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MPHP 439

Free Clinics

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I. Introduction:

A. What is a Free Clinic?

A brief description of a free clinic might depict it as a free standing nonprofit primary care institutions that provides outpatient services primary care and medications primarily targeted towards underserved and uninsured patients. Often the care and medications supplied by free clinics is given free of charge or at a significantly discounted price based on the patient's ability to pay. Free clinics are usually privately run and rely largely on philanthropic donations for their funding and volunteer workers for their services.

B. What is the need for free clinics?

In 2004, 45.8 Americans were living without health insurance. This accounts for 15.7% of the nation's total population. Of these 45.8 million uninsured people in America, 8.3 million were children (11.2% of all children). Minorities have an even higher fraction of uninsured than the general population: at 32.7% the Hispanic population had the highest uninsured rate (32.7 percent), followed by African Americans at 17.7% and Asian Americans at 16.6%. Also, individuals with low income are more likely to be uninsured[1]. With statistics like these, it is clear that there is an enormous need for care providing institutions that target these underserved populations. These providers are often referred to as the "safety net" for the uninsured. One example of such a safety net provider is the free clinic. Many of these patients are unemployed or employed in jobs that do not provide health insurance, or do not have adequate health insurance to cover the medications and health maintenance services necessary to manage their chronic illnesses such as hypertension, diabetes, asthma etc. The need for organizations that provide free or subsidized care specifically to the uninsured populations is apparent in both urban and rural settings. Since urban areas have a greater concentration of residents, they naturally have a greater number of uninsured residents. Also, the fact that urban areas tend to have a greater concentration of minorities, further increases their uninsured population. Because there is such as high concentration of uninsured individuals living in urban settings, there is great demand for safety net providers such as free clinics there. There is also need for free clinics in rural communities because the "standard" safety net that exists in large cities such

as such as emergency departments that are required to accept all patients by law are not available options for uninsured individuals who live in rural areas[2].

C. History of free clinics

The historical ancestor of today's free clinics emerged in late 17th century London after the famous fire that destroyed much of the city. In 1687 the College of Physicians in London decided they needed to come up with a means to provide heath services to the poor for free. Out of their resolution came the first dispensary in which free care was provided for those who could not afford the services of a physician on an outpatient basis. At the dispensary, physicians provided medical services to poor patients via a system that relied on wealthy subscribers. Patients needed to obtain recommendations from a philanthropic subscriber who contributes to the dispensary paying for the cost of the patient's care and medications before they could bee seen at the dispensary. The first American dispensaries emerged in the 1780's and 90's in Philadelphia, New York and Boston and were modeled largely after the London dispensary. The first dispensaries began with the motive to help the poor. According to Michael Davis in his comprehensive book about the early dispensaries, the earliest goal of dispensaries was to fulfill a "benevolent desire to help the sick poor"[3].

However, the analogy between historical dispensaries and modern free clinics can only be drawn so far. Since the dispensaries were established at a time where health care was provided in a large part by physicians making house calls, and to a lesser extent, within hospitals the structure of the health care system differed greatly from that of today. Also, as the concept and system of insurance providers had not yet become mainstream, it logically follows that concept of "the uninsured" did not exist. With time, dispensaries took on broader interests beyond just charity care to include public heath ideals, disease prevention, and economic and efficiency goals of creating an efficient and effective medicinal machine[3]. Dispensaries eventually evolved into early models of today's ordinary outpatient clinics that do not necessary cater to the underserved and usually provide little to no free care.

The modern free clinic movement began in the 1960's as the first private nonprofit corporations that provided primary care as well as some specialty care free of charge to a

target population of uninsured and underinsured individuals[4]. Many free clinics claim the title of oldest running free clinic in the nation. The Haight Ashbury Clinic in San Francisco founded in June 1967, the Los Angeles free clinic founded in 1967 and the Washington free clinic founded in 1968 all contributed to this early movement[5,6,7]. Since then the number of free clinics opening across the nation has grown steadily and their acceptance as a reliable provider of care has also grown and become established.

II. Overview of the free clinic landscape

Because free clinics are usually privately run and not required to register with any single umbrella organization, it is difficult to obtain accurate and comprehensive data about all the free clinics currently operating in the US. As of 2001 there are 350+ free clinics in the US.[8] The over 350 free clinics that have voluntarily registered with the Free Clinic Association of America are indicative of their increasing popularity and success but may still be an underestimate of the total number of free clinics in the United States. The distribution of free clinics is such that they are much more common in urban areas (64.5%) and there are many more in the south and Midwest than on either coast [4]. A study conducted by researcher at the University of Virginia School of Medicine reported that a total of 650,000 patients were treated by free clinics in a nationwide survey where the researchers surveyed all registered free clinics in the Free Clinic Directory published by the Free Clinic Foundation of America[4]. The National Free Clinic Directory reports 1.7 million patients seen by in free clinics registered to their directory last year[8]. The National Association of Free Clinics estimates 3.5 million patients seen by free clinics per year which generates roughly $3 billion in health care services[9]. Regardless of the source and the exact number of patients, it is clear that free clinics are only able to care for a small portion of all uninsured Americans (45.8 million) [1]. This means that free clinics provide care to somewhere between 2% and 7.6% of the uninsured population of America.

III. What does a free clinic need to function?

A. Getting started

As free clinics are usually private non profit organizations, most were initiated by motivated individuals, or groups of concerned community members in communities with significant uninsured and under insured populations. For example, this was the case in Morgantown, West Virginia, where the founding members were volunteers at a local soup kitchen when they became aware of a significant number of the clientele had chronic illnesses or health problems that they could not afford to address. They subsequently went on to establish a committee that included representatives from a nearby academic hospital, local churches and other community groups that would begin planning the establishment of a free clinic[2].

B. Is there a typical organization/managerial structure?

While structural organizations varies from clinic to clinic, most free clinics are governed by some form of an executive board comprised of individuals from a variety of professional backgrounds representing different aspects of the medical and local residential populations. This group does much of the planning and decision making for the free clinic. In addition, there are often several key permanent employees that sustain the day to day functioning of the free clinic performing vital duties such as directing and managing the care giving volunteers, clerical tracking and organization of patient records, medical supplies, medications and fund allocation. Finally there is the large body of volunteers which is often great in number but disjointed, as most volunteers can only contribute several hours a week who's work would never be able to sustain a free clinic without being carefully orchestrated and meticulously scheduled.

The Free Clinic Foundation of America has published a manual for those interested in starting a free clinic and has proposed a general structure for starting a free clinic[10]:

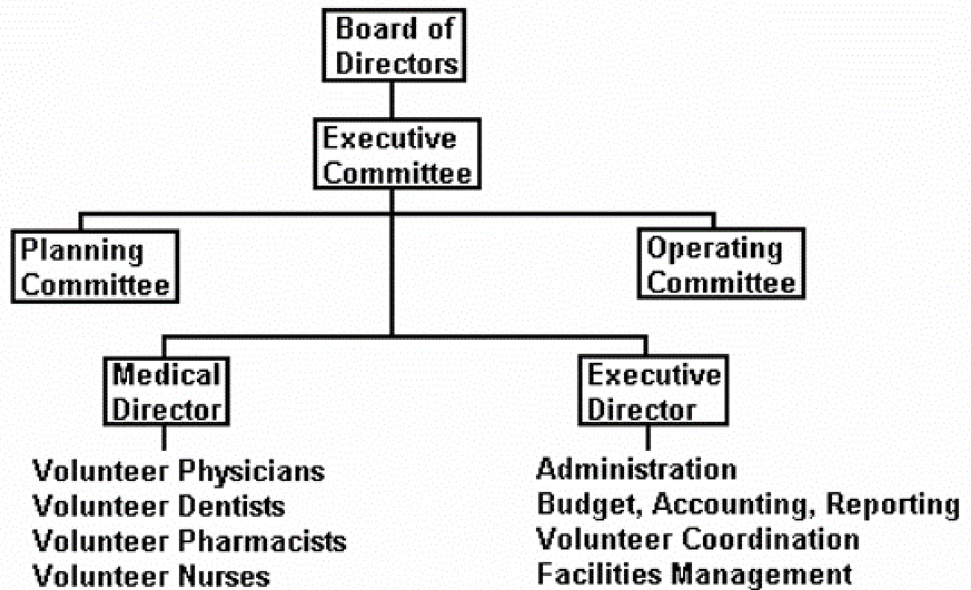

Figure A: Above figure taken from the Free Clinic Foundation of America manual. *A Free Clinic: Starting Out* (I have contacted the author about using this figure but have yet to hear back)

The Free Clinic Foundation also recommends for those wishing to start a free clinic to form a steering committee comprising a wide spectrum of expertise, professional background and community insights including medical professionals, attorneys, individuals with public health backgrounds, individuals with finance and management training, community leaders and motivated members of the community[10].

A more detailed and specific example is found in Raymond Smego's article in Academic Medicine which presents a case study of a specific successful free clinic in a rural West Virginia community called The Morgantown Health Right Free Clinic[2].

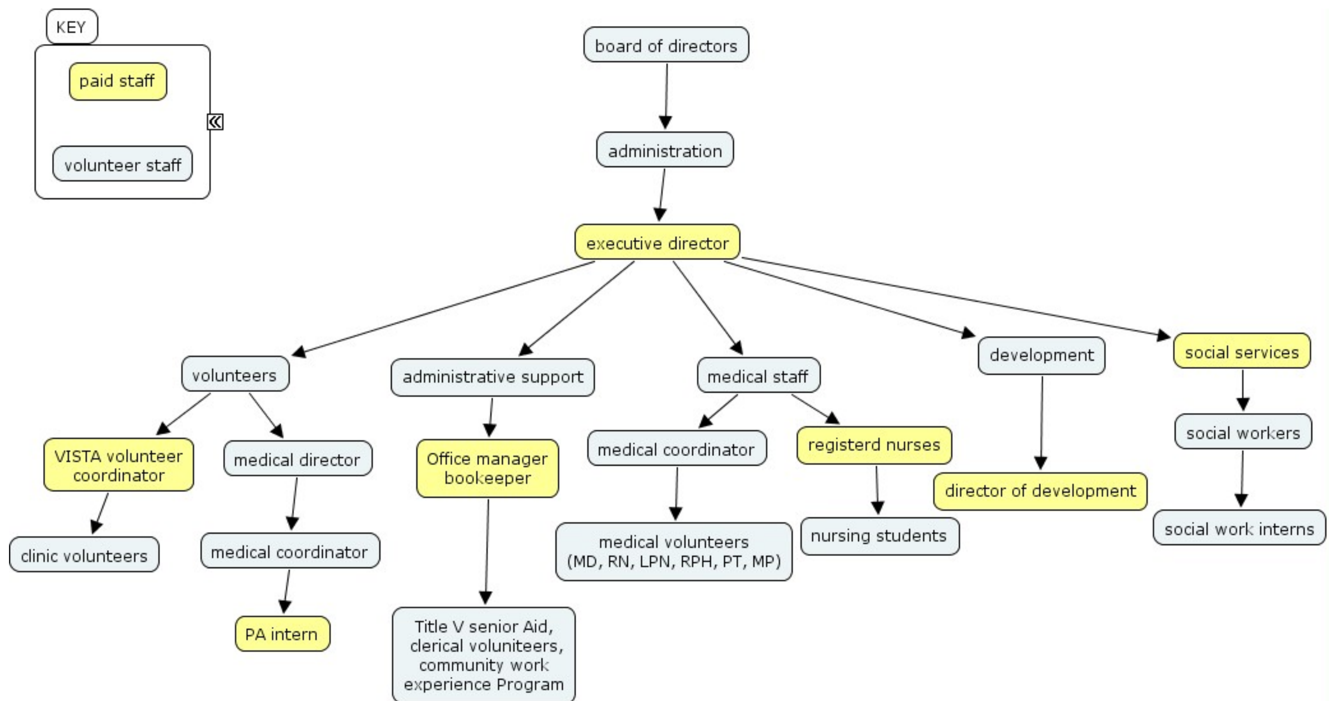

Figure B: Above image adapted from information in Figure 1 of Smego et al[2]

A defining characteristic between these recommended structures is the reliance on a broad spectrum of individuals, most of whom volunteer their time and services, who come together to make the free clinic functional. As many tasks and duties can be performed by volunteers, there are very few paid employees in most free clinics in order to minimize cost by staffing only those positions that absolutely require constant and consistent attention by a permanent employee.

C. How free clinics are funded?

The large majority of free clinics rely on donations from private individual and corporate philanthropy. According to a survey study of 218 free clinics across the nation conducted by Mohan Nadkarni et al, the combined finding for all of these free clinics comprised 46% from private donations and an additional 13.3% from corporate donations. Another 13.6 % came from government sources while the remaining is miscellaneous. However, larger more established free clinics do receive a significant amount of government funding 18% in the upper tertile of clinics providing the largest volume of care[4].

Many free clinics receive much of their government funding through grants set up by the federal government and filtered through various committees or programs on the federal, state, or city level. Some examples of such federal grants are: AIDS Care grants, Family planning service Project grants, and Alcohol and Drug Abuse and Mental Health Services Grants. In some cases, free clinics also receive state and local funding depending on the clinic and the state. Some examples include: State Expand Access Primary Care, State of California Department of Alcohol and Drug Programs, and Napa State Addiction Therapy in California [5].

Private donations come from individual citizens, businesses small and large as well as academic institutions, many of which collaborate with free clinics and provide most of their volunteer medical professionals and students. One such example is the New York City free clinic which receives a majority of its funding from various grants from NYU[11].

D. Volunteer Base

For most free clinics, in order to function efficiently on a limited budget, they have a small core of paid employees who are supplemented by a much larger group of volunteers. Volunteer duties vary based on qualifications of the volunteers, but most free clinics use volunteers to fill roles that normal clinics and hospitals would require many extra employees such as receptionists, social workers, counseling specialists, technicians, nurses and physicians. Below is listed the average number of various types of volunteers in free clinics across the country as reported by Nadkarni et al in their survey study[4].

Volunteer Type	Average number per clinic
Lay person	156.7
Physician	55.5
Nurse practitioner	33.0
Physician assistant	2.7
Licensed nurse	20.3
Students	14.4
Dentists	6.6
Residents	5.5
Pharmacists	3.8

Dental hygienists	2.6
Social workers	1.5

Table 1: Data obtained from Nadkarni et al Table 2 [4].

It is often the case that free clinics thrive in or near academic medical settings where they can draw on a large medical student population for volunteer work. Many free clinics' volunteer staffs are populated by medical student volunteers; and in some cases volunteer experience at a free clinic may contribute to a medical student's formal education at its affiliate academic institution. Two examples where this is especially true are the Free Clinic of Cleveland, which has ties with the medical school programs at Case School of Medicine, and the free clinic of New York City is closely associated with NYU School of Medicine (and is even partially funded by NYU SOM)[11]. One benefit from such close affiliations between a free clinic an a teaching hospital is large volunteer supply of enthusiastic medical students who will both contribute their time and services to the free clinic and benefit from their experiences clinically and academically. Another benefit of such relationships emerges when free clinics work closely with local hospitals, they can help triage ED admissions and streamline the process of getting necessary care to the most critically ill of the uninsured patients they see[2]. The ultimate goal of this is to increase efficiency and decrease cost of emergency care in a community by establishing ties to foster such cooperation among safety net providers.

E. Patient Population Demographics of Free Clinics

The overwhelming majority, about 80% of free clinic patients fall in the age group between 18 and 65. This may be because young and old are covered by government programs such as the Child Health Insurance Program (CHIP) and Medicare[4]. There are also more women than men who visit free clinics: roughly 60% women[4].

There is a disproportionately high number of Hispanic and black minorities who visit free clinics relative to their representation in the national population. Hispanics represent 14% of the national population while they make up 19% of free clinic patients. Likewise, blacks represent 13% of the national population but make up 22% of free clinic

patients (see graphs below). As might be expected, these facts are consistent with the greater percentage of uninsured individuals among minority groups.

Population Demographics from US Census Data 2004	
nonhispanic white	0.674
black	0.134
hispanic	0.141
asian	0.048
other	0.003

Figure C: data from US Census[4]

Population Demographics of Free Clinic Patients Nationwide	
nonhispanic white	0.551
black	0.218
hispanic	0.187
asian	0.019
other	0.025

Figure D: Data from Nadkarni et al[4]

The trend among free clinics in large major cities is that the population they serve is largely minority based. However, the specific race/ethnicity of these populations depend on the city. For example, in Cleveland, where the largest minority is the African American population: 27.4% in Cuyahoga county (the larger region containing most of the patients seen by the Free Clinic of Cleveland), 51% in the city of Cleveland the most common ethnicity among the free clinic's patients is African American: 69.86%[12], [13]. In contrast, in Los Angeles, where there is a significant Hispanic population, 44.6% in Los Angeles County, the most common ethnicity among that free clinic's patients is Hispanic: 44%[14]. This trend is also apparent on a regional level as there is a large fraction (between 40 and 50%) of Hispanic patients in free clinics in the Southwest and Western regions of the US where Hispanics are the dominant minority by population in those regions [4, 14]. In the Mid-Atlantic and Southern regions however, the second highest population of free clinic patients (in these regions the most common is white) is African American as African Americans are the dominant minority by population according to the US Census Bureau [1, 12].

F. Social Programs and Specialty Services

Depending on the clinic, the needs of its patient population, governing board, and funding sources with special invested interests, free clinics offer a spectrum of specialty services and programs to promote more than the health of their patients. Some examples of existing programs in free clinics are listed below:

- Syringe exchange
- HIV testing, counseling and treatment
- Substance abuse
- Rehabilitation
- Mental health (this is an especially important service given the patient population)
- Affiliation with Shelters –
- Social Work
- Job Placement
- Pharmacy
- Dental
- Jail Psychiatric Services
- Research, Education and Training
- Family planning and reproductive health services
- Prenatal care and pediatric care
- Women's health

IV. Shortcomings of free clinic systems

While many free clinics have been successful at establishing and maintaining a functional practice that targets and treats the uninsured residents of their communities, they do have their drawbacks. Perhaps most apparently, and most importantly, free clinics are not the answer to the problem of the uninsured. While they serve a significant portion of that group, the majority of uninsured patients is not currently being reached by these individualized private organizations and cannot be expected to on the scale at which they operate.

Some other shortcomings of free clinic systems stem from the nature of free clinics, and their patient populations. To stem costs, free clinics often accept sample medications donated by pharmaceuticals or are able to get certain medications at discounted price. This may be a good deal from a financial standpoint, but may pose a problem in limiting the types of medications available to patients at a free clinic. Also, relying on drug companies may mean that the free clinic can only have in stock what the pharmaceutical companies are willing to give and as a result patients may be forced to switch medications often and unnecessarily. Also, since many patients that visit free clinics are transiently uninsured; that is they go in and out of jobs that may or may not provide heath insurance, their care becomes disjointed and they can't maintain steady physical patient relationship for ideal care[4].

V. Case example: the Cleveland Free Clinic

A. History

The Free Clinic of Cleveland was established in 1970 around the same time as the modern free clinic movement. It began as small private institution providing free healthcare services to patients who at the time were considered nonstandard patients. A significant number of patients at the Free Clinic in its early days were recovering drug users seeking treatment for substance abuse. In its early days, the Free Clinic operated out of an office from a frame house in the neighborhood of the University Hospitals of Cleveland. The Free Clinic of Cleveland grew steadily in volunteer and financial support, as well as patient numbers and patient population and demand for care throughout the 1980's and 90's necessitating relocation to a larger independent site and several renovations.

B. Organization

The free clinic of Cleveland is over seen by a board of trustees to which the director reports consisting of a president, two vice presidents, a secretary, treasurer and numerous board members. Reporting to the board is a finance director who compiles financial reports, submits grant applications and keeps track of funding. There is also a medical director, a physician who oversees all the medical services provided. A volunteer coordinator who reviews applications, meets with and places volunteers in positions. Each of the various patient service programs is also led by a director who oversees the volunteers and employees within that program. Such programs include the mental health program, substance abuse treatment program, dental clinic, community education and HIV services. An administrative branch coordinates between these programs and the board.

C. Funding

Operating on a budget of $3.6 million per year (plus another $1.1 million worth of volunteer hours) The Free Clinic of Cleveland is on the larger end of the free clinics surved by Nadkarni. The Free Clinic receives roughly 47% of its funding from private foundations and corporate donors. Many of these supporters request that their donations be used to implement or support programs in which they maintain a special interest while

others elect to support the general operations of the Free Clinic. Some of the major supporters of the Cleveland Free Clinic include Dolphin (which supports patient advocacy), Breuning (which supports the dental clinic), GG Wade Trust (who supports general operation), Race for the Cure (which supports the women's clinic) and the AIDS funding collaborative (which funds the syringe exchange program)[15].

Aside from the corporate sponsors, the Free Clinic of Cleveland obtains about 42% of its funding from various government sources and the remaining funds from fundraising events and individual donations. Government grants received by the Free Clinic are mostly passed through specific state or local initiatives to support certain programs. For example, the Free Clinic received a federal Tobacco grant ($500,000) passed through the State of Ohio and grants for pharmacy, mental health, case management, dental and medical labs passed through the Board of Cuyohoga county commissioner[16]. While the fraction of funding obtained from corporate donors is comparable to that of the average free clinic in Nadkarni study, the Free Clinic of Cleveland obtains a much larger portion of its funding from the government and a much smaller portion from private personal donations. This may speak to the Free Clinic's reputation as an establishment for health care and the government's confidence in and reliance on the services it provides for those Americans to who the government does not currently offer medical coverage.

Free Clinic of Cleveland Funding Sources	
Foundations/corps	0.47
government	0.42
Individual	0.07
Investment	0.03
Special events	0.01

Figure E: Data for above graph obtained from annual report of the Free Clinic of Cleveland [17]

The largest expense of the Free Clinic of Cleveland is the cost of hired personnel. Since it is one of the largest free clinics in the country, it requires a number of paid personnel who are expected to be there and can be relied upon to ensure the efficient functioning of the clinic. Second to the paid employees, the next largest expense is medical supplies and pharmaceutical products, especially drugs required for patients. These two as the largest major expenses of the Free Clinic of Cleveland are consistent with the needs of the clinic and its patient population.

Free Clinic of Cleveland Expenses	
insurance	0.02
contract sevices and profesional fees	0.03
Med Supplies and pharmaceuticals	0.14
Program supplies	0.01
Occupancy cost	0.03
personnel	0.77

Figure F: Data for above graph obtained from annual report of the Free Clinic of Cleveland [17]

D. Volunteers

The volunteers at the free clinic make a significant impact not only in providing various services to offer effective and efficient care to their patients; they also contribute a significant savings to the institution. Volunteers contribute roughly $1.1 million in the form of unpaid volunteer work ours. Volunteers fill positions in every program run by the free clinic as well as within the administration. These volunteers range in extent and field of training backgrounds from physicians to social work professionals to clerical workers to medical students. Below is a list of the positions held by volunteers at the Free Clinic of Cleveland.

MENTAL HEALTH -
Intake Worker

Mental Health Counselor
Clinical Supervisor
Student Intern
Psychiatrist
Psychiatry Resident
Psychiatric Supervisor

- SUBSTANCE ABUSE TREATMENT -
SAT Counselor
SAT Case Manager
SAT Student Intern
SAT Intake Worker

- DENTAL CLINIC -
Dentist
Dental Students

- HIV SERVICES -
HIV Intervention Specialist
Syringe Exchange Program Worker
Early Intervention Program Clerical Support

ADMINISTRATION -
Administrative Clerical Support
Client Service Representative
Associate Board
Computer Administrator

- COMMUNITY EDUCATION -
Community Outreach Educator
Youth Theater Project

- MEDICAL CLINIC -
History Taker
Laboratory Phlebotomist
Laboratory Technician
Pharmacy Technician
Practitioner
Students (Med, NP, PA, MA, etc) and Residents
Medical Clinic Assistant
Medical Clerical Support & Projects Assistant
Medical Clinic Expediter (LPNs or RNs Only)[18]

E. Patient demographics

As evidenced by the type of visits, the vast majority being adult medical in nature, to the Free Clinic, it is clear that those who frequent the Free Clinic of Cleveland fall

outside of the age groups that are looked after by the federal government by programs like Medicare. Consistent with the national trend, 90% of patients at the Free Clinic of Cleveland are between the ages of 19 and 69[13]. The racial demographics of patients at the Cleveland Free Clinic is also in agreement with the national trend in the high percentage of minority patients, especially African Americans. 69.8% of patients at the Free Clinic of Cleveland are African American. Although this is much higher than the national average, 51% of Cleveland residents are African American (also much higher than the national average) [13, 14]

Free Clinic of Cleveland 's population Demographics	
nonhispanic white	0.241
black	0.6986
hispanic	0.0246
asian	0.0109
other	0.0249

Figure G: Data above obtained from the Free Clinic Management Database [13]

True to the goal of free clinics, the Free Clinic of Cleveland reaches the uninsured and poverty stricken residents of its community. 78.9% of patients seen at the Free Clinic are uninsured and 91% are effectively uninsured as they either do not have insurance or the service they receive at the Free Clinic is not covered by their insurance[13]. Also, 83.9% of Free Clinic patients are living at or below the poverty level[13].

F. Social programs

Although, the vast majority of their patient visits are for adult medical health services with associated lab services and distribution of prescription drugs the Free Clinic of Clevelandprovides many specialty and social programs in addition to their basic medical services. . However, there are several programs of special interest to the free clinic and its patients such as the mental health program, HIV services programs, dental clinic and substance abuse program.

The break down of types of services and visits provided at the Free Clinic of Cleveland from July 2004 to July 2005 is given below:

- Adult medical 16468 visits
- Teen medical 1661 visits

- Adult dental 1933 visits
- Mental health 6076 visits
- Substance abuse 5672 visits
- HIV tx a and services 1250 visits
- HIV testing 3780
- Prexcriptons 16008 services
- Lab services 15938 services
- Syringe exchange 123430 services [17]

VI. Conclusion

Free Clinics have been in the making for hundreds of years beginning with the earliest dispensaries that sought to offer free care to the poor. The network of free clinics that exists today has come along way from their historical counterparts as they have adapted to the needs of an ever changing underserved population. Even in the last 40 years since the beginning of the modern free clinic movement, there has been a changing patient population with new concerns continuously being added to the repertoire of services demanded of free clinics. With the rising cost of drugs, supplying free medications has become a burden for free clinics as have socially related concerns of patients such as mental health services, HIV related services and substance abuse cessation programs.

A pattern seen across free clinics regardless of the community they serve is that their highest areas of use are for routine primary care visits. The logic behind this emphasis and largely the reason for such success of free clinics is that by making primary care available to the uninsured, they can prevent or decrease the number of costly and life threatening emergency department visits by these same patients. By providing patients with adequate primary care free clinics help them manage chronic illnesses and diseases before they get out of control and become life threatening to the patient.[2]

While free clinics succeed in reaching only 3.5 million of the 46 million uninsured Americans, they have a significant impact because without them, that would be 3.5 million patients who do not receive necessary medical attention. Although free clinics provide medical services for a small but significant fraction of the uninsured population in the United States, they cannot be relied upon to carry the burden of taking care of the entire uninsured population. Since they are privately funded independent institutions relying mostly on donations and volunteer work, they do not have the resources to do so, nor do they have such an obligation. Perhaps the greatest impact of free clinics is role in advocacy

for uninsured patients. Through their fundraising, they are able to raise awareness among private donors and corporate philanthropists about the need for better health care access for uninsured and underserved people. The volunteers they recruit also come from a wide spectrum of professional and educational backgrounds that not only enrich the free clinic environment and allow the clinics to provide the set of health care services required by their patients, but also creates a group of people who understand these patient's health care issues and can advocate for these patients in their respective professional realms.

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