

Community Health Funding Report



Federal/state funding • Private grants • Fundraising • Development news

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COMMUNITY HEALTH CLINICS

Moore Clinic Shows That Funding Help Is Available Beyond the Feds, States

North Carolina—With government grants drying up like the summer drought that has wilted much of the nation, some community health clinics are discovering inventive ways to tap into alternative funding streams to keep their organizations afloat.

The Moore Free Care Clinic, located in rural North Carolina, is a small operation that is not only surviving but boldly forging ahead—thanks only to the financial aid of private, local sources. The clinic receives zero support from federal and state grants yet still manages to expand to serve its increased patient load, which includes a population with significant chronic disease.

Recently, the clinic received three grants for \$71,000—which is no small potatoes for a clinic just two years old with an annual operating budget of \$250,000.

Moore’s executive director Laura “TJ” Tremper-Jones tells *CHF* the keys to the clinic’s success are a supportive, creative board of directors and a community willing to respond to funding needs as they arise.

“I’m just fortunate to have been hired by a board that helps with everything we do,” she says. “And

every penny we get is from a private grant or individual donation, and that’s a real testament to our community.”

The recent grants can serve as a primer for how to stretch a dollar: Moore Free Care received a \$16,000 needs-based grant from the North Carolina Assn. of Free Clinics (NCAFC), which the clinic will use to add a registered nurse to coordinate nursing volunteers and to provide continuity of care for its chronic-disease program patients. A \$15,000 grant from the Blue Cross & Blue Shield of North Carolina Foundation is part of a five-year commitment to help care for the state’s uninsured through its partnership with the NCAFC.

Finally, there is a \$40,000 grant from the Moore County Community Foundation so the clinic can hire

EDITOR’S NOTE: *With this issue, Community Health Funding Week is reverting to its original publishing schedule of twice-monthly 16-18 page reports with interim e-mail alerts, and to its former title, Community Health Funding Report. It will feature more news about funding sources and development, to inform and help you.*

a nurse to assist with case management.

Networking & brainstorming

Tremper-Jones tells *CHF* these new staffers will be essential to the clinic's work with patients managing chronic diseases like diabetes and high blood pressure.

"We have a lot of great volunteer nurses, but we need to get a more steady continuity of care, somebody who's here constantly and can manage these cases which have a lot of educational needs," she says. "A lot of our patients are in the shape they're in because they haven't quite understood the disease process yet and it takes extra time to go over that information with them—and our provider doesn't always have time to do that."

For Tremper-Jones, NCAFC isn't just a source to tap for money, it is a crucial network of support for a fledgling clinic like hers. "The association has been really supportive," she tells us. "I'm new at my position and the other executive directors took me under their wing and have given me a lot of help. We're always sharing information and ideas."

The region of North Carolina served by Moore Free Care has been hit hard by the closings of furniture factories, poultry-processing plants and textile mills. The main group seeking healthcare at the clinic is the uninsured working poor—people at 100% of the federal poverty level who lost their insurance and depend on Moore as a safety net. "Our cut-off is pretty low, and we're still overwhelmed with patients," Tremper-Jones tells us.

Add to that the recent influx of Hispanic workers and you have a microcosm of health clinics across the nation—swamped and constantly trying to find ways to fund expanded services.

Good neighbors made good business partners

Moore Free Care has been able to find some of that elusive funding through its close relationships with local institutions such as hospitals and churches. (The clinic originally was the brainchild of physician David Bruton, a member of the local Southern Pines United Methodist Church.)

To obtain crucial assistance from the Duke Endowment, Moore teamed up with FirstHealth of the Carolinas Hospital and secured a \$141,840 grant to establish an electronic medical records program.

"We weren't able to apply for the Duke Endowment directly, but we have such a good relationship with our hospital, working so closely with them, and so they're administering that grant for us," says Tremper-Jones.

"The Duke grant allowed us to hire a patient assistance coordinator and she's set to go full-time in September," she adds. "That really helps with the chronic-disease management, because anytime you're trying to get medications from the pharmaceutical companies like we do, that requires a lot of paperwork, and that's why we had to hire somebody to help with that."

Tremper-Jones tells *CHF* that while the grants like Duke's big-ticket IT award obviously have helped, it's important to remember they are not permanent.

These grants may help get a program off and running but often are one-time sources of funding. For the long term, private donations from the community are the surest way to guarantee steady, reliable funding sources.

"We are depending on individual donations and the board trying to establish an endowment that will sustain us," she says. "That's the big thing—sustainability."

Next Week: Part two of our interview.

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