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Challenge

Without building a new health center, the Shasta County's primary source of health care for the working poor and indigent, Shasta Community Health Center, will close.

Since its beginning in 1988, Shasta Community Health Center (SCHC) has leased part of the old county hospital building from Shasta County. In 1998, Shasta County made the strategic decision not to renew the lease, effective June, 2001, so that the building could be used for county office space.

This closure will create a crisis in the healthcare delivery system in Shasta County. SCHC patients (one in four in the county) would not receive timely care for illness, disease and preventive health services. Patients who don't need the intensive services of an Emergency Room would be forced to use these expensive facilities, creating delays for those who truly need emergency services. Patients would wait longer for primary health care, creating sicker patients, longer hospital stays and more tests and avoidable health services. Communicable diseases, especially among children, would not be diagnosed as early, posing community health risks. The patients who do use the emergency rooms will be sicker, requiring more hospital stays, tests and procedures.

Why The Community Should Care

Why should every person in Shasta County care whether the health center's patients receive health services?

Almost half of SCHC's adult patients have jobs and are considered "working poor". These patients, for the most part, have jobs, but do not receive health insurance from their employers and don't make enough to afford health care. Without Shasta Community Health Center, they would not be able to receive regular preventive and on-going health services.

Fully 80% of SCHC's patients have lived in the county for at least five years.. SCHC's patients are friends and neighbors who are hard-working members of our community, raising families in an increasingly expensive health care environment. While SCHC serves all who need it, less than 3% of the active patient base are transient or homeless.

Infants and children represent over half of the patients served by Shasta Community Health Center. The only health care many of these children will receive is through Shasta Community Health Center.

Shasta Community Health Center is not a "free clinic". Every adult patient pays something for the services they receive. There is a sliding fee scale that helps to encourage personal responsibility, yet allows patients to afford health services.

Emergency Rooms will be swamped by these 40,000 patients if SCHC is forced to close. The Emergency Room is the most expensive way to treat a patient and should be reserved for truly life-threatening illness. Because hospitals are required by law to treat anyone that shows up in

the Emergency Room, the costs of treating the uninsured are passed on to all of the hospitals clients through higher bills.

In addition to the increased costs, there would be added delays and waiting for any member of the community who faces a true medical emergency.

Without SCHC patients will not get regular health care. Without regular health care, patients are sicker, more costly to treat and the chance of a negative outcome is higher.

Perhaps most seriously, lack of regular health care creates a community health hazard. Who is sitting next to your child and grandchild in school? If that child hasn't seen a doctor in years, is it possible that your child's school friend has a communicable, air-born childhood disease ... or even something more serious?

Summary

Shasta Community Health Center provides primary health care services to 40,000 patients in Shasta County – <u>fully one in four of the county's residents</u>. Over 80% of the working poor and indigent in the community receive their primary health care from Shasta Community Health Center.

Shasta Community Health Center works closely with physicians in the community. Many of these physicians treat SCHC patients on a reduced or no fee basis as part of their commitment to the community.

There are currently 10 staff physicians, 6 nurse practitioners/physician assistants practicing at Shasta Community Health Center. Additionally, there are 34 medical specialists providing specialty care to this under-served population. Through a unique partnership, medical specialists in the community offer their specialty at the clinic a few hours or days each month.

Shasta Community Health Center provides primary health care through three specific medical practices:

Family Practice

Providing a wide-range of health services, these family physicians, physician assistants, and nurse practitioners provide quality health care to over 25,000 adults and children each year. Additionally, the Family Practice Residency Program allows first, second and third year family practice residents the opportunity to work hands-on with patients, under the supervision of a specially-trained physician. These six resident physicians see 7,000 patients each year.

Pediatrics

Specializing in childhood illness and injury, these pediatric physicians, physician assistants, and nurse practitioners provide quality health care to 13,000 infants and children each year.

Medical Specialty Program

It is very unique for a community health center to have such direct access to medical specialists. Through a collaborative effort with local specialists who practice a day or a few hours a week on-site at Shasta Community Health Center, the working poor have unusual access to the following 18 specialises provided by 34 specialists:

Endocrinology Urology

Plastic Surgery Rheumatology

ENT Podiatry
Neurology Pulmonary
Neurosurgery Proctology
Vascular surgery General Surgery
Ortho Cardiology (Peds)

Gvn Ortho (Peds)

Gastroenterology Neurosurgery (Peds)

Even without Shasta County's decision not to renew the lease, the number of people served and the type of services being provided have outgrown the old hospital. Waiting times are increasing to the point of creating health problems for the patient base and the community.

For example:

- it often takes as long as three months for a new patient to be seen by a primary care physician.
- a current patient must often wait as long as three or four weeks to see their physician
- patients needing to see one of the clinic's medical specialists must often wait as long two years because of the limited number of practitioners.

A new facility will take care of these problems. Shasta Community Health Center has a plan to bring more primary care practitioners (physicians, nurse practitioners, and physician assistants) and is in a financial position to do so – <u>but there is not room at the old county hospital for additional practioners</u>. There are medical specialists within Shasta County that have indicated they would like to offer their services, <u>but there is not room at the old county hospital for these valuable specialists</u>.

Reasonable access to quality health care in Shasta County can only be solved by a new facility, specifically designed to create an efficient delivery system. As the population of uninsured continues to grow, many with low-paying, no benefit jobs, the crisis in healthcare in Shasta County will continue to grow.

The Capital Campaign

In 1999, the Shasta Community Health Center Board of Directors determined, after a professional feasibility study, to launch a \$4,000,000 capital campaign to build a permanent clinic. This new clinic will insure that the working poor (which consists of one in four people in the county) can receive timely, quality care.

Shasta County has also agreed to make available 6.5 acres of land it owns along Radio Road for the site of the new clinic.

The funds raised will pay for construction of the new clinic and the necessary equipment to provide health services to those that need it. The campaign will focus on receiving gifts from foundations, corporations, small businesses, physicians and individuals. A full copy of the feasibility report is available upon request.

The New Facility

After an exhaustive review of available buildings, the Board of Directors of Shasta Community Health Center determined that there is no building that could be adapted to the health center's unique needs for a reasonable cost. There are few 35,000 to 40,000 square foot buildings available for purchase or lease in SCHC's catchment area.

Through the generosity of Shasta County, 6.5 acres of land along Radio Road is available at virtually no cost to the health center. With this gift of land, Shasta Community Health Center's board of directors has determined that building a 35,000 - 40,000 square foot facility is the most economically feasible plan.

The new health center will be able to serve more patients more efficiently, including ...

- ... Expanded hours to enable more patients to access clinic services.
- ... Three exam rooms for each medical professional will allow for better efficiency and more patients to be seen in the same time-frame.
- ... A computer system that links the physicians to all of the patient records, as well as electronic dictation.

The proposed facility would house five "pods", each providing a specific type of health service. These five pods are:

1. **Primary Care**. This pod will house all of the primary care services including the Family Practice and Family Practice Residency Program. Included in this pod will be all of the Family Practice practitioners (physicians, nurse practitioners and physician assistants). Also located in this pod will be the unique Family Practice Residency program, where first, second and third year medical students will treat patients under the direct supervision of teaching physicians.

Included in the primary care area will be fetal monitors, a full pregnancy unit (including education and counseling rooms), obstetrics and equipment for tests that must currently be out-sourced for additional cost and loss of time.

Shasta Community Health Center will also be able to expand its Adult Sexual Assault Consultation Program which enables victims of sexual assault to be treated in the privacy of a special room and with dignity.

There will also be a special Pediatric Sexual Assault Room to provide the medical services and mental health counseling required by the 150 sexually assaulted children Shasta Community Health Center treats each year.

2. **Specialty Care** – Current space limits prevent an expansion of Shasta Community Health Center's unique Medical Specialty Program. Even though several physician specialists in the county have indicated an interest and willingness to bring their services to the health center, there is no room for these specialists to see patients.

The new health center will have its own specific pod for these specialists, including three exam rooms for each specialist on-duty. These additional exam rooms will allow specialists to see more patients in the same timeframe, which, more than anything, will dramatically reduce the up to two-year wait to see a specialist.

Most importantly, the additional space will allow Shasta Community Health Center to equip the new clinic with all the equipment needed by the medical specialists to do their basic exams and diagnosis. Also included will be a unique tele-medicine program that will allow all physicians to immediately link to specialists in Sacramento, San Francisco, and Los Angeles to receive assistance for difficult cases.

- 3. **Pediatrics** Over half of the patients seen by medical professionals at Shasta Community Health Center are under the age of 18, and 35% are under the age of ten. Yet these children must often wait weeks to see a physician and, because of the contagious nature of many of their illnesses, the community as a whole is at risk.
- 4. **Specialized Health Services** (Lab, X-Ray, and Pharmacy). The new clinic will house its own lab, x-ray, pharmacy and isolation room for respiratory infections. It will also house a patient teaching area for such specialized services as women's health, chronic disease education (diabetes/asthma), AIDS education and awareness.

What About Operating Support After the Clinic is Built?

- Over 80% of the operating revenue of SCHC comes from stable federal and state sources.
- The remaining 20% comes from state, local or private grants, and sliding fee scale payments.
- Pro-forma budgets indicate that SCHC's operating revenues can support the operations of this size clinic.

Building Costs

The total cost for the new 35,000 square foot Shasta Community Health Center is estimated at \$4,000,000.

History

Shasta Community Health Center was founded in 1988 by a partnership that included the Shasta Trinity Medical Society, Redding Medical Center, Mercy Medical Center and the County of Shasta after the closing of Shasta Community Hospital.

Over 54,000 individuals within Shasta Community Health Center's service area are low-income, and 20,000 of these live below the federal poverty level (\$17,010 household income for a family of four). 40% of the targeted families in the service area are uninsured.

Like many mainly rural counties, Shasta County has a large population of what is best termed the "working poor". These are individuals that have full or part-time employment, but do not usually have any health insurance and, because of what they are paid, cannot realistically afford to pay for their own health care. About 45% of the adult patients seen at Shasta Community Health Center have some form of employment.

SCHC is the only primary care provider offering sliding fee discounts for the low-income, uninsured, working residents.

Since 1988, SCHC has provided 500,000 patient visits, and in 1998 alone, provided over 70,000 patient visits.

Benefits of a Successful Campaign

- A new health clinic will allow space for two to three additional Family Practice physicians. This will dramatically reduce the waiting list and waiting time for appointments. Each Family Practice physician will be able to care for 2,500 patients each year.
- A new health clinic will allow for the addition of one to two general internists to help care for the growing elderly population served by SCHC. Each internist can care for 1,500 patients each year.
- A new health clinic will also allow an additional Pediatric physician, which is desperately needed. This Pediatric Physician will be able to care for 2,500 children each year.
- A new health clinic will allow for the Family Residency program to be expanded, allowing more low-income families access to medical residents working under the supervision of SCHC staff and physicians.
- The unique medical specialty program, whereby local medical specialists work part-time for the clinic to provide specialized medical services, can be increased to accommodate all of the specialists who want to participate, but must currently be turned away for a lack of space.

•	New diagnostic equipment, including such basic services as an ultrasound, mammogram, fetal ultrasound, general x-ray, and pharmacy, can be made available in one convenient location.

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