



Engaging Volunteers

for Better Healthcare in Georgia

Healthcare Georgia Foundation
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Introduction

In 1835, Alexis de Tocqueville observed that an “ethic of service prompts Americans to assist one another and inclines them willingly to sacrifice a portion of their time and property to the welfare of the state.”¹ Today there are nearly 47 million uninsured Americans, presenting our nation with one of the most daunting social dilemmas in its history. Georgia alone is home to an estimated 1.5 million uninsured residents, of whom 89 percent have incomes at or below 200 percent of the federal poverty level². It is the ethic of volunteer service that is frequently called upon in response to such crises.

Despite the growing national conversation and concern about how to fix our flawed health care system, most experts agree that systemic reform is highly unlikely in the near future. Meanwhile, private physicians and other health professionals in this country provide a substantial amount of free medical care on a voluntary basis to patients without health insurance. They do it not just because it is institutionalized in their professional code of ethics but also because these professionals feel a moral obligation to give back to their communities and to help the less fortunate. Organized volunteer programs are of particular interest because, by reducing administrative barriers and distributing the responsibility for care more equitably, they make it possible to increase the number of clinicians willing to provide free care – thus increasing the total amount of care provided.³

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“At the very outset when our model as a nonprofit health care organization was developed, providing volunteer opportunities was felt to be essential and therefore included. As a benefit, having volunteers has been an incredible bonus to our staff, patients, public relations, community awareness and fundraising. Our volunteers provide great service to our patients, offer expertise not available by our employed staff, bring enthusiasm, encouragement, their friends and colleagues, and many times funding.”

– Dr. Bill Warren, President and Executive Director, Good Samaritan Health Center, Atlanta, GA

¹ de Tocqueville, Alexis. *Democracy in America* (1835).

² The Henry J. Kaiser Family Foundation. *State Health Facts*. (2005-2006).

³ Isaacs, Stephen L. and Paul Jellinke. “*Is There a (Volunteer) Doctor in the House? Free Clinics and Volunteer Physician Referral Networks in the United States.*” A Report to the W.K. Kellogg Foundation (2006).



Fortunately, for Georgia's free and charitable clinics and other volunteer health programs, this same spirit of volunteerism motivates hundreds of Georgia health professionals to donate their services to care for the nearly 1.5 million low-income, uninsured Georgians. According to a December 2007 report in the Atlanta Journal-Constitution, about 100 free and charitable clinics in Georgia, usually staffed by volunteers, are "proving a godsend to the state's uninsured." Despite the noble efforts of these clinics, there is room for growth and improvement in the way these organizations tap into the valuable resource of clinician volunteers.

The focus of this publication is the recruitment, management and retention of licensed clinicians by Georgia's health safety net providers that rely heavily upon volunteers. We acknowledge that many such efforts utilize significant numbers of non-clinicians to perform a variety of valuable administrative tasks. Indeed a separate paper could be devoted entirely to attracting and deploying this important group of volunteers. For our purposes, however, we are discussing the recruitment and use of volunteer physicians, nurses and other trained health care personnel in the context of health safety net clinics and programs.

Trends in Volunteerism

Despite the strong volunteer spirit that permeates our national ethos, some troubling trends should concern directors and managers of volunteer-driven health care programs.

According to the U.S. Department of Labor's Bureau of Labor Statistics, about 60.8 million people volunteered at least once between September 2006 and September 2007.

The proportion of the population that volunteered during that period was 26.2 percent, a decline of 0.5 percent. That follows a decline of 2.1 percent the year before. The

volunteer rate had held constant at 28.8 percent from 2003 through 2005, after rising slightly from its 2002 level of 27.4 percent.⁴

“Volunteering still remains at quite high levels compared with a couple of decades ago, but it has declined,” said Robert Grimm, director of research and policy development for the Corporation for National and Community Service in Washington, D.C. “There are a growing number of people who are dropping

out of volunteering. I call that the ‘leaky bucket phenomenon,’ and it’s costing nonprofit groups an estimated \$30 billion annually. What I mean by that is one out of every three people on average who volunteer in a year don’t volunteer the next year. When the volunteer rate dropped between ‘05 and ‘06, it was because there was a spike in the number of people dropping out. Organizations have to re-imagine the roles and opportunities they provide for volunteers.”⁵

TIP: Devote a section of your agency Web site to volunteers or volunteering. Allow interested clinicians to not only register their interest but complete and submit a volunteer application online. Include FAQs about volunteering to help debunk common myths and to provide useful information to prospective and existing volunteers. Consider a password-protected section for volunteers to schedule their volunteer time, view the volunteer schedule, post comments or questions and receive important news and announcements from the organization.

⁴ U.S. Department of Labor, Bureau of Labor Statistics. *Volunteering in the U.S.*, 2007. (2008).

⁵ Corporation for National and Community Service. “*Volunteering in America: 2007 State Trends and Rankings in Civil Life.*” (2007).

“The boomer generation is known for wanting choice. And every study to date has found that boomers are not looking for busy work. They are looking for meaning and purpose. They are looking for interesting and challenging opportunities to make an impact on big societal problems, from education to the environment, hunger to homelessness to health care.”

– John Gompets,
President of Civic Ventures
and CEO of Experience Corps

While new generations are ready to join the ranks of volunteers, their relationship with the organizations they serve will likely be different than what has been seen in the past. More frequently, volunteers are not prepared to commit to the long haul. And when they do get involved in charitable work, they want their talents and skills to be used more effectively – and their efforts have to make a significant impact. That is particularly evident among baby boomers, the generation of 77 million Americans born between 1946 and 1964. They are expected to stay in the work force longer, are well-educated and have higher expectations of the volunteer experience. “Boomers are going to be demanding a different kind of volunteering experience, and nonprofits need to be ready,” said Sandy Scott, spokesman for the Corporation for National and Community Service in Washington, D.C. “The old model is volunteers licking the envelopes. But now the boomers could be the ones who do the fundraising strategic plan, and you could hire people to lick the envelopes,” he said. “That’s kind of the paradigm shift that has to take place.”⁶

In addition to the new challenges wrought by increasing numbers of baby boomers entering the volunteer workforce, health safety net clinics and programs also are facing stagnancy in the growth of volunteerism among health care professionals. Several recent studies have even shown a decline in charity care among physicians and other health care professionals. While private practice physicians continue to represent the dominant source of ambulatory medical care for the uninsured nationally, the Center for Studying Health System Change reported in 2001 that the proportion of physicians providing any

⁶ Corporation for National and Community Service. “*Keeping Baby Boomers Volunteering: A Research Brief on Volunteer Retention and Turnover.*” (2007).

charity care decreased, falling from 76.3 percent in 1997 to 71.5 percent in 2001.⁷ The report noted three likely reasons for the decline:

- An increase in the proportion of physicians who were employees rather than owners of their own practices
- Growing financial strains faced by many physician practices, due in large part to declining third-party reimbursement rates
- Increasing demands on physicians' time

Further erosion in physician charity care was documented in a new report from the Center for Studying Health System Change, which indicated that the percentage of physicians providing charity care had decreased again, to 68.2 percent in 2005. Interestingly, the total amount of charity care by physicians from 1997 to 2005 only decreased slightly, indicating that charitably-minded physicians were actually providing more charity care themselves than earlier.⁸ The sobering consequence of this statistic is that there has been a significant decline in the amount of charity care relative to the number of uninsured Americans.

⁷ Salinsky, Eileen. "Necessary but Not Sufficient? Physician Volunteerism and the Health Care Safety Net." A Report to the National Health Policy Forum at the George Washington University (2004).
⁸ Cunningham, Peter J. and Jessica H. May. "A Growing Hole in the Safety Net: Physician Charity Care Declines Again." Tracking Report No. 13, Center for Studying Health System Change (2006).



Volunteer Recruitment

To counteract the current stagnation and decline in volunteer participation among some groups of health professionals, Georgia's health safety net clinics and programs must become more diligent and creative volunteer recruitment than ever before. While there are a number of other promising options for boosting clinician volunteer recruitment, the most effective method remains a **personal invitation by a fellow professional volunteer**. In most instances, when a volunteer physician personally invites another physician to volunteer, the results are better than if the invitation were delivered by a non-physician or communicated via some form of impersonal correspondence. The same holds true for recruitment of nurses, dentists, pharmacists and others. Despite yeoman and often tortuous attempts made by paid clinic administrators and volunteer managers to recruit volunteer professionals, clinicians are more apt to trust their peers to "give it to them straight." Just as in fundraising where one does not give to a cause but to a friend or colleague who believes in a cause, so it goes with volunteer recruitment. Whether receiving the invitation from a professional peer through face-to-face contact, telephone call or group presentation, clinicians have a harder time saying no than if the message were delivered by a non-peer. Health safety net clinics and programs will do well to identify, cultivate and provide material and informational support to those health professionals in their current volunteer workforce who have the personality, the influence, and the desire to recruit their colleagues. It is by far the most tried-and-true form of recruiting health professionals.

Clinician Volunteer Opportunity Resources:

Georgia Free Clinic Network
www.gfcn.org

VolunteerMatch
www.volunteermatch.org

TAP-IN
www.tap-in.org



In addition, the growth of the Internet and a nation of Web-surfing individuals have placed an increasing number of potential volunteers literally a click away from connecting them to meaningful volunteer experiences. People are going online more than ever before to make a difference, whether through giving financially or signing up to volunteer. Health safety net organizations should keep this in mind when designing their Web sites and linking with other organizations. For clinicians seeking volunteer opportunities in free and charitable clinics, the homepage of **Georgia Free Clinic Network** Web site (www.gfcn.org) has a place to enter a zip code to find the nearest free and charitable clinics. **VolunteerMatch** has an excellent Web site (www.volunteermatch.org) that matches organizations and volunteers of all kinds from any place in the United States. Organizations can register for free and indicate the kind of volunteer help they need. Another option for interested Georgia clinicians is the **TAP-IN** program (www.tap-in.org), which seeks to connect senior and retired health professionals to volunteer opportunities in qualifying free clinics in specific metropolitan areas across the country, including the Atlanta and north Georgia region.

Addressing Concerns about Lawsuits

A major concern of health professionals when considering volunteer opportunities is the threat of lawsuits and litigation stemming from malpractice. Health safety net program administrators must address this fear clearly and forthrightly, lest they lose prospective volunteers before the conversation even begins. The **Georgia Volunteer Health Care Program** of the Georgia Department of Community Health provides sovereign immunity protection to licensed health care professionals who volunteer to treat uninsured individuals at or below 200 percent of the federal poverty level. The goal of the program is to increase access to quality health care for underserved Georgians through volunteerism and state-sponsored liability protection. The State of Georgia is solely liable for any injury or damage suffered by a patient receiving health care under the provider's Department of Community Health Agreement, as long as the provider works within the scope of his/her professional license. Licensed health care providers and lay volunteers who donate their time and skills to the Georgia Volunteer Health Care Program are afforded the same legal protection as provided to state employees.⁹

Another option for malpractice protection available to Georgia health professionals who volunteer in free clinics is the **Federal Tort Claims Act**. In 1996 Congress extended FTCA medical malpractice protection to health care professionals who volunteer their services in free clinics, under Section 194 of the Health Insurance Portability and Accountability Act (Public Law 104-191).¹⁰ Appropriations to fund the Free Clinics FTCA Medical Malpractice Program were not passed until January 2004, however, so the program

⁹ Georgia Volunteer Health Care Program. Georgia Department of Community Health. http://dch.georgia.gov/00/channel_title/0,2094,31446711_84263925,00.html

¹⁰ A free clinic is defined as "a licensed or certified health care facility operated by a nonprofit private entity that provides health services, but does not accept reimbursement from any third-party payor (including insurance, health plans or Federal or State health benefits programs), and does not charge patients for services" (Bureau of Primary Health Care, PIN 2004-24, September 24, 2004).

was not implemented until 2004. The Bureau of Primary Health Care's September 24, 2004 Program Information Notice (PIN 2004-24) provides detailed information on the implementation of the Free Clinics FTCA Medical Malpractice Program (<http://bphc.hrsa.gov/freeclinicsftca/application.htm#2>). According to this report, if a volunteer healthcare professional meets all requirements of the program, the related free clinic can sponsor him or her to be a "deemed" federal employee for the purpose of FTCA medical malpractice coverage. FTCA deemed status provides volunteer health care professionals with immunity from medical malpractice lawsuits resulting from subsequent clinical functions performed within the scope of their work at the free clinic. Malpractice protections under the FTCA cover ordinary negligence, gross negligence and punitive damages.

When crafting volunteer recruitment messages, health safety net clinics and programs should not fail to tout the benefits that accrue to the volunteers themselves. Volunteering is good for you! A growing body of research indicates volunteering provides individual health benefits in addition to social benefits: those who volunteer have lower mortality rates, greater functional ability and lower rates of depression later in life than those who do not volunteer. Comparisons of the health benefits of volunteering for different age groups have also shown that older volunteers are the most likely to receive greater benefits from volunteering, whether because they are more likely to face higher incidence of illness or because volunteering provides them with physical and social activity and a sense of purpose at a time when their social roles are changing. Some of these findings indicate that volunteers who devote a "considerable" amount of time to volunteer activities (about 100 hours per year) are most likely to exhibit positive health outcomes.¹¹

¹¹ Corporation for National and Community Service. *The Health Benefits of Volunteering: A Review of Recent Research.* (2007).

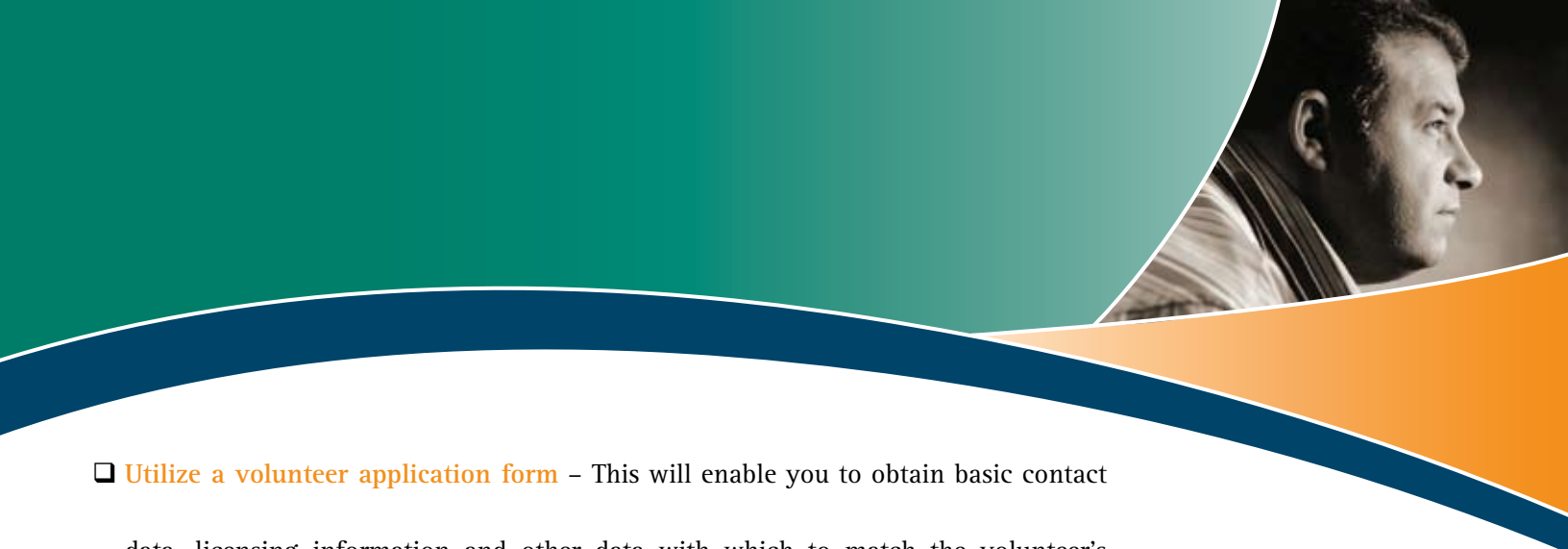
Management of Volunteers

How an organization manages its volunteer program will be a key determinant in the stability, longevity and productivity of its volunteer workforce. All too often volunteer programs fail to apply to volunteers the same important management principles that they would exercise with paid employees. Examples include carefully screening candidates, providing adequate orientation and training, setting clear expectations and providing professional development opportunities.

10

Adopt some of these most promising practices to ensure your organization is utilizing volunteers in the best way possible.

- ❑ **Train staff to be “volunteer-friendly”** – Do not assume that all employees are trained or have “bought in” to the value of volunteers and the proper techniques in managing and working with volunteers. Consider bringing in a seasoned volunteer administrator from another agency to do an inservice on this topic.
- ❑ **Invest in a volunteer coordinator** – Whether paid or volunteer, having this position on your staff will increase the capacity of your organization to operate an effective volunteer program, let the community know that the agency is committed to volunteerism, and allow the organization to hold itself accountable for volunteer management performance.



❑ **Utilize a volunteer application form** – This will enable you to obtain basic contact data, licensing information and other data with which to match the volunteer's interests to organizational needs. Among other things, this form should require status of Hepatitis B vaccination and annual tuberculin skin test.

❑ **Check credentials and issue privilege** – Check credentials to ensure that recruited clinicians are properly licensed and do not have sanctions or other circumstances in their past that would expose them, the clinic or its patients to undue risk. Once credentialed, issue to the clinician in writing the privilege to practice within the scope of licensure while volunteering at the clinic.

❑ **Ensure malpractice protection** – Whether through the Georgia Volunteer Health Care Program, the Federal Tort Claims Act or private malpractice insurance, make sure that your volunteer clinicians are covered properly before they begin practicing.

❑ **Provide a thorough orientation** – Provide all volunteers with basic information about the agency's history, structure, philosophy, mission, vision, values and goals, in addition to practical information relevant to the volunteer's assigned task. Consider assigning a mentor to provide further orientation and training as needed.

"What are our greatest challenges or rewards in the use of volunteers? Making sure we match the volunteer to the task that will be most rewarding to them. Without volunteers we could not serve our community, but we must be creative in our use of volunteers and recognize their strengths and match them to our needs."

– Cheryl Christian, Executive Director, Good News Clinics, Gainesville, GA

- ❑ **Develop a volunteer handbook** – One of the most important corporate documents for a volunteer-driven health safety net clinic or program, the volunteer handbook should contain all the information necessary for volunteers to provide care according to the clinic's policies and procedures.

- ❑ **Require a volunteer agreement** – Just as employees and patients typically sign an agreement holding them to certain responsibilities, so would the volunteer agreement. It would cover areas such as patient confidentiality, professional behavior, problem resolution, upholding the philosophy and standards of the agency, and causes for termination.

- ❑ **Track volunteer service** – Health safety net clinics and programs that capture data from the contributions of their volunteers are better able to make an economic value case, not to mention documenting the output of the volunteers themselves. Data about your volunteers is a critical tool for measuring volunteer program performance.

- ❑ **Make sure volunteers are utilized** – Unless an organization is paying close attention and monitoring its volunteer workforce and deployment, it is possible for some volunteers not to be utilized to their fullest potential or perhaps at all. Make sure that volunteer scheduling distributes volunteer hours so as to ensure that all are utilized.

❑ **Survey volunteers periodically** – Whether via individual interviews, a written questionnaire, or some other method, organizations do well to ask their volunteers about their volunteer experience, what the agency can do to improve and other matters of strategic interest. This lets volunteers know they are appreciated and their opinions are valued.

❑ **Offer additional training and professional development** – Clinicians need continuing education and professional development in order to maintain their licensure and to remain up-to-date on the state of the art of their profession. Health safety net clinics and programs can help meet that need for their clinician volunteers, in partnership with their state association, area health education center or other professional society.

❑ **Don't be afraid to fire a volunteer** – Sometimes a volunteer is not the right fit for an organization, or worse, engages in behavior that is detrimental to the agency's image or operation. Conduct the meeting in a private setting. Be quick, direct and absolute. Do not argue. Do not attempt to counsel. Follow-up in writing.

Volunteer Retention and Recognition

Retaining your volunteers is the key to success. There is no point in being good at recruitment if you cannot keep volunteers coming back. Recruitment is a solution to the problem of not having enough volunteers; retention is a way to avoid the problem altogether.¹²

14

"Our clinics are the shining lights of community volunteerism that warm the heart. When I see the gratitude on the faces of patients who are unemployed, disabled or struggling to make ends meet, I know our network of clinics throughout Georgia must continue their mission."

– Donna Looper, Executive Director, Georgia Free Clinic Network

Doing a great job in recruiting, screening, orienting, training and managing volunteers is an exemplary volunteer retention strategy. However, failure to properly and adequately recognize a volunteer can undo all the good that came before it and result in the loss of that volunteer or an unnecessary shortening of the volunteer's service to the agency. A little bit of recognition can go a long way, but a smart volunteer administrator will not assume that that strategy is sufficient.

The need for recognition is important to most people. The most common complaint of volunteers is that they do not get enough recognition from staff. Staff are usually surprised by this and can often cite examples in which they have given recognition to volunteers. The reason for this discrepancy of perception is that recognition has a short shelf life. Its effects start to wear off after a few days, and after several weeks of not hearing anything positive, volunteers start to wonder if they are appreciated. Giving recognition once a year to a volunteer at a recognition banquet is certainly not enough.¹³ More is needed.

¹² McCurley, Steve and Rick Lynch. *Volunteer Management*. (1997).

¹³ McCurley, Steve and Rick Lynch. *Volunteer Management*. (1997).



Consider using some of the following recognition strategies to say thank you to your volunteers.

Treat volunteers as professionals

- Give volunteers a nice, clean facility in which to practice.
- Provide pre-printed nametags for volunteers to wear while at the clinic.
- Provide meals for volunteers.
- Invite a volunteer to join you for coffee or lunch and seek their opinions.
- Ask volunteers to attend and represent you at important meetings.
- Organize informal chats for volunteers with organization leadership.
- Involve volunteers in the annual planning process.
- Put volunteers on an important task force or committee.
- Involve volunteers in new volunteer orientation and staff training sessions.
- Celebrate major accomplishments with your volunteers.

Recognize volunteers and have fun

- Greet volunteers when they arrive. say thank you when they leave, and tell them they did a good job, specifically noting what they did well.
- Host an annual volunteer recognition event in a nice place and present volunteers with a plaque or certificate.
- Recognize all the volunteers by name in a newspaper advertisement.
- Show interest in volunteers' personal interests.
- Write thank you notes to volunteers and letters of commendation for the volunteer's personal files.
- Give the best parking space to the "volunteer of the month."
- Feature volunteers in newsletters and put the volunteer's picture on the bulletin board with news of their accomplishments.
- Brag about a volunteer to your boss (in their presence).
- Recognize volunteers on their birthday.
- Celebrate volunteer week.
- Honor volunteers for years of service to the organization.

"This clinic is completely staffed by volunteers. Over the past seven years there have been volunteers who have stayed for short times and others who dedicated hours to working at the clinic and supporting the patients seen there. The volunteers who have come routinely say that they are paid by the patients they see and know that they are helping them in many ways. The professional staff could not function without the work and caring support of these volunteers. The patients are fed by the work and love of these people from their community who want to do what they can to help their neighbors."

—Dr. Sandra Turner, Director, The Samaritan House, Dearing, GA

Resources

Bureau of Primary Health Care, PIN 2004-24, September 24, 2004.

Corporation for National and Community Service
(www.nationalservice.gov/about/volunteering)

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www.healthcarevolunteer.com

www.mavanetworks.org

www.energizeinc.com

www.serviceleader.org/old/manage/policy.html

www.casenet.org/program-management/volunteer-manage/



About Free Clinic Solutions

Founded in 2006, Free Clinic Solutions is the nation's first consulting firm established exclusively to serve the free and charitable clinic movement in the U.S. Free Clinic Solutions provides governance and management consulting, customized training, technical assistance, and other strategic support services to free/charitable clinics; their state, regional, and national associations; and, other entities that partner with and support free/charitable clinics. Mark R. Cruise, founder and principal of Free Clinic Solutions, served as executive director of the Virginia Association of Free Clinics from 1997-2006. For more information about Free Clinic Solutions, visit www.freeclinicsolutions.com.

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