

Background

As American healthcare shifts towards a single payer system, the emphasis has changed from treatment based medicine to preventive care in an effort to save money, reduce burden on the system, and improve the general population's quality of life. Primary care is the nucleus of this system, and functions to provide healthcare maintenance, screening, and timely treatment. Because of this, the availability of primary care is crucial for the single payer system to operate.

The Clinton area is uniquely culturally diverse compared to neighboring communities, and therefore has unique healthcare needs. This population has an increased incidence of chronic disease, including COPD, diabetes, and obesity that would benefit greatly from primary care management. However, the limited availability of primary care providers and the diverse languages spoken by the population are preventing patients from attaining local primary care. The ratio of residents to primary care providers is twice as high as the national recommendation. There are only 6 providers in Clinton, therefore any barrier preventing any of the providers from being able to effectively care for a certain demographic has a huge impact on the community.

Our project is aimed to review available information on the socioeconomic and healthcare needs of Clinton and the surrounding towns, as well as to directly poll residents to better quantify their healthcare practices, barriers to care, and preferences in primary care providers. Our goal is to identify ways to better serve this population and to reduce the burden on oversaturated healthcare facilities in the neighboring communities.

Methods

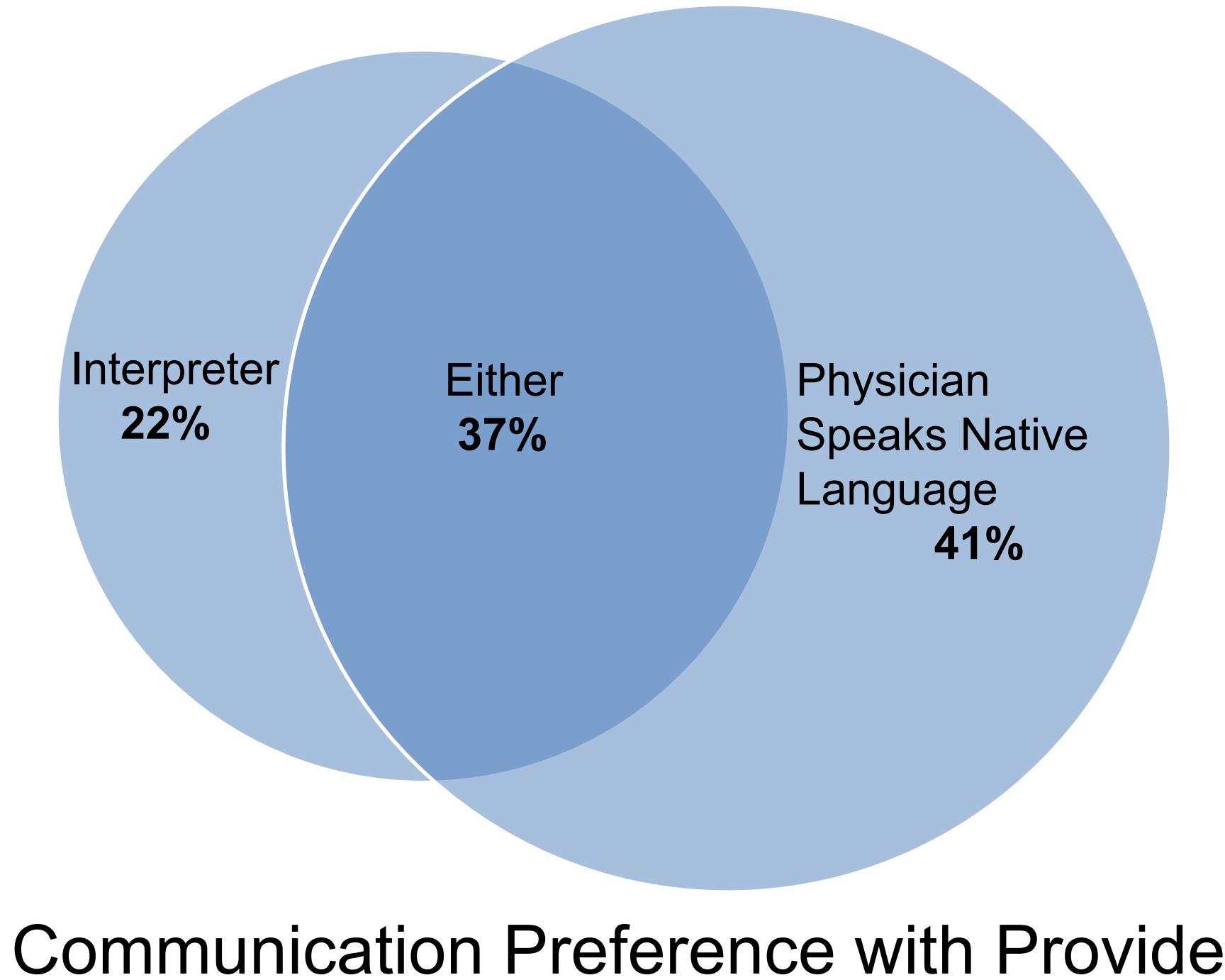
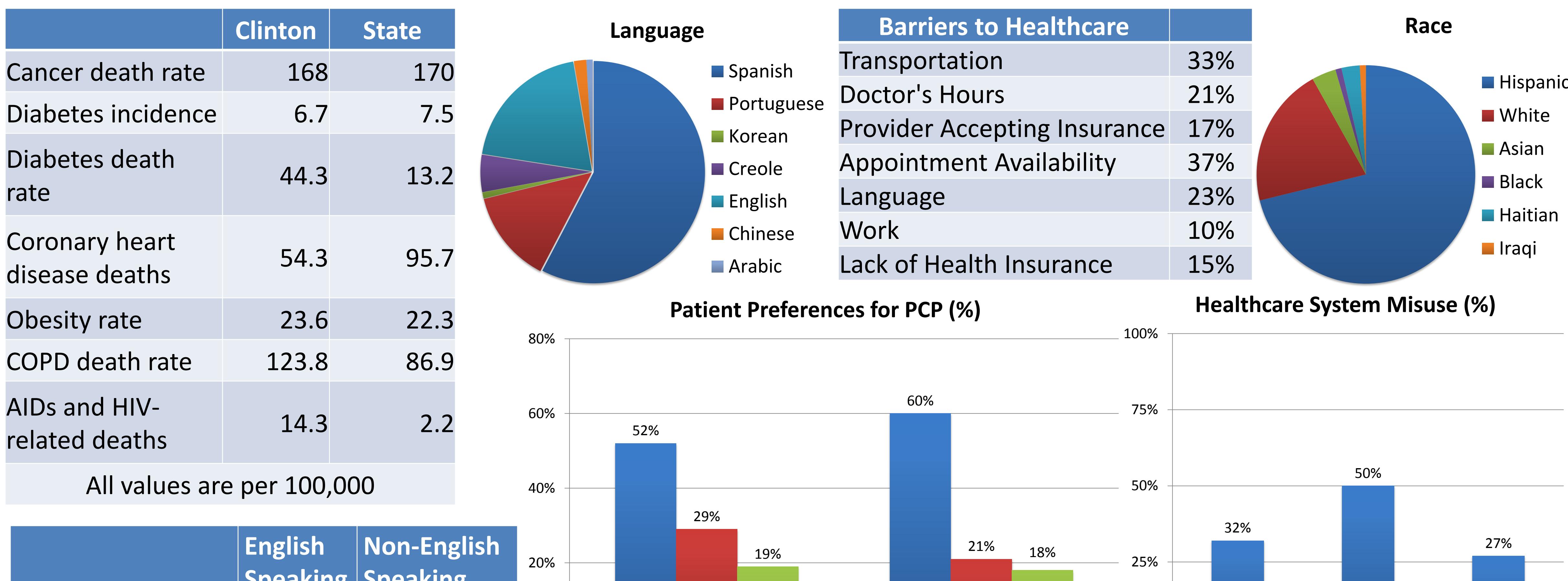
Our group spent two weeks at Clinton Hospital and in the Clinton community in order to assess the population and its needs. Early in our clerkship, we examined the Clinton Hospital facilities and learned about the services it provides. We then met with town stakeholders to discover the steps being taken to better serve the community and better understand the needs that are not yet satisfactorily met.

We then led focus groups and met with people in the Clinton area, which includes Clinton, Sterling, Bolton, Berlin, and Lancaster. We visited the WHEAT café, Adult Learning Center, and Clinton Hospital where we an anonymous twelve question survey available in both English and Spanish to the participants. We were able to get an inside view as to what members of the community would like to change about the primary care accessibility, availability, and quality in the area, and how they currently receive their care.

Demographics of Clinton

Total Population:	13,606
Age (%):	
0-9	11.5
10-19	12.5
20-29	13.8
30-44	23.7
45-64	24.4
65-84	11.8
85+	2.4
Race (%):	
White	84
Black	1.8
Hispanic	11.6
Unemployment (%):	9.6
>100% Poverty (%):	7.2
Medicaid (%):	5

Results



Of the 6 providers in Clinton, none speak Spanish. There are 2 primary care providers at Clinton Hospital and neither can communicate with the Spanish speaking population personally. Neither provide translators, although one is listed as Spanish speaking. In polling the patients, they were adamant that having a physician that speaks their native language is not necessary for them to receive care, but it is necessary to have an in house interpreter so they can communicate effectively. Moreover, several patients indicated language is the most important obstacle to local care.

Transportation is another barrier. Most patients carpool and walk to their visits, and public transportation is unavailable. They stressed that they could easily access care in Clinton if it were available.

Many patients expressed a need for increasing the number of Spanish speaking primary care doctors in Clinton. They also reported that translation services were not provided at private primary care practices in Clinton, despite acceptance of MassHealth Insurance (which a majority of patients hold). Additionally, the patients did not report appropriate access to specialty care in the area. Transportation to health centers more than 30 minutes away (e.g. Kennedy Health Center) was listed as a major inconvenience, both in terms of time and financial means, but seemed to be a popular choice for care.

Conclusions

Through our discussions with community members and leaders, we have identified several barriers preventing local patients from receiving proper care in Clinton. The most common barriers identified were language, transportation, insurance, and the delay from scheduling appointments to seeing providers. The patients were very enthusiastic about improving their access to care, and emphasized that if care were made available to them in the local area with providers they could communicate with, they would be very eager to switch. Although they would prefer a provider who spoke their native language, they stressed that a smart doctor with an interpreter is all they would need.

Many members of the Clinton community travel, especially to the Edward M. Kennedy Health Center in Worcester, to see their primary care providers. As a result, these centers are overwhelmed by the excess of patients.

Through our discussions with community members, anonymous surveys, and community research, we have demonstrated the need for improved and expanded primary care in the Clinton area. In addition, we found that a local primary care option that provided ample in house interpretation services would be welcomed enthusiastically by the population. The Clinton area is burdened by an increased incidence of chronic disease, and a group of caring providers would make a dramatic impact on the quality of life of this tight-knit community.