

REIMAGINING
**MUSLIM
SPACES**

American Muslims and Free Health Services to Underserved Populations

THE HUDA CLINIC: A CASE STUDY



REIMAGINING MUSLIM SPACES

Dear Colleagues:

The goal of our “Reimagining Muslim Spaces” project is to produce research-driven recommendations to enable the development of a mosque that is:

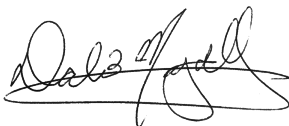
1. Welcoming: Inclusive and engaging
2. Well Governed: Effective and transparent
3. A Hub for Hope: A source of community service

To illustrate how mosques can serve as hubs for hope, ISPU identified four real life examples of American Muslim Institutions doing just that. Rather than simply providing theoretical advice, our researchers interviewed the very people who built these programs and institutions to identify the secret to their success and the wisdom gained from their struggles. Our case studies cover:

1. A **“Third Space”** with MakeSpace in Washington, DC
2. A **Free Medical Clinic** with the HUDA Clinic in Detroit, MI
3. A **Jobs Center** with the SHARE Center in Lexington, KY
4. A **Civic Engagement Program** with the Muslim Community Association in Santa Clara, CA

We hope these case studies will inspire and instruct others working to develop institutions that serve and uplift.

Warmly,



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For a long time now, American Muslims have made an important contribution to providing health services to low-income, underserved populations in their communities. Yet so far there has been little documentation to reflect this important community service by American Muslims. To that end, this report presents a case study of the HUDA Clinic, a free health care clinic in Detroit, Michigan, that has been in operation since 2004, and continues to grow and evolve with the needs of its community. Specifically, we examine the history and functioning of the HUDA Clinic and its relationship with its neighborhood, and identify the factors behind its success with the hope that such successes may be replicated elsewhere in American Muslim communities.

Lessons Learned From This Report

- 1. An internal divergence of opinions on some issues does not hinder the success of the organization, as long as there is agreement on the organization's mission and vision.** If the organization's mission is clear from the outset, and there is a genuine buy-in from all members, internal disputes and differences can be resolved relatively easily.
- 2. Upfront investment on a separate legal status and tax exempt status for the health care clinic is a worthwhile expense.** For the HUDA Clinic, these investments opened the doors to funding and helped resolve issues when differences arose between some members of the HUDA Clinic and the Muslim Center. All board members agree that it helped immensely that the HUDA Clinic was a separate legal entity, distinct from the Muslim Center.
- 3. Use freely available resources and strive to learn from other similar community organizations.** The HUDA Clinic effectively used a free, online template for the preliminary planning stages of the program as a valuable resource.¹ Additionally, the clinic's staff members and board continue to create relationships with other health care clinics and other service providers to learn from their business models, and to learn about new sources of funding.
- 4. Invest in malpractice insurance.** Even if volunteer physicians have their own malpractice insurance, organizational insurance provides the clinic with greater protection from liability.
- 5. Invest in the services of a professional grant writer.** The HUDA Clinic's continuing success depends in no small part on its ability to actively and successfully seek new funding sources. Whereas the HUDA Clinic previously hired a professional grant writer as needed, they now have a part-time CEO whose responsibilities include identifying and applying for grants.
- 6. On a leadership level, seek to balance stability with diversity.** While retaining some founding members is key to success, new and diverse voices and viewpoints on the board are also essential for growth and evolution.
- 7. Outline a robust outreach strategy from the beginning.** The HUDA Clinic did not automatically generate clients. Have a strategy in place that reflects the community's needs. On an internal level, have a unified understanding of what the clinic's desired patient base is (e.g., Muslim only vs. open to all), and craft an outreach strategy accordingly.

8.

Have systems in place to ease evolution and to create transparency. Steps such as annual reviews and regular strategic planning are crucial for internal harmony and success. Review mechanisms also help an organization be prepared for an audit.

9.

Regularly train staff members on health safety, and document the trainings. These steps not only ensure safer operations; they also serve as preparation in case of an audit.

10.

Encourage and cultivate diversity. The decision of a suburban and inner-city mosque to work together for a common purpose was one of the keys to the HUDA Clinic's success. Free health clinics sponsored by and for Muslims are best realized when those from within the city join forces with those in the suburbs with each group contributing essential ingredients for success. It also provides the challenge and opportunity for Muslims to discover and address biases and prejudices that fester among racial, ethnic, and socio-economic lines.

An Introduction to the HUDA Clinic

In 2004, the HUDA Clinic began operations on the second floor of a prominent local mosque,^a the Muslim Center of Detroit. The Muslim Center, a predominantly African American mosque located in inner-city Detroit, was founded in 1985. The Muslim Center identifies strongly with the teachings of Imam Warith Deen Mohammed, who transformed the original Nation of Islam in 1976 to an orthodox mainstream Islamic movement. Since its inception, the Muslim Center has had a strong focus on community service with a vision of creating a distinct Islamic footprint in the neighborhood and the inner city. According to the Muslim Center website, the mosque's aim is to "Remake the World." To this end, the Muslim Center wishes "to work with Christians, Jews and other religions, as well as people of goodwill, putting our common God first."²

Regular services at the Muslim Center include Quranic education as well as a soup kitchen and a women's self defense class.³ From its start, the Muslim Center devoted a lot of energy to forging relationships with other community organizations that were sponsored by Muslims and people of other faiths. The Muslim Center had been discussing the idea of establishing a free health clinic with Muslim and non-Muslim physicians in the area since 2004. At that time the Muslim Center already had been running a free monthly health clinic that offered basic health screening services at various locations in and around Detroit.

According to the Muslim Center website, the mosque's aim is to "Remake the World." To this end, the Muslim Center wishes "to work with Christians, Jews and other religions, as well as people of goodwill, putting our common God first."

^a Mosque: A Muslim place of worship.

Separately, a group of physicians from a suburban mosque, the Islamic Association of Greater Detroit (IAGD), decided to launch a free health clinic. According to Dr. Jukaku Tayeb, a nephrologist, former President of the IAGD, and current board member of the HUDA Clinic:

We were trying to figure out how we can serve the Muslim community. Especially because we were hearing at this time, this was around 2004, that a lot of [people in and around Detroit were medically] uninsured and the number was increasing. Hillary [Clinton] had tried to bring in universal health care. It was a big political mess. We all felt bad about it, so we said let's [start a] free clinic. At least we will do whatever we can. So we started looking around, and we found that some people [at the Muslim Center] had been talking about it and had actually started providing some very basic services once a month. So we said okay, let's go and join them.⁴

The reasoning behind choosing a predominantly African American mosque located in a low-income neighborhood in inner-city Detroit was twofold. First, to bring the services to the patients rather than expecting them to travel to a suburban mosque; and second, to forge social and professional bonds between a suburban, predominantly South Asian Muslim community and an urban, African American Muslim community. According to Dr. Tayeb:

We wanted a platform where we came together. We felt bad about it, because there is no getting together. We don't get together for Eid,^b we don't get together for Juma'a.^c We have absolutely no social contacts; we are not invited to their homes; they don't come to our homes. It is a place where we could nurture such relationships.⁵

The IAGD physicians approached the Muslim Center with initial funding of approximately \$10,000. Dr. Tayeb became the Vice Chairman of the Board of the HUDA Clinic, and remains an active member of the board.

From Inception to Realization

The initial agreement between the physicians from IAGD and the board members at the Muslim Center to establish a free health clinic was followed by a planning process of six months. This included meetings with physicians, nurses, social workers, and community advisors, and using available resources to set up the free health clinic. According to Mitchell Shamsud-Din, the current Vice Chairman of the HUDA Clinic and a founding member of the Muslim Center, a free online template from the National Association

^b Eid: A Muslim Holiday.

^c Juma'ah: Friday Noon Prayer.

of Free & Charitable Clinics that explains how to start a free health clinic⁶ was extremely helpful. The template gave the team clear instructions and a structure for the planning process.

The planning committee, which later transformed into the HUDA Clinic board, consisted of 15 individuals, including two physicians from the initial IAGD group (including Dr. Tayeb as Vice Chair), and one board member from the Muslim Center as the HUDA Clinic Board Chair. An intentional effort was also made to place many local community activists from the Muslim Center on the board. The aim of doing so was to create bonds between the two Muslim communities and to give members of the Muslim Center an opportunity to assume leadership positions, gain valuable professional exposure, and “flourish with the HUDA Clinic.”⁷

The mission of the HUDA Clinic is to serve uninsured and underinsured populations in and around Detroit. According to its website, it focuses on “improving the lives of those in need through comprehensive health care, education, and resources.”⁸

There was some initial debate over selecting a name for the free health clinic that would reflect this vision. Initially, the clinic was to be named the Islamic Charitable Community Clinic, but some members felt that using “Islamic” in the title might give the impression that the clinic was solely for Muslims. To remain welcoming to people of all faiths, there was agreement to name the clinic “HUDA,” which stands for the Health Unit on Davison Avenue. It is a name that Muslims recognize but it doesn't make people of other faiths feel excluded.

Initial Expenses

The step-by-step instructions in the free online template were vital in helping the board get organized. Importantly, it advised new clinics to apply for legal status and tax exempt status and gave instructions on how to do so. From its inception, the board decided that the HUDA Clinic was to be a separate legal entity from the Muslim Center, a decision that proved to be valuable for both organizations down the line. There were at least two reasons for this. First, the HUDA Clinic Board of Directors wanted to maintain full control of the clinic and function independently from the Muslim Center. This would serve to prevent any potential divisions within the board of the mosque from having a negative effect on clinic operations. Second, until 2001, before the Office of Faith-Based and Community Initiatives (OFBCI; now the White House Office on Faith-based and Neighborhood Initiatives) was established by President George W. Bush, faith-based community organizations were not entitled to receive federal funding.⁹ As a result, it was the norm that churches and other places of worship legally separated their charitable initiatives from the finances of the church. A similar norm was established at

the Muslim Center, and was still in practice in 2004 when the HUDA Clinic was formed. This is because although OFBCI allows federal funding of religious organizations, many private corporations would still refuse to fund faith-based organizations on the grounds that they might be accused of possible discrimination.¹⁰

The decision to apply for separate legal status as a nonprofit, tax exempt organization was an added formality and expense that many free health clinics forego. But according to all HUDA Clinic board members, the cost has proved to be valuable time and time again, and according to Mitchell Shamsud-Din, the “investment was definitely worth the return.”¹¹ The upfront cost of applying for nonprofit and tax exempt status varies greatly from state to state but it can be as much as \$1,500.

The board of the HUDA Clinic made an early investment in another legal expense, insurance. Although all the clinic volunteer physicians maintained their own malpractice insurance, the clinic itself needed its own insurance to have additional coverage. In the words of Khalid Mohammed, an attorney and HUDA Clinic board member:

If I were starting off a new clinic, from day one that would be the first thing that I would recommend: make sure that we're insured and bonded, to protect everyone [who is] coming in through the door, ... volunteering and helping. I would strongly suggest ... checking a variety of insurance companies that handle that insurance.¹² This includes malpractice insurance for the physicians and staff, as well as liability insurance for the property of the clinic.

Khalid Mohammed stresses that it is important to obtain insurance from the start. The HUDA Clinic quickly realized the importance of insurance once patient volume grew.

Initial Challenges and an Outreach Strategy

The HUDA Clinic opened its doors to receive patients in May 2004. By then the planning committee (now the Board of Directors) had remodeled the second floor of the Muslim Center to make it wheelchair accessible; and in partnership with Muslim Physicians of Greater Detroit, recruited and drew up a list of volunteer physicians; and recruited nurses, clerical staff, and janitors. However, there was one major flaw in the planning. According to Mitchell Shamsud-Din:

You know, the old saying, “Build it and they will come.” Well, it didn't happen like that. We had a bunch of doctors excited to volunteer and get their blessings from Allah and all that, [but] we didn't have the patients. So we said, okay what we have to do is outreach. So we started going to the homeless shelters and made an agreement with them that we would do physical exams for them.¹³

The Board of Directors then formulated a comprehensive outreach strategy in stages. First, the clinic entered an agreement with local homeless shelters. However, the leadership team decided it wanted the clinic to cater to all uninsured people, including immigrants, working poor, the unemployed, and others. As a result, the HUDA Board of Directors contacted the local Bangladeshi immigrant community, and the result was remarkable. Not only did the HUDA Clinic see a dramatic increase in patient numbers, the Bangladeshi community asked the clinic to move into its neighborhood. However, for the sake of maintaining diversity in its patient base, the HUDA Clinic decided not to move.

The HUDA Clinic took additional steps as part of its outreach strategy by joining community groups and health associations such as the board of the Wayne County Health Authority and the Free Health Clinics of Michigan Association. Moreover, all the volunteer physicians reached out to the management teams at hospitals with which they were associated to let them know that the clinic aimed to reduce pressure on hospital emergency departments and would be happy to take referrals from the hospitals. As a result of this strategy, the number of patients visiting the HUDA Clinic soared.

There was intense internal debate among HUDA board members on whether or not the clinic's clientele should be limited to Muslims. The issue was linked to potential funding: many members of the team and donors held the view that *zakat*^d is meant to be spent only on Muslims. Although this is not the correct interpretation of *zakat*, it is a common belief that many Muslims hold. Thus to open clinic services to non-Muslims would invariably cut this source of funding. However, it was agreed that *sadaqah*^e could be spent on people of any faith. After deep internal discussions, the people who were supporting and running the HUDA Clinic decided they believed strongly in their vision of diversity and to provide care to all patients, regardless of religion, over a potential decrease in funding.

Despite this strong stance, the HUDA Clinic continues to struggle to ensure diversity at all levels of the organization. The Board of Directors wanted diversity in ethnicity, national origin, and religious sects in the composition of its patient base and streams of revenue. At present, although the patient base is fairly diverse, diversity among board members and funding are both still lacking.

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^d Zakat: Alms or tithe as a Muslim duty.

^e Sadaqa: Charity, voluntary alms above the amount for zakat.

How the HUDA Clinic Operates

When the HUDA Clinic began operating in 2004, it was staffed by one physician at a time, it was open one day a week, and it had a roster of 15 volunteer physicians. Today, the HUDA Clinic operates four days a week and has 60 professional volunteers on its roster, including physicians, physician assistants, dentists, an ophthalmologist, an oncologist, and a podiatrist. At present, the HUDA Clinic offers care to an average of 120 patients each month. In 2014, the HUDA Clinic had a total of 1,455 patient visits.

Services

All HUDA Clinic services, medications, and resources are offered free of charge. Services are provided to adults only; the HUDA Clinic currently offers no pediatric services. Basic primary care services, included those listed below, are provided by physicians who practice internal medicine and some specialties:

- Preventive services: blood pressure and cholesterol screenings, vaccines, counseling on diet, safety, etc.
- Dermatology: once or twice a month, depending on demand
- Ophthalmology: twice a month
- Psychiatry: as needed
- Basic radiology services: Radiology services are not offered by HUDA directly. Patients are referred to a nearby facility (i.e. BASHA Diagnostics for ultrasounds); The HUDA Clinic is also offered five free ultrasounds per month and low-cost X-rays.
- Basic laboratory services: Laboratory services include all urinalysis and blood work. The HUDA Clinic sends vials and cups via courier to St. Joseph Mercy Oakland Hospital, which does the lab work for free, then faxes the results to the HUDA Clinic.
- Dental services: only non-cosmetic dental work, and dental X-rays
- Pharmacy: Free medications are dispensed.

The HUDA Clinic also offers classes aimed at teaching people how to manage their diabetes, and Doctor for a Day, a children's program aimed at getting children between the ages of 9 and 14 excited about science and medicine. Activities in the Doctor for a Day program include showing human organs to the children, teaching them how to take blood and how to perform CPR, among other things. The clinic maintains a mix of volunteers and a small, part-time paid staff that includes one physician, one physician's assistant, one registered nurse, two medical assistants, and a chief executive officer (CEO). All the other physicians and board members are volunteers. For specialist referrals, the HUDA Clinic has a referral system set up with various physicians in the community. The HUDA Clinic contacts the physicians directly for each referral.

However, all patients are walk-in and the HUDA Clinic doesn't have an appointment system in place. Because the HUDA Clinic is not functioning at full capacity, the walk-in system is effective. All patients requiring follow-ups are asked to return to the HUDA Clinic, as needed.

Facility

Until 2012, the HUDA Clinic rented space in the Muslim Center. By 2012, the patient volume had increased, and the HUDA Clinic had enough funding to buy its own property. In 2012, the HUDA Clinic purchased and remodeled a former church building that had been situated across the road from the Muslim Center. The new facility includes three patient examination rooms, a dentist's room with two dental chairs and an X-ray machine, one ophthalmology room with equipment for eye examinations, some conference space, and space for medical records and storage. The current facility is more than sufficient for the patient volume, and if the number of patients increases in the future, the property can be remodeled to add more rooms.

Clientele

The current patient population is approximately 70 percent African American, 20 percent Bangladeshi immigrants, and 10 percent other ethnic groups.¹⁴ Although there is a big Arab and Arab American population in Detroit, few Arab Americans turn to the HUDA Clinic. Most Arab American patients choose to use the services of ACCESS, a nonprofit organization that provides community services, including health clinics, to Arab Americans.¹⁵ Until a few years ago, the patient base was split almost evenly between Muslims and non-Muslims, but the demographics began to change in 2013 to 2014 after another free health care clinic opened up within the Bangladeshi American community. With most Bangladeshi patients now choosing the more conveniently located clinic, the HUDA Clinic patient base is now close to 80 percent non-Muslim.¹⁶ The loss of the Bangladeshi community has led to a decline in total number of patients by 50 to 60 percent.¹⁷ This is an ongoing challenge for the HUDA Clinic.

Finances

The HUDA Clinic receives financial support from two primary sources, grants and community donations. Previous and ongoing grants include those from Blue Cross Blue Shield of Michigan and Wayne County Medical Society. The HUDA Clinic CEO is tasked with seeking out available grants and applying for them. The HUDA Clinic also regularly hires a grant writer to assist with the grant application process. The HUDA Clinic's annual budget is approximately \$200,000.

Community donations come through fundraising efforts such as an annual Ramadan drive, an annual fundraiser dinner, and visits to local mosques to request donations. Most board members are involved in fundraising.

Funds for the free pharmacy come primarily from the IAGD, which has been underwriting the expense almost since the inception of the HUDA Clinic.

Four years ago, the HUDA Clinic received a funding windfall from an unexpected source. A Muslim individual in the Detroit area filed a lawsuit against a local McDonald's for falsely advertising its meat as *halal*.^f The plaintiff won the lawsuit and was awarded damages, and donated \$50,000 of his award to the HUDA Clinic as a one-time grant for employing a physician and a physician's assistant. The donation is expected to last the HUDA Clinic for many years to come.

Community Relationships and Outreach

The HUDA Clinic continues to focus on outreach and creating strong relationships with other organizations in the community. Regular outreach efforts include visiting local churches and mosques, and handing out flyers at local businesses. In addition, physicians visit other health care clinics to establish relationships and learn from the experiences of those organizations. The HUDA Clinic also cultivates relationships with other community organizations such as a local soup kitchen. According to Khalid Mohammed, the HUDA Clinic board member in charge of outreach, these efforts are vital because they allow the clinic to learn from the experiences of other organizations, and individual contacts can help HUDA Clinic members learn about funding and grant opportunities, and changes in laws, regulations, and policies.

In 2015, under the leadership of CEO Ghufran Akram, the HUDA Clinic has renewed its focus on improving marketing and outreach. The HUDA Clinic recently invested in a new website (www.hudaclinic.org) with the Search Engine Optimization (SEO) feature.

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This ensures that anyone using a search engine to search for free medical services will be led to the HUDA Clinic website. The investment seems to be bearing fruit; at this writing (April 2016), the new website had been up for less than two days, and the HUDA Clinic

^f Halal: Lawful, permitted, good, beneficial, praiseworthy, honorable in Islam.

had already received five requests from new patients. As public awareness of the clinic picks up via SEO, the clinic's patient base is expected to increase substantially.

In addition, throughout 2015, CEO Akram gathered and empowered a group of 40 volunteers under a Student Advisory Board. The volunteers assist with the clinic's internal operations and lead outreach efforts, working to find donors and physicians and spreading the word about the HUDA Clinic. As a result, in 2015, the clinic was in the news twice, including for an event that was organized by the Student Advisory Board at which the clinic provided medical services for 70 homeless individuals.

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The HUDA Clinic continues to make an effort to diversify its support and donor base so that it is not dependent on the generosity and assistance of only one community. In recent months, the HUDA Clinic has begun the process of establishing connections with all Muslim communities in urban and suburban Detroit. In tandem with the outreach strategy, CEO Akram is trying to recruit more physicians and dentists to provide volunteer services. At present, HUDA Clinic's services, particularly dental services, are in high demand, and patients face long wait times to see a care provider. With a renewed effort at recruiting new dentists, the clinic hopes to drastically reduce wait times, and for this reason, the clinic is in the initial stages of beginning an official partnership with the medical school of a major university in Detroit. Having a medical school partnership allows the school to give students the opportunity to obtain clinical training, and allows the HUDA Clinic to rely on the university to help market the HUDA Clinic. The more patients the HUDA Clinic has, the better the learning experience is for the medical students. CEO Akram hopes the partnership will be mutually beneficial, and marks a new step in the growth of the clinic.

The HUDA Clinic and the Muslim Center

Although it is clear that the HUDA Clinic got its start at the Muslim Center, internal opinions on the role the Muslim Center played in the HUDA Clinic's success are in sharp contrast. For the HUDA Clinic board members who are also involved with the Muslim Center, the clinic's success can be traced directly to the support it received from the the Muslim Center, and the two continue to have a symbiotic relationship.

According to board member Khalid Mohammed:

I feel that without the support of the Muslim Center, the HUDA clinic may not have been born. The Muslim Center assisted us greatly because they gave us the facility to grow. They gave us the ability [to have] doctors, nurses, and business leaders such as myself to come together and to say 'we need this type of organization to grow from the masjid.'⁸ They seeded us. And then when we realized that we needed to grow, we moved to another location by getting funding which came from the Muslim Center, which came from individuals who donated their money, their time, their resources freely, to help the HUDA Clinic grow.¹⁸

Similarly, for Mitchell Shamsud-Din, who was a key Muslim Center leader at the time of the formation of the HUDA Clinic:

The Muslim Center['s] reason for being was to do these different projects, so we had formed a separate nonprofit organization to be the conduit for the projects [such as the HUDA Clinic]. The mosque was in full support of [the clinic] and in fact you could not even tell the difference between who was actually running it. We established a separate legal entity, but if you were to ask, you wouldn't know who owned the HUDA Clinic.¹⁹

In contrast, according to Dr. Tayeb, mosque leadership at the Muslim Center was almost tangential to the success of the HUDA Clinic. The support that came from the mosque, according to Dr. Tayeb, was verbal and not financial:

So the Muslim Center itself had no role, as best as I can tell you, in the subsequent growth of the clinic and its stabilization. Initially, it was the same notion that 'let's take it to where there is a need.' And then, we were paying rent to the masjid, so the help from masjid was more, 'okay let's do all this together, let's be one community.' Stuff like that, not material help. There was no organizational help, because you know how masjids are not very well organized.²⁰

Similarly, although HUDA Clinic leaders such as Mitchell Shamsud-Din and Khalid Mohammed view the eventual decision to move out of Muslim Center as a natural progression, in light of growth, for Dr. Tayeb, the move was triggered by several factors, including an insistence by the center leadership to take ownership of HUDA Clinic services and programs.

⁸ Masjid: A Muslim place of worship.

According to Dr. Tayeb:

They [the Muslim Center leadership] demanded control of the HUDA Clinic; they demanded control of the premises, so it kind of came together. Their demands were creating administrative headaches for us, plus our expansion, and the limited and run-down space [at Muslim Center], all of that kind of created the perfect situation for us to say, okay, we have to get out of here and do our own thing.²¹

On the other hand, Dr. Zahid Sheikh, one of the founding members of the HUDA Clinic and its current chairman, saw absolutely no overlap or affiliation between the clinic and the Muslim Center.²² He maintains that the clinic is and always has been a completely private entity.

Despite this stark internal difference in opinion, it is worth noting that the HUDA Clinic continues to evolve and grow. Two main reasons help explain this. First, because the HUDA Clinic was always a separate legal entity from the Muslim Center, once differences in management philosophies emerged, it was relatively easy for the HUDA Clinic to resolve the issue by moving to a different, nearby location, while retaining its Muslim Center–affiliated

board members. Second, despite different reasons for the move of the HUDA Clinic away from the Muslim Center, all members of the clinic’s board remained in strong agreement over the overarching mission and vision of the clinic, which is to provide free health services to uninsured populations, and to foster interethnic, interracial connections among the American Muslim community.

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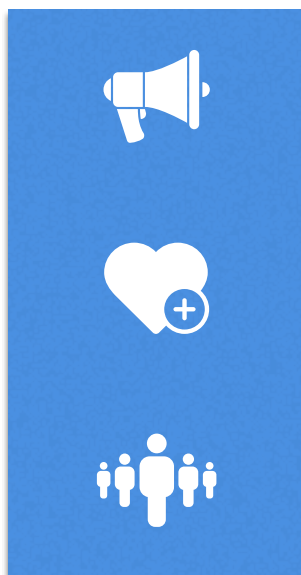
Evolution and Challenges

In light of medical developments and changes in the local population, the HUDA Clinic has had to evolve and keep pace with the changes. At the local level, the opening of a new free health care clinic in a nearby Bangladeshi American neighborhood has meant that a core segment of the HUDA Clinic's patient base now seeks health care elsewhere. These two factors combined have decreased the HUDA Clinic's patient volume by 50 to 60 percent. A decrease in patient volume has a direct effect on a free health clinic's eligibility to obtain funding and grants. At the national level, through the Affordable

Care Act (ACA), many individuals who were previously uninsured now have access to medical insurance. According to CEO Akram, the HUDA Clinic has learned a number of important lessons since ACA came into force:

First, the need for free services has not changed post-ACA. The reason for that need has changed, however. We find that insurance companies have skyrocketed their premiums, copays, spend-downs and deductibles to a point that those with insurance cannot afford services. The distinction of insured vs. uninsured has now become insured vs. underinsured. Many of our patients with insurance today are those who cannot afford to manage their chronic illnesses at their assigned PCP [primary care physician]. Insurance serves as a catastrophic option, rather than a preventive one. Second, the need for specialty services has increased. We adapted to the ACA mainly by offering more services to the public. Primary care is not the only gap that we strive to plug. Our specialty services have very long wait lists, especially with regards to dental. Third, the understanding of where free clinics play a role took a long time for free clinics themselves to figure out. To assess ourselves was not enough. We went through an extensive strategic planning process, only to find that we were only halfway there. The most important aspect of post-ACA adaptation for free clinics is to inform the public about how they have adapted, and how someone with insurance can benefit from them. Many of our needy patients left HUDA solely because they thought the definition of free clinics was to offer health care to the uninsured. Therefore, we have made great strides in increasing our marketing to have a better platform to be able to inform the public about what we offer, and who can benefit. Teaching the public the new gaps and how we strive to plug them is a new and extremely important task for the HUDA Clinic to ensure our viability and longevity. There has been a learning curve on our part, and on the part of the general public of where free clinics plug into the new world of health care.

For Akram, going forward, the HUDA Clinic's future vision entails the following key points:



1. More marketing of services to reach those individuals and families who do not know of the HUDA Clinic as a potential health care resource.

2. Offer more services. Primary care is no longer the only major need for the community. Services such as dental, mental health, podiatry, and ophthalmology are all areas of need by middle- and lower-income families.

3. The HUDA Clinic can no longer stay independent as it has been for a decade. This had worked before the ACA, but now there is an urgent need to work with a larger, more established organization that can help the HUDA Clinic with financial support or patient navigation.

To help navigate through these shifting challenges, the HUDA Clinic has hired a professional company that is helping revise the clinic's vision and produce a new strategic plan for the next 1, 5, and 10 years. This in-depth strategic planning is in addition to the regular one-year review and strategic planning that the HUDA Clinic conducts. The annual year review and strategic planning is aimed at identifying and rectifying mistakes that occurred and to capitalize on any positive breakthroughs. An additional goal is to ensure that operations are transparent so that the clinic is accountable to the community, and for auditing purposes. The HUDA Clinic hires professional companies to carry out these annual reviews, and although this is an added expense, the board feels strongly that to ensure the clinic's continued growth and success, such an investment is worthwhile. Therefore, funds from donations are regularly allocated for this purpose.

These annual reviews have yielded some powerful lessons for the HUDA Clinic. One example is found in risk management. In one of the reviews, the HUDA Clinic was found to have inadequate policies and procedures to protect the organization in the event of an audit. Specifically, some staff members may not have been trained on the most current up-to-date medical procedures. According to Khalid Mohammed:

It's vital, when you're working in a medical facility or any organization, that staff members are trained routinely. And that information has to be documented. So in case [you] are audited, someone could say, "Have you trained this staff once a year on HIPAA? Have you trained them on how to handle a disposal of supplies or things that may be infected? Have you trained your staff on things to protect not only the clinic but the patients and the community as a whole?" So it's very important, from a risk management standpoint, that we as a board ensure that we have policies and procedures that are in effect, that don't hinder our progress.

Despite these steps, some challenges continue to linger. The foremost one is diversity. The HUDA Clinic aims to reflect diversity in its leadership, its funding, and its patient base. Currently, the representation on all three levels is predominantly African Americans and South Asian Americans, with little to no participation from Arab American, Shi'a, or other minority groups.

[I]t's very important, from a risk management standpoint, that we as a board ensure that we have policies and procedures that are in effect, that don't hinder our progress.

—Khalid Mohammed

Another challenge is that most of the founding members of the HUDA Clinic continue to remain as board members today. Although such stability is definitely a positive from the

perspective of community trust (translated as donations) and a uniform vision, it also reduces the possibility of bringing in fresh voices and to internally diversify the organization. The HUDA Clinic has yet to find the perfect balance between these two forces.

Lessons Learned From This Report

- 1. An internal divergence of opinions on some issues does not hinder the success of the organization, as long as there is agreement on the organization's mission and vision.** If the organization's mission is clear from the outset, and there is a genuine buy-in from all members, internal disputes and differences can be resolved relatively easily.
- 2. Upfront investment on a separate legal status and tax exempt status for the health care clinic is a worthwhile expense.** For the HUDA Clinic, these investments opened the doors to funding and helped resolve issues when differences arose between some members of the HUDA Clinic and the Muslim Center. All board members agree that it helped immensely that the HUDA Clinic was a separate legal entity, distinct from the Muslim Center.
- 3. Use freely available resources and strive to learn from other similar community organizations.** The HUDA Clinic effectively used a free, online template for the preliminary planning stages of the program as a valuable resource.²³ Additionally, the clinic's staff members and board continue to create relationships with other health care clinics and other service providers to learn from their business models, and to learn about new sources of funding.
- 4. Invest in malpractice insurance.** Even if volunteer physicians have their own malpractice insurance, organizational insurance provides the clinic with greater protection from liability.
- 5. Invest in the services of a professional grant writer.** The HUDA Clinic's continuing success depends in no small part on its ability to actively and successfully seek new funding sources. Whereas the HUDA Clinic previously hired a professional grant writer as needed, they now have a part-time CEO whose responsibilities include identifying and applying for grants.
- 6. On a leadership level, seek to balance stability with diversity.** While retaining some founding members is key to success, new and diverse voices and viewpoints on the board are also essential for growth and evolution.
- 7. Outline a robust outreach strategy from the beginning.** The HUDA Clinic did not automatically generate clients. Have a strategy in place that reflects the community's needs. On an internal level, have a unified understanding of what the clinic's desired patient base is (e.g., Muslim only vs. open to all), and craft an outreach strategy accordingly.

8.

Have systems in place to ease evolution and to create transparency. Steps such as annual reviews and regular strategic planning are crucial for internal harmony and success. Review mechanisms also help an organization be prepared for an audit.

9.

Regularly train staff members on health safety, and document the trainings. These steps not only ensure safer operations; they also serve as preparation in case of an audit.

10.

Encourage and cultivate diversity. The decision of a suburban and inner-city mosque to work together for a common purpose was one of the keys to the HUDA Clinic's success. Free health clinics sponsored by and for Muslims are best realized when those from within the city join forces with those in the suburbs with each group contributing essential ingredients for success. It also provides the challenge and opportunity for Muslims to discover and address biases and prejudices that fester among racial, ethnic, and socio-economic lines.

Endnotes

- ¹ For a sample template, see “Legal and Operational Guide for Free Medical Clinics” authored by the American Health Lawyers Association and funded by the American Medical Association: http://www.nafclinics.org/sites/default/files/Legal_and_Operational_Guide_for_Free_Medical_Clinics.pdf
- ² <http://muslimcenterdetroit.com/>
- ³ <http://muslimcenterdetroit.com/1414-2/announcements/>
- ⁴ Tayeb Jukaku, telephone interview with Faiqa Mahmood, Washington, DC, August 28, 2015.
- ⁵ Ibid.
- ⁶ See Note 1.
- ⁷ Interview with Tayeb Jukaku.
- ⁸ <http://www.HUDAclinic.org/>
- ⁹ For details of the Office of Faith-Based and Community Initiatives (OFBCI), see <https://www.whitehouse.gov/administration/eop/ofbnci/>
- ¹⁰ Mitchell Shamsud-Din, telephone interview with Faiqa Mahmood, Washington, DC, August 28, 2015.
- ¹¹ Ibid.
- ¹² Khalid Mohammed, telephone interview with Faiqa Mahmood, Washington, DC, August 29, 2015.
- ¹³ Interview with Mitchell Shamsud-Din.
- ¹⁴ Ibid.
- ¹⁵ <https://www.accesscommunity.org/health-wellness/medical>
- ¹⁶ Interview with Tayeb Jukaku.
- ¹⁷ Ghufraan Akram, telephone interview with Faiqa Mahmood, Washington, DC, August 6, 2015.
- ¹⁸ Interview with Khalid Mohammed.
- ¹⁹ Interview with Mitchell Shamsud-Din.
- ²⁰ Interview with Tayeb Jukaku.
- ²¹ Ibid.
- ²² Zahid Sheikh, telephone interview with Afif Rahman, Washington, DC, March 16, 2016.
- ²³ See Note 1.

Notes

Notes



ISPU conducts objective, solution-seeking research that empowers American Muslims to further community development and fully contribute to democracy and pluralism in the United States. Since 2002, ISPU has been at the forefront of discovering trends and opportunities that impact the American Muslim community. Our research aims to educate the general public and enable community change agents, the media, and policymakers to make evidence-based decisions. In addition to building in-house capacity, ISPU has assembled leading experts across multiple disciplines, building a solid reputation as a trusted source for information for and about American Muslims.

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