



Establishing a Women's Health Clinic: Increasing Healthcare Access, Empowerment, and Hope

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Abstract

The Indiana University Student Outreach Clinic is an interprofessional clinic that has served medically uninsured and underinsured communities in Indianapolis, Indiana since 2009. Recently, under the guidance of the newly elected Women's Health Chair, services offered have expanded. A women's health clinic was created to ensure that our female patients have improved access to cancer screenings and to screening and treatment of sexually transmitted infections. Here we review factors that lead to the creation of a women's health clinic, the process of providing breast cancer screening and appropriate follow up services at a non-hospital facility, and summarize the impact our women's health clinic has had in our community.

The Indiana University Student Outreach Clinic (IU-SOC) is an interprofessional free clinic. It is powered by student and faculty volunteers and provides the medically uninsured and underinsured communities of Indianapolis's Near Eastside access to quality medical care, preventative health services, patient education, and facilitates access to specialized care referrals. Since its inception in 2009, IU-SOC has expanded rapidly and now accommodates over 1600 patient visits per year. Our patient population is racially, culturally, and economically diverse with more than one in five people living below the federal poverty level¹. Members of the community face several barriers to healthcare, including lack of insurance, lack of reliable transportation, including difficulty accessing the Indianapolis city bus system, and a general mistrust of the healthcare providers based on previous experiences.

Several experiences at IU-SOC lead to the creation of a dedicated women's health clinic. In a recent review, 77% of female patients seen in the IU-SOC medicine clinic had visited more than once and indicated that the clinic physician was their primary care provider. Many of these patients were not up-to-

date routine health screenings, including mammograms and Pap smears. While Pap smears were offered routinely, some women had expressed a desire to have an obstetrician/ gynecologist perform or supervise the Pap smear, rather than the internal medicine or family medicine faculty member volunteering that day. We also observed that many women, especially undocumented immigrants, had difficulty connecting to women's health resources in the community outside of IU-SOC.

Review of literature supported this anecdotal evidence and the need to expand women's health specialty services at IU-SOC. For example, human papilloma virus (HPV) associated cervical cancer deaths are more prevalent in Black and Hispanic women, and is partially thought to be due to decreased access to pap smear testing and follow-up treatments of women who screen positive². Additionally, data from the Indiana State Health Department indicates that in Marion County (where Indianapolis is located), rates of chlamydia, gonorrhea, and syphilis have increased in both males and females and the incidence of HIV has increased in females³. These findings lead to the

creation of a women's health clinic within IU-SOC staffed by OB/GYN faculty, who offer routine Pap smears and comprehensive screening for sexually transmitted infections.

Providing women access to screening mammograms presented a unique challenge. Our clinic is not located within or near a hospital, so we planned to utilize a mobile mammography unit belonging to St. Vincent Health for a screening mammogram session at IU-SOC. This hospital system generously agreed to send volunteers to perform the screening mammograms at no cost.

We did not want to provide women screening mammograms without means to facilitate diagnostic imaging or treatment, should either be necessary, as some women at IU-SOC had voiced a similar concern. Some patients had been offered free screening mammography in the past, but were afraid of receiving a positive screening result and not being able to afford the cost of additional medical care. For those with insurance, IU-SOC would serve as the primary care provider and refer directly to a center for diagnostic mammography, sending all necessary records and documentation for our patients. Coordinating with social workers at IU-SOC allowed streamlined enrollment in Medicaid for eligible patients as this could be completed at IU-SOC most days the clinic is open. If ineligible for Medicaid, patients could enroll in an insurance plan accepted at the Marion County hospital with only basic documentation; representa-

tives for this insurance company agreed to be present at IU-SOC at least twice per month to help patients enroll in-person. This face-to-face enrollment process was especially helpful for patients with limited internet access for online enrollment, patients who speak languages other than English, and those with limited health literacy concerning insurance plans. If a patient was ineligible for Medicaid and living outside of Marion County we established a partnership with Little Red Door Cancer Agency of Central Indiana, where we can refer patients for diagnostic mammograms at no cost to the patient or IU-SOC⁴.

Of the eleven women who have received screening mammograms to date, five have required diagnostic mammograms. Using the above protocols, three uninsured patients were enrolled in insurance programs provided referrals for diagnostic testing within one month of screening.

This insurance enrollment protocol also streamlined the referral process for patients needing colposcopy, endometrial biopsy, and cervical polypectomy as a result of screening Pap smears and pelvic exams performed at the women's health clinic. We have also referred women to tertiary care centers for management of abnormal uterine bleeding, evaluation of pelvic pain, and infertility.

By offering free, comprehensive sexually transmitted infection (STI) screening to every patient seen at women's health clinic, we sought to address a

Screening Test	Number of Patients Tested (% Female)
GC	46 (73.9%)
CT	46 (73.9%)
Trichomonas	39 (87.2%)
HIV	39 (61.5%)
Syphilis	33 (63.6%)
Hepatitis C	18 (83.3%)
Hepatitis B	9 (88.9%)

Table 1. Screening tests completed at IU-SOC since the women's health clinic was established.

disparity in HIV screening. A secondary goal was to ensure that STI screening was comprehensive, given the prevalence of co-infections. Table 1 summarizes all screening tests completed at IU-SOC since the women's health clinic was established. Female patients are now a majority of those screened in all STI categories.

In addition to providing free medical services, our clinic has partnered with Support the Girls, an organization that collects and distributes bras and feminine hygiene products to homeless women and girls across the country. We feel it is important to go above and beyond medical care in order to empower the women with whom we work.

We received positive feedback from our patients about the programs we created, most notably mobile mammography. One patient stated that by offering screening mammograms close to her home at no charge, we had allowed her the opportunity to put her health first and put her mind at ease. Another patient stated she had been experiencing increasing amounts of worry as she approached the age her mother was when she was diagnosed with breast cancer. While she knew screening mammography was important, without insurance she felt at a loss as to how to obtain this test.

We also receive numerous requests to expand patient education efforts. At the behest of our patients, volunteers are now trained to answer questions and provide informational handouts about menopause, domestic violence, substance abuse, long acting reversible contraception, sleep hygiene, and nutrition. Creating a women's health specialty clinic at IU-SOC has illustrated the need for and desire by patients to have specialty medical services in their community. In the immediate future, our goals are to continue to increase patient capacity and working hours while transitioning from an entirely walk-in schedule to both walk-in and appointments. We will continue to seek funding to expand available services to include in-office procedures such as endometrial biopsy and placement long acting reversible contraception. Most

importantly, we will continue to foster relationships with our patients and their communities to provide high quality medical care, education, and social support.

References

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