



Strategic Plan

2023–2026

Introduction

For more than thirty years, Arlington Free Clinic has expanded access to healthcare in our community. And for more than thirty years, our core mission has endured: to provide and coordinate healthcare for Arlington adults who lack access to care.

What has also endured is the profound importance of Arlington Free Clinic to our community. Arlington County's high average income masks underlying poverty and health disparities that result in a greater than 10-year difference in life expectancies, depending solely on where in Arlington you live. Those disparities were revealed more vividly than ever by the COVID-19 pandemic, with COVID rates and COVID deaths in a single zip code, 22204, where most of our patients live, dramatically higher than in any other Arlington zip code.

But while the need and our mission are largely unchanged, the Clinic itself has transformed and innovated dramatically, particularly over the last three years:

First, thanks to the generosity of long-time supporters, our capacity to deliver and manage truly integrated care for our patients has never been stronger. More than ever, we are able to provide our patients with access to a full range of specialist care, from oncologists to orthopedists to dermatologists. We now provide dental as well as medical care, with three dental chairs onsite at the Clinic—a life-changing addition for many of our patients. We have expanded mental health and behavioral care, as well as added case workers who can help our patients navigate and access support for food and housing. And just this year we have been able to add audiology, for the first time giving our patients access to hearing tests and hearing aids.

Second, with gratitude to VHC Health, we have upgraded our electronic health record system, adopting the same system used by VHC and most healthcare providers in our area—an enormous project, and one which will enable us to do even more to seamlessly manage and coordinate care for our patients, ensuring their access to the treatments and services they need.

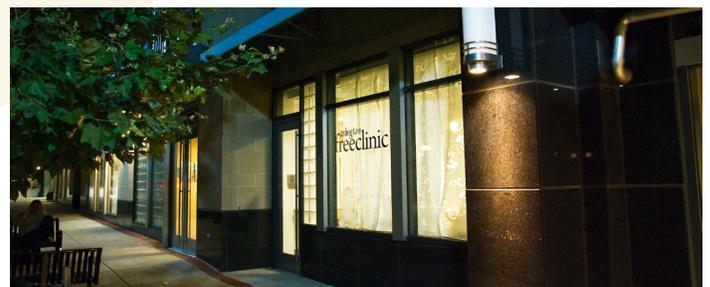
Third, the arrival of COVID-19 required us to adapt and respond in ways we never imagined, from rapidly adopting telehealth technologies; to working in partnership with the County and VHC Health to make sure all Arlington residents, regardless of income, had access to testing and vaccinations; to helping our patients cope with the disruptions to their lives that COVID-19 created; to, now, continuing to be a voice for both our patients and their communities, who are too often invisible in Arlington County.

In short, today's Arlington Free Clinic is not the same as yesterday's Clinic. We have new patient needs, new services, and new technologies. This new four-year strategic plan builds on this exciting momentum, putting processes and infrastructure in place to ensure that all these changes, both past and future, remain sustainable. It is a plan that reaffirms our commitment to access and equity in our community.

This plan also reflects the input of dozens of individuals. Patients, staff, board members, volunteers, philanthropic organizations, individual donors, and community leaders have all contributed their thoughts and ideas. Thanks to them, this new plan was developed with a fresh, thorough, and rigorous analysis of the Clinic, the environment in which we operate, and scenarios for the future.

To everyone who has been part of our planning process, we are grateful. We would not be what we are or be able to do what we do without the support and collaboration of all of you, from patients to supporters, from volunteers to partners. Thank you.

Nancy White
President





Background

To develop this plan, we conducted a great deal of research, including the following:

- An analysis of population trends in Arlington County, including estimation of the size of Arlington’s low-income population and how that population may change;
- An assessment of the health insurance system, including Medicaid and the Affordable Care Act, to ensure that we had an up-to-date understanding of the gaps and holes in that system;
- Analysis of our own operations, revenue, and expenses;
- Focus group discussions with our patients, with separate discussions among Spanish-, Mongolian-, and Amharic-speaking patients;
- Meetings and discussions with key partners, including elected and appointed leaders in Arlington County and the leadership of VHC Health;
- Interviews with a wide range of allies, supporters, and observers, including the leaders of other safety-net organizations, foundation and individual donors, volunteers, and other free clinics.

We learned an enormous amount from this process, about both ourselves and the context in which we operate. A few findings were especially important to our thinking as we developed our strategy:

1. The need for Arlington Free Clinic remains great. There continue to be several thousand adults in Arlington County—far more than we currently serve—who lack access to healthcare. Most of these have no health insurance at all. Others may qualify for Medicaid, but nonetheless lack access to care, sometimes because they cannot afford deductibles and copays, sometimes due to shortages of providers who accept Medicaid. Still others fall through the cracks due to the rapidly changing circumstances in their own lives, whether that means moving in and out of Arlington and back again, or going on and off Medicaid as their means fluctuate.
2. Arlington Free Clinic remains distinctive in its ability to provide its patients with a comprehensive and integrated healthcare home. Our partners value not just our role in providing and coordinating medical care, but how we help our patients access the specialists they need, navigate the social safety net more broadly, and manage their own health—all in a way that removes costs as a barrier.
3. While we can be very proud of our strength as an organization, with a solid base of staff, volunteers, donors, and partners, we have work to do in making sure that our internal

organization and technologies have caught up with the significant changes we've experienced over the last few years, and that our revenue sources and volunteer pools keep pace with our changing world and rising costs.

Purpose And Mission

Everything begins with the answer to three core questions: Why do we exist? What is our job? Who are we? Our **purpose** is why we exist. Our purpose is bigger than we are. It expresses the world we want to see, the world that we want to help create. Our **mission** is our job. It is what we, specifically, do. It is our own narrow role in pursuing that purpose. Our **identity** is not what we do, but who we are.

Combined, these statements express all that we hope to be and do.

Our purpose: To build a healthy community.

Our mission: To advance health equity by providing comprehensive, whole-person healthcare for our neighbors who would otherwise lack access.

Our identity: A nonprofit healthcare home that works collaboratively with patients, volunteers, community members, and partners.

Guiding Principles

With this strategic plan, we have also refreshed and renewed our commitment to seven guiding principles—the values and beliefs we embrace as guidance for how we act, both collectively as the Arlington Free Clinic and individually as staff members, volunteers, and leadership.

The needs of our patients come first. Our core values define the spirit with which we carry out our work and connect with one another, with our patients, and with our community:

- **Respect:** Treat everyone in our diverse community with dignity and respect.
- **Integrity:** Build trust by adhering to the highest standards of professionalism, care, ethics, and personal responsibility.
- **Equity and Inclusion:** Intentionally and actively create an environment that embraces individual diversity where all are valued, appreciated, and empowered.
- **Innovation:** Enthusiastically embrace new ideas that enhance the lives of those we serve.
- **Compassion:** Act with humility, show empathy, and demonstrate kindness and caring in all we do.
- **Collaboration:** Blend the skills and strengths of all individuals to achieve the best results.
- **Passion:** Approach our patients and our work with a sense of optimism, positivity, joy, and hope.



Strategy

Our strategy for the next four years is to deepen and strengthen what we do, building directly on the momentum and innovation of recent years. It is a plan aimed at aligning both our care and our operations with our values, and at ensuring that recent changes—both in our patients’ lives and in our own organization—result in better health for those who rely on us, greater equity and access to care in our community, and enhanced sustainability for our operations.

We summarize our strategy in the form of the medical home we aspire to be:



Living Our Values

Pursue equity and inclusion. Equity and inclusion are critical to ensuring that every patient receives compassionate and empowering care. They are critical to removing barriers to health and healthcare in our community. They are critical to our own ethics. They are critical to building and sustaining an outstanding and diverse team of staff, volunteers, partners, and supporters.

Integrate our guiding principles into all that we do. The principles listed earlier in this document are fundamental. They will guide the policies and programs that help us recruit and retain staff; how we manage relationships with patients, partners, and other stakeholders; and how we communicate and engage with the broader community.

Extending Care, Access & Equity

Strengthen our ability to provide comprehensive, integrated care. We will look for ways to improve and strengthen patient care, including effective chronic disease management systems as well as programs that educate and empower (care is not comprehensive if it doesn't help patients get and stay healthy). We will seek to fill any gaps in our patients' care, which includes further increasing our capacity to provide dental and behavioral healthcare, as well as further building vision and hearing care services.

Improve patient access to care. We will regularly assess our triage system and how we structure and determine eligibility with an eye towards maximizing access. We will seek to improve access through how we listen to patients, respond to patient needs (including acute needs), and communicate with patients; how we balance in-person care with telehealth; how we empower patients and their communities to navigate the broader safety net; how we maximize clarity on how to become a patient and access AFC services; and how we supplement our network of volunteer providers.

Increase our impact in the community. We will continue to advocate for our patients and their communities, helping their voice be heard and addressing systemic barriers to health and well-being. We will work with others to make it easier for Arlingtonians, both safety net professionals and those who need help, to find the right support services, including but not limited to healthcare.

Strengthening Our Foundations

Build organizational strength and resilience. We will seek sustainable paths towards investing in the staff, volunteers, Board, policies, resources, technology, and data management required to continue delivering comprehensive, integrated care with quality and accountability. We will nurture a culture that is nimble, efficient, and consistent.

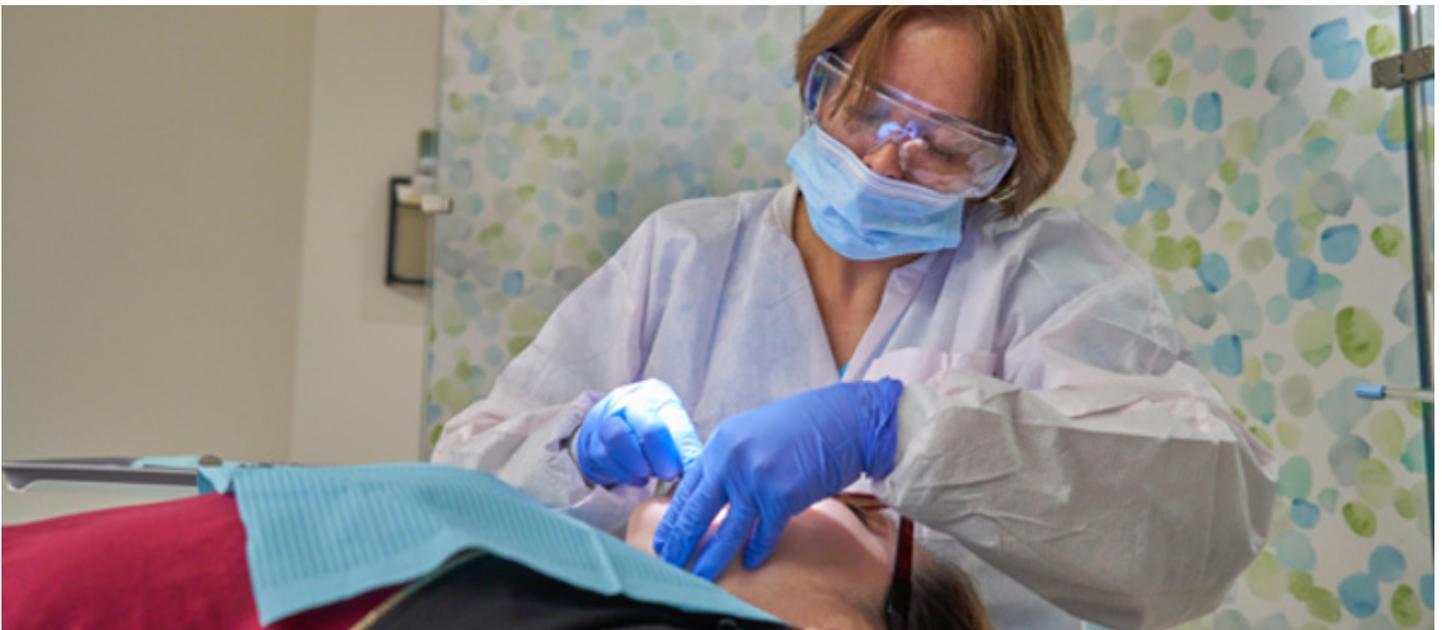
Broaden and strengthen our fundraising capacity. We will pursue building the enhanced systems (staff, processes, technologies) needed to develop and execute distinct strategies for different



sources of gifts, to develop and nurture diverse relationships, and to achieve higher levels of both giving and donor loyalty.

Cultivate a greater breadth and depth of collaborative partnerships. We will seek diverse and productive partnerships in pursuit of multiple goals: delivering comprehensive, integrated, high-quality care; sustaining a strong volunteer network; diversifying and increasing revenue; achieving our advocacy goals; and building trust and reputation in the community.

Deepen understanding of AFC and our work. We will develop and deliver clear messages about what AFC is, what it does, how it does it, and the community needs we seek to address. The more widely our specific role and our impact is understood, the more effective we can be all that we do.



Metrics

No matter how clearly we understand our aspirations, plans do not become realities until accompanied with ways to track progress. With that in mind, over the next four years, AFC leadership and staff will regularly ask and answer the following questions:

Strategic Pillar	Tracking Progress
LIVING OUR VALUES	
Pursue equity and inclusion	Are our leadership, Board, and staff increasingly reflecting our community in background, experiences, and perspectives? Are our systems, processes, and forms reviewed/created taking into consideration the diverse and unique needs of patients, staff, and volunteers? Are we actively creating greater equity via our practices for our patients and across the community?
Integrate our guiding principles into all that we do	Are new staff consistently onboarded with the guiding principles? Are the principles a consistent touch-point in evaluation and decision-making?
EXTENDING CARE, ACCESS & EQUITY	
Strengthen our ability to provide comprehensive, integrated care	Are we able to readily meet patients' most important healthcare needs? Are chronic health conditions amongst our patients well-managed? Do we have effective systems in place to support our patients who have serious and/or life-threatening illnesses? Are we providing prevention services/education to empower patients to achieve optimal health/well-being? Are we consistently using evidence-based and up-to-date practices and guidelines?
Improve patient access to care	Are we serving as many patients as our capacity permits? Are we making it as easy as possible for eligible individuals to become patients, and assisting those ineligible with connection to appropriate care? Can patients communicate with us easily, conveniently, and openly? Do patients have clarity/trust in the eligibility process? Do we have mechanisms for patient feedback as well as for acting on that feedback? Are we making it easier for uninsured Arlingtonians to identify/access the right support services beyond AFC?

Strategic Pillar	Tracking Progress
Increase our impact in the community	Are we participating in collective efforts to improve safety-net access? Are the needs of our patients and their communities considered in County decision-making? Are barriers to health and well-being identified and ways of dismantling these barriers part of the conversation? Are we finding ways for our patients' voices and needs to be heard—and addressed—in our community?
STRENGTHENING OUR FOUNDATIONS	
Build organizational strength and resilience	Are we identifying and filling gaps in skills, systems, and technologies? Are we fostering a thriving and engaged workforce and volunteer community? Are we making progress in synchronizing data and information systems? Are we increasingly able to use our EHR systems easily and in a way that enhances patient care? Are we identifying and addressing risks and opportunities as they emerge?
Broaden and strengthen our fundraising capacity	Is our revenue increasing commensurately with our budget and reserves policies? Are we tapping new sources of revenue? Are we connecting with donors in meaningful and mission-driven ways? Are we inspiring donors to maximize their philanthropic support and grow their giving? Are we building donor loyalty?
Cultivate a greater breadth and depth of collaborative partnerships	Are we developing new partnerships with clarity around shared values and objectives? Are we finding new ways to work with partners in achieving both our purpose and mission? Are our relationships with partners sound and productive? Are we actively seeking and adding partnerships that advance our patients' needs and/or enrich patient care? Do we have processes in place to ensure mission- and value-alignment with our partners?
Deepen understanding of AFC and our work	Do we have clear and concise messages for diverse audiences about our distinct role and value in the community? Is awareness and understanding of AFC (as well as the need for AFC) reaching new audiences and increasing?



Acknowledgements

This plan reflects the hard work and thinking of many people. We thank them.

Strategic Planning Working Group (SPWG)

The group was chaired by Jennifer Sosin, Board Member, and Nancy White, AFC President, and included members of both staff and Board:

STAFF

- Surekha Cohen, Director of Clinical Services
- Caroline Jones, Director of Operations
- Kate Nadeau, Director of Volunteer Resources

BOARD

- Donna Alpi, Chair
- Ana Alvarez
- Melissa Dulski
- Carly Kelly
- Marla Kelly
- Tannia Talento

Arlington Free Clinic

Throughout the process, the Clinic's entire staff and Board of Directors provided input and feedback, and we thank them. In particular, Alicia Nieves, Director of Development, joined the SPWG in discussions and interviews, and provided support in multiple ways.

Pro Bono Support

Our planning process was supported by a team at McKinsey and Company: Jennifer Rost, Thomas Chatzieftheriou, Nikhil Kishore, Alice Kreher, and Ruirui Kuang. We are grateful for their support and participation. We are also grateful to Bena Clemens for generously donating her time and design expertise to the production of this report.

Patient Discussions

More than 25 patients participated in our discussions. To encourage candor, we assured their anonymity, so we will not list their names, but we are enormously grateful to them. The discussions were organized by Kate Nadeau and Caroline Jones, and led by Ana Alvarez, Tannia Talento, Crystal Sukhee, Tuya Enkhee, Tsion Habtamu, and Axsan Mulusew.

Meeting And Interview Participants

The following individuals all shared their thinking and guidance during our planning process:

- **Michelle Altman, RN**—Patient Care Director, VHC Outpatient Clinic
- **Patricia Ardila**—volunteer
- **Frances Barnes**—Director of Case Management, VHC Health
- **John Benton**—AFC Community Advisor
- **Matt Birenbaum**—Chief Investment Officer, AvalonBay Communities
- **David Briggs**—AFC Community Advisor
- **Errol Chin-Loy**—Bureau Chief (retired), Community Health Services, Department of Human Services, Arlington County
- **Christy Cole**—Director of Philanthropy, Arlington Community Foundation
- **Matt De Ferranti**—Chair, Arlington County Board
- **Tollie Elliott, MD**—CEO, Mary's Center
- **Allison Erdle**—Executive Director, Washington Forrest Foundation
- **Barbara Favola**—State Senator
- **Anita Friedman**—Director, Department of Human Services, Arlington County
- **Sarah Hashmall**—Program Officer, Morris and Gwendolyn Cafritz Foundation
- **Anita Karklins**—Case Manager, VHC Outpatient Clinic
- **Basim Khan, MD**—Executive Director, Neighborhood Health
- **Terry O'Hara Lavoie**—Founder and Interim Executive Director, Culmore Clinic
- **David Lee, MD**—former Chief Medical Officer, VHC Health, and former AFC Board Member
- **Mary Ludden, RN**—volunteer
- **Pat Mathews**—President and CEO, Northern Virginia Health Foundation
- **James Meenan**—Associate Vice President of Population Health, VHC Health
- **John Murphy**—founder and President, Washington Workplace
- **Amy Otteni**—volunteer and donor

- **Jennifer Owens**—President and CEO, Arlington Community Foundation
- **Jorge Ramallo, MD**—volunteer
- **Laura Sessums, MD**—volunteer
- **Robert Sharpe**—Assistant Public Health Division Director, Department of Public Health, Arlington County
- **Matt Shay**—volunteer and donor
- **Allison Shay**—volunteer and donor
- **Crystal Sukhee, RN**—AFC volunteer and member of Arlington’s Mongolian community
- **David Townshend**—AFC Community Advisor
- **Kathy Townshend**—AFC Community Advisor
- **Reuben Varghese, MD**—Public Health Director, Arlington County
- **Heather Venner**—Community Assistance Bureau, Department of Health Services, Arlington County
- **Anne Vor der Bruegge**—Director of Grants and Initiatives, Arlington Community Foundation
- **Stephanie Wilding**—CEO, CommunityHealth (Chicago)