

**Candice McElroy, Class of 2008**  
**Family Medicine and Community Health**

**Characteristics of Patients Utilizing St. Anne's Free Clinic**

Candice McElroy, MS IV, Judith Savageau, MPH  
University of Massachusetts Medical School, Worcester, MA

**Background:** St. Anne's Free Clinic in Shrewsbury, MA, has been providing healthcare to residents of the greater Worcester area since 1996 regardless of insurance or immigration status, income, or access to other sources of healthcare. In general, patients utilizing this and other similar area clinics are thought to be uninsured and unable to pay for healthcare at more conventional medical care facilities. This was confirmed in a 2001 study of St. Anne's and two other area clinics. There has been a flux recently in the availability of services offered at local free clinics with the closing of some established free clinics, the openings of others in surrounding towns, as well as plans to open additional clinics that will target specific patient populations, such as new immigrants. University of Massachusetts Medical School, with a founding principle "to increase the number of primary care physicians practicing in underserved areas of the state," provides student volunteers and affiliated physicians to help staff St. Anne's Free Clinic. The question arises as to whether or not patients are utilizing the clinic as a source of primary care, if it is equipped for this purpose, or if this site is filling gaps that exist in their regular sources of health care. On April 12, 2006, Massachusetts passed a law requiring all residents to have health insurance by July 1, 2007. The law was intended in part to address the approximately 550,000 uninsured Massachusetts residents and the consequent \$600 million plus in Uncompensated Care Pool expenses that this population helped incur. In light of this new legislation, questions arise about who is using these local free clinics. In the context of the recent healthcare reform in Massachusetts, the future role of free clinics and the characteristics of the populations they serve are yet to be determined.

**Objectives:** This study sought to characterize the patients utilizing the St. Anne's free clinic (i.e., demographic information, insurance status, access to healthcare, and health status). This study sought to obtain a snapshot of the patients utilizing one free clinic at a turning point in the state as far as requiring that health insurance be carried by all residents.

**Methods:** During four clinic sessions between December 2007 and February 2008, patients were approached as they registered to be seen and asked to fill out a survey. Study participants were adults, age 18 or older, who could read English or were accompanied by someone who could serve as a translator. Patients were only asked to fill out the survey at the first visit during this study period. Survey responses were entered into EpiInfo and descriptive analyses were conducted in SPSS.

**Results:** Out of 135 adult patient visits for 116 unique patients, a total of 97 surveys were distributed with an 82% (80) return rate. The remainder of patients was not approached due to the busy nature of the clinic, language difficulties, or refusal based on limited time. An additional 6 pilot surveys collected in December 2007 were also included for 86 total surveys. Male and female patients were equally represented and ranged in age from 18-76. The majority of patients (71.6%) indicated that they had lived in the greater Worcester area for 2 or more years. Only 9% of patients stated that they did not feel that they could speak with health care

providers in English and the languages spoken at home included English (76.6%), Portuguese (9.1%), and additional responses ranging from Chinese to Swahili. Patients who moved to the United States from another country in the last 5 years (9%) came from Kenya, China, Greece, Germany, and Brazil. One-third of respondents were married (32.9%) and another third (30.3%) never married. Two-thirds (67%) of households had no children under the age of 18. Most patients (64.4%) rent their home, but a significant number indicated 'staying with someone' (12.3%) or 'currently homeless/living in a shelter' (4.1%). Slightly more than half of the patients (51.4%) were employed either full or part-time. Household incomes tended to be less than or equal to \$25,000 (72.1%); only 14.8% reported incomes greater than \$35,000. Nearly half (44.4%) of patients had completed high school while another 43% had some college education. Two-thirds of respondents did not have health insurance with more than half of those patients (56.4%) having been uninsured for more than 1 year. Despite the rate of uninsured patients, a high percentage (92.4%) indicated that they were aware of the law requiring them to have health insurance in Massachusetts. Common reasons for being uninsured included not being eligible for the new state insurance programs, not being able to afford insurance, or insurance not being offered by employers.

The most reported reasons for using St. Anne's Free Clinic in general were that patients were uninsured (60%), friends or family members told the patient about the clinic (31.3%), access to prescriptions (27.5%), and patients who had health insurance but could not afford services that were not covered (12.5%). All patients indicated that they thought the care they received was either good or excellent and half of patients had been coming to the clinic for more than 6 months. More than half of the patients did not have a primary care physician (60%) and one-third of patients had visited an emergency department in the past year. Nearly 77% of the patients wait to see a doctor when they do not feel well and the most commonly cited reasons for this delay were not having enough money and that the problem did not seem serious. Most patients rated their own health as good or better (84.4%) and similarly rated their health as good or better in comparison to others their age (86.5%). The most commonly reported medical problems were hypertension (27.5%), emotional or nervous problems (23.8%), and dental problems (18.8%), while 22.5% of patients reported no diagnoses of chronic health problems.

**Conclusions:** While limited by sample size and including patients from only one free clinic, this study highlights some on-going trends in healthcare. The majority of patients utilizing St. Anne's Free Clinic do not have health insurance, although in comparison to the larger sample of patients at three area free clinics conducted nearly 7 years earlier, the number of uninsured patients may have decreased (81% in 2001 versus 67% in 2007/2008). The top reasons for using a free clinic in general have remained unchanged since 2001, which demonstrates that free clinics are still serving an important role as safety-net resources, especially for uninsured patients. Low income contributes to patients not being able to see healthcare providers when they first become ill, to patients being unable to take their medications as prescribed, and to patients being unable to afford health insurance, which would allow for greater continuity and quality of care. Despite the challenges that this clinic population faces, their overall ratings of their health status remains high. Importantly, the patients at St. Anne's think highly of the quality of care that they are receiving. However, the limitations of a free clinic do not allow for optimal primary care, and therefore efforts should be encouraged to create opportunities for this vulnerable population to be connected to more regular and continuous forms of healthcare through increased numbers of primary care providers and affordable healthcare.