

“Creating Public-Private Partnerships that Work”

Healing Hands Health Center

Field Report

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A report written by organizers of volunteer-based health care programs serving the uninsured.

CREATING CONNECTIONS

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Background

Healing Hands Health Center, Inc. is a free health clinic in Bristol, Tennessee, serving the working uninsured of Greater Bristol Tennessee/Virginia. Healing Hands moved from concept to opening its doors in little over a year. In late summer of 1996, the Outreach Committee at First Presbyterian Church presented to the congregation the idea of establishing a free health clinic for the working uninsured in Bristol. Healing Hands opened on October 6, 1997.

The mission of Healing Hands Health Center is to minister to the physical, psychological, and spiritual needs of the working uninsured and their families in Greater Bristol TN/VA who would not otherwise have access to affordable care. Free health care is at Healing Hands by volunteer licensed physicians, dentists, optometrists, ophthalmologists, opticians, chiropractors, podiatrists, and counselors, supported by nurses and other health care professionals.

Healing Hands intends to provide accessible, quality health care by combining the efforts of the religious and medical communities, local and state government, and community and civic organizations. There are geographic, income, and employment guidelines for patient eligibility. The guideline to which Healing Hands most stringently adheres is that any decision of Healing Hands must result in the preservation of dignity and respect for both the patient and Healing Hands.

Introduction

This paper provides “lessons learned” as it tells the story of how this private Christian group found its niche in the community through the teaming of:

- volunteer health care professionals and lay people
- other private Non-Profit Organization (NPOs) in the care-giving community
- local hospitals
- government and government-sponsored agencies
- local Health Departments and Health Councils
- Department of Human Services (DHS)
- Community Services Block Grant (CSBG) and Community Development Block Grant (CDBG) funded agencies

Stages

1. Getting started

- a. Develop a concept. The CORE GROUP of people involved usually self-identifies. Add people early and often, but remember, always to have a clear and clearly defined idea of your mission. Never compromise your mission.

Healing Hands started with a CORE GROUP of a handful of people who read an article in Parade Magazine about free clinics. After discussing the idea in the Outreach Committee at First Presbyterian Church, they presented it to the congregation. Physicians in the congregation were interested in serving. They enlisted health care professionals from other churches, at the same time broadening the scope of the clinic to dentists, chiropractors, optometrists, podiatrists, counselors and Pastors. A Board of Directors was formed, primarily made up of the CORE GROUP. The Board prepared a charter and by-laws and applied for Non Profit (501)(c)(3) status.

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The Healing Hands Health Center, Inc. , located in Bristol Tennessee was established in 1997. The Health Hands Health Center serves a primarily rural population of working uninsured. The organization uses 235 volunteers, 55 of whom are physicians. The organization operates a free clinic that provides care in six disciplines (medical, eye care, dental, chiropractic, foot care, and psychological and pastoral counseling) and offers laboratory and x-ray services donated by a local hospital. This report was prepared by Deborah J. Narol. MPH, Executive Director.

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- b. Articulate the group wants to accomplish and state this goal in terms of

1. target population: economic level, age group to be addressed
2. products or services to be delivered
3. geographic area to be served.

Each of these goals will be reexamined and perhaps changed in later steps.

The CORE GROUP proposed free health care for the working uninsured in Northeast Tennessee and Southwest Virginia. Soon after Healing Hands opened, geographic coverage was narrowed because the need was so great in Greater Bristol.

- c. Investigate other people's perceptions of need. Include professionals in the field in which you will operate who are not part of the CORE GROUP. Do professionals see the same need you do? Talk to others. Start "close to home" and work out.
- d. Go to the Internet and find a national organization associated with your cause.
- e. Start fund-raising, possibly through:
1. fund-raising projects
 2. grants from private foundations or corporations
 3. government grants: local, state, federal, pass-down from other NPOs, such as CSBG or CDBG grantees.

- f. Hold public meetings, including as many potential stakeholders as you can identify. Include local governments, professional associations, civic clubs, churches or other interested types of organizations, other care-giving agencies, all the volunteers and as many potential volunteers as possible. Have at least one very large meeting with an outside speaker who is an expert in the products or services you are addressing. This should be a "call to arms" for your cause. The Board of Directors and key volunteers are the welcoming committee. Serve refreshments. Feedback from these meetings should be confirmation of the need. This should include offers of support.

The Board of Healing Hands held a series of public meetings to "flesh out" the concept, gain community support, attract more people as Board members and volunteers, and network with the local health care establishment. Heads of the local county health departments, officials of the hospital corporation, health care professionals (including nurses), people in the community who had started other successful NPOs, and whoever else seemed interested were invited.

Healing Hands also held a community meeting with Estelle Avner, Director of the Bradley Free Clinic in Roanoke VA, as speaker. Her husband, a volunteer physician at Bradley Clinic, also spoke, greatly encouraging physicians and other prospective volunteer health care professionals.

- g. Develop support The key is to keep an open mind and be flexible; if someone offers to do something, try to figure out a way to use his or her help.
1. Volunteers: health care professionals, lay people and government employees
 2. In-Kind donations: supplies and equipment, medications, laboratory services, X-rays, specialists' acceptance of referrals and, eyeglass frames and lens, for example.

Healing Hands found that many organizations, agencies, and other groups offered their services as in-kind donations. A local pest control business sprays the facility monthly at no cost to Healing Hands. A local radio group provided several weeks of one-minute prime time advertising (a \$2500 value). A local radiology group reads the x-ray films at the Medicare allowable charge. To help offset that cost, the group made a generous monetary contribution to Healing Hands. The three local Lions Clubs purchased necessary equipment for the Eye Care

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Program and one club also reimburses the cost of the lens supplies for making glasses. In this partnership, Healing Hands refers eligible patients to the Lions Club for glasses. The Lions Club is able to reach a larger proportion of its target population, which allows it to reach its goals, and Healing Hands is able to provide quality eye exams to its patients. Agreements in each case are verbal. No formal written contracts or memoranda of agreement have been required.

3. Financial contributions: for operations such as salaries and benefits, utilities, purchased medications, etc.
- h. Visit agencies similar to the one you envision, comparing methods.
Look at organizations smaller and larger than yours. Ask them about fund-raising, budgets, volunteers, facilities, and clinical procedures. Ask about their relationships in terms of public-private partnerships.

Members of Healing Hands CORE GROUP visited clinics in Hilton Head, South Carolina, Knoxville, Tennessee and Kingsport, Tennessee. Speakers came from a small clinic in North Carolina. They provided more encouragement than the larger clinics because they have been able to help so many people with no permanent facility and little money. They affirmed the mission of the private, Christian health clinic.

2. Getting down to brass tacks

- a. Form teams, working groups, or committees to look at a range of issues. Look at clinical procedures, personnel policies, volunteer management, budget, fund-raising, public relations, and facilities. Your by-laws will name some standing committees. The committees needed and functions they will perform will change as the project matures.
- b. Work out details of eligibility guidelines. Understand which people are not being served by government programs or by private service providers. This information comes from careful networking. Understanding this environment is the key to avoiding overlap and providing help to those otherwise needing, but not receiving, help of the kind you wish to provide. Finding your “niche” means finding the gaps through which people are falling.

The local hospital provides health care for the indigent population. Healing Hands requires that a member of the household be employed. The indigent patients who come to Healing Hands are referred to the hospital, and those whose income is over the guidelines for the hospital clinic are referred to Healing Hands. However, the hospital does not have a dental program. The hospital provides to Healing Hands all laboratory, diagnostic, and x-ray services as well as providing medical supplies. In turn, Healing Hands suspends the employment requirement for the hospital's indigent adult dental patients.

- c. Defining your niche is the key to successful public-private partnership. Close coordination with other providers will forge relationships between your team and theirs. Finding your niche and identifying the gaps in services are iterative processes. It is matching and tuning your capabilities to community needs. It is learning to harmonize with other providers to form a “continuum of care” and make most efficient and effective use of resources. Finding your “niche” means finding the gaps through which people are falling. The gaps occur in many areas:
 1. geographic coverage: there may be services like yours, but they are missing in a specific geographic area. Geographic coverage is also a matter of your estimate of your agency's capacity: how many people can be served.
 2. income: other agencies may cover people of very low incomes, but not moderate income, for example.
 3. employment: People who have no income or very low income may be served, even with insurance (TennCare or VA Medicaid), but those who are just above poverty level and working, but without health insurance, fall through the gap.
 4. services provided: TennCare and Virginia Medicaid, which cover medical care, do not cover eye care and dental care for adults, except under very special circumstances.

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Healing Hands found that the “working uninsured” whose incomes were above the poverty level were, indeed, falling through the gap. TennCare and Virginia Medicaid cover children in households up to 200% of poverty. Therefore, children, in terms of eligibility, are usually not falling through the gap. People “graduating” from the welfare system and entering the working population most often have jobs with no health insurance or sick leave. The Department of Human Services (DHS) refers those people to Healing Hands.

Coordination with the (indigent) Outpatient Clinic at the hospital assured that people at/below the poverty level, but without any insurance, are served there. Healing Hands learned which services, such as immunizations, are provided at public health departments and refers people there as appropriate. For people who have Medicare, Virginia Medicaid, or TennCare, Healing Hands provides services not covered by those programs.

Without sick leave, patients are more likely to seek help outside usual working hours. Most Healing Hands clinics are held in the evening, with one daytime medical clinic. Dental care was quickly identified as the crucial need. TennCare and Virginia Medicaid do not cover dental care for adults, unless general health is threatened. Dental clinics are always filled to capacity. Services were expanded in an attempt to meet their needs.

- d. Network. Establish working relationships with Department of Human Services and public health departments. People who need help, such as free medical care, often need help in finding the right place in the system to find services to meet their needs. Networking is key to creating links between organizations in order to facilitate getting people in need to the appropriate help. This network is a mix of public and private agencies.

Healing Hands has found the public health departments, Department of Human Services, and other public entities most helpful. They refer to Healing Hands, and Healing Hands refers to them. Healing Hands was invited to send a representative to join the Sullivan County Regional Health Council. Through this forum, Healing Hands has gained a view of health status, needs, and priorities in the county. The Sullivan County Medical Director is also a volunteer physician at Healing Hands!

Government help may arise in the most unexpected places. Through a personal relationship, a Healing Hands volunteer connected with her friend, the licensed optician at a nearby Job Corps site where opticians are trained. Job Corps trainee opticians, supervised by the licensed opticians, volunteer in the Eye Care Clinic at Healing Hands, gaining valuable clinical experience.

- e. Plan how you will reach people who need your services. Often, ways of reaching these people will come from contacts in the service “network” you joined when you identified your niche. Provide those agencies with information about your services.

Healing Hands networked with a Bristol, Virginia group called the “Bristol Coalition,” which consisted of the Bristol VA Housing Authority, Haven of Rest (a private Christian organization), the Bristol, VA Police Dept. Crime Prevention Unit, Bristol Senior Services, the Boys and Girls Club, and many other agencies. By joining this existing public-private partnership, the network quickly extended. Brochures and posters are exchanged at monthly brown bag lunches.

- f. Study licensing requirements, special liabilities for your services, and any required certifications. Know zoning requirements and seek facilities accordingly.

Healing Hands was offered a building belonging to the local hospital at a rent of \$1.00 per year. Fortunately, the building had been used as doctor’s offices. This meant that location, plumbing, and zoning were amenable to a clinic.

In Bristol, a complication was that the “Twin City” is in two states. That means two city and county governments, two health departments, and two state licensing systems. For example, in deciding on a facility, the state (Tennessee or Virginia) in which the clinic was located initially determined the target population of volunteer health care

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professionals. The combination of a larger group of professionals and donation of a suitable facility in Tennessee was the deciding factor. Recently Healing Hands was approved under the Tennessee Volunteer Health Care Act, which allows out-of-state licensed health care professionals to practice in Tennessee as long as services are provided free of charge and on a temporary basis. Unfortunately, Tennessee has no “good Samaritan” law, while Virginia has an excellent one. This necessitated purchase of malpractice insurance for the clinic.

3. Sustaining the organization

- a. Continue networking. Watch for:
 1. changes in what the community is providing for your client base. Be aware of changes in government-provided care. Public policy is fluid.
 2. changes in capabilities and practices of other private care-givers.
Healing Hands strives to help those who we cannot help directly to find what they need through other agencies. There is always more to learn. Healing Hands volunteer training is updated as changes occur.
- b. Establish performance measures in terms of outputs and outcomes.
 1. Be able to articulate results.
 2. Collect comments and feedback from volunteers and from patients.
 3. Collect stories about patients and caregivers.
- c. Expand networking.
 1. Consider solidifying partnerships by putting representatives from partner (or potential partner) organizations on your board.
 2. Contact like organizations in the region to share experiences, best practices, and linkages, such as closing geographic gaps.
 3. Broaden fund-raising—government funding may be available. Individual policies about seeking and accepting government funding must be worked out.

Conclusion

The key to effectively and efficiently fulfilling your agency’s mission is forging and maintaining effective partnerships with the public and other private organizations who serve in your community. These partnerships facilitate:

- reaching the target population
- fitting into a “continuum of service” by avoiding duplication of services and eliminating gaps in services
- gaining community support, which leads to successful recruitment of volunteers and fund-raising.

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