WFCC Q2 2021 NEWSLETTER

A DISPATCH OF THE WORCESTER FREE CARE COLLABORATIVE

accessible healthcare for central Massachusetts

wfcc

MEMBER PROGRAMS

Epworth (Mon 6-8pm)
64 Salisbury St, Worcester

St. Anne's (Tues 6-8pm)
130 Boston Trnpk, Shrewsbury

Greenwood (Wed 6-8pm)
215 E. Mountain St, Worcester

Free Health Stop (Wed 6-8pm)
152 Main St, Shrewsbury

Akwaaba (Thurs 6-8pm)
67 Vernon St, Worcester

Worcester Islamic Center
Social Services (Thurs 6-8pm)
248 E. Mountain St, Worcester

St. Peter's (Thurs 6-8pm)
929 Main St, Worcester

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Zubin Nawab

The Worcester Free Care Collaborative is a group of free medical programs that provide health care services to uninsured or underinsured patients in the greater Worcester area. All programs welcome anyone in need of services, regardless of age, race, gender identity, sexual orientation, or citizenship.

Letter from the Editor

The foundation of free medical programs is the volunteers who steadfastly donate their time and energy in service of our community. Without their contributions, the substantial impact of free medical programs would not be possible.

During the pandemic, the entire healthcare system has been on unsteady ground. A number of initiatives have been in place since then to ensure that patients are continued to be cared for, including telehealth services , modified check-in procedures, and appointment based visits. In this issue, we interview Dr. James Ledwith, the medical director of Epworth, about how he guided the program's efforts to remain open to in-person visits and the challenges the program faced during the pandemic to maintain their ability to see walk-in patients.

Yet we also recognize that there is opportunity for more volunteers to help ensure that our commitment to the community can be sustained through the future. A common refrain amongst free medical programs throughout the country is the need for "dollars and doctors" as well as nurses, case managers, interpreters, and a multitude of other volunteers.

How do we ensure that the free medical programs are sustainable through the future? There are two important steps: (1) ensure that we have enough clinical and administrative volunteers, and (2) get the support of community institutions like local businesses and healthcare organizations. This may involve direct funding through grants, covering the malpractice insurance of providers who choose to volunteer outside of their practice, or by subsidizing essential services that patients require such as labs, imaging or specialist visits.

If you are interested in volunteering or supporting the mission of the Worcester Free Care Collaborative, please visit www.worcesterfreecare.org/volunteer for more information or email worcesterfreeclinics@gmail.com.

In a previous issue, we discussed *How Stories in Medicine Connect Us*. Elizabeth Dunn, a researcher who studies happiness and charity, explains that cultivating a connection with the community is one of the most effective ways to make a strong, positive impact. Volunteering at the free medical programs offers a tremendous opportunity to serve the community and "appreciate our shared humanity."

Thank you for supporting this critical mission,

Sahil

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Co-President, WFCC

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MINA BOTROS
Co-President, WFCC

Insider Perspective on Keeping Free Medical Programs Open during the COVID-19 Pandemic

An Interview with James Ledwith, MD
Medical Director, Epworth

How has Epworth managed the COVID risk?

The Epworth program had a stop in person services in March 2020 as the COVID-19 pandemic spread across the United States. Our team and others across WF CC jumped to organize a telehealth program that was highly successful in keeping patients connected with care.

As our first wave of infections quieted in the summer, we began preparations to follow state guidelines for reopening and did so in August. We are forced to reduce the number of people physically seen in the clinic and we also had to reduce the number of volunteers working at any one time. We set up outdoor interview stations to maximize efficiency while limiting indoor visitors. Every patient was screened for fever and for COVID symptoms before beginning a medical evaluation. Patients were asked to wait in their vehicles until we were ready to bring them inside.

These precautions and consistent use of personal protective equipment (PPE) kept are team safe from exposures from patients as well as from one another.

What changes in operations did the program make to ensure the safety of both the patients and volunteers?

Prior to the pandemic we would have had 12 or more volunteers in the church hall facilitating our work. That was reduced to about 6 people including a physician and we tried to hold the total presence within the building at 10 individuals. We also kept team members spread out and set up Plexiglas Shields between interviewers and patients during longer interviews. Every volunteer was expected to wear masks and eye protection. Surface decontamination was performed after every patient contact. The lengthy patient interviews were conducted in the outdoor interview tents to assure ventilation. A lengthy safety protocol was developed and reviewed every 3 months. Medical school administration reviewed the protocols to assure safety of students and patients.

What differences, if any, did you notice in patient care during the COVID pandemic?

This is an interesting question. I would like to look at data for the past 9 months to see if the types of visits have changed in relative frequency. Just as in my primary practice, patients with chronic illness like diabetes seem to be coming in less frequently as they try to protect themselves from exposures to COVID.

What did not change—people still needed to come in for health screening examinations in order to work in healthcare positions like patient care assistant (PCA) and certified nursing assistant (CNA). The Massachusetts Department of Public Health requires a screening of these individuals, which is not paid for or performed by their employers. It is an enormous strain on both the individuals and free medical programs. Especially during COVID, these requirements limit the number of people entering the field.

Was there a shortage of clinical or administrative volunteers during COVID or now with increasing patient volume?

We lost a number of good reliable physician volunteers for several reasons during the pandemic. For some, the strenuous demands of their job meant that they needed to focus there. Home demands kept some away. Others were concerned about bringing an infection back home to vulnerable family members. This is less of a concern now that vaccination is available to all of us.

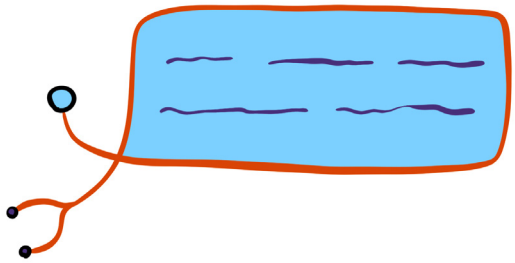
Right now is a great time to volunteer in the clinics because volume is being kept down and the environment is a little less hectic than it may have been 2 years ago. I am grateful for every individual who volunteers for even one evening let alone a commitment to come on a regular basis every month or two. It is satisfying to meet real patient needs and invigorating to work with energized and inquisitive students.

Continued on page 4

Volunteer Highlights

Nichole and Robert Ramirez, Medical Interpreters

When we seek out medical care, we don't have to worry about being heard. However, the elephant in the room for many patients is cultural and linguistic inaccessibility, especially when they do not have a strong command of English. At St. Anne's and St. Peter's, our interpreter team works with patients and providers to meet the cultural and linguistic needs of patients to support and facilitate their interactions with the provider. This enables them to focus on what really matters: patients' health and quality of life. As interpreters we not only speak the various languages through which we work, but we also balance and empathize with the cultural diaspora brought forth by each patient's experiences. It is important to distinguish between translation and interpretation. Interpretation is all about seeking to communicate to the patient and understand their needs through cultural context, body language, tone of voice, and facial expressions. We can read beyond the words, whereas translation is hampered by its reliance on literal meaning.



A fundamental understanding of linguistic and cultural needs is something which many of us take for granted, but our role as interpreters is to actively provide that same level of communication to all patients. Many of our interpreters have firsthand experience as immigrants, people of color, or English language learners, which enables us to better connect with and gain the trust of our patients. Through interpreters, patients feel that their providers understand their concerns and are more willing to comply with their recommendations, which ultimately leads to better medical outcomes.

With the guidance of Monica Lowell, Vice President for Community Health Transformation, UMassMemorial Health is generously providing telephone interpreter services to supplement our in-person interpreters in caring for a diverse population.

Insider Perspective (continued from page 3)

An Interview with James Ledwith, MD

What considerations surprised you the most?

Health professionals take their Internet access for granted and I must admit surprise by the difficulty some people had accessing video telehealth visits. The same individuals have limited access to transportation for medical visits. Equitable access to the internet and virtual visits could transform their health care. I was concerned that our volunteers would be frustrated by having to be kept distanced and therefore have fewer opportunities to interact with numerous patients. I am pleasantly surprised that enthusiasm for the program seems to be as high or higher than ever. Equitable access to primary care for everyone really is essential. I love working with such an appreciative group of patients, but I am frustrated that their access to care with us only once a week remains insufficient. I am surprised that the need for huge vaccine centers and the overuse of the emergency departments for minor illnesses is not making it abundantly clear to healthcare executives and policy makers that universal primary care access is essential.

What was the impetus in your decision to continue allowing walk-in patients while many locations became appointment-only?

We decided to operate on an appointment system when we reopened in August 2020, but we also realized that some people would not be able to keep those appointments and we could handle brief walk-in inquiries after the individuals were carefully screened. The majority of patients have appointments allowing us to be better prepared for them, but within our capacity, we try to understand extenuating patient circumstances and accept walk-ins.

Featurette: Building Nutritional Interventions

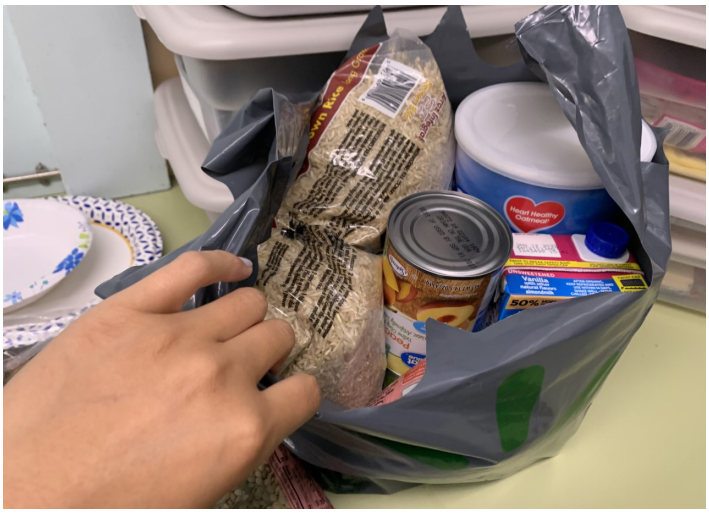
By Lily Cordner, Christina Tsillias, Brenton Faber

Massachusetts has seen a 102% increase in food insecurity due to the COVID-19 pandemic, according to ProjectBread.org. Although the number of COVID-19 hospitalizations across Worcester, MA is decreasing, the social and economic effects of the past year are still felt by hundreds of families. The pandemic has also highlighted significant healthcare disparities in access and equality. To help mitigate some of the food insecurity faced by patients who use Worcester's Free Medical Services, a team of students from Worcester Polytechnic Institute (WPI) teamed up with students from the University of Massachusetts Medical School at the local Epworth Free Medical Service.

WPI undergraduates Lily Cordner (Biomedical Engineering, WPI 2022) and Christina Tsillas (Biochemistry and Psychological Sciences, WPI 2023) are both pursuing minors in Global Public Health. Guided by Professor Brenton Faber, PhD, they worked to implement a pilot nutritional program that encompasses a new approach to managing chronic diet-related diseases. The "food is medicine" effort uses medically tailored meals, groceries, and nutritional advice to assist patients in managing a chronic disease.

Food is not only essential for survival, but proper nutrition is necessary for individuals to thrive. Food insecurity, or the lack of a reliable food source, can take a major toll on a person's psychological health. Not only does this greatly increase the risks of anxiety and depression, but poor psychological health is also a risk factor for chronic physiological disease. When stress due to food insecurity is combined with the anxiety and depression associated with the COVID-19 pandemic, a person's mental health and the quality of living can drastically decrease. Patients who are also dealing with chronic disease experience amplified stress.

Working with students and WPI Professor—and Epworth volunteer—Brenton Faber's lab, the team created an initial proposal by investigating the demographics of people who use the Epworth Free Medical Service. A team of three WPI students, who have been working on analyzing the specific demographics of Epworth's patients, found that 63% of Epworth's patients do not have health insurance and that a majority of patients live in neighborhoods associated with lower incomes and food insecurity. Hypertension, infectious diseases, and diabetes are the most prevalent conditions seen at the program with 32% of patients diagnosed with hypertension as a primary diagnosis. Among those patients diagnosed with hypertension, 65% do not have health insurance, 23% have Stage 2 hypertension, and 23% also have diabetes. Among patients with diabetes, 95% are uninsured. These data suggested that a select group of patients could benefit from a program providing nutritional support and education.



Cordner and Tsillas used this information to personalize their pilot nutritional intervention directly to the needs of the Epworth's patients. They developed a program that specifically targets patients with diabetes and hypertension through a low-sugar and low-sodium diet. Early nutritional interventions are a promising way to address common disease processes, as they often tackle health problems at the root of the source. The long-term effects of this preventative intervention will likely result in better patient health, reduced overall healthcare costs, and fewer adverse health effects.

The project is designed to help patients better understand diets and food types that can complement diabetes and hypertension, while guiding them towards choosing the best foods possible, minding budget

Featurette: Building Nutritional Interventions (continued)

restrictions. Cordner and Tsillas consulted with Shavaun Cloran, a registered dietician at WPI, and Jim Ledwith, MD, Epworth's Medical Director. With their assistance, as well as input from UMass Medical students focusing on nutrition, Cordner and Tsillas were able to identify ten food items to include in each food pack. Items such as low-sodium chicken, lentils, and brown rice, are optimal for patients with hypertension/diabetes and were recommended by Cloran.

People often find it difficult to go food shopping once their diet has changed, especially if they are used to sugary and sweet foods. The bags of ten food items were designed to be a "starter pack" for patients, showing best examples of types of food groups and nutritional options. Over the past six weeks, seven food packs have been given out to patients, all were extremely appreciative and grateful.

To further assist patients in a longer-term context, Cordner and Tsillas also created a pamphlet, separating types of foods into a "red", "yellow", or "green" section, showing what foods to avoid, limit, and eat frequently, respectively. The pamphlet also includes tips on how to read a nutrition label, and a map indicating the locations of surrounding food banks, as a long-term solution for reliable access to food.

The team is in the process of seeking sustainable long-term funding for the project. Future project goals include expanding outreach by potentially providing food packs to other clinics in the WFCC. Cordner and Tsillas are also looking for ways to integrate the project into a service group at WPI or other local community projects to ensure the project's sustainability. Since the Epworth Free Medical Service actively helps patients register for MassHealth, a future expansion of this project will hopefully include helping patients register for the Supplemental Nutrition Assistance Program (SNAP). This will assist them in purchasing recommended foods, making nutrition more accessible for them and their families.

Cordner and Tsillas' combined passions for bettering the health of community members, and medicine in general, has led to this exciting research and implementation of this pilot project. It is their hope that the continued distribution of these food packs will reach more families and help promote healthier eating. Providing nutritional intervention for uninsured or underinsured patients could be the beginning of a long-term solution maintaining overall health.

Special Acknowledgements

We thank Kellie Bushe, Justin Polcari, and Natalia Wierzbicki (WPI) for their hard work in analyzing patient demographics and discerning highly preventative diseases in the Epworth's patient pool.

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We thank Gabrielle Carroll and Christine Callahan (University of Massachusetts Medical School) for access to a library of affordable and healthy meal recipes.

Dossier

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