseph, St. Paul Province, will quietly withdraw and find other unmet needs to challenge them. . . . "The poor we have always with us. . . ." □

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