

Source: goodnewsclinics.org

Evaluation

Josephine Gbanah-Nebo, Lennisha Pinckney and Sumiko Smith

 Emory University Career Public Health Masters Students

Table of Contents

Executive Summary 3

History 6

Mission 6

Leadership 7

Board Members 8

Organizational Structure 8

Staffing 10

Reporting 10

Financial Health 11

Narrative summary of GNC 990 form 13

Planning, Operations and Internal Controls 15

Whistle Blower Policy: 17

Conflict of Interest Policy: 17

Retention of Records Policy: 18

External Review 18

Overall Summary 18

Recommendations 19

Appendix A: Interview 1 20

Appendix B: Interview 2 26

Appendix C: Additional Interview Questions 41

Appendix D: Board Members 42

Appendix E: Financial Information 43

Appendix F: Logic Model 45

References 46

# Executive Summary

**Introduction**

Good News Clinics (GNC), a nonprofit 501 (c)(3) organization, is located in Gainesville, Georgia (Hall County). This Christian Heath Center is the largest free clinic in the state of Georgia. It was implemented in 1993 after Dr. Westfall and Nurse Suzie Harris got together with a group of concerned professionals and saw there was a need for healthcare for people who couldn’t afford it. GNC started out using two small rooms at a local homeless shelter to see patients. Today, their building is 9,000 square feet, which includes the Sam Poole Medical Clinic, the Green Warren Dental Clinic, a pharmacy, and a patient education classroom. In addition to primary medical care, the Clinics also provide referrals to specialists, dental care and medications. All services are provided at no charge to residents whose income falls below the 150% federal poverty level, are uninsured and not eligible for Peachcare, Medicare or Medicaid.

**Mission**

GNC’s mission is “to offer support and free medical care to the indigent, homeless and low-income people in Hall County who either have no healthcare insurance or cannot afford medical care” (Good News Clinics, 2013). With the expansion of the clinic and the rapid growth of the community, the mission has not changed since its inception. This stability speaks to the dedication of GNC’s sponsors, collaborators, and volunteers.

**Organizational Structure**

A voluntary, knowledgeable Board of Directors from different professional and influential backgrounds works with the GNC leadership team which consists of an Executive Director, Medical Director, Dental Director, and a Specialty Care Registered Nurse (RN). Together, the team makes final organizational decisions based on the three year strategic plan geared towards accomplishing the organization’s strategic goals. Paid staff includes a fulltime pharmacist, medical assistants, dental assistants, a lab technician, and office assistants. Although GNC operates with some paid staff, volunteers have dedicated many hours to provide both medical and dental care to patients.  For fiscal year 2012, all volunteers contributed a total of 12,700 hours.

**Financial Health**

The most important aspect is that the organization receives no federal or state funding. GNC generates its operating budget through monetary support from the community, which includes donations from local businesses, churches, civic organizations, as well as the local medical community. GNC also hosts various fundraisers each year and many patients who visit the clinic give modest donations in appreciation of the care they receive. An annual budget of more than $1.5 million is set in order to meet its financial needs each year. The Northeast Georgia Medical Center Foundation provides about 25% of GNC’s funding because the foundation realizes that without GNC, the hospital’s cost would dramatically escalate due to the need to address primary care in the emergency room. GNC appears to be in good financial standing. The balance in the organization funds indicates a long-term supply of financial resources. The revenue generated by the organization has consistently covered the expenses required to carry on the organization’s mission.

**Planning/Operations**

GNC adopted three strategic goals in the fall of 2010 that include the following: achieve stable funding, leadership development, and improve delivery of service. A strategic plan was adopted to help accomplish these goals. A key element of the strategic plan is the creation of an endowment fund that will provide operational funds, thereby reducing dependence on annual giving. In addition, the GNC Bridge to the Future Campaign plan is to raise $5 million by 2015, of which $350 million has already been raised. Its plan to improve leadership involves establishing a skills grid for board leadership and identifying and electing more board members. In anticipation of the requirements of the Affordable Care Act of 2010, GNC has begun the process of converting to an electronic record keeping system to improve the delivery of services. A patient health education program has been implemented to assist GNC’s patients with being proactive about their own healthcare.

**Internal Controls**

According to current findings, internal controls are in place at GNC. There is a separation of power between the Board of Directors, ED and clinic staff. GNC also has a fiscal management policy that ensures the separation of duties and a code of ethics that includes whistle blower, conflict of interest, and records retention policies. These policies appear to work well for the organization. There was no conflict of interest noted among the various working groups.

**External Review**

GNC demonstrates integrity and transparency through its participation in external audits. This is critical for the reputation of the organization among funders and donors.

# History

Good News Clinics (GNC), a nonprofit 501 (c) (3) organization, is located in Hall County, Gainesville Georgia.   This Christian health center was implemented in 1993 after Dr. David Westfall and Nurse Suzie Harris got together with a group of concerned professionals and saw there was a need for healthcare for people who couldn’t afford it.  Two small rooms at a local homeless shelter were used to see patients.  Within a few years, twenty-six volunteer physicians were recruited.  Dr. Sam Poole, a retired Cardiologist, came on board as the medical director. Dr. Poole put in countless hours helping to generate donor support and recruiting physician volunteers so that residents could have access to high quality healthcare services.  In 1997, due to an overwhelming demand for dental health and a generous donation made by one individual, the Green Warren Dental Clinic was opened.  The Green Warren Dental Clinic provides acute dental care that includes extractions and fillings.  In June 2005, GNC moved to a larger facility to better serve patients and the following year, the medical clinic was named in Dr. Poole’s honor after receiving a generous donation from an anonymous donor.  The Sam Poole Medical Clinic provides primary healthcare services to Hall county residents with multiple and complex medical problems. Today the building is 9,000 square feet, which includes medical exam rooms, an x-ray room, an imaging department, a pharmacy, and a patient education classroom.

# Mission

            GNC’s mission is to offer support and free medical care to the indigent, homeless and low-income people in Hall County who have no healthcare insurance and cannot afford medical care.

[**Governance**](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=https%3a%2f%2fowa.emory.edu%2fowa%2fUrlBlockedError.aspx)

GNC currently has 19 board members, though its bylaws allow for 21 members. They are recruited for their expertise, area of the county they live/work in, ethnicity, and interest in GNC. The board’s president appoints a board development committee to review the number of vacancies, expertise needed, and diversity of the board to ensure that the board is representative of the community and that the members have the expertise needed to lead the organization.  Members can serve for 3 years terms.  With changes in GNC’s by-laws effective 2013, a member can now serve for 6 years.  Board officers can serve for 2 terms (6 years).  If board members are not active, which could be not attending meetings or not engaged with the organization, their term is terminated and they receive a thank you letter for their past support. (Appendix C).

# [Leadership](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=https%3a%2f%2fowa.emory.edu%2fowa%2fUrlBlockedError.aspx)

GNC’s leadership board is made up of board members, an advisory board, an executive director, a medical director, and a dental director.  Currently, there are 19 board members.  There are two African Americans, two Hispanics, and fifteen Caucasians.   According to the Executive Director (ED), Cheryl Christian, the organization would like to expand and include a more diverse board, but it’s a challenge in a small community (Appendix B).  As the Executive Director, Ms. Christian works closely with the board of directors, seeing to it that policies made by the board are implemented and staff issues and concerns are reported back for them to address.  Cheryl serves as the “middle man” between the board and the staff. There is an Advisory Board that consists of a business leader, a superior Court judge, a clergy member, a Public Health leader represented by Dr. Westfall, a college president and a significant donor. The Advisory Board meets only as needed which is 1 to 2 times a year. They play a significant role in making the rest of the organization aware of how the community feels about public health issues.

# [Board Members](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=https%3a%2f%2fowa.emory.edu%2fowa%2fUrlBlockedError.aspx)

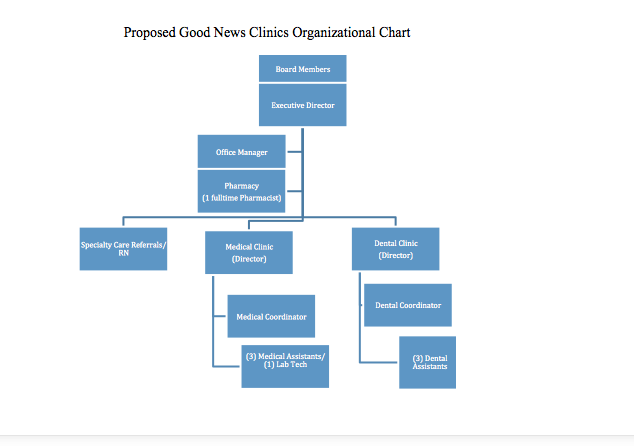
The GNC board develops policies and guidelines to ensure that GNC is consistent with its mission, values, financial statements and public relations. GNC has 19 volunteer board members that meet monthly.  They are involved in the financial oversight of GNC and in sustaining the profitability of the organization. The board is a working board that sets the policies for the organization.  It is necessary that board members have diverse skills which help to accommodate the complexities associated with providing free healthcare to the community. They donate through their time, talent and make financial contributions to the organization. The Executive Director reports to the board. She serves as the liaison between the board and the staff.

The board is stable with long standing members; they generally agree on policies and disagreements are resolved between board members in a timely manner (Appendix D).

# [Organizational Structure](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=https%3a%2f%2fowa.emory.edu%2fowa%2fUrlBlockedError.aspx)

The following diagram exhibits the current organizational structure of Good News

Clinics:



# [Staffing](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=https%3a%2f%2fowa.emory.edu%2fowa%2fUrlBlockedError.aspx)

GNC currently has a medical and a dental director who are volunteer retired physicians. Each director oversees the medical or dental clinics. They also recruit doctors and dentists to work within the organization. Other staff members are coordinators for each area in the organization. The medical coordinator supervises the three medical assistants and a lab technician and ensures that all supplies needed are available. All coordinators report to the ED. GNC has one full time pharmacist who works with the pharmaceutical companies in negotiating free medications for the pharmacy. The pharmacist also works with the physicians and advises them on medication selections that would be cost effective. The Specialty Care RN supervises 2 staff members. This RN does triage but her main role is to look at and evaluate referrals to see if additional tests may be needed for the continuation of care. She also determines the greatest needs for the patients and gives feedback on how to improve Specialty care.

Although GNC operates with some paid staff, volunteers have dedicated many hours to provide both medical and dental care to patients.  For fiscal year 2012, all volunteers contributed a total of 12,700 hours.  That total included forty-three physicians, five nurse practitioners, and two physician assistants that gave 2,283 volunteer hours and forty-two dentists who gave 1,290 volunteer hours (Appendix E).

# [Reporting](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=https%3a%2f%2fowa.emory.edu%2fowa%2fUrlBlockedError.aspx)

Reporting is done through the organization’s Newsletters and annual reports on the organization’s website. The Newsletter is posted 3 to 4 times a year. The organization also disseminates results to grantors informing them about how funds they donated were used. Reporting is also a part of the organization’s evaluation process.

Other forms of reporting include minutes from monthly board and staff meetings, which are made available a week after the meetings to those who were not present during the meeting.  Patients’ success stories are reported in the newly added “Patient Success Stories” Section of the Newsletter to encourage patients to tell their stories about how healthy lifestyle changes learned from receiving care at GNC have improved their quality of life.

# [Financial Health](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=https%3a%2f%2fowa.emory.edu%2fowa%2fUrlBlockedError.aspx)

Good News Clinics (GNC) does not rely on any government funding but relies heavily on a broad based funding system in order to provide revenue for the operation and management of the nonprofit organization. Broad based funding is considered to be funding that is received from multiple donors. The funders who donate to GNC are inclusive of but not limited to individuals, businesses, churches, organizations, and United Way. GNC is heavily supported by the local community and thus tries to maintain good rapport with the community to continue to receive this support. Information collected from interviews with the Executive Director (ED), the GNC website, and GNC related documentation has shown that GNC is in good financial standing.

Information collected from the most recent fiscal year which was October 1st, 2010 to September 30, 2011 showed that liabilities did not exceed assets. In October 2010 assets were $3,081,622 and liabilities were $12, 527. In September 30, 2011, assets were $3,021,400 and liabilities were $42,668.

GNC had somewhat of a financial issue in the fiscal year of 2010 to 2011 since total revenue which was $982, 952 did not equal or exceed total expenses which were $1, 082,234. Due to this financial issue, there was a net loss of $99,282. This is a minor issue since net losses can be reconciled by utilizing money from GNCs endowment or a specific account to cover the loss.

An annual report for the year 2012 shows a more updated report of GNCs financial state. In the year 2012, total income (revenue), which was $1,472,681 exceeded total expenses which was $1,256,239 (Appendix E).

The breakdown of donors who provided funds to generate revenue for 2012 is listed below:

Dividends: 20.1%

The Medical Center Foundation: 19.6%

Health Access: 16.6%

Individuals: 14.1%

Foundations: 9.5%

Endowment: 7.1%

United Way: 4.9%

Businesses: 3.7%

Churches: 3.1%

Patient Donations: .8%

Organizations: .5%

The revenue generated was used to support the total expenses incurred by GNC. A breakdown of the area in which the revenue was utilized is listed below:

Clinic Operations: 61.3%

Administration: 17.1%

Medication, Labs, Supplies: 14.5%

Building: 5.1%

Fundraising: 2%

The information mentioned above shows that GNC was, and continues to be, in a good financial state. GNC is in good financial standing and can ensure that the organization has the funds to execute its mission, which is to provide free healthcare services to individuals within the Hall County community. Following is a summary of the 990 form that provides more detailed information about the financial health of GNC.

# [Narrative summary of GNC 990 form](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=https%3a%2f%2fowa.emory.edu%2fowa%2fUrlBlockedError.aspx)

Good News Clinics (GNC) is a nonprofit organization that provides healthcare to individuals who do not have insurance and who are low income. Funds need to be available in order for GNC to provide these healthcare services to the underserved community. Thus, it is important that GNC manage funds accordingly to be able to uphold the operations of the organization. The 990 form (Appendix E) provides a comprehensive overview of the financial management and state of a non-profit organization. This narrative will highlight some of the most important components of a 990 form that provide information about the financial management and state of GNC.

GNC is a nonprofit organization that was implemented in 1993. GNC is a corporation and it is considered to be a 501 (3) (c) charity. This organization is not affiliated with a group and is based in Hall County, GA. The total gross revenue that is used by GNC is $1,026, 228. This gross amount determines what file should be used (990 EZ in this case since the tax gross was 200,000 or less). The tax year for this 990 form (most recent available) began in 10-01-2010 and ended in 09-30-2011. GNC did not undertake any significant program services during the year that wasn’t listed on the previous 990 form. GNC did not cease conducting, nor made any significant changes in how it conducts any program services.Total program service expenses were $938,802. The leaders/key employees are Executive Director Cheryl Christian, President Dr. Richard Bennett, Vice president John Gram, and Secretary Doug Hanson. There is a shared responsibility between the ED and the board. There were 18 members of the governing board who voted and these same 18 members voted independently (not paid for services). There are officers, directors, trustees, or key employees that have family or business relationships with other officers, directors, trustees, or key employees. There are two board members Jay and Cadie Cooper who are a married couple. The organization does not delegate managerial duties to a management company or some other person, and the organization does not have members or stockholders. The governing body has meetings, which are documented, and each committee has the authority to act on behalf of the governing body.  GNC did not make any significant changes to its governing documents since the prior form 990 was filed. The income that GNC received was $982,952. The sources that provided the revenue are as follows:

Federated Campaigns: 71,322

Fundraising Events: 80,163

All other contributions, gifts, grants, and similar amounts not include above: 825,129

Noncash contributions: 25,982

The following are the expenses for GNC:

Salaries and Wages: 586,599

Other employee benefits: 85,690

Payroll Taxes: 47,949

Accounting/Legal: 6,003

Advertising and Promotion: 9,756

Office Expenses: 9,884

Depreciation, Depletion, and Amortization: 33,501

Insurance: 5,560

Medications: 74,883

Outside Labs: 55,797

Dental Supplies: 28,335

Repairs and Maintenance: 26,810

Utilities: 25,129

All other expenses: 86,388

Total Functional Expenses: 1,082,234

The filer did not engage in any self-dealing or excess benefit transactions during the year so it is safe to assume that there aren’t any serious issues relating to self-dealing and or excessive compensation. The filer is a pubic charity and GNC does not participate in any lobbying.

# [Planning, Operations and Internal Controls](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=https%3a%2f%2fowa.emory.edu%2fowa%2fUrlBlockedError.aspx)

GNC has implemented a strategic plan, which was adopted in 2010, to achieve three major goals. These goals consist of securing stable funding, improving leadership, and improving delivery of services. GNC plans to secure stable funding by increasing endowment to $5 million by the year 2015, and increasing attendance at fundraising events by 5%. Additionally, increasing the number of donors, churches, and physicians to provide monetary support by 5% annually will help to secure stable funding. The ED stated in the group’s interview that GNC would like to pull 4 % of the money and put it towards their operating expenses. She said that they like to look ahead and have been fortunate that the organization haven’t had to cut either services or staffing during these past few years of the economic downturn. (Appendix B).

GNC plans to improve leadership by developing a leadership succession plan, establishing a skills grid for board leadership, and identifying and electing more board members. To improve delivery of services, GNC has begun the process of converting to an electronic record keeping system in anticipation of having to redefine services due to the healthcare reform law, and patient health education has been implemented to assist GNC patients with being proactive about their own healthcare.

Operations will remain the same with the exception of the implementation of the patient health education initiative, the switch over to electronic records, and the anticipated change in services due to the implementation of the healthcare reform law. To support these changes in operations the ED will have to recruit more volunteers and utilize and distribute more funds accordingly. Internal controls consist of the board, finance committee, and treasure committee that is actively engaged in the budgeting process. The board of directors sets the policy for creating and managing the budget. Nonetheless, all three separate entities along with the ED work together to manage the finances of GNC. A financial statement is given to the entire board to review and if there are any questions or significant changes in expenses, they are addressed at that time.

Additional internal controls consist of a fiscal management policy in which there is a separation of duties and a code of ethics. The fiscal management policy ensures that an individual who writes a check is not the same person who deposits the check. This check and balance system and separation of duties are important to ensure accountability and integrity of staff. The code of ethics policy consists of whistle blower, conflict of interest, and a records retention policy.

## Whistle Blower Policy:

GNC’s policy states that it is the responsibility of all directors, officers, and employees to comply with the Policy and to report violations in accordance with this policy.

## Conflict of Interest Policy:

GNC staff and board members must,

* Not place personal interests in conflict with the interest of GNC and will avoid any conduct that may impair judgment with respect to GNC.
* To not directly or indirectly, benefit improperly from any sale, purchase, or other activity of the organization.
* Avoid situations involving impropriety or conflict, or the appearance of impropriety or conflict between duty to the organization and personal interest.
* Not accept from or give to any current or potential supplier, competitor or donor any payment, service gratuity, gift, or favor.
* Not ask for or receive cash, kickbacks, bribes, gifts, or favors.
* Avoid any outside business relationships with donors, other businesses or competitors if that relationship creates a conflict of interest influencing decisions in the performance of regular duties for GNC.

Board members and GNC staff sign off on these whistle blower and conflict of interest policies and undergo disciplinary action if there is a violation of these policies.

## Retention of Records Policy:

GNC is required to retain copies of patient records for 19 years and to retain copies of personnel records for 8 years.

# [External Review](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=https%3a%2f%2fowa.emory.edu%2fowa%2fUrlBlockedError.aspx)

During the interview with the ED for GNC, she mentioned that the nonprofit has just undergone an audit visit. Cheryl mentioned that the audit went well and her main concern was that it is recommended that nonprofits keep their administrative costs at or below 10 percent. However, GNC’s administrative costs account for 17 percent of their expenses and although GNC was content with this percentage, it may be beneficial to them to try and decrease this percentage to the recommended amount of 10 percent (Appendix B).

# Overall [Summary](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=https%3a%2f%2fowa.emory.edu%2fowa%2fUrlBlockedError.aspx)

GNC has demonstrated that their organization is operating with great success. Financially, the revenue generated by the organization has consistently covered the expenses required to carry on the organization’s mission, which has been fulfilled consistently over the years. The three components of GNC’s goals and the strategic plan to accomplish the goals are consistent with the organization’s mission. Fiscal management policies in place appear to work well for the organization. Their board appears to be active in the organization’s decision-making and financial oversight. They provide support, assistance, and guidance through their strategic plan. Overall, GNC’s ultimate goal is to provide medical and dental services to residents of Hall County so that they can live healthier lives (Appendix F) and they have successfully accomplished it. GNC gives them the healing, help and hope they need.

# [Recommendations](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=https%3a%2f%2fowa.emory.edu%2fowa%2fUrlBlockedError.aspx)

After conducting an external evaluation of GNC, LSJ consulting would like to share with the organization some recommendations that could possibly help maintain success:

* GNC’s mission is straightforward, to the point, and remains relevant. We see no need for any changes.
* GNC is to be congratulated on the progress that has already been made in its capital campaign. Current financial policies seem successful and should be continued.
* The Board of Directors will be meeting in the fall of 2013 to formulate the strategic plan for the next 3 years. GNC should maintain its current planning and policies and practices.
* GNC should continue to maintain internal control measures that are currently being practiced. A more diversified board membership and leadership team could provide additional perspectives for decision-making.
* The organization should continue to use individual success stories as a qualitative measure of performance to continue motivating staff and others in the community.
* GNC is congratulated on their efforts and should continue with their commitment to transparency and integrity.

# [Appendix A: Interview 1](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=https%3a%2f%2fowa.emory.edu%2fowa%2fUrlBlockedError.aspx)

**Interview #1- Executive Director**

**Introduction**

The interview with Cheryl Christian, Executive Director for Good News Clinics was held on February 6, 2013 via conference call and began at 9:15 a.m.  Present members were Lennisha Pinckney, Josephine Gbanah-Nebo, and Sumiko (Mika) Smith.  We were unable to record the interview, however, Sumiko and Josephine took notes. Lennisha, the group’s interviewer first started out by thanking Cheryl for taking the time out of her schedule to meet with the group.  She then had everyone in the group to introduce themselves.  Both Josephine and Sumiko introduced themselves and also thanked Cheryl.  After the introductions, Lennisha began the interview.

**Interview**

**Lennisha**: “Please give us a brief history of the organization.  How was it started?  Has there been any significant change in the organization from its inception?”

**Cheryl:**  A quick history of the organization is that it began in 1992 with a small group of local doctors, nurses, and clergy members. Dr. Westfall and nurse Suzie Harris got together and talked about the need for healthcare for people who couldn’t afford it.  They met monthly for about 2 years and were then able to secure 2 small rooms at a local homeless shelter that they used to see patients.  Within a few years, they had recruited 26 volunteer physicians.  Dr. Sam Poole, a retired Cardiologist, came on board as the medical director.  Over the years, the organization has grown by adding a dental clinic, which one individual made a $1 million donation and that money was used to get the dental clinic, a pharmacy, and an eye exam room.  So many patients have Diabetes, therefore eye screenings was a big need.  Today, the building is now 9,000 square feet. That includes medical exam rooms, an x-ray room, an imagery department, a pharmacy, and a patient education classroom.

**Lennisha:** “We read that the mission of your organization is “to provide free medical and dental care services and specialty referrals to uninsured Hall County residents who cannot afford healthcare.”  Given the expansion of Good News Clinics (since its inception), has the mission of the clinic been modified to accommodate for the expansion, if so how?”

**Cheryl:  “**The mission statement hasn’t changed or nor modified.  Our board is very active so we are just looking at how to make it better.”

**Lennisha:  “**Were your goals for the organization for 2012 accomplished?  If not, what were some of the challenges you faced with meeting your goals?  What are your goals for 2013?  What strategies do you have in place to accomplish them?”

**Cheryl:  “**A strategic plan is done every 3 years and there were 3 goals we focused on.  They arekeep stable funding, develop leadership, and delivery of services.  The goal was to increase endowment by $5 million by 2015.  Thus far, $350 million has been raised and the increase continues as a result of multiple fundraisers.  We are looking more closely at board make-up.  In other words, we are looking at their skills and diversity to see where improvement is needed and also updating the bylaws.  As far as delivery of services go, great emphasis is now placed on implementing electronic medical records and on patient education.  We have expanded in the last 2 years.  There is now a nutrition class, diabetes education, and also a new patient orientation.  The orientation helps patients understand the services provided and also encourages them if their doctor recommends them to go to a class, it is just as important to attend the class, as it would be to taking their medications.”

“Great support from the community helps with accomplishing our goals”.

“The board will meet late spring to establish goals for the upcoming year.”

**Lennisha:** “We see that you have a leadership board that includes an executive director, a medical director, a dental director, board members, and an advisory board, can you briefly tell us about their roles and responsibilities?   What is the professional mix of your leadership team?”

**Cheryl:** The Medical and Dental Directors are retired physicians (Volunteers).  They oversee the medical and dental clinics.  They also work with doing lots of recruiting for doctors and dentists to work with the organization. The Board members, which is a working board, sets the policies for the organization.  The Executive Director (ED) makes sure the policies are followed and reports back what is going on to the Board and if there were any issue or concern, it would be addressed to the Board.  Board meetings are held monthly.

Also included are paid staff members- coordinators for each area, a full time pharmacist, an RN, and an office manager.  The Medical Coordinator (MC) supervises the 3 medical assistants and a lab tech and ensures that all supplies needed are available.  The Dental Coordinator (DC) supervises the 3 dental assistants and also ensures that all supplies needed for the Dental Clinic are available.  The Pharmacist works with the pharmaceutical companies in making negotiations on getting medications (free) for the pharmacy and also works with the physicians and advises them on medication selections that would be cost effective.  The Specialty Care RN supervises 2 staff members.  She is able to do some triage, however her main role is to look at referrals and evaluate them to see if any additional tests may be needed and also to determine what the greatest need are for the patients.   Also, she gives feedback on how to improve specialty care.  The Advisory Board consists of a business leader, a superior court judge (runs a mental health court), a clergy member, Dr. Westfall (represents public health), a significant donor, an a college president.  They advise on how the community feels about issues.  For an example, we wanted to reach out to the local churches about bringing awareness of the services provided, so they asked the clergy member to assist them in doing this task.  The Advisory Board meets only as needed, which is usually 1 to 2 times a year.

**Lennisha:** “What relationship do you have as an Executive Director to other staff, i.e. clinic staff?  What is the relationship between the board and the CEO/President of the organization?”

**Cheryl: “**All coordinators report to me.  If there is a new policy, for an example, something with patient education, I would go back to staff for input and then take it back to the board.  “I am the liaison between the board and the staff.”

**Lennisha**:  “You mentioned earlier that your board meets monthly, so can you talk about some of the things you discuss in your meetings and how is the information from the meeting communicated to the rest of the staff?”

**Cheryl:  “**We have a board meeting monthly and also a staff meeting is held monthly.  In the Board meetings, minutes are taken and made available a week after the meeting so if someone misses a meeting or wanted to read over the minutes, they would have that opportunity.  If they have any questions about what went on, they can contact me.  In the Staff meetings, we basically discuss any day-to-day issues.  If staff misses a meeting, then their supervisor will speak to them about what went on.”

**Lennisha:** “How do you communicate your accomplishments with others, including the public? (Newsletter, annual reports, etc.)”

**Cheryl:  “**Well we do that by posting our Newsletters and annual reports on our website.  We usually post a Newsletter about 3 to 4 times a year.  Our current Newsletter is going to talk about a new grant we got.  Also when we receive grants, we report back to grantors about the results since they want to know how things are.  It’s apart of our evaluation process.  One new aspect of the newsletter is the patient success stories.  We encourage patients to make healthy lifestyle changes so we thought it would be a great idea to have patients talk about their success stories.”

**Lennisha:  “**You just answered the last question, how do you evaluate the success of your organization?”

**Cheryl:**  “Yes, so the ultimate question we ask when looking at evaluating our success is, Can we help our patients improve or stabilize their health.”?

**Lennisha:** “This concludes the interview.  At this time do you have any questions or comments for us?”

**Cheryl:**  “I just wanted to say that I have enjoyed talking with you all and hope that I have given you what you need.  If for any reason you still have any questions, please feel free to email me. I would love for ya’ll to come and visit us.”

**All members of the group**: The group responded to Cheryl telling her that we would love to visit the clinic and do our 2nd interview that we have to conduct.  We told her that Josephine and Lennisha will be visiting and we would contact her about setting up an appointment.

**Closing**

Everyone thanked Cheryl for her time and willingness to talk about Good News Clinics and expressed to her how much valuable information she provided to the group.  The interview ended at 10:00am.  Following the interview, Lennisha sent Cheryl an email on behalf of the group once again thanking her for speaking with us.

# [Appendix B: Interview 2](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=https%3a%2f%2fowa.emory.edu%2fowa%2fUrlBlockedError.aspx)

**Interview #2- Executive Director**

Group Members: Lennisha Pinckney, Josephine Gbanah-Nebo, and Sumiko Smith

Focus: Financial Operations of the Nonprofit

Interviewer: Josephine Gbanah-Nebo

Interviewee: Cheryl Christian

Transcribed: Lennisha Pinckney

Date of Interview: February 26th, 2013

Start time: 10:40 am

Consent: Executive director gave us permission to record the interview

**Transcription:**

**Josephine:** Thank you so much for taking the time to meet with us we really appreciate it.

**Lennisha**: Yes, thank you so much.

**Cheryl:** Sure no problem.

**Lennisha**: I moved the tape recorder closer to Cheryl so that we can hear her voice.

**Cheryl:** You can email me or call if you miss anything.

**Josephine:** So, our first question here is who is responsible in your organization for creating and managing the budget?

**Cheryl:** The board of directors, our board actually you know sets the policy um several board members who serve on our finance committee work with me each year to develop the budget for the coming year, our fiscal year is October through September so usually in July we start looking at the next year’s budget and its simply you know we have um and I should have made a copy and I’ll make copies for you but, we have uh a financial statement that we give each board meeting.

**Josephine: OK**

**Cheryl:** (continued) and that financial statement shows us the exact amount we spent to date in each category so we use that to set the budget for the next year, we say ok we’re a little under budget this year for this, is it going to be different next year or not and from there we create that-that budget.

Josephine: OK, alright so it’s mainly the board of directors that are responsible for it….OK good. We were trying so hard to make sure to exclude questions that we could have easily gotten on the internet so excuse us.

**Cheryl:** Sure, and this is the financial statement (hands us both the financial statement).

**Josephine:** Your website is very informative you have everything there so organized.

**Cheryl:** Good, Good, wonderful, we redesigned it so….

**Josephine:** So, our next question here is number 2, how would you describe the budgeting process that is currently in place? So what is the process that you use to do your……..

**Cheryl:** Um, as I said, the board has input, we have a finance committee, treasure and finance committee that has input, works closely with me to develop the budget for the next year then at each board meeting we give the financial statement, that’s what you have a copy of, to the entire board and we go over it you know any questions asked uh if we have significant changes in either the venue or expenses we discuss that if we’re significantly under or over budget in one category, for instance insurance u know insurance you pay an annual rate in most cases so you could look like your under spending there but we just remind the board well you know in July we’re going to get the bill for the entire year so yes we’re under spending now because we haven’t gotten the bill yet but we really work through that um then for personnel and personnel is a huge amount of our entire budget um so our personnel committee works closely with the finance committee to make sure that you know that we’re comparable as much as we can be- you know we can’t pay the salaries that a large hospital would pay obviously, but we want to look at other free clinics, other small agencies, and what are similar positions paying so that part of the budget is really a joint effort with finance and personnel you know personnel would love to give everybody raises but that may not be realistic so you  know it’s these two groups working together so it really is um a board generated document the budget is, the board has input each month takes a look at it uh we want to be very transparent to our donors but we want our board members to understand also that the you know, this is where we are financially.

**Josephine:** So, would you change anything about the process?

**Cheryl:** I really would not, my 9:30 meeting this morning right before you came was with our auditor, we’re finishing up our audit from last year and she was very complimentary, she said that she does not work with any other nonprofit that has the separation of duties that we have. We’re very careful that the person who picks up the mail is not the person who writes the checks is not the person who signs the checks, so, there’s a real separation so I would not change anything.

**Josephine:** So, given that GNC is the largest free clinic in the state of Georgia and with all the services you provide, are there sufficient financial reserves to support the needed cash flow for the activities of the organization?

**Cheryl:** We are in the quiet phase in the endowment campaign and I’ve got these brochures for each of you. (Hands us both the brochures)

**Josephine:** Thank you.

**Cheryl:** With building our endowment, our goal is to you probably saw this on the website in our strategic goals is to build our endowment to 5 million dollars you know, so that we can pull 4 percent of that each year toward our operating expenses um, you know I we want to look ahead right now you know we’ve been very fortunate that we haven’t had to cut either services or staffing during this past few years of the economic downturn. I mean people were struggling uh I think people understand the uninsured and how scary that would be if you didn’t have the opportunity to go to the doctor cause you didn’t have the money, so people love to help others right now so our donations are staying up, but we want to build on that with this endowment campaign and were calling it the “bridge to the future campaign” we really, it’s our plan for the future to build endowment so we can pull some money down um 4 percent right now is what we’re pulling down each year from the endowment into operating and so it’s just a way of making sure that for instance if United Way didn’t meet their goal, maybe there’s something happening in United Way that cuts us from 65,000 to 5,000 or something horrible happened, we would be ok cause we have this you know other money to fall back on so that’s-that’s important to use and that’s a real push for us right now is building that endowment-keeping operating money coming in which is a balance um but to also build that endowment and to explain that to donors um and also foundations, sometimes foundations in the past would look at you well you’ve got all this money in the bank right now we have um almost 2 million dollars in the bank in our endowment and some people would say well you don’t need it as much as someone else does. But we’re trying to say is we’re trying to run this as a business, it’s a nonprofit, but it’s a business and we want to plan ahead we don’t want to have one use you know, one source of funding and then all of a sudden we’re having to cut staff in half or having to cut back our hours cause we know the need is there…..if we cut staff we’ll have to cut hours.

**Lennisha:** So, I think that’s something that we were studying in our text is that sometimes you as a nonprofit have to underreport so that you can get-continue to get the funding that you…

**Cheryl:** It’s hard to underreport actually because more and more uh funders are asking to see your 990 so it’s all right there, this is it and you know rather than underreport I’d rather educate them to understand why this savings is important and this is how I do it, this is my perception and how I do things like um I think it’s important for foundations and others and I you know we know that there are times that we lose out on funding because you know for instance a smaller clinic can really show yeah if we don’t have your money then we’re going to have to close or we can’t open for an extra day um you know we are proud that we have strong community support, that we have donors um who are going to be adding onto the building and it’s going to cost us about 250,000 dollars. We had an individual donor walk through the building and see how crowded we were and just you know we’re interviewing um new patients in one little corner and then we have students working in and scanning in charts for our new EMR and you know that donor walked away and called us later and made a 225, 000 dollar donation so you know we want to you know that’s wonderful for us. You know obviously I can’t then go to foundations and say I need money for a building cause I have it, we had already gotten 25,000 dollars from a foundation in Atlanta so with her 225,000 dollar donation, we can build this building with no debt, and so I think that’s the kind of story I like to give and say you know when we have a need, we work hard to share that need with the community to reach out to foundations that will fund us um and I look at it as giving everybody the opportunity to partner with us um so rather than trying to underreport, I try to maybe oversell, maybe that’s what I do I don’t know (smiles), just but to try to say this is why you want to be a part of us you know we’re sustainable you know we know we’re going to be here because our board is active, we do fundraising, we have broad-based funding um our community’s behind us so yeah we may have 2 million in the bank but listen to this-this is what we offer to do…the other piece that you saw and I’ve got this you’ve seen it on the website I know but if you look at the value of our services last year you know with the budget a little over a million the values were almost 30,000, 29,800. So um you know that says a lot to a donor if when you give us a dollar and we can turn it into 29 dollars.

**Josephine:** So that brings us to our next question unless you have something to add Lennisha?

**Lennisha:** What do you consider to be broad-based funding?

**Cheryl:** That we aren’t dependent on one funding source um you’ll see in this sheet um our annual report you know this is the funding sources so you see it’s varied, we have lots of pieces of the pie that come together um so we’re you know one of our largest um budget sources is individual donors and that’s pretty  unusual but we also have very strong support from our hospital, we have support from foundations but also churches and civil organizations so that’s broad-based we’re not dependent upon just United Way or just churches or just foundations um we receive no government money um but that’s one category we’ve chosen not to apply for government money obviously we all see that with a strike of a pen it could all be gone but that’s what I’m talking about with broad-based, it’s not just one source of funding.

**Josephine:** Take us to our next question, on your 990 form, we see that the organizations administrative expenses were about 19,000, is that the question we were talking about was on the website?

**Lennisha:** Yes, um the website um it says that the total expenses for administration is over 170,000 so we were wondering if it’s 170,000 or it’s 19,000.

**Cheryl:** its 170, because that includes my salary, it includes audits, includes our newsletter, anything that’s not direct services related. My position is no longer, I mean I do work with patients but very rarely you know so um so my whole salary is not related to direct services that’s why it’s 170.

**Josephine:** So the second part of the question is do you think this was an appropriate amount spent?

**Cheryl:** I think so and that was something we just talked to our auditor about also, we also added this year a um a development person whose job is to go out and help us fundraise to help us with this endowment campaign and others and she was saying that you know for years they said that you want to keep your admin costs under 10 percent and ours right now is about 17 um and I think that again what she was saying was that really fundraising makes it possible to do your work you know to provide services so if you look at trying to provide services for you know 4,000 individuals in a year you know 17 percent is going toward making that happen, its realistic so um you know we’re ok with that because we realize that um you know a lot of my time is spent you know recruiting volunteers working with physicians, you know meeting with the auditors, you know…..so some people would say it should be lower but I think the 17 percent you know we’re ok with that.

**Josephine:** Were there any services in your organization that were discontinued due to insufficient financial return or enhanced because of positive financial return? If so what were they? Probing- You know we’re talking about your last fiscal year?

**Cheryl:** Ok um nothing was decreased, there were no services that were stopped or decreased in any way. Um we really increased our patient education program we did that with some grants from Healthcare Georgia Foundation and Kaiser Permanente Foundation because we realized that we really want to have an impact on a patient’s health, we can’t just see them give them a pill to lower their blood pressure, we need to help them look at how they can you know assist us in improving their health, whether it’s exercise or diet or um so that they really understand; and not you know in great detail but we want somebody to understand how salt you know affects your blood pressure, to understand  a little bit you know about that and how it affects your heart and other parts of your body and leads to stroke……and same thing with patients with diabetes, we want them to understand that when their diabetes is under control it can affect their eyes, it can affect their heart, the other piece that we did this year um I think I talked a little bit about this over the phone, we really, with this patient education are trying to help people cause we see primarily adults so we want them to be role models for their children and grandchildren to try to make the entire family healthy. Um so patient education and we created a dietician this past year, we have a volunteer dietician whose come on board, we have a volunteer nurse practitioner with her PhD whose come on board and these people who are leading classes both were expanded that- with virtually you know a small amount of money.

**Josephine:** And how would you describe the financial health of your organization as it moves forward for the next several years?

**Cheryl:** I think we’re in good financial standing, I think we’re a healthy organization, strong financially um you know this endowment campaign is going well, we’ve had one donation of half a million um we had some you know some you know much smaller donations, our board of 18 people have pledged over 200,000 over a five year period. These board members are not extremely wealthy people you know, these are people that are giving what they can um so I think all of that speaks well for our future health. I think that the other piece is people right now want to give to those that are basic human needs, you know about art money not coming in as it has in the past or symphonies, or ballots or some of the other arts, which is unfortunate but I think so many people are saying I want to make sure people have food, and healthcare, and clothing, and a place to live you know. It’s these basic needs so I think in a sense that its helping us raise money.

**Part II**

**Josephine:** Your doing it and you’re doing it the right way, anyway were 15 minutes into our interview, the interview was planned for 30 minutes so we had a second part that we were not going to do if we ran out of time so it looks like we got a little bit of time so we were going to leave this part with you so you can email it to us when you….but I’m just going to go over it since we still got a little bit of time.

**Cheryl: Ok**

**Josephine:** So would you please describe the planning process for the organization?

**Cheryl:** Ok every three years our board does a planning retreat and they way we’ve done it past three years is to do like three meetings of two hours each session and we look at where we are now, where we would like to be, and how we’re going to get there you know it’s a pretty simple process and we have someone from the outside lead the board through this uh process um you’ve seen our strategic planning and it’s in this endowment book too um so we’ll be doing another one probably this fall, one of the things we’re waiting for right now is to learn more about the affordable care act and what’s really going to happen in Georgia cause that impacts us. We are involved with the hospitals and with public health and others, Gainesville is a community where we can sit down and talk for…… you know if I’ve got a question about public health policy I’ll just email or call Dr. Westfall……what’s going on I heard this is this right? How is this you know going to be implemented the same with the hospital because we see all of our roles as coming together in partnership to provide you know a healthy community, so by having that relationship we’re involved in constantly looking at “what are the gaps in services here” that’s why we added the patient education piece, so right now we don’t know exactly what the gaps might be for the affordable care act- whether Medicaid will be increased doesn’t look like it but so were waiting until fall to do our next planning session but the board at that point will of developed our plan for the next three years and that helps me in looking at foundation funding and um it helps us to say to the donors, this is where we’re going, this is what we need you to help us do; everybody’s on board this is you know like the last one was patient education and the endowment campaign, everybody in our board knew that’s where we were headed, that’s what we were working on and that helps me on the day to day operations of the clinic to know you know, we’ve got to get these, we’ve got to recruit some more volunteers to do the patient education classes, gotta build a larger patient education classroom cause we don’t have one um so that’s- strategic planning is key.

**Josephine:** So that-that just answers the second question on the sheet because we said do you have a strategic plan that guides operations, so you’ve just…it’s a definite yes….um so I’ll just move on to the others only two more left.

**Cheryl: Okay, Okay…**

**Josephine:** So how does the organization go about implementing internal controls? Can you tell us about some strengths and/or weakness of what you observed?

**Cheryl:** I think our internal controls are excellent, that’s what the auditor was praising us for this morning um because we have a volunteer who comes in that makes our deposits, we have a separate volunteer who comes in and pays our bills um I review what each of those people have done and approve it to be done um but it’s a very…..our internal controls are very specific and we developed a fiscal management policy which includes the um office manager picks up the mail, she codes the bills and the deposits….one volunteer comes in and pays those bills but before that check is sent I’ll look at it to make sure that we’re paying GA power what we owe them and often I’ll look to make sure that there are no gaps in the check numbers um because somebody could be handing me stuff to sign and I’m signing something where there’s an extra check in there or you know so were very careful with that. You know I’ve worked with some nonprofits over the years you know they-they didn’t have that check and balance system and I feel very strongly that the board should have a financial statement with the details that we have in ours each month, so that they know why would you spend 4,000 dollars at the post office? I mean where did that come from? So, they can really look at it and you know red flag, and-and catch something that doesn’t make sense so um I think all that is important and those check and balances and that internal control is important and we have an active treasurer who comes in after you know I’ve approved things after the funds each month to create this report that you have. She goes over all of these things and if there is a 4,000 dollar check to the post office, she wants to see ok where is the-the backup data for that, you know where’s the bill, or how many rolls of stamps is that , you know where is the information on this, so you know I think that’s very important and I think it’s……it’s just as important for a nonprofit to have as it is for AT&T you know the businesses um cause we all know horror stories that we hear of nonprofits that didn’t have that in place and you know and then you know if there’s an issue that reflects on all of us, it really does, you know a few years ago United Way had an issue that people still talk about that United Way issue.

**Josephine:** Oh yeah it lives after you forever no matter how hard you try to improve its like people don’t see anything else.

**Cheryl:** Especially in a small community I mean Gainesville’s relatively small you know if we had some mismanagement of funds it would be a long time before we could build up our donor base again, no matter what we did people would…..yeah exactly that trust and like you said earlier people want to feel like I only have 50 dollars to give but I want to make sure that its really doing something-that 50 dollars is really helping somebody and if they think well you know I don’t know how they’re managing their money? And you know you’re not going to get 50 dollars today.

**Lennisha:** How do you deal with the discrepancies when they arise?

**Cheryl:** We look at it very carefully. If I get a bill and I’ll say well why is the printing bill high and someone might say well we had to order letter heads and 2,000 envelopes to send out the newsletter, ok but you know I’ll have that when I look at the check that’s been written, I’ll also have that backup you know I’ll have the bill that’s coming in from the printer so that’s-that’s how you do that….. let me go back to the strategic plan because one thing that you’ve probably read but I want to say because I see so many agencies if you don’t have a strategic plan it’s easy for an executive director and staff to kind of go off on a tangent and start chasing money um sorry I’m sure there’s a more accurate word for that but you see these foundations you know letters come out…we’re going to find this or that um you can get caught up in that and start funding programs and then all of a sudden you realize that’s really not part of our mission. You know we’ve got out here too far so that strategic plan helps me to stay focused and the board to stay focused on…is this grant one we really want to go after? Yeah we can kind of twist it into what we do but that’s not really our mission so that’s the other thing I will say about….you know I could look at a grant for 50,000 dollars that may be for helping adults to learn to read well I can make a twist that that’s important for our patients for them to find a job you gotta read then all of a sudden I’m doing all these reading programs and I don’t have the space to do my diabetes education. You know- so you know that’s just kind of a strange example but you could see how you can kind of go off on this path right and then all of a sudden it’s like wait a minute that’s not really what we’re supposed to be doing, the money was good but uh I don’t know yeah….

Josephine: Thank you Cheryl for taking us back to the strategic plan so our last question is what conflict of interest policies do you have in place?

**Cheryl:** Yeah we do have policies for that, we have a code of ethics that includes um conflict of interest, includes whistle blower, we also have a-and that’s not in here but we have a records retention policy that you know tells us you know keep our charts for 10-oatient charts for 19 years, to keep personnel copies for eight years, um but this is a set of our code of ethics invoice, not conflict of interest but to make sure that for instance our checking account is at a bank that’s where one board member works but anytime were discussing… and a checking account is not like an investment you know but um anytime were discussing that checking account he does not vote on anything that we decide to do. Whether we decide to move it away from that bank he would not have a vote, he would not vote on that um yeah so we’re very careful that we have that conflict of interest policy and that everyone-board members sign it each year just kind of a reminder to remember to look over this packet.

**Josephine:** At our last interview we asked you about your professional mix and we were just wondering the other day what was your race mix on your board just your whole staff?

**Cheryl:** Um, we have a board of right now 20 individuals, not 20, someone just left the other day. Um we’re always struggling with the ethnicity mix um right now of 19 board members we have 2 that are African American, 2 that are Hispanic, we would like to expand both of those but in a small community it’s hard to find, everybody’s going after the same people and we want people that WE you know can really be their passion um one of our new board members is a woman whose African-American but her parents had come here for services um so that’s another tie for us, kind of represents that patient family, someone who knows what we’re doing and the impact. Uh our staff we have um is paid staff members of those we only have one man whose a pharmacist um we have one African-American, we have a huge uh Hispanic population here that’s non-English speaking so we have to have dental assistants, medical assistants, and receptionists that are bilingual so that helps us with our diversity so that’s always something we struggle with being more diverse and we also as I should have said we look at people that live in the Gainesville city or out in the county, the southern part of the county, the northern part of the county, people that are um you know diverse in their skills you know we don’t want all bankers but we also don’t want all retired individuals either.

**Josephine:** Well Cheryl our interview is over.

**Cheryl:** Ok, very good well let me give you a tour, I think I can give you a tour.

**Lennisha:** Ok great, I’m going to stop the recording.

# [Appendix C: Additional Interview Questions](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=https%3a%2f%2fowa.emory.edu%2fowa%2fUrlBlockedError.aspx)

**The following are additional questions/answers that were obtained from the Executive Director via email on March 25, 2013:**

**What are the criteria for becoming a board member?**

Board members are recruited for their expertise, area of the county they live/work in, ethnicity, and interest in GNC.

**Who select board members?**

The board president appoints a board development committee to review number of vacancies, expertise needed, and diversity of the board to ensure that the board is representative of our community and the members have the expertise needed to lead the organization.

**How long can someone serve as a board member?  In a position on the board (i.e. president, vice president, secretary)?**

Board members serve 3 years terms and can serve for 6 years (this is a new change in our by-laws and will be effective in 2013). Board officers can serve for 2 terms or 6 years

**If a board member isn’t fulfilling his/her duties, do board members vote that person out of office?**

If a board member is not active (not attending meetings, not engaged with the organization) they will be contacted and their term will be terminated with a thank you letter for their past support.

**What is the maximum number of people the board can have per year?**

21 members

# Appendix D: Board Members

**Members of the Board of Directors include:**

Richard Bennett, DMD-president

John A. Gram-Vice President

Doug Hanson-Secretary

Charles House-Treasurer

Jackie Adams, EdD

Cathy Bowers

Paula Caudell

Cadie Cooper

Jay Cooper

Reese Daniel

Mindy Ferran

Wolfgang Hartert

Linda Henry

Jackie Hodge

Kevin Price

Bill Rezak- PhD

Antonio Rios- MD

Lorry Schrage

Tamarind Stewart

Nelwyn Turk

J.R. Wright-MD

# Appendix E: Financial Information

**Good News Clinics 2011 Form 990**

[http://www.guidestar.org/FinDocuments/2011/582/058/2011-582058853-08713d9f-9.pdf](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=http%3a%2f%2fwww.guidestar.org%2fFinDocuments%2f2011%2f582%2f058%2f2011-582058853-08713d9f-9.pdf)

**Good News Clinics Annual Report**

**October 2011 through September 2012**



[http://www.goodnewsclinics.org/fullpanel/uploads/files/2012-annual-report.pdf](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=http%3a%2f%2fwww.goodnewsclinics.org%2ffullpanel%2fuploads%2ffiles%2f2012-annual-report.pdf)

# [Appendix F: Logic Model](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=https%3a%2f%2fowa.emory.edu%2fowa%2fUrlBlockedError.aspx)

**Good News Clinics Logic Model**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MISSION** |  |  | **INPUTS** |  | **OUTPUTS** | |  | **OUTCOMES** | | |  |
| **ACTIVITIES** | **PARTICIPATION** | **SHORT TERM** | **MIDDLE**  **TERM** | **LONG**  **TERM** |  |
| **Offer support and free medical care to the indigent, homeless and low-income people in Hall County who have no healthcare insurance and cannot afford medical care.** |  | **Volunteers**    **Staff**    **Partners**    **Churches**    **Money**    **Technology**    **Time**    **Equipment** | **Provides primary healthcare services to people with complex medical problems**  **Provides acute dental care including extractions and fillings**  **Provides Patient Assistance Programs (PAP) for medications needed by patients**  **Specialty care referrals and diagnostic tests** | **Hall County residents who have no healthcare insurance and cannot afford medical care** |  |
| **Increased patient education**    **Diabetics learning about the importance of taking their medications**    **New dental patients learning proper brushing and flossing techniques, and nutrition for oral health** | **Patients making healthier lifestyle changes such as diet and exercise**    **Diabetic patients taking their medications as prescribed by their doctor**    **Dental patients using the proper dental and flossing techniques** | **Healthier people**  **in Hall County** |  |

# [References](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=https%3a%2f%2fowa.emory.edu%2fowa%2fUrlBlockedError.aspx)

Good News Clinics (2013). [**www.goodnewsclinics.org**](https://owa.emory.edu/owa/redir.aspx?C=bz0l0ZsQaESuIbuuxEtjN7dKhN26_88I0B_vfzkIl6J1dTX8_FYF_KKaEPaL4GsoxqWLB2nXjVs.&URL=http%3a%2f%2fwww.goodnewsclinics.org%2f)