The Urban Health Scholars traveled to New York City for a two day immersion in urban health. We visited a public hospital, a community health clinic, a free clinic, and a private pediatrics practice. We also worked at a soup kitchen and met with public health workers.

Our first stop was Bellevue Hospital, where we toured the ICU, the neonatal intensive care unit, and the ER. We also spoke with two emergency medicine physicians and learned about improving patient flow through hospitals and strategies to improve medical translation.

The next day, half of us visited the Charles B. Wang Community Health Center in Chinatown, where we met with a pediatrics physician. We had a discussion about how to reach out to immigrant populations, cultural stigmas, and common health care problems in Asian populations. Afterwards, we went on a tour of the center, which included facilities for pediatric outpatient, dentistry, and teen health.

The other half of our group visited the New York City Free Clinic, which is a Federally Qualified Community Health Center that provides free comprehensive health care to anyone, regardless of ability to pay. Services they offer include primary care, mental health, dental care, and social work. We went on a tour of the clinic and made posterboards on diabetes education.

We all volunteered at St. Joseph's Soup Kitchen where we prepared and served a meal for 480 people. The food included salad, rice with beans, a meat chili, bread, canned fruit, and lemonade or coffee. We got to talk to many of the customers and learned about their life histories. We were impressed by the energy and enthusiasm of the volunteers, and the community they built in that kitchen.

We spent our nights having dinner with people involved in public health. On our first night, we had dinner with a representative from WE ACT, a community-based, non-profit organization that works for environmental justice. We explored the environmental impact on health, examples of environmental injustice in NYC, and strategies to empower communities to take action. We also talked about the role of the physician in addressing social-environmental problems.

On our second night, we had dinner with Dr. Patricia Dillon, a DMS alum who works in both public health and clinical practice. She spoke about her work with the FDA in tracking down and preventing outbreaks. Since she is a surgeon by training, who then went into public health, we asked her for advice on combining a medical background with a public health career.

On Sunday, we visited Dr. Elaine Choy Lee, a DMS alum who runs a pediatrics clinic from a converted apartment unit near Chinatown. Since Dr. Lee's clinic was the only private practice we visited, we learned about the logistics and finances of running a private practice, and how EMRs may impact private practice in the future. We also shadowed her and sat in on patient histories taken by her staff in Cantonese.

Our trip to NYC allowed us to explore health care delivery in a variety of settings: public hospital, community health care center, free clinic, and private practice. A common thread among all them was the availability of bilingual staff, which we have learned is critical in treating diverse populations. This trip also taught us about common health problems in a patient population we may not have the opportunity to train with in NH. In addition, we learned more about the social-environmental determinants of health in urban environments. The experiences we gained from the trip have helped support our mission as UHSers.