

Wisconsin's Community Health Centers

The Melting Pot of Medicine

By John Khalil

“Be kind, for everyone you meet is fighting a hard battle.”

— Plato (427 – 347 B.C.)

Plato's words from so many centuries ago seem to capture the essence of my summer SMS Foundation fellowship with the Wisconsin Division of Public Health (DPH). Based on my desire to work in the public health field in the future, I chose to spend most of my time in community health centers across the state. At each site, I saw families and individuals who were truly fighting daily battles. Some were homeless, while others spoke no English or had no means of transportation. The patients I met struggled with multiple addictions, disabilities, chronic health conditions, and were generally underinsured.

However, the effort to care for these individuals is not confined to the walls of community health centers. I was also able to attend meetings and meet public health professionals making administrative decisions and initiating systematic changes to further aid Wisconsinites. This summer preceptorship left me with an understanding of the compassionate,

multi-disciplinary approach needed to make progress on the community health issues that affect our state.

At the onset of my experience, I was not exactly sure what a community health center entailed. It did not take me long to find an answer: “one-stop shopping.” For example, the Sixteenth Street Community Health Center in Milwaukee staffs 17 physicians, including internists, pediatricians, family practitioners, and psychiatrists. Nearly the entire staff speaks Spanish, eliminating a potential barrier to medical care for the large Hispanic community served at the clinic. The clinic recognizes the value of a diverse, culturally competent staff and is able to offer patients the services of several physician assistants, nurse practitioners, nurse midwives, medical educators, dentists, therapists, and counselors. Clients can receive general medical care, dental care, behavioral health services, and health education. The clinic also provides WIC services, environmental health services and screening, and HIV services. People can enroll in Medicaid, Healthy Start, and BadgerCare on site.

In addition to experiencing the comprehensive care offered at

community health centers, I also began to learn about the administrative and financial challenges integral to these organizations. I was fortunate to spend time with the director of the Beloit Area Community Health Center (BACHC). He introduced me to some of the problems that private nonprofit community health centers typically need to address. More than half of the BACHC patients are on a sliding scale (they pay \$10 per visit), while about 20% are on some sort of medical assistance. This clinic relies heavily on grants to keep its doors open. While the BACHC staff is not as large as that of Sixteenth Street, virtually identical services are provided, and the staff is unquestionably in tune with the specific needs and strengths of the community they serve.

Within the community health centers, I saw an unbelievable variety of patients. At the Madison Street Clinic in Milwaukee and at the Madison Community Health Center, I met patients who were homeless, migrant, and living in halfway houses. In addition, I saw middle class people who preferred the care they received at the community health centers to that they had received elsewhere. Patients were covered by private insurance, Medicaid, BadgerCare, or a sliding scale; and others were no-pay clients. A substantial amount of time was spent in each center connecting patients with

Mr. Khalil is recipient of the 2001 SMS Foundation Summer Fellowship in Government and Community Service. He is a student at the University of Wisconsin Medical School.

resources available to them, including GAMP, a short-term insurance program for people who do not qualify for Medicaid.

An important aspect of providing adequate medical care is recognizing the limitations and barriers experienced by clients, determining their strengths, and being willing to work collaboratively to find solutions. In Milwaukee, providers at the

that can be taken to improve children's oral health.

One of my most valuable experiences was participating in a minority health videoconference sponsored by the University of North Carolina School of Public Health. Speakers discussed current needs and minority health issues—racism, serving specific ethnic groups, and community involvement. Everyone I worked

the dedication and optimism of all those I worked with at the Department of Health and Family Services and at all of the clinics I saw. I am also grateful to the State Medical Society for giving me the opportunity to explore public health within the context of an amazing clinical experience. Public health priorities are continually evolving to improve the health of our state and our nation. I imagine that when I am practicing there may be a slight shift in public health priorities, but I anticipate that community health centers will be utilized more and more to make an impact on those issues.

Everyone I met through the preceptorship was indeed, in Plato's words, fighting his or her own "hard battles." Administrators are fighting for positive policy changes and improved access to care. Clinicians are fighting to address each client's needs and to empower them to make healthy decisions for themselves and their families. Lastly, and most importantly, patients, building on their strengths and resiliency, are fighting to overcome a gamut of barriers to health care and numerous social and environmental problems that are never even introduced into the clinic setting. It is only through a kind, culturally sensitive, and respectful approach by all parties involved that progress will truly be made in public health problems.

Acknowledgements

This preceptorship is funded by the State Medical Society of Wisconsin. I thank the SMS, Richard Aronson, MD, and his colleagues at the DHFS, the staffs at Madison Community Health Center, Beloit Area Community Health Center, Madison Street Clinic, Sixteenth Street Clinic, UW Health – Belleville Family Medical Clinic, and Lisette Jehn for their assistance.

“This summer preceptorship left me with an understanding of the compassionate, multi-disciplinary approach needed to make progress on the community health issues that affect our state.”

Madison Street Clinic were sensitive to the unique needs of homeless clients. These patients struggle with multiple challenges, and healthy behavior changes were not always a priority for them. For example, clinicians know it is unreasonable to ask patients to change their diet or to exercise regularly when their immediate concerns are finding food or a place to sleep.

I also spent time in a small rural community clinic in Belleville where I was able to do my first home visit. Patients expressed how appreciative they were to have doctors willing to see them in their homes.

But not all of my time was spent in clinics. I was also able to work with several individuals at the DPH and attended meetings concerning *Turning Point*, Wisconsin's public health plan for 2010. It was enlightening to see what sort of in-depth planning is necessary to impact these issues years down the road. I was also fortunate enough to meet with the DPH's Chief Dental Officer to discuss access to care, inadequate Medicaid acceptance by dentists, low reimbursements, and possible preventive measures

with stressed the cultural competence—a set of behaviors and attitudes coming together in a system that enable one to work effectively in cross cultural situations. The videoconference put that idea into perspective.

The preceptorship taught me a lot about what needs to be done to improve the overall health of our communities. In my humble opinion, we need more clinicians with a generalist perspective. Major problems that affect our society— obesity, hypertension, diabetes, nutrition, high risk sexual behavior, and tobacco use—are all issues in which a primary care physician can be an effective catalyst for change. I heard about access to medical care again and again throughout the summer, especially in the case of uninsured patients. It is an important issue not only pertaining to general medical care, but also to dental care and mental health.

I am indebted to Richard Aronson, MD, Chief Medical Officer for Family and Community Health, and his many colleagues at DPH for sharing their expertise and time with me. It was refreshing to see



The mission of the *Wisconsin Medical Journal* is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

The *WMJ* (ISSN 1098-1861) is the official publication of the State Medical Society of Wisconsin and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of *WMJ*. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the *WMJ* nor the SMS take responsibility. The *WMJ* is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

For reprints of this article contact the *WMJ* Managing Editor at 800.362.9080 or e-mail wmj@wismed.org.

© 2001 State Medical Society of Wisconsin