

Executive Summary

One out of every five Californians is currently uninsured. This striking figure is made worse by the fact that an even greater number of Californians simply lack access to quality healthcare. While the less-fortunate represent an unfair majority of those individuals who lack access, such a problem affects people across the socio-economic spectrum. In an age where more than half of all insurance is provided through employment, an unexpected job loss can render whole families incapable of seeking affordable medical care. As long as access to health care remains a privilege and not a right, the well-being of California will be subject to the indiscriminate yoke of disease.

Fortunately, some steps have been taken to address the gaping holes in health care coverage. Erected to help deal with this particular crisis is a “safety net” comprised of: county hospitals and clinics; private, non-profit clinics; and, as a last resort, emergency rooms. However, the net is a suitable symbol for this lattice-work of health care providers; unfortunately, it is incapable of catching all of California’s sick. This can be for several reasons: for one, almost all of these institutions charge their patients for services – albeit reduced rates. Furthermore, the clinics may not be conveniently located, may only be open during working hours, and may require appointments for calendars with extremely lengthy waits.

Emerging to fill the void are the free clinics, of which Cardinal Free Clinics is a representative. Cardinal Free Clinics is a new organization, formed from two free clinics with nearly 20 years of combined operation. These clinics are tax-exempt, non-profit organizations which rely on private monies to subsist. The Cardinal Free Clinics ask no questions of their patients and provide medical care completely free-of-charge. This includes full medical attention by a licensed physician, diagnostic laboratory work, prescription medication, and such additional care as eyeglasses. The clinics are unique in that they are student-managed and affiliated with the Stanford School of Medicine. Because of this, the clinics are able to leverage physician and student volunteers as well as pro-bono hospital services. This results in a low per-patient expenditure combined with high quality care.

In their past, the sites of the Cardinal Free Clinics have maintained financial solvency through exceptionally tight budgets. In lean years, services and salaries were cut and have not yet been restored. With incorporation into the new Cardinal Free Clinics, the organization aims to consolidate and strengthen resources. By seeking additional funding from private donors, it is the goal of Cardinal Free Clinics to restore and expand its offerings in order to help meet the growing needs of the Bay Area. As an example, some of these proposed offerings include on-site social work consultation, free dental care, as well as improved facilities and hours-of-operation.

Additionally, it is the plan of Cardinal Free Clinics to provide financial and logistical support to new start-up clinics. Such would mean an investment in CFC would see a ripple effect, helping to eliminate health disparities first locally, then regionally, and perhaps, nationally.

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1.0 INTRODUCTION

The US Health Department has established the Healthy People 2010 to improve the key health indicators in this country. This initiative is dedicated to the principle that—regardless of age, gender, race or ethnicity, income, education, geographic location, disability, and sexual orientation—every person in every community across the Nation deserves equal access to comprehensive, culturally competent, community-based health care systems that are committed to serving the needs of the individual and promoting community health. The number of people without adequate health insurance in the US exceeds 46 million and benefits have declined for many with insurance, and the quality of much health care remains poor despite advances in medical science. The first health indicator of the Healthy People 2010 is to improve access to healthcare.

The Cardinal Free Clinics (which currently include both the Arbor Free Clinic and Pacific Free Clinic) are dedicated to achieve the primary goal of the US Department of Health by helping to improve the access to medical care of those without health insurance or those without the means to pay for healthcare. Healthcare is provided free of charge every Sunday in Menlo Park by Arbor Free Clinic and every Saturday in San Jose by Pacific Free Clinic, and care is provided by Stanford Affiliated Physicians. The clinic provides a unique training ground for Stanford Medical Students, Stanford premedical students, and community volunteers in addition to helping patients from many diverse cultural backgrounds. The Arbor Free Clinic has been in operation since 1990 and in recent years serves over 1000 patients annually. Pacific Free Clinic (PFC) opened in May 2003 and currently serves over 1500 patients annually.

2.0 VISION

We believe everyone has the right to basic health care. Through educating medical and premedical students on the importance of healthcare access and working with patients from diverse cultural backgrounds, we believe these future health professionals will help to eliminate such glaring health disparities.

3.0 MISSION

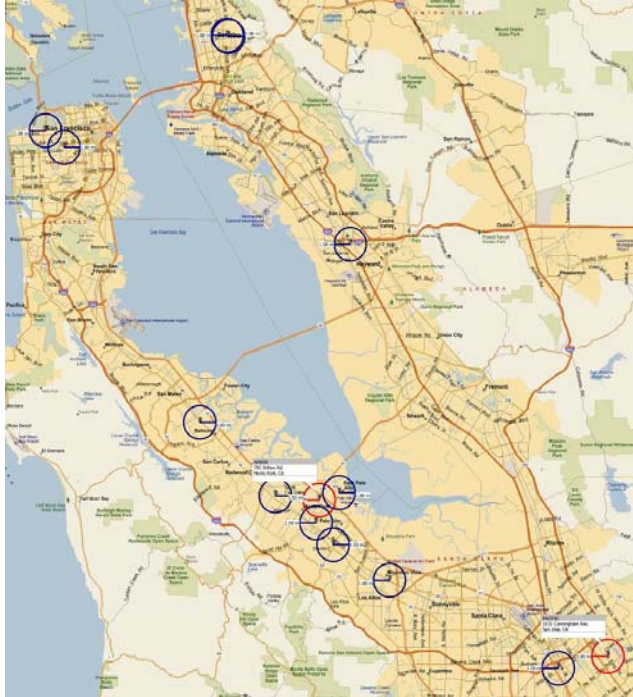
The Cardinal Free Clinics' mission is two-fold: to provide quality medical services to those without access to healthcare in a culturally appropriate manner, and to provide a rich teaching environment for medical and premedical students. As such, the clinics' model uniquely serves and cares for two distinct communities: the patient community without access to care and the student community. Additionally, Cardinal Free Clinics aims to alleviate disparities in access to health care and social services by providing interpretation services for patients with low English proficiency.

4.0 OBJECTIVE

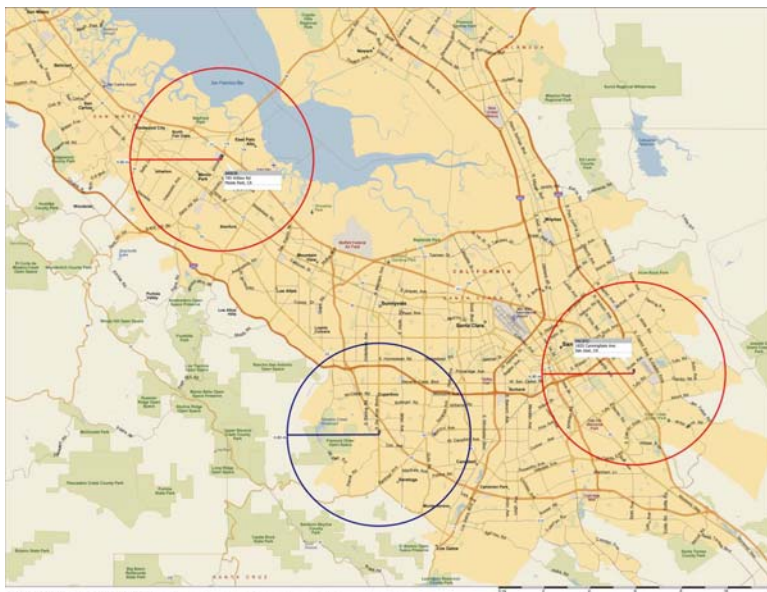
To improve access to healthcare for those without the means of obtaining care and to educate medical students and premedical students on how to work with patients from diverse cultural backgrounds without access to healthcare.

5.0 MARKET ANALYSIS

The Cardinal Free Clinics are part of a construct often referred to as the “health care safety net.” According to the California HealthCare Foundation, this safety net is “is composed of an array of providers committed to delivering a broad range of health care services to medically underserved and uninsured populations regardless of patients’ ability to pay.” While the clinics have served this population, and will continue to, the clinics are constantly challenged by the demographics of the neighborhoods that host them as well as the current needs that have gone unmet due to finances, staff and logistics.



This image is a representation of all free health clinics in the bay area. These institutions are those that do not require any form of payment or insurance from their patients. The red circles represent the Cardinal Free Clinics. As is plain from the map, options are limited for individuals who cannot afford healthcare and do not qualify for other treatment options.



This image is a representation of the bay area free clinics which have open hours during the weekend. Note that the Cardinal Free Clinics make up two of the only three clinics that are available to patients who are unable to attend clinics during the weekday.

5.1 CARDINAL FREE CLINICS: ARBOR

The Arbor Free Clinic serves a semi-urban population, drawing patients from all over the peninsula. As a free clinic, Arbor's services provide a needed safety net for the peninsula population. Almost half of the patients are unemployed and only 15 percent have insurance. Almost half of the patients (45%) come from East Palo Alto and Menlo Park, but there are patients who come from all over the peninsula for the services.

The patient base is ethnically mixed. The largest ethnic representation in the patient base is Hispanic/Latino with 33 percent. Caucasians, African Americans and Pacific Islanders make up the majority of the rest of the patient base. 32 percent of patients required translation services. Of these services, 87.7 percent were for Spanish. Unlike the population that surrounds the Pacific clinic, the population that surrounds the Arbor clinic is relatively well educated and affluent. Consequently, marketing and outreach efforts for the Arbor clinic may need to be targeted at a wider geographic area

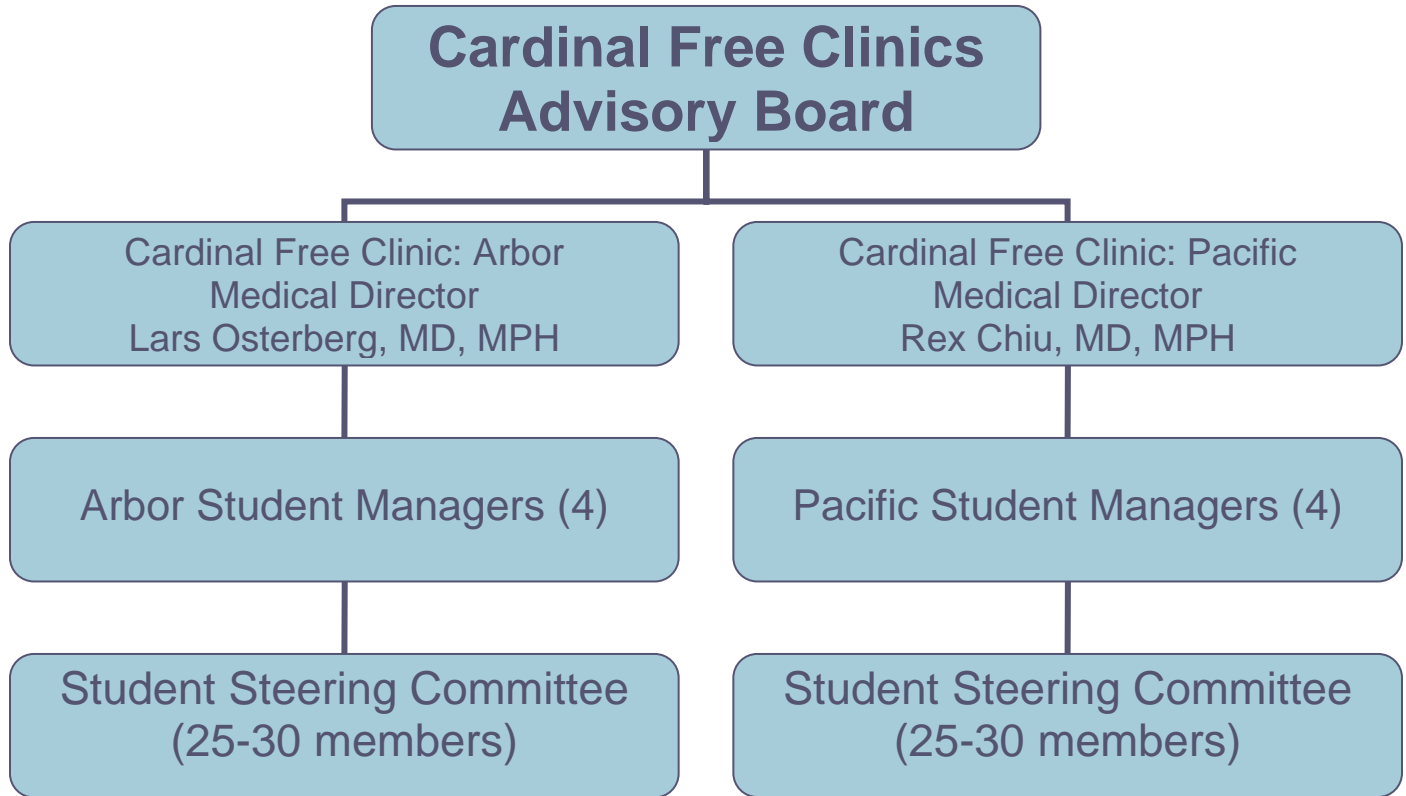
5.2 CARDINAL FREE CLINICS: PACIFIC

The Pacific Free Clinic serves an urban population that is racially and culturally diverse, drawing patients from all over the San Jose area. Consequently, the clinic sees many patients who require special considerations that the Pacific Clinic is uniquely positioned to address. Pacific's free services provide a valuable safety net for those with low-income or are uninsured in East San Jose. Over half (58 percent) of the patients are unemployed and 96 percent of the patients are uninsured. Currently, the vast majority of patients (77 percent) come from the city of San Jose.

Pacific's neighborhood population is less educated than the American average (only 7.54 percent have bachelor's degrees), and the per capita income is below the national average. Nearly a quarter of all households have 7 or more persons (23.07 percent). Nearly 2/3 of patients require translation services: 26 percent require Spanish translation, 38 percent require Vietnamese translation, and 2 percent require Chinese translation. The Vietnamese community appears to be overrepresented in the patient base as a proportion of the total neighborhood population. Only 30.76 percent of the population immediately surrounding the clinic is Asian, while 41 percent of the patients who visit the clinic are Vietnamese. While Pacific Clinic already makes considerable effort to accommodate the special needs of the Vietnamese community, further opportunities to reach out to this constituency exist. The second largest ethnic group as a proportion of the total patient base is Hispanics and Latinos at 32 percent. 57.76 percent of the population of the surrounding neighborhood is Hispanic and Latino.

6.0 DESCRIPTION OF BUSINESS

6.1 ORGANIZATIONAL STRUCTURE:



6.2 RECRUITMENT STRATEGY

The Arbor Free Clinic and Pacific Free Clinic both recruit volunteers through the Stanford Medical, Undergraduate and Graduate Schools in order to staff the clinics on a regular basis. Stanford Physicians and Affiliated Physicians are recruited through advertisements through email and staff newsletters and announcements. Stanford residency programs support clinic staffing by encouraging community service and listing Arbor Free Clinic and Pacific Free Clinic as sites for residents to perform community service. Physicians are offered incentives to volunteer at the clinic by offering continuation medical education credits and giving the volunteer faculty privileges in using the Stanford facilities.

6.3 AWARENESS STRATEGY

Every clinic day for the Cardinal Free Clinics is a day where the clinics are working at maximum capacity. While Arbor Free Clinic has established itself as a local haven for those in need of acute care, Pacific Free Clinic has established itself as a primary care clinic for those in need of chronic care. The Cardinal Free Clinics' affiliation to the Stanford University, School of Medicine, is one that is mutually beneficial. For the school, CFC serves to promote Stanford's

investment in its community as well expansion of its training grounds. For the CFC, Stanford serves not only as a reputable supporter and source of funding but also a source of quality volunteers, both students and physicians.

As an affiliate to Stanford, the CFC has relied on university communications to recruit volunteers for the clinics. In order to reach the community however, the clinics have used a variety of communication methods that are both culturally and linguistically sensitive in order to meet the clinics' mission of alleviating disparities due to access to health care and social services.

Methods used to promote the clinics:

- Advertising in the Vietnamese Mercury (San Jose newspaper)
- Partnering with community organizations and churches and providing them information on the clinics
- Public health screening fairs at least three times an academic quarter; and at these fairs, information is provided to patients in the form of brochures in multiple languages
- Spanish and Vietnamese radio ads advertising health screening fairs
- Patient education classes on chronic diseases are offered in Spanish or Vietnamese

6.4 CARDINAL FREE CLINICS: ARBOR

The Stanford Arbor Free Clinic, founded in 1990, is a student-run free clinic serving the mid-Peninsula San Francisco Bay Area. Arbor provides onsite acute medical care and is the only free clinic open on weekends in the East Palo Alto area. In addition, Arbor conducts health care screening events and health fairs at various locations within the community throughout the year. Arbor is open every Sunday and is housed in the VA Hospital in Menlo Park. In the year 2006, Arbor served over 1250 patients, and continues to expand the range of medical services. Almost all patients are uninsured or underinsured. By partnering with community organizations, Arbor has built a network of medical and social care to follow-up with patient needs. These partnerships include For Eyes Optical, which provides low-cost eyeglasses and Walgreen's Pharmacy, whom Arbor contracts with to provide prescription vouchers.

The Arbor Free Clinic is staffed entirely by volunteer physicians and students. Around 60 physicians volunteer at the clinic and now 100% of medical students rotate through the clinic at least once during their medical school careers as it is integrated into the required Stanford Medical School curriculum. Stanford Undergraduate students also comprise a vital component of the volunteer staff. The management team includes Dr. Lars Osterberg, Medical Director, three Stanford Student clinic managers, and a steering committee made up of 30 medical, undergraduate and graduate students. By primarily relying on volunteers and in-kind services from The VA Palo Alto Health Care System, Stanford Hospital and Stanford Medical School the clinic operates on a budget of under \$100,000 (approximately \$70/patient).

The onsite services at Arbor include acute medical care and much more. Patients are greeted by the undergraduate student-staffed front desk. All patients are walk-ins and are seen on a first come, first serve basis. The undergraduates check in the patients and perform a preliminary intake. Pre-clinical medical students then conduct the medical history and record the vital

statistics of each patient. If present, a clinical student will address the patient needs and carry out the medical exam while reporting back to a physician. If there is not a pre-clinical student available, the physician will treat the patient directly. Either way, the pre-clinical student follows the patient throughout the patient visit. In addition, a Benefits Analyst from San Mateo County is available to speak with patients about potential resources for which they may be eligible, including health insurance, housing and shelter options, and welfare. Every patient is encouraged to speak with the social worker as the clinic acknowledges that the majority of patients are in need of more than acute medical care and the visit to Arbor may be one of only a few opportunities the patient has to link up with such resources.

There are currently five specialty clinics at Arbor for patients with more specific needs: dermatology (once a month), musculoskeletal (every other month), allergy (once a month), optometry (once a month), and ophthalmology (once a month). The specialty clinics handle internal referrals, as well as referrals from outside clinics such as Ravenswood Family Health Center.

6.5 CARDINAL FREE CLINICS: PACIFIC

Pacific Free Clinic (PFC) opened in May 2003 to fulfill a need for financially and linguistically accessible health care for underserved populations in east San Jose. The clinic is open every Saturday from 10 am to 2 pm and shares facilities with Overfelt High School's health clinic. The clinic, staffed by student and physician volunteers from Stanford University and the surrounding community, provides free adult primary care, health screenings, medications, laboratory tests, referrals, and interpretation services. While PFC provides services to patients with acute care needs, it focuses predominantly on chronic health concerns and chronic care management.

By working with community partners, the clinic has developed a medication assistance program through Walmart, established a prescription voucher system with the local Vietnamese pharmacy, diabetes and high blood pressure health screenings with community churches and health associations, as well as pro-bono clinic advertising in Spanish and Vietnamese with radio shows and newspapers. The clinic also holds a women's health specialty clinic to meet women's gynecological needs.

The clinic is run by a team of student, physician, and community volunteers. This team is headed by the clinic's Medical Director, Dr. Rex Chiu, 4 clinic managers, and a steering committee composed of 25-30 Stanford students and community volunteers. Furthermore, an advisory board composed of representatives from the community, Stanford University, and PFC help to maintain the vision of the clinic. Staffed entirely by volunteers, the clinic's yearly budget is under \$80,000 and is funded by grants from [The Health Trust](#) and [Blue Shield of California](#) and in-kind donations.

At Pacific Free Clinic, both acute and chronic care needs are met in addition to the other services provided by PFC. While patients are encouraged to make appointments in advance, PFC also accepts walk-ins. At PFC, patients are greeted by a volunteer who prepares the patient's chart and decides whether an interpreter is needed. Subsequently, a patient advocate (PA), a trained student volunteer, and an interpreter, if needed, will conduct a medical interview with the patient.

The PA will then present the patient's history to a volunteer physician who will not only provide care for the patient but also teaching points for the PA. Once the patient has concluded his/her visit, the patient's chart is given to the "Follow-Up Chair" who ensures that the appropriate labs, medications, and referrals are fulfilled, reported or other actions.

In the past year, PFC has designed and implemented the first integrated social work program at PFC in partnership with the San Jose State University Masters of Social Work (SJSU MSW) Program. Upon recruiting a licensed social worker from the Lucile Packard Children's Hospital Health Van with 11 years of social work field experience as the Field Site Supervisor, PFC was established as an official field site agency for two second-year MSW student interns. The SJSU MSW social work students will focus on signing patients up for various public health insurance programs if they are eligible, developing a mental health counseling program for the immigrant population, and referring patients to various community organizations based on their social problems or concerns. PFC has partnered with the Stanford Patient Advocacy Program to expand and develop the Health Educator role at PFC to help bridge the gap in patient health education needs in a culturally and linguistically appropriate manner. Under the guidance of Dr. Noel Thompson, PFC has incorporated comprehensive ultrasound examinations into patients' physical exams and utilized this technology to screen for potential pathology in patients. PFC has also recently joined the Community Health Partnership, which will strengthen and improve the clinic's referral process with the Santa Clara County Valley Medical Center. In addition to developing an ophthalmology clinic, PFC has also implemented an enormously successful flu vaccination program under the mentorship of Dr. Walt Newman, received a generous donation of an EKG machine from Dr. Antonio Chan to kick-start a cardiology clinic, and spearheaded free monthly dental and vision screenings.

7.0 5-YEAR BUSINESS PLAN

7.1 CARDINAL FREE CLINICS: ARBOR

One-Year Objectives

- Improve patient database to facilitate entry of items such as laboratory results and referrals
- Become part of Community Health Partnership in order to improve patient referral, follow-up, and continuity
- Secure long-term funding, along with Pacific Free Clinic, to maintain and expand clinic operations
- Re-establish Mental Health Specialty Clinic for patients in need of mental health services
- Maintain a more consistent supply of adult vaccines such as tetanus and pneumovax vaccines

Three-Year Objectives

- Dental care (no significant expense given volunteer dentist, volunteer dental assistant and Willow Clinic pro-bono use of dental chairs)
- Women's health (no expense since use of existing physicians (Ob-Gyn and primary care physicians to provide women's health exams and Stanford to do pro-bono PAP smears)
- (Permanent) Facilities Improvement- would require considerable funds/work- eg. new exam tables, equipment (otoscopes, ECG machine, etc.). Unclear how this would impact the clinic financially but would depend on whether San Mateo County public health department moves into the current Arbor site or not. The plan is that they will move in and we could work together to upgrade the facility to accommodate both our needs. If they do not move into the current Arbor clinic space this could cause us to incur more expenses to the clinic by requiring us to purchase the equipment to make the clinic more operational.
- Support person(s)-website/database (would require funds for regular maintenance)
 - This is the most significant expense given the cost of a part-time technical computer person (estimated time 14-16 hrs per month at \$100/hr)
- Supplies/physician recruitment will be done with a coordinated effort between the Pacific Free Clinic and using existing administrative personnel at no cost (or supported by OCH).
- Pediatric staffing will be arranged at no cost with coordination with Pediatric chief residents.

- More formalized teaching integrated with service learning component:
 - High School Students- Plans to work with Stanford Medical Youth Science Program to create summer learning experience for the high school students in the SMYSP at the clinic (educational grant to improve the recruitment of minorities into the medical field).
- Undergraduate- reflection/discussion session (would require instructor support)
- Med student- incorporated within POM (educational grant for improving cultural competency, primary care skills, working with marginalized populations, etc.)
- Interpreters could span the spectrum of high school student to Medical Student that could be involved in service learning.

Five-Year Objectives

- Evening Continuity clinic established (would require support for regular preceptor & upgrade in facility to provide continuity and funding for chronic medications). A significant expense since a regular physician would need to be hired to guarantee continuity (~4-5 hrs/week to precept students). This could also include internal medicine residents in rotation to complement residency program. Could be done with an evening or afternoon clinic

7.2 CARDINAL FREE CLINICS: PACIFIC

One-Year Objectives

- Hire a benefits analyst to help connect patients to insurance programs
- Increase patient empowerment and health education
 - Offer additional weekday evening of Diabetes Management classes in Vietnamese or Spanish
 - Pharmacy student clerkships through the University of the Pacific
 - Increase printed and translated educational materials
- Design and implement patient needs assessment and clinic satisfaction survey.
- Increase continuity of patient care
 - Expand medication assistance programs
 - Decide on management of medication formulary and distribution
 - Strengthen local community partnerships and referrals networks
 - Increase follow-up care access
 - Nutritionist
 - Chronic care physician
- Implementation of electronic medical records

- Design, implement, and oversee the first comprehensive Hepatitis B Clinic at PFC. PFC has teamed with the Asian Liver Center (ALC) at Stanford to build an unprecedented health education campaign and vaccination program for all Asians in the San Jose community to get tested and vaccinated for hepatitis B virus (HBV) infection. The clinic will encompass a four-pronged approach, including patient health education, screening, vaccination, and treatment program for all patients at PFC. We estimate that in one year, we will easily be able to serve over 1,000 high-risk patients through the clinic and help bring us one step closer to bridging the greatest health disparity facing Asians in the U.S.
 - Selection and compilation of culturally sensitive, HBV educational materials and tailoring them to the patient population at PFC
 - Design a 1-hour course curriculum to train all clinic volunteers to become HBV health educators
 - Acquire HBV screening materials and arrange for free laboratory testing through Stanford Laboratories
 - Organize and publicize free on-site “3-for-life” three-shot HBV vaccination series
 - Compile a list of local referral agencies for HBV treatment
 - Expansion of medication assistance programs for HBV antiviral medications

- Develop a comprehensive dental and oral cancer screening program with the collaboration of a dentist and a MPH student
 - The collaboration will include purchasing an x-ray machine for dental examinations and possibly having a dental van come to PFC once or every other month

- Have dedicated web application /database development in order to perform the following:
 - Improve the patient database that contain more medical information, including laboratory results and physician notes
 - Incorporate information relating to processing referrals, laboratory results, and RxAssist into the patient database
 - Improve the organization of the patient database to ease retrieval of patient information and deriving more accurate statistics on clinic operations

- Obtain the following equipment: labeling machines, laptop computers, pulse oximeters, extra cholesterol machines for screening events, and upgrades for ultrasound machines and components.

- Secure long-term funding, along with Pacific Free Clinic, to maintain and expand clinic operations

Three-Year Objectives

- Establish a comprehensive chronic care management clinic in which continuity of clinical care is incorporated with chronic care management classes
 - Continuity of the chronic care management clinic will be maintained by recruiting retired physicians who are interested in managing the same group of patients.

- Hire a portion of a physician's time to lead the chronic care component of the clinic. This physician will be in charge of ensuring that the chronic care patients are being seen consistently by the same group of physicians, are up-to-date with their medical checkups, and follow their medication/diet/exercise regimen.
- Apply for malpractice insurance via the federal programs (FTCA or AFC)
- Improve quality control and physician credentialing processes
- Create a partnership with the Department of Internal Medicine such that Residents will be required to train at PFC
- Work with the Department of Health in Santa Clara County to develop a needs assessment project and assess the standards of living in the surrounding area of PFC. This will determine whether relocation may be needed because of the changes in standard of living in the community surrounding PFC.
- Allow access to PFC as a research training site for all aspects of health: health care management, public health, social work, clinical research, community health, and information health technologies.

Five-Year Objectives

- Find permanent facilities for PFC
- Establish a comprehensive dental clinic that provides dental care services, such as free simple extractions, fillings and cleanings, and possibly some minimal invasive procedures
- With permanent facilities, PFC can provide more specialty services and become a more comprehensive medical provider
- Improve outreach effort by having more specialty vans modeled after the mommy van, e.g. dental, mammograms, radiology, ophthalmology
- Increase the number of hours or days PFC is open
- Have full-time, paid staff to handle the administrative aspect of the clinic, especially the finance, fundraising, and referral processing (but students still heavily involved to maintain the education mission of PFC)

7.3 CLINIC EXPANSION

Among the goals of the Cardinal Free Clinics includes a plan to broaden the clinics' horizons. This plan will begin implementation in year three, and involves assisting the start-up of a new

free health clinic. Ideally, the new start-up clinic will be initiated by other students in a university environment. Given those conditions, the plan for growth will include:

- Financial support in the form of seed grants
- Logistical support: e.g. sample operational procedures, clinic layout, paperwork, database resources
- Experienced resources: Cardinal Free Clinics staff will be available for manager/steering committee training and for further consultation
- Yearly conference: Cardinal Free Clinics will organize and host a yearly conference on free clinic management

8.0 FINANCIAL PLAN

8.1 CARDINAL FREE CLINICS: ARBOR

<u>Arbor Free Clinic</u>	<u>Total Project Budget</u>		
	Year 1	Year 3	Year 5
<u>Personnel</u>			
Directors' Salary	41,968	44,500	47,200
Directors' Benefits	4,932	5,300	5,700
Managers' Stipend	47,690	50,600	53,700
Managers' Benefits	1,562	1,600	1,600
Subtotal Personnel	96,152	102,000	108,300
<u>Non-Personnel</u>			
<u>Operating Costs</u>			
Recruitment and Outreach	1,650	1,800	2,000
In-house medication	4,000	4,200	4,400
Prescription vouchers	23,500	24,900	26,400
Laboratory services	1,600	1,600	1,600
Medical Supplies	3,700	3,900	4,100
Follow-up / Referrals	500	500	500
Administrative Supplies	2,200	2,400	2,600
Health Screening Supplies	3,200	3,400	3,600
Professional Association Fees	100	100	100
Flu Vaccine	1,000	1,000	1,000
Carpool Expenses	250	300	300
Educational Materials	1,300	1,300	1,300
Food and Drink for Volunteers	4,000	4,200	4,400
Publicity	11,900	12,700	13,500
Dental Care	200	200	200
Optical Services	5,400	5,800	6,200
Steering Committee Development	150	200	200
Annual Reception	900	900	900
<u>Business Plan's Goals</u>			
<u>One Year Plan</u>			
Social worker salary (6-8hr/wk)	30,000	31,800	33,800
Benefits analyst, equipment	200	200	200
Dental & Oral Cancer Screening program			
X-ray machine	3,000	0	0
Dental supplies for screening	2,000	2,200	2,400
Ultrasound program			
Machine/equipment upgrade	3,000	100	100
Database / Website Development			
Computer programmer salary	2,000	2,200	2,400
Label machine and labels	400	50	50
Laptop	2,000	0	0
Pulse oximeter	300	0	0

Cholesterol Machine	300	0	0
Cholesterol test strips/cassettes	3,000	3,200	3,400
Join Community Health Partnership	2,000	2,200	2,400
Three Year Plan			
Chronic Care Physician salary (6-8hr/wk)	0	15,000	16,000
Website/Database programmer		19,200	
Federal malpractice insurance program application	0	100	100
ECG machine		1,300	
Exam tables (2)		2,780	
Otoscope/Ophthalmoscope		594	
Ophthalmology Clinic			
Slit lamp	0	3,000	0
Community and Clinic Nights			
Advertisement	0	500	500
Community group speaker fees	0	2,000	2,200
Screening	0	2,000	2,200
Research Project Funding	0	5,000	5,400
Five Year Plan			
Rent for permanent location	0	0	12,000
Dental Clinic			
Dental unit	0	0	0
Autoclaving equipment	0	0	0
Other dental equipment	0	0	0
Specialty Van			
Mammogram (equipment in the van)	0	0	0
Ultrasound / X-ray (equipment in the van)	0	0	0
Ophthalmology (equipment in the van)	0	0	0
Dental (equipment in the van)	0	0	0
Full Time staff for administration			
Finance	0	0	2,000
Fundraising / development	0	0	2,000
Referral, lab, & RxAssist Processing	0	0	2,000
Total Direct Costs	65,550	69,400	73,300
Indirect Costs @ 15%	9,833	10,410	10,995
Indirect Costs @ 15%	0	0	0
Personnel Costs	96,152	102,000	108,300
Subtotal	171,535	181,810	192,595
Total Cost of Goals	48,200	93,424	89,150
Grand Total	219,735	275,234	281,745

8.2 CARDINAL FREE CLINICS: PACIFIC

<u>Pacific Free Clinic</u>	<u>Total Project Budget</u>		
	Year 1	Year 3	Year 5
<u>Personnel</u>			
Clinic Managers' Stipend	6,600	6,600	6,600
Director's Salary	15,500	15,500	15,500
Director's Benefits and taxes @ 15%	3,315	3,315	3,315
Benefits and taxes @ 15%	15%	15%	15%
Social worker salary (6-8hr/wk)	10,000	10,000	10,000
Subtotal Personnel	35,415	35,415	35,415
<u>Non-Personnel</u>			
<u>Operating Costs</u>			
Recruitment and Outreach	1,400	1,400	1,400
In-house medication	3,000	3,000	3,000
Prescription vouchers	19,000	19,000	19,000
Laboratory services	1,200	1,200	1,200
Medical Supplies	3,000	3,000	3,000
Follow-up / Referrals	500	500	500
Administrative Supplies	500	500	500
Health Screening Supplies	3,200	3,200	3,200
Professional Association Fees	100	100	100
Flu Vaccine	1,000	1,000	1,000
Carpool Expenses	250	250	250
Educational Materials	1,000	1,000	1,000
Food and Drink for Volunteers	2,000	2,000	2,000
Publicity	2,175	2,175	2,175
<u>Business Plan's Goals</u>			
<u>One Year Plan</u>			
Ophthalmology Clinic			
Slit lamp	0	3,000	0
Hepatitis B Clinic			
Medical supplies	800	800	800
GlaxoSmithKline HBV vaccine	7,200	3,600	1,800
Dental & Oral Cancer Screening program			
X-ray machine	3,000	0	0
Dental supplies for screening	2,000	2,000	2,000
Ultrasound program			
Machine/equipment upgrade	3,000	100	100
Database / Website Development			
Computer programmer salary	1,000	1,000	1,000
Label machine and labels	400	50	50
Laptop	2,000	0	0
Pulse oximeter	300	0	0
Cholesterol Machine	300	0	0
Cholesterol test strips/cassettes	3,000	3,000	3,000
Join Community Health Partnership	2,000	2,000	2,000

Three Year Plan			
Chronic Care Physician salary (6-8hr/wk)	15,000	15,000	15,000
Federal malpractice insurance program application	100	100	100
Community and Clinic Nights			
Advertisement	500	500	500
Community group speaker fees	2,000	2,000	2,000
Screening	2,000	2,000	2,000
Research Project Funding	5,000	5,000	5,000
Five Year Plan			
Rent for permanent location			
Dental Clinic			
Dental unit	0	0	9,000
Autoclaving equipment	0	0	4,000
Other dental equipment	0	500	500
Specialty Van			
Mammogram (equipment in the van)			
Ultrasound / X-ray (equipment in the van)			
Ophthalmology (equipment in the van)			
Dental (equipment in the van)			
Full Time staff for administration			
Finance	0	0	2,000
Fundraising / development	0	0	2,000
Referral, lab, & RxAssist Processing	0	0	2,000
Total Direct Costs	38,325	38,325	38,325
Indirect Costs @ 15%	5,749	5,749	5,749
Indirect Costs @ 15%	15%	15%	15%
Personnel Costs	35,415	35,415	35,415
Subtotal	79,489	79,489	79,489
Total Cost of Goals	64,600	58,450	69,850
Grand Total	144,089	137,939	149,339