# Free Clinics in North Carolina:

# A Network of Compassion, Volunteerism, and Quality Care for Those without Healthcare Options

## Olivia Fleming, MA, and John Mills, CAE

Ida and her husband Jim both worked full-time. Ida's job did not provide health insurance, but Jim paid extra so his insurance policy would cover both of them. Jim developed multiple sclerosis, which progressed rapidly causing Jim to lose his job. Despite their limited financial resources, they were able to continue his insurance through COBRA. Unfortunately, they did not have the resources to continue hers. Ida was faced with managing her hypertension without insurance. She turned to Urban Ministries Open Door Clinic (ODC) in Raleigh for treatment and medication. A routine screening mammogram revealed a lump in Idá's breast. Uninsured and frightened, she turned again to the ODC. ODC coordinated care and, within a month, Ida had a mastectomy and had begun a chemotherapy regimen. One year later, Ida is cancer-free and has found a new job with healthcare benefits, leaving the ODC with an opening for another person in need without other healthcare options.

Nancy, a young woman in her late 20's, came to ODC because she didn't feel well. Diagnosis: diabetes mellitus. Her hemoglobin A1c was 15, and other clinical measures were similarly high. Nancy entered ODC's specialized diabetes management program, the Diabetes Care and Risk Reduction Program. By meeting regularly with a certified diabetes educator; making significant changes in her eating and exercise habits; and receiving medications, a glucometer, and test strips at no charge, Nancy has brought her hemoglobin A1c to 5.2 and other clinical measures are in line. She is able to move toward her goal of getting pregnant, something that six months ago was not advisable due to her health status.

Approximately 1.4 million North Carolinians are uninsured, and that number is larger when statistics include individuals who lack health insurance at a given point during the year. It is a common misconception that low-income individuals are eligible for Medicaid coverage. To be eligible, one must fit

into a few limited categories, such as being pregnant, being under 18 years of age or younger, age 65 and older, or before being disabled. There are also maximum resource and income levels allowable for each category. Simply being poor does not qualify one for governmental healthcare. Free clinics are a community response to the crisis facing these uncovered individuals. The clinics are by no means a comprehensive solution, but they represent a compassionate, economical, and proven source of

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healthcare. More than 50% of free clinic patients are employed, many working more than one job to make ends meet. However, they work for low wages and for employers who do not offer affordable healthcare insurance. It is in this environment that concerned individuals began to seek ways to improve access to healthcare in their communities.

#### What is a Free Clinic?

Free clinics rely on community collaboration and the spirit of compassion that leads persons to volunteer their services to assist their less fortunate neighbors. Free clinics in North Carolina reflect the needs and resources of their individual communities. There is no template, yet there are similarities. They are non-profit organizations, directed by concerned community leaders. Typically, the clinics provide services through a

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Patients are emotionally invested and touched by the concerned and high-quality care they receive in these free clinics. As one Urban Ministries Open Door Clinic patient recently stated, "It's places like this that renew your faith in humanity."

#### **Financials and Free Clinics**

Free Clinics receive no federal or state funding. Because they receive no revenue from their patients, free clinics must turn to their communities for support. They are funded with cash and in-kind donations from a variety of sources including:

- Individual contributors,
- Churches,
- Businesses,
- Hospitals,
- United Way, and
- Foundations.

In 2004, free clinics raised over \$13 million from private funding sources. Because they use volunteer providers and secure donated supplies, medication, and ancillary services, free clinics were able to leverage these gifts into over \$50 million in healthcare services to their patients.

In 2004, the Blue Cross and Blue Shield of North Carolina Foundation announced a five-year, \$10 million grant to the North Carolina Association of Free Clinics for the support of existing free clinics and the creation of new clinics in underserved areas.

### **Challenges Facing Free Clinics**

North Carolina's free clinics face multiple challenges as they continue to offer compassionate healthcare services to those without other options, including:

- Meeting changing demographics. Providing culturally appropriate services to diverse racial/ethnic populations is challenging.
  Access to interpreters in rural areas of the state is increasingly difficult.
- *Volunteer recruitment and retention*. Free clinics' dependence on volunteers for service delivery requires them to continually recruit and retain licensed volunteer providers.
- *Finances*. Sustaining funding to operate the clinics once they have been operating for several years is challenging. Start-up grants are generally available, but they are short-term funding solutions.
- Infrastructure issues. Lack of funding to support staff is an issue. Most clinics operate with small staffs who must recruit, retain and support volunteers, and develop and maintain systems to ensure high-quality care delivery.
- *Liability concerns of volunteers*. While there is no history of a malpractice suit brought against a North Carolina free clinic, the specter of liability is prominent in the minds of most volunteer providers. Clinics must find an affordable solution for offering liability protection for providers.

Free clinics do not profess to be the answer to the crisis of access to healthcare for North Carolina's uninsured, but they are a continuing stop-gap measure until there is a more comprehensive funding stream for indigent medical care. As Don Lucey, MD, states, "In 1985, when we started Open Door Clinic, we thought we'd be around for only a couple of years, until the country dealt with this problem of access to healthcare. Twenty years later, we're still waiting." **NCMJ** 

