

Leveling the playing field

Al-Shifa Clinic offers free preventative education and medical care for immigrants and indigent residents of Dallas Forth Worth area.

by M. Basheer Ahmed MD
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We are all well aware of the playing field. Diseases such as diabetes, hypertension, coronary artery disease, and cancer, do not respect the lines created by race, color, nationality, financial status, or immigration status. Rather, just as the founding fathers expressed it so many years ago, all men are created equal. One in four Americans afflicted with hypertension are completely unaware of their illness. About one in four Americans with diabetes also are unaware of their disease. Obesity is reaching epidemic proportions, further contributing to diabetes, heart disease, and a host of other medical problems. Most of these can be predicted and prevented by the available tools for early diagnosis, and by the pursuit of lifestyle changes. When we speak of these issues, we must concern ourselves with two overriding issues, access to health care and education. While there are some minor differences in the incidence of these problems among different groups individually, collectively all groups are affected by them.

The current presidential administration has brought these issues to bear most recently before the AMA. While access to affordable health care in America continues to be a challenge, the access to health information and education is not so difficult. Asking Americans

to take charge of their own health and make healthy living a priority remains a bigger challenge. This aim requires resources many do not have. The escalating cost of health care delivery and increasing number of uninsured and underinsured remains a serious concern to all of us. The number of uninsured Americans has been rising inexorably over the past eight years due to a variety of reasons. Insurance premiums are ever on the rise. Many employers reduced their share of contribution to premiums. Many employees are unable to pay high deductibles. Uncovered employees are unable to purchase affordable insurance on their own. With unemployment on the rise, only one in ten workers chooses to sign up for COBRA coverage. And to compound these issues, the number of uninsured children has also jumped sharply, reaching over nine million, partially due to a decline in government funding.

This burden is further exacerbated by a growing number of immigrants who remain uninsured. In Tarrant County, over ninety-seven thousand immigrants do not have insurance coverage. Regardless of age, legal status, or insurance coverage, immigrants receive far less health care than the average American. A

high percentage of recent immigrants remain uninsured. Beyond the financial issues, language difficulties and cultural differences create further barriers to access to health care. A recent analysis showed that immigrants consume 55 percent less services than non-immigrants. Immigrant children had a 74 percent lower per capita health care expenditure when compared to U.S.-born children.

In 1995, a group of concerned citizens founded the Muslim Community Center for Human Services (MCCHS), with the objective of providing education for health maintenance and disease prevention to the residents of the DFW Metroplex, focusing on immigrant residents who lack this fundamental access due to the above-mentioned language and cultural barriers. The MCCHS has actively participated in health fairs, providing health screenings for diabetes, cholesterol, hypertension, and numerous conditions. Initially, this delivery of education and services was met at the point of need, with screenings held at Islamic community centers, Christian churches, public libraries, and centers of higher education.

Responding to ever-increasing barriers to health care, the MCCHS opened the Al-Shifa Clinic in October of 1998. A

and down. With a riding mower, drive up and down the slope, not across it. Try to use a mower with a control that stops the mower from moving forward if the handle is let go. Do not pull the mower backward or mow in reverse unless absolutely necessary, and carefully look for children behind you when you mow in reverse. Always turn off the mower and wait for the blades to stop completely before removing the grass catcher, unclogging the discharge chute, or crossing gravel paths, roads, or other such areas. Children younger than 16 years should not be allowed to use riding mowers. Children younger than 12 years should not use walk-behind mowers. Children should NEVER be allowed to ride as passengers on riding mowers.

Playground and Play Equipment Safety

The American Academy of Pediatrics recommends consideration of these items regarding playground, bicycle

and skateboard/in-line skates/heelies safety.

- Playgrounds should have safety-tested mats or loose-fill materials (shredded rubber, sand, wood chips, or bark) maintained to a depth of at least nine inches. The protective surface should be installed at least six feet (more for swings and slides) in all directions from the equipment.
- The playground equipment should be carefully maintained—moving parts that a child can reach (that may possibly cause pinching or trapping of a body part), “unofficial” attachments (such as ropes, jump ropes, leashes, or similar items that may possibly cause strangulation), open “S” hooks, or protruding bolt ends can be hazardous.
- Swing seats should be made of soft materials such as rubber, plastic or canvas.
- Oversized bikes can be especially dangerous—buy a bike that is the

right size for the child, not one that has to be “grown into.”

- A child needs (and it is a very good idea for adults also) to wear a helmet on every bike ride, no matter how short or how close to home. A helmet protects your child from serious injury, and should always be worn. A helmet should be worn so that it is level on the head, not tipped forwards or backwards. The strap should be securely fastened, and you should not be able to move the helmet in any direction. If needed, helmet sizing pads can help improve the fit. When purchasing a helmet, look for a label or sticker that indicates the helmet meets the U.S. CPSC safety standard.
- A child should never ride a bicycle or use skateboard/in-line skates/heelies or scooters in or near traffic.
- All children using a skateboard/in-line skates/heelies should wear a helmet and other protective gear, including wrist guards, which are

See PHN page 32

Our goal evolved to provide culturally appropriate primary care to this medically-underserved population. Today, weekend clinics serve Tarrant County's indigent population, immigrant residents, as well as visitors from overseas without insurance coverage. Our efforts center strongly around prevention. We provide services for general medical problems, focusing on diabetes, hypertension, dyslipidemia, and infections, conditions that when untreated can lead to more serious problems such as heart disease, stroke, or kidney failure. All complicated cases, specifically surgical patients, are referred to the public hospital system. Our staff of fifteen volunteer physicians comes on rotation on Saturdays and Sundays. The staff represents several primary care groups, including internal medicine, family practice, cardiology and emergency medicine. Additional support is provided by local medical students and premedical volunteers. Laboratory services are provided at a discounted rate in agreement

with area labs. Generic medications are prescribed and pharmaceutical samples are dispensed routinely by the physicians.

As our populations needs have evolved, the Al-Shifa Clinic and MCCHS have also evolved. In July of 2008, a monthly eye clinic was organized to address minor ophthalmologic problems and corrective lenses. There is a regular women's clinic which further addresses the cultural issues of our served population. Later this year, Al-Shifa plans to open a dental clinic as well.

Service to our community should never be short-sighted. It should continue to evolve, with the fundamental goal of expanding the scope of our service to our community. In 2009, MCCHS would like to develop a network of physicians in the Dallas-Fort Worth area who can offer medical services to patients referred by the primary Al-Shifa Clinic for a flat fee in their own offices. We have asked our

See **Al-Shifa** page 33

A few facts about the Al-Shifa Clinic:

- The Al-Shifa clinic served 1,400 patients in 2007 and 1,800 patients in 2008. We project growth to 2000 in 2009.
- 95 percent of the patients at the clinic are adults. Children are seen when a pediatrician is available.
- Almost 70 percent of the patients at the clinic are female, 30 percent male.
- The most common problems treated at the clinic are: diabetes (30 percent); heart disease including hypertension and high cholesterol (40 percent); infections and other minor ailments (15 percent); and depression, anxiety and other psychiatric problems (15%).

From **Al-Shifa** page 15

volunteering physicians to accept, as an example, \$35 flat fees for a visit and evaluation. Patients will be encouraged to pay in cash, so no billing is involved. Volunteering physicians could limit their cases to one or two



(L-R) Siraj Hussain, MD, Miguel Banta Jr, MD, Basheer Ahmed MD and Eric Coliga, MD at Al-Shifa Clinic on Tarrant County Medical Society Mission Day, March 2009

patients per month. Most physicians provide some charitable services, and we believe that these cases will not be an additional burden on their practices. This network will provide a unique opportunity for specialists to provide medical services to those in need. It will also further the mission of Al-Shifa Clinic and the MCCHS exponentially.

The Al-Shifa Clinic needs internists, pediatricians, and other primary care physicians to give four hours of their valuable time, one weekend every two

months, to provide services at our clinic in North Richland Hills. We also are actively recruiting specialists to provide medical consultations at their own offices for minimal charges (or free!) at a rate of one to two cases per month. The people of Tarrant County need further scope of services, and it is our honor to serve the underserved. We would strongly encourage interested physicians to contact Dr. Basheer Ahmed at mbahmedo3@hotmail.com or 817-907-6080 for further information and support.

We are well aware of the playing field. Our goal of expanding access and providing education and services to the underserved can only be achieved with the support of a strong medical community. We are well aware that with strong resolve and united efforts, we can cross cultural and language barriers, and delimit these access issues. We are well aware that we can level the playing field. These preventable diseases do not respect the lines of nationality, financial status, or immigration status. They cross these barriers freely. Our goal is to eradicate these barriers completely.

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