



FACES OF THE SAFETY NET

by Jessica Waclawski

In a spacious waiting room, patients sit in bright turquoise chairs while children play under a large mural honoring “Lalo” Delgado. Lalo was the first employee of Clínica Tepeyac and was also named Denver’s First Poet Laureate. The friendly staff teases and jokes with one another as they busily attend to piles of paperwork and the constant ringing of phones. Acting as a medical home to thousands of uninsured residents of the seven counties of metro Denver, Clínica Tepeyac is a special place of healing that plays an important role in Colorado’s safety net.



A mural painted by a local artist on an outer wall of the clinic.

Clínica Tepeyac is located at:

5075 Lincoln Street
Denver, Colorado 80216
303-458-5302 (Clinic)
303-583-0150 (Admin.)
303-433-7452 (Fax)

Hours of operation:
Mon.-Fri.: 9am–5pm
Sat.: 9am–2pm

Clínica Tepeyac’s story began at the site of a crumbling vacant house in 1994. After members of Our Lady of Guadalupe church identified a need for a health clinic in the neighborhood, the house was renovated and was opened a year later. Throughout the years, hundreds of volunteers have transformed the building into a thriving neighborhood health clinic. In 2006, it moved to its new location, providing six exam rooms, a pharmacy, lab and a procedure room where minor surgical procedures, biopsies and ultrasound are offered.

“I’ll stake our quality of care against anyone. We offer the best,” proudly proclaimed David Lack, the executive director of Clínica Tepeyac. Smiling as he usually does, Lack spoke glowingly of the clinic, saying “the demand for our services is phenomenal.”

After moving into its new location and opening its doors on December 1, 2006, Clínica Tepeyac doubled the number of its patients in one month. On the clinic’s wall is the message, “May all those who enter these doors experience healing and peace.”

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CLÍNICA TEPEYAC

The Colorado Health Institute (CHI) is an independent, nonprofit health policy and research organization based in Denver. It was established in 2002 by Caring for Colorado Foundation, The Colorado Trust and Rose Community Foundation. CHI’s mission is to advance the overall health of the people of Colorado by serving as an independent and impartial source of reliable and relevant data for informed decisionmaking.



The front gate welcomes patients to the clinic.



David Lack and two staff members.

Patients Seen Each Year: 10,000+

Workforce

Administration

(all full time)

Executive Director

Development Director
(Vacant)

Accounting Manager
Executive

Assistant/Office Manager
Volunteer Coordinator

Clinic

(full time except *)

Clinic Manager

Physician/Medical Director

Physician Assistant*

Receptionist

Certified Medical Assistants
– 4 total

Patient Navigator Part-time
Interns (4)

Non-paid

Volunteer Physicians &
other practitioners – 12

Volunteer time on a set
schedule anywhere from
once a month to multiple
times in a week.

Reach & Teach (Promotoras)

(all full time)

Reach & Teach Specialist
(Head Promotora)

Promotoras - 2



Children playing under the mural of Lalo Delgado.

Clínica Tepeyac only serves low-income uninsured families, while helping those who may be eligible for public coverage such as Medicaid, CHP+ and Medicare navigate the application process.

“We’re a safety net to the safety net,” reported Lack. “The idea behind our clinic is to remove all barriers to health care.”

Serving a mostly Hispanic population, Clínica Tepeyac provides culturally appropriate care through a bilingual and bicultural staff. A fee of \$10 per visit is requested from each patient as Lack feels it is important for individuals to pay a portion of their health care costs. “This builds a relationship between the clinic, the patient and the care,” stated Lack, while Tatiana Sandoval, a medical assistant, measured a patient’s blood pressure.

CHI estimates that over one third of Hispanics in Colorado are uninsured based on analysis of Census Bureau data.¹

A unique aspect of Clínica Tepeyac is its Promotoras program, or what Lack refers to as the clinic’s ambassadors. The Promotoras are health educators who deliver positive health behavior and wellness messages to community members. The program is staffed by three paid Promotoras but relies upon volunteers to extend the staff’s reach into the community.

Lack noted the reason the clinic started the program was because “when cultural expectations of health are different, let alone the challenge of encountering a language barrier, how is a person supposed to care for their health?” Attending events at churches, schools and community centers, the Promotoras can help to translate health beliefs and customs into appropriate care for community members.

For example, the diabetes program at Clínica Tepeyac uses a graphic format to translate clinical care issues into a brief text format written in Spanish. “For this population, pictures combined with words are more effective than words alone,” Lack said as he explained the goal-setting worksheet decorated with pictographs that diabetic patients use to manage their disease.

As most nonprofit clinics can attest to, securing sustainable sources of funding and recruiting culturally competent staff are ongoing challenges. Leaning comfortably back in his desk chair, Lack confided, “I don’t think in terms of challenges, I think in terms of opportunities. I’m aggressive and I proactively seek what we need to sustain our quality of care instead of waiting for it to arrive.”

The sounds of staff laughter flow throughout the clinic, offering a sense of ease and comfort to the patients. The waiting room is crowded with family and friends accompanying loved ones on their visit. Lack explained that in this community, seeking health care is a social event as opposed to an individual appointment.

As another anniversary approaches for Clínica Tepeyac, Lack is setting goals to expand the clinic’s service hours and its overall capacity. “It’s simple. We try to heal sick people. Our services improve the health of the community by preventing illnesses, keeping people well and out of emergency rooms.”

For more information on CHI’s safety net work, contact Jeff Bontrager, Senior Research Analyst, 303.831.4200, x 205.



Patient receiving care at the clinic.

¹ Based on CHI’s analysis of data from the U.S. Census Bureau’s Current Population Survey. For more information, see Profile of the Uninsured in Colorado, 2004, available for download at: http://www.coloradohealthinstitute.org/documents/bulletin_uninsured05.pdf.