



# Women's Health Free Clinic Toolkit

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## Introduction

Lack of health insurance and costly health care are barriers that currently prevent many women from receiving even basic preventative services. In the United States over 17 million women are uninsured, and this number is growing. Since 2004, the number of uninsured women has risen by 1.2 million, and most of this increase has been among low-income women.

In the United States, Free Clinics (over 800 as of 2007) play an important role in providing primary care to the uninsured. Integrating comprehensive reproductive health care into these facilities would greatly expand access to the populations most in need. Additionally, medical students and family medicine residents are rarely exposed to or trained in family planning and abortion, so these clinics, many of which are run by medical students and residents, could provide crucial training and fill an educational gap.

In 2008 the Reproductive Health Access Project partnered with the [New York City Free Clinic](#) to integrate The Goal of the Women's Health Free Clinic (WHFC) is three-fold: 1) to educate medical students and residents in patient-centered, evidence-based reproductive health care and 2) to provide uninsured women and teens with free high quality, full-spectrum reproductive health care and 3) to enroll uninsured women into benefit programs when they are eligible. By expanding this model nationwide, the Reproductive Health Access Project hopes to provide services to vulnerable women and increase training opportunities for medical students and residents to learn how to provide patient-centered, evidence-based comprehensive reproductive health services to their future patients.

This toolkit contains tools and suggestions on integrating comprehensive reproductive health services into an existing free clinic. The model presented is based on the Women's Health Free Clinic (WHFC) that is part of the [New York City Free Clinic](#).

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## I. Establishing a Planning Committee

Adding a reproductive health service to an existing free primary care clinic involves more than just adding clinical services – it involves changing the clinical culture. This and that, in turn, requires at least one committed individual to serve as the organizing advocate and change agent.

1. Identify a point person who will be the change agent and is committed to seeing the process through to completion.

2. Develop a Planning Committee (Possible planning committee members: current medical students, Medical Students for Choice leadership, health professionals from the community, and members of key collaborating organizations)
3. Schedule regular meetings of the Planning Committee, At each meeting, assign concrete tasks that will help you move forward, and make sure that a detailed summary of the meeting goes to each Committee member. Assign one person to take and disseminate minutes regularly, and send reminders about meetings and conference calls.
4. Track your victories. Implementing a WHFC requires completion of a series of concrete steps – note each accomplishment to keep Planning Committee members engaged and key allies supportive.

**Illustration:** The Planning Committee for the Women’s Health Free Clinic met for the first time in the Spring of 2005. The meeting was attended by 10 medical students representing 4 different medical schools, 6 residents, 2 faculty and 5 interested advocates from 4 different organizations Reproductive Health Access Project (RHAP), National Network of Abortion Funds, Planned Parenthood, and the NY Civil Liberties Union reproductive rights group). After several months of meeting and planning, it was clear that launching the clinic would take longer than originally anticipated. In order to keep the planning group engaged and interested, the group broke down the work into smaller, easier-to-implement projects. The residents wrote a mission statement for the administration of the community health center that housed the already established, medical student run free clinic. The medical students each went back to their respective medical schools to see how they could volunteer in the free clinic. The residents organized [Papaya workshops](#) (demonstrations of how manual vacuum aspiration is used for early abortion) for the medical students working at the free clinic. The faculty and RHAP began to investigate funding sources for a women’s reproductive health free clinic.

The planning committee should focus on:

- Developing the mission of the WHFC (see the NYC WHFC mission statement, in the introduction)
- Determining who the clinic will serve? Who is your target population? (ages, gender, insurance status) What are your eligibility guidelines?
- Determining the scope of services the clinic will offer (see Section III, Services)
- Proposing a staffing model for the clinic (see Section IV, Staffing)
- Locating space and determining the times the clinic will be open
- Researching available resources, including no and low-cost resources (see Section IX, Identifying Resources)

- Developing a budget and identifying fundraising opportunities (see Section V, Budget and Fundraising)
- Engaging collaborating partners

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## II. Services

Ideally, the scope of services provided by the clinic should reflect the needs of the population it will be serving. Consider offering these services that are most often needed by women of reproductive age:

- Health insurance eligibility screening and facilitated enrollment
- Blood pressure screening
- Breast cancer screening (women over age 40)
- Cholesterol and diabetes screening in women at increased risk of these problems
- Contraceptive counseling and management
  - Complete contraception options counseling
  - DepoProvera injections
  - IUD insertion
  - Implanon insertion
  - Provision of birth control pills/patch/ring
  - Provision of emergency contraception (Plan B)
- Colposcopy
- Endometrial biopsy
- Immunizations
- Management of chronic conditions such as asthma, high blood pressure, high cholesterol, and obesity
- Management of gynecologic complaints, such as vaginitis or irregular bleeding
- Medication abortion and aspiration abortion
- Mental health counseling (depression, substance abuse, domestic violence, etc.)
- Miscarriage management
- Options counseling for unintended pregnancy
- Pap smears and management of abnormal results, including colposcopy
- Preconception counseling

- Referral for prenatal care
- Sexually transmitted disease screening and treatment
- Ultrasound for early pregnancy dating

When determining the scope of services, also consider the resources necessary to provide them. Develop a “resources needed” list.

- **Equipment needs**
  - colposcope
  - cryotherapy for wart treatment
  - IUD, Implanon, or endometrial biopsy equipment
  - microscope for wet mounts
  - private rooms with exam tables and drapes for pelvic exams
  - refrigerator for some vaccines and medications
  - secure storage for medications and other supplies
  - speculums, lubricant
  - ultrasound machine
- **Laboratory testing**
  - Biopsies (cervical or endometrial)
  - Cholesterol and blood glucose
  - Fingertick hemoglobin
  - Gonorrhea and chlamydia urine or cervical swabs
  - HIV rapid or blood test
  - Pap smear with or without HPV testing
  - Quantitative HCG
  - Rh typing
  - RPR, hepatitis testing
  - Urine pregnancy tests
- **Provider expertise**
  - Colposcopy
  - Early pregnancy ultrasound
  - Endometrial biopsy
  - IUD / Implanon insertion
  - Manual vacuum aspiration
  - Medication abortion
- **Medications**
  - **Contraception**
    - DepoProvera 150mg injectable
    - Implanon (can only be ordered by a certified provider)
    - NuvaRing (must be kept refrigerated)

- Oral Contraceptive Pills: whichever formulations are available at the lowest cost
- OrthoEvra transdermal patch
- Plan B (levonorgestrel 0.75mg)
- Mirena IUD (progestin IUD)
- Paragard IUD (copper IUD)
- Ibuprofen (pain management prior to IUD insertion or other procedure)

#### **Immunizations**

- Hepatitis A and B
- HPV vaccine
- MMR, etc.
- Tetanus

#### **Infectious Disease**

- Acyclovir or valacyclovir (herpes infections)
- Azithromycin 250 or 500mg tabs (chlamydia)
- Bactrim DS 160/800mg tabs (urinary tract infections)
- Ceftriaxone 125mg injectable (gonorrhea, PID)
- Doxycycline 200mg tabs (chlamydia, PID)
- Fluconazole 150mg tabs (yeast infections)
- Liquid nitrogen for cryotherapy (warts)
- Metronidazole 500mg tabs (bacterial vaginosis, trichomonas, severe PID)

#### **Medication Abortion / Miscarriage Management**

- Mifepristone 200mg tabs
- Misoprostol 200mcg tabs

Though some of these resources may not be readily available, many can eventually be obtained through collaboration with partners, fundraising, and creative problem solving. For those services, which the clinic is not, able to offer on-site, however, a referral system can be developed. Colposcopy, IUD insertion and abortion care, in particular, are the most difficult services for uninsured women to access at affordable prices. If these services are not offered at your clinic, it is important to have detailed referral information, which includes cost, to give to the patients. For more information on Social Services, Clinical Resources and Identifying Resources see the sections below.

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### **III. Staffing the Clinic**

Students and other volunteers fill many of the staffing needs of a free clinic, keeping staffing expenses to a minimum. Student volunteers may come from a variety of backgrounds including medicine, nursing, pharmacy, public health, and social services. Undergraduate volunteers may

also fill roles such as scheduling, registration and translating. Consider recruiting volunteers and interns from groups interested in women's health and underserved medicine, such as existing Free Clinics, [Medical Students for Choice](#), [American Medical Students Association](#), Schools of Social Work and Family Medicine and OB/GYN interest groups. To ensure reliable attendance and to assure malpractice coverage, some schools will provide elective credit for the student volunteers working at a free clinic.

- **Clinical Volunteers:** A common model for delivering patient care is for a team of two student volunteers, at different levels of training, to see each patient. Typically each clinical team sees between 2 and 4 patients per session, and reviews each patient with a supervising provider.
- **Laboratory:** Labs can be drawn by the clinical teams or by a dedicated lab team. Develop systems for delivering the specimens to the lab and for getting results to the patients. Consider having a protocol for screening labs so that expensive tests are not ordered unnecessarily.
- **Patient Educators:** Though counseling can be done by the clinical team, having a separate volunteer dedicated to patient education can allow for more time and higher quality patient education. Social work and counseling interns can provide this service, for example, or community peer educators can be trained.
- **Referral / Follow-Up Coordinator:** Establish a system for how referrals will be handled for services not offered by the free clinic. As navigating the healthcare system can be especially difficult for uninsured patients, designating a point person to help clients through this process will increase the chance that they receive the care they need.
- **Scheduling / Registration:** Determine whether your clinic will see patients on a walk-in basis, by appointment, or both. Assign staff to schedule patients and register them when they arrive.
- **Social Services:** Adding staff members to provide screening for insurance eligibility and facilitated enrollment in insurance and patient assistance programs will greatly increase the impact of your clinic and decrease its expenses. Social services staff can also provide a variety of other important services such as HIV counseling and screening for domestic violence, substance abuse, and depression.
- **Supervising Providers:** Licensed clinicians must oversee the clinical care provided by the volunteer clinical teams. These "preceptors" may be attending physicians, nurse practitioners, or physician assistants, as allowed by your institution. Ensure that the preceptors have malpractice insurance that covers their work in the free clinic.
- **Translators:** Needs depend on the patient population. Consider recruiting translators from local undergraduate campuses.

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## IV. Developing a Budget and Funding your Clinic

Once you have determined the scope of services, the staffing model, the days and times you will be open, and the number and type of patients you will be serving and which free resources you have available you are ready to start developing a budget.

Fundraising to support the expenses of the clinic is essential. Local foundations may be willing to give start-up grants, others are willing to give multi-year grants. However, most foundations require that funds be awarded to federally tax-exempt organizations. If your free clinic is not a 501 c 3 organization, your clinic will need to develop a fiscal partnership with an appropriate non-profit in order to be eligible for foundation funding. The [Foundation Center](#) is a great resource for identifying possible sources of foundation support.

While grant-writing for foundation support may seem like a huge task, it is easy to recruit someone with grantwriting experience to walk you through the steps. The key is to find foundations that fund women's health, study the guidelines, make a connection with the foundation personnel, and let your passion and vision come through in your grant proposal.

Medical students can often organize benefits to which they invite clinicians affiliated with their school who can afford to make donations. The expenses can be kept down in states that have broad entitlement programs, like the family planning benefit fund, Medicaid, or a cancer services funding program. The 340B program is federal, and covers medications for uninsured, very low income patients. See Identifying Resources in Section VIII for more information. The template below will help you develop your budget. The excel file contains two separate worksheets that contain sample data. These will differ for your site depending upon volume, services provided, etc. To calculate your WHFC's annual budget fill out the highlighted fields in the Preliminary worksheet first. Then fill in the highlighted fields in the WHFC Budget worksheet to complete the budget.

[Download budget template](#) (Excel document)

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## V. Sample Teaching Curriculum

The vast majority of medical students do not have exposure to comprehensive reproductive healthcare as part of their traditional medical school education. A student-run free clinic presents a wonderful opportunity for training students in patient-centered, evidence-based reproductive health care. Setting aside some didactic time during the clinic session will ensure time to focus on training. Sample discussion topics include:



- Well woman exam
- [\*\*Values clarification for providers of reproductive health care\*\*](#)
- Patient-centered contraception counseling
- Cervical cancer screening guidelines and management of abnormal pap smears
- STD screening and treatment
- Options counseling for unintended pregnancy
- Ultrasound for dating early pregnancies
- Medication abortion
- Miscarriage management

### [\*\*Papaya workshop for uterine aspiration\*\*](#)

Teaching resources for reproductive health topics can be found at:

- [\*\*Association of Reproductive Health Professionals' Curricula Organizer for Reproductive Health Education\*\*](#)
- [\*\*Reproductive Health Access Project Training Resources\*\*](#)
- [\*\*TEACH Training Workbook\*\*](#)

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## **VI. Social Services Resources**

Schools of Public Health and Schools of Social Work can be a valuable source of volunteers and interns. Referrals, screening, counseling and mental health are all services that these professionals can offer women at your clinic.

- [\*\*Options counseling information\*\*](#)
- [\*\*Guttmacher Institute State Briefs on Services and Finances\*\*](#): State by state information on Medicaid coverage of abortion and Medicaid Family Planning Eligibility Expansion
- The [\*\*National Institute for Reproductive Health\*\*](#) may be able to help you identify public insurance programs in your area and connect with other local advocates.

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## VII. Clinical Resources for Providers

- Contraception:
  - **QuickStart**: Algorithm for initiating birth control on the same day as the office visit
  - **Medical Eligibility Criteria for Initiating Contraception**: Relative and absolute contraindications for the various methods
- Management of abnormal pap smears: **ASCCP Consensus Guidelines**
- **Medication Abortion**: Guidelines, protocols, patient education materials, clinical forms and administrative information for integrating medication abortion into your clinical site
- STD Screening and Treatment Guidelines
  - **2006 CDC Treatment Guidelines**
  - **CDC Expedited Partner Treatment**
- **U.S. Preventative Services Task Force Guidelines**: An independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services

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## VIII. Identifying Existing/Free Resources

In addition to fundraising, it is important to take advantage of free and low cost resources. The following are resources for providing free or low cost services. By subsidizing some of the cost, they may allow your clinic to offer services that would otherwise be prohibitively expensive. Determining eligibility and enrolling patients in these programs can be time consuming and requires coordination between clinic staff, patients and the various program. For this reason, it is helpful to have systems in place and a point person in charge of using these resources.

- **Abortion**

State-funded Medicaid covers abortion for low-income women in the following states: AK, AZ, CA, CT, HI, IL, MA, MD, MN, MT, NJ, NM, NY,OR, VT, WA, WV . In non-Medicaid states, Planned Parenthood clinics and clinics that are members of the National Abortion Federation have access to funds for low-income women who need abortions.

**The National Network of Abortion Funds**: Association of organizations providing financial support to women seeking abortions. There is an abortion fund in most states.

For restrictions on public funding of abortion services see:

- [www.aclu.org](http://www.aclu.org)

- [Guttmacher Institute State Briefs on Services and Finances](#):

State by state information on Medicaid coverage of abortion and Medicaid Family Planning Eligibility Expansion

- **Cervical and breast cancer screening**

[National Breast and Cervical Cancer Early Detection Program](#): CDC program providing free cervical and breast cancer screening to low-income, uninsured women. Visit the website for a list of participating sites in your state and for information on how to become a participating site.

- **Contraception**

*Condoms* often available for free from your local Department of Health

*Depo Provera*

- [Pfizer Patient Assistance Program](#): Provides DepoProvera at discounted price
- DepoProvera available for \$25 at Kmart

*Intrauterine Devices*

- [ARCH Foundation](#): Patient Assistance Program for Mirena IUD
- [Paragard IUD Patient Assistance Program](#)

*Oral Contraceptive Pills*

- [340B Drug Pricing Program](#): Birth control pills ordered through the 340B program can be as cheap as a penny per pack, if you keep an eye out for deals
- [Rx Assist](#): OrthoTriCyclen is the only pill which has a patient assistance program
- [Target Generic Drug List](#): Sprintec, TriSprintec for \$9/pack or \$24/ 90-day supply
- [WalMart Generic Drug List](#): Sprintec, TriSprintec for \$9/pack
- [Kmart Women's Health Formulary](#): Sprintec, TriSprintec for \$10/pack

*Plan B*

- Over-the-counter Plan B is [currently covered by Medicaid](#) in the following states: HI, IL, MD, NJ, NY, OK, OR, WA. No prescription or co-pay is needed.
- 340B pharmacy program cost of Plan B varies, ~\$8/pack
- Plan B may be available for free through your local Department of Public Health

- **Immunizations**

[Free Vaccine for Children Program](#): Provides free vaccines to children under age 18.

**[Merck Vaccine Patient Assistance Program](#)**: Provides free vaccines for adults, including Gardasil, MMR, Pneumovax, Varicella, Herpes Zoster, Hepatitis A and Hepatitis.

- **Prenatal care**

Women in every state can get help to pay for prenatal care. For information on programs in your state visit the Department of Health and Human Services [Office on Women's Health website](#). Or call 800-311-BABY (800-311-2229). This toll-free telephone number will connect you to the Health Department in your area code.

- **Prescription medication coverage**

**[340B Drug Pricing Program](#)**: Program through which certain federally funded grantees (e.g. Federally Qualified Health Centers) and other safety net health care providers may purchase prescription medication at significantly reduced prices.

*Generic Drug Discount Formularies*: The following pharmacies have generic drugs available for \$3-5 per month (see above for Oral Contraceptive Pills):

- [Target Generic Drug List](#) and [Target Store Locator](#)
- [Kmart Generic Drug List](#) and [K-Mart Store Locator](#)
- [WalMart Generic Drug List](#) and [WalMart Store Locator](#)
- [Pathmark Generic Drug List](#) and [Pathmark Store Locator](#)

*Patient Assistance Programs*: Programs which provide free or discounted medications or other services to people who cannot afford them:

- [NeedyMeds](#): compilation of information of medicine and healthcare assistance programs to assist with costs of healthcare
- [Rx Assist](#)

- **Public Insurance Programs**

It is important to identify all public health insurance programs available to women and teens in your state. Many states have locally-funded programs providing family planning or reproductive health services to uninsured and underinsured women. Screening and enrolling WHFC patients is a critical public health service your clinic will provide and may also serve as a source of revenue for your program. The [National Institute for Reproductive Health](#) has two programs that may be able to help you identify local resources: the [Low Income Access Program](#) and the [Contraceptive Access Program](#).

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## IX. Patient Education Materials (available to download)

- [Your Birth Control Choices](#)
- [IUD Facts](#)
- [EC: Which EC is right for me?](#)
- [Early Abortion Options](#)
- [STD information from the CDC](#)

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## X. Helpful Links (other online resources)

- [American Student Medical Association](#)
- [Free Clinic Association](#)
- [Medical Students for Choice](#)
- [Mentoring for service-delivery change: A trainer's handbook](#)
- [National Network of Abortion Funds](#)
- [NYU Free Clinic](#)
- [National Institute for Reproductive Health](#)
- [Reproductive Health Access Project](#)