

Urban Health Scholars New York City Trip - January 2017



Montefiore Medical Center and Mentors in Medicine

At the Montefiore Medical Center the scholars met with [Dr. Lynn Holden](#), an emergency room physician and Assoc. Professor at Albert Einstein School of Medicine. In addition to her clinical role, Dr. Holden founded and runs [Mentoring in Medicine](#), an organization that inspires and equips disadvantaged and low-income students to become healthcare professionals.

Dr. Holden grew up in Philadelphia and remembers what it was like to be a young student with dreams of medicine but little knowledge of how to get there. She attended Howard University, Temple Medical School, and ended up in New York for residency in emergency medicine. When faced with a personal illness after the birth of her first child and some mandatory time away from the pace and stress of clinical work, Dr. Holden reflected on what she truly wanted out of life. She decided to focus her energy on helping students like herself visualize a career in medicine and make it happen, and founded Mentoring in Medicine. From Dinner with Doctors to live and virtual camps to get students application-ready, Mentoring in Medicine aims to expand the pool of qualified students and to promote healthy ways to deal with the inevitable stress of medical careers.

10 years later, Mentoring in Medicine produces outstanding results. Mentoring over 80 students across the world, this organization provides preparation, support, and accountability to underrepresented students who may not have anyone at home or at school who can support them in their journey. For the students accepted into their pre-medicine program, an astounding 92% go on to medical school. We were struck by the passion which which Dr. Holden approaches her mentoring work, all while working regular shifts in the Emergency Department. She shared with us that this is quite common: many ER docs have their hands in multiple things.

After answering our questions, Dr. Holden took us on a tour of the center's emergency room department, a Level 2 Trauma Center and Level 1 Pediatric Trauma Center. The large department was bustling with a variety of cases from all across the

city. We are grateful for the time that Dr. Holden spent with us and for the work she is doing to bring more diversity of experience to healthcare. You can read more about MIM's impact [here](#).



Charles B. Wang Community Health Center

On Friday, January 6th, 2017 UHS visited Charles B. Wang Community Health Center (CBWCHC at 268 Canal Street). Beyond providing a generous Chinese lunch, Regina Lee, Esp. (Chief Development Officer), Dr. Loretta Au (Section Chief of Pediatric Care), and Teddy Chen, PhD (Director of Mental Health Bridge Program) spoke about CBWCHC, CHCs in general, Asian American health, and many other topics. UHS found the event and especially the discussion interesting and educational, and would recommend it for future trips (UHS last visited CBWCHC in 2013 with Dr. Perry Pong).

Basic facts and history for CBWCHC can be found on <http://www.cbwchc.org/index.asp>. CBWCHC is a 45-year-old nonprofit, federally qualified health center, and Level 3 Patient-Centered Medical Home that serves a predominantly underserved and Asian patient population (about 50,000 patients in 2016, 16% of whom were uninsured) with a yearly budget of \$65,000,000. When a health fair inspired several non-MDs to create CBWCHC in 1971, the idea of health care as a basic human right was still considered as radical. CBWCHC's current challenges include responding to more patient needs, responding to patient needs better, augmenting their finances, and recruiting providers.

So much was taught and learned during the talk and then discussion. I will just highlight a few themes that emerged.

1) There should be a holistic approach to health. The speakers mentioned the psychological stresses of immigration, the impact of unstable families (caused by gambling, migrant working parents), and the influence of gangs, among other social determinants of health. As Dr. Au said, "[What we do,] it's not medicine sometimes." For example, she asks certain patients for their report cards, and she liaises between parents and children.

2) Medicine is a team-based effort, in two main ways. A) Working on a team and coordinating within a network of people and organizations (schools, churches, governments, etc.) with similar missions and different talents is a good way to achieve goals, avoid burnout, and find fulfillment. B) Often a physician treats not a patient but a family, which is considered to be a nuclear unit/team by many Asian American cultures. Interestingly, because CBWCHC is such a historical part of the community and of many families, sometimes [potential] patients will avoid being seen at CBWCHC by other community members, and instead seek care elsewhere or not at all.

3) Health care should be culturally competent. Ms. Lee even thinks that health literacy might be a greater barrier to healthcare than race/ethnicity. Most CBWCHC employees at all levels are at least bilingual. Most of CBWCHC's publicity materials are released in both English and Chinese. CBWCHC may be the first or only CHC to have a Chinese language patient portal, although it notes that its EMRs are still in English because translation would require resources it does not currently have.

4) Quality and improvement are crucial to the wellbeing of a CHC and its employees. CBWCHC reports 14 quality indicators and is constantly in PDSA cycles. It identifies a need/problem, identifies feasible strategies for solution, identifies partners and supporters, and then attempts a solution. Sometimes this is motivated by physicians, and other times from management/administration.

5) Asian Americans, while not a monolith, have a unique health status. 8-12% of CBWCHC's patients have chronic Hepatitis B, a silent epidemic. Gambling is also a hidden epidemic among Asian Americans. 21% of Asian American men in NYC smoke, while <1% self-report substance abuse problems. 22% of CBWCHC's patients who are mothers with infants breastfeed. Most of CBWCHC's patients are not able to navigate a system as complex and culturally less competent as Bellevue.

Thank you to [@GeiselMed](#) students who stopped by to visit our health center! We love meeting future healthcare leaders.



5:44 AM - 9 Jan 2017

CCMP

The Coalition of Concerned Medical Professionals (CCMP) is a group whose shared mission is to elevate the health status of the community around them. They are an all-volunteer organization that intentionally operates without any federal funding. Among the CCMP volunteers are doctors, nurses, college students and, most importantly, community members. With a strong belief in grassroots organization, CCMP aims to bring community volunteers up to speed regarding the factors that contribute to a diminishing the state of wellbeing of an entire community. Elizabeth Stevens, a leader of CCMP in the NYC area, strongly believes that a community must look out for itself—that governmental support/aid is not enough to allow a community to establish a precedent of wellbeing. CCMP's goal is to offer comprehensive health care for low-income, or otherwise uninsured people. CCMP volunteers have canvassed, and continue to canvas NYC healthcare practices in order to find practitioners willing to donate their time, expertise, and equipment in order to provide care for underserved people.

CCMP is able to offer incredible healthcare to those patients who they can access, but they also understand the importance of talking healthcare disparities as far upstream as possible. With that goal in mind, CCMP volunteers organize to educate the community about the factors that contribute to health. As an entirely independent volunteer organization, CCMP is able to approach community members who would ordinarily be wary of governmental organizations. This sort of access to populations with severely restricted access to healthcare is one of the factors that allows CCMP to do so much good in the community.

CCMP's annual community health fair is one of the mechanisms by which they approach the community and foster discussion regarding health. Ordinarily, Geisel students volunteer as a part of the health fair itself, but this year we had the

special opportunity to get out into the community and raise awareness of the event itself. On the afternoon of January 7, 2017, Geisel students paired up community volunteers to canvass the Washington Heights area and raise awareness regarding the upcoming community health fair. In a predominantly Spanish-speaking neighborhood, the Scholars went door-to-door, distributing flyers and discussing the goals of the fair with community members. This was a special opportunity for the Scholars to get out into the communities we seek to serve. There is a certain level of discomfort that many patients feel approaching a site of healthcare provision, and this outreach was an excellent chance to reverse roles and approach community members in a context they might find more comfortable. Many people were initially wary about attending the health fair, so it was rewarding to be able to chip away at barriers by explaining that CCMP has no governmental affiliations, and that all healthcare provision would be entirely free and confidential. Once we were able to convince people that there was no 'catch', many community members were ecstatic by the prospect of accessing the healthcare system. It was especially gratifying to hear people's excitement over the prospect of bringing undocumented friends/family in for a risk-free checkup.

Once our stock of flyers was finally depleted, we returned to the CCMP home base in a local church to debrief with the regular volunteers, and to eat lunch. We already look forward to returning to NYC and working with the CCMP crew.

