



The Free Clinic Times

Free Clinic Impact Stories...

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OSU at the Physicians Free Clinic Dr. Anne Kloos, Ph.D.

This month, we highlight another university affiliation with a free clinic. Anne Kloos, Ph.D., O AFC board member and Physical Therapy professor at The Ohio State University College of Medicine, shares her work and the impact on her students and patients.

Of the 46 million Americans who lack health insurance, more than 1.3 million reside in Ohio. The Physicians Free Clinic (PFC) in Columbus provides free medical care for uninsured or underinsured individuals, many of whom work two to three jobs per day to afford their basic necessities. Those work schedules are stressful on their bodies, and not surprisingly, many of these individuals have back and neck pain, in addition to other musculoskeletal problems.

Because the uninsured have limited access to rehabilitation services, the School of Allied Medical Professions Physical Therapy (PT) and Occupational Therapy (OT) Divisions partnered with the PFC to create an innovative interdisciplinary service-learning course called Helping Hands for Healthy Living. The goals of the course are to promote healthful living, to provide care to a population that desperately needs it, and to give PT and OT students the opportunity to work together and to work with a population not typically treated through traditional rehabilitation services.

Over the past three years, PT and OT student teams have devoted clinical time to providing rehabilitation services and consultation for patients, conducting depression screening for individuals, recommending referral or other resources as needed, and conducting a preventative health program that includes administration of a questionnaire about stress and information about healthy living. The students discover ways to effectively communicate with patients from diverse ethnic and cultural backgrounds through the use of interpreters, demonstrations, and pictures.

Many patients have sustained injuries to their backs, necks, arms and legs that prohibit them from performing their jobs as housekeepers, janitors, manual laborers, restaurant workers and other physically demanding occupations. The students must problem solve to design and instruct patients in exercise programs and/or in work and home modifications that will alleviate their symptoms and prevent further injuries from occurring. Ultimately, we hope they will allow the patients to return to their work and life occupations.

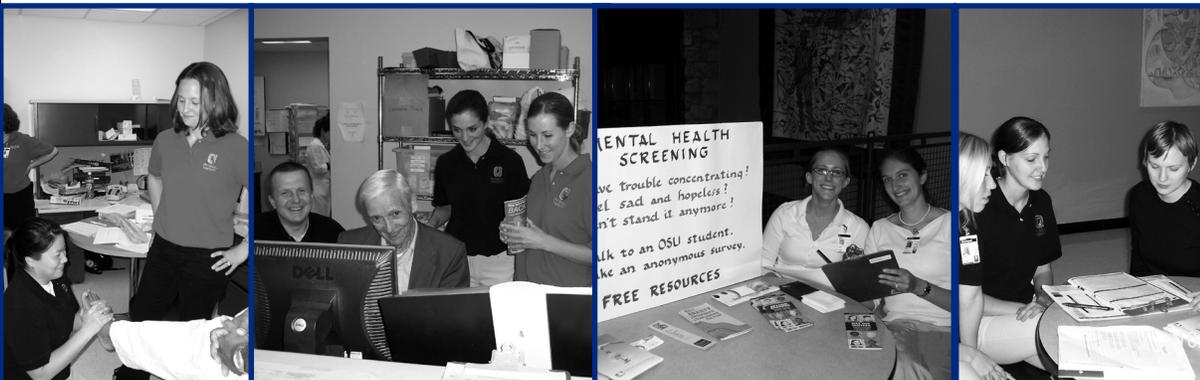
Through their interactions with the patients, the students develop compassion and empathy for people in poverty and many report that the experience at the PFC has motivated them to continue to provide services at free clinics during their professional careers.

Classroom time includes a panel discussion by an Ohio State rehabilitation team to discuss the roles of each profession, and a session at a state-of-the-art training center on campus where students practice the services that they perform at the PFC in a mock clinic setting. Students reflect on their experiences of service and learning through online and classroom discussions and a reflection paper.

Students report that the course helps them apply information that they learned in the classroom to clinical practice, improves their ability to work with people from diverse backgrounds, enhances their interdisciplinary collaborative skills, and increases their awareness of the health care needs of the community.

In the words of one student:

“Early in the quarter I evaluated a man with back pain. I gave him a few exercises to do at home and some helpful tips for protecting his back during his daily activities and at work. A week ago, I saw the man walking down the hall at the clinic. I asked him how he was doing and he gave me a big hug with a smile on his face. This was a moment I live for and dream about constantly.”



State Budget Update

Wendy Feinn
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Solutions



Ohio recently passed the end of the 2008 state fiscal year, marking the mid-point of the current state budget biennium. At the same time, preparations for the next budget cycle have already begun. Economic downturn, decreasing revenue, and increasing demand for state services has created a budget shortfall. In 2005, through H.B. 66 (the budget bill for FY 2006–2007), Ohio saw its greatest tax reforms in 75 years. These include changes in the corporate and personal income taxes, which will result in Ohio having about \$2.3 billion less to invest in state priorities in FY 2010. These tax reforms are being phased-in at the same time Ohio faces an economic downturn, which further limits tax revenues. Meanwhile, the economic downturn puts more people in a position of needing to access public services, which further strains the budget.

Ohio must balance its budget so that the state spends (appropriates) no more than the revenue we receive. To balance the budget, Ohio can use one-time measures, cut spending, raise revenues, or combine the three. The governor has already directed state agencies to identify ways to cut their budgets. Since the state invests the vast majority of our flexible general state revenues on health and education already, it will be difficult to balance the budget by relying on program cuts without affecting health and education.

The budget process has already begun for the FY 2010–2011 biennium budget.

Ohio is one of a minority of states that budgets its operating state spending on a biennial rather than annual basis. The legislature meets every year, but it only prepares a budget every other year, starting with an even-numbered fiscal year (i.e., FY 2010–2011 runs July 1, 2009, through June 30, 2011). Ohio creates its budget for a period of two years with projections from the governor’s Council of Economic Advisors based on revenues, the economy, and program needs.

Ohio must balance its budget each year, even though it budgets for two years at a time, which often results in the need to make adjustments during the budgeted period. This can be done by cutting spending, raising taxes, or accessing the Budget Stabilization Fund (the “Rainy Day Fund”). The Rainy Day Fund currently has approximately \$1.1 billion and serves as an available reserve during a budget shortfall. Accessing the Rainy Day Fund can avoid alternate fixes, such as budget cuts or tax increases, which can further damage a weakened economy. Sometimes temporary fixes are achieved by moving funds around or playing with the timing of payments, however, regular use of temporary fixes may signal a persistent shortfall.

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The budget process begins early in an even-numbered year. OBM provides instructions on the process and format to prepare agency budget requests (which OBM did April 11, 2008) and their due date (September 15, 2008). Once OBM receives the budget requests, it reviews them and holds meetings and budget hearings with agencies. OBM works with the governor to provide preliminary budget recommendations. Agencies can appeal the recommendations. The Executive Budget is published early in the odd-numbered year (expected January, 2009, to be presented to the General Assembly by February 2, 2009). In the spring preceding the start of the fiscal

year, the full House Finance Committee and its standing subcommittees hear the appropriations bill and its amendments. After the House passes its bill, the Senate Finance Committee, or its subcommittees, hear the appropriations bill.

A conference committee will usually prepare a committee report to the House and Senate to settle any conflicts between the House and Senate versions, with hopes that both houses will agree to it. The governor retains line-item veto authority over the enrolled appropriations bill and signs it, to become effective July 1. A few months into the new fiscal year, the actual revenue and spending numbers can be assessed against the appropriation estimates, and the processes of correcting the current budget and setting the next budget can begin.

Does Your Organization Have What it Takes? *James Gelatt, PhD, CFRE*

We are thankful to *Contributions Magazine*, the *How-to Source for Non-Profit Professionals*, for permission to circulate this valuable article to our membership. *Contributions* is a publication of Emerson & Church Publishers.

Groundbreaking work raises eyebrows

One of the enduring questions we all address in our work with nonprofits is: What makes for success?

If your first reaction to that question is: Been there, done that – I'm with you. At first blush, one might think this is hardly new territory. Au contraire. There is actually some work done recently that is not only new, but even groundbreaking – and well worth learning about.

Up until now, much of the theory about what makes for success came from the for-profit sector. Many of us read *In Search of Excellence*, by Tom Peters and colleagues; or Jim Collins' *From Good to Great*. While these had some applicability, the application was flawed:

Tom Peters recently disclosed that, despite the enormous success of *In Search of Excellence*, he and his colleagues determined what came to be seen as the essential factors by, well, winging it. In a recent article, Peters says that he came up with the list of essential success factors out of necessity. He had a presentation to make the next morning, so he came up with the list sitting in his hotel room.

I'm not saying that Peters and his colleagues did not have ample anecdotal information to draw on. They were privileged to visit many of the most prestigious companies in the country and around the world. But they did not come to the conclusions that form the basis of their book by anything more than intuition driven by a time crunch.

Peter Drucker's foray into the nonprofit world is no more scientific. Drucker's work, while still greatly admired in management literature, was also based largely on his personal observations. He then transposed those observations into the nonprofit sector.

In both instances, we have been relying essentially on opinion – informed opinion, to be sure, but opinion nonetheless.

The good news is that we now have solid information, grounded in research and clearly presented, that provides an answer to the question of what makes for success in the nonprofit sector.

The book is *Forces for Good: The Six Practices of High-Impact Nonprofits*. It is written by Leslie Crutchfield,

whose credentials include being a grantee of the Aspen Institute's Nonprofit Sector and Philanthropy Program, along with an MBA from Harvard; and Heather McLeod Grant, an advisor to Stanford's Center for Social Innovation and a research fellow for Duke University's Center for the Advancement of Social Enterprise, and herself an MBA from Harvard.

Some of what the authors found out will surprise you. But before I share their findings, it's worth pointing out the research on which the findings were based. In Phase I the authors (then researchers) came up with a definition of "high impact." Essentially, their definition was derived by looking at nonprofits that had a substantial and sustained level of results, in the opinion of surveyed experts; and seeing which nonprofits also had an impact that in some ways affected the whole "cause" in which they were involved.

They then conducted a national survey of nearly 3,000 nonprofits, drawing on lists made available by a range of entities – large ones such as The Chronicle of Philanthropy and smaller nonprofits still in their start-up phase. Out of the results of the survey, the authors selected twelve nonprofits for in depth case study; analyzed the huge amount of information gathered; and drew conclusions. Herewith:

Six Myths About Successful Nonprofits

Some of what the authors found runs counter to what we might consider conventional wisdom.

The myth of perfect management. Some management is necessary, but it is not sufficient to predict organizational success.

Brand-name awareness. Some of the most successful nonprofits examined have no perceivable focus on marketing or visibility.

A breakthrough new idea. Some successful nonprofits have taken relatively old ideas and "tweaked" them. Their success came from implementation.

Textbook mission statements. What the research found was that it's not about writing the most perfect mission statement. It's having a compelling mission and vision, and shared values – and the obsession with their impact.

High ratings on conventional metrics. Standards tend to reveal more about low-impact nonprofits than those that are very successful.

Large budgets. There is no clear corollary between size and impact.

continued on next page...

Does Your Organization Have What it Takes? ...continued

So What is the Secret to Success?

In short, it's the ability to mobilize every sector of society – government, business, nonprofits, and the public – to be a force for good. As the authors note: "Greatness has more to do with how nonprofits work outside the boundaries of their organizations than how they manage their own internal operations." The most successful nonprofits work through and with others to create greater impact.

The Six Factors

Uncovered in *Forces for Good* are the following factors:

- 1) **Advocate and serve.** High impact nonprofits are involved both in serving others and in influencing positive systemic change. Systemic change involves working in public policy. There needs to be a bridge between service and advocacy – and the nonprofit needs to be good at both.
- 2) **Make markets work.** High impact nonprofits recognize that tapping into self-interests is more powerful than appealing to pure altruism. They encourage companies to do well while doing good. And they build partnerships and joint ventures, in order to leverage their impact.
- 3) **Inspire evangelists.** The nonprofits found to have the most impact see volunteers as true assets and create "meaningful ways to engage individuals" and "connect [them] to the group's mission." In doing so, the nonprofits seek to inspire persons who will carry the word, helping the nonprofit to build strong communities and connections.
- 4) **Nurture nonprofit networks.** I've worked with a lot of nonprofits in strategic planning, and it's interesting how often the planning sessions speak of between the competition – as if having someone else providing valuable services to those in need was a bad thing. By contrast, high impact nonprofits help the competition succeed. They are not afraid to share the wealth, expertise, talent, power. And in so doing they advance the larger field.
- 5) **Master the art of adaptation.** Modify tactics as needed; respond to change. Learn from mistakes: Listen, learn, modify, stay relevant.
- 6) **Share leadership.** Distribute leadership throughout the organization – and beyond. Empower others. Cultivate strong teams.

High Impact NPs Do This

- Work externally
- Leverage to change systems
- Do what it takes within core values
- Advocate and provide services
- Utilize market forces, businesses
- Engage others in meaningful experiences; long term relationships
- Nurture networks
- Continually adapt
- Empower others
- Invest in the basics
- Focus on impact & change

...Not This

- Focus on their organization
- Use growth to scale impact
- Rather "be right" than "win"
- Provide services; avoid politics
- Avoid working with businesses
- Transactional: See volunteers as free labor, donors as check writers
- Nonprofits are competitors
- Become mired in bureaucracy
- Command and control
- Neglect infrastructure
- Focus on process, not output

The New Nonprofit Paradigm

As a way of graphically depicting what they learned about the differences between high impact nonprofits and others, the authors provide the comparative chart above.

So What's the "Take Away?"

A student in one of my Executive MBA seminars used to always ask that question at the end of each class. What's the take away? What have we learned? To me, the most important message may be to rethink our focus as nonprofits. Just as the book *Blue Oceans* stressed the importance of looking past competition to creating a new way of doing business, so too does *Forces for Good* encourage us to rethink the traditional paradigms that have in fact become boundaries.

Nonprofits can at once serve a population and a greater good. They can work effectively with the for-profit sector without selling their soul. They can work in cooperation with others who may also be going after the same donors. And in so doing, just maybe, they can teach the for-profit world what real leadership is all about.

Want to learn more about the work of the O AFC? Check out our organization's Power Philanthropy portrait through the Columbus Foundation. Log on to <http://www.columbusfoundation.org/login.aspx> and create your log-in and password to access our portrait.

CHAT - Choosing Healthplans All Together

Suparna Bhaskaran
Healthcare Policy &
Education Liaison
Ohio Department of Insurance

The staff from the Ohio Department of Insurance has been traveling around the state, convening CHAT (Choosing Healthplans All Together) Sessions. CHAT is a computer simulation game developed by physician ethicists at the National Institute of Health and the University of Michigan, whereby participants make decisions about health benefits packages with limited resources. CHAT seeks to engage participants via real life health scenarios to discuss and prioritize their healthcare decisions. Also, the dialogue encourages participants to work together to agree upon which healthcare services should be included in a basic healthcare plan for all Ohioans (between 18 to 64 years without any safety net options).

Since April 2008, we have conducted CHAT sessions with uninsured patients in Wooster, Troy, Lakewood, Cleveland, Toledo, and Dayton. And we hope to work with other free clinics to conduct additional sessions.

We have begun to analyze some of the information gathered from a portion of the game that involves 50 minutes of discussion with the entire group. This discussion concludes with a group vote for a health plan for all Ohioans. Here are some of our key findings thus far:

- 1) Participants greatly struggled with the limited markers they were given (to make benefit plan selections).
- 2) All wanted affordable and accessible coverage with some reasonable choice of physicians. Many said that they would be quite

happy if they had a reliable and caring primary care physician but were interested in having some choice with hospitals.

3) All levels of prevention (primary, secondary and tertiary) were extremely important to the participants. Catastrophic coverage was equally important.

4) Most thought care management that involved physician knowledge of patient case history and reasonable expectations of educational class attendance by patients was welcome. Some felt that policy makers should understand that some individuals would have to deal with barriers such as: child care coordination, lack of reliable transportation, or inflexible work schedules.

5) Mental/Behavioral coverage was very important to most participants, especially the issue of addiction.

6) The obesity category caused people to discuss various reasons for the growth in obesity. Some see it as an individual problem, and others see obesity as a systemic issue of unequal access to resources, such as nutritious foods or multiple work commitments. Also discussed was the safety of bariatric surgeries. Thus, this category garnered mixed reactions.

7) Almost everyone felt strongly about both dental and vision. However, more people tended to protect dental over vision.

Through these sessions we hope to capture some of the voices of the uninsured, and to pass along the stories of who they are and what they have to say about their healthcare priorities as we speak with the policymakers who will be deliberating on how to cover Ohio's uninsured.

Donor Honor Roll

We thank these generous donors, who have contributed to the OAFCD December 2007—August 2008. Your generosity allows us to carry out our mission; to support Ohio's free clinics and those they serve.

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**Contact the OAFAC office
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Health Literacy Tips

In upcoming issues of the newsletter, we will feature health literacy tips. We hope you find them useful when working with the patients you serve.

- Nearly half of all American adults – 90 million people – have difficulty understanding and acting on health information. They can be said to have low health literacy.
- High general literacy does not ensure high health literacy, which is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.
- Low literacy can affect patients' ability to follow instructions for taking

medications, follow treatment plans, seek preventive care, and navigate the health care system. The less literate a patient is, the more difficult it may be for him or her to understand the illness or to recover from it.

- Speak clearly to your patients using plain language that is understandable by everyone.

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