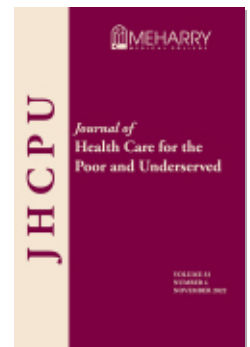




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Centering Community Voices: Establishment of a Community Advisory Board at a Student-Run Free Clinic

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Summary: Student-run free clinics (SRFCs) are common throughout the U.S. and have potential to meet the needs of both health professions trainees and patients in underserved communities. Here, we describe our SRFC's initial process for recruiting, implementing, and evaluating a Community Advisory Board to better align clinic offerings with community needs.

Key words: Community advisory board, student-run free clinic, community engagement, community health, feasibility study.

Student-run free clinics (SRFCs) are widespread in the United States. They often provide care in medically underserved communities.¹ Research has shown that SRFCs offer numerous potential benefits, such as enhanced trainee learning² and patient health³ outcomes. Although SRFCs may assess community needs through surveys and electronic health records,⁴ meaningful elevation of community perspectives remains elusive.⁵⁻⁷ This is a matter of particular concern given that—due to structural barriers historically limiting access to higher education—there are generally marked differences between the sociodemographic profiles of health professions trainees and underserved communities visiting SRFCs.⁸ Despite the beneficial services and well-meaning intentions of SRFCs, it is likely that the bulk of students and faculty staffing SRFCs have not had comparable lived experiences to many of their disadvantaged patients.^{5,8}

One approach to center community and patient voice within organizational decision-

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making is the community advisory board (CAB).^{6,8} Although CABs have long been a mainstay for federally funded health centers and community-based research studies, they have less often been considered for incorporation into SRFCs. Considering this gap, the current report describes our effort to establish a CAB at the University of Minnesota's Phillips Neighborhood Clinic (PNC), an interprofessional SRFC that annually engages over 400 student volunteers.^{2,7,8} The PNC provides primary, acute, and specialty care services to a multicultural and socioeconomically challenged community, without requirements for payment, insurance, or legal documentation (see Pennington et al.⁷ for demographic information about PNC and the Phillips Community (Phillips)).

The PNC Community Advisory Board

Recruitment. We recruited CAB members by sending recruitment emails to the PNC's community partners, conducting door-to-door outreach with local private and public organizations (e.g., mosques, supermarkets), and posting flyers throughout the neighborhood and distributing them on site at the PNC. We employed a purposeful sampling approach with the goal of recruiting a diverse CAB, given the issues described above. We included contact information on all recruitment materials for interested individuals to reach out to with questions or to express interest; Google Workspace applications were used to provide an email address (Gmail) and phone number (Google Voice) that the student coordinator could monitor without publicly sharing their own contact information. As a result of this process, 15 individuals who lived or worked in the neighborhood agreed to participate, reflecting a range of identities and personal health experiences (Table 1). The median participant age was 34 years (Q1: 26, Q3: 40), and five of 15 were affiliated with a local community-based organization.

Structure and implementation. The CAB was structured as a non-voting committee of the PNC; input and questions from the CAB were periodically shared with the student leadership team to inform clinic administrative, service, and community relations decisions. Meetings focused on eliciting member perspectives on proposed changes to clinic services and operations and emerging community health concerns. The student coordinator encouraged each member to take on at least one project they could be substantially involved with to allow for a more meaningful experience. Community advisory board members were engaged in project activities in between meetings, as available, with the student coordinator providing administrative support (e.g., scheduling additional subgroup meetings).

Seven CAB meetings were held during the 2019–2020 academic year, from November 2019 to October 2020. Attendance ranged from three to nine community participants at each meeting with one student coordinator. The initial meeting focused on introducing CAB members to one another including backgrounds and personal identifiers; orienting the CAB to the PNC scope of services, history, patient population, and the flow of a typical patient visit; and collectively deciding upon desired meeting frequency, format, and communication methods. The decision was made to hold CAB meetings every other month for 1.5 hours each. The CAB was designed to center the concerns and input of members with one student leader primarily serving as an administrative coordinator, facilitator, and notetaker. E-mail was the primary form of communication

Table 1.

SELF-REPORTED DEMOGRAPHIC CHARACTERISTICS OF MEMBERS (N=15) IN THE COMMUNITY ADVISORY BOARD AT THE PNC, A STUDENT-RUN FREE CLINIC—MINNEAPOLIS, MINNESOTA, 2019–2020

Characteristic ^a	n
Gender	
Male	7
Female	7
Non-binary	1
Sexual Orientation	
Heterosexual	10
Non-heterosexual	4
Did not disclose	1
Race/Ethnicity	
White	5
American Indian/Alaska Native	3
Black	5
Hispanic/Latinx	2
Primary Language	
English	8
Not English	7
Physical or Mental Health Condition	
Yes	10
No	4
Did not disclose	1
Disability	
Yes	3
No	12

Note:

^aMore specific demographic information was collected from members but are not reported here to protect CAB member confidentiality.

between the student coordinator and CAB members. The student coordinator sent CAB members calendar invitations and editable online records of meeting minutes, and sent out reminder messages via text message prior to each meeting. Prior to the COVID-19 pandemic, meetings were held on-site at the PNC with food purchased from local vendors owned by Black, Indigenous, and People of Color. Following the onset of the COVID-19 pandemic in March 2020, meetings shifted to a virtual format over Zoom to support physical distancing measures.

Meetings were semi-structured to allow maximum input from CAB members; a

sample meeting agenda is available upon request. Each meeting began with the reading and discussion of a quote from one of the PNC's patients to ground the Board's intentions. The student coordinator provided updates from the PNC, and opened the conversation up for participants to share information regarding local events, community health trends, and emergent needs. Through this process, CAB members had the opportunity to learn from one another while also providing valuable information to the PNC regarding local issues relevant to the clinic's services, operations, and community relations. Subsequently, time was allocated for discussing CAB member projects, with CAB members encouraged to lead and facilitate conversations pertaining to their project(s). The meeting closed with administrative updates from the student coordinator. In the early phase of implementation, CAB members were invited to a tour of the PNC on a clinic night to get a sense of the physical space and clinical workflow, and to spur initial ideas for projects.

The student coordinator applied for several local grants (e.g., state medical society, university community engagement programs); those that were successfully funded were primarily used to encourage participation and compensate individuals for their expertise and time. Such an approach was deemed critical given the many logistical and financial barriers that have historically impeded individuals from under-represented communities from engaging in positions of leadership within health care. Community advisory board⁸ members were queried to assess what barriers might affect their ability to participate, which informed allocation of funds. Thus, members received local prepaid transit cards, certificates of appreciation signed by the PNC's medical director, and a monetary honorarium at year's end. In addition, the CAB maintained an open-door policy, such that once members agreed to participate, they were always welcomed back and included on communications regardless of attendance rates. Participation support resources were provided to members as long as they attended at least one meeting during the project year.

Evaluation approach. We conducted a formative, mixed-methods evaluation with the primary objective of understanding the CAB's feasibility from the perspective of CAB members during the initial year of implementation. "Feasibility" was defined as the collection of factors that influence the PNC CAB's potential for sustained, ongoing implementation, such as member satisfaction, engagement, or the extent to which CAB members felt their work on the Board had an impact.⁹

The evaluation drew from three data sources: surveys, group discussions, and meeting minutes. First, we sent electronic end-of-year surveys to all CAB members, which contained close-ended items on feasibility (e.g., ease of participating in meetings). Four items queried members to consider responses at end-of-year (Fall 2020) compared with when the CAB first started (Fall 2019). Members were encouraged to participate through in-meeting, text-based, and e-mail reminders. We also raffled off two \$20.00 gift cards to two randomly selected respondents. Second, we held group discussions following CAB meetings near the end of the project year, around the time the survey was sent. These conversations allowed for open-ended discussion regarding the CAB's feasibility. Finally, meeting minutes from all seven meetings were also reviewed, totaling 18 pages of text. Group discussion transcripts and meeting minutes served as the basis

of a qualitative content analysis¹⁰ conducted by two authors (MS, the student coordinator, and GM, a CAB member). These authors read through documents multiple times in an initial open-coding process,¹⁰ took memos throughout, and convened to discuss emergent themes. Overall, the evaluation allowed for ongoing monitoring of the CAB to help inform future adjustments to optimize sustainability.

Findings. All 15 participants agreed or strongly agreed that they were pleased with the CAB's organization, they personally or professionally benefited from participating, their viewpoints were heard/valued during meetings, and that the student coordinator made it easy to engage in meetings. A few members also provided constructive feedback, including recommending more polls to assess member availability, and adjustments to meeting length and frequency.

Meeting minutes illustrated the ways in which CAB members were engaged on a range of issues. These included both conversations about community health needs as well as substantive discussions regarding proposed changes to PNC services, operations, and community relations. Topics on current community health needs included local outbreaks of HIV and hepatitis A; how to better reach adolescents and young adults in Phillips; a proposed public works expansion in East Phillips with potential threats to environmental health; reminders about upcoming health fairs and community events; hygiene supply collection efforts during the COVID-19 pandemic; and mental health resources for American Indian and Alaska Native youth. Topics on clinic services, operations, and community relations included discussing how to enhance attendance rates at PNC's community-based outreach events on physical activity and nutrition; what attributes would be desirable in a telehealth model implemented during the COVID-19 pandemic; health topics that should be covered in preventive health videos; how PNC could better address the medical and psychosocial needs of individuals experiencing homelessness; deciding upon the incorporation of psychiatry specialty nights into the clinic's offerings; and distinguishing scopes of work between social work and nursing students.

Community advisory board members also reported increases in three of four indicators of perceived personal impact, from Fall 2019 to Fall 2020. Specifically, members reported significant increases in the extent of making an impact on, describing the health needs of, and having positive connections in Phillips (all $p < .05$). However, there was no significant change in members feeling engaged with the local community ($p = .32$; Figure 1). Qualitative data corroborated these findings, as captured by these CAB member statements:

Being a part of [the] CAB has increased my awareness of the needs of the [City neighborhood] community. I was also able to learn from other CAB members about resources that exist and how they can be utilized to meet the needs of the community and be used to implement at Phillips. Overall, this has been a wonderful learning experience for myself and has made me think deeply of how I can better serve the neighborhood, particularly my own Somali community.

I didn't realize how many health problems were affecting our neighborhood until now. There's some sadness in noticing that but our meetings remind me that there is a lot to be hopeful about too. Excited to see where it goes.

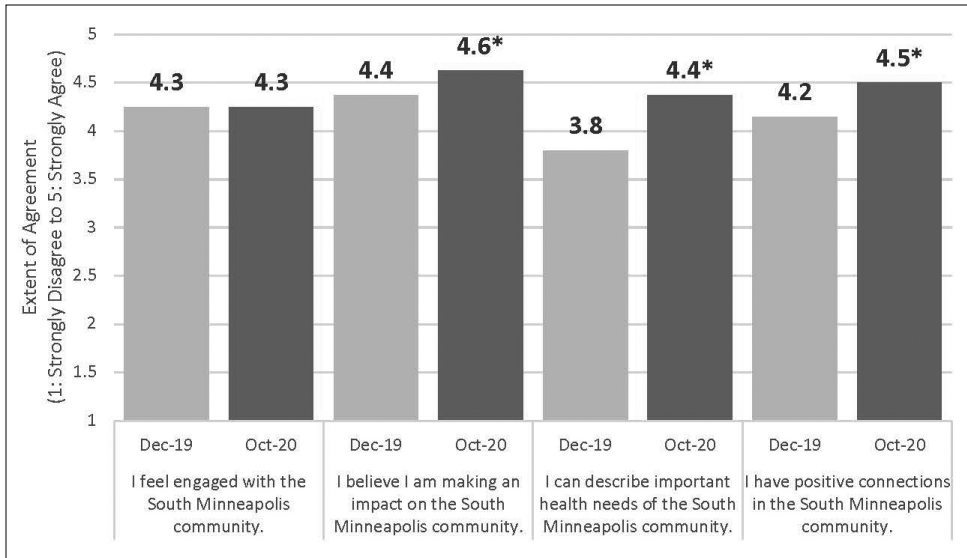


Figure 1. Median scores on four indicators of feasibility among members ($n=15$) of the Community Advisory Board at the PNC, a student-run free clinic—Minneapolis, Minnesota, 2019–2020.

Note: * $p < .05$ based on two-tailed non-parametric (Wilcoxon signed-rank) tests.

Finally, CAB member projects provided another measure of feasibility. Seven of 15 participants led or supported numerous projects in response to group-identified needs, such as hepatitis A, food insecurity, patient social needs during the COVID-19 pandemic, and other issues (detailed in Box 1).

Future Directions

Although authentic, bidirectional community engagement is often recommended both for safety-net clinics^{4,5,11} and medical education institutions,¹² practical examples remain rare. Acknowledging clear generalizability constraints, our early experience suggests that a SRFC-based CAB can be feasible and beneficial, both for participating members and the host clinic. Community advisory board discussions illuminated targets for action to better address local health needs that may not have otherwise been known. Our evaluation highlights areas for improvement including increasing members' retention rates and engagement with the local community, greater inclusion of non-English speakers and clinic patients, and evaluating student leader perceptions of the CAB. Future evaluation efforts can help us understand additional outcomes of interest, such as the extent to which CAB-initiated efforts result in improved health for SRFC patients and surrounding communities. Finally, although our CAB was organized as a non-voting entity in this pilot phase, it would be useful to explore how the CAB might function as a voting entity and the resources needed to support this.

Student-run free clinics and similar academic-community partnerships (e.g.,

Box 1.

DESCRIPTION OF MEMBER PROJECTS ON THE COMMUNITY ADVISORY BOARD AT THE PNC, A STUDENT-RUN FREE CLINIC—MINNEAPOLIS, MINNESOTA, 2019–2020

CAB member project	Description
Establishing Hepatitis A vaccines and rapid HIV tests	Since 2019, Hennepin and Ramsey counties have been experiencing outbreaks of HIV and Hepatitis A predominantly affecting individuals experiencing homelessness, people who inject drugs, and Native American individuals. One CAB member worked with the Minnesota Immunization Networking Initiative to stock Hepatitis A vaccines at the PNC, serving as an additional site to stem the spread of the outbreak among this vulnerable population. In addition, the CAB member is in the process of trying to secure rapid HIV tests, as currently PNC only offers tests that require several days for processing and interpretation by an external laboratory.
Improving usability and accessibility of the PNC website	The PNC website is the primary means by which patients can find information about the clinic’s hours of operation, updates, and services. However, the website did not meet widely accepted standards for ease-of-use, which may have presented barriers to patient access particularly for those who do not speak English or have disabilities. Two CAB members collaborated with the PNC webmaster (a trainee) to make minor (e.g., font changes to facilitate viewing by color-blind individuals) and major adjustments to the website to ensure it provides easy access to information regardless of literacy capabilities.
Addressing food insecurity among PNC patients	Food insecurity has affected low-income individuals in the neighborhood far before the pandemic. One CAB member worked with PNC’s nutrition students to establish a partnership with a local non-profit organization to offer shelf-stable foods to patients at the PNC, now available by the registration desk. Efforts are also underway to employ a brief food insecurity screener during standard patient visit.
Developing patient-centered informational resources	Through discussion with PNC’s community health workers, one CAB member developed plain language, patient-centered one-pager resources in three languages (English, Somali, Spanish). These included resources on enrolling in Minnesota Health Care Programs (including Medical Assistance, Minnesota Family Planning Program, and Medicare Savings Programs) and low-cost medication and medical supply resources. Additional one-pagers are in development.

(continued on p. 2039)

Box 1. (continued)

CAB member project	Description
Integrating harm reduction into the PNC	Two CAB members worked on several projects to integrate harm reduction principles into the PNC. First, these CAB members implemented a training for all PNC volunteers covering the principles of harm reduction, non-stigmatizing and non-judgmental principles for querying patients about substance use, and Naloxone administration (including providing free Naloxone to participants). Second, they are developing a quality improvement project to assess current substance use practices at the PNC and align these practices with evidence-based approaches (e.g., Screening, Brief Intervention, and Referral to Treatment).
Social needs assessment of PNC patients during COVID-19	One CAB member encouraged the PNC to understand the challenges PNC patients were facing during the COVID-19 pandemic and associated quarantine measures. We implemented a telephone-based outreach project drawing on the Health Leads' Social Needs Screening Toolkit. ¹¹ 169 patients were called with 26% revealing a social need. The most common needs identified were not being able to receive healthcare due to financial factors (23%), not being able to receive healthcare due to lack of transportation (17%), or lacking companionship or support (17%). 28 patients (17%) were connected to a community resource based on needs identified during the screening. The PNC leadership team is currently exploring means of addressing identified needs from this assessment.

Note:

CAB: Community Advisory Board.

residency clinics, mobile health units, rural clinics) may find our process informative for efforts to better reach their patient populations, particularly those who face disproportionate barriers to care. Attending to potential barriers such as transportation, technology literacy, diverse member backgrounds, and other factors facilitates meaningful inclusion of individuals with personal experience in underserved neighborhoods within CABs.^{5,6} Although addressing these factors may require additional financial and time investments, they appeared to assist community member participation both in CAB meetings and associated evaluation activities. Ultimately, greater adoption of CABs may assist SRFCs and similar academic-community partnerships in scaling up the impact and equity of their services.

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