

The Ithaca Health Alliance:  
Serving the Needs of the Un- and Underinsured\*

The New York State Departments of Health and Insurance  
Onondaga Community College  
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By Rob Brown, IHA office manager, and Bethany Schroeder, IHA board president

Access to health care is a major concern to many of us, but for some it poses a critical problem. Today more than 47 million Americans have no health insurance, even though an estimated 80 percent of these uninsured people do have jobs. What's more, experts believe that up to 80 million Americans have insufficient healthcare benefits to meet their needs. Some of the obvious stressors among the un- and underinsured include potential health-related bankruptcies, difficulties in deciding how to allocate limited household funds, locating physicians and other clinical providers willing to give care, and planning for a future that holds little promise of improvement.

Ten years ago, Ithacan activist and innovator Paul Glover began talking to community members about a grassroots approach to the problem as it existed then and still does to this day. Inspired by the early beginnings of the Canadian national healthcare system as well as the collective approach to healthcare financing among the Amish, an idea dubbed the "Ithaca Health Fund" was born. Glover's original vision was simple:

- Focus on the local community for solutions, rather than relying on the benevolence of corporate or governmental entities.
- Develop the project with a democratic infrastructure, centered on the thoughts and identified needs of members.
- Offer a sliding scale fee to healthcare providers who agree to honor discounts to other members.
- Set funds aside for a clinic and other community health programs.

The new organization gathered together members, each of whom joined for \$100 per year. As more people joined and the organization's finances grew, an ever-increasing selection of healthcare services became available to members, who could apply for grants and loans to help pay for care. At the same time, the organization began setting aside money for other community health projects.

Ten years later, the Ithaca Health Alliance, Inc. (IHA) is going strong. Following the same principles under which the Health Fund was founded, the IHA has an active membership of 700 people. Members elect the board of directors from among the membership, and the members, by way of member committees, along with the board, jointly govern the IHA through shared and ongoing input.

At this date, the Ithaca Health Fund program of the IHA has awarded more than \$130,000 in grants. IHA members can expect, for example, to receive grants of up to \$3,000 per

year for specific healthcare needs. The largest member grant categories are dedicated to emergency services, but also include the cost of treatments for broken bones, preventive care, and diagnostic exams. The IHA seeks to expand grant categories annually, based on the needs expressed by members and the resources of the organization. A revolving loan fund provides interest-free member assistance for dental care, in addition to the benefits available under the grants program.

Over 150 healthcare providers are IHA members, and they give discounts typically from 5 to 10 percent of the cost of service to other IHA members. Providers include professionals from conventional and complementary/alternative modalities. Most providers live and practice in Ithaca and the surrounding county townships. IHA maintains a provider member directory on its website, which promotes these providers' commitment to community health.

Any resident of New York State can join the Ithaca Health Alliance for the original \$100 per year, with discounted membership rates available to spouses or partners. Memberships at discounted rates are also available to the employees of area businesses and community organizations, when employees join as a group. Furthermore, memberships are frequently made available through the generosity of community donors.

The IHA Community Grants program offers small grants to community organizations conducting health projects. For example, the Cayuga Nature Center (CNC) received two grants, one in 2005 and another in 2006, to train its Bobcat camp counselors in CPR. Funds also helped to procure much needed medical supplies and protective gear for CNC staff. Grants have been awarded to Tioga Community Action for its annual health fair and expo and to the Riverside School for its health walk. In 2006 and again in 2007, the IHA was pleased to participate in Cornell Community Extension's program, making available community-supported agriculture shares to low-income families.

The Ithaca Health Alliance education program continues to develop. This program has sponsored monthly speakers' events at intervals during the past two years, opening these events to everyone, and has recently undertaken the publication of a quarterly newsletter. The newsletter is either mailed or emailed to members. In an effort to fulfill its commitment of education of the community at large, the IHA distributes without charge copies of the newsletter at local coffee shops and other public places. The IHA also maintains a library of information at the IHA office for browsing and borrowing and is in the process of donating books focused on health promotion to the Tompkins County public library and the Alternatives library at Cornell.

A combination of resources between the IHA and grantors has made it possible to employ three part-time staff members, who receive a modest but certified "living wage" and IHA membership as a benefit of employment. The office manager is responsible for the distribution of grants, communication with members, area officials, and business people. The clinic coordinator facilitates care during clinic hours, and trains and coordinates volunteers. The outreach coordinator works to educate the community about the IHA and the IFC, with a mandate to assess the needs of the community regarding health programs.

With the opening of the Ithaca Free Clinic (IFC) in January, 2006, the IHA fulfilled one of its earliest dreams: making free care available to our uninsured residents. In doing so, Ithaca has joined the ranks of generally much larger cities in the U.S. Financed through membership savings from 1997 to the Clinic's inception, members continue to support the IFC, as do donations from the wider community. The IHA has recently begun to receive competitive grants that will allow for better-supported and expanded Clinic services.

Open from 2 to 6 on Mondays and 4 to 8 on Thursdays, with a free pre-employment physical clinic the fourth Tuesday of every month from 4 to 8, the IFC is one of only two medically integrated free clinics in the U.S., where both conventional and complementary healthcare professionals treat visitors. A physician and a registered nurse are always on duty and are typically joined by other providers, such as herbalists, massage therapists, and acupuncturists, just to name a few. Nutritionists offer regular hours of education and consultation when the Clinic is open. A large group of support personnel manage the office and advise patients and visitors about community resources. Upwards of 75 volunteers, including students from TC3, Ithaca College, and Cornell University, along with many, many interested and dedicated community members freely contribute their time to the ongoing success of the Clinic. In its first year of operation, the IFC saw more than 850 patients, nearly triple the number initially anticipated. In its second year, the IFC is on track to log in at least 2000 visits.

An estimated 10,000 residents of Tompkins County have no health insurance. Without the IFC, many of these people could also expect to be without medical care. Unable to pay out-of-pocket fees for service, the uninsured residents in and around Ithaca are frequently dangerously ill before they learn of the Clinic's services. Almost two years of providing care to indigent and working poor populations has revealed to Clinic staff and volunteers that the IFC is the primary source of care for most Clinic patients.

Between the months of April and July 2007, for example, the IFC had visits from 242 new patients, whereas 318 patients made repeat visits. During the same period, physicians and nurse practitioners volunteered a total of 456 hours, as did registered nurses. Complimentary and alternative practitioners expended 104 hours in caring for IFC patients. Most patients during this period reported residence in Ithaca, but patients did travel from all but one of the other villages and townships, as well. The demographic between 20 and 50 years of age was most commonly seen at the Clinic during this period, but a close second was the demographic between 51 and 70 years.

Those who volunteer at the board, the committee, or the clinic level are proud to serve the Tompkins county community of un- and under-insured residents. At the same time, volunteers express frustration over the little we can accomplish in behalf of our neighbors and friends. The benefit gained by regular, thorough, professional health services is incalculable. If our patients could get such care, we believe they would be better equipped to solve some of the other large problems in their lives. Those of us in the privileged position of being able to volunteer could turn our attentions to other forms of

service. We honor all of humanity when we recognize that health care is a right and that absent making that right available to all, every one of us suffers.

The Ithaca Health Alliance website can be accessed at [www.ithacahealth.org](http://www.ithacahealth.org). The site offers information about the structure of the IHA, its programs, and the operation of the Ithaca Free Clinic. IHA staff are available to answer questions at 607-330-1253 or 607-330-1254. Bethany Schroeder, president of the board, education subcommittee member, clinic operations committee member, and general volunteer can be reached at [nidus@pinax.com](mailto:nidus@pinax.com) or 607-277-3545.

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