

# Funders on the Frontline: Shoring Up Our Safety Net

*Kathy Higgins*

**T**he natural instinct when faced with a troubled economy is to conserve. Grantmakers, like most others during the past several months, have seen a dramatic decline in assets and available resources, and we have been forced to make difficult decisions about the way we conduct our business. Ironically, grantmakers and philanthropists are most needed in times of economic recession. They are called on to support organizations, individuals, and communities dealing with the compounding effects of an economic downturn. For example, North Carolina's health care system, in particular the health care safety net, is increasingly stretched as job losses and the numbers of uninsured rapidly climb.

Like others with so much invested in, and committed to, the health of our state, we have found ourselves at somewhat of a defining moment. We, too, are faced with one of the most difficult decisions for a philanthropic organization: do we scale back? Fortunately, we have decided that now is not the time. We are, however, evaluating where we can have the most direct impact and are focusing our energy and resources appropriately.

One place we believe we can make an immediate difference is with North Carolina's network of free clinics, which currently serve 79 of North Carolina's 100 counties<sup>a</sup> and are on the frontlines of the economic downturn. The realities of the national situation can be witnessed first-hand in these clinics, where in some cases patients are being turned away as a result of overcrowding, and already overburdened staffs are faced with more budget and personnel cuts.

Much of our organization's legacy is being defined through our partnership with the North Carolina Association of Free Clinics (NCAFC), which began with a five-year, \$10 million grant in 2004, and continues today through a \$10 million extension which was announced last year. Among the many successes from this collaboration is a more than 30% increase in the number of clinics and total counties served<sup>a</sup> and an increased capacity to care for uninsured patients.

We recognize, however, the more immediate needs that have emerged after recent events. With our existing investments dedicated to long-term strategy, this spring we committed an additional \$2 million for immediate distribution to the clinics

across the state most affected by the rise of unemployment and coinciding increase of uninsured. For many North Carolinians, this could mean the difference between being seen in a timely fashion or being placed on a waiting list or, in a worst case scenario, using the hospital emergency department for primary care.

Free clinics, along with other components of the state's safety net, are providing high quality and, more importantly, accessible care in a time when it is most needed. We recognize that our commitment to their long-term success begins with addressing this short-term crisis. With assets in decline, collaboration is an increasingly effective strategy grantmakers and human service agencies alike can employ to maintain and increase impact on the community. We have been partnering with other statewide North Carolina health funders as a way of aligning not only resources, but also expertise, in support of initiatives directly impacting access to quality care for North Carolinians.

An example of this is can be seen with the Care Share Health Alliance (Care Share), which was initiated by The Duke Endowment and is also supported by the Blue Cross and Blue Shield of North Carolina Foundation, Kate B. Reynolds Charitable Trust, North Carolina Health and Wellness Trust Fund, the North Carolina Office of Rural Health, and Community Care of North Carolina (see page 373 for more information on Care Share). Care Share coordinates resources from state government, private organizations, and local communities to help communities across the state develop a coordinated network of care. These networks ultimately expand access to care, while in turn leveraging resources to ensure more positive health outcomes for uninsured North Carolinians. The idea is that individuals who utilize the health care safety net can expect to receive similar consistency of care as anyone else. And why shouldn't they?

One such network is the Capital Care Collaborative, a consortium of eight Raleigh-based safety-net stakeholders (clinics, hospitals, county health departments, and others) working together to provide coordinated care for the region's medically underserved. This multi-agency collaboration is increasingly critical now given the widespread strain on

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<sup>a</sup> Obtained from an internal data run that was provided by the North Carolina Association of Free Clinics (2009).

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resources and increased utilization of safety-net services. It is also a model for other North Carolina communities of how grantmakers, diverse communities, and government entities can come together in the interest of the underserved and other vulnerable populations. This type of collaboration increases the collective financial stake of funders, but just as important, the resulting relationships and open lines of communication are critical to the cooperative efforts needed to face current economic conditions as well as other emerging issues. If this current situation has taught us anything, it is the value of agility

and the capacity to react to ever-changing community needs. A year ago, most of us could hardly imagine the situation our state faces in terms of economic hardship—the adverse and compounding effects of which seem to multiply every day.

The philanthropic community has a growing and complex role. More than ever, our focus must be on how we can positively impact the most people through the most effective and efficient means. And while we too are facing challenges as organizations, we must commit to continue to fulfill our missions to help others. After all, that is what we do. **NCMJ**

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