

# Clinical Volunteers in Homeless Health Care

Patricia A. Post, MPA

Lynn A. Martin

National Health Care for the  
Homeless Council  
June 2005

This project was developed with support from the Bureau of Primary Health Care, Health Resources and Services Administration, U.S. Department of Health and Human Services.

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Post PA, Martin LA. Clinical Volunteers in Homeless Health Care, 22 pages. Nashville: National Health Care for the Homeless Council, Inc., 2005.

**Acknowledgements:**

The National Health Care for the Homeless Council expresses its gratitude to Lynn Martin, a student at the Vanderbilt University School of Medicine, who designed and conducted the study on which information contained in this report was derived.

We are also grateful to the 34 HCH providers who participated in the study.

National Health Care for the Homeless Council, Inc.  
P.O. Box 60427 • Nashville, TN 37206-0427  
voice: 615/226-2292 • fax: 615/226-1656  
e-mail: council@nhchc • website: www.nhchc.org

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## EXECUTIVE SUMMARY

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This document summarizes the results of a short-term project that explored practice patterns and issues related to clinical volunteerism reported by Health Care for the Homeless grantees. The report describes volunteer activities in several HCH projects, specifies challenges to the effective use of volunteers identified by grantees, and highlights strategies that some projects are using to meet these challenges.

The information contained in this document was derived from responses to a questionnaire received from HCH [330(h)] grantees, May–June 2004, supplemented by telephone interviews of a subset of these respondents. Although participants in this study were not a statistically representative sample of HCH grantees, they represent clinics in both urban and rural areas, in 9 out of 10 regions designated by the U.S. Public Health Service. Moreover, these HCH projects are structurally diverse, providing services to 700–22,000 homeless clients annually in a variety of clinical settings.

### Summary of Findings:

- **Use of clinical volunteers:** Nearly two-thirds of respondents (62%) said they use clinical volunteers in HCH service settings and designate a position to coordinate volunteer activities.
- **Key sources:** *Students from professional training programs* and *primary care physicians* were the sources from which most respondents said they draw volunteers. The majority of these respondents recruit volunteers through agreements with teaching institutions and staff outreach.
- **Advantages:** Respondents acknowledged that a stable group of clinical volunteers can help HCH projects expand and enhance their service capacity, at less expense than hiring additional staff would require. Moreover, the use of student volunteers can have a positive effect on quality of care by encouraging staff clinicians to keep their knowledge up-to-date and set good examples for students.
- **Major challenges:** The five issues of greatest concern to respondents with regard to the use of clinical volunteers were: adequacy of *liability coverage*, *continuity of care*, *reliability* in attendance, *screening* of applicants (for credentials, background checks, liability coverage), and *recruitment*. Other issues identified as challenging were assuring adherence to clinic policies and procedures, retention, cultural competency/sensitivity to homeless patients, and supervision.
- **Strategies to meet challenges:** HCH providers reported using the following strategies to address these issues and maximize the effectiveness of clinical volunteers:

*Liability:* volunteers required to have own liability coverage through affiliations with university programs or medical centers that provide it for their students/employees.

*Continuity of care:* volunteers required to complete internships/practicums of specified duration and/or adhere to a regular schedule; referrals to regular staff/other providers when internships end.

*Reliability:* fostered by good rapport with volunteer clinicians, phone or e-mail reminders, advance notice of cancellations, and documentation of volunteers' activities through outcomes monitoring (e.g., patient satisfaction surveys).

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**Screening:** same process required of both staff and volunteers (application, resume, interview); credentialing information prerequisite for acceptance; background/reference checks by police.

**Recruitment:** facilitated by volunteer coordinator, attendance at internship fairs, personal contact by staff members (where needed).

**Adherence to HCH policies/procedures:** promoted by orientation/training program or informally through working with staff clinicians (“learn by doing” strategy).

**Retention:** student volunteers, retired clinicians, and volunteers who share clinic’s faith-based mission most likely to remain for extended period; volunteer appreciation events have marginal impact on retention.

**Cultural competency:** volunteers screened/observed/interviewed for sensitivity to/experience with homeless patients, competency in languages (other than English) spoken by clients; volunteers learn by modeling staff behavior.

**Supervision:** volunteers always work with at least one staff member; supervised by staff in same professional discipline or by AmeriCorps/VISTA workers.

The Health Care for the Homeless projects participating in this short-term study were remarkably diverse in their capacity or inclination to use clinical volunteers, in their expectations and/or use of volunteers, and in their designation of and responses to common challenges related to the use of volunteers.

Despite these challenges, an overwhelming majority of respondents with a volunteer program (over 80 percent) concluded that in general, their HCH project uses clinical volunteers effectively.

The participation of clinical volunteers in homeless healthcare clinics is as variable as the clinics themselves.

## INTRODUCTION

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Since the 1987 publication of *Homelessness and Health* by the Institute of Medicine, the dire impact of homelessness on health status (and vice-versa) has been well documented. The pervasive lack of health insurance among people who are homeless has complicated efforts to improve their health status. As a result, millions of people experiencing homelessness have had to rely on safety net providers.

The federal Health Care for the Homeless (HCH) program is now a major component of the healthcare safety net. Some of the federal HCH grantees have utilized volunteer clinicians to expand their capacities in primary and specialty care, but no systematic review of this activity has been undertaken.

### Objectives

This report describes the experiences of HCH providers in utilizing clinical volunteers and in dealing with challenges related to the recruitment and use of these volunteers in HCH clinical settings. The information contained in this document was derived primarily from responses to a questionnaire distributed to all HCH grantees in May–June 2004, which was designed to

1. describe effective uses of clinical volunteers in HCH clinical settings;
2. explore common concerns of HCH projects about the recruitment and effectiveness of clinical volunteers; and
3. identify obstacles that prevent HCH grantees from using clinical volunteers.

We trust that this report on volunteerism in homeless healthcare clinics will be a useful resource for those who administer such volunteer programs and also for those who serve as volunteers. It relays information about HCH providers' evaluations of their volunteer programs and highlights issues in clinical volunteerism that pose both challenges and opportunities for the healthcare delivery system.

### Background

Like other minority and special needs populations, homeless Americans struggle to access and afford quality healthcare. Safety net providers make meaningful contributions to the health of homeless patients but are constrained by severe funding limitations. The federal Health Care for the Homeless program, a major component of the healthcare safety net that is accessible to homeless people, is modeled after a 19-city demonstration program funded by the Robert Wood Johnson Foundation and the Pew Charitable Trust in 1985.

Administered by the United States Public Health Service, this program funded 165 HCH projects by 2004, when this project was conducted, and currently funds 177 HCH projects. Some are free-standing facilities, such as clinics, respite units, drop-in centers, or residential units. Others provide services in hospital-based clinics, shelters, and/or outreach locations, sometimes employing mobile units. A number of HCH projects are affiliated with Community Health Centers, public health departments, or

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community-based organizations. The success of these programs depends upon dedicated clinicians working in multidisciplinary clinical teams to deliver comprehensive health and social services to displaced persons in communities across the United States.

Many HCH projects use clinical volunteers to expand or enhance their service capacity without additional outlays for clinical personnel. HCH projects also utilize other types of volunteers for administrative purposes, fund-raising, data entry, and other non-clinical activities. Volunteers may allow HCH grantees to offer extended clinic hours and special services which these projects could not otherwise afford to provide. Reliable volunteers can increase and improve service access, enabling homeless clinics to serve more clients than would be possible with paid staff alone. Moreover, the use of student volunteers can have a positive effect on quality of care by encouraging staff clinicians to keep their knowledge up-to-date and set good examples for students. There is also evidence that direct experience with homeless patients can improve students' and other healthcare professionals' attitudes toward and interest in working with people who are homeless (Buck DS, et al, 2005).

Despite the advantages of using clinical volunteers, several factors complicate and may diminish their value in homeless healthcare settings. For example, the expense and availability of liability insurance coverage for volunteer clinicians may limit the number of healthcare professionals who choose to volunteer or are invited to provide services in HCH sites. Moreover, the limited amount of time a clinician can devote to volunteering may affect the quality and continuity of care that he or she is able to provide. If a clinician can volunteer only once a month or on an irregular basis, the lack of continuity in caregivers may discourage clients from returning for follow-up and may delay their engagement in an effective therapeutic relationship. Many homeless people have a long history of negative experiences with fragmented healthcare systems that pass patients from clinician to clinician, without regard for continuity of care or of caregivers. As a result, homeless patients are often lost to follow-up. HCH providers try not to repeat this pattern. Lack of resources to check volunteers' professional credentials or to supervise their practice or follow up on lab tests they have ordered may also compromise a clinic's quality of care.

Recent federal policy changes regarding liability and malpractice coverage for volunteer healthcare professionals have focused attention on the use of clinical volunteers by the healthcare safety net.

- The **Volunteer Protection Act of 1997 (VPA)** provides limited immunity to volunteers from tort claims in 501(c)(3) and 501(c)(4) nonprofit organizations. This law protects a volunteer from being charged with carelessly injuring another in the course of helping a nonprofit organization. Volunteers are protected against negligent acts, but not gross negligence (which involves a greater degree of carelessness). The VPA does not provide volunteer immunity from charges of willful or criminal misconduct, reckless misconduct, or conscious, flagrant indifference to the rights or safety of the harmed individual. Although it provides a minimal level of protection for volunteers, preempting State laws that provide a lesser level of immunity, the VPA does not preempt State laws that specifically address the liability of nonprofit organizations.

For example, State laws can require a nonprofit organization or governmental entity to use risk management or mandatory training procedures. A State may also make an organization liable for the acts or omissions of its volunteers to the same extent as an employer is liable for the acts or omissions of its employees. In addition, a State law may require the nonprofit organization to provide a financially secure source of recovery for individuals who suffer harm as a result of actions taken by a volunteer, as a condition for liability coverage under the VPA.

Thus, although the law provides some liability protection for volunteer clinicians acting within the scope of their duties in a nonprofit organization, it does *not* preclude the need for malpractice insurance coverage. (Additional information about the provisions and limitations of the Volunteer Protection Act of 1997 (Public Law 105-19) is available at:

<http://www.access.gpo.gov/nara/publaw/105publ.html>)

- **The Federal Tort Claims Act (FTCA) of 1996** Federal employees receive medical malpractice coverage from the Federal Tort Claims Act. The FTCA holds the United States legally responsible for the acts of its employees, as long as they are acting within the scope of their job (Center for Risk Management/BPHC, April 2005). In 1992 FTCA coverage was given to full-or part-time employees in federally qualified health centers and their officers, directors, and certain contractors (BPHC PIN 99-08). In 1996 Congress extended FTCA medical malpractice protection to include free clinics and healthcare professionals who volunteer their services in such clinics, under Section 194 of the Health Insurance Portability and Accountability Act (Public Law 104-191).<sup>1</sup> Appropriations to fund the Free Clinics FTCA Medical Malpractice Program were not passed until January 2004, however, so the Program was not implemented until 2004.

The Bureau of Primary Health Care's September 24, 2004 Program Information Notice (PIN 2004-24) provides detailed information on the implementation of the Free Clinics FTCA Medical Malpractice Program (<http://bphc.hrsa.gov/freeclinicsftca/application.htm#2>). According to the PIN, if a volunteer healthcare professional meets all requirements of the Program, the related free clinic can sponsor him or her to be a "deemed" federal employee for the purpose of FTCA medical malpractice coverage. FTCA deemed status provides volunteer healthcare professionals with immunity from medical malpractice lawsuits resulting from subsequent clinical functions performed within the scope of their work at the free clinic. Malpractice protections under the FTCA cover ordinary negligence, gross negligence and punitive damages, whereas the Volunteer Protection Act only covers ordinary negligence.

*Current law excludes healthcare professionals who volunteer their services at Community Health Centers or Health Care for the Homeless Projects from FTCA coverage, however, whether or not the health center in which they volunteer are "deemed" as an FTCA covered Program.*

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<sup>1</sup> A free clinic is defined as "a licensed or certified health care facility operated by a nonprofit private entity that provides health services, but does not accept reimbursement from any third-party payor (including insurance, health plans or Federal or State health benefits programs), and does not charge patients for services" (Bureau of Primary Health Care, PIN 2004-24, September 24, 2004).

### METHODOLOGY

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During the summer of 2004, Lynn Martin, a rising second-year medical student at the Vanderbilt University School of Medicine in Nashville, Tennessee and summer volunteer with the National Health Care for the Homeless Council, designed the questionnaire used in gathering information from HCH providers about their experiences using clinical volunteers.

For the purposes of this informal study, clinical volunteers were defined as *persons who provide patient services on the behalf of HCH providers, either at the primary clinical site or elsewhere*. In addition to licensed clinicians, students in medical schools or other clinical training programs (e.g., nursing, counseling, social work) who provide services as part of an educational rotation or a required clinical experience were also considered to be volunteers. Even though students are not technically volunteers, their involvement in a clinical setting may require the same resources and may pose the same challenges to HCH programs as licensed volunteers.

Following a review of literature on volunteerism in clinical settings and on charitable immunity laws, a questionnaire was designed to determine primary concerns of HCH providers regarding the use of clinical volunteers. A sample of HCH grantees participated in a pre-test of the questionnaire, which was subsequently revised and distributed by e-mail on two different occasions in May 2004 to the medical directors of all 165 Health Care for the Homeless (330h) grantees that received funding in FY 2004 from the Consolidated Health Centers Program, administered by the Health Resources and Services Administration.

The questionnaire asked for objective information about HCH grantees' use of clinical volunteers as well as for subjective comments on problematic issues or concerns regarding recruitment, retention, reliability, continuity of care, liability coverage, and credentialing. For HCH projects that do not use volunteers, the questionnaire asked for reasons why this is the case. The instrument is included in the Appendix.

Questionnaire results were used to identify a few respondents willing to be contacted for further information about the volunteer policies and procedures they incorporate into their clinical operations, and about strategies they are using to maximize the effectiveness of clinical volunteers. Follow-up interviews were scheduled with 7 respondents who indicated their willingness to provide further information and returned calls requesting an interview.

The student volunteer conducted these interviews by telephone in mid-June, 2004. Interview questions were not standardized due to significant differences among the HCH grantees in structure, size, location, and scope of services provided. The list of questions from which interview questions were selected is appended at the end of this report.

**RESULTS**

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**Respondents:**

Thirty-four (34) Health Care for the Homeless grantees or sub-grantees responded to the written questionnaire, representing 21 percent of HCH projects that received it. The following tables specify the distribution of HCH projects in this self-selected sample by geography, by number of homeless clients served, and by type of sponsorship:

**Geographical Distribution of Respondents**

HHS Region	Using Clinical Volunteers	Not Using Clinical Volunteers
I	1 (MA)	0
II	1 (CT)	2 (NY)
III	1 (DC)	1 (PA)
IV	3 (TN, FL)	1 (FL)
V	1 (OH)	1 (WI)
VI	3 (NM, TX)	1 (TX)
VII	0	0
VIII	3 (UT, CO, WY)	1 (MT)
IX	6 (CA, AZ)	5 (CA)
X	2 (OR, WA)	1 (WA)
<b>Totals</b>	<b>21 HCH projects</b>	<b>13 HCH projects</b>

**Number of Homeless Clients Served by Respondents**

# of clients Served annually	Using Clinical Volunteers	Not Using Clinical Volunteers
< 1,000	2	2
1,000 – 5,000	10	6
5,000 – 10,000	5	2
10,000 – 15,000	3	1
15,000 – 20,000	1	1
> 20,000	0	1

**Organizational Sponsorship of Respondents**

Type of Sponsorship	Using Clinical Volunteers	Not Using Clinical Volunteers
Community Health Center	11	6
Public health department	4	3
Hospital	0	2
Other (community-based organizations)	6	2

## Clinical Volunteers in Homeless Health Care

### Summary of Responses to Questionnaire:

1. **Current use of clinical volunteers:** Of 34 respondents to the written questionnaire, 21 (62 percent) said their HCH project was currently using clinical volunteers and 13 (38 percent) said they were not.
2. **Clinical disciplines:** Volunteers serving in these 21 HCH clinics were drawn from the following clinical disciplines or training programs (percentages of respondents drawing volunteers from each category are listed in descending in order of frequency):
  - 67% Students in clinical training programs
  - 62% Primary care physicians
  - 38% Nurse practitioners/ nurse clinicians
  - 38% Registered nurses
  - 33% Specialist physicians
  - 29% Clinic/medical assistants
  - 24% Physician assistants
  - 24% Podiatrists
  - 24% Social workers
  - 14% Dentists
  - 14% Other (optometrists, acupuncturist, pharmacy technicians, health educators, undergraduates in public health/health sciences degree programs)
  - 5% Psychologists
3. **Number of volunteers:**

**On site:** 19 HCH projects (90 percent of respondents using clinical volunteers) reported using an average of 36 volunteers providing care on site (range: 1-400). (It is unclear from responses to this question over what period(s) of time the reported numbers of volunteers were used. One respondent reported 50 volunteers per year; another specified 10 during a particular month; most respondents did not specify the period of time.)

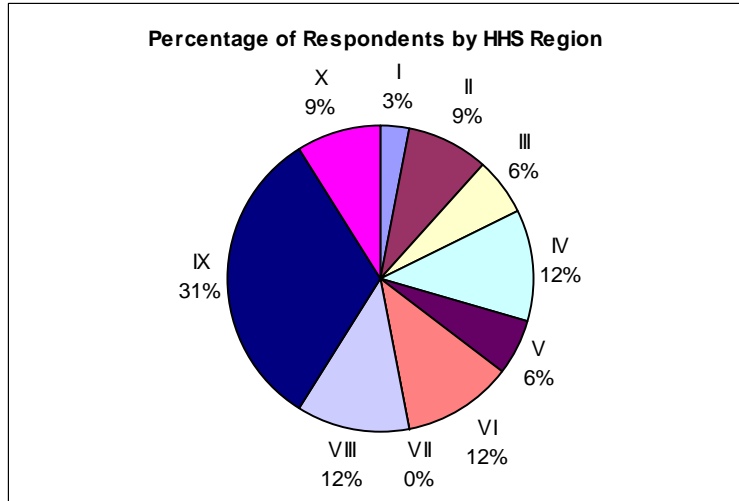
**Off site:** 7 HCH projects (33 percent of respondents using clinical volunteers) reported an average of 43 volunteers providing free care off site upon referral (range: 1-145).
4. **Recruiting sources:** Respondents reported the following sources through which they recruit clinical volunteers, in order of frequency:
  - 57% Agreements with teaching institutions
  - 52% Staff outreach/campaigns/personal contact
  - 14% No recruitment necessary (volunteers approach the HCH project on their own)
  - 10% Through professional (medical/dental) societies

5. **Formally organized volunteer programs:** 57 percent of respondents using clinical volunteers said their HCH operation has a formally organized volunteer program; 43 percent of respondents did not have a formal volunteer program.
6. **Volunteer coordinator:** 62 percent of respondents using clinical volunteers said they had a Volunteer Coordinator position; 38 percent did not. Persons holding other positions functioned as volunteer coordinator in 2 of the HCH projects responding to this question, which explains the discrepancy between the response to question 5 (57% of respondents reported a clinical volunteer program) and question 6 (62% of respondents reported a volunteer coordinator position).
7. **Problems or concerns with the use of volunteers:** Respondents identified the following problematic issues or concerns related to their use of clinician volunteers (percentage of projects reporting each concern listed in descending order of frequency):
  - 43% Adequacy of liability coverage
  - 38% Continuity of care
  - 33% Reliability in attendance
  - 33% Screening for volunteers' credentials, backgrounds, liability coverage (if applicable)
  - 29% Recruitment
  - 24% Retention
  - 24% Adherence to clinic policies and procedures
  - 19% Volunteers' understanding the unique needs of homeless clients
  - 19% Supervision of volunteer activities and quality assurance
  - 14% Volunteers' cultural competency
  - 10% Problems with transfer of medical records to/from clinical volunteers off site
  - 10% Other: ("scheduling", "understanding of the HCH model/approach", and "setting up the volunteer arrangement")
8. **Overall self-evaluation:** 81 percent of respondents with a current volunteer program reported that in general, their HCH project uses clinical volunteers effectively and efficiently; 19 percent felt otherwise.
9. **Reasons for not using clinical volunteers:** The 14 respondents whose agencies did **not** use clinical volunteers gave the following reasons for not using them:
  - 46% Liability coverage concerns
  - 46% Lack the time or resources for recruitment
  - 38% Concerns over volunteers' reliability and availability
  - 38% Concerns over volunteers' abilities to manage the complex care of homeless patients
  - 38% Other: direct use of volunteers prohibited by public health dept/hospital district, discontinuity of care, lack of skilled persons asking to volunteer, not enough space, lack of time for supervision, student volunteers' lack of understanding of service model)
  - 31% No system in place to screen volunteers' credentials
  - 15% Not enough interest in the community

**DISCUSSION**

**Data limitations:**

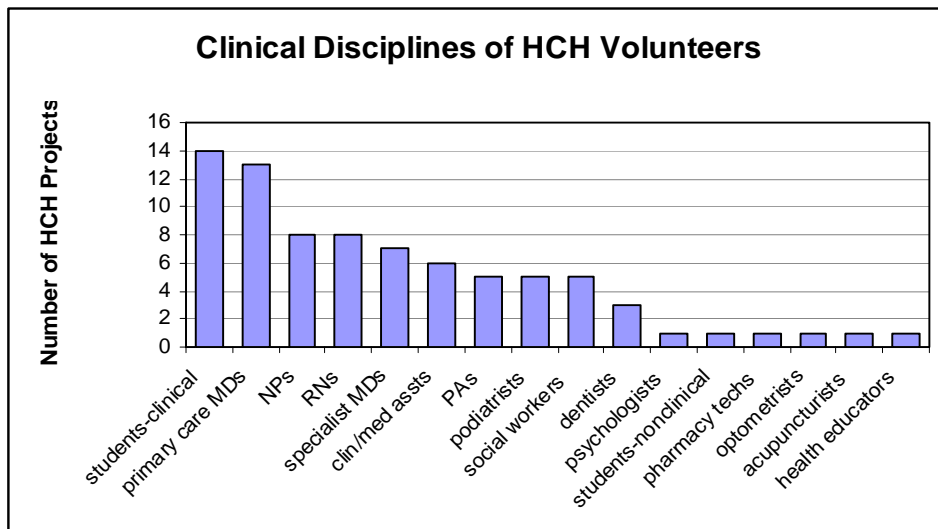
The 34 HCH projects that responded to the questionnaire were a self-selected group of homeless clinics, nearly two-thirds of which were located west of the Mississippi River (in HHS regions VI-X). Only region VII (IA, KS, MO, NE) was not represented at all. The regional distribution of respondents using clinical volunteers was approximately similar to that of respondents not using clinical volunteers.



Although respondents were not a representative sample of 2004 HCH [330(h)] grantees, these clinics were both structurally diverse (free-standing; affiliated with universities, medical centers or Community Health Centers; mobile units) and provided a variety of HCH services (primary/dental care, mental health services, outreach).

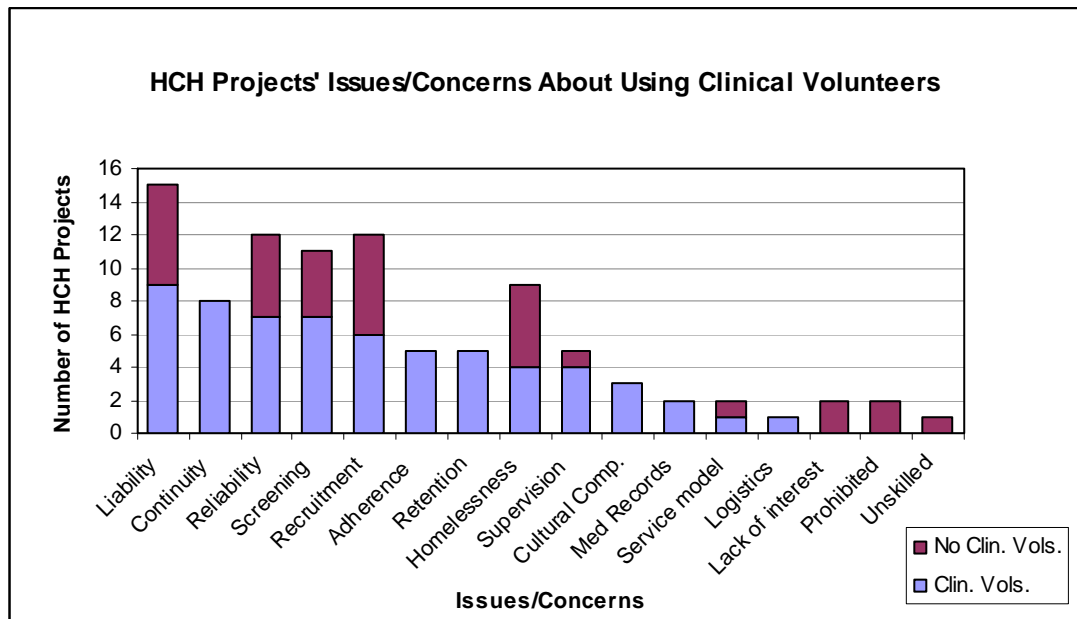
**Clinical disciplines:**

Most of the HCH projects responding to this questionnaire said that students in clinical training programs were among their clinical volunteers (67 percent of respondents; 57 percent recruit clinical volunteers through agreements with teaching institutions) or primary care physicians (62 percent). Nurse practitioners/clinicians and registered nurses and were the next most frequently used disciplines (38 percent each). One-third of respondents reported that specialist physicians were among their volunteers, 3 projects said they used volunteer dentists, and only 1 project reported a volunteer psychologist.



**Issues & concerns:**

Among the issues and concerns related to the use of clinical volunteers most frequently reported – both by HCH projects that were using volunteers and by those that were not – were liability coverage, reliability in attendance, recruitment, screening for credentials/background/liability coverage, concerns about volunteers’ understanding of or capacity to manage the complex needs of homeless patients, and about supervision. Clinics using volunteers also indicated concerns about continuity of care. Other issues reported were of concern to only a few projects. Despite these concerns, 81 percent of respondents with clinical volunteer programs expressed confidence that their clinic used volunteers effectively and efficiently.



To address these issues and maximize the effectiveness of clinical volunteers, HCH projects reported using the following strategies:

***Assure Liability Coverage***

- Clinical volunteers are required to have own liability insurance.
- HCH project is affiliated with university that covers liability insurance for volunteers.
- HCH project is affiliated with medical center that provides liability insurance; volunteers are employees of medical center.
- Agency carries own liability insurance that covers volunteers who come there regularly.

***Promote Continuity of Care***

- Volunteers must complete 6-9 month internships; agency arranges for client referrals to staff or other providers when internships are completed.
- Each volunteer spends at least one day per week in clinic.
- For some projects, continuity of care is not a significant issue when the number of clients returning for follow-up is small.

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### *Encourage Reliability*

- Good rapport between staff and volunteer clinicians fosters long-term, reliable service.
- Phone/e-mail reminders are used for volunteers who prefer them.
- Regular volunteers (e.g., specialists) give advance notice if they have to cancel.
- Documentation of volunteers' activities is required as part of outcomes monitoring.

### *Facilitate Screening*

- Same screening process is used for staff and volunteers, per JCAHO accreditation requirements.
- Credentialing is required by law; if volunteers don't provide this information, they are not accepted.
- Application, resume, interview for placement are required of community volunteers; background and reference checks are handled by State police.

### *Support Recruitment*

- HCH projects use a Volunteer Coordinator to spearhead recruitment.
- Projects recruit volunteers at internship fairs.
- Most volunteers are recruited through personal contact (by staff).
- HCH project has no recruitment system; volunteers come to them.

### *Promote Adherence to Clinic Policies & Procedures*

- Formal 1-2 hour orientation program includes overview of services and program mission.
- Informal orientation is held at volunteer's first clinic visit.
- Orientation and training of HCH volunteers is done through medical center's volunteer training program.
- HCH project director coordinates volunteer activities.
- Medical assistants are used to train volunteers.
- Volunteers "learn by doing," through working with staff clinicians.

### *Encourage Retention*

- HCH project uses only student volunteers participating in an internship required for training/degree.
- HCH project uses retired clinicians (have more time to volunteer).
- Volunteers who remain for extended periods share the clinic's faith-based mission.
- Volunteer appreciation events (e.g., picnic) are held to encourage retention.

### *Increase Cultural Competency/Sensitivity to Homeless Patients*

- Volunteers are screened for sensitivity to homeless patients:<sup>2</sup>
  - observed in waiting room before interview to see how they react to homeless patients;
  - asked specific questions during interview about their impressions of homeless people;
  - asked about previous exposure to homeless populations;
  - applicants with appreciation of diversity are preferred.
- Language competency (e.g., in Spanish) is an important criterion for volunteers in some projects.
- No special staff or methods are to inculcate sensitivity/cultural competency; volunteers "learn by doing" (modeling staff behavior).

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<sup>2</sup> See screening instrument developed by Baylor College of Medicine faculty: <http://www.biomedcentral.com/1472-6920/5/2>

### *Ensure Appropriate Supervision*

- Volunteers always work with staff – one staff member per volunteer at any given time.
- Volunteers are supervised by staff in the same professional discipline (physicians, physician assistants, nurses, etc.).
- AmeriCorps/VISTA workers oversee volunteer counselors in transitional living/career skill development programs.

### **Observations & conclusions:**

Despite their appreciation of the contributions that clinical volunteers have made in their projects, some respondents noted that ultimately, clinical volunteerism is an ineffective, fragmented, and temporary solution to the shortcomings of the healthcare safety net that does not assure service access and affordability. These critics contend that promoting volunteerism as a solution delays redress of fundamental problems with healthcare financing and delivery systems in the United States. Whether public policy should promote the safety-net system of care, supplemented by charity care, to address the increasing needs of the uninsured – or whether more systemic reforms should be instituted to meet the healthcare needs of all Americans – is an ongoing debate that has yet to be resolved.

Results of this brief investigation support the following conclusions about the use of volunteers in HCH clinical settings:

- Despite a variety of concerns about the use of volunteers, an overwhelming majority of HCH providers that participated in this study feel they use volunteers effectively.
- Although numerous Health Care for the Homeless projects use clinical volunteers in a variety of different ways, there are also health centers whose administrators have made a conscious decision not to use them.
- Some HCH grantees are anxious to use volunteers to expand their clinical services, but have encountered obstacles (e.g., liability coverage, recruitment, retention) that have discouraged them from doing so.
- Some programs lack the capacity to manage volunteers effectively and/or to assure the quality of the care they provide.
- Some projects attempt to document the efficacy of their volunteers (e.g., through the use of patient satisfaction surveys).
- HCH projects differ in their expectations of clinical volunteers. The participation of clinical volunteers in homeless healthcare clinics is as variable as the clinics themselves.

### RESOURCES

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We recommend the following resources to homeless health clinics interested in beginning or improving clinical volunteer programs:

1. American Medical Student Association (AMSA). Health Care for the Homeless: <http://www.amsa.org/programs/gpit/homeless.cfm>
2. Bureau of Primary Health Care (BPHC)/HRSA. Federal Tort Claims Act Coverage of Free Clinic Volunteer Health Care Professionals. PIN 2004-24, Sept. 24, 2004: <http://bphc.hrsa.gov/freeclinicsftca/application.htm#2>; Health Centers and The Federal Tort Claims Act. PIN 1999-08, April 12, 1999: <ftp://ftp.hrsa.gov/bphc/docs/1999pins/pin99-08.txt>
3. BPHC/HRSA. Volunteers Play Valuable Role in HCH Programs; *Opening Doors* 9(7), Summer 2002, p. 4: [http://bphc.hrsa.gov/hchirc/pdfs/newsletter/Summer\\_02.pdf](http://bphc.hrsa.gov/hchirc/pdfs/newsletter/Summer_02.pdf)
4. Buck DS, Monteiro FM, Kneuper S, et al. Design and validation of the Health Professionals' Attitudes Toward the Homeless Inventory (HPATHI). *BMC Medical Education*; 5(2), Jan. 2005: <http://www.biomedcentral.com/1472-6920/5/2>
5. Center for Risk Management /BPHC/HRSA. Federal Tort Claims Act and Health Centers. Presentation, April 2005: <http://bphc.hrsa.gov/quality/ftcshownew.ppt>
6. Health Care for the Homeless Clinician's Network, National Health Care for the Homeless Council. Operation Safety Net: Outreach to Unsheltered Homeless People, *Healing Hands* 2(7), November 1998: [www.nhchc.org/Network/HealingHands/1998/hh.11\\_98.pdf](http://www.nhchc.org/Network/HealingHands/1998/hh.11_98.pdf)
7. Scott, H. Dedman, MD. Recruiting and Retaining Volunteer Clinicians. 2002 National Health Care for the Homeless Conference presentation, Chicago, Illinois: <http://www.volunteersinhealthcare.org/presentations/Health%20Care%20for%20Homeless.pps>
8. Volcheck K., Pineda C., Humphrey K; Central Arizona Shelter Services, Phoenix, Arizona. Volunteer Dentistry for the Homeless. Presentation, 2005 HCH Conference: <http://www.nhchc.org/clinicalresources.html>
9. Volunteers in Health Care (VIH) website: <http://www.volunteersinhealthcare.org/home.htm>  
VIH has conducted extensive research on volunteer activities in safety net clinical settings, focusing primarily on free clinics. Much of the information about volunteerism in free clinic settings provided by VIH may be applicable to HCH settings. See especially: Recruiting and Retaining Medical Volunteers: <http://www.volunteersinhealthcare.org/Manuals/MD.RecrUIT.manual.pdf>  
Sample Policy and Procedure Manuals: <http://www.volunteersinhealthcare.org/Manuals/Policy.Procedure.manual.pdf>  
[VIH ceased programmatic operations in May 2005, but these documents are still available on their website.]
10. Volunteers in Medicine Institute: promotes creation of free health clinics that utilize retired health care professionals: <http://www.google.com/url?sa=U&start=1&q=http://www.vimi.org/&e=10313>

**APPENDIX**

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Cover Letter: Questionnaire for HCH Projects on the Use of Clinical Volunteers

May 18, 2004

Dear Sir or Madam:

My name is Lynn Martin, and I am a medical student volunteer with the National Health Care for the Homeless Council for the summer of 2004. I am conducting an informal study of federal Health Care for the Homeless programs in an effort to publish a descriptive review of their experiences in using clinical volunteers. This review will add to the number of resources provided by the National Council as part of the comprehensive support and technical assistance the Council offers to HCH projects. My hope is that this report will increase the HCH programs' understanding of how their counterparts use physician volunteers most effectively.

The purpose of the brief questionnaire I have attached in this email is to identify common concerns of HCH clinics regarding volunteer recruitment and efficacy. The questionnaire will also help me identify obstacles that prevent other HCH operations from using clinical volunteers. Your direct participation in my project is crucial to the outcome of this report, and I very much appreciate your willingness to contribute your knowledge and time by completing this questionnaire.

I will use the results of this questionnaire to identify those HCH projects I would like to further investigate. This part of the project will involve a personal interview about the topics covered in this questionnaire. If you are willing to help with the second stage of my research, please fill out your contact information in the space provided at the end of the form.

Please return the questionnaire to me at your earliest convenience; preferably no later than June 4, 2004. For your convenience, I have included the form at the end of this email so that you may simply reply to this email in order to send the completed questionnaire to me. If you prefer to use MSWord, the form is attached in that format as well. My email address is [lmartin@nhchc.org](mailto:lmartin@nhchc.org). You may also send the form by fax: **615-226-1656**.

Thank you in advance for taking the time to complete this questionnaire. My summer experience working for the National Health Care for the Homeless Council promises to be very valuable for my medical education, and I appreciate your help in making the research for this project fulfilling and worthwhile.

Please feel free to contact me via email or phone (615-226-2292) with any questions.

Sincerely,

Lynn Martin

**Clinical Volunteers in Homeless Health Care**

**Questionnaire for HCH Providers Regarding the Use of Clinical Volunteers**

**Instructions:** Please fill out the following questionnaire and submit it no later than **June 4, 2004** to [lmartin@nhchc.org](mailto:lmartin@nhchc.org), or fax to **615-226-1656**.

**Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

This questionnaire will ask you to comment on your HCH project's use of or decision not to use clinical volunteers. In the terms of this study, clinical volunteers are those who provide patient services on your behalf either at your clinical site or elsewhere. They must not be paid contractors or on your HCH project's payroll. They may include medical students or other members of clinical training programs.

1. Does your HCH operation currently use clinical volunteers? \_\_\_ Yes \_\_\_ No

**If you *do not* use clinical volunteers at your clinic, please skip to question #9.**

2. Please indicate from which of the following clinical disciplines your HCH project draws volunteers (check all that apply):

- \_\_\_ primary care physicians
- \_\_\_ specialist physicians
- \_\_\_ physician assistants
- \_\_\_ nurse practitioners/ nurse clinicians
- \_\_\_ registered nurses
- \_\_\_ dentists
- \_\_\_ podiatrists
- \_\_\_ psychologists
- \_\_\_ social workers
- \_\_\_ clinic/medical assistants
- \_\_\_ students in clinical training programs
- \_\_\_ other (please describe): \_\_\_\_\_

3. How many clinical volunteers does your HCH operation use?

- \_\_\_ Volunteers on site
- \_\_\_ Volunteers who provide free care off-site upon referral

4. What are sources through which you recruit clinical volunteers?

- \_\_\_ Medical/Dental Society
- \_\_\_ Agreements with teaching institutions
- \_\_\_ Staff Outreach/Campaigns
- \_\_\_ Other: \_\_\_\_\_

5. Does your HCH operation have a formally organized volunteer program? \_\_\_ Yes \_\_\_ No

6. Does your HCH operation have a Volunteer Coordinator? \_\_\_ Yes \_\_\_ No

If yes, please provide his or her name: \_\_\_\_\_

7. With respect to your clinical volunteers, have you identified problematic issues or concerns with the following? Please check all that apply.

- \_\_\_ Recruitment
- \_\_\_ Retention
- \_\_\_ Adherence to clinic policies and procedures
- \_\_\_ Reliability in attendance
- \_\_\_ Screening for volunteers' credentials, backgrounds, liability coverage (if applicable)
- \_\_\_ Adequate liability coverage
- \_\_\_ Continuity of Care
- \_\_\_ Receipt of clinical/medical record of patient following referral
- \_\_\_ Cultural Competency
- \_\_\_ Understanding the unique needs of homeless clients
- \_\_\_ Supervision or quality assurance
- \_\_\_ Other: \_\_\_\_\_

8. In general, do you feel like your clinic uses clinical volunteers effectively and efficiently?

\_\_\_ Yes \_\_\_ No

9. **If your clinic does not use clinical volunteers**, what are the reasons for not using them? Please check all that apply.

- \_\_\_ Liability coverage concerns
- \_\_\_ Lack the time or resources for recruitment
- \_\_\_ No system in place for screening volunteers' credentials
- \_\_\_ Concerns over volunteers' reliability and availability
- \_\_\_ Concerns over volunteers' abilities to manage the complex care of homeless patients
- \_\_\_ Not enough interest in the community
- \_\_\_ Other: \_\_\_\_\_

**If you are willing to participate in a personal interview to help me elaborate on the results of this primary questionnaire, please complete the following information:**

Best way to contact you (please include contact information):

- \_\_\_ email: \_\_\_\_\_
- \_\_\_ day/business phone: \_\_\_\_\_
- \_\_\_ evening phone: \_\_\_\_\_

Best time to contact you:

- \_\_\_ weekday office hours: \_\_\_\_\_
- \_\_\_ other: \_\_\_\_\_

Thank you for completing this questionnaire. Again, any questions may be directed to me via email [lmartin@nhhc.org](mailto:lmartin@nhhc.org) or phone 615-226-2292 (office).

**Questions Asked of Selected HCH Projects during Telephone Interviews**

**Cultural Competency and Understanding Homelessness**

1. Do your volunteer clinicians have a working understanding of homeless issues?
2. Do you think many of your volunteer clinicians bring their own biases and stereotypes into the clinic?
3. Give some specific examples of problems that occur as a result of a lack of cultural competency among your clinical volunteers.
4. Do you have educational programming for the volunteers to assure maximum levels of cultural competency and understanding of homeless persons' special needs?
5. If yes, please describe:
6. Does this programming adequately train volunteers?
7. What are weaknesses of the programming?
8. Do you feel like you lack resources for training volunteers in homeless issues?
9. Are you aware of the resources available through the HCH clinician's network?

**Liability**

1. How do volunteer clinicians in your clinic obtain liability coverage for work there?  
Do you purchase extra coverage for volunteers?  
Do you ask that they provide their own liability insurance?
2. Why is liability coverage a concern for your clinic?  
Costs? Availability?
3. Are you aware of your state's charitable immunity laws (NY, MA, NE, VT, CA, AK, NM don't have these laws) and do they apply to volunteers in your clinic?
4. Is it true that your State does not have Charitable Immunity Laws? Does this make it difficult for you to recruit volunteers or to provide adequate coverage for any of your volunteers?

**Recruitment**

1. What are your clinic's most successful methods of recruitment?
2. Why is the recruitment of clinical volunteers a concern for your clinic?
3. What resources do you think would make your recruitment efforts more successful?
4. Do you view recruitment concerns as a result of a lack of resources to recruit or a lack of interest in the community to volunteer?
5. Describe your HCH clinic's process for picking volunteers.
6. Do you have an application? If so, what steps are involved in the application?
7. Do you require that a clinician volunteer make a minimum time commitment?

**Adherence**

1. Why do you have concerns about volunteers' adherence to clinic policies?
2. What specific problems do you run into regarding adherence?
3. Do you hold a volunteer orientation or training? What is involved?
4. Do you give volunteers a job description?
5. Do you have volunteers sign HIPAA agreements or confidentiality contracts?
6. Do volunteers receive an information packet for reference?
7. Is there a system to remind volunteers of their schedules?

**Reliability in Attendance**

1. How often are your volunteers able to fulfill their commitments to your clinic? Or How big of a problem is volunteer unreliability for your clinic?
2. Is there an organized fill-in system to accommodate changes in schedules?

**Organized Volunteer Program**

1. What is the value of having an organized volunteer program?
2. Does having an organized volunteer program put strains on staff resources, time, and money?
3. Do you think having a volunteer coordinator makes a difference in how effectively and efficiently your clinic uses volunteers?
4. Do you think the size of your volunteer program (small <20, big >20) effects how well your clinic manages its volunteers? (i.e., Do you think you encounter fewer problems with using volunteers if you manage fewer of them?)

**Screening**

1. Do you have a screening process to check credentials, background, insurance coverage?  
If Yes, please describe this process.
2. Do you think those procedures are effective and efficient?  
If No, what are the consequences for your clinic of not having a screening process? i.e., Have you found this to be detrimental to patient care or to your clinic's efforts to use volunteers effectively?
3. Do you think screening procedures are too tedious to implement? Does their necessity override their consumption of time and effort?

**Supervision and Quality Assurance**

1. Why did you indicate that you had concerns with this topic? Can you give specific examples of problems your clinic has had resulting from problems associated with supervision or quality assurance?
2. Are non-student volunteers supervised by staff or are their practices autonomous?
3. How are student volunteers supervised?
4. Do you ask for consumer feedback regarding volunteers?

**Retention**

1. Explain why you believe your clinic has trouble with volunteer retention.
2. Does your HCH clinic work to improve its volunteer program?  
Do you ask for volunteer feedback?  
Do you have a spot on the board of directors for a volunteer clinician?
3. Does your clinic sponsor volunteer appreciation activities?

**Continuity of Care**

1. Would you agree that there is an inherent problem with continuity of care when a clinic uses volunteers?
2. You didn't indicate that continuity of care was a concern for your clinic regarding its use of volunteers. How do you maintain continuity in caring for homeless patients?  
Detailed records system? Electronic Records?
3. Can you give specific examples of concerns you have regarding continuity of care in your clinic? What sorts of problems have you encountered?