



## **Starting a Free and Charitable Clinic**

While the North Carolina Association of Free & Charitable Clinics (NCAFCC) can provide resources and advice in starting a free and charitable clinic, the NCAFCC cannot create a clinic in a community – we cannot ‘make’ a clinic be there. The ONLY way a free & charitable clinic happens in a community is when the community wants to make it happen – a driven, compassionate group of leaders with a desire to help the uninsured.

There are several key factors that must be identified before you consider opening a free and charitable clinic; please take into consideration the following by questions. These questions are just a starting point for you. Please feel free to reach out to the Association and your community leaders with questions that arise as you contemplate starting a free & charitable clinic.

### **Needs Assessment**

Does the community need a free & charitable clinic, if so why?

Are there other resources in place, such as a federal or state health center or a health department that already serves the uninsured?

Have you approached similar organization with ideas to collaborate and provide services?

### **Community Support**

Will the community support the clinic (i.e., will they volunteer their time, donate their money, advocate for the clinic, etc.)?

Almost all successful free and charitable clinics have a clinic “champion,” someone who is passionate about serving the uninsured. Typically, this person is a medical provider – but it does not have to be.

Starting a free and charitable clinic cannot be planned and implemented by one person.

Is there a group of people willing to work together and start a free and charitable clinic?

## **Hospital Support**

Additionally, many successful clinics have the active support of their local hospital, including serving on the clinic board, providing in-kind lab work and other services, encouraging medical providers to volunteer and providing financial support.

Have you approached your local hospital and asked for their support?

## **A Diverse, Active Board and Community**

Successful clinics have boards who are a group of champions and that represent a cross-section of the community, and are active – they volunteer, participate, and donate – 100%.

Are others concerned about those without access to health care, and will they insist on such a service being developed?

Does the medical community share your concern?

Would retired people, both medical and non-medical, be willing to volunteer in the clinic?