STARTING A FREE CLINIC

A Volunteers in Health Care Guide

volunteers
in health care

A national resource on caring for the uninsured
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Volunteers in Health Care
111 Brewster St
Pawtucket, RI 02860
Fax: 401-729-2955
Phone: 1-877-844-8442
E-mail: info@volunteersinhealthcare.org

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Introduction

Many communities are searching for ways to provide affordable health care to their uninsured, low-income residents. One mechanism for filling in the gaps of the safety net is to create a free clinic using a central group of volunteers. There are hundreds of programs across the country using clinical volunteers to provide medical care to the uninsured. Some of these programs have no, or only one staff member, and rely heavily on the generosity of their community members. Other programs have larger budgets, paid employees, and a small, but strong, group of volunteers.

Whether you are a small group of concerned people interested in starting a clinic in a church basement or a large community coalition with years of experience in public health, opening a free clinic can be an exciting and challenging endeavor. This manual is designed to answer many of the questions that arise as you plan to open a free clinic. If you have additional questions or would like to be put in touch with other clinicians and concerned individuals around the country who have started clinics, please contact Volunteers in Health Care.

Volunteers in Health Care

Volunteers in Health Care is a national resource center for organizations looking to develop or expand volunteer-based health care programs for the uninsured. Funded by the Robert Wood Johnson Foundation, VIH offers technical assistance, networking opportunities, and funding. This manual is one of several products available through Volunteers in Health Care. If you would like more information about Volunteers in Health Care, please call 1-877-844-8442 or log onto our website, http://www.volunteersinhealthcare.org

About the Authors

This guide was written by Gayle Goldin, MA, Technical Assistance Manager for Volunteers in Health Care along with Sarah Hanson, MAT, a consultant who focuses on the organizational development of programs providing care to the uninsured.

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...FOR ORGANIZATIONS STARTING FREE HEALTH CLINICS

Organizations that have successfully started and maintained free clinics have the following elements in common:

- They can articulate a specific problem and present documentation regarding the scope of the problem. (e.g., 50% of adults working in Middlesex County have no health insurance)
- They have a clear idea of the population they want to serve. (e.g., adults who are U.S. Citizens or legal aliens, who are working full-time)
- They are well versed in the eligibility requirements of all relevant entitlement programs, at the federal, state, county and municipal levels. (e.g., Medicaid, CHIPs, indigent or charity care policies)
- They know the existing health care system, what services currently exist in their community and what gaps/barriers exist. (e.g., the Health Department, which screens and verifies patients' eligibility for reduced-fee care, has an 8-month backlog.)
- They understand their client population and how to reach them. (e.g., evening clinics are essential and at least one staff must be bi-lingual.)
- They can identify specific organizations to approach for support (cash and in-kind). (e.g., local hospital for radiology services, a local business to donate office equipment, a local physician to give a small seed grant.)
- They make the organization's success a community effort by creating partnerships with other organizations at the outset. (e.g., other providers, physicians, community organizations, civic groups, etc.)
- They have an understanding of the importance of both administrative and clinical procedures and have a realistic understanding of the resources involved to maintain these. (e.g., there is a clear recordkeeping system and a plan for providing free or low-cost medication to patients.)
- They have an identified core of personnel, representing key "players" in the effort who are committed to the idea of a free clinic. (e.g., a physician, a health department administrator, a member of the county's migrant health committee, etc.)

Checklist

Although many successful clinics got their start from the "just do it" energies of one person or a small group of individuals, Volunteers in Health Care recommends thinking through some issues in advance. Whether you are looking to operate a clinic one day a week from a church basement or to set up a five day a week program, considering the checklist that follows should help prepare you for issues that might emerge during start-up or the early stages of operation.

CHECKLIST	QUESTIONS TO THINK ABOUT	ADVICE FROM EXPERTS
Create a Steering Committee	■ What kind of skills do you think you will need to start out? ■ Who do you know who has those skills? ■ Are there people who are board members of other organizations who might be able to help? ■ How can you ensure that a person is committed to this project—and to the same ideals as you?	❑ It is important to develop a steering committee in order to have a group of dedicated people to share tasks, get community buy-in, and problem solving. ❑ The steering committee should be formed by the visionary of the clinic with the assistance of others. Find out who else in your community is doing similar work. Find people who are committed, have the time and energy for this project, and have the right connections and skills to make the clinic a reality.
Needs Assessment (See Appendix)	■ Who in your community needs help? ■ How do you know who those people are? ■ What is the income level of your target population? ■ How do income and insurance status compare with the rest of the city you live in?	❑ A needs assessment is helpful in determining target populations and eligibility requirements. It also will make it easier to make pitches for volunteers or funding if you have a clear understanding of the needs in your community. ❑ First, start with already existing data. Call your local United Way or other social service umbrella agencies, municipal departments of health and human services, or local hospitals to get statistical or qualitative data on the scope of the problem. You can also look up U.S. Census data and call your Health Department.
Resource Assessment	■ How are the uninsured getting services now? ■ What services are agencies providing? ■ Are there gaps in the service (for instance, can people get medical care but not pharmaceuticals)?	❑ Conducting a resource assessment will help you develop what types of services your clinic should offer. It will also help you identify potential collaborators and referral sources. ❑ Call the hospital, social service agencies, local medical and dental society, and religious organizations. Ask about the services they currently provide and what they believe is the greatest unmet need.

continued

CHECKLIST	QUESTIONS TO THINK ABOUT	ADVICE FROM EXPERTS
LAW AND INSURANCE (SEE APPENDIX)	■ How do you determine if your volunteers will need malpractice insurance? ■ If you are operating as part of another organization, do you need to increase or expand your insurance or liability coverage? ■ If you are a stand-alone program, what kind of insurance do you need to have to operate?	❑ By starting out with a good understanding of charitable immunity laws and the types of insurance available, you will be able to answer potential volunteers' questions and decrease risk. Fear of malpractice is one of the most common barriers to recruiting volunteers, so it is best to be well informed. ❑ While there is a federal Volunteer Protection Act (VPA), you should also see if your state has additional charitable immunity legislation. State charitable immunity legislation often expands on the protection provided in the VPA. *Understanding Charitable Immunity Legislation: A Volunteers in Health Care Guide*, summarizes approaches states have taken in drafting charitable immunity legislation, discusses provisions of the VPA and captures state-specific information in a succinct table for a quick review of legislative elements across states. Download at http://www.volunteersinhealthcare.org or call 877-844-8442 for a free copy or to request a copy of your state's law. You should also find out about laws that affect non-profits in general. ❑ You may need to purchase malpractice insurance for your physician staff and volunteers, ask a few of your committed volunteers which company they use for malpractice insurance and contact that insurer. It is possible that your clinic volunteers will already be covered.
BUILD COMMUNITY SUPPORT (SEE APPENDIX)	■ What other organizations in the community might benefit from a new clinic? ■ Who might perceive a new clinic as a threat? ■ Which unlikely partners can be engaged in this project? ■ Which agencies might help you with referrals, interpreters, and transportation? ■ How can you get these organizations to support you?	❑ Keep in mind that while most people are happy to see a new clinic open, some organizations might perceive your development as a threat. Figure out ways to engage these "competitors" including inviting them to board meetings, asking for their input.

continued

CHECKLIST	QUESTIONS TO THINK ABOUT	ADVICE FROM EXPERTS
DETERMINE SERVICES, ELIGIBILITY, AND ANCILLARY SERVICES (SEE APPENDIX)	■ Who is already on-board? ■ Do you have primarily general practitioners or are your volunteers all specialists? ■ Is there a hospital willing to cover labs, pharmaceuticals, x-rays? ■ How will you decide who is "eligible"? ■ If your state has a charitable immunity law, does it affect who you can serve? ■ What is your target goal for the number of patients to be served in the first year?	❑ It is particularly important to narrow your eligibility before opening your clinic. Without eligibility guidelines, a clinic can be quickly overwhelmed. Keep in mind that eligibility requirements can always be altered after a few months of being open—it is much easier to ratchet up than scale down. It is also important to be realistic about what services the program can deliver. ❑ The steering committee should be in charge of these decisions, taking into account the needs of the population you want to serve.
MISSION STATEMENT	■ What is the most important goal of the clinic? ■ What is the guiding principle behind starting this clinic? ■ What type of impact would you like to have on the community?	❑ A mission statement helps guide the overall experience of the volunteers, staff, and patients at the clinic. It can help shape your decision-making process. It will also be useful as you articulate your vision to funders and volunteers. ❑ The steering committee should review mission statements of similar organizations. Keep the statement short, clear, and reflecting your long-term vision for the organization.
BUDGET, FUNDING, AND BOOKKEEPING (SEE APPENDIX)	■ How much money do you think you need to start your clinic? ■ Who do you know in the community who can "champion" your cause? ■ How can you "pitch" your clinic to potential donors?	❑ Create two sub-groups of the steering committee. The first group should include people who have either raised money before for organizations or who are not afraid to ask people for donations or money. Having people who also have corporate, hospital, or grant funding connections in this group would be an added benefit. The other group should include people who are used to creating and managing budgets, such as executive directors of other organizations, CFOs, accountants, or local business owners.
SPACE	■ How do you determine if a space is adequate? ■ What tone do you want to set for the clinic-exam rooms, waiting rooms, and offices? ■ Is there space for non-medical equipment—like a copier, fax, offices?	❑ If you are looking for space, consider how many people you'd like to serve and how much space you need for examining rooms, waiting rooms, and offices. If you have space, think about how you will use this space and how to use it efficiently. ❑ The ideal space is easily accessible by public transportation, or is located within walking distance to the community you hope to serve. It needs adequate space for exam rooms, office/consult space, office space, and an inviting reception/waiting area.

continued

CHECKLIST	QUESTIONS TO THINK ABOUT	ADVICE FROM EXPERTS
GETTING 501(C)3 STATUS	■ Is it better to be an independent 501(c)3 or to operate under the umbrella of another non-profit entity?	❑ Having your own status as a 501(c)3 can mean greater financial freedom and less paperwork than explaining why another organization is your financial conduit. On the other hand, filing for 501(c)3 status can be a long and tedious process. ❑ Contact a lawyer who specializes in working with non-profits and/or an accountant who can provide you with a detailed explanation of how to make this determination.
POLICIES & PROCEDURES	■ How will we conduct the business of running a clinic? ■ How will we arrange for medical referrals, follow-up, and ancillary services?	❑ Consider policies that every organization needs: hiring practices, vacation time, benefits, and staff responsibilities. Also, make sure to have medical policies & procedures in place so that all volunteers will know how to refer patients
STAFFING (SEE APPENDIX)	■ How many people does the clinic need to operate? ■ How many people can the clinic afford to pay as staff or will staff need to be all volunteers? ■ Which positions are the most important to keep the clinic running? ■ How many people are necessary to organize the schedule, keep supplies in order, follow up with patients, and recruit volunteers?	❑ While the many tasks necessary to run a clinic may seem to require a large staff, a new clinic is usually able to manage with only a couple of employees. Decide how your resources would be best used before hiring staff.
OPERATIONAL NUTS AND BOLTS	■ What medical supplies do you need? ■ What equipment do you need? ■ What furniture do you need? ■ What office supplies do you need? ■ Are there any regulations that affect your clinic, for example, for storing medications, keeping patient records, etc?	❑ Ask clinical volunteers to help you determine what supplies will be necessary to operate your clinic and how often supplies should be refilled. Also ask how to store the supplies and how expensive the supplies will be. Find out what vendors your volunteers use, then approach those same companies for discounts or donations. Ask hospitals and medical societies to put out the word that you are looking for equipment and office supplies. Find out if your local newspaper has a "wish list" column for non-profit organizations. ❑ Be sure to find out what legal obligations the clinic may have, particularly if you are dispensing medications.

continued

CHECKLIST	QUESTIONS TO THINK ABOUT	ADVICE FROM EXPERTS
CREDENTIALING & QUALITY ASSURANCE	■ How will you assure your patients receive quality care? ■ How will you ensure that each volunteer's skills are being used correctly?	❑ Credentialing, or the process of checking a physician's licensure and educational background, is crucial, particularly as malpractice and charitable immunity legislation require verification of a physician's license. Ask local hospitals and health departments to assist. ❑ Maintaining quality care for your patients benefits your patients, the reputation of the clinic, and your volunteers. Create a small committee to periodically review charts for consistency or ask a local hospital to oversee Utilization Reviews at the clinic
RECRUIT VOLUNTEERS	■ How many medical volunteers do you need to open the doors? ■ How many non-medical volunteers?	❑ While there are many strategies for recruiting medical volunteers, the most effective is peer-to-peer recruitment. If you are not already working with your local medical society, hospital, or nurses association, find out if these groups will send a letter to their mailing list or post information in their newsletter. Ask your hospital if you can set up a booth in the employee cafeteria or make an announcement at Grand Rounds. ❑ VIH has developed two manuals regarding the recruitment and retention of medical volunteers and dental volunteers. Download at http://www.volunteersinhealthcare.org or call 1-877-844-8442 for a free copy.
PR/PATIENT OUTREACH (SEE APPENDIX)	■ How can we reach our target population? ■ How can we involve the media? ■ Who do we know that can help us accomplish this goal? ■ How can we manage the flow of patients?	❑ To increase the visibility of your new clinic, send flyers to social service agencies and religious institutions. Post signs in local grocery stores, send PSAs to local radio stations, and if the medical society is not involved in your project, let them know about your services. ❑ Remember that if your target population includes non-English speakers, send flyers to ESL classes and other agencies serving this population. Also, if your patients speak a language other than English, your answering machine should include outgoing messages in both languages and the person answering your phone should be able to speak both English and the second language. Applications, consent forms, and flyers should be multi-lingual and written at a low reading level.

Field Reports

Following are three "Starting a Free Clinic" Field Reports, written by:

- **Health Care Access Network**, Iowa
- **Community Volunteers in Medicine,** Pennsylvania
- **The White Bird Clinic,** Oregon

CLINICS

"Starting a Free Clinic"

Health Care Access Network

Considerations Before Deciding To Start A Free Clinic.

1. *Assess the need for a free clinic.*
   - Consult a variety of community representatives such as health care workers, social workers, school nurses, clergy, and neighborhood associations.
   - Publicize a community meeting through the local newspaper, bulletin boards, or local radio stations to draw additional interested persons.
   - Conduct a meeting of community representatives to:
     a. Discuss indications of need for a free medical clinic.
     b. Identify potential patients and eligibility requirements.
     c. Identify what type of medical services are needed, e.g., primary care, prenatal care, vaccinations, health education, treatment of specific diseases. (Leave emergency care to the hospital emergency rooms.)
     d. Identify existing community resources and the extent of utilization.
     e. Discuss possible hours of operation.
     f. Identify potential leaders, volunteers, clinic sites, and collaborating agencies.
2. *Determine what organization will be ultimately responsible for the operations of the free clinic.*
   - "Someone" (a business entity or individual) must:
     a. Account for income and expenses.
     b. Provide tax-deductibility of contributions (if possible).
     c. Provide liability and property insurance coverage.
     d. House medical records for the statutory time period.
   - The clinic may be operated as a department or project of a church, a community association, a health care organization, or other business entity. Aligning the clinic with an umbrella organization with a similar mission is important for the best long-term relationship.
   - Forming a separate legal entity such as a nonprofit corporation is another option. This is a more complicated option because it involves legal work, tax reporting, and a lengthy IRS application for nonprofit status. The Health Care Access Network became incorporated as a nonprofit organization in 1994. This was the best option for the Network as it had grown to four clinics and had plans for several more. This is probably not the best option for a once-a-week clinic.
   - An individual may take responsibility for the clinic, but he/she would place his/her personal assets at risk in the case of a malpractice claim, therefore, a corporate entity would be highly preferred.

Field Report

This report was written by Health Care Access Network, Des Moines, IA, was established in 1991. Health Care Access Network serves a rural, urban, and suburban population of English and non-English speaking uninsured and underinsured patients. The organization uses 650 volunteers, approximately 100 of whom are physicians. The organization operates a network of free clinics. The report was written by Paula Miceli, CPA, Administrative Director.

Field Report: Health Care Access Network

Volunteers — The Most Important Resources Needed To Undertake This Project.

1. *Volunteer leaders who will champion the cause are the most important resources of a free clinic. A clinic needs a leadership team of at least two strong, dedicated individuals – a Medical Director and a Clinic Manager.*
    - Name as *Medical Director* a physician whose reputation and personality are such that other physicians and medical professionals will join in the effort. The physician should have enough available time in his/her schedule to provide services at the clinic on a regular basis but more importantly should be capable of recruiting other physicians to volunteer.
    - Recruit one or more volunteer *Clinic Manager(s)*. The manager's role is critical to the clinic's success. *Clinic Managers* at Health Care Access Network clinics are typically nurses, but this is not necessary. In the best scenario, there are two managers: a clinically trained manager and a second manager with complementary skills to those of the first. That is to say, it is best if the responsibilities can be shared between two individuals. Together the managers should possess skills in the following areas: maintaining medical office standards; recruiting, training, and leading volunteers; organizing supplies and information (e.g., maintaining database of volunteers); maintaining financial records, and fundraising. If any of these skills are lacking or if sufficient volunteers are available, specific tasks should be assigned to additional individuals such as to a "Treasurer," a "Head Nurse," or a "Fundraiser." The art of delegation is the quality possessed by the most successful *Clinic Managers.*
    - The sheer determination of its leaders has been the *most* important factor in the success of Health Care Access Network.
2. *The quality and number of volunteers are critical to the long-term success of the clinic.*
    - Recruit ample volunteers. Before opening the doors of the clinic, make sure there are more than enough volunteers to ensure the clinic will be open consistently during the months and years to come. Many times, volunteers excitedly offer to work at the clinic every week. If possible, however, only schedule volunteers every other week or once per month. Otherwise, more often than not, the volunteers become weary and burned out. Volunteers that only work once per month will enjoy coming for years to come.
    - Recruit at least four physicians or experienced mid-level providers (physician assistants or nurse practitioners). In the best scenario, each would be scheduled no more than once per month. Typically, one physician can see 12-16 patients during a two-hour clinic. If the clinic will regularly serve 15 or more patients, additional medical providers may be needed. However, do not suppose that if one provider can serve 15, then two providers can see 30. It is not true. Another consideration is the specialty area or experience level of the provider. For instance, a pediatric physician assistant may be scheduled with an internist or cardiologist to best serve the variety of patients that may come.
    - The Marshalltown Free Clinic in Marshalltown, Iowa has experienced great success with *Clinic Coordinators.* Four volunteer nurses act as *Clinic Coordinators* – one for the *first* Wednesday of each month, one for the *second* Wednesday, etc. The coordinators act as head nurses and are responsible for scheduling the nursing and non-medical staff on their week. The coordinators oversee the non-physician staff, report inventory needs, and arrange follow-up care for patients. The *Clinic Manager* acts as a *Coordinator* when there is a fifth clinic during a month.
    - The nursing staff is one of the most critical resources of the free clinic. A strong team of nurses can compensate for the lack of a second physician/provider by doing a more thorough work-up and by always having the next

patient ready for the doctor's examination. One or two nurses may be sufficient during a weekly clinic if patient volume is small. However, if there are more patients, if there are many vaccinations, or if some nurses are less comfortable in a family practice setting, then more volunteer nurses should be scheduled. Generally, 10-15 nurses are needed for a clinic serving an average of 15 patients per weekly session.

- Consider the need for medical transcription services. The physicians may have a strong preference for dictating patient records. There may be a volunteer available with this training or perhaps a local clinic or hospital would donate this service.
- Recruit plenty of non-medical personnel. Volunteers are needed to register the patients, set up equipment and supplies, translate for non-English speaking or deaf patients, and transport patients or laboratory samples. A free clinic serving an average of 15 patients per weekly session requires approximately 10-15 non-medical volunteers in addition to translators.
- Conduct an orientation session for all volunteers to discuss the clinic's purpose, scope of services, roles and responsibilities, and specific procedures.

Time required to achieve success.

- "Success" at a free clinic may be based on serving a desired volume of patients or perhaps, more appropriately, upon making an impact on one patient.
- Most of the Health Care Access Network clinics have reached or surpassed their anticipated patient volumes within six to eight weeks. Individual patients have been positively impacted as early as the first clinic session.

Required Facilities, Equipment, Materials, And Funding.

1. *Determine the best location for the free clinic.*
    - The site must be easily accessible for the people it is intended to serve. Proximity to public transportation is often an important consideration.
    - The site must be a place in which the target population will feel comfortable. La Clínica, a free clinic in Des Moines, Iowa, is located in a Mexican-American community center. Local Hispanic/Latino residents are familiar with the facility and know that they can expect respect as well as translation services. This population is unwilling to go to public health centers because of their fear of not being able to communicate and, in some cases, fear of being identified as undocumented.
    - The site should be handicap accessible, have access to restrooms, private exam areas, and locked storage.
    - The site should be managed by a hosting organization with a complementary mission. The site may be a church, a community center, or other public facility. Health Care Access Network leases each clinic site for a nominal fee of $1 per year. The leases clarify the roles and responsibilities of the parties especially in the area of liability. A sample lease is available upon request.
2. *Obtain medical equipment and supplies.*
    - Contact a local hospital, a retiring physician, or a local clinic to obtain one or two exam tables and other medical equipment such as scales and gooseneck lamps. Such items are typically available at no cost.
    - Consider working through the purchasing department of a hospital or clinic to benefit from the lowest prices. The Ames Free Medical Clinic in Ames, Iowa receives the majority of its supplies at no cost directly from the local hospital. The hospital tracks purchases made on behalf of the free clinic as if it were a bona fide department of the hospital and reports the expense as a charitable contribution.

- Contact a medical supply company to obtain other necessary supplies. Attempt to secure a discounted pricing structure although the quantities will be relatively small.
- The Health Care Access Network has typically equipped and supplied a new clinic for less than $2,000. This includes items such as a hemoglobin photometer costing approximately $500, blood pressure cuffs, ear probe thermometers, otoscopes and ophthalmoscopes, filing cabinets, disposable medical supplies, and front office supplies. A list of suggested equipment and supplies is available upon request.
- Arrange a method of providing prescription drugs to patients. Some clinics rely solely on pharmaceutical samples from physicians' offices or from pharmaceutical representatives. Others purchase a limited number of commonly used drugs in bulk through a local pharmacy. The pharmacy then dispenses the drugs at no charge to patients with designated prescription slips. Still other free clinics have arrangements with local pharmacies to bill the clinic directly for designated prescriptions.
- Keep paperwork as simple as possible while still meeting medical practice standards. Health Care Access Network has developed forms that are available upon request.

3. *Secure funding.*
    - If all personnel are volunteers and if the use of facilities is provided at nominal cost, ongoing funding for the clinics is minimal. The cost of operating a weekly clinic ranges from $1,000 per year to $5,000 per year. The amount largely depends on patient volumes, the cost of insurance, the amount of laboratory tests provided, and the extent of prescription medications purchased on behalf of patients. Be aware, however, if more than one clinic is operated or if the clinic is run throughout the week, some hired staff will be required and costs, therefore, will be significantly higher.

Potential Challenges to a Free Clinic.

1. *A malpractice claim could be a major challenge to a free clinic that depends on volunteer medical providers. Be prepared and take all necessary precautions.*
    - Develop a procedure to verify that each potential volunteer provider has an active, unrestricted medical license and keep a current copy on file at all times.
    - If the clinic relies on the protection of liability insurance owned by the individual providers, then maintain current copies of their "certificates of insurance" and verify that the coverage would apply to services rendered at the free clinic. Many policies only cover the insured provider while they are at specified medical facilities or while they are acting "as an employee" of a specified clinic or hospital.
    - Some states have enacted legislation to protect medical providers when donating their services. For instance, in the State of Iowa, the Department of Public Health administers the Volunteer Health Care Provider Program (VPP) that protects volunteer physicians, physician assistants, nurses and dentists. The Program requires various applications and reports but is worth the effort.
    - You may wish to invest in an insurance policy covering all non-physician medical professionals. This provides low-cost protection for the licensed volunteers who are new or who are waiting for the processing of their State VPP applications. The Health Care Access Network pays for such a policy. Literally hundreds of medical professionals work at the Network's eleven free medical clinics. A "clinic-wide" insurance policy makes good sense for this ever-changing group of volunteers. Fortunately, the Network has not experienced any claims since the first clinic opened in 1991.

Field Report: Health Care Access Network

2. *Another potential challenge concerns limiting patients volume.*
    - It is important that the leaders and volunteers understand that it is better to serve a set number of patients each week for years to come rather than more patients for a shorter period. If too many patients are registered causing volunteers to work much more than they offered, then the volunteers will abandon the project. For example, if a clinic that is set up to accommodate 15 patients during a two-hour session accepts 20-25 patients, then the volunteers must work four or more hours even though they only committed to two hours. Respect the volunteers. Many come directly from their regular jobs, and they should only have to give what they offer.
    - It is difficult to turn away patients seeking assistance. Set the maximum number for the clinic (which may vary week-to-week depending on the medical staff). Accept patients on a first-come-first-serve basis up to a slightly lower number. Then, have a medical professional triage the remaining people. Several could be added to the reserved openings in the register, some could be referred elsewhere (which may be the local emergency room), and some could be given appointments for the following week.
3. *Animosity from a local hospital or clinic can be very trying to a free clinic.*
    - More often, hospitals welcome the free medical clinics because they reduce the cost of non-paying patients and reduce the amount of inappropriate use of emergency rooms. As bizarre as it may seem, a hospital occasionally feels threatened as it seeks to portray its charitable nature to the community. This animosity can make radiology and lab services difficult to obtain.

For more information contact:

Brian Sheesley, Director
Health Care Access Network
2679 Maury Street
Des Moines, IA 50317
Office phone: (515) 564-0800
Fax: (515) 564-0801
Email: contactus@hcan.org

Volunteers in Health Care
111 Brewster Street
Pawtucket, RI 02860
1-877-844-8442
www.volunteersinhealthcare.org
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CLINICS

"Starting a Free Clinic"

Community Volunteers in Medicine

Areas to Consider in the Thinking Stages:

- What need/s assessments have been done in the geographic area to be served?
- What does this uninsured population look like in your area?
- Is there public transportation that could support the clinic in the geographic area being considered?
- Strong community leadership is necessary. Health system trustees that are respected business leaders and understand the uncompensated care problem are best positioned to develop a planning committee structure to further explore the feasibility.
- Are there any volunteer clinics operating in the community to be served?
- What criteria will be used to define the population that is eligible for services?
- How many hospital/health systems are in the defined area to be served? The support and collaboration of these systems is critical.
- What percentage of the hospitals' emergency room patients are primary care uninsured patients?
- What sources of funding are available to finance the project? Substantial private monies should be available to support the venture capital necessary to get started. Ideally individuals on the Planning Committee should be able to raise the funds and have the commitment to see it through the initial phase of at least one year.
- Are there language skills that are vital to serving the population in the geographic area? You may have large numbers of Hispanic patients, Asian, etc.
- Consider the advantages of the community-based 501(c)(3) corporate model versus the clinic affiliation as part of a hospital system. Competition is keen and this clinic requires the support of all systems. No one system can handle the total burden of uninsured patients. Furthermore, this should not just be a problem for the acute care hospitals. **Autonomy of the organization positions the clinic in a neutral zone that can facilitate buy-in of all stakeholders.**
- Consider a strong Mission Statement.

Important Resources Needed to Undertake the Project:

- Completion of a thorough business plan including a matrix of existing health care services operating in the geographic area of the clinic.
- Venture capital is imperative. A suggested minimum to get started is $400,000. If you plan to build your own building, $1 M would be more realistic to get started.
- A dynamic committed executive director who believes in the community project, has strong leadership and administrative experience, exhibits excellent interpersonal skills, has entrepreneurial experience, has clinical experience (RN, CRNP, MD), has sales ability, has business expertise, and has political savvy.

Field Report

Community Volunteers in Medicine is located in Frazer, Pennsylvania and was established in 1998. Community Volunteers in Medicine serves a primarily suburban population of uninsured and underinsured low income residents living or working in Chester County. The organization uses 165 volunteers and provides health education and health promotion classes, pharmacy services, and medical care at a family practice office. The report was written by Helen F. Heidelbaugh, RN, President and CEO.

- A source of primary care practitioners is necessary to volunteer professional services. (Language skills and translators are very important depending on your population to be served.) These include family practice and primary care physicians, certified registered nurse practitioners, professional nurses, licensed practical nurses, pharmacists, social workers, psychologists, podiatrists, nutritional counselors, etc. If the clinic offers dental services a source of dentists, dental hygienists, and dental assistants is necessary.
- A list of consulting specialist physicians and dentists that are willing to see patients in their respective offices is very helpful. Not all problems can be resolved at the clinic. This type of program requires the support of all practitioners in the community so that no one is unduly burdened.
- A medical director who has primary care experience is best, preferably Board Certified in Family Practice or Internal Medicine. Excellent interpersonal skills are vital. Patients will come if the trust is built. This can be a volunteer position or a paid full time or part time position depending on your budget.
- If the medical director is a volunteer or part time position, a full time staff clinical manager who is a certified registered nurse practitioner works extremely well. This individual can be responsible for the management of quality assurance, review of patient records, and follow up of consults, labs, etc.
- A competent volunteer accountant, preferably a CPA, is necessary to keep the corporation financial records in order relative to audits, payroll, accounts payable, insurance, etc.
- Competent non clinical volunteers are needed to assist with receptionist functions and screening of patients for eligibility.
- A supply of pharmaceutical samples is vital. If drugs are not sampled, a good working relationship with a local pharmacy is necessary to fill additional prescriptions as needed.
- A contractual relationship with a laboratory service is necessary. Pricing needs to be competitive. In the long term, it may be possible for the hospitals in the geographic area to take turns providing laboratory testing on rotating monthly basis as an in-kind contribution to the project.
- A good working relationship with the hospital systems in the geographic area is necessary so that x-ray procedures and other diagnostic procedures can be referred appropriately. A key contact in each hospital works with the clinical manager of the clinic to make the system work. The difficulty can be the physician component of the referral. Hospitals do not always have the ability to make the physician do pro bono work. Physicians need to recruit physicians to volunteer services just as dentists need to recruit dentists. A physician steering committee and a dental steering committee work well in addressing these issues.
- A strong computer system that can maintain a proper database and produce administrative support materials to run the clinic.
- A competent administrative assistant that can manage the front desk reception area, support administrative personnel, and maintain the database is vital. This should be a full time employee. It is helpful if the individual has diverse language skills depending on the population served. In our case, the individual is Latino and speaks Spanish and English.
- A dental assistant/manager is needed to oversee the dental operation if it is offered in the clinic. This is probably the most compelling health care need that we have identified in our geographic area. The position can be part time since dental services may not be offered each day.
- It is important to have good working equipment, i.e. otoscope, opthalmoscope, sphygmomanometer, electrocardiogram machine, spirometer, etc. for the volunteers to use. Nothing turns off volunteers more than poor outdated equipment. We do not have x-ray equipment except for dental bite wing capability on site. We felt the hospital is the best source of this service.

Field Report: Community Volunteers in Medicine

Time Required to Determine the Success of the Program:

- After one month of operation, it was clear that our clinic filled a tremendous need in the community. Not only have we received consistent positive feedback from the patients, we have heard it from numerous health and human service agencies in our county. We are now in the eighth month of operation and the message is the same. Patients express gratitude daily and are often in a state of disbelief that the clinic exists.

Staff/Volunteers Needed:

For a three hour block of clinic time we find the following **volunteers** ideal:

- One physician, 2 nurse practitioners
- Two professional nurses
- One eligibility screener (preferably a social worker)
- A pharmacist to dispense medicine
- A receptionist to register patients, answer the phone, book appointments, etc.
- We currently have 50 to 60 volunteers that come weekly or biweekly to assist us in operating the clinic.

Staff:

- Our medical director or our clinical manager/ nurse practitioner is available.
- The administrator and administrative assistant are also available.
    - A Practice Manager (RN) is sometimes available. Her major role is to manage all of the clinical volunteers relative to scheduling, competency evaluation, and training. She works 16 hours per week.
    - The Dental Manager/Assistant is available during all dental clinic hours.

Major Challenges/Solutions:

- Establishing the corporation as a free standing organization in the community and not as a subsidiary of a hospital was challenging. With five competing health systems in our county, it was necessary to remain neutral so that all stakeholders can take credit for the program.
- A free clinic initiative requires the building of strong relationships and recognizing contributions of **all** individuals and organizations that have assisted in any way. In building the business plan, I consistently covered the county and met with numerous individuals in the business of any type of health care delivery. After the visit I sent a thank you letter and listed all of these individuals in the acknowledgment section of the business plan. Everyone has an ego and it helps to feed it.
- There was a sense from some organizations in the county that the clinic would duplicate their services. I continued to reinforce the fact that Community Volunteers in Medicine would not do what other agencies are already doing. The turf issues are overcome by consistently upholding your goals and continuing to find ways to collaborate and use the resources in the community to the clinic's advantage as well as the collaborating agency's advantage. You must do a lot of positive reinforcement to demonstrate the value of others.
- Transportation is an issue in our county. Our clinic has been instrumental in bringing WHEELS Medical Transportation from Philadelphia into Chester County. This is a volunteer transportation program that has 40 years of experience. Our clinic was responsible for connecting WHEELS to a Chester County United Way Grant to make the service a reality in Chester County. We also fostered collaboration with other county agencies that could benefit from such transportation.

Field Report: Community Volunteers in Medicine

- In Pennsylvania, the Volunteer Health Services Act 141 has aligned volunteer immunity with retirement rather than volunteerism. We are working with key senators and representatives in our county to seek an amendment to the Act. An organized representation and advocacy campaign in this 1999-2000 legislative session will be necessary. Many constituencies will need to come together to move this agenda forward. Copies of other states' broader legislation have been shared with elected officials.
- Fundraising is a major challenge. Absent the money, the organization cannot exist. A part time development person will work closely with the administrator to devote more time to fundraising. If you are in an area like ours that cannot qualify for public monies as a health professional shortage area, etc., this becomes a more critical issues.

Most Important Factors for Success:

- Building relationships with community stakeholders and the patients.
- Commitment of the planning committee (now the Board of Trustees) both in terms of time and dollars. Commitment to fundraising is essential.
- Dynamic leadership of the administrator, the medical director, and the clinical manager. Teamwork is essential!.
- Financial resources and prudent fiscal management.
- Maintenance of a roster of volunteers and a good training program.
- We sponsor a Community Symposium with cocktails and dinner for the health care constituency in the county in order to roll out the business plan. This created enthusiasm and community ownership of the project.

In Retrospect, What Would I Do Differently?

- Place more emphasis up front on development and fundraising to secure funding for capital improvements and start-up. There is a fine line here because it is difficult to seek financial support for an idea. A tangible product and viable operation are easier to sell.
- Establishing a stronger relationship with the business community through the local Chamber of Commerce early in the process could be helpful. An Advisory Committee of Business Leaders could assist in raising funds and creating greater awareness and support for the program.

Tools, Systems, or Products Developed by Our Program That Are Worthwhile:

- Public Health Advisory Committee has been very important in connecting us to community resources so that we form good collaboration and use of limited resources. It also serves as a communication tool for our program and gives us good evaluative feedback. This committee is chaired by our public health board member.
- A custom designed OSHA Manual specific for an office practice such as ours.
- An auxiliary is in the process of being formed for our organization. This group will support the development of annual fundraising events and assist with the public relations efforts of the clinic.
- A collaborative nurse practitioner agreement. We have a strong nurse practitioner/primary care physician collaborative practice.
- Appointment sheets and medical record system.
- Log of volunteer hours.

Field Report: Community Volunteers in Medicine

For More Information contact:
Helen F. Heidelbaugh,
RN, President/CEO
Community Volunteers in Medicine
134 Lancaster Avenue
Frazer, PA 19355
Phone: 1-610-296-8023
Email: hheidelbau@aol.com

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If you need additional assistance, please contact Volunteers in Health Care, a resource center for organizations looking to develop or expand volunteer-supported medical and dental programs for the uninsured. Funded by the Robert Wood Johnson Foundation, VIH offers free technical assistance, products and grant opportunities.

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Volunteers in Health Care
111 Brewster Street
Pawtucket, RI 02860
1-877-844-8442
www.volunteersinhealthcare.org
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CLINICS

"Starting a Free Clinic"
The White Bird Clinic

- A clinic devoted to the delivery of health care cannot be run for "free." By "free clinic" I mean a clinic which has the ability to provide free care to clients in need. Even if a clinic operates with all donated materials and volunteer medical staff, there will be many costs involved in running a clinic:
  1. amenities for volunteers.
  2. supplies, both medical and clerical.
  3. building and space maintenance costs.
  4. a host of needs and unanticipated emergencies that will require a level of cash in the bank to solve problems for the staff and clients.

  No matter how successful you are at getting donations and volunteers, the need for monetary funding or income will always be pressing..

Field Report

The White Bird Clinic, located in Eugene, Oregon, was established in 1993. The White Bird Clinic serves a rural and urban population of low-income, culturally or psychologically disenfranchised patients. The organization uses over 60 volunteers, 52 of whom are physicians. The organization operates a free clinic for acute care and can arrange for other services outside of the facility through private sector support. The report was written by Michael Weinstein, MD, Medical Director.

- To achieve an ongoing operation it is obvious that one needs "community support." This term usually denotes backing, politically, financially, or with volunteerism, by a large segment of the community. In fact, one can operate a community clinic with support from a rather small segment the community, provided the following areas are well covered:
  a) **Developing an understanding of the problem you want to address.**
  b) **Maintaining a long-term commitment.**
  c) **Enlisting the aide and enthusiasm of the medical provider community.**
  d) **Securing necessary financial or political resources.**
  e) **Hiring a paid clinician director**

A. You, and those from whom you are trying to enlist support, must understand the nature of the underserved population you wish to help.

In any given community there are multiple groups who need care. You can choose to serve them all, or to focus on one part of the community, (i.e. a minority group, homeless, working poor, mentally impaired). Each group will respond to different delivery systems and styles of practice. Do some legwork before you open your doors. The following are good sources of information for identifying medically underserved populations:

- State Employment/Labor offices can give you information on the number of employed people in your area without health coverage. They often have information on poverty statistics and unemployment rates for the areas you that are targeting. These offices usually have other useful census and demographic data and demographic as well.
- State Welfare offices can tell you who is and who is not eligible for medical entitlements.
- Health departments can give you their view of unmet needs and should be cultivated as a vital partner in your efforts when you open.
- Emergency rooms, food stamp offices, Legal Aid, Senior and Disabled Services, shelters, migrant organizations, and other local social service groups can all be helpful in putting a human face on local unmet needs.

After your clinic has been open for some time, it is advisable to go back to these sources. They can help you fine-tune your delivery system by letting you know who your services are missing and give you feedback on the mutual clients you share.

B. You have to be committed.

It may take months or years to get the word out to the population that needs your help.

- Public ads are of minimal value.
- Outreach targeting of social service agencies is of the greatest utility. Be sure to let those agencies know the names of your staff and how to reach them. Homeless people and non-English speaking migrants often are best informed through word of mouth or through the establishment of 'local lore' which can take time.
- In the delivery of health and human services there will always be funding gaps. The nature of these gaps shift year to year and vary by community. Entitlement programs come and go, grants appear and disappear, economic times change, population dynamics can shift rapidly. You have to sustain your clinic through all of these changes.

  For example, Oregon implemented a very broad form of health coverage a few years ago, which greatly reduced the need for indigent clinic services. This increased coverage was a very positive step. Because of the reduced need for providing for the uninsured, indigent clinics lost major funding and were deemed not necessary due to the Oregon Health Plan. Now the current Oregon Legislature is cutting back on coverage for the poor, uninsured patients are facing major increases in health costs, and once again the indigent client load is increasing. This has created a renewed demand for these types of clinics. The perseverance of these clinics through good economic times has allowed the maintenance of a safety-net infrastructure that is available for the community during the economic downturns.
- You will continuously have to prove your commitment to both the clients and the provider community if you are going to depend on your community supporting you over the long haul. Do not be surprised if you get a 'bad rap' among providers or social service agencies if you are perceived as failing to being there for one patient, in spite of having previously helped thousands. Constant contact and routine meetings with other agencies will reduce these kinds of misunderstandings.

C. The most important factor is having the established medical care delivery system backing your efforts.

- Even if such support is minimal at the inception of your clinic, you should have a plan to incorporate the medical community into your efforts.
- Local provider support is the "sine qua non" of development and maintenance of clinic volunteers, hospital back up, lab services, pharmacy supplies and many other aspect of service delivery. I would generally recommend starting with the physician community. If you have an active and intact medical society, a rare situation, they can help. Most physicians went into medicine to help people. You can help energize physicians by providing a forum for them to practice their skills and renew their spirits. In today's world of managed care, paperwork headaches, and technological imperative, many physicians feel disenfranchised from their original goals in medicine. Clinics serving the poor help to reconnect them to the community.
- When physicians volunteer on site or take referrals, make it personal with plenty of thank-yous.
- Follow-up reports to physicians about outcomes for patients that they have seen are important keys to maintaining your physician volunteers. When the doctors are supporting you, the hospitals will usually follow.

- Doctors generally run the local labs and radiology facilities and can be a source of diagnostic help, reducing the need to spend time and money providing lab or x-ray on site. The relative value of free services for your clients referred outside the clinic site will be at least ten to twenty fold the value of services delivered on site in your clinic. When you arrange systems for outside referrals, do not neglect the need to make direct and personal contact with the front-office staffs. These are the people you will be working with and they must understand and support any system you set up in order for it to work smoothly.
- Physician and hospital support can be substantial. One trick you might use, with which I have had great success, is to have your key supporter commit something in private to you. Next get all the players you would like support from around a table and have your key supporter offer up their contribution at a general meeting. Other players around the table will then contribute both to avoid being upstaged by another provider and also because they will not feel they are the only one contributing while their competitor is getting off for free.
- You must address the issue of malpractice fears of physicians head-on. There are multiple papers showing that indigent clients rarely, if ever, sue. However doctors will worry about this and you should be the one to help them verbalize their concerns and meet their needs in this area.
- Alliances with teaching institutions are great. Physicians love to teach and having students at your clinic will draw volunteers. I have found that medical students and residents are generally very sensitive to indigent patient needs. Also, over time, you will help encourage a future group of physicians who will chose to participate in care delivery for medically disenfranchised clients. Many of these students will return wanting to work at your clinic when they graduate.

D. Least important in building a clinic is the need for political and financial community support.

- Politicians realize that indigent clients will not constitute major voter support for their agendas. With rare exceptions, politicians will not provide you with much help. In fact, they often drain your time and energy trying to get your support for agendas outside of your mission.
- Having the beneficence of people with financial resources is great. You will have to brainstorm about how to reach philanthropists in your particular area. Once you establish a donor base, hold onto it. Double and triple thank-yous will pay off.
- Forming your clinic as part of an existing social service agency has multiple benefits. To do so avails you of existing nonprofit and accounting structures and provides you with community trust, fundraising experience, a source of clients, and internal help with providing for the non-health needs of your clients.

E. Although it may be possible to operate successfully without a paid medical director, it would be a tough effort.

- The medical community still is collegial and will usually deal best with another physician. A physician can simply solve problems with a prescription or referral that would take staff hours to arrange with outside volunteers or other organizations. Your clinical director will be invaluable in cutting through stonewalling verbiage at meetings and coming up with solutions and workable scenarios. If you have a clinical director who is well known by the local community, you are much more likely to succeed and accomplish the most for your clients.
- If you utilize retired physicians as providers, you will need to have someone responsible for monitoring their care delivery. Most retirees will be great assets and bring wisdom and experience to the job. Some physicians, however, retire for a reason and will need close monitoring and mentoring to insure the delivery of quality care to your clients.

- Moreover, in providing health care to people, uncomfortable issues of quality of care delivery and difficult client/staff interactions will inevitably arise. You will need a medical director in the hot seat to grapple with these types of issues directly and conclusively.
- The most successful and longest lasting clinics each have a unique character that fit the area they serve and utilize the abilities and attitudes of the staff they have available. Giving your staff a free reign to branch out and allowing new staff people to follow their own lead will be much more successful than hiring or seeking volunteers to do a highly structured job, no matter how well that job is thought out.
- The main advantage of 'free clinics' is that they are free to solve the needs of their patients creatively. Many operational rules must be established to run a clinic, but the greatest successes will occur when rules are bent or broken for individual patients with specific needs. This is one of the great contributions that free clinics can make. Leave the numbers and grand solutions to 'The Health Care Delivery System.' Focus the purpose and nature of your clinic on those individuals in your community who are unable to access the standard models of health care delivery.

For more information contact:

Jim Newhall, MD, Medical Director
White Bird Clinic
1400 Mill Street
Eugene, OR 97401
Phone: (541) 484-4800
Fax: (541) 344-8351

Volunteers in Health Care
111 Brewster Street
Pawtucket, RI 02860
1-877-844-8442
www.volunteersinhealthcare.org
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Where to Find Data on the Uninsured

- Start your search for data on the uninsured locally. Contact your local health department, the state health department, social service providers, and organizations that are currently providing care to this population (such as other clinics, community health centers, and hospitals). Contact the Mayor's office to see if the city has conducted a community-wide needs assessment which touches on the lack of health care services in your area.

- Start a collection of articles about the lack of affordable health care in your community. Look through newspapers from the prior few months to enhance your collection. Also note if there any particular reporters or columnists who seem interested in this issue. These journalists might be instrumental in their knowledge of health issues in your area as well as a means of publicizing your initiative.

- Search the internet to get a sense of the national picture of accessing health care:

  The Kaiser Commission on Medicaid and the Uninsured has released "Uninsured in America: A Chart Book" which provides a comprehensive portrayal of the uninsured and includes trends and major shifts in coverage, a profile of the uninsured, an assessment of why so many Americans are uninsured, and data documenting the difference that health insurance makes in the lives of Americans. For more information on the chart book, including a "Fact Sheet" about the uninsured go to: http://**www.kff.org/docs/sections/kcmu/uninsuredmay2000.html.** A free printed copy of this item may be ordered directly from the Foundation by calling the publication request line at 1-800-656-4KFF and request publication 1407.

  The Kaiser Family Foundation and The NewsHour with Jim Lehrer have released the results of the first survey to provide year 2000 data on Americans' attitudes about the medically uninsured. Both insured and uninsured Americans participated in the telephone survey conducted during January and February, 2000. It reveals many misperceptions of the uninsured. To view the report, *National Survey of the Uninsured*, on line go to **http://www.kff.org/content/2000/3013/NatlSurveyofUninsured.PDF** or order a free printed copy directly from the Kaiser Foundation by calling the publication request line at 1-800-656-4KFF and ask for publication 3013.

Where to Find Data on the Uninsured - cont.

U.S. Census Bureau Statistics

Questions on health insurance status are asked each March, and findings are generally released in September or October. You can download your own copy of these findings by going to **http://www.census.gov/hhes/www/hlthin01.html** *(Health Insurance Coverage: 2001)*. This publication includes information on health insurance rates for the U.S. as a whole. You can also get information on insurance status by state and by population characteristics, such as sex, age, race/ethnicity, employment status, education level, and more.

Behavioral Risk Factor Surveillance System (BRFSS)

Each state conducts this survey annually in cooperation with the Centers for Disease Control. **http://www.cdc.gov/brfss/**

Center for Studying Health System Change

The Center for Studying Health System Change conducts many studies, including a several year long study of twelve communities throughout the country. The Center also conducts period surveys of the general population, physicians, and employers about their health insurance status and practices. To learn more about the Center, see their website at **http://www.hschange.com/**

Baylor University Refugee and Immigrant Health Information

This site offers a description of many of the health risks associated with recent refugee and immigrant groups in the United States. The site also touches on cultural differences, religious beliefs, and issues that affect women specifically. The site is **http://www3.baylor.edu/~Charles_Kemp/.**

- Before interpreting all of these national trends, you might want to look through the Access Project's guide, **How Many Uninsured? A Resource Guide for Community Estimates** and **Using Data: A Guide for Community Health Activists**. You can obtain these publications from the Access Project by calling (617) 654-9911 or you can download the publications from their web site at **http://www.accessproject.org.**

The Volunteer Protection Act

In 1997, Congress passed the Volunteer Protection Act (VPA). The law provides all volunteers (including clinician volunteers) of nonprofit organizations and government entities with protection from liability for certain harms caused by his/her acts or omissions while serving as a volunteer. As with practically all such state laws, volunteers who qualify for the VPA's protection are shielded from harm caused by simple negligence so long as it is within the scope of the volunteer's duties. As with most state laws attempting to reduce volunteer liability, the law does not prevent people from bringing lawsuits nor does it provide for defense cost reimbursement to volunteers.1

Under the VPA, a properly licensed, volunteer clinician acting within his/her scope of duties in the nonprofit or governmental organization is protected from liability for simple negligence so long as the alleged misconduct does not fall into certain categories of exclusion (e.g., a crime of violence or hate; a sexual offense or civil rights violation; or an act committed under the influence of alcohol). Even in situations in which the volunteer can be held liable (e.g., was grossly negligent), the VPA greatly limits the circumstances in which punitive damages can be awarded to those cases with clear and convincing evidence of willful or criminal conduct. It also restricts the amount of non-economic damages (pain and suffering) to the proportion of the volunteer's contributory responsibility for the resultant harm. (That is, if the volunteer is determined to be responsible for 20% of the harm done, then non-economic damages can equal no more than 20% of the awarded damages.) However, the VPA does not place any limits on the amount of economic damages (e.g., medical expenses, lost wages) awarded to an injured person from a volunteer's gross negligence.

The statute allows states, if they so choose, to impose further conditions on the limitations of liability. Accordingly, state laws could: (1) require volunteer programs to adhere to risk management procedures; (2) create vicarious liability on the part of the sponsoring volunteer program (that is, makes the volunteer program to be deemed liable for a volunteer's negligent acts); (3) make the liability limitation inapplicable if a suit is brought by state or local government; or (4) make the liability limitation apply only if the sponsoring organization provides a financially secure source of recovery for harms caused by volunteers.

1 Whether there is protection from intentional torts remains unclear from the statute and a reading of Congressional intent—that is, from a reading of the written record accompanying the debate on the legislation.

The Volunteer Protection Act of 1997 - cont.

While the VPA preempts any state law that offers fewer protections, states can go beyond the protections afforded here through passage of state laws. Interestingly, there is a provision of the Volunteer Protection Act that permits individual states to pass specific legislation that would make the VPA provisions inapplicable in the specific circumstance where all parties to a lawsuit are residents of that state. If a state passes such a provision, then only its laws and not the VPA would govern. As of October 1, 2000, no state has chosen to opt out of the VPA protections.

If you would like further information on charitable immunity legislation, please contact VIH to request a copy of *Understanding Charitable Immunity Legislation: A Volunteers in Health Care Guide.*

Partnering Local Associations With Local Health Efforts

Local associations can be powerful tools for community-based health projects and programs because of the roles these associations play in their communities. Generally, local associations have three important functions in communities:

- They reach a large number of people.
- They shape members' attitudes and behaviors.
- They mobilize members to act on many different issues.

Partnering with local associations in your community can allow you to take advantage of these functions. This guide was designed to assist you in developing partnerships with local associations.

Partnering with Local Associations

Adapted from: McKnight JL, Pandak CA. New community tools for improving child health: a pediatrician's guide to local associations. Prepared jointly by the Asset-Based Community Development Institute, Institute for Policy Research, Northwestern University, and the American Academy of Pediatrics Community Access to Child Health Program for presentation at CATCH 2000, National CATCH Meeting, April 15-16, 1999, Oak Brook, IL.

Local associations are small groups and organizations of local people who join together for a wide variety of purposes, such as baseball leagues, men's and women's clubs, and church groups. They are generally small, face-to-face groups whose members do the work and are not paid. This distinguishes them from the three kinds of local institutions—not-for-profit organizations, for-profit businesses, and governmental agencies—which are usually larger in scale, and the work is done by paid staff.

How Local Associations Can Support Local Health Initiatives

Engaging local associations in local health efforts will significantly increase project success. Generally, local associations can participate in community-based efforts in three ways:

1. Associations can serve as vehicles to communicate information, both to their memberships and to the community at large, e.g., by distributing informational flyers.
2. Associations may be involved in planning a particular effort, e.g., by serving on a steering committee.
3. Associations may actively engage in the implementation of a community activity, e.g., by conducting a specific educational component of a program.

It may be useful, during the course of your planning, to list the types of associations you would like to involve and indicate which of the three ways they can participate.

Identifying and Involving Local Associations

In most neighborhoods, local communities, or small towns, there are numerous types of associations, but they are not usually found in a directory. For a list of types of associations that are usually present, click here.

In order to connect local associations with health projects, you must locate associations and involve their leadership. There are five basic approaches to doing this:

1. Your contacts

Begin by listing all of the associations of which you are a member or participant as well as others that you may know. Often, this results in identifying 10 to 20 groups. Because you probably know members or leaders of many of these associations, a good starting point is to call a personal association contact or to convene a meeting of several contacts. These contacts represent an excellent source of additional associations that might be involved, and they may be willing to recruit the people they know from these groups.

2. Contacts of well-connected citizens

Every community has some local residents who are very active in civic life and are well-known in the community. Asking several of these people to prepare a list of local associations and to contact people for each will result in a very substantial list of groups. By involving these connected citizens in the identification of local groups, you may also be able to get them to join you in contacting association leaders to discuss a project.

3. Meeting with an association

Identify one association of any kind and ask to meet with its members. When meeting with an association, ask each member to make a list of associations, clubs, groups, or organizations of which they are members. Also request that they list a contact person for each group. Describe your project to those present and ask them which associations on their lists might be interested in the project. By doing so, you may be able to identify potential recruits for your project. Ask each person whether they would be willing to invite one of the association leaders to a project meeting.

Identifying and Involving Local Associations - cont.

4. Other resources

The yellow pages and internet search engines can be useful tools for identifying potential partners. Conducting a search by type of association may yield a number of associations that might be interested in becoming involved in your project. State and local social service agencies may also be able to provide a list of potential partners from their own list of partners.

In gathering names of local associations, consider contacting faculty members or graduate assistants at local colleges or junior colleges who could have their classes identify local associations for a project. Because of the involvement of local associations in society, sociologists and political scientists may be especially interested in this kind of research.

5. Focusing on particular kinds of associations

As a project is developed, it may be clear that certain types of associations are appropriate partners. For example, some women's organizations might be especially interested in teen pregnancy projects, recreation and sports leagues might be attracted to fitness programs, or block clubs might be interested in community safety projects. Project designers may want to identify those types of associations with the highest potential interest in the project. The next step is to identify which of those associations are in the local community. Methods for doing this are outlined in items 1, 2, 3, and 4 above.

As noted above, when contacting the leaders of associations and recruiting project participants, it is especially useful to involve the people who identify associations. Usually, well-connected people who can identify many associations are just the right people to interest association leaders in a project. Thus, the same people who help identify can also recruit if they are initially informed about and interested in the activities.

Summary

Partnering with local associations can be a simple process. Only three basic steps are involved. First, identify which types of associations might be usefully involved. Second, identify the particular associations in your community. This can be done based upon your own knowledge, the knowledge of well-connected friends, members of an association to which you belong, yellow pages and internet search engines, or a local college class. Third, contact and recruit the leaders of the appropriate local associations. Often, the people who identify the associations will also be willing to contact and recruit their leaders. The effort to take these steps will be well worth the time because they will result in your involving the most effective activators of local people—their associations.

Types of Associations

1. **Addiction Prevention and Recovery Groups** (Drug Ministry/Testimonial Group for Addicts; Campaign for a Drug Free Neighborhood/School)
2. **Advisory Community Support Groups** (friends of.) (Friends of the Library; Neighborhood Park Advisory Council)
3. **Animal Care Groups** (Cat Owners' Association; Humane Society)
4. **Anti-crime Groups** (Police Neighborhood Watch; Senior Safety Groups)
5. **Block Clubs** (Condominium Owners' Group; Building Council)
6. **Business Organizations/Support Groups** (Local Chamber of Commerce; Economic Development Council)
7. **Charitable Groups and Drives** (Local Hospital Auxiliary; Local United Way)
8. **Civic Events Groups** (Parade Planning Committee; Health Fair Committee)
9. **Cultural Groups** (Community Choir; Drama Club)
10. **Disability/Special Needs Groups** (Special Olympics Planning Committee; Local American Lung Association; Local Americans with Disabilities Association)
11. **Education Groups** (Local School Council, Parent Teacher Associations, Literacy Council)
12. **Elderly Groups** (Church Seniors Club; Senior Fitness Club)
13. **Environmental Groups** (Neighborhood Recycling Club; Save the Park Committee)
14. **Family Support Groups** (Teen Parent Organization; Parent Alliance Group)
15. **Health Advocacy and Fitness Groups** (Neighborhood Health Council; YMCA/YWCA Fitness Groups)
16. **Heritage Groups** (Black Empowerment Group; Norwegian Society; Neighborhood Historical Society)
17. **Hobby and Collectors Groups** (Collectors Associations; Arts & Crafts Club)
18. **Men's Groups** (Fraternal Orders; Men's Sports Organization)
19. **Mentoring Groups** (After School, Peer, or Church Mentoring Groups; Big Brothers, Big Sisters)
20. **Mutual Support Groups** (La Leche League; Disease Support Groups; Family-to-Family Groups)
21. **Neighborhood Improvement Groups** (Council of Block Clubs; Neighborhood Clean-up Committee)
22. **Political Organizations** (Democratic Club; Republican Club; Green Party)

Types of Associations - cont.

23. **Recreation Groups** (Sports Leagues; Motorcycle Clubs)
24. **Religious Groups** (Churches, Mosques, Synagogues, etc.; Men's, Women's, or Youth Religious Groups)
25. **Service Clubs** (Rotary Clubs; Optimist; Zonta; Lions Clubs; Kiwanis Clubs)
26. **Social Groups** (Bingo/Card Playing Club; Social Activity Club)
27. **Social Cause/Advocacy Issue Groups** (Get Out the Vote Council; Community Action Council; Soup Kitchen Group)
28. **Union Groups** (Industrial (UAW); Crafts Unions (Plumbing Council))
29. **Veteran's Groups** (Veterans of Foreign Affairs; Women's Veterans Organizations
30. **Women's Groups** (Women's Sports Groups; League of Women Voters)
31. **Youth Groups** (Girl and Boy Scouts; Boys and Girls Clubs; Teen Leadership Club)

Pharmaceutical Access for the Uninsured

An Outline of Different Models

Model 1: Collecting Pharmaceutical Samples

Projects can collect samples from their physician volunteers, other providers in the area, and pharmaceutical representatives. Projects then inventory and store the samples. Either computer or paper logs are created to monitor sample usage. While relatively easy to establish and maintain, this strategy has a few drawbacks including:

- Variety of medications available is often extremely limited
- Medications may be near-dated
- No guaranty of continuity of medications over time
- Relatively labor-intensive
- Samples are kept in individual packaging and are cumbersome to distribute to patients

Model 2: Patient Assistance Programs

Several clinics around the country rely on patient assistance programs created by pharmaceutical companies. While this process can be time consuming as it must be done on a patient-by-patient basis, some clinics try to speed up the process by hiring a staff person or recruiting a dedicated volunteer who is solely responsible for the applications and follow-up. A project will set-up a tracking system, ideally computerized, that can track the patient specific information and includes a "tickler" system to remind staff to resubmit expiring applications for chronic conditions. Aside from being time consuming, this strategy also has several other drawbacks:

- Only a portion of a company's products are available through patient assistance programs
- Each patient assistance program has its own procedures, eligibility requirements and application requirements; companies may have separate programs (and application procedures) for separate drugs. This is particularly problematic for patients requiring several medications
- Application procedures and products offered often change without advance notice
- Application procedures can be cumbersome and time-consuming; program requirements may be very restrictive (e.g., one company grants each physician only three patient requests per year)
- Medication deliveries may take several weeks
- Re-application must be made on a regular basis, as medications are usually given in three-month supplies
- Nature of the pharmaceutical industry is such that product lines and/or companies are sold with some frequency, often affecting the operation of patient assistance programs

Model 3: Discounted Pharmaceuticals from Pharmacies

Some projects establish an arrangement with a local pharmacy (independent or chain) to meet their pharmaceutical needs. Pharmacies will agree to fill prescriptions for project clients at discounted prices. A variety of discounts may be negotiated, but usually the pharmacy agrees to one or more of the following:

1) waive its dispensing fee
2) reduce the price of the prescription by a certain percentage
3) charge only the cost the pharmacy itself incurs in purchasing the medication
4) purchase a small formulary of commonly used prescriptions in bulk for the project and passing along the savings.

Some organizations pay for the medication through specified funds, for others the individual is asked to cover the "co-pay." This can be an excellent collaboration, yet projects can become overwhelmed by the costs of medications.

Other Models Include:

- A combination of all 3 of the above-mentioned models, including using discounted and donated pharmaceuticals to create an on-site formulary.
- Developing a relationship with a hospital where pharmaceuticals are included as part of in-kind donations.
- Receiving direct donations from pharmaceutical manufacturers. Such arrangements are usually made with organizations that are well-established in their community and dispense high volume of medications.
- Purchasing pharmaceuticals via discounted rates from the manufacturer. This option is only available for organizations that meet very specific criteria, as set by the federal government.

For Additional Information:

Volunteers in Health Care has created an expanded version of this summary on pharmaceutical models, *Pharmaceutical Primer: Starting a Pharmaceutical Access Program*. To download a free copy visit our website at http://www.volunteersinhealthcare.org or call our toll-free number at 1-877-844-8442.

RxAssist

A Comprehensive Resource on Pharmaceutical Patient Assistance Programs

Access to pharmaceuticals can be a major barrier in providing care for the uninsured. Although many pharmaceutical companies offer free medication to eligible, low-income individuals through patient assistance programs (PAPs), each company has its own unique application process. Consequently, keeping abreast of specific program requirements can be a daunting task for physicians and health care organizations with high patient volume or with patients requiring multiple drugs. Volunteers in Health Care (VIH) created *RxAssist* to aid providers in their efforts.

RxAssist is a free, searchable database accessible via the web. Physicians and other health care providers can view information on drugs available through PAPs, application procedures and criteria, as well as many application forms. Information is presented in an easy-to-read format and is updated regularly.

To access *RxAssist* directly, go to www.rxassist.org. For more information on Volunteers in Health Care, as well as to access *RxAssist*, please visit www.volunteersinhealthcare.org or call 1-877-844-8442.

A program of the Robert Wood Johnson Foundation

www.rxassist.org

volunteers in health care

www.volunteersinhealthcare.org

RxAssist Plus

PATIENT & MEDICATION TRACKING SOFTWARE

Health care organizations that serve the uninsured often have software needs that outstrip their resources. This imbalance may be even greater for volunteer-supported programs. It is for this reason that Volunteers in Health Care (VIH) created *RxAssist Plus*.

RxAssist Plus is a unique software product designed for free clinics, community health centers, medication assistance programs and other community-based resources. It was developed to meet two major needs of health care organizations:

1. **Patient tracking:** *RxAssist Plus* allows you to keep individual medical records, track patient visits and generate demographic and other reports.
2. **Medication assistance:** *RxAssist Plus* links you to information on pharmaceutical companies' patient assistance programs, fills out forms and helps you keep track of individual applications.

VIH makes *RxAssist Plus* available for free to non-profits, government entities and providers serving the uninsured. The software is available on CD or disk and is compatible with Microsoft operating systems. For more information on *RxAssist Plus*, to register for a copy of the software or for more information on Volunteers in Health Care and its other free products, please visit www.volunteersinhealthcare.org or call 1-877-844-8442.

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in health care

Hiring a Grantwriter

Thinking About Hiring Someone to Write Grants for You?

Here are some tips on what to look for...

1. Find out the fee range in your community by asking other non-profit organizations.
2. Ask for examples of the kinds of grants and organizations the consultant has worked with; try to make sure that your organization and grant need reasonably matches these.
3. Know exactly what you are asking the consultant to do and what you expect the product to do for your organization. Is your organization:

- Responding to an existing RFP or application
- Developing a "boilerplate" proposal which must serve more than one purpose
- Needing help in identifying potential funding sources
- Putting together a development plan in which grant funding is one source of support

4. Try to have a sense of how complicated the grant will be to write. Do you:

- Have existing materials for the consultant to work from
- Have a clear and detailed idea of how to answer application questions
- Have the commitment from the board or other staff members who may be needed as part of the grantwriting process
- Have the time to spend with the consultant during the grantwriting process
- Know the level of competition you will have

5. Ask the consultant how long the project is expected to take; ask for a breakdown of tasks and how many hours will be dedicated to each. Ask the consultant about his or her grantwriting style; ask the consultant to "walk through" what will happen during the process.
6. Be clear about what you or your organization expects during the process-e.g., daily telephone reports, weekly meetings, every stage of draft, workplans. Ask the consultant to be specific about deliverables and anticipated due dates.
7. Ask the consultant for a written "Scope of Services" in advance of signing any contract.

Hiring a Grantwriter - cont.

8. Honestly assess the organization's "state of readiness" regarding grantwriting in general or this grant in particular. The consultant's role should be to facilitate the flow and assembly of information and ideas and convert those into a compelling narrative; be aware if what you need is a consultant who can help generate and shape ideas, as well as shape the narrative. For example, it is one thing to ask a consultant to help you describe an outcome in measurable terms; it is another altogether to ask the consultant to suggest appropriate outcomes.

9. Decide whether the consultant is serving as the project manager as well as the grantwriter; that is, is the consultant managing the process of grantwriting (e.g., convening meetings, gathering material, identifying data sources, etc.) in addition to writing the grant.

Look to the "Consultant" section of the Management Assistance Program for Non-Profits library for additional information: http://www.mapnp.org/library/index.html

What Makes an Effective Medical Director?

In recent months, we have received several calls from clinic managers who want help finding a medical director for a new or expanding clinic. These managers want to know what the roles and responsibilities of a medical director are and whether a medical director should be a volunteer or paid position.

All three of the field reports on "Starting a Free Clinic" and some of the recommended resources listed after these field reports provide information that will help you find the right medical director.

We Recommend That You Look for a Medical Director Who:

- Is a well-respected leader in the medical community — connections at the local hospital, membership in the state or local medical society, etc. will all serve the clinic well in the future. Paula Miceli, of Health Care Access Network in Des Moines, Iowa, advises newly starting clinics to, "name as Medical Director a physician whose reputation and personality are such that other physicians and medical professionals will join in the effort."
- Is well-organized
- Is a good leader and a team player who respects and values the skills and commitment of volunteers and paid staff
- Knows the community and its resources. Knowing about other clinics or resources in the area is helpful. Also, having lived in the area and/or gone to medical school in the area helps in terms of making connections with other physicians and medical and social service providers
- Has experience working with the community being served
- Is not overcommitted already

A Good Medical Director Will:

- Bring credibility to the project
- Be able to recruit physicians to volunteer in the clinic or accept referrals
- Monitor the medical aspects of the clinic operations, including quality assurance and credentialing of physician volunteers
- Supervise all medical personnel, volunteer and paid
- Oversee chart review
- Monitor and update clinical policies and procedures
- Sit on board of directors
- Volunteer in the clinic at least once a month.

What Makes an Effective Medical Director? - cont.

Volunteer or Paid?

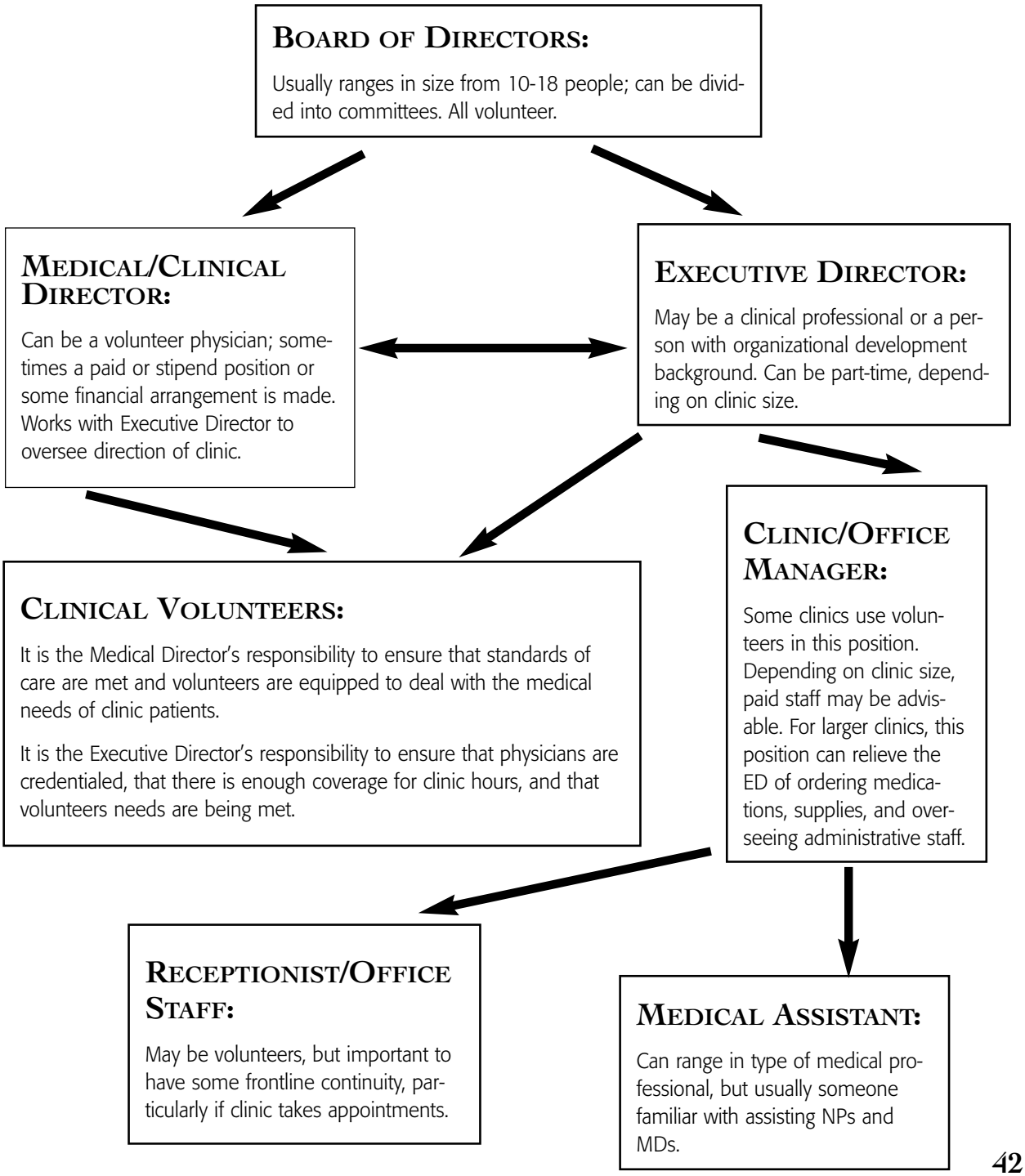
Generally, medical directors spend at least five hours a week in the clinic during the first few months of operation, but this time commitment lessens to about five hours a month once the clinic is running smoothly. Most medical directors are volunteers, but some clinics pay their medical directors if the time commitment required is more than can be expected from a volunteer.

Michael Weinstein, MD, Medical Director of the White Bird Clinic in Eugene, Oregon says, "although it may be possible to operate successfully without a paid medical director, it would be a tough effort. The medical community still is collegial and will usually deal best with another physician."

Helen F. Heidelbaugh, of Community Volunteers in Medicine in Frazer, Pennsylvania, says, "if the medical director is a volunteer or part-time position, a full-time staff clinical manager who is a certified registered nurse practitioner works extremely well. This individual can be responsible for the management of quality assurance, review of patient records, and follow up of consults, labs, etc."

Staffing Flow Chart

The make-up of your own clinic will depend on the level of involvement of a medical/clinical director, the skills of the people willing to volunteer and those hired for positions, and the constraints of your budget. In some clinics, the medical director and executive director are the same person, other clinics eliminate paid office manager positions, while others use students required to do rotations to fill more permanent volunteer positions. Primarily, staff should ensure continuity of care and a well run clinic.



Sample Job Description

Executive Director

1. Oversees overall functioning of the clinic.
2. Work with Board of Directors to develop strategic plan for free clinic. Maintain strategic plan and provide direction to clinic staff, volunteers, and board members about strategic plan.
3. Recommend yearly budget for board approval and manages organization's resources within budget guidelines.
4. Serve as a liaison between Board of Directors and clinic staff/volunteers. ED will be responsible for overseeing projects proposed by the board.
5. ED will be responsible for marketing the free clinic to potential funders, volunteers, and strategic partners. ED will speak at events, write press releases about clinic activities, and coordinate potential interviews with volunteers.
6. ED will develop and maintain strategic partnerships to facilitate the delivery of care to patients. These partners may include: hospitals, medical societies, pharmaceutical companies, pharmaceutical sales representatives, local business community, and funders.
7. ED will be in charge of developing a sustainability plan and implementing all fundraising activities. Activities may include special events, capital campaigns, individual donor drives, and grant writing.
8. ED will maintain all required documentation for grants and tax purposes. ED will create Annual Report and submit all related IRS documentation.
9. ED will recruit volunteers. ED may work in conjunction with Medical Director or other physician volunteers to recruit volunteers and potential specialist referrals.
10. ED will supervise clinic staff and volunteers.

Sample Job Description

Clinic/Office Manager

1. Schedule volunteers, ensuring that adequate coverage is maintained at all times.
2. Maintain patient tracking software, databases, and medical records.
3. Order and stock supply closet.
4. Order and coordinate pharmaceutical acquisitions (if clinic has a formulary).
5. Fills out patient assistance programs applications with patients and monitors patients' refills. Oversee collection of pharmaceutical samples from physicians.
6. Ensure exam rooms are clean and stocked for visits.
7. Coordinate food for clinic nights (including requesting donations from local restaurants).
8. Develop and implement intake procedure for clinic nights.
9. Create and implement all necessary forms.
10. Create and maintain policy and procedure manuals.
11. Supervise administrative staff (or volunteers).
12. Ensures that patients receive continuity of care in a professional and respectful environment.

Frequently Asked Questions about Serving an Immigrant Population

Q. What Does Providing Culturally Competent Care Mean?

A. For many people, the phrase "culturally competent care" means having an interpreter present or a bilingual clinician available to provide care. Some people also think culturally competent care is about providing patient education materials in other languages. While interpreters, bilingual clinicians, and patient education materials are all a component of providing culturally competent care, providing culturally competent care recognizes the importance of a person's culture, religious beliefs, and attitudes about the health care system. For example, culturally competent care means recognizing when religious or cultural beliefs prevent a woman from undressing in front of a man. It also means understanding the health risks particular to immigrant communities (i.e., when Filipino, Chinese, and Japanese women immigrate, breast cancer risk rises over several generations) and the psychological problems associated with immigration and fleeing war-torn countries.

Culturally competent health care also recognizes that the U.S. health care system—with many insurance companies and plans—is unique. Most immigrants have very different ideas about health care, including their beliefs about the clinicians' role in their health care, the mechanisms for accessing care, and the use of preventative medicine. Many cultures rely on home remedies and non-physician healers to provide the first line of defense against illness. Culturally competent care recognizes these mechanisms for receiving care and either works with these cultural practices or is aware of possible complications associated with mixing Western prescriptions with home remedies.

Ultimately, providing culturally competent care is about providing the kind of medical care everyone would like to receive: medical interventions that mesh with your lifestyle and beliefs about your health and are presented to you in a respectful and easy to understand way.

For further reading on cultural competence see:

Kramer Elizabeth J, Ivey Susan L., Ying Yu-Wen, ed. *Immigrant Women's Health: Problems and Solutions.* Jossey-Bass: 1999.

Fadiman, Ann. *When the Spirit Catches You and You Fall Down*. Farrar, Straus & Giroux: 1998.

Q. How Do I Find Patient Education Materials in Languages Other Than English?

A. The first place to start is your state department of health and office of minority health. If neither of these agencies can assist you, contact the departments in your neighboring states or states with substantial immigrant populations. Other resources include:

COSSMHO - http://www.cossmho.org or 202-387-5000. Lots of patient education materials, particularly on immunizing your child. Also, has a guide for elders on medication use called Medicines and You: A Guide for Older Adults.

Office of Minority Health Resource Center – (http://www.omhrc/publications/publications4.htm) has compiled a list of many patient education materials available in multi-languages, although most are just available in English and Spanish. This group of publications lists organizations and programs that provide minority health materials. Call an information specialist toll-free at 1-800-444-6472 to have any of these resource lists sent to you at no charge. Information is available for the following minority groups:

- Asian Language
- African American
- Native American
- Native Hawaiian/Pacific Islander
- Spanish Language
- Audiovisual Materials

Also available from OMHRC: The Pocket Guide to Minority Health Resources is an easy-to-use guide. This pocket guide lists phone numbers and addresses to OMH regional coordinators, Public Health Service minority liaisons, Federal information centers and clearinghouses, and national organizations, categorized by target population. There is also a section on minority colleges. Print copies are available from the Resource Center.

Federal Government – for a list of federal government clearinghouses and health related toll-free numbers, go to: http://www.health.gov/nhic/. Or, try the National Institutes of Health databases at http://chid.nih.gov.

American Medical Association – at http://www.ama-assn.org, has a section on consumer health information. This section offers patient information on a variety of common medical conditions (asthma, hypertension, etc). The AMA site also links to the National Patient Safety Foundation, which has patient safety information materials.

American Dental Association – at http://www.ada.org, or call (312)440-2500 to order a patient education materials catalog. The website also has patient education information available online.

Q. Can a Patient Be Called a Public Charge for Receiving Free Care from a Non-Profit Organization?

A. According to guidelines released by the INS on May 26, 1999:

In the case of an alien applying to become a Lawful Permanent Resident (the alien does not already have a green card), he or she will not be considered a public charge for using:

- **Health Care Benefits**, including programs such as Medicaid, the Children's Health Insurance Program, prenatal care, or other free or low-cost medical care at clinics, health centers, or other settings (other than long-term care in a nursing home or similar situation).
- **Food Programs**, such as Food Stamps, WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children), school meals, or other food assistance.
- **Other programs that do not give cash**, such as public housing, child care, energy assistance, disaster relief, Head Start, or job training or counseling.
- **INS** will also not consider cash welfare or non-cash programs received by an alien's children or other family member for public charge purposes, unless the cash welfare is the family's only means of support.

For additional information about defining a "public charge" go to http://www.ins.usdoj.gov/graphics/publicaffairs/factsheets/charge.htm for a fact sheet.

Volunteers in Health Care has more information and resources on this topic available in our newly created, *Overcoming Language Barriers: A Volunteers in Health Care Guide*. To download a free copy visit our website at http://www.volunteersinhealthcare.org or call our toll-free number at 1-877-844-8442.

Overcoming Language Barriers

Organizations providing care to uninsured non-English speakers often must find creative ways to overcome the language barrier between clients and providers. Aside from having bilingual/bicultural medical staff, the best way to overcome this language barrier is to use trained, professional interpreters. Using professional interpreters ensures that:

- The information being relayed by the interpreter will be accurate and avoid colloquialisms that might confuse the patient.
- Professional interpreters will make patients feel more comfortable as they will know where to stand in the room, how to introduce themselves properly, and how to interact appropriately with both the patient and the clinician.
- Professional interpreters understand the rules of confidentiality.
- Professional interpreters understand the boundaries of being an interpreter and will not interject their own thoughts or medical remedies.

Unfortunately, the cost of hiring a professional interpreter may be prohibitive for your organization. If you cannot afford professional interpreters, here are some other alternatives:

- Contact social service agencies to identify bilingual/bicultural community members who would be willing to volunteer.
- Consider contacting social service agencies from neighboring towns to recruit volunteers. Keep in mind that some immigrant communities are very small and it might be hard to keep the patient's statements confidential unless you recruit volunteer interpreters from another community.
- Once you find volunteers, do not forget to train them. Explain the importance of confidentiality, where an interpreter should stand in the room, how an interpreter should introduce herself, and how the interpreter should interact with the clinician.
- Don't forget that language is only one part of this equation. Try to find a good mix of men and women to serve as interpreters. Also, just because someone speaks Spanish, it does not mean she understands the subtle nuances of a culture or a particular dialect. Be sure that your interpreters and your patients understand one another!
- Develop relationships with bilingual/bicultural clinicians and clinician groups.
- Keep lines of communication open among clinic staff, volunteers, interpreters, and patients.

Overcoming Language Barriers - cont.

Whether your interpreters are professionals, or just community volunteers, it is important to remember that many clinicians have not had the opportunity to work with interpreters. For this reason, ask your clinicians to participate in a training session that includes:

- Role plays: role plays are good practice for what can happen in an examining room.
- Information on how to describe the events that will occur in the exam room to the interpreter prior to the appointment.
- Explanations of how to introduce the interpreter, how to address the patient, and when to interrupt the interpreter for clarification.

Also, keep in mind, if any of your clinicians speak a second language (but it is not their "native language"), be sure that they are prepared to recognize their own shortcomings.

For more information about providing care to immigrant populations call VIH or go to http://www.diversityrx.org.

Volunteers in Health Care has more information and resources on this topic available in our newly created, *Overcoming Language Barriers: A Volunteers in Health Care Guide*. To download a free copy visit our website at http://www.volunteersinhealthcare.org or call our toll-free number at 1-877-844-8442.

State and Regional Free Clinic Associations

Free clinic associations can be useful resources for free clinics. Associations can provide advocacy on behalf of member clinics, opportunities for collaborating and networking, and resource development. The following is a list of local, state, and regional free clinic associations. Some have existed for years and others are just starting to organize. Please contact us if you have information on an existing or developing association that is not listed or if the contact information listed below is incorrect or has changed.

State Associations:

Free Clinic Association of Pennsylvania
Contact: Cliff Deardorff
Foundation of the Pennsylvania Medical Society
777 East Park Drive
Harrisburg, PA 171058820
Phone: (717) 558-7750
Fax: (717) 558-7818
Email: foundation@pamedsoc.org

Missouri "Show Me You Care" Association
Contact: Heather Light
Mid-Missouri Area Health Education Center
1103 West Twelfth St.
Rolla, MO 65401
Phone: (573) 364-4797
Fax: (573) 341-2126
Email: lighth@rollanet.org

Free Clinics of Wisconsin
Contact: Jill Collier
Living Healthy Community Clinic
800 Algoma Blvd.
Oshkosh, WI 54901-
Phone: (920) 424-1242
Fax: (920) 424-0123
Email: collierj@vaxa.cis.uwosh.edu

North Carolina Association of Free Clinics
Contact: John Mills
Phone: (336) 922-6183
Email: John@NCFreeClinics.org

Illinois Free Clinic Network
Contact: Carol McHaley
DuPage Community Clinic
1506 E. Roosevelt
Wheaton, IL 60187
Phone: (630) 682-0639
Fax: (630) 682-8326
Email: caanjemc@aol.com

Ohio Free Clinic Association
Contact: Sharon Sherlock
Reach Out of Montgomery County
Fidelity Plaza
211 S. Main St, Suite 510
Dayton, OH 45402
Phone: (937) 227-3224
Fax: (937) 227-3368
Email: sjsherlock@aol.com
Email2: reachout@mics.net

State Associations - cont.

Indiana Association of Free Clinics of the Great Lakes Region
Contact: Margaret DeYoung
Open Door Health Center
1000 S. Court Street
Crown Point, IN 46307
Phone: (219) 757-6272
Fax: (219) 681-6954

South Carolina Free Clinic Association
Contact: James R. Walker Jr.
South Carolina Health Alliance
101 Medical Circle
West Columbia, SC 29169
Phone: (803) 796-3080
Fax: (803) 796-2938
Email: jwalker@scha.org

Iowa Free Clinic Association
Contact: Darlene Schmidt
Cedar Rapids Free Medical Clinic
943 14th Ave. SE
Cedar Rapids, IA 52401
Phone: (319) 373-7329/366-0431
Fax: (319) 398-3375
Email: sdarlene1@aol.com

The Coalition of Community Health Clinics (Oregon)
Contact: John Duke
Outside In
1236 SW Salmon Street
Portland, OR 97205
Phone: (503) 535-3804
Fax: (503) 223-6837

Kentucky Free Clinic Association
Contact: Claudia Sowell
St. Luke Free Clinic of Hopkinsville
408 West 17th Street
Hopkinsville, KY 42240
Phone: (270) 889-9340
Fax: (270) 885-2412
Email: stluke@usit.net

Vermont Coalition of Clinics for the Uninsured
Contact: Sonja Olson
PO Box 95
Middlebury, VT 05753.
Phone: (802) 388-0137
Fax: (802) 388-4498
Email: opendoor@sover.net

Louisiana Free Clinic Association
Contact: Jeanette Alcon
Lafayette Community Health Care Clinic
1317 Jefferson Street
Lafayette, LA 70501
Phone: (337) 593-9208
Fax: (337) 593-9209
Email: lchcc@myexcel.com

Virginia Association of Free Clinics
Contact: Mark Cruise
PO Box 3608
Radford, VA 24143-3608
Phone: (804) 340-3434
Fax: (804) 340-3435
Email: mark@vafreeclinics.org

Michigan Free Clinic Association
Contact: Mary Ellen Howard
Cabrini Clinic
1050 Porter
Detroit, MI 48226-2405
Phone: (313) 961-7863
Fax: (313) 965-9891
Email: cabriclin@aol.com
Website: http://www.comnet.org/cabrini

Volunteer Health Clinic Coalition (Oklahoma)
Contact: Jere Bilodeau
Central Oklahoma Community Action Agency
Area Coordinator
P.O. Box 282
Stillwater, OK 74076
Phone: (405) 624-2533
Fax: (405) 624-5004
Email: jbilodeau@cocaa.org
Website: http://www.cocaa.org

State Associations - cont.

Minnesota Free Clinic Association
Contact: Barbara Dickie
St. Mary's Health Clinics
1884 Randolph Avenue
St. Paul, MN 55105
Phone: (651) 455-0905
Fax: (651) 690-7075
Email: bdickie@stmarysclinics.org

West Virginia Association of Free Clinics
Contact: Patricia White
West Virginia Health Right, Inc.
1520 Washington St., East
Charleston, WV 25311
Phone: (304) 343-7003
Fax: (304) 343-7009
Email: healthrigh@aol.com

Local Associations:

ClinicNet (Denver metropolitan area)
Contact: Susan Gallo
La Clinica Tepeyac
3617 Kalamath Street
Denver, CO 80211
Phone: (303) 458-5302
Fax: (303) 433-7452
Email: laclinica@earthlink.net

Nonprofit Clinic Consortium (Washington, DC)
Contact: Robert Cosby
1100 17th Street, NW
Suite 900
Washington, DC 20036
Phone: (202) 785-1894
Fax: (202) 232-1454

Regional Associations:

Free Clinics of the Great Lakes Region (Iowa, Illinois, Indiana, Ohio, Michigan, Minnesota, and Wisconsin)
Contact: Jane Zwiers
6391 Rose Arbour Dr.
Kalamazoo, MI 49009
Phone: (616) 353-4186 or (616) 344-0044
Fax: (616) 344-0914 or (616) 344-0914
Email: fpchc@iserv.net

Free Clinics of the Western Region (Arizona, California, Oregon, and Washington)
Contact: Jean Serafy
Email: jserafy@neighbor.org

National Association of Free Clinics
Contact: Glenn T. Pierce
155 Livingston Street
Asheville, NC 28801
Phone: (828) 259-5339
Fax: (828) 259-5316
Email: gtpierce@worldnet.att.net

Specific to Free Clinics

A Free Clinic: Starting Out, is distributed by the Free Clinic Foundation of America. The Foundation can be contacted by phone at (540) 344-8242, by email at bradleyfc@mailcity.com.

Health Care Access Network Free Clinics Operations Manual - Health Care Access Network is a network of 17 free clinics in the state of Iowa. To request a copy of their manual, contact HCAN at 1057 Fifth Avenue, Des Moines, IA 50314 and by phone at (515) 284-8808.

Senior PharmASSIST: A guide for implementing a community based Pharmaceutical Patient Assistance Program. To learn more go to www.seniorpharmassist.org.

General Nonprofit Start-Up

About.com also has an excellent compilation of information under the heading "Starting a Nonprofit Organization: One-Stop Answer Page." Among the information on this site, you will find links to all the states laws about nonprofit development. The site also includes sample by-laws. The site is: http://nonprofit.about.com/library/weekly/blonestart.htm .

The Internet Nonprofit Center, www.nonprofits.org, offers a searchable library on a variety of topics including starting-up a nonprofit, developing mission statements, board development, and job descriptions.

The Management Assistance Program for Nonprofits, http://www.mapnp.org/library, has assembled information a wide array of topics relevant to nonprofit management.

Starting a Volunteer Center – A Volunteer Center Start-Up Kit developed by the Points of Light Foundation is a comprehensive start-up manual, related to all aspects of the administration and management of a start-up Volunteer Center, including board and fund development, strategic planning, marketing, coalition building, and more. You can purchase this publication on-line; the cost is $65.00 for non-members and $52.00 for members. To order, visit http://www.pointsoflight.org.

Selected books:

Hammon, Norman H. *Fundraising for the Rest of Us*, Lughnasa Press, 1997.

Hopkins, Bruce R. *A Legal Guide to Starting and Managing a Nonprofit Organization,* 2nd Edition John Wiley & Sons, 1993.

Mancuso, Anthony, *How to Form a Nonprofit Corporation* 4th Edition, Nolo Press, 1998.

Seltzer, Michael. *Securing Your Organization's Future*. Foundation Center, 1987.

volunteers
in health care

Volunteers in Health Care
111 Brewster Street
Pawtucket, RI 02680
Phone 877-844-8442
Fax 401-729-2955
www.volunteersinhealthcare.org

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