

LA CLÍNICA DEL PUEBLO



An Immigrant Community Health Center: Of the People, For the People

A Case Study

Researched & drafted by: Marcia Bernbaum, PhD

CONTENTS

	Page
<i>A brief overview of La Clínica del Pueblo</i>	1
<i>Case study objectives and methodology</i>	2
<i>La Clínica’s birth and evolution</i>	4
<i>1983-1988: La Clínica del Pueblo is born</i>	4
<i>1988-1995: Dr. Juan Romagoza assumes leadership of La Clínica del Pueblo</i>	4
<i>1995-2003: La Clínica becomes an independent entity</i>	5
<i>2003-2007: La Clínica moves to a new home and continues to mature</i>	7
<i>La Clínica as of December, 2007</i>	8
<i>The impacts of La Clínica del Pueblo on its patients, its staff and volunteers, and the Washington, D.C. Latino Community</i>	8
<i>Impacts on patients</i>	8
<i>Impacts on staff and volunteers</i>	9
<i>Impacts on the Latino community living in the Washington area</i>	10
<i>La Clínica’s strengths and its challenges</i>	11
<i>La Clínica’s strengths</i>	11
<i>Challenges faced by La Clínica</i>	13
<i>La Clínica’s “Essence”</i>	15
<i>Identifying La Clínica’s essence</i>	15
<i>Opportunities and challenges to La Clínica’s essence with the transition to FQHC</i>	17
<i>Lessons learned for La Clínica and for other health clinics that serve similar populations</i>	18
<i>In closing</i>	21

A Brief Overview of La Clínica del Pueblo



La Clínica Health Fair

The 1980s will go down in history as a decade when the superpowers waged a Cold War that had far-reaching consequences throughout the world – on relationships between countries, on world economies affected by the political fallout from this war. In Central America, and in particular in El Salvador, Guatemala and Nicaragua, the Cold War manifested itself in internal conflicts, supported by the superpowers. These conflicts left hundreds of thousands of the citizens of these countries dead, thousands traumatized through the torture that they either

experienced directly or observed being inflicted on others, and millions fleeing their countries in search of a safe haven where they could live in peace. Many of the latter fled to the United States, a large number arriving undocumented and facing an uncertain future.

La Clínica del Pueblo was founded in 1983 in the Columbia Heights section of Northwest Washington, D.C. by Salvadoran and U.S. activists as a direct response to the health care and related needs of these refugees. With minimal, and in some cases no, formal education, many of these refugees had never been to a health clinic, much less seen a doctor. More likely, when ill, they would have visited their local “curandero”, or faith healer. Many, in addition to physical ills, were dealing with the psychological impacts of the traumas they had experienced in their countries or while coming to the U.S.

La Clínica began as a one-room, free clinic operating one night per week in collaboration with others who developed and offered services to this refugee population. The space was located on the third floor of a former Presbyterian church on Irving St. near the corner of 15th St. in Northwest Washington, D.C. The steps to climb up to La Clínica were many, the room was drafty, cold in the winter, and hot in the summer. By 1995, La Clínica had expanded to several rooms on the third floor of the former church/school building and incorporated as a separate non-profit 501(c) (3) entity.

Over the years La Clínica’s services have evolved to address the changing complexion and health needs of its patient and client population. Still primarily immigrants from Latin America (although now from a wide variety of countries in Central and South America), La Clínica’s patient population also includes the U.S.-born sons and daughters (and in some cases the grandsons and granddaughters) of immigrants who first came to Washington in the early 1980s. An important focus of La Clínica’s medical program is on treating HIV-AIDS, obesity, tuberculosis, and chronic disease (including diabetes, cardiovascular disease and hypertension) all of which are now manifested disproportionately in Washington, D.C.’s Latino population. Key to the clinic’s success is delivering these and other services in Spanish, the predominant language of its patient and client population, in a way that is sensitive to their cultural backgrounds and beliefs.

To serve its client population, La Clínica has 85 culturally competent staff members who speak Spanish (three quarters of whom are from Central and South America with characteristics similar to its patients) and over 100 volunteers (most from the surrounding Latino community and several of them La Clínica patients). La Clínica operates six days a week and offers expanded services and innovative programming in primary care (with a focus on family medicine and including alternative medicine), mental health, HIV/AIDS prevention, social services, interpretation services, community health outreach and education, and advocacy. In 2007, La Clínica provided more than 55,000 services to over 7,500 individuals.

Access to quality health care as both a human right and responsibility remains an important underpinning of La Clínica's philosophy and its approach to service delivery. Patients are encouraged to take responsibility for their own health. They are also encouraged to advocate for their rights and those of other Latino residents living in the Washington area. In its early years La Clínica's voice was an important force in pushing for reform to the U.S. government's military policy in Central America. With the end of civil strife in Central America in the early to mid 1990s, La Clínica has increasingly focused on advocating for equitable access to quality health care for Latinos living in the Washington area regardless of whether they are U.S. citizens or residents.

Case study objectives and methodology



Patient Care Coordinators in their Office

This document is a summary of an in-depth case study conducted of La Clínica del Pueblo between June and December of 2007. The author and researcher, Marcia Bernbaum¹, approached La Clínica del Pueblo in May of 2007 with an offer to conduct an in-depth case study as a volunteer.

The case study was designed to focus on the following objectives. These objectives were identified as a result of intensive early discussions with key case study

audiences:

¹ Dr. Bernbaum was born and raised in Latin America and has spent the greater part of her 30 year career working in development in Central America. She has, in recent years, led many teams that have evaluated education and civil society programs in Latin America and Africa. She has also provided technical assistance in the area of strategic planning and organizational development to non-profit grass-roots organizations in Latin America. Since her retirement, she has, where possible (both for pay and as a volunteer), focused her efforts on conducting case studies of grass roots organizations that promote leadership and empowerment, with the objective of documenting, from their experiences (both their successes and the challenges they have faced), lessons learned for other programs that serve similar populations.

1. Chart the evolution of La Clínica del Pueblo over the nearly 25-year period since it was established within the context of international, national, and local developments and with a focus on the Latino community in the District of Columbia;
2. Identify La Clínica del Pueblo's "essence" (those characteristics that give La Clínica its special identity) and how this "essence" has fared over the years;
3. Explore the impacts that La Clínica's approach and services have had on its patients; on current and former staff and volunteers; and on the greater Washington, D.C. Latino community;
4. Identify what individuals who have had a close affiliation with La Clínica over the years identify as its strengths as well as its challenges and areas for improvement;
5. Based on the above, identify lessons learned for La Clínica itself and for primary care health clinics that serve populations with similar characteristics.

One hundred forty-three individuals were interviewed for the case study. Interviewees included: a random sample of La Clínica del Pueblo's patients; current and former La Clínica's staff; current and former La Clínica volunteers; current and former members of La Clínica's Board of Directors; and individuals from outside of La Clínica who are familiar with its history and its services.

Interviews followed a set of protocols developed in advance for each target group. Interviewees were asked to share something about them, including where they were born and if born outside the U.S. how they got to the U.S. and what life was like when they arrived. The interview then turned to the interviewee's connection to La Clínica and reflections about their La Clínica experience. Patients, current and former staff, and volunteers were asked to comment on how their affiliation with La Clínica had impacted on their lives. All interviewees were asked to reflect on what they saw as La Clínica's strengths along with challenges or areas for improvement.

Most interviews lasted approximately one hour. In a number of cases, individuals were interviewed multiple times. All interviews were confidential, and quotes included both in the case study document and in this summary have been approved by the individuals quoted. In addition, a document review was conducted and the author participated in and observed a number of La Clínica events.

Individuals who are interested in a more in-depth treatment of the results of the case study (including a chapter devoted to La Clínica's history) are encouraged to access a reference document that bears the same title which is available on La Clínica's website (www.lcdp.org). Attached, as appendices to the reference document, are a list of the individuals interviewed for this case study and a more in-depth description of the interview methodology and how interview data were analyzed.

La Clínica's del Pueblo's birth and evolution



Stairs Leading Up to La Clínica

1983-1988: La Clínica del Pueblo is Born

La Clínica del Pueblo was founded in Washington, D.C. in 1983 by a group of Salvadoran activists (from the Central American Refugee Center, CARECEN) and North American hippies living in a group home (Plenty International) who saw the need to provide health services to refugees from El Salvador fleeing the civil war in their country. In its early years, La Clínica operated as a free clinic. It was run by volunteer staff and medical providers (residents from Washington area hospitals and local doctors) who came every Tuesday night to the Wilson Center, located on Irving St., N.W. near 15th St., to provide medical services free of charge to anyone who walked in the door. Latin Americans and North Americans, many activists, were trained as health promoters to assist the doctors with intake, interpretation, and other services. During this period, La Clínica received small donations from the Mayor's Office

on Latino Affairs (OLA) and local church-related organizations.

From the time it was established, La Clínica del Pueblo gained the reputation of being a safe place where undocumented refugees -- many traumatized by their experiences in Central America, coming to the U.S., and then as unwelcome newcomers in the U.S. -- could come to receive compassionate assistance from people who were dedicated to helping them in any way they could. Access to quality health services as a human right was an important principle from the start. For the Salvadorans volunteering their services at La Clínica, there was never the notion that this health center would be needed for more than a couple of years. After all, their plan was to return to their country when the war was over.

1988-1995: Dr. Juan Romagoza assumes leadership of La Clínica del Pueblo



Dr. Romagoza facilitates Patient Committee meeting

With the arrival in 1988 of Dr. Juan Romagoza (himself a refugee from El Salvador and a victim of torture at the hands of the Salvadoran military) to become its director, La Clínica del Pueblo expanded the scope of its services to include mental health as well as health education, outreach, and prevention. Alternative approaches to medicine were introduced out of respect for prior experiences and expectations of patients who in their countries of origin had benefited from cures provided by local faith healers. A conscious effort was made to

demystify the role of the doctor, to impress upon patients that the doctor was not the "god" in the white coat whose word was to be taken without question.

Concurrently, the definition of quality health services a basic human right was expanded to include access to quality health care as a human right and a responsibility where the patient was encouraged to assume responsibility for her/his health care. During this period La Clínica patients, staff, and volunteers became actively involved in demonstrating against U.S. military policy in Central America. For many, both patients and staff, who had been victims of human rights abuses in their own countries, exercising their right to protest was therapeutic.

Slowly, La Clínica began to grow. La Clínica's supporters from Central America realized that, contrary to initial expectations, they were destined not to return to Central America but to settle in the greater Washington D.C. metropolitan area. With small, and primarily discretionary, grants from local foundations, La Clínica was able to hire individuals to provide the backstop support needed to run the Tuesday night clinic. A 1989 grant from OLA, made it possible for La Clínica to initiate a program to provide HIV/AIDS testing and limited clinical services to Latinos with HIV/AIDS.

There were other opportunities for growth and diversification in services during this period. In 1990 La Clínica received its first federal multi-year contract, through the Catholic Archdiocese of Washington, to provide physicals to Vietnamese refugees. La Clínica was able to stretch this funding to cover some of its administrative expenses. In 1991, in keeping with its philosophy of the importance of prevention, La Clínica organized its first large health fair. By 1993 health fairs, held annually and coordinated by La Clínica, were attracting up to 3,000 participants.

In early 1994 La Clínica successfully mobilized, with the active participation of its patients, to exert pressure on CARECEN's board of directors to gain independence from CARECEN (which it had outgrown) and become its own 501(c) (3) non-profit entity. By mid 1995, when the split became official, La Clínica had an annual budget of \$800,000; a paid staff of 25; and a phalanx of devoted volunteers. La Clínica had expanded its services to five days a week and was providing specialty clinics in HIV/AIDS, adult medicine, pediatrics, and alternative medicine.

1995-2003: La Clínica becomes an independent entity



Patients demand autonomy for La Clínica

The period from 1995 – 2003 was one of tremendous growth for La Clínica. Realizing that reliance on small foundation grants was not sufficient if it was going to move toward becoming a full-fledged medical clinic, La Clínica took the decision to also seek grants and contracts from the Federal and Washington D.C. governments. During this period La Clínica's annual budget expanded to \$4.6 million. Paid staff increased to approximately 60.

In 1996 La Clínica started establishing the infrastructure for what has become a comprehensive medical interpretation program. Also in 1996, Dr. Juan Romagoza was the recipient of the prestigious Robert Wood Johnson Community

Health Leader award which “recognizes individuals who overcome daunting obstacles to improve health and health care in their communities”. With this award -- the first of many for Dr. Romagoza, La Clínica’s departments, and other La Clínica staff -- came not only funding but recognition of La Clínica’s accomplishments and increased offers of funding from other sources.

In the latter part of the 1990s La Clínica added health and health policy to its advocacy agenda. During this period La Clínica’s leadership, staff, and patients joined forces with other private health clinics in Washington D.C., through the Non-Profit Clinic Consortium, to pressure the D.C. government to provide health insurance to Washington, D.C.’s underserved population. Their collective efforts paid off. In 2001 the D.C. government closed D.C. General Hospital and, with the revenue freed up, established the D.C. Health Care Alliance, an insurance program for low-income D.C. residents whose incomes are under 200% of the Federal Poverty Level. The D.C. Health Care Alliance also provided badly needed revenue to non-profit health clinics serving the poor. An important outcome of the D.C. Health Care Alliance legislation for the D.C. Latino population was that it opened up eligibility to undocumented D.C. residents to receive health insurance.

The period from 1995 to 2003 saw major changes in La Clínica’s provision of medical services. For the first time La Clínica hired a full-time, paid, medical director. New medical staff was also hired, and the medical clinic began providing services on a daily basis. Collaboration was established with Howard University Hospital wherein La Clínica offered opportunities for Howard residents to rotate to La Clínica. In return, Howard University Hospital provided a steady source of funding, specialty care, and hospitalization services to La Clínica patients, free of charge. With the transition to a new medical director, La Clínica changed its focus from a specialty clinic model to a family practice model.

During this period, and in order to increase funding for patient care, La Clínica took the decision to accept reimbursement from Medicaid. This decision was taken after spirited debate among La Clínica’s patients, staff, and members of the board. For those who were in disagreement with accepting reimbursements from Medicaid, the concern was that this meant that La Clínica would no longer, technically speaking, be a free clinic.

As the result of a decision to seek a federal grant, La Clínica’s HIV/AIDS program expanded dramatically. In addition to serving HIV+ patients, La Clínica launched a large HIV/AIDS prevention program. Volunteer HIV promoters, trained by La Clínica, spanned throughout the city in search of Latino populations at risk of contracting AIDS. As part of this expansion in HIV prevention services, La Clínica began to provide innovative programming targeted at reaching high risk populations, including: Latino men who have sex with men and Latino transgender women, a bold initiative that has become incorporated as a routine and welcome part of its program.

In 1997, and after extensive mobilization where its patients played an active role, La Clínica was able to persuade the D.C. government to assist with the purchase of an old building in the neighborhood. The remainder of this period was spent undergoing a protracted capital campaign to raise money for a total renovation of the building for La Clínica’s use.

In 2000 La Clínica established a small social service department. This department is staffed by case managers who provide services primarily to La Clínica’s HIV+ patients. Also in 2002 La Clínica was the beneficiary of two grants from the Substance Abuse and Mental Health Services

Administration (SAMHSA) for its mental health program. With this significant infusion of funding, La Clínica's mental health department moved from depending primarily on volunteer therapists to having full-time therapists on its payroll.

2003-2007: La Clínica moves to a new home and continues to mature



Inside La Clínica's new home

In April of 2003, La Clínica's moved to its current location on 2831 15th St., N.W. The new building was the culmination of many desired improvements. It offered ADA accessibility, an elevator, properly functioning heating and cooling (no more overcoats in the exam rooms), much more adequate space and new equipment. It was wired for a computer network that would bring the modernization of patient and employee data management, and ready access to internet resources for doctors. The new space had a safe place for children to play while their families awaited appointments. It had, uniquely, a chapel, considered culturally and emotionally important to La Clínica's integrated approach to health.

During this period, La Clínica continued to improve its administrative and management systems, including: with its Board of Directors developing a Strategic Plan, instituting patient satisfaction surveys, and conducting an employee morale survey. La Clínica's Board of Directors took steps to improve its organization and structure, including moving to monthly board meetings, establishing term limits for board members, increasing its patient membership to more than one half of the board, and instituting a nominating committee for recommending board directors and officers.

Activism, an ever present part of La Clínica's identity, moved to a focus on specific health and related issues of concern to the Latino population: diabetes, obesity, immigration policy. In addition, the directors of both the HIV/AIDS and the Interpretation Departments were very active, working within the coalitions that they belonged to, in pushing for improvements in services and policy in their areas.

The medical clinic and the HIV/AIDS departments continued to grow and improve their services. The medical clinic added new medical providers and moved to an open access system which dramatically reduced the percentage of no-shows. The HIV/AIDS department became La Clínica's best financed department. Innovative prevention efforts, through paid and volunteer HIV promoters, expanded La Clínica's outreach to areas and localities of Washington DC that it had not been to before.

Between 2003 and 2007 La Clínica's mental health department continued to provide one on one therapy. With funds from SAMHSA, the Mental Health Department organized and ran three innovative psycho-educational group therapy programs: for individuals with histories of alcohol and drug abuse; for the elderly Latino population (Mis Abuelitos); and for families who have experienced trauma (Mi Familia).

In 2005 La Clínica's interpretation department established a web-based database that made it possible to better coordinate interpretation services for 40 entities throughout Washington, D.C., mostly health clinics to whom it was, by now, providing interpretation services. In 2006 La Clínica made health education and outreach into its own department. In addition to being responsible for organizing and conducting health fairs (which starting in the late 1990s became smaller and more frequent), this department also initiated an innovative diabetes education program designed to provide comprehensive services (nutrition education, an exercise program, one-on-one home visits) to patients with diabetes.

In the summer of 2007 La Clínica was advised that its request to become a Federally Qualified Health Center (FQHC) had been granted. Also in the summer of 2007, La Clínica's long-time leader Dr. Juan Romagoza announced that he would be resigning to return to El Salvador to continue with the medical outreach to the country's poor that he had begun in the late 1970s before he had to flee the country.

La Clínica as of December, 2007

As of December, 2007, the date that data gathering for this case study was completed and this document was drafted, La Clínica had 85 individuals on its staff, over 100 volunteers and a budget of \$7 million from 65 different funding sources. During the 2007 calendar year, La Clínica's medical clinic, which operates under a family practice approach, had 15,858 client encounters; the mental health department had 4,975 client encounters; the HIV/AIDS department had 113,054 client encounters; the social services department had 5,102 client encounters; the interpretation department had 10,839 client encounters; and the education and community outreach department had 9,988 client encounters.

In addition, La Clínica facilitated 2,365 referrals that made it possible for its patients to visit private doctors, hospitals and other medical facilities to receive specialized services that were not available through La Clínica. As needed, the patients who received these referrals were accompanied by interpreters provided by La Clínica. These visits were either free of charge or covered under the D.C. Health Care Alliance or Medicaid.

In terms of its population, 68% of La Clínica's patients were residents of Washington, D.C., 22% of Maryland, and 8% were from Virginia. The majority (58%) of the medical clinic's users were uninsured; 5% were on Medicaid; 1% were on Medicare; and 36% had other forms of insurance (the primary among them being the D.C. Health Care Alliance). Ninety-seven percent of La Clínica's users were Hispanic, 65% were women, and 35% were men.

The impacts of La Clínica del Pueblo on its patients, its staff and volunteers, and the Washington, D.C. Latino Community



Patients attend Diabetes class

Impacts on patients

Nineteen of the 24 patients interviewed for the case study commented on how their experience with La Clínica benefited them in their lives. Five patients (26%) indicated that La Clínica had given them the opportunity to grow/change their way of thinking. Five (26%) said that La Clínica had become like a second family. Four (21%) indicated that La Clínica, through the medical services it made available to them, literally saved their lives.

Two of these 19 patients share their observations on how La Clínica has benefited them in their lives. In order to protect their privacy, these individuals have been given fictitious first names.

Lorena: *I owe my life to La Clínica. They detected my thyroid condition and made arrangements for me to go to a hospital to be operated. In addition, La Clínica is like my family, because this is what happens in a family. If you have a problem, they are there to help you. That's the way La Clínica is. They call me to let me know if there is something I need to do. My daughter needs to see a specialist. They give me the directions for getting to the specialist's office and put them in an envelope.*

Roberto: *My life changed completely, 360 degrees. Dr. Alma started by clarifying everything in my mind, she started putting all the things clear on the table. She is very direct in telling you the things, she doesn't hide anything. She told me that being gay isn't to be embarrassed about, you have to be proud of your traditions, your culture, and what you have to offer to others and not because you are gay. All that matters is the kind of human being you are, to respect others, to love nature, to love yourself as a person, your family and all the people around you. She gave me those tools. She helped me to be strong, to be persistent.*

Impacts on staff and volunteers

Over half of the 27 La Clínica staff and volunteers that were asked about the impacts that La Clínica had on them mentioned two themes: the fact that through their relationship with La Clínica they have been given a special opportunity to both learn and grow (18 responses or 67%) and that, through their relationship with La Clínica, they have undergone personal change or improvement (14 responses or 52%).

In the words of two of La Clínica's staff members:

Brigida Guyot, emigrated from Bolivia in 2000. She has been affiliated with La Clínica since she arrived (first as a volunteer HIV promoter and subsequently as a member of La Clínica's HIV department):

Someone gave me a hand and supported me. They didn't resolve my problems but at least someone took the time to open the door, to listen, listen and listen. I was given the opportunity to participate in a comprehensive training course to be a health promoter. The course helped me to understand the multiple problems of immigrants: legal social, medical. As an immigrant I saw that I was a perfect person to talk to other immigrants.

Look at where I am. Sometimes people ask me, "What is it with La Clínica? With your capabilities you could obtain a better job at a better salary!" They don't understand that I fell in love with La Clínica and that La Clínica received me with a great deal of compassion and watched me grow. Sometimes I get home tired, with many emotions that I need to process. But I prefer this to coming home empty. This way I can give more to my family.

Dr. Madeline Frucht-Wilks is a family practitioner who has been working part-time at La Clínica since 2001; Madeline is currently the lead clinician at La Clínica.

I consider my position here to be a privilege. As a physician I feel that way in any setting when a patient confides in me, and shares a window of their life. The difference here is that I am also invited to share a culture. My patients and the staff have been wonderful teachers.

I have learned a new style of medicine. Where I was taught to maintain a completely professional relationship, I now know when it is appropriate to share my own stories, who needs to see a photo of my children before discussing their problems, and who I need to see with the extended family in the room. I have learned about how people make do with such limited resources. I have been welcomed into homes, and saw hammocks strung from walls, and now understand how so many people can comfortably sleep in one room. I will never look at the faces serving me in my community in restaurants, construction, and housekeeping the same way.

Impacts of La Clínica on the Latino community living in the Washington area:

While it was not possible to obtain numerical data to back up assertions -- as had been the case with patients, staff and volunteers -- this case study would be remiss if it didn't remark on the impacts that La Clínica del Pueblo has had outside of its walls, on the hundreds of thousands of Latinos living in the Washington metropolitan area. La Clínica is cognizant of the fact that many Latino immigrants to the Washington area had never in their lives been to a doctor and of the importance of providing them with sufficient knowledge to permit them to detect and prevent chronic disease before these diseases become extreme. Accordingly, La Clínica has developed and maintained an extensive health outreach and prevention program that has, over the years, reached tens of thousands of Latinos living in the Washington area. These Latinos have been reached through multiple means:

- Through La Clínica's HIV/AIDS promoters who go to the far corners of Washington, D.C. to educate people on AIDS and to persuade them to get HIV/AIDS screening.
- Through the health fairs that La Clínica has sponsored on a continuing basis since 1991 (at the beginning large yearly or semi-annual events and now smaller health fairs conducted two or three weekends a month in churches and other venues throughout the city in communities where there are large concentrations of Latinos).
- Through messages on preventive health and good health practices in the local Spanish media (including multiple appearances of its director, Juan Romagoza, and other staff on local television and radio programs broadcast in Spanish).

In addition, through its innovative interpretation services program, La Clínica has taken the initiative to train individuals, primarily from the Latino community, to accompany non-English speaking patients (primarily Spanish speaking) to appointments with specialists. Thanks to this program, which now incorporates 40 service delivery organizations in the greater Washington area (most of them health clinics), thousands of non-English speaking residents have been able to be seen by medical specialists and walk out satisfied that they both have been able to have their concerns heard by the specialists and that they fully understand the guidance the specialists are providing to them.

Through advocacy efforts on behalf of the underserved Latino population living in the Washington area, La Clínica has opened opportunities for Latino immigrants to receive health services for which they might not otherwise be eligible.

- Through its participation in the Non-Profit Clinic Consortium, which played a pivotal role in establishing the D.C. Health Care Alliance (a free health insurance program that covers all Washington residents who are at or below 200% of the Federal Poverty Level), La Clínica has been able to ensure the incorporation of undocumented Latino D.C. residents as beneficiaries.
- La Clínica has also, through annual community fora, drawn together La Clínica patients and others to provide feedback to the authorities responsible for administering the Alliance.
- La Clínica, as a member of the D.C. Language Access Coalition, has advocated for legislation that obligates government services to provide language access for non-English speaking patients.
- La Clínica has also played a lead role in holding the D.C. Department of Health accountable for appropriately channeling Ryan White HIV/AIDS funds to D.C. health clinics.

La Clínica's strengths, its challenges, and how it is seen in comparison with other medical service providers



La Clínica sponsors Community Forum with Howard University Hospital Director

La Clínica's Strengths

Ninety individuals interviewed for the case study commented on what they saw as La Clínica's strengths. There was remarkable agreement among those interviewed (patients, staff, volunteers, board members, individuals from outside of La Clínica who are closely familiar with its services) regarding La Clínica's strengths. The data from patients interviewed for the case study, who are included in this pool of 90 individuals, corroborate data from patient satisfaction surveys conducted by La Clínica in 2005 and 2007:

<i>Strengths mentioned by 10 or more interviewees</i>	<i>In numbers</i>	<i>In percentages</i>
N	90	
Staff who are dedicated to what they are doing	37	41%
A caring and friendly environment	35	39%
Staff commitment to quality & professionalism	24	27%
Staff commitment to La Clínica's mission	20	22%
A sense of family/community	18	20%
An organization that is of and for the community	18	20%
Patients treated with dignity and respect	13	14%
Cultural sensitivity/in touch with the needs of the patients	13	14%
Openness to/acceptance of diverse populations	13	14%
Juan Romagoza as a leader and moral authority	13	14%
A place where one's views are listened to	10	11%

Two of the 24 patients interviewed on this topic comment on what they see as La Clínica's strengths. An important message that comes out in both testimonies is the dedication of their doctors to providing them with the best quality and most comprehensive care possible:

***Teresa:** I have gone to La Clínica when I am sick. Dr. Bombard took charge of doing the diagnosis. She tried to figure out what I really had. That is something very good. There are many doctors that do analyses and then say they don't know. She is concerned about me. The Patient Care Coordinators are very cooperative. Once I go into the exam room they give me advice, they are friendly, and they care. When I am waiting to see the doctor there are many people that come to do health education, to teach us how to keep from getting sick. There are other programs in the waiting room. This is very good, everything that happens around the doctor's visit.*

***Yanira:** Dr. Meredith has fought by my side. She has worked hard to address what has happened to me. She is always on top of things. For example, when the medicine for my breast cancer was bothering my liver she stopped the medication for a month in order to observe me. She sent me to the oncologist to change the medicine. There came a time when I thought I was going crazy. She asked me what was happening. I was embarrassed to talk about my personal situation. She sent me to a therapist at La Clínica.*

Also included in the pool of 90 interviewees was a volunteer doctor at La Clínica. Dr. Helen Burstin is the Senior Vice-President for Performance Measures of the National Quality Forum. She has served in a volunteer capacity as an internist with La Clínica since 2000. She is also the Vice-President of La Clínica's board of directors.

***Dr. Helen Burstin:** What struck me when I first came to La Clínica was that it was a place with almost nothing but it did remarkable work with patients. They got great care. True primary care was delivered. Patients got the same doctor every time. The doctors bent over backwards to get meds, to have mammography done for their patients. It was a place that was able to do a lot with a little.*

Kathy Freshley, Senior Program Officer at the Eugene and Agnes E. Meyer Foundation, and Sharon Baskerville, Executive Director of the D.C. Primary Care Association, were also in the pool of individuals interviewed. Having known and worked closely with La Clínica for many years, Freshley and Baskerville provide a special "outsider perspective":

***Kathy Freshley:** La Clínica's strength is Juan himself. Because of his experience, his personal story, he has been a person that other immigrants and refugees have trusted. Many people knew he had gone through similar experiences. Juan talks about Liberation Theology, that poor people deserve health care, a home, jobs, a chance. There is that deep understanding and respect. There have been many people who have volunteered at La Clínica who have shared that vision.*

La Clínica developed early specialty programs that were unique. They have a strong HIV/AIDS program and a mental health program. Their program in HIV/AIDS incorporates men who have sex with men and transgender women. They have been very innovative given the Latino culture. They have been not only bold but rare. They have put together a strong team of very committed volunteers and staff.

***Sharon Baskerville:** La Clínica continues to see the holistic need in serving people. They appreciate that, without focusing on the entire person, better health is hard to achieve. They have begun a process of stabilizing their funding stream to something that is not solely philanthropy and contracts. They have a management structure that has worked up until now; it is not in its nascent phases. La Clínica is a complex, multi-pronged organization. The fact that they managed up until now without disaster says something is going right there. They have different departments that have grown in competency each with its own autonomy.*

Challenges faced by La Clínica

Patients, on the one hand, and La Clínica staff, volunteers, board members, and interviewees from the outside, on the other, had different perspectives on the subject of challenges and areas

for improvement. As can be seen in the text box below, patients concerns (which were not many) centered primarily on a desire for: (a) more and expanded services, and (b) a reduction in the waiting time for their appointments. La Clínica staff, especially those in the medical clinic, expressed concern over being overworked and overwhelmed. There was also concern about pending realignments in physical space in the medical clinic to accommodate an anticipated increase in volume of services under FQHC.

The principal concern expressed by La Clínica staff, volunteers, board members and individuals from the outside had to do with the challenges to La Clínica’s “essence” or “heart” associated with growth and change. This was followed by concerns regarding financial stability and the need for improvements in internal management with growth.

<i>Challenges faced by La Clínica del Pueblo</i>	<i>In numbers</i>	<i>In percentages</i>
<i>La Clínica Patients</i>		
	N	24
None	6	25%
Expand services/patients to be seen	6	25%
Reduce waiting time to see doctors	5	21%
<i>La Clínica Staff/Volunteers</i>		
	N	55
Staff overworked/overwhelmed	10	18%
Limitations in physical space	9	16%
<i>La Clínica staff, volunteers, board members and individuals from outside La Clínica</i>		
	N	65
Challenges to La Clínica’s essence with growth/change	37	57%
Financial stability	19	29%
Need for improvements in internal management with growth	16	25%

Two interviewees, one a member of La Clínica’s staff and the other an individual from outside who has worked closely with La Clínica over the years, comment on the challenges to La Clínica’s essence with growth and with the two key transitions taking place at the time this case study was conducted: the departure of Dr. Juan Romagoza and La Clínica’s becoming an FQHC.

Member of La Clínica’s medical staff: *Change is around the corner, not just Juan’s departure but the boon of becoming an FQHC also means more oversight and more regulations than before. My fear, and that of others, is that to meet the various requirements of FQHC, the spirit and reality of what La Clínica does is going to have to change in a way that will make us practice medicine differently. I believe that we ultimately will be required to increase the number of patients/day, which put us into a category of almost a managed care business. One of the strengths we have now is that we, the clinicians, are able to some degree more than other places actually hear our patients. Their needs are very complicated, their psychosocial needs are equally as important as their physical needs and the two, of course, are linked. We already overstretch ourselves with our patients in the amount of time*

we have allotted. To imagine we will be required to squeeze more people with the same complicated issues into the same amount of time is an unhappy thought for both the provider and the patient.

A person from the outside that has worked closely with La Clínica over the years: FQHC is looked at as a way to achieve sustainability. La Clínica has money to move forward on their renovation. How are they going to get all this done? The competing priorities are enormous for staff that is already overwhelmed. How do they realistically do this with the current structure? Are they really sitting down and saying how are we going to get all this done? They want to plunge into a building in Ward 5 for which they will need \$20 million but they haven't thought this out. It's almost like nobody thought they would get FQHC. My fear is that they will be compelled into taking decisions that aren't strategic. The critical piece is, are they seeing this as whole cloth, the strings required, and the UDS reporting, corporate compliance? The Feds will probably give them a couple of years to meet these requirements.

La Clínica's "Essence"



Patients in waiting room receive a health education talk

The fact that La Clínica's essence is challenged by change -- the departure of Juan Romagoza and La Clínica's becoming an FQHC -- is nothing new. La Clínica's essence has been under challenge since the day La Clínica was born nearly 25 years ago. Challenges have come from the need to look for funding to provide services to meet the evolving needs of patients. Many of these funding sources, like FQHC, have imposed requirements that have seemed to go counter to La Clínica's essence. The internal requirements of growth have added yet further challenges. And, yet, somehow La Clínica has been able to weather these challenges while maintaining its essence.

Identifying La Clínica's essence

So, the question becomes, just what is La Clínica's "essence"? When asked to identify what they saw as being the key elements of La Clínica's essence, the individuals interviewed for this case study pointed to the following. Many, not surprisingly, mirror what they saw as La Clínica's strengths.

La Clínica's Essence

1. La Clínica was created by the Latino community for the Latino community: a large proportion of the staff has similar backgrounds to and “look” like the patients.
2. La Clínica staff deeply care about their patients and clients; they are committed to going the extra mile to meet their needs.
3. Patients and clients at La Clínica are treated as equals; with dignity, and respect. Part of treating them with dignity and respect is seeking out, listening to, and acting on their feedback and suggestions.
4. La Clínica provides a refuge, a secure and trusted place; for many, La Clínica is like a second family.
5. La Clínica provides health care that is culturally sensitive, relevant, and that evolves to meet the changing needs of its patients and clients.
6. La Clínica approaches its patients in a holistic manner: as beings that have physical, mental, emotional, spiritual, socio-cultural, and political needs.
7. The staff at La Clínica go out of their way to do everything possible to ensure that every patient/client knows that s/he has the right to adequate health care as well as the responsibility to make sure her/his health needs are met.
8. La Clínica's philosophy is based on the premise that advocacy, making one's voice heard, is fundamental: as a means of pushing for change, providing patients and staff with a vehicle for exerting their rights, forming community, and providing a therapeutic vehicle for many individuals whose rights have been violated.

Two patients share their views of La Clínica's essence:

Guillermo: *One of the most magical things that happens at La Clínica is that the structure isn't linear; once you walk in you are part of La Clínica. This is first thing you sense. If you have a complaint, you can raise your voice and Juan's or Alicia's door is always open. Through my years living here, who did I come to say I was jobless, when I didn't have money to pay rent? They immediately put me on an emergency fund to pay rent. They gave me food cards from the Safeway. Every time when I come with an emergency I sense I am as important as any other priority going on. I don't feel like I am being put aside. There is a sense of empowerment. It is important to love and safeguard this place – do what is in one's power to keep La Clínica running. This is my commitment.*

Susana: *La Clínica is caring. It was created by and for the people. It has a familiarity with the culture of the people being served. The staff are invested in their patients. There is a bond with every patient. If the patient not doing what he or she should be, there is a sense of a failure among everyone trying help the patient. They ask, “What is it that we aren't doing?”*

Robert Hardies (Pastor of All Souls Unitarian Universalist Church and a member of La Clínica's Board of Directors) and Rebecca Muñoz (Communities of Faith Coordinator in La Clínica's HIV/AIDS Department who began as a volunteer in 1995), comment on what they see as the key ingredients that make up La Clínica's essence. In addition, Sara Coviello (management consultant who assisted La Clínica with its capital campaign in 2001/2002) provides an outsider perspective.

Robert Hardies: *La Clínica's essence lies in its radical commitment to its patients and its staff. Juan Romagoza has exemplified this radical commitment through his servant hood to his people. He is a values-based organizational leader who has a holistic commitment to his people. We are not talking about health care narrowly defined. We are talking about advocacy, work on the social justice level. What is phenomenal at La Clínica is a leadership that is not only culturally sensitive and devoted to its patients and staff but one that is willing to push the cultural bounds. It is amazing to see little old Salvadoran ladies and transgender Latinos in the same waiting room.*

Rebecca Muñoz: *La Clínica is a place where we can accompany people in their pain, support those who have been abused. It isn't just that the patient comes to La Clínica, the doctor examines the patient, and give the patient medicine. When you interview patients who said that they have changed, they have another way of thinking. They now know they can be part of a family. This is due to the way that Juan has carried out his approach, to give life to the teachings of Bishop Romero. Advocacy is something that we as Latinos have a hard time doing. We come from countries where someone else's will is imposed, where we are not permitted to value our rights. The rich have the right to do what they want with the poor. La Clínica has taught us that we all have the right to health.*

Sarah Coviello: *The care and concern they have for the people they serve is pervasive. I see this in other organizations, but La Clínica isn't as caught up in organizational pettiness. They seem so absolutely mission driven and constituency driven. I don't think they would care whether the organization continues as much as they would care whether their services continued and their constituents were served in the same manner with same quality of services. The deep caring is pervasive, and to me, this group walks the talk to a degree that others don't.*

Opportunities and challenges to La Clínica's essence with the transition to FQHC

Becoming an FQHC provides La Clínica with a number of opportunities that will also make it possible to grow and enhance its essence. With the stability of funding that will become available through FQHC, combined with the opportunity to increase its third-party reimbursements from patients that qualify for Medicaid, La Clínica will be able to serve an increased number of patients. Through FQHC, La Clínica will have access to a broad range of opportunities for training and technical assistance. With this assistance, La Clínica, among others, will be better able to track the quality of patient services and, with this information, have the potential of further improving the quality of its health care service delivery. Eventually, through an expected increase in third party reimbursements from Medicaid, La Clínica will have increased discretionary funding which will make it possible to maintain as well as expand culturally relevant/holistic programs.

Becoming an FQHC also presents challenges to La Clínica, especially to its essence. One challenge, referred to above, is the requirement that La Clínica institute a sliding fee scale, which goes against the philosophy that health care as a human right should be free. Another, which is a source of distress to a number of La Clínica’s current medical staff, is the pressure to increase the number of patients per hour that doctors see with the potential of adversely affecting the culturally sensitive approach to treating patients which La Clínica prides itself on.² Increased requirements for data gathering and reporting, if not handled well, can take away from quality patient time. In addition, La Clínica will have to decide – with the financial benefit under FQHC of receiving increased reimbursements for patients on Medicaid– how to maintain the balance of the services that it currently provides to undocumented immigrants, a number of whom live in Maryland and Virginia, and who do not qualify for either Medicaid or insurance available under the D.C. Health Care Alliance. La Clínica is also beginning to see indications that private foundations, with the knowledge that La Clínica has become an FQHC, are contemplating withdrawing their small donations of discretionary funds that La Clínica has welcomed and depended upon over the years. Finally, with the adoption of FQHC, La Clínica becomes more dependent on yet to be seen U.S. government policies related to the provision of government-financed health care, something which was a source of concern to several of the La Clínica staff interviewed for this case study.

Lessons learned for La Clínica and for other health clinics that serve similar populations.



Exercise class at La Clínica

There are a number of lessons to be learned from the La Clínica experience that are relevant for La Clínica as it expands its services and for community health clinics serving similar populations. In particular, these lessons are relevant for community health clinics in the U.S. and in other areas of the world where there are refugees that need health and related care. These lessons are also relevant for community health clinics that serve populations that live under tremendous stress and whose rights have been denied: be they economic rights, victims of abuse and domestic violence, or other forms of abuse.

1. The importance of having at the helm a leader and moral authority that, while willing to accommodate to the pressure of change, maintains an eye on the “essence”. This role was played in an exemplary fashion for over 20 years by Dr. Juan Romagoza. A visionary but also a pragmatist, Romagoza recognized that with growth, and especially with accepting non-discretionary sources of funding, comes the need to compromise. His “can do” message, that “we can take on challenges as they arise but we will not change our identity”, has been fundamental in moving the organization forward while maintaining its essence.

² La Clínica’s doctors currently see an average of two patients an hour. The target, under FQHC, is to expand to three patients an hour.

2. The importance of selecting and nurturing a management team that buys into the essence and passes it on in their dealings with their department staff. It is a tribute to Romagoza and to the individuals he selected to become part of his management team that the persons that run La Clínica are firmly committed to La Clínica's essence. For the most part, they exemplify this essence in the way they run their departments.
3. The importance of having individuals on the staff of the health clinic who are committed and who care. The doctors and other staff who are employed by La Clínica are not there for the money or because it is simply a "job". They are there because they deeply believe in what they are doing, because they want to serve people in need, and because they want to provide service with excellence.
4. There are advantages to being a health clinic that was established by and for the community: The fact that the majority of the La Clínica staff themselves come from similar backgrounds as their patients/clients has made it easier for them to be able to identify with their patients/clients and their needs and to provide them with health services that are culturally relevant. A special feature of La Clínica's medical program is the patient care coordinators, individuals trained as medical assistants who are from the Latino community. Their role extends beyond that of the traditional "medical assistant". They accompany the patient throughout the medical visit – doing intake, during the consultation with the doctor, helping the patient with follow up after they see the doctor. Since they are of the community and speak the same language, they are able to establish relationships of trust with the patients that make it possible for them to learn things about the patients that doctors wouldn't ordinarily become aware of.
5. The importance of being seen as a safe and trusted place, a "sanctuary", a home away from home. Added to this is the importance, in this safe place, of establishing an atmosphere that respects the dignity of each refugee; a refuge or sanctuary where patients can open up and express their multiple needs, and where the staff does the best that it can to see to it that these needs are addressed. This is particularly relevant for populations that have been or are being persecuted, be it because they are residing illegally in a country where they are not welcome or because they have another "identity" (men who have sex with men, transgender women) that is not accepted by their families and by broader society.
6. There are benefits to taking the time to address the needs of the patient in a holistic fashion: An important underpinning of La Clínica's "essence" is that patients need to be treated as human beings with a wide range of health needs that are interrelated: physical, mental, emotional, spiritual, socio-cultural, political. While all of us benefit from this type of approach, patients who are victims of trauma manifest the traumas they have experienced in many ways: emotionally, physically, in the way they relate to family members.
7. There is much to be learned from the way in which La Clínica has incorporated volunteer service into its model. The benefits are multiple: volunteers provide La Clínica with person power to run its programs (such as health fairs, community outreach) that do not require individuals with specific certification. They also permit La Clínica to identify potential new staff members. For the volunteers the benefits are: a feeling of belonging, the satisfaction of

helping others, the ability to appropriately contribute their skills (especially applicable for volunteers with medical backgrounds who aren't certified to practice in the U.S.), the ability to acquire new knowledge and skills (for personal benefit and potentially for future employability). For some, especially those who have experienced trauma, volunteering can be therapeutic.

8. It is important to adopt a proactive approach that involves constantly reaching out and consulting with one's clients, seeking client/employee input in decisions to be taken: La Clínica has a patient committee that meets bi-monthly to provide feedback to the director and personnel of La Clínica. Community fora, open to La Clínica patients and the broader Latino community, provide individuals with another place where they can air health needs and concerns. Through its HIV/AIDS promoters who fan out throughout the Washington metropolitan area and through its health fairs, La Clínica is able to identify health trends and related needs in the Latino population that assist it in its programming. When an important decision is to be taken, such as instituting a sliding scale under FQHC or selecting Romagoza's successor, the views of patients and staff are actively sought out. By adopting this approach, La Clínica sends out the message to its patients and others that they are worthy of dignity and respect, that they are equals, and that their views are valued.
9. While it comes with risks, there are advantages to being "bold" and holding to one's values. A continual theme that emerged in the interviews is that La Clínica has remained true to its values and what it sees as being the "right" thing to do, even when it means possibly ruffling feathers. La Clínica has been lauded, by individuals interviewed from the outside, for taking the risk of reaching out to Latino men who have sex with men and Latino transgender women and incorporating them alongside their broader patient population in their medical program. In being an active participant (and in some cases the leader) in successfully lobbying the D.C. and Federal government for change in health policies that impact on the Latino population, La Clínica has taken the risk of alienating the very agencies that, up to now, have helped finance its services.
10. Approaching health as both a right and responsibility is tremendously empowering. It makes sense from a patient health perspective to demystify the role of the doctor as the all-knowing authority upon whom the patient puts responsibility for his/her health care, and instead impress upon the patient that the primary responsibility for the patients' health care (especially with patients who have chronic diseases such as diabetes and high blood pressure) is with the patient. This approach, fundamental to La Clínica's essence, is also empowering, especially for Latino immigrants who have come from countries where they have few rights and where what the doctor says is "the last word".
11. There is value to adopting a comprehensive approach to advocacy. Advocacy in the La Clínica context involves individual advocacy by the staff on behalf of each patient. It also involves advocacy at a systemic and political level. Patients are encouraged to participate in events organized by La Clínica (protest marches, community fora with city authorities, and interviews with the media) in which they to advocate for new and important health and other initiatives. In addition to being empowering, for individuals who have been traumatized, participating in a broader social cause can be also be therapeutic.

In closing



Entrance to La Clínica's home since 2003

La Clínica del Pueblo would not be what it is today without the vision and leadership of Dr. Juan Romagoza, who has been its director since 1988. Romagoza, a humble man who has led by example, has been more than a director of a community health clinic. He has also been a community activist and a community leader. As Dr. Romagoza prepares to return to El Salvador he leaves behind a well structured organization, staffed by individuals at all levels who are committed to La Clínica's "essence".

Romagoza has been fundamental in defining La Clínica's "essence". Being the visionary leader that he is, Romagoza has also been instrumental in encouraging La Clínica to grow and to adapt to changing circumstances. As La Clínica has grown and changed, Romagoza has kept his eye on La Clínica's "essence", ensuring to the extent possible that this "essence" has not been excessively diluted or distorted.

Remaining to be seen is how La Clínica's "essence" will survive this latest transition to becoming an FQHC which moves it into the mainstream of the U.S. community-base health care delivery system. If La Clínica's history has anything to say and if the individual selected to be La Clínica's next Executive Director is someone with the same philosophical approach, then the bets are on that La Clínica will maintain its "essence" and, in so doing, continue to keep true to its mission which is *"to provide culturally appropriate health services to persons in the Latino community regardless of their ability to pay."*

It seems fitting to close this summary of the case study with a quote from one of the many interviews that took place with Juan Romagoza while undertaking the case study. In this interview Romagoza remarks on the importance of maintaining La Clínica's essence while at the same time adapting to make way for change:

The spirit that motivated the creation of La Clínica was not only to respond to physical health needs but to create our own original model based on our culture and based on the reality of the countries we had come from. We were the artisans of our own project, with its own sauce and flavor. Our program wasn't only culturally sensitive where we used our own language, our own traditions, our own schedule, our own model. It was also based on the concept that health is not only to cure but to prevent, orient, promote, and most importantly to defend. We motivated the patients to take ownership of La Clínica, that this was their project; that they needed to take charge.

In the early years we were on the defensive. That way we were able to maintain our model. We were convinced that we would be returning to El Salvador. There was little motivation to integrate our model into the broader medical mainstream. But as time went on, we saw that we could not continue to operate in a parallel fashion. We realized that we had to find points in common with the larger system. We began to establish contacts with other community clinics, to participate in coalitions.

As time went on we started to become concerned. We saw that we couldn't survive only with funds from private foundations. We had a meeting of our Board. We were looking at how we were growing, a lot of things needed to take place before we could qualify for FQHC status. We decided not to apply for now. Our priority was to have a building; we couldn't embark on two big projects at the same time. There was still resistance to FQHC.

Nevertheless, there was a lot of pressure from the Latino community for health services and limited resources to attend to their needs. Funds from private foundations are transitory. We said, providing health services is the work of the government, we have to walk together, we can't work parallel to the system. We decided to apply for FQHC status.

Some members of the Board asked me: "Are you prepared for this?" I said "We have to do it".