



Purpose

The Volunteers in Medicine clinic approached us with a problem, their administration needed to reach more potential patients in order to increase funding through community donations. The findings of our research lead us to believe that the Volunteers in Medicine Clinic is not accurately targeting its intended demographic. Our focus group revealed that the clinic provides little patient outreach to recruit new patients beyond word of mouth, promotional flyers on LTD transport and its recent television public service announcement. The clinic should formulate key messages and print material that resonates well with its target demographic in order to raise the number of patients served annually.

This report seeks to summarize the findings of our recent survey screening and focus group to explain how these results correlate with the objectives and vision of the Volunteers in Medicine clinic. We hope to provide members of the Volunteers in Medicine management and staff with an accurate summary of patient opinion regarding the VIM facility, physicians, ease of access, and patient outreach so the clinic may implement strategic public relations tactics effectively and efficiently in a low-cost manner.

Scope of Work

Upon receiving our assignment we immediately examined the brochure provided by a member of the VIM management. Initially, we sought out a variety of secondary sources to form a basic understanding of the clinic, its current outreach methods and health care services provided. Secondary research was conducted via internet searches for video, news pieces, and key word searches in addition to analysis of the VIM website. We found that the secondary research materials available were insufficient to answer our questions and sought an alternative primary approach.

We determined that a focus group, which emphasizes a conversational approach to qualitative research, would be an efficient and effective research method. The first component of the planning phase was to compose a patient screening survey for eligibility in the focus group. Research has shown that women make the majority of healthcare decisions for their households. This fact, in addition to the commonly held view that women are more open with one and other in an unfamiliar surrounding, led us to the conclusion that our focus group would be open to female participants only. We wanted participants to feel appreciated and at ease during the focus group and felt that the presence of a male may have lead to discomfort or lack of honesty with personal questions regarding health issues, particularly women's health services.

Patients were provided with an incentive/compensation for time spent in the focus group in the form of a \$20 gift card to Fred Meyer. We chose Fred Meyer after considering many alternative retailers but felt that our choice had very little associated social stigma and that the location would be accessible to all patients, as it is located behind the VIM clinic. Patients informed us that they were interested in participating in the focus group by checking an optional box on the survey. They were then contacted and asked to specify which focus group session they wanted to join. Ultimately we held one focus group with nine female participants on Tuesday, January 30.

The information compiled from patients who were unable to attend the focus group, or who did not qualify for participation in the group, was compiled with the intention of answering further questions about patient demographics and barriers to entry. However, we found that the small number of questions on the survey and the low number of participants would not create reliable data, thus we decided not to utilize the surveys beyond patient screening.

We chose to hold a focus group at a neutral location, the Eugene Faith Center, because we believed it would encourage open and honest discussion about the VIM clinic, its facilities, services, physicians and infrastructure. We had a limited timeframe to conduct both our secondary and primary research, and a one-hour focus group provided us with the opportunity to hear multiple perspectives. The discussion aspect of a focus group encourages participants to hear considers a variety of views and to share similar and conflicting experiences, enabling researchers to form a well-rounded view of a target demographic. One of our team members moderated the focus group while the other two took comprehensive notes to ensure that all research topics and individual research points were addressed for accuracy of data.

We chose not administer a long-term survey to VIM patients because the clinic conducted a similar survey in 2008. One-on-one interviews with patients were another obvious approach that we did not choose, however, this was due to the large amount of time required to conduct individual interviews and the difficulty finding a neutral location and time that was convenient for patients on an individual basis. The VIM clinic agreed to allow us to conduct surveys in its waiting room; however, we felt patients would feel coerced into participating and that they may not fully disclose their feelings about the clinic.

Our extremely minimal research budget, the conflicting individual schedules of team members and the availability of patients made it clear that we needed to conduct our research at one common time. Privacy and sensitivity of each patient's personal and health records required that the focus group be optional, so patients did not feel coerced to participate. The variety of emotions associate with health care and illness made it difficult for us to address patients at the clinic who were embarrassed or in ill health at the time of their visit. Though 21% of patients at the VIM clinic are of Hispanic ethnicity and 86% of these patients use Spanish as their first language, none of the members in our research team are Spanish speaking, so we elected to have an all English speaking group.

We realize that this may have skewed our research, however, in the time allotted we were unable to complete a similar focus group with a Spanish speaking VIM patient group.

Background

Volunteers in Medicine is a national nonprofit organization that seeks to provide health care to the working poor. More than 89 million Americans were without health insurance for all or part of 2006 and 2007.¹ Many of the uninsured are adults and the majority (79.3%) are from working families.² Volunteers in Medicine provides the facilities, organizational structure and management for volunteer medical professionals to administer their services in a safe, warm and healthy environment.

The funding for the operation of the VIM clinic and the purchase of medical supplies and equipment is provided by support from donors. It is The Volunteers in Medicine Clinic's mission to seek, understand and serve the health and wellness needs of the medically underserved in the greater Eugene and Springfield areas. In order for the clinic to continue to solicit monetary support and donations from existing donors it must continue to increase the number of patients served each year.

Volunteers in Medicine Mission

It is the mission of the Volunteers in Medicine clinic to optimize the healing environment and improve outcomes for the medically under-served in our community. The structure and process of the clinic is based on people's needs, viewed from a holistic perspective, recognizing the dignity of each individual. We aim to give voice to the population we serve. The clinic maintains close working relationships with other health care providers and institutions and assists clients in affiliating with other care providers. We emphasize health education and prevention. Mutual appreciation and support among team members is the cornerstone of VIM culture.

What services does VIM provide?

- Prevention and health maintenance
- Minor trauma
- Health education
- Prescription assistance
- Specialty and diagnostic referral
- Mental health services
- Diabetic Management and Education Program
- Other provider-dependent procedures

¹ www.vim-clinic.org

² www.vim-clinic.org

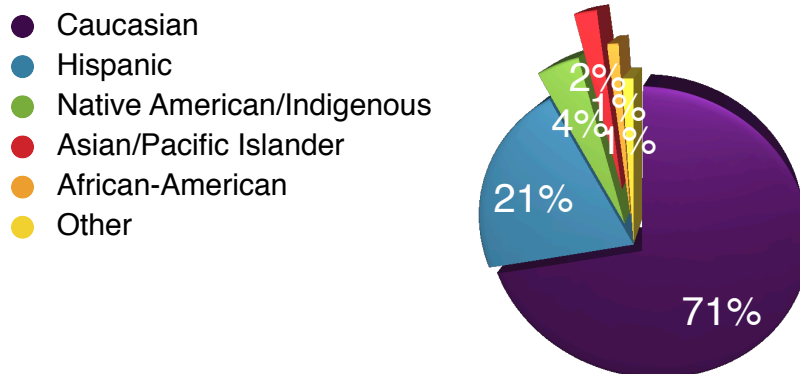
What are the eligibility requirements to become a patient at VIM?

VIM is a medical clinic funded by community contributions. It provides respectful, high quality medical services to low income, uninsured working individuals who do not qualify for government assistance. The screening process includes specific financial constraints that vary by individual income level and size of family and number of dependents.

Presentation of Results

Every campaign has to start somewhere, and for us it was logical to begin with secondary research. We scoured the internet for related information, went over what kinds of things the clinic is already doing, and obtained what information and statistics they already had. We gained a better understanding of the clinic itself before moving ahead with anything else. The information we were provided with from the clinic was very telling, and in many ways that were unexpected. It originates from patient data from all patients that visited the clinic during 2008.

One thing that we were surprised to learn about was the gender imbalance in patients that already visit the clinic. The statistics we obtained show that 66% of patients are women. We confirmed that this is not a discrepancy and that female patients can at times hover above the 70% mark for the clinic.

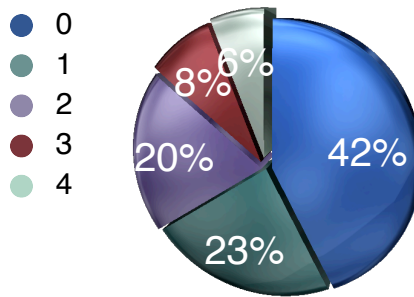


We also learned the breakdown of the various ethnicities that utilize the services of the clinic. Obviously, in our community it is not very surprising that primarily caucasians are patients. Coupling this information with other statistics does provide us with some not-so-obvious insights, however, as you'll see in the interpretation of results section.

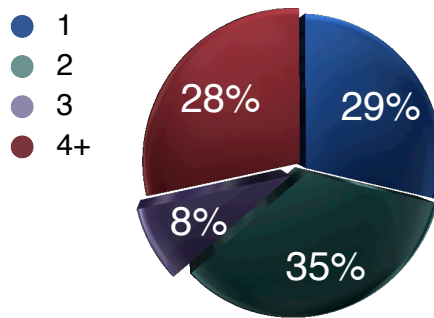
Knowing what the households that receive services look like is of much importance. We initially thought that not offering care to children was going to be a major concern, however, after looking at the number of children in households and the number of adults in households, it became clear that strides need to be made in caring for adult

patients before children become a feasible option. 36% of households have at least three adults in them and 28% have four or more.

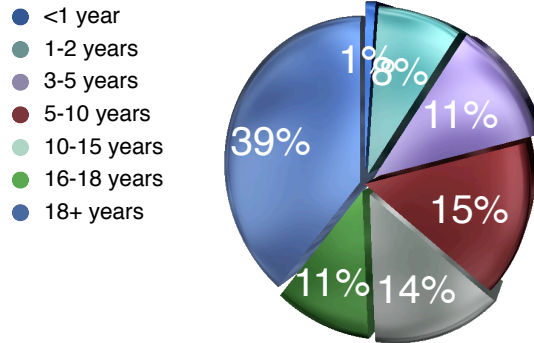
Number of Children in Household



Number of Adults in Household

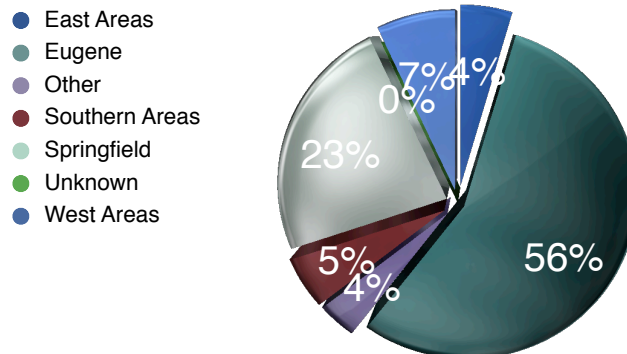


Age of Children in Household

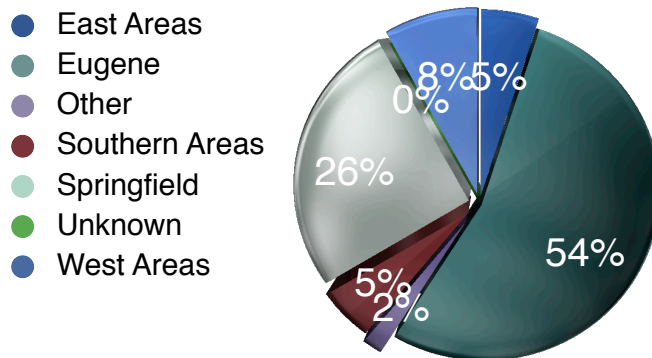


It's also important to know where people are arriving at the clinic from. Our secondary research provided us with this information. We were surprised to learn how far people will travel for care.

Count of Patients by Area

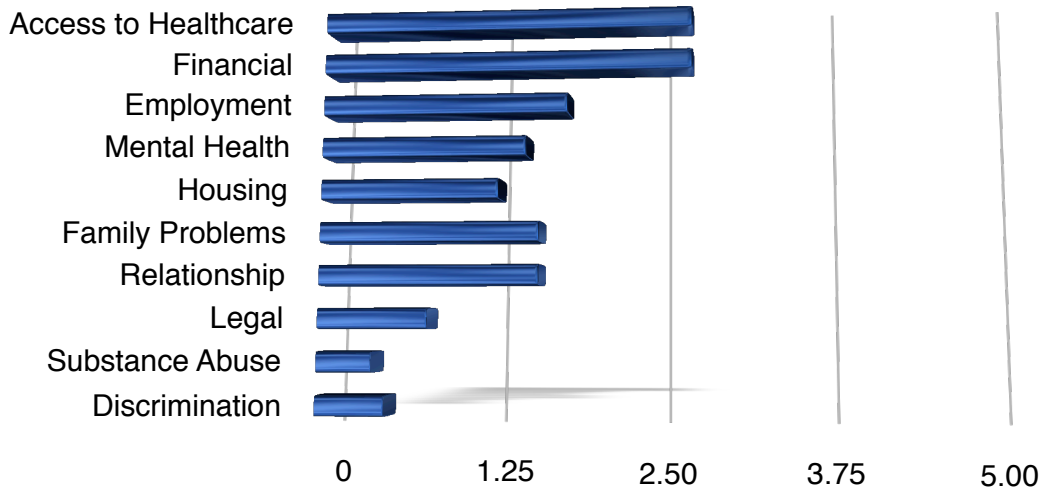


Count of Patients Visits by Area

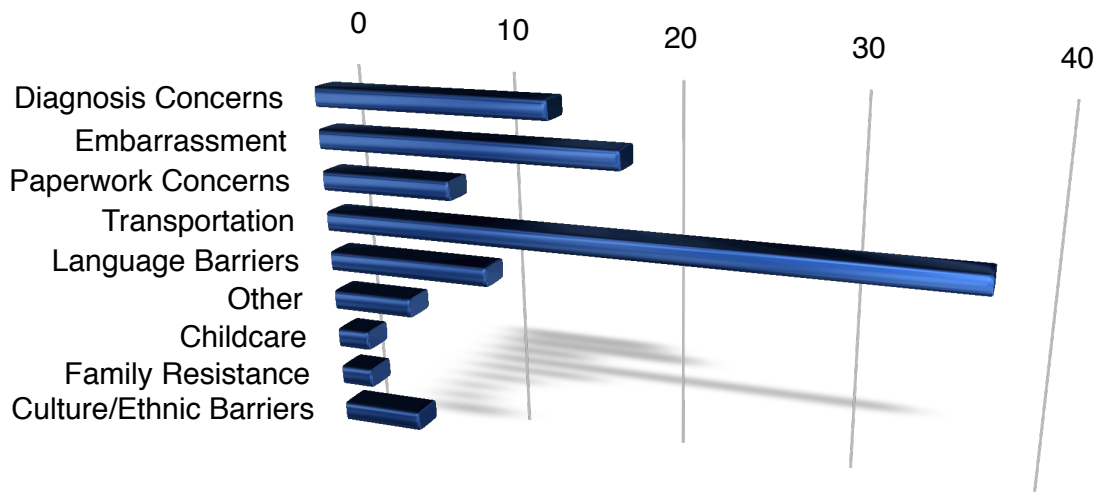


Knowing the barriers to accessing healthcare and what kinds of things stressed our patient population also shines some light on ways that the clinic could be improved. The following two graphs depict patient responses on a scale of one to five with five being extremely stressful.

General Responses to Stress Levels



Stress Caused by Barriers to Accessing Healthcare



Working through our efforts in a seamless flow, we next moved on to primary research. The secondary research that we began with provided us with enough insight to know what we did not know. These *gaps* were what we looked to fill with our primary research. Our primary research consisted of a survey and a focus group. The survey was used as a tool to know what other gaps we had in our information so we'd have somewhat of a game plan for administering a focus group. Here is a summary of what we learned from the focus group:

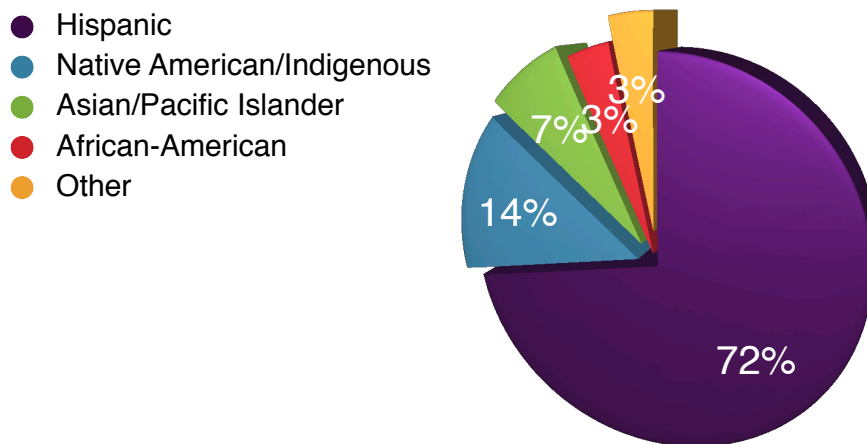
Negatives about clinic	Positives about clinic	Numbers & Insights	Participant Suggestions
Sometimes feel treated differently because it's a free clinic. Doctors act too quickly, at times.	Alternative to other free clinics that many find "scary", alternative to visiting/paying for ER.	8 / 9 feel a social stigma associated with going to VIM clinic.	Women's health should be a priority and current services should be better explained.
Doctors will act like patients are hypochondriacs or act too casual at times.	The hours of operation are great, but many would like to see weekend hours.	9 / 9 would recommend VIM Clinic to a friend or family member.	The availability of mental healthcare should be made better known.
End of day appointments are rushed.	Availability of prescriptions through the dispensary is great.	5 / 9 are mothers 3 / 9 have children at home	Care for diabetics should be made better known.
Volunteers (students and interns) at clinic are very vague (training concerns).	All participants feel that their healthcare needs are met at clinic.	9 / 9 require prescriptions 9 / 9 use dispensary	There needs to be more flyers and brochures in lobby to give to others.
Cancellations can make people banned from clinic for six months.	Clinic facilities and location are regarded as excellent and clean.	5 / 9 use dispensary and another pharmacy.	Many would like to see ways to contribute back to the clinic without money.
Eligibility screening is a hassle.	Quality of care is described as "as good or better" than other places.	5 / 9 would rather have no care than White Bird Clinic.	Participants suggested VIM bumper stickers for advertisement.
Lack of availability of alternative medicines.	Patients appreciate the personal care they are afforded and volunteers.	5 / 9 neglect milder ailments because it's a free clinic.	Government websites don't redirect to VIM Clinic's website.

Interpretation of Results

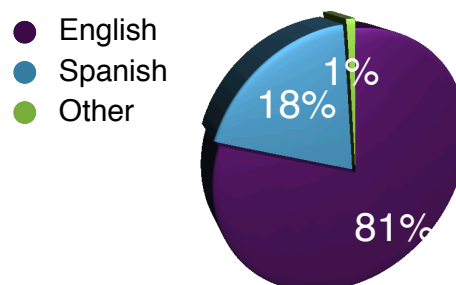
Learning a lot from just obtaining the information, scrutinizing it is how we gleaned very choice bits of information. We spent a great deal of time simply analyzing our research to find the kinds of things that will help shape our plan and move us forward on implementation.

An example of this is the demographical information on race. If we eliminate caucasians from the mix, it is quite clear that there is very low penetration of minorities other than hispanic.

Race and Ethnicity Other than Caucasian



Another telling bit of information is Spanish language use in comparison with demographical representation of that minority. Although hispanics comprise 21% of patients, only 18% use Spanish as their primary language. This means that nearly 86% of hispanics that visit the clinic have Spanish as their primary language.



It was also interesting to find that although rural patients comprise about 21% of patients at VIM Clinic, they represent 20% of patient visits. Although this is a solid correlation, if you remove Springfield's influx of visits from the mix (in comparison with their representation of patients as a whole), you'll see that for example, west areas

(Veneta, Blachley, Alvadore, etc.) represent 8% of visits, but only 7% of patients. The same is true for east areas. They represent 5% of visits, but only 4% of patients. This means that they average more patient returns, despite having to overcome geographical barriers. For comparison's sake, if you were to have the same trend in Eugene as you do with east areas, you'd have Eugene comprising 67.2% of visits while only being 56% of patients. This may mean that rural patients are worth catering to, as they'll provide us with more reliable and returning patients for years to come.

Our focus group is really the star of the show when it comes to our research findings. It provided us with so much anecdotal and real information that we can put into action that were really elated with how well it went. It generated our understanding of how much patients appreciate and like the care they receive from the clinic. We learned how important some of the clinic's services, such as the dispensary, are to patients and how little recommendations could make big differences in patients' perceptions of the clinic.

Recommendations

- Create visually stimulating and linguistically simple brochures and posters with information about available services and eligibility requirements in a concise manner.
- Increase the number of Spanish speaking physicians.
- Create opportunities for patients to ‘give back’ to the clinic through promotion of services and word-of-mouth campaigns.
- Consider partnering with a local transport service such as Lane Transit District or Ride Source to provide transportation for patients with difficulty accessing the clinic.
- Create a simple post-card format flyer with information about cancellations and no-show appointments.
- Create a promotional video to be placed on youtube.com and the VIM website that captures the compassion of VIM staff and the quality of care received by patients.
- Place promotional posters at locations frequented by individuals from a lower income demographic (WalMart, WinCo, Target, etc.)
- Patient recommendation: create a bumper sticker advertisement that did not identify the driver as a patient or otherwise, but simply as a supporter of the Volunteers in Medicine clinic “Free Healthcare is Just a Call Away”
- Create a forum to be moderated on the VIM website where patients can share their positive experiences at the VIM clinic with other patients researching the facility on the internet.

Conclusions

Our primary research illustrated how truly vital this clinic is to its patients and our community. One focus group participant exclaimed that she would literally die without the clinic because she could not get treatment anywhere else and would die without her prescriptions that the clinic is the only place to offer her for free. The majority of participants also said that they would rather receive no health care than go to other local free or low-cost clinics.

Anecdotal information provided during the focus group was very acute. For example, we were provided numerous responses about poor treatment at the clinic pertaining to one particular doctor. If one participant mentioned this doctor, the others would lose sight of the current topic and other negative experiences they had at the clinic. Alternatively, we experienced a snowball effect when it came to positive experiences. All participants felt that their care was as good or better than what they would receive elsewhere, including care at private healthcare practices that would be available with insurance. Many participants felt strongly about the clinic and inquired about whether there were any current opportunities to give back as an alternative to monetary contribution.

The participants also expressed a sense of gratitude for the care they have received from the clinic and for the volunteers who provide these services. Although eight of nine focus group participants said that they did feel a social stigma for attending a free clinic, they said that the facilities, location and variety of services available greatly contributed to their overall appreciation and comfort when scheduling appointments.

The participants also told us about how good they felt about receiving care from the clinic. Although eight of nine said that they did feel somewhat of a social stigma in greater society for having to go to a free clinic, they said that the facilities, location and breadth of services helped contribute to their overall appreciation and comfortability in making visits. They did describe problems that are actually non-existent, however. For example, many described phone cancellation problems or lack of availability of alternative options, diabetic, women's and mental health care at the clinic, but after investigating we found that the clinic offers all of these things and that the phone system does not erroneously ban people from visiting the clinic for six months unless they are chronic offenders. Regardless of if these concerns are true or actual, the perceptions remain and it is in the interest of the clinic to address them. This disconnect further solidifies our belief that further communication needs to be developed for existing patients, not only new patient outreach.