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# The State of Free and Charitable Clinics in Illinois

A publication of the  
Illinois Association of Free and Charitable Clinics

Fall 2011

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## Introduction

This report was completed by the Illinois Association of Free and Charitable Clinics as part of its strategic planning activities of 2011. Support from the Chicago Community Trust, Community Memorial Foundation, The Lloyd A. Fry Foundation, and VNA Foundation made this work possible.

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## Definition of Free Clinics

Free clinics are volunteer-based, safety-net health care organizations that provide a range of medical, dental, pharmacy, and/or behavioral health services at no cost to economically disadvantaged individuals who are predominately uninsured.

Free clinics are 501(c)(3) tax-exempt organizations, or operate as a program component or affiliate of a 501(c)(3) organization.

Entities that otherwise meet the above definition, but charge a nominal fee to patients, may still be considered free clinics provided essential services are delivered regardless of the patient's ability to pay.

- From the National Association of Free Clinics

## Definition of Charitable Clinics

Charitable clinics are safety-net health care organizations that provide a range of medical, dental, pharmacy and/or behavioral health services to economically disadvantaged individuals who are predominantly uninsured or underinsured, or who experience financial, geographic, linguistic or cultural barriers accessing medical services.

Charitable clinics are 501(c)(3) tax-exempt organizations, or operate as a program component or affiliate of a 501(c)(3) organization, and are not federally qualified health centers (FQHCs) or FQHC look-alikes.

Charitable clinics generally charge a nominal fee to patients; however essential services are delivered regardless of the patient's ability to pay.

- From the Illinois Association of Free and Charitable Clinics

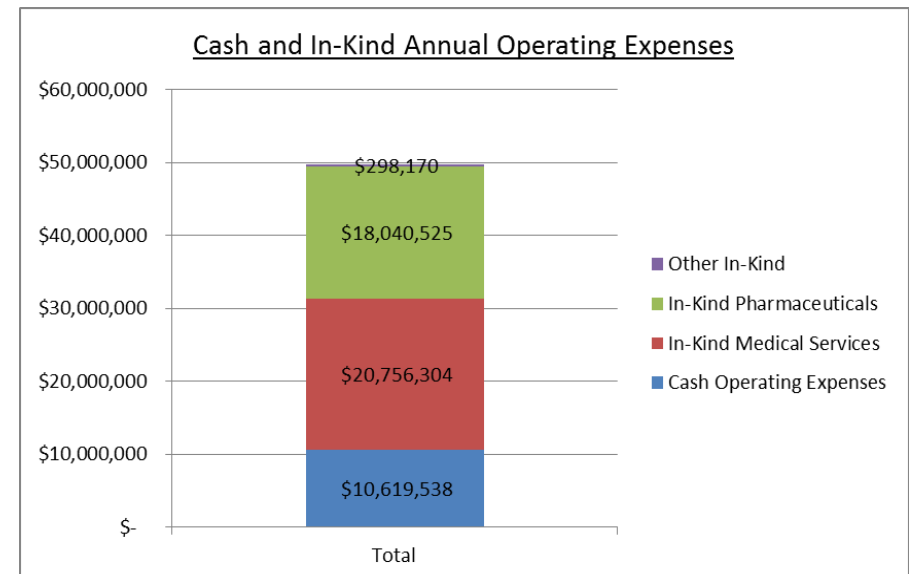
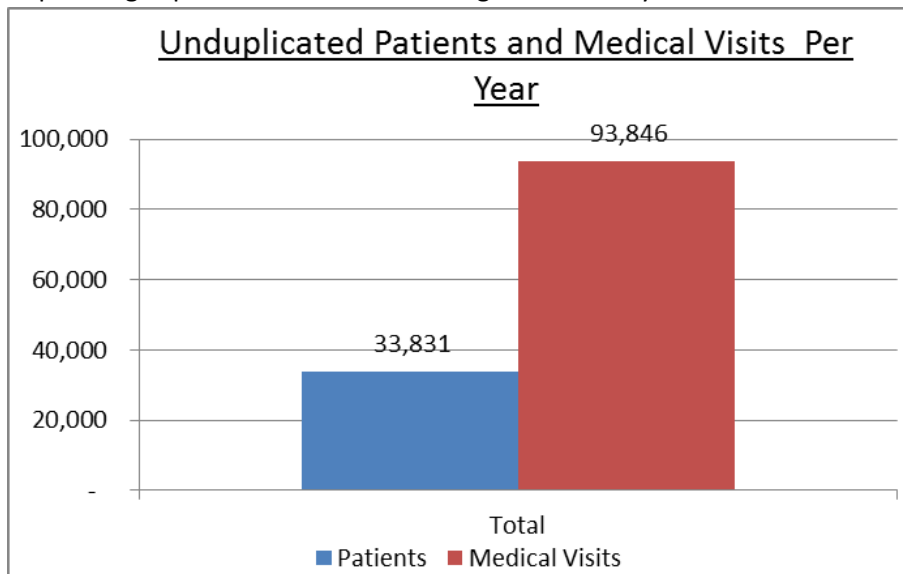
## Illinois Free and Charitable Clinics: Facts and Figures

As of June 2011, the Illinois Association of Free and Charitable Clinics had identified 32 free or charitable clinics actively serving patients in Illinois. As shown at right, these clinics are nearly equally distributed across Chicago, suburban areas, and rural Illinois. Eighteen clinics, listed below, participated in this assessment, and are also approximately evenly distributed across the three geographic areas. Survey responses were collected between March and September 2011. Most data is for fiscal years ending June 30 2010, or Calendar Year 2010. Two clinics' data was for 2009. (A complete list of all identified clinics is on the page 17 of this report.)

Clinics Represented in this Report (Responded to surveys.)		
Chicago (Number 31 on map)	Rural (see map numbers below)	Suburban (see map numbers below)
Chinese Community Health Center	Agape Care Team Health Services (1)	Community Nurse Health Association (6)
CommunityHealth	Bureau County Health and Wellness Clinic (3)	DuPage Community Clinic (8)
IAMA Charitable Foundation Free Health Clinic	Community Health Care Clinic (5)	Family Health Partnership Clinic (9)
Old Irving Park Community Clinic	Health Center of Eastern LaSalle County (13)	HealthReach Incorporated (14)
Pacific Garden Mission Clinic	Knox County Community Health Clinic (15)	Tri City Health Partnership (20)
Pilsen Homeless Services		Will-Grundy Medical Clinic (21)
The Ark		

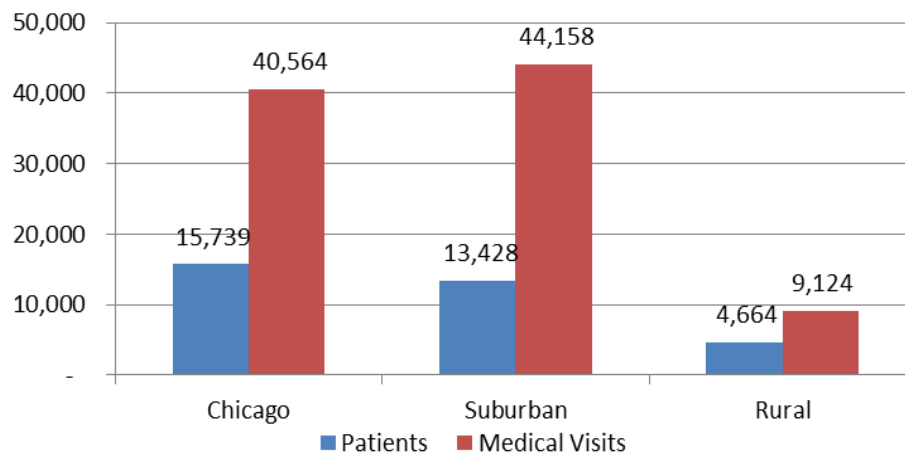


Responding clinics serve nearly 34,000 patients with nearly 94,000 visits per year. Total cash operating expenses are \$10.6 million per year, with \$39.1 million additional in-kind medical, pharmaceutical and other operating expenses. Total annual budgets are nearly \$50 million.

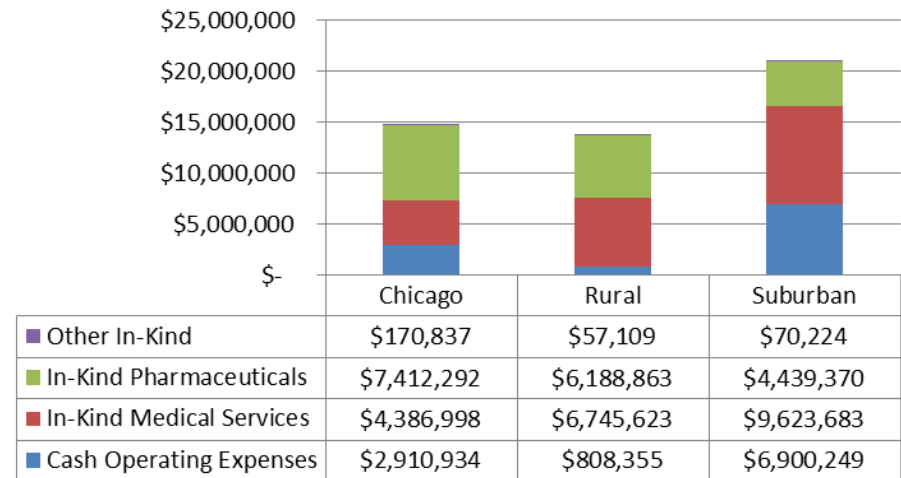


As might be expected, rural free and charitable clinics serve fewer patients than other clinics. However, rural clinics' total operating expenses are similar to total expenses of Chicago clinics. This anomaly is attributable to different audited methods to value in-kind medical and pharmaceutical services. Most clinics serve patients from one location, and most clinics began at least 11 years ago. New clinics have emerged in the last few years in response to unmet community needs.

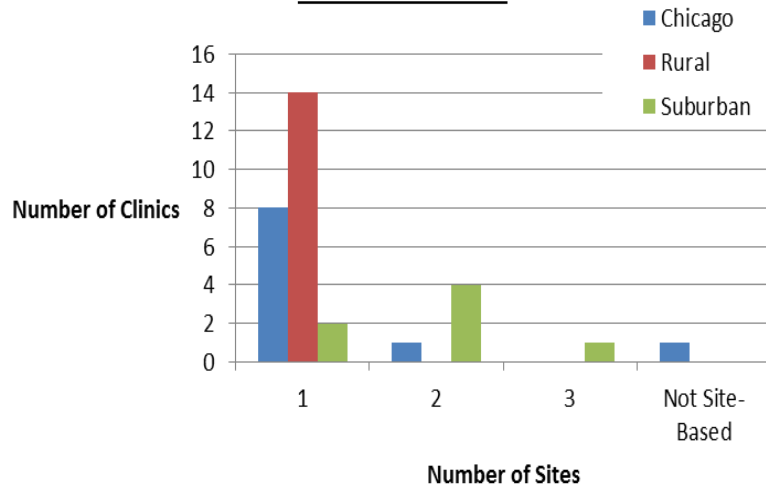
Unduplicated Patients and Medical Visits Per Year



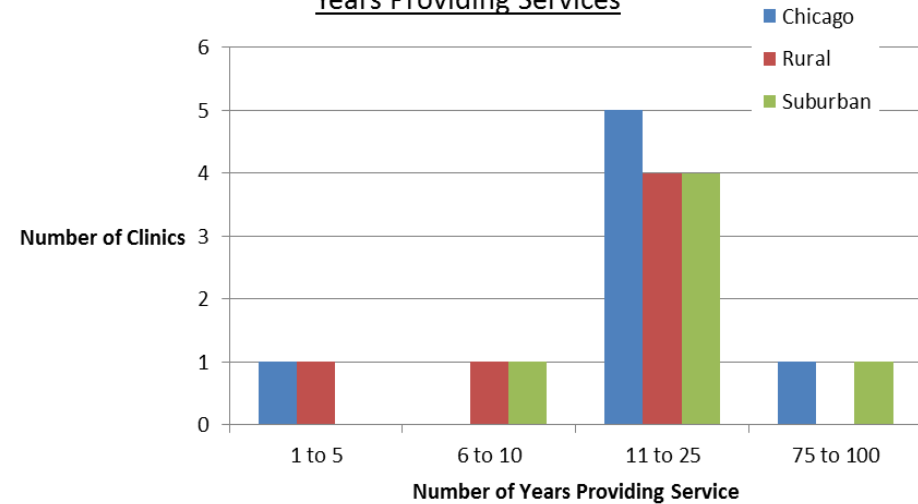
Cash and In-Kind Annual Operating Expenses



Number of Sites



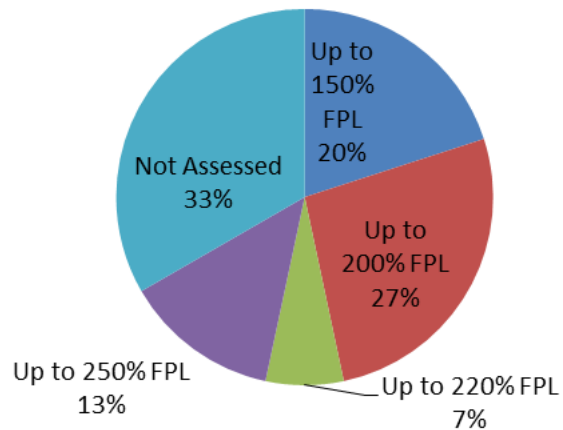
Years Providing Services



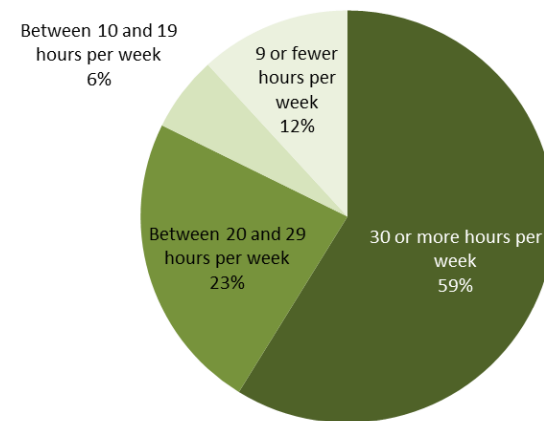
## Targeted Patient Populations and Eligibility for Services

The overwhelming majority of clinics targets adults who are uninsured, low income, and do not qualify for Medicaid or Medicare. Income eligibility requirements are noted below, with one-third of clinics reporting that they do not assess patient income. One clinic participates in Medicaid, having been grandfathered into the program many years ago; however, Illinois free and charitable clinics are generally not eligible to participate in Medicaid at this time. Some clinics target specific racial, ethnic or religious populations, but all are open to any patient who requests services and meets income and insurance eligibility requirements. Two clinics serve homeless people as their primary mission. More than half of the clinics are open at least 30 hours a week, and nearly all clinics reporting planning to keep hours the same or expand in the coming year.

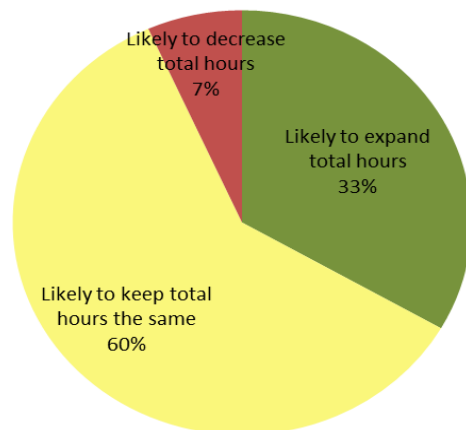
Income Eligibility Requirements



Weekly Hours Open for Patient Care



Expected Changes in Hours per Week

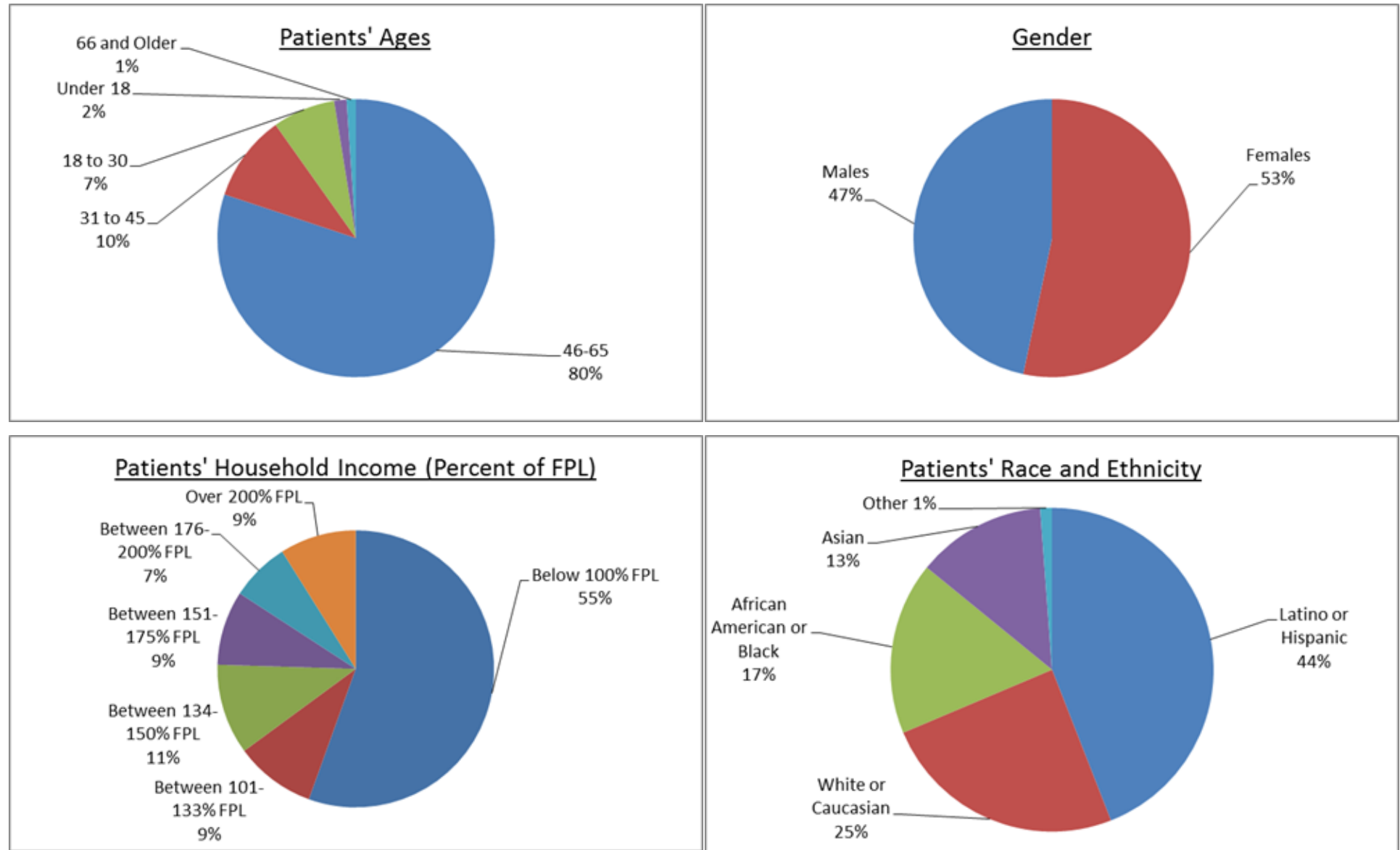


Counties Served by Responding Clinics: Bureau, Cook, DuPage, Eastern LaSalle, Grundy, Kane, Lake, McHenry, McLean, Whiteside, and Will.

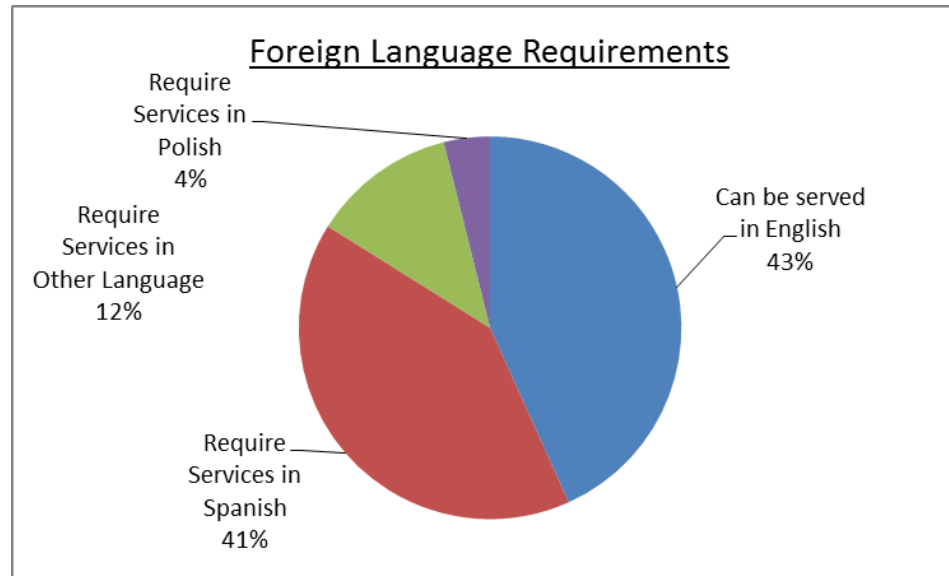
Cities Served: Batavia, Brookfield, Chicago, Chicago Suburbs, Dupue, Elburn, Geneva, Joliet, La Grange and Zip Code 60525, LaGrange Park, Lily Lake, Lockport, Lyons, Maple Park, Marseilles, Morris, Morrison, Mundelein, Niles, North Chicago, Ottawa, Princeton, Romeoville, Seneca, Skokie, Spring Valley, St. Charles, Sterling, Waukegan, Westchester, Willow Springs, Woodstock, Zion.

## Patient Demographics

Eighty percent of patients are between the ages of 46 and 65 years old; slightly more than half are women, and of the patients whose incomes are assessed, 55% live below 100% of federal poverty, and 91% of assessed patients live below 200% of federal poverty. Just under one-half (44%) of served patients are Latino or Hispanic, 25% are Caucasian, 17% are African American, and 13% are Asian.



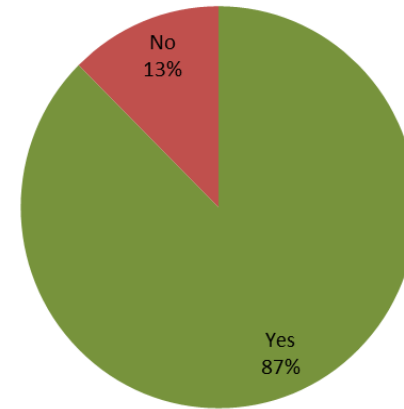
Forty-three percent of patients can be served in English. Forty-one percent of patients require services in Spanish, 4% in Polish, and 12% require services in languages such as Arabic, Asian languages, Bosnian, Chinese, Creole, Eastern European languages, French, Gujarati, Hindi, Mandarin, Russian, and Urdu.



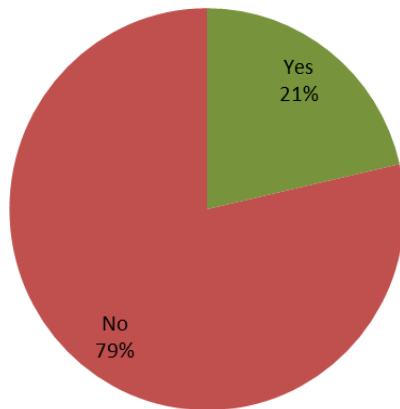
## Financial Expectations of Patients

Free and charitable clinics generally accept donations and some request a nominal fee for services. None deny services if a patient cannot pay a requested fee. When fees are charged, they range from \$5 to \$15 for medical visit and 10% of charges for dental services. For prescriptions provided from either a dispensary or a licensed pharmacy, fees per prescription range from \$2 through \$20.

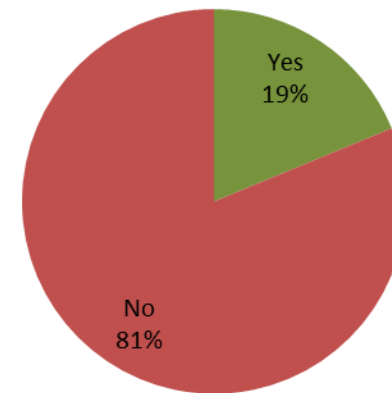
Request or Accept Donations



Charge Nominal Fee for Prescription Drugs



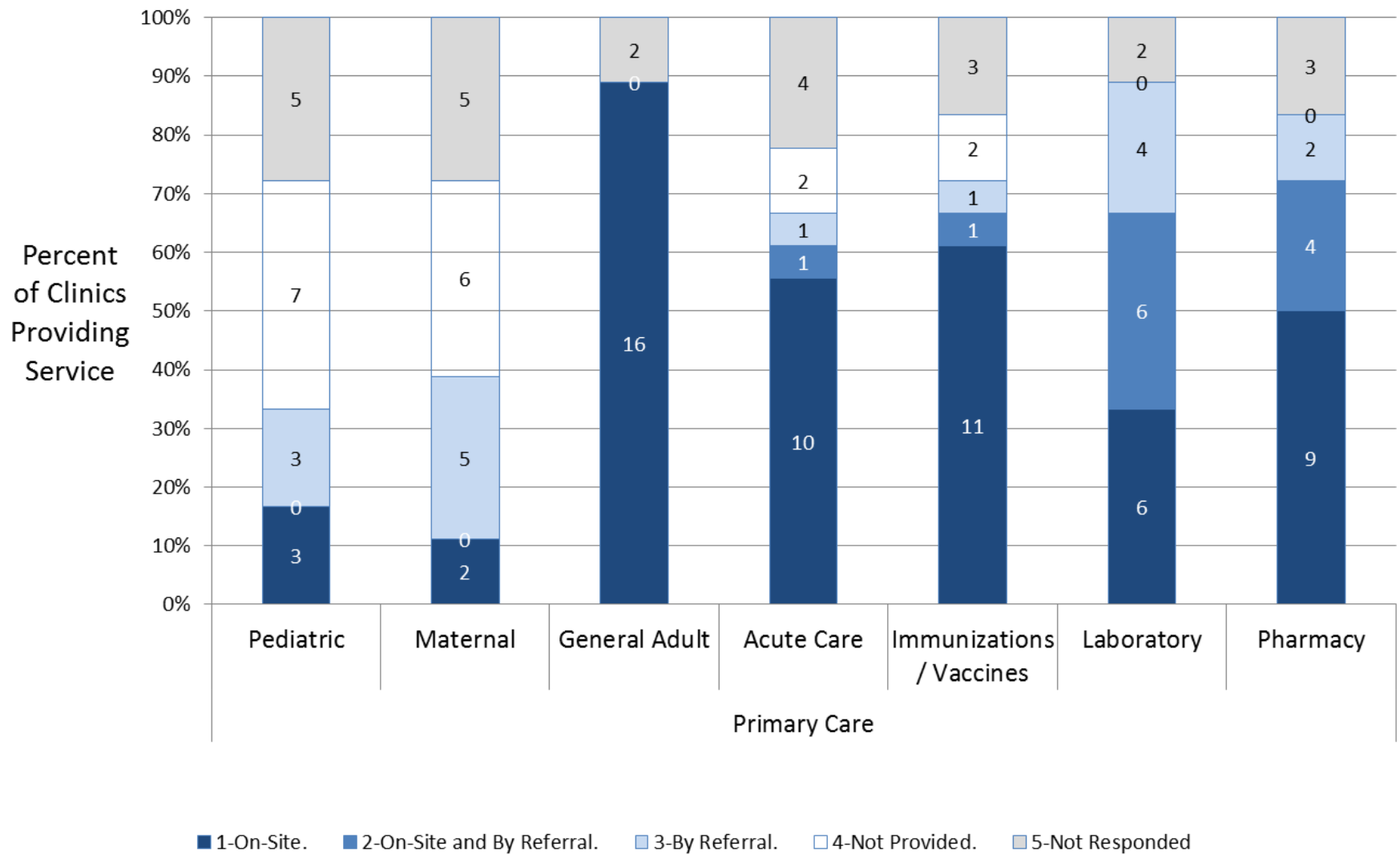
Charge Nominal Fee for Medical Services



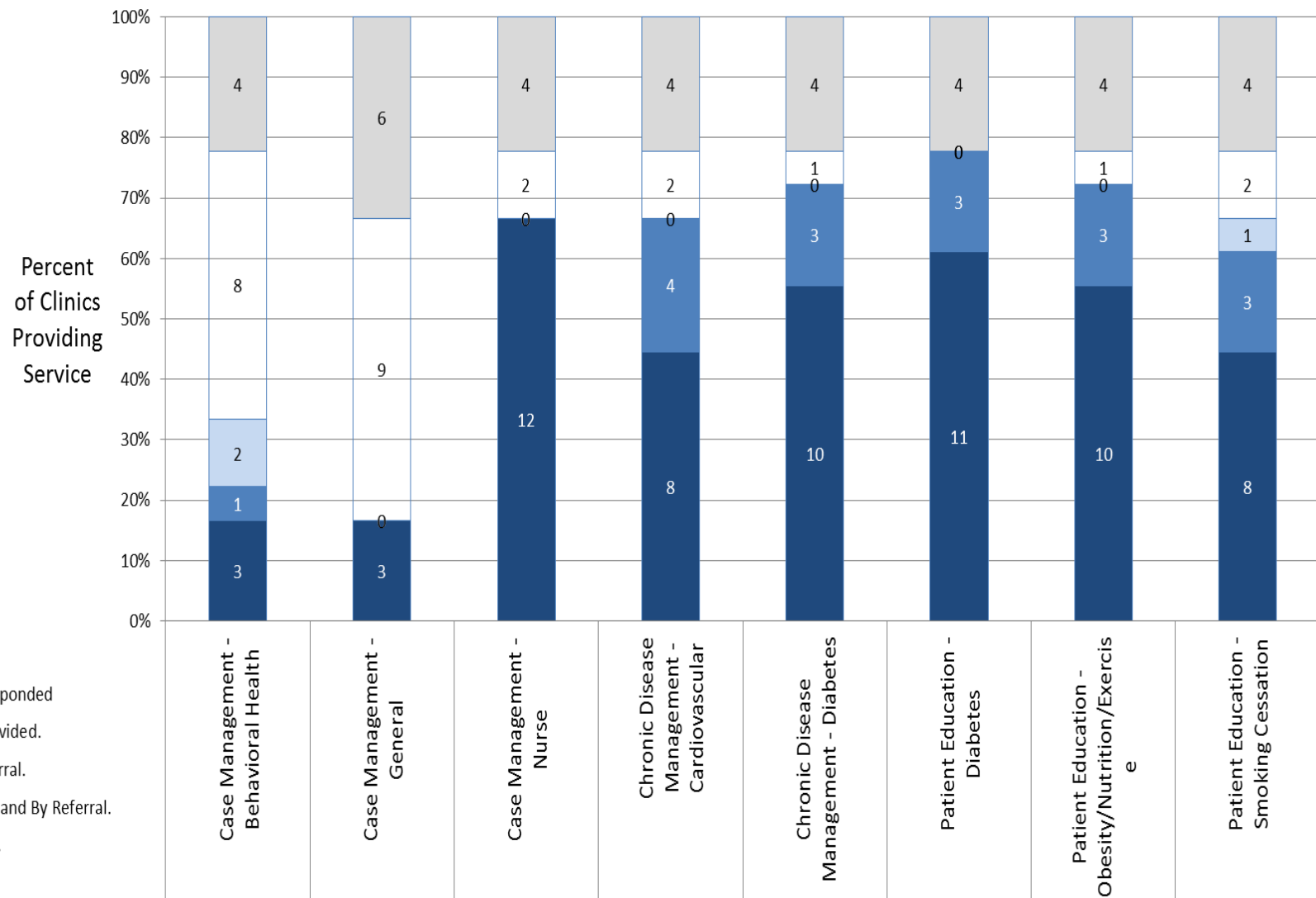


## Scope of Services:

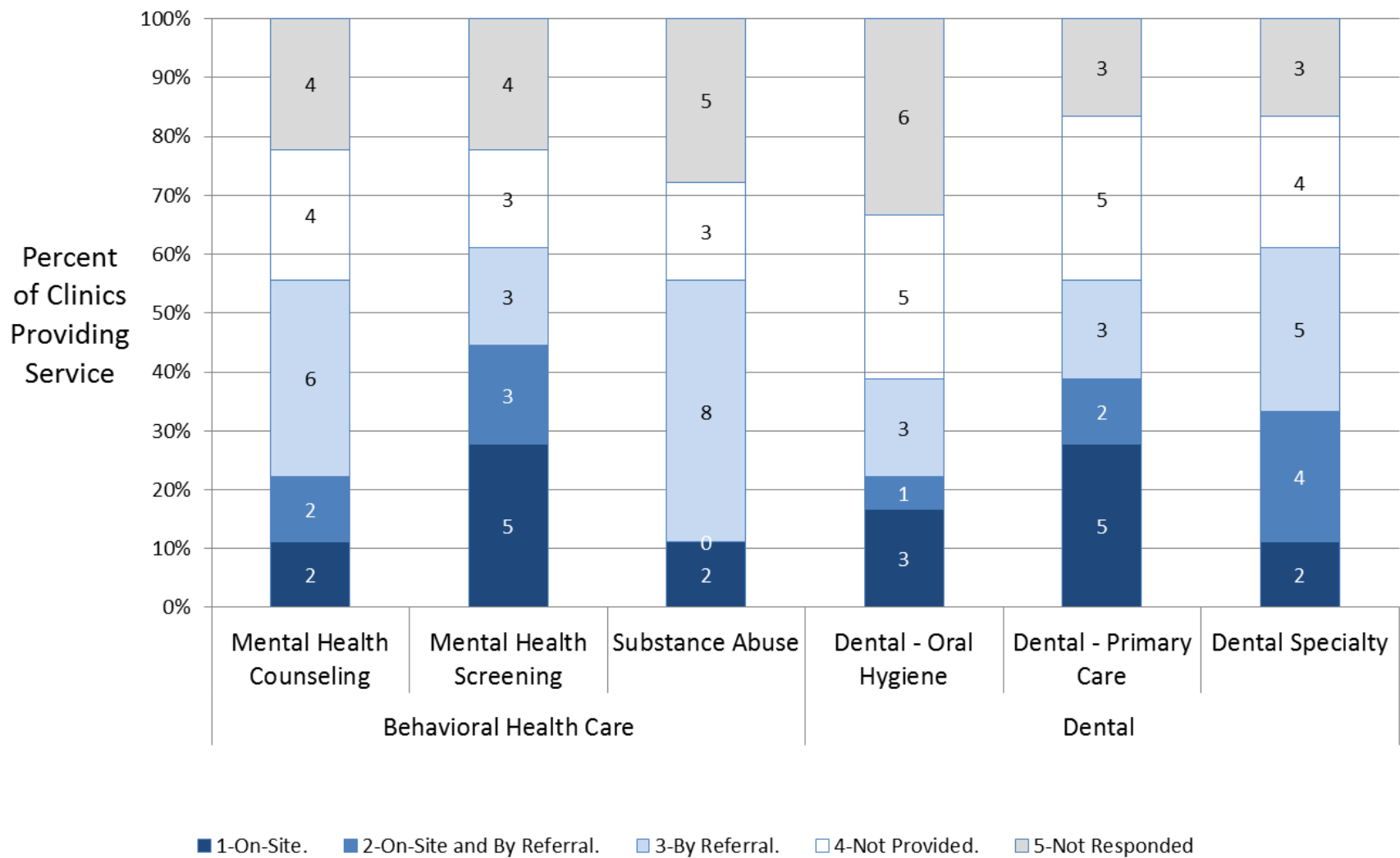
## Scope of Service: Primary Medical Care



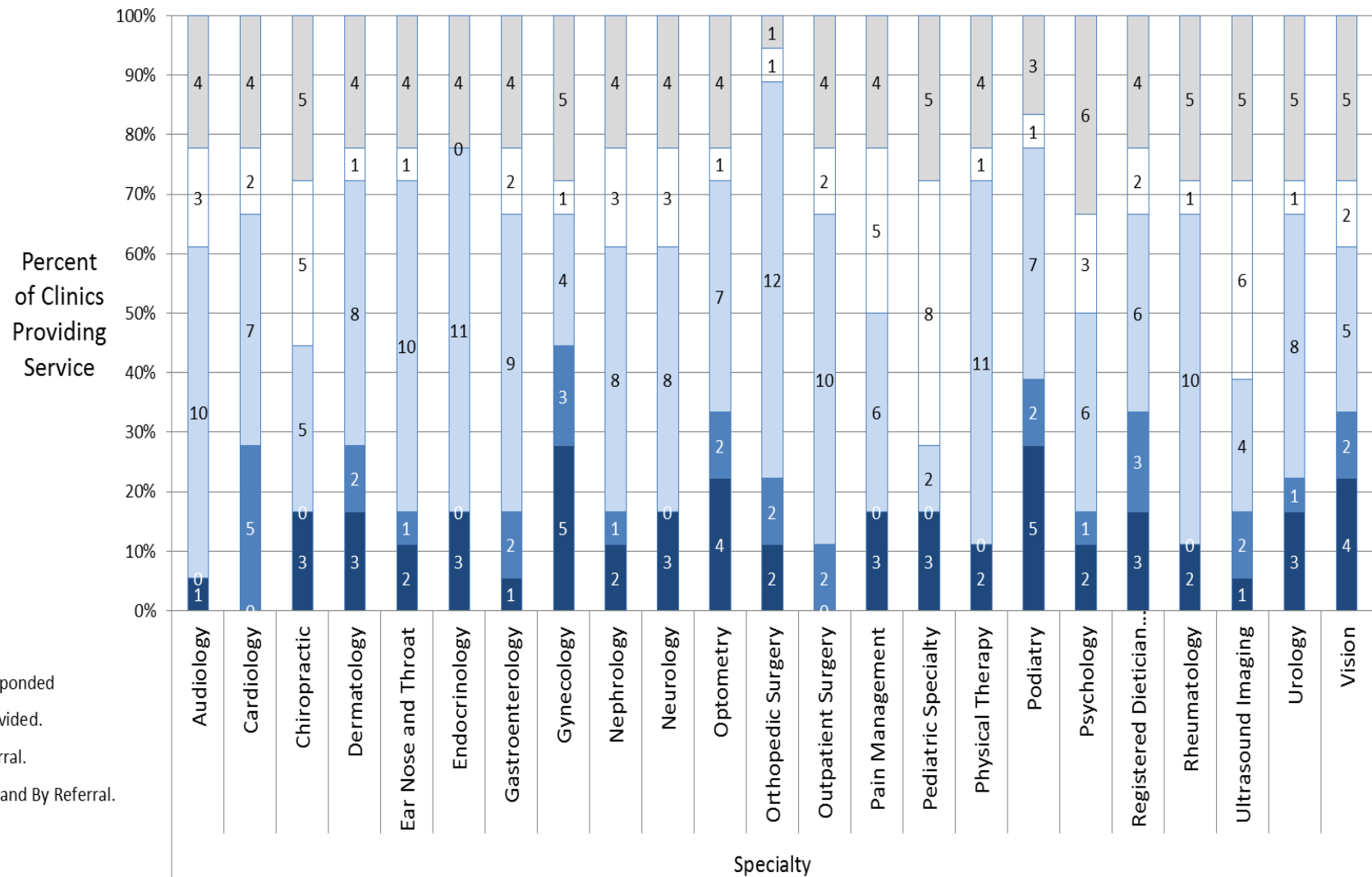
### Scope of Service: Support Services



## Scope of Service: Behavioral Health and Dental Care

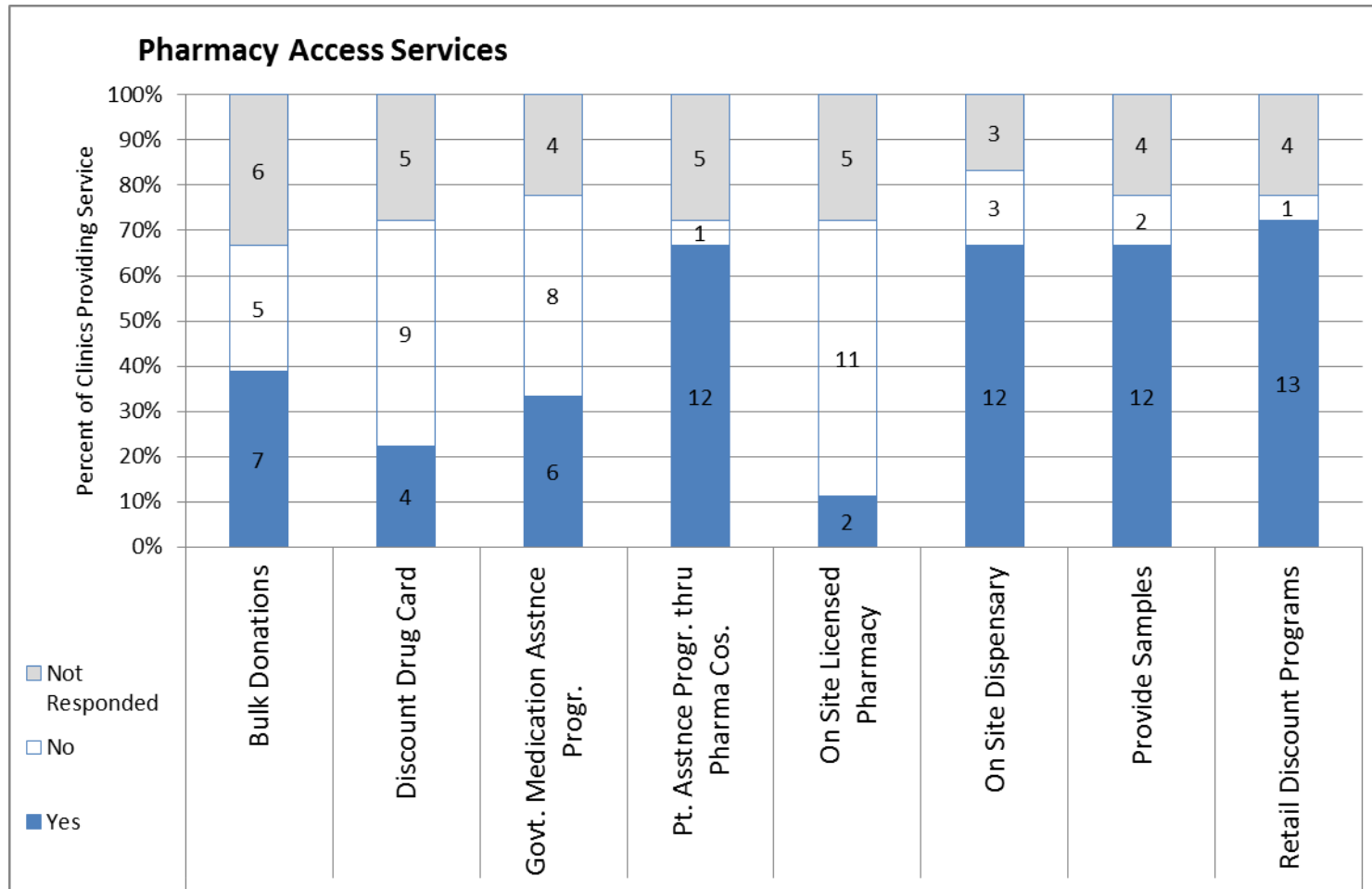


## Scope of Service: Specialty Care

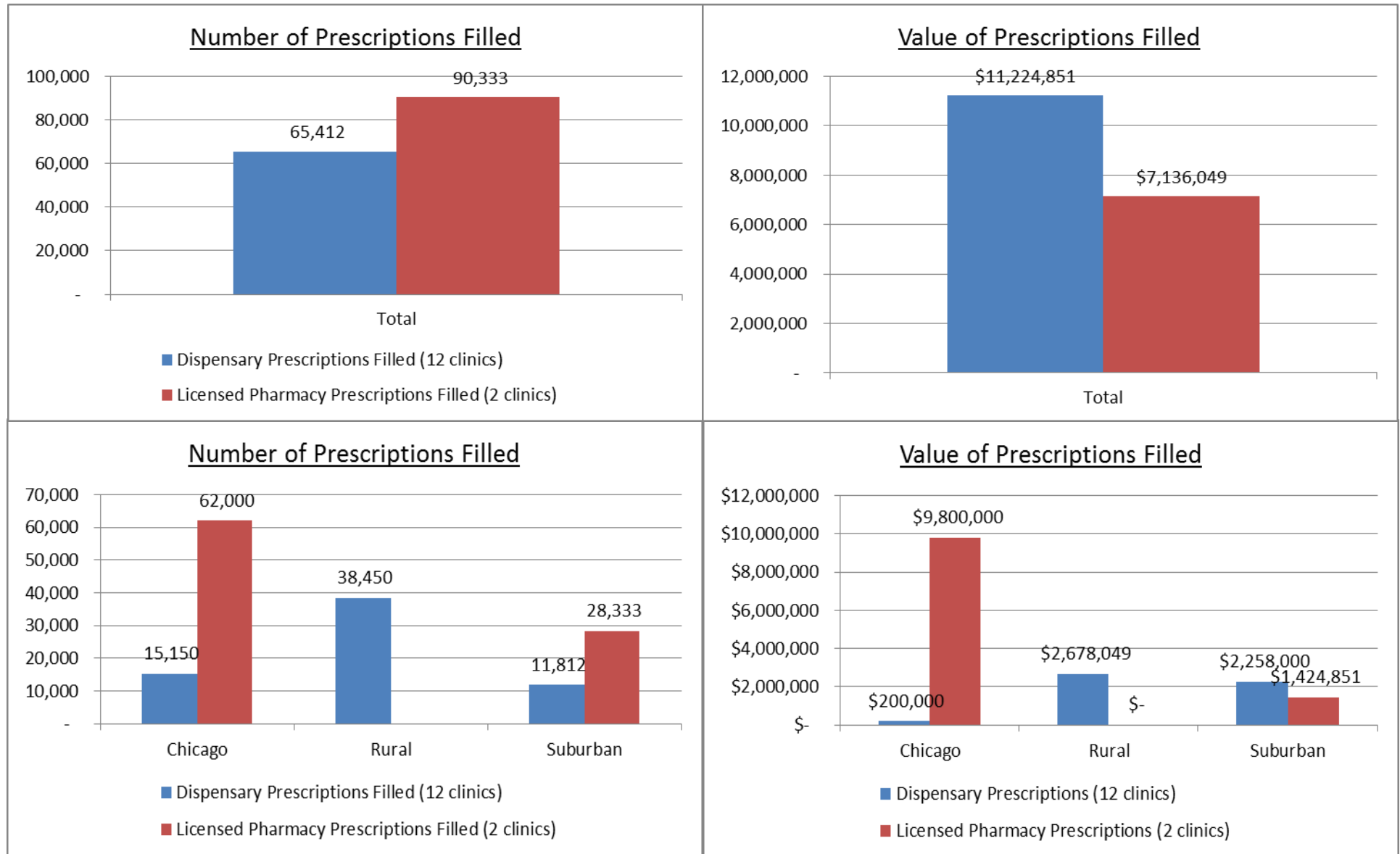


## Pharmacy Access

Free and charitable clinics are especially able to connect patients to pharmacy services. The table below shows how patients get their medications through free or charitable clinics.



If a clinic has a pharmacy, it is most likely a dispensary. However, the strength of Illinois' free and charitable clinics is shown in part by the existence of two licensed pharmacies in clinics – one in Chicago and one in the Suburbs. In total, clinics filled over 150,000 prescriptions, valued at over \$18 million. Close examination of the comparative values of filled prescriptions reinforces the need for consistent methods of determining the value of in-kind pharmaceuticals.



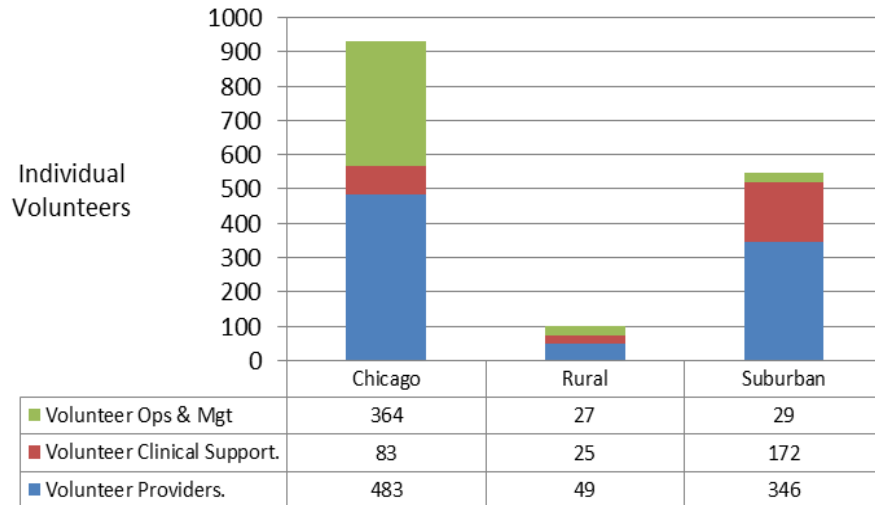
## Access to Continuum of Care

Free and charitable clinics reported defined referral relationships with the hospitals, safety net providers, and educational institutions listed below. Clinics also reported numerous referral relationships with private physician practices. There was a general sentiment that these practices should not be named in this report, due to the wishes of the practices to control the demand for care from uninsured patients.

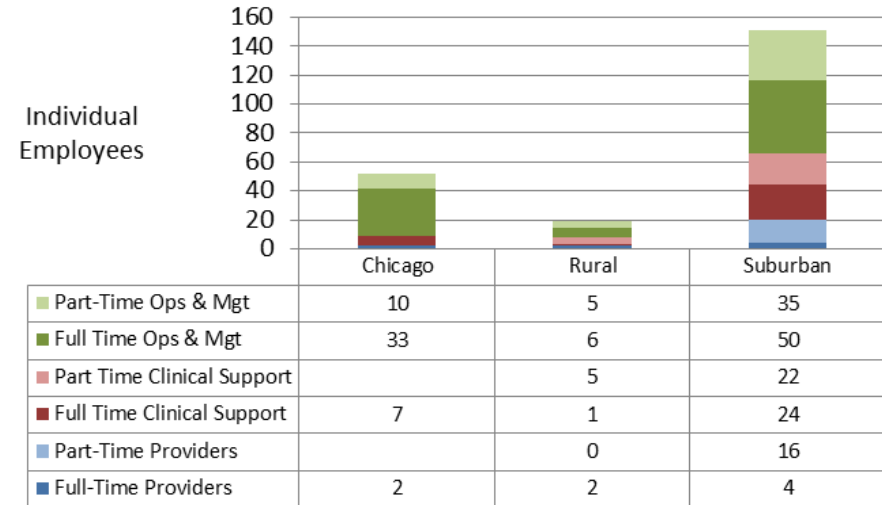
Hospitals	Other Primary Care Safety Net	Educational Institutions of Health Professions
Adventist Bolingbrook Hospital	Access DuPage	Adler School of Professional Psychology
Adventist LaGrange Memorial Hospital	Aunt Martha's Community Health Center	Adventist LaGrange Family Practice Residency Program
Advocate Bromenn Medical Center	Chicago Department of Public Health	Benedictine University
Advocate Condell Hospital	Community Health Clinic in Rock Falls	Chicago Medical School - Podiatry Residency
Centegra Health System	Cook County/Fantus clinics	Chicago State College of Pharmacy
Central DuPage Hospital	County Health Dept., for Sexually Transmitted Diseases and Dental	College of DuPage
CGH Medical Center	DuPage County Health Department	DePaul Graduate School of Nursing
Delnor Hospital	Erie Family Health Center	Illinois State Mennonite College of Nursing
Edward Hospital	Greater Elgin Family Care	Illinois Wesleyan
Elmhurst Hospital	Hygienic Institute of La Salle County	Lewis University
Good Samaritan Hospital	John M. Scott Health Resource Foundation	Loyola Medical School
Illinois Masonic Hospital	Lake County Health Department and Community Health Centers	Loyola University
Loyola University Medical Center	McHenry County Department of Health	Midwestern University College of Pharmacy
Lutheran General Hospital	Near North Health Services Corporation	Northern Illinois University
Morris Hospital and Healthcare Centers	New Life Volunteer Society	Northwestern Memorial Hospital
NorthShore University Health Systems Highland Park Hospital	OSF Sisters Clinic	Northwestern University Medical School
Northwestern Lake Forest Hospital	Salvation Army	Rosalind Franklin University of Medicine and Science Chicago Medical School
Northwestern Memorial Hospital	Township Offices	Rosalind Franklin University of Medicine and Science Scholl School of Podiatric Medicine
OSF St. Joseph Medical Center	VNA Health Centers	Rush University Medical Center
Ottawa Regional Hospital	Whiteside County Health Dept.	Rush College of Nursing
Our Lady of the Resurrection		Saint Joseph Hospital
Provena St. Joseph Medical Center		University of Chicago Medical Center
Perry Memorial Hospital		University of Chicago Medical School
Rush University Medical Center		University of Illinois at Chicago College of Pharmacy
St. Margaret's Hospital		University of Illinois at Chicago Medical School
Silver Cross Hospital		University of St. Francis
Stroger Hospital (Cook County)		
Vista Health Systems East Hospital		

**Volunteers and Staff:** These charts are based on responses from 15 clinics. All responding clinics have at least one paid employee; 10 have at least one paid full-time employee. Median number of full-time employees is 2.5; median number of employees is 6.9; and the largest paid staff is 35 people.

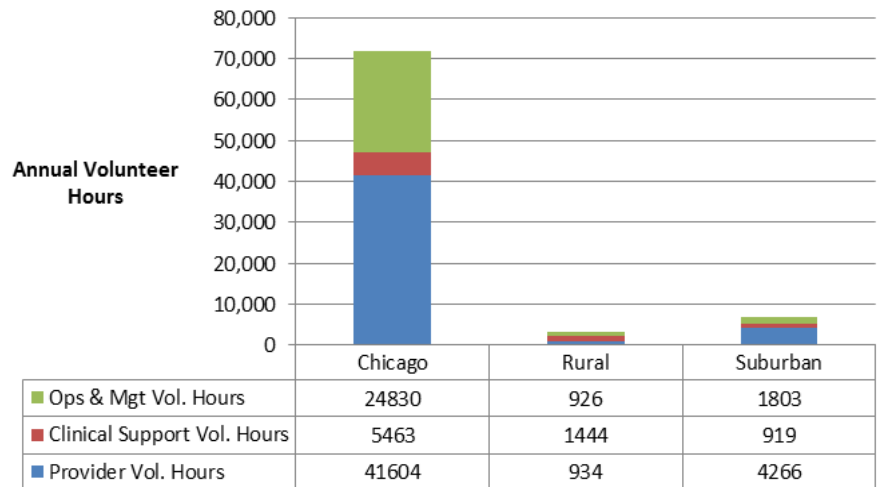
### Volunteers



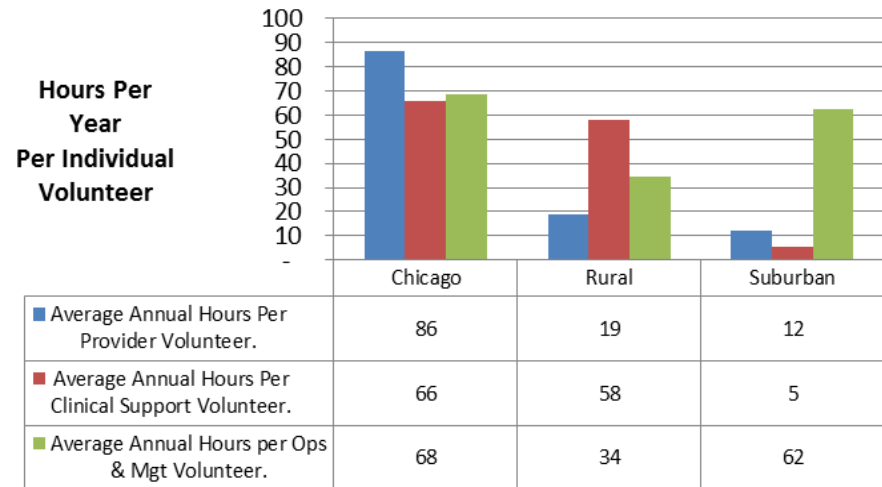
### Paid Staff



### Volunteer Hours



### Average Volunteer Hours Per Year

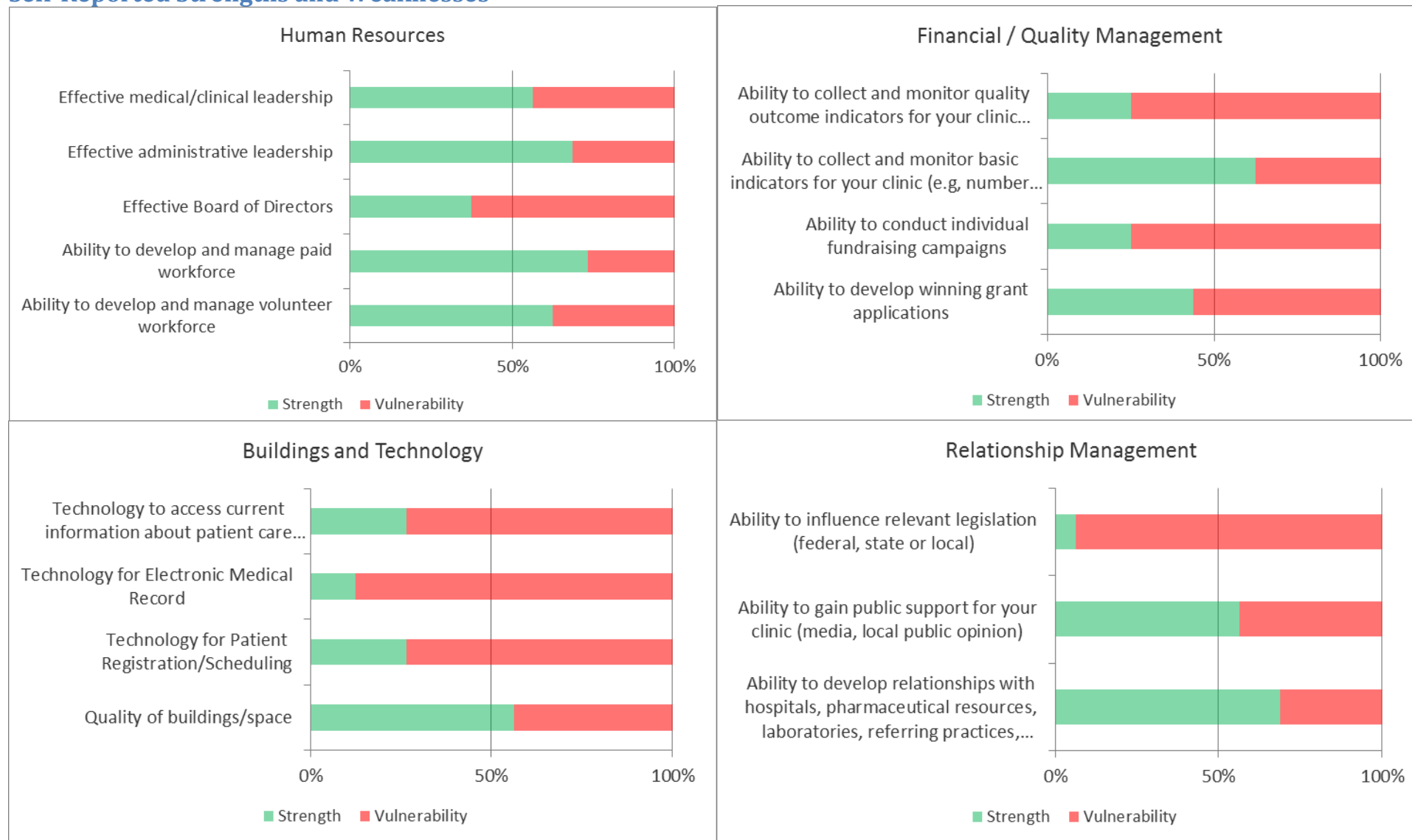




All Free or Charitable Clinics Identified in Illinois as of June 2011	Map Number
<b>Chicago</b>	
Chinese Community Health Center	31
CommunityHealth	31
IAMA Charitable Foundation Free Clinic	31
IMAN Health Clinic	31
Norma Jean Sanders Free Clinic	31
Old Irving Park Clinic	31
Pacific Garden Mission Clinic	31
Pilsen Homeless Health Services	31
Port Free Clinic	31
The Ark	31
<b>Suburban</b>	
Community Nurse Health Association, in LaGrange	6
DuPage Community Clinic, in Wheaton	8
Family Health Partnership Clinic, in Woodstock	9
Fenix Charitable Clinic, in North Chicago	10
HealthReach, Inc., in Waukegan	14
Tri-City Health Partnership, in St. Charles	20
<b>Rural/ Downstate</b>	
Agape Care Team (ACT), in Tampico	1
Bridge Medical Clinic, in Harrisburg	2
Bureau County Health and Wellness Clinic, in Princeton	3
Champaign County Christian Healthcare Center, in Champaign	4
Community Health Care Clinic, in Normal	5
Community Outreach, in Quincy	7
Good Samaritan Free Clinic, in Moline	11
Hands of Hope Free Health Clinic, in Marion	12
Health Center of Eastern LaSalle County, in Ottawa	13
Knox County Health Department/Community Health Clinic, in Galesburg	15
Livingston Family Care Center, in Pontiac	16
Morgan Scott Volunteer Health Center, in Jacksonville	17
New Life Pentecostal Medical Clinic, in Kankakee	18
Saint Theresa/Azzarelli Outreach Clinic, in Kankakee	18
St. Francis Community Clinic, in Peoria	19
Will-Grundy Medical Clinic, in Joliet	21

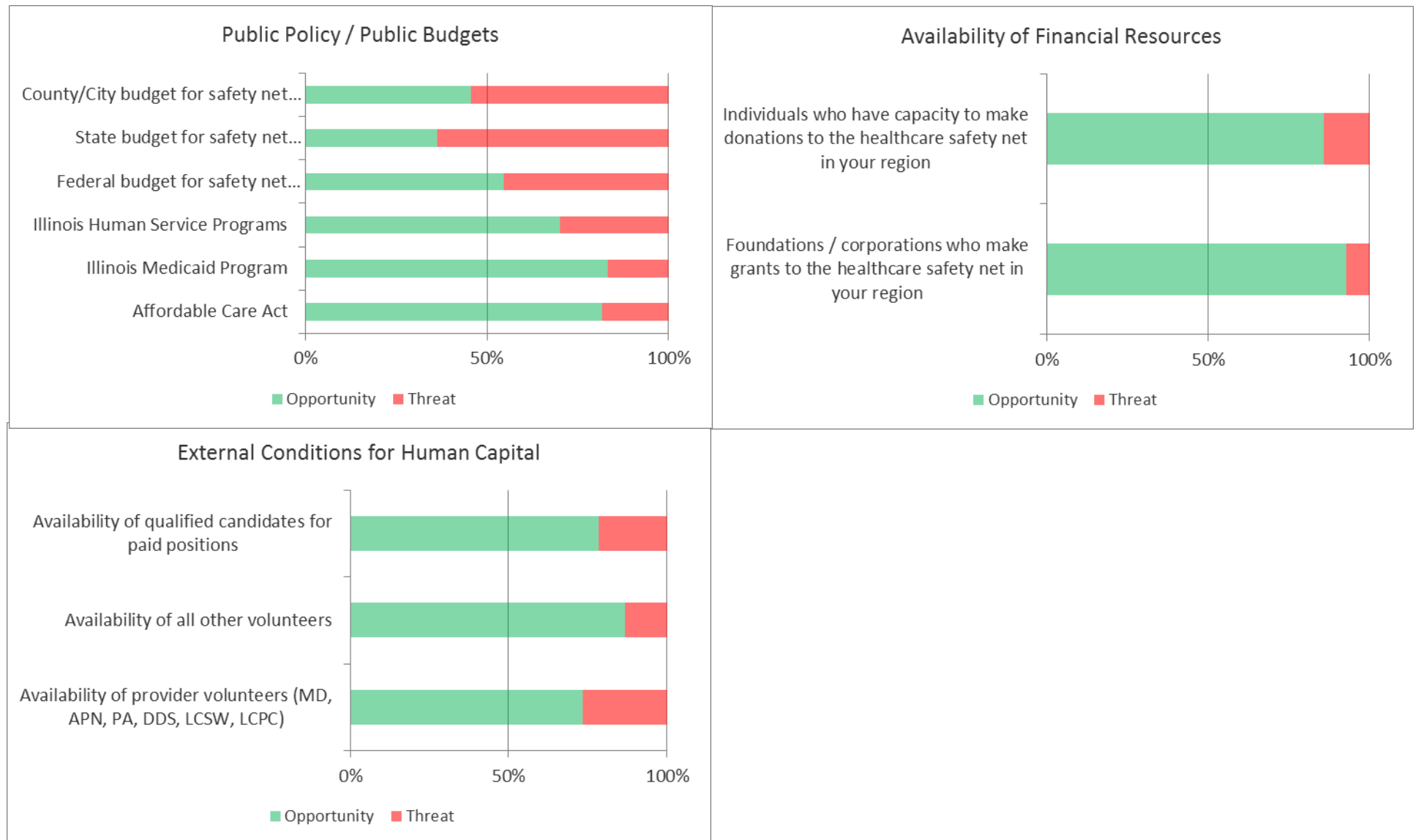
## Illinois Free and Charitable Clinics Strategic Assessment

### Self-Reported Strengths and Weaknesses



## Perceived External Conditions

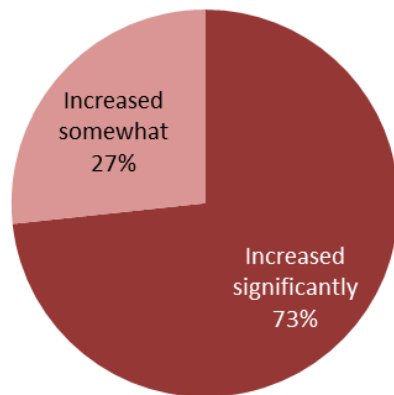
Clinics' perceptions of their environments.



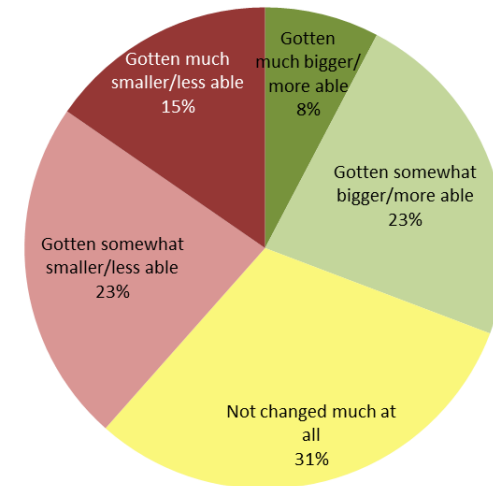
## Community Needs and Service Availability

None of the responding clinics reported a decrease in community need. Some reported improvements in their local healthcare safety net, nearly all of which were attributable to expansion of FQHCs in their local areas.

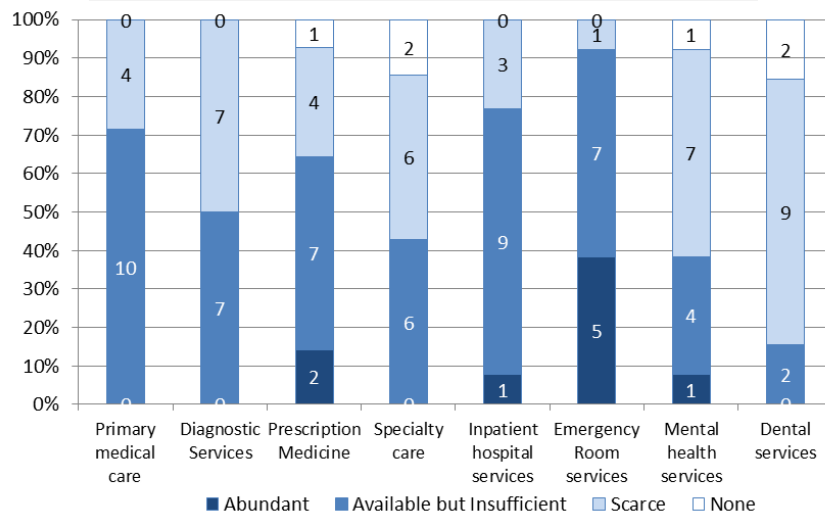
Perceived Change in Community Need in Past Year



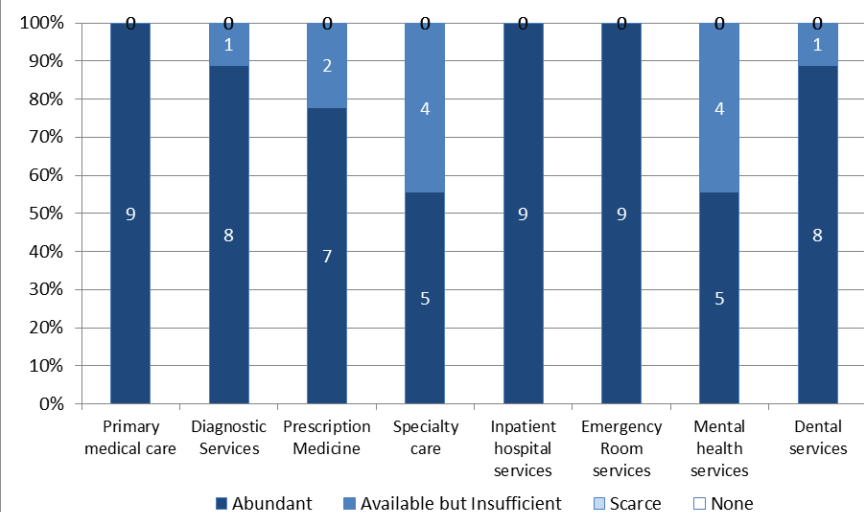
Perceived Changes in Local Healthcare Safety Net in Past Year



Perceived Availability of Services for Uninsured Patients



Perceived Availability of Services for Patients with Insurance



**Perceived Public Awareness:** Clinic leaders offered the following suggestions for how to improve awareness/opinions:

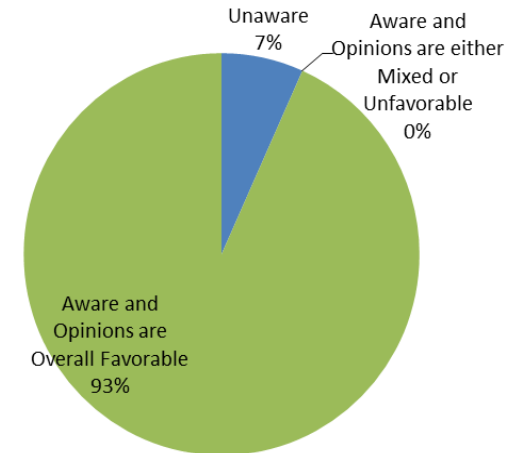
Among the general public:

- High visibility spokesperson along with National Association
- Media campaign, including social media. Name the value/impact the clinic has on the whole community.
- Marketing in public places: libraries, houses of worship, schools
- Participation in health fairs; Signage in doctors' offices
- Other stakeholders promoting favorable messages about clinics: hospital executives, physicians, corporate leaders, elected officials

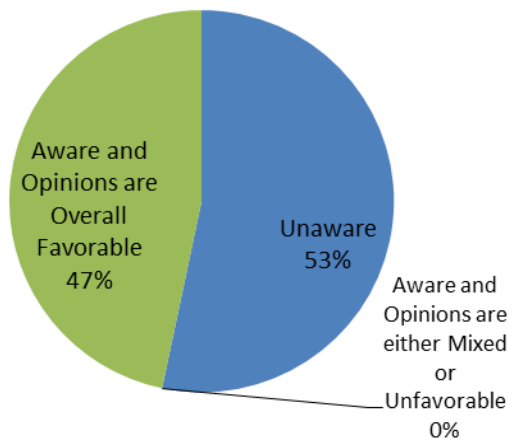
Among elected officials:

- Site visits; meetings with members of Boards of Directors
- Clinic volunteers visit the elected officials' offices; provide concrete information and requests. Participate in town hall meetings/ hearings.
- Send communications often reserved only for donors, volunteers.
- Tell real life success stories.

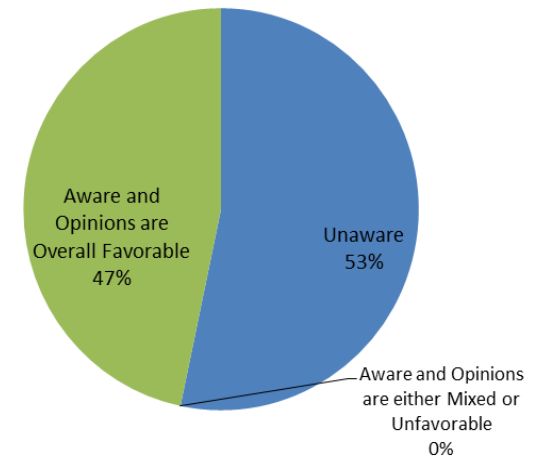
Public Perception of Clinic Among Uninsured People



Public Perception of Clinic Among General Public

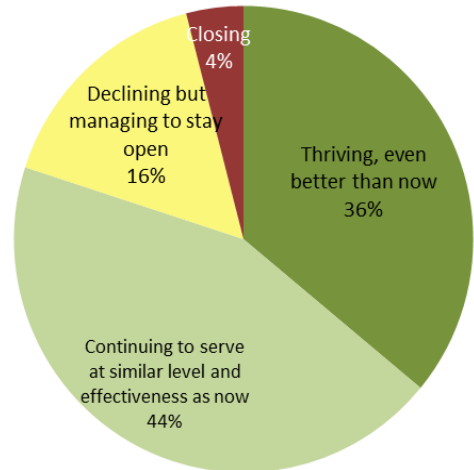


Perception of Free Clinics Among Elected Officials

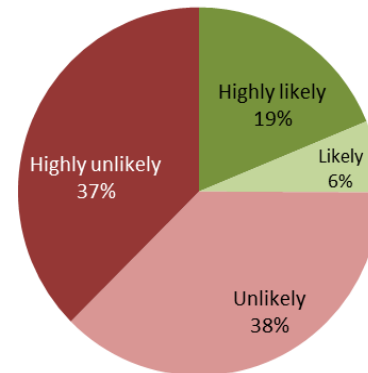


**Future Expectations:** Free and charitable clinics generally report positive futures. One clinic anticipates that an existing FQHC will open a new access point in their local community. Another clinic does not have a success plan and current leaders are hoping to retire.

Clinics' Expectations of Their Own Futures

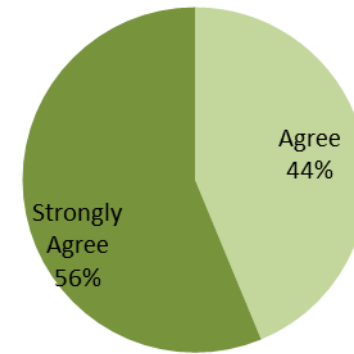


Likelihood to Actively Seek Opportunities to Become FQHC or Part of Existing FQHC

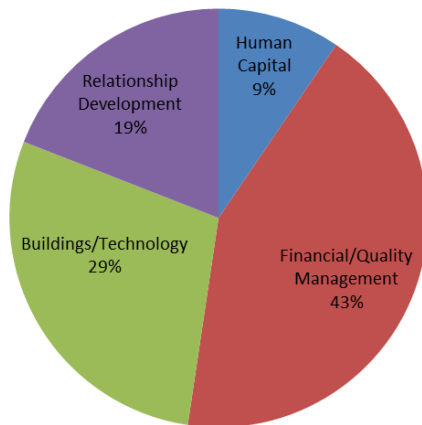


**Need for an Association:** The responding clinics all indicated agreement with a pressing need for an association. Developing financial resources, influencing legislation and public budgets, and managing financial/quality outcomes were named as the top areas for help desired from a state association.

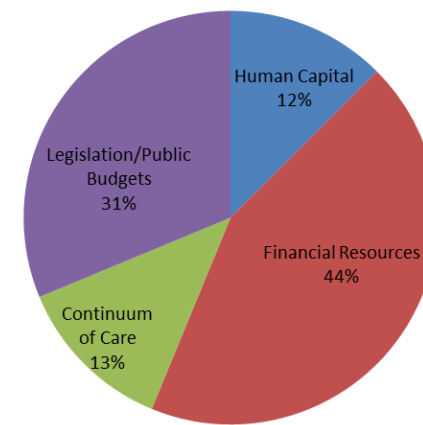
**"Illinois Free Clinics Need a State Association  
Now More Than Ever"**



**Top Priority for Help from State Association for Internal Conditions**



**Top Priority for Help from Association in External Environment**



## Summary Results from External Stakeholder Discussion Groups

Focus groups were conducted in rural, suburban and Chicago locations, with two broad categories of external stakeholders in each of the three locations. The external stakeholders were either from the continuum of health care providers (hospitals, other primary care safety net organizations, social service providers, mental health providers); or from policy, health professions education and philanthropic organizations who have traditionally supported free and charitable clinics. Sixty individuals participated in the focus groups, leading to the following findings.

### External Stakeholders Perceptions of Free and Charitable Clinics' SWOT

1. Strengths
  - a. Mission, Passion
  - b. Serve Uninsured, Gap-filler
  - c. Volunteers
  - d. Central part of safety net
  - e. Referral point
  - f. Access to continuum of care
2. Weaknesses
  - a. Small, inefficient
  - b. Quality
  - c. Access to dollars
  - d. Access to continuum of care
  - e. Not enough information
3. Opportunities
  - a. Don't know
  - b. Convert to FQHC status
  - c. Develop collective voice
  - d. Define position in health reform landscape
4. Threats
  - a. Impact of Health Reform on uninsured population
  - b. Quality and outcomes expectations
  - c. Limited available dollars
  - d. Undervalued
  - e. Misunderstood



## External Stakeholders Recommendations to Free and Charitable Clinics

1. Increased funding streams for clinics will follow from developing a collective voice, demonstrating measurable effectiveness, and deepening clinics' pragmatic connections to the rest of healthcare.
2. Clinics' collective voice needs to include advocacy in the public policy arena. Misperceptions must be cleared up. Must document value in measurable terms
3. It is all about Quality! Document, communicate, and improve.
4. Make technology affordable; shared.
5. Find avenues for social entrepreneurship by the association especially.
6. Highlight the value clinics bring to education of health professions, to hospitals, to total cost of healthcare –through excellence of training environment, prevention of unnecessary ER visits and low-cost care model.
7. Need to justify clinics as additional component of safety net, worthy of investment of public dollars.