It is with sadness that I am announcing that Ann Banchoff will be leaving her position as Educational Programs Director for the Office of Community Health in September of 2014. Ann has been a valued employee of Stanford School of Medicine for nearly 14 years. We are very appreciative of Ann’s contributions and leadership. We wish Ann the very best in her future endeavors.

- Rhonda McClinton-Brown, Executive Director

OCH Educational Programs Director

Welcome 2014-2015
Cardinal Free Clinic Managers

Arbor Free Clinic Student Managers
Max Liu, Stacie Vilendrer,
Kaylin Pennington, Rachel Pedreira

Pacific Free Clinic Student Managers
Adele Xu, Paras Minhas,
Victoria Boggiano, Anusha Kumar
A Special Thank You and Tribute to Ann Banchoff

Ann Banchoff joined Stanford’s School of Medicine in 2000 with a goal of establishing community health programs. Much of her work over the past 14 years has focused on medical and undergraduate student education, and on finding ways for students to take part in substantive community-based scholarship. During her tenure Ann’s accomplishments include:

- Developing the Stanford Public Service Medical Scholars Program (PriSMS) to pursue scholarly research addressing pressing needs in the local community.
- Evolving from the PriSMS program, co-founding the Scholarly Concentration in Community Health.
- Establishing the annual Fall Forum in 2001 (now called the Community Health Symposium) as an annual event to showcase collaborative work conducted by Stanford students and local and global community partners to address health issues.
- Initiating and directing the Valley Foundation Fellowship Program in 2002 to support community-responsive projects in Santa Clara and San Mateo Counties.
- Creating and securing an MOU with the University of California, Berkeley for a MD/MPH dual-degree program for Stanford medical students.
- Forming the Office of Community Health in 2005, along with Marilyn Winkleby, PhD, professor of medicine at the Stanford Prevention Research Center.
- Founding the Patient Advocacy Program (now called Community Health Advocacy) in 2004 in partnership with Gabriel Garcia, MD, senior associate dean for medical admissions. The program trains undergraduate students to provide direct service and conduct capacity-building projects in local community health centers.
- Instituting an experiential, required Population Health curriculum in 2006 for all first-year medical students and contributing to two articles published in Academic Medicine and numerous national presentations on the curriculum.
- Holding the first Office of Community Health Community Partner Summit in 2006.
- Founding and directing, with Gabriel Garcia, MD, the binational Community Health in Oaxaca program in 2007 that has provided undergraduate students, medical students, and Stanford-affiliated residents skill-building and fieldwork involving clinical and community service in Oaxaca, Mexico, along with service to Bay Area migrant populations.

Prior to her tenure in the Office of Community Health, Ann Banchoff was a Stanford undergraduate and majored in international relations, while working on her Russian, French and Spanish language skills. She traveled and worked extensively in multiple countries including Russia, Ethiopia, Estonia, Latvia and the Baltic States before returning to the Bay Area and completing a master’s degree in social work and public health at UC Berkeley. Fortunately for us, her passion for community health eventually led Ann back to Stanford University to help build community health within the School of Medicine and, eventually, within the Office of Community Health. We will miss Ann’s passion, which often results in innovative ideas and programs. Because of her enthusiasm and dry wit she entertains and inspires us.

Thank you Ann for being the voice and the spirit of the Office of Community Health since its’ inception!
COMMUNITY PARTNER FEATURE:
MayView Community Health Center

MayView Community Health Center and Shamima Hasan-President and CEO of MVCHC, are long time community partners of the Office of Community Health. Thank you for your continued support of our students and to our program.

OCH: How do you see MayView impacting its community?
SH: Many of our patients have been coming to us since three or more generations and are happy that we are here to serve them. 40% of our patients are uninsured or underinsured and they will have nowhere to go if MayView were not there to serve them. We provide them access to appropriate care under a sliding fee scale and do not refuse care to anyone for their inability to pay for the services. In addition to primary care we provide an integrated behavioral health services which has been greatly welcomed by our patients. We function as a patient-centered medical home which is a primary care model built around patients and delivered by teams of healthcare practitioners. Each patient has an ongoing relationship with a personal physician trained to provide first contact, complex diagnosis, and continuous, comprehensive care.

We work with patients who experience barriers to accessing health care, and our staffs are equipped to address those barriers, while still providing the highest-quality care. We emphasize on empowering the patients to take charge of their own health and make sure that our patients have the knowledge and skills they need to do so.

Studies have found that the use of community health centers (CHC) was associated with lower healthcare costs or less acute care utilization. Direct cost of healthcare for patients treated in CHCs to those receiving care in other settings found that CHCs are associated with lower healthcare spending. MayView is no different and functions as a patient-centered medical home for our clients.

We contribute to a reduction in emergency department visits, fewer inpatient hospital admissions, or shorter inpatient length of stay. Patients have also welcomed our Integrated Behavioral Health Program which is (achieved) through a warm hand-off process from each Primary Care Provider. MayView provides immunization services to children which includes, DTap (Diphtheria, tetanus, and whooping cough given to children under the age of 7 years), Tdap (booster dose given at age 11 and 19 to 64), Hepatitis B, Hib (Haemophilus influenza), MMR (measles, mumps, and rubella), Polio, Tetanus, Chickenpox, Hepatitis A and Influenza (flu vaccine) vaccines. We also provide education to raise awareness and educate the families about the importance of immunizations. Our immunization program has a huge impact in keeping children healthy, school attendance and more.

In summary, the impact is MayView focuses on keeping the community healthy and out of emergency and hospital visits. We contribute to the active healthy life of our patients through our services.

OCH: What are some challenges Mayview faces? Do you see any solutions?
SH: Funding is always a challenge. Most funders are not multyear and do not want to fund operational cost. Some funders do not have health as a priority. To compete with the salary/benefit structure of hospitals and bigger clinics is a challenge to retain staff especially providers. We try and establish good rapport with our funders and work with them to fund Mayview when other funders pull out. It is a year round effort. Most of the providers who work for Mayview do it out of passion to work in a community clinic.

OCH: What would you say is MayView’s top priority?
SH: Expand provider hours, retain providers and staff. Improve systems and protocols. Source for increased funding.

OCH: What is it like having Stanford students work at MayView? What has worked well?
SH: Hundreds of Stanford students over the years have served as patient advocates, trained by center staff to assist the physician or mid-level provider, and to help communicate with and for the patient. These students have had an opportunity to see and experience the hands-on practice of medicine, and to participate in care-giving in a community setting working with low-income and underserved people.

Stanford students continue to work as Patient Advocates at MayView clinics. They now receive training through a class offered at the University by the Office of Community Health. MayView has benefited from a number of student interns who have gone on to careers, not as physicians, but in policy, education or administrative positions with a Masters in Public Health as their choice for an advanced degree. Through the Office of Community Health, Stanford medical students have become involved in quality management analysis and systems development to improve chronic disease care management, immunizations services, and electronic health record planning. Having some structure in place to recruit, interview, screen, and interview volunteers to decide, with them, what projects they can assist with has worked well. As these are planned ahead, there is time to give them a decent orientation to the organization and help them see how their small scale project assists with improving patient care and service delivery. Volunteers stay interested if they are engaged in project based work vs. having different assignments every week.

OCH: What do you hope to see at Mayview with Stanford students and the OCH?
SH: Every year we have at least 3 to 4 (some years more) students and it is a great help to MayView and we expect and would be happy to take on students every year.

For more information about MayView, please visit their website: http://www.mayview.org
I originally envisioned and planned. This can be disappointing and frustrating, but it also serves as a sobering reminder to me that it is not I who am in control over what happens in the community. Instead of trying to exercise more control when it is lacking, I have to try to be flexible, listening, and creative.

Challenges develop perseverance, and perseverance strengthens character. I know this lesson will be one I’ll keep re-learning as I continue on in community health!

OCH: How has being/learning about community health advocacy impacted you?

SK: Being engaged in community health challenges me to become both more flexible and resilient. I realize over and over that doing community is difficult, as there are factors at play that are simply beyond my control, and things usually don’t go as planned. This can be disappointing and frustrating, but it also serves as a sobering reminder to me that it is not I who am in control over what happens in the community. Instead of trying to exercise more control when it is lacking, I have to try to be flexible, listening, and creative.

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OCH: How do you see yourself using the knowledge you have gained in these programs for your future in medicine?

SK: I think a lot of the lessons I’ve been learning in community health can be translated into my future role as a physician. A good community health advocate doesn’t enter a community and implement whatever change he/she thinks is best; likewise, a good doctor doesn’t just demand change from his/her patients. The importance of developing trust, being a partner, and being flexible and persistent apply to both community health work and medical practice. As such, I do believe the experiences I am having through LCHAMP and other community health endeavors are preparing me to become a better physician in the future!

If you would like to contact Steven Ko or learn more about his work, please contact the Office of Community Health at (650) 725-9800.

Steven Ko, SMS II has played an integral part in the Community Health Advocacy and Longitudinal Community Health Action Medical Partnership (LCHAMP) course this past year. Thank you for your dedication and contribution to the community.

OCH: What does it mean to be a community health advocate?

SK: I’m definitely still learning what it means to be a community health advocate. If there is one lesson I’ve learned so far in trying to address community health issues, it is the importance of first getting to know the community. I may have all the good intentions to help out, but if I don’t take the time to develop trust with the community members and learn from them what the community’s real needs are, my good intentions may lead to unsustainable initiatives or even cause more harm than good. If I know the community – its assets, challenges, history, culture, etc. – well, then I will be better informed about how (or how not) to advocate for its needs. Connected to this point is also the value of partnership. I don’t think being an advocate simply means solving the problems of a community. Rather, I believe advocacy is specifically coming alongside members of the community to assist them in their own efforts to improve their community.

OCH: What is the LCHAMP program and how have you been involved with it?

SK: The LCHAMP, is a program designed to offer medical students early and sustained exposure to clinical experiences, particularly in primary care settings like community health centers. Through the program, students get to develop their clinical skills and knowledge under the guidance of experienced physicians, assist patients through health-coaching practices, and carry out projects that address clinic-identified needs.

My partner site this past year was the Mayview Community Health Center in Mountain View. There, I got to shadow a primary care physician on a weekly basis; and together with her and other staff at the clinic, I also got involved in an initiative to develop and disseminate educational handouts targeting health issues specific to the clinic’s prenatal patients.

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New Course Helps Cardinal Free Clinic Patients Communicate Effectively With Their Healthcare Providers

Thanks to a dedicated group of student volunteers, Cardinal Free Clinic patients can communicate with clinic staff in the language of their choice. The Qualified Bilingual Student (QBS) program, offered by the Office of Community Health (OCH), was developed by Kaiser Permanente to expand the provision of culturally and linguistically appropriate care services and train staff and providers that serve the Limited English Proficiency population. During the 2013-2014 academic year, the OCH worked closely with Kaiser to adapt the QBS curriculum to meet CFC’s training needs. Since January 2014, the program has trained a total of 43 bilingual students, university staff, and community clinic staff who speak Chinese Mandarin, Spanish, and Vietnamese.

The student-run Cardinal Free Clinics are seeing an increasingly diverse group of patients with Limited English Proficiency (LEP), as well as patients who simply prefer to speak a language other than English during their medical encounters. The Patient Protection and Affordable Care Act (PPACA), signed into law by President Obama in March 2010, contains important provisions with regard to language access for LEP patients. The ACA requires providers in healthcare and public health settings to provide oral interpretation and written translations to LEP patients.

The QBS course covers important topics such as the culture of biomedicine, effective communication strategies, modes of interpreting, and the standards and ethical principles involved in serving in an interpreter role. Students learn basic medical and pharmaceutical terminology in both English and in their language of service. The course gives students the opportunity to role play clinical scenarios applicable to different medical settings, apply and refine their skills at the CFC sites, and to reflect on their practice and service as bilingual students.

If you are interested in the Qualified Bilingual Student program, please contact Jorge De Luna at: jdeluna@stanford.edu.
Puente de la Costa Sur 2014

Day at the Capital 2014

2014-2015 Incoming and 2013-2014 Outgoing Cardinal Free Clinic Managers and the Medical Directors
Hope you had a wonderful summer!

Mission Statement:

The mission of the Office of Community Health is to develop, implement and integrate education, research and clinical training programs aimed at building leaders in community health and improving the health of underserved populations.

The OCH was established in the Fall of 2005 with initial funding from the Dean’s Office and the Valley Foundation.

Contact Us:
Phone: 650-725-9800
http://och.stanford.edu/

Oaxaca Summer 2007