



Consultant's Report on Options for Austin Food For Life

by Lauren Jahnke, MPAff
LRJ Research & Consulting

September 2015

LRJ



Contents

Executive Summary.....	3
Introduction and Background.....	5
Health Insurance and the Food Industry in Texas and Austin	6
Needs Assessment Survey Results	7
Relevant Programs and Models in Austin and the Nation	10
A. Farmgrass and Gro-ACT.....	10
B. Lenoir Primary Care Program	11
C. Health Alliance for Austin Musicians	12
D. SIMS Foundation	13
E. Restaurant Opportunities Center of Los Angeles.....	14
F. Restaurant Worker Referral Program.....	14
Options and Recommendations	14
A. Programs and Activities.....	15
B. Organization and Operations.....	22
C. Potential Funding Sources	26
Conclusions and Next Steps	28
Appendix A. Austin Food For Life Survey on Survey Monkey	30
Appendix B. Comments on Austin Food For Life Survey	31
Appendix C. Individuals Interviewed and Consulted for Project	33
Appendix D. Mental Health Service Program Model for Austin Food For Life.....	34
Appendix E. Summary of Potential Health Care Programs and Activities	37
References	38

Executive Summary

Austin Food For Life (AFFL) was formed in 2013 to help “food and beverage industry professionals, including farmers and food artisans, access affordable healthcare solutions.” The need for affordable health insurance and health care programs for food and beverage-related businesses is acute. These businesses often have lower-than-average wages and are less likely to be able to offer employees health insurance, especially at small businesses. The Affordable Care Act (ACA) of 2010 increases access to health insurance, though gaps remain for many people. The food and beverage industry has a large economic impact in Austin, and keeping businesses and employees healthy and thriving makes economic sense.

This report covers health insurance statistics and the food industry; the results of a needs assessment survey; health care programs that could serve as models for AFFL; options and recommendations for AFFL, including program options; and conclusions and next steps. The audience for this report is current and future AFFL board members, employees, contractors, and volunteers; potential fundraising and health care partners; and interested food-related businesses and workers in Austin that the organization intends to serve.

LRJ Research & Consulting was hired to analyze options and recommendations for AFFL to move forward and serve more clients. Four distinct options are discussed in detail:

- **Option 1:** Remain an organization with the sole purpose of giving out grants to qualifying workers with medical emergencies, including assistance with medical bills and deductibles as well as living expenses.
- **Option 2:** Evolve the organization into a group or association offering different types of health services and benefits, adding one at a time at first and later possibly as a benefit package that individuals or businesses could use or buy.
- **Option 3:** Implement a combination of Options 1 and 2, whereby the organization continues to maintain an emergency medical fund but also commits to offering other health services.
- **Option 4:** Disband operations and disburse remaining funds to other nonprofits.

Summary of recommendations that are presented and discussed in the report:

➤ **Recommendation A.1: Choose Option 3.** Since the passion for the cause and the willingness seem to both be present for continuing to operate AFFL and exploring what programs and services can be added, it is recommended that the board choose Option 3. Suggested short-term and longer-term health programs are presented.

➤ **Recommendation B.1: Complete nonprofit status.** Complete federal tax-exempt status and other legal requirements as soon as possible if not already finished, in order to increase credibility, leverage fundraising, and ensure that donations to and from AFFL are treated properly.

➤ **Recommendation B.2: Expand and formalize board of directors.** Determine the optimal number of board members and recruit additional volunteers for the board with experience in health care, law, policy, insurance, finance, human resources, business, the food industry, or other applicable specialties.

➤ **Recommendation B.3: Define clientele served.** Recommend deleting farmers from AFFL's stated target clientele since another local organization targets farmers, and targeting the owners and employees of restaurants, food trailers, bars, and other food or beverage-related producing, serving, or manufacturing businesses in Austin. It could especially strive to help small businesses with fewer than 50 people.

➤ **Recommendation B.4: Adopt vision and mission statements.** The board should approve vision/mission statements and list them on the website; suggestions are provided.

➤ **Recommendation B.5: Considering staffing options.** It would be most cost-efficient for AFFL to continue utilizing volunteers for most roles for the time being, including the co-founder and board members donating specific expertise, and recruiting committee members and others for specific purposes and events as needed. If Option 2 or 3 is chosen, a paid part-time staff person will likely be needed to help with administration and organizing activities, with staffing growing as needed in the future.

➤ **Recommendation B.6: Form committees as needed.** AFFL will need committees and work groups of board members and other volunteers for functions such as overseeing finances and planning fundraising events. It would also be helpful to have a restaurant and food business advisory committee consisting of AFFL members with industry experience who can advise the board. A health care committee might eventually be necessary, and a development committee would be useful as well.

➤ **Recommendation B.7: Establish a membership program.** Create a membership program that is free to join for eligible industry employees and business owners. Joining AFFL could allow them to be eligible for the emergency medical fund and future programs that are developed, learn about upcoming events and fundraisers, and maybe get some special deals. If AFFL eventually offers multiple health care programs along with services that help business owners, a membership fee could be considered at a later time.

➤ **Recommendation C.1: Increase fundraising.** Pursue multiple methods of fundraising including both passive methods (less effort but may bring less money) and active methods (direct fundraising and dedicated events that take more effort to plan but are likely to raise more funding and increase visibility).

AFFL should choose an option and begin implementation before the end of 2015. The first priorities are to finalize nonprofit status and to expand and formalize the board of directors and officers, and then the board can consider hiring a staff person and which goals and programs to investigate first, starting with ideas presented in this report as a guide. AFFL should try to collaborate with existing groups and organizations doing similar work in order to build on their experiences in order to maximize efficiency.

The main activities where AFFL could most make a difference for its clientele while using resources most efficiently appear to be threefold: 1) implementing smaller programs that fill in gaps such as primary care, dental care, and the emergency fund; 2) exploring ways to help small businesses access affordable insurance products, and 3) encouraging individuals without job-based insurance to apply for individual insurance through the federal marketplace. AFFL has built many connections over the past few years and has many supporters for the concept of helping local restaurants and related businesses, so if it can leverage these factors and continue to address the identified needs in an effective as well as cost-efficient manner, it will ultimately be successful.

Introduction and Background

Austin Food For Life (AFFL) was formed as a nonprofit organization in 2013 by Brian Stubbs and Karla Loeb to help “food and beverage industry professionals, including farmers and food artisans, access affordable healthcare solutions.”¹ According to the organization’s website, their goal was “to create a sustainable healthcare program that will have various streams of income and give individual members of the program options for healthcare coverage, including medical, dental, and mental, that are both affordable and comprehensive.”² They hoped to enable food and beverage-related businesses to retain employees that would have health care benefits and be able to remain food professionals “for life.” AFFL hired LRJ Research & Consulting in 2015 to analyze the various options for the organization and recommend ways to move forward with its mission.

The need for affordable health care solutions for food and beverage-related businesses is acute. The food and beverage industry, farms, and other food and hospitality-related industries often have lower-than-average wages and are less likely to offer employees health insurance, especially at small businesses, which are numerous. The Affordable Care Act (ACA) of 2010 increases access to health insurance through such means as making individual non-group policies more accessible for those who do not have insurance through their employment, offering tax subsidies to make the plans cheaper for those who qualify, and banning insurance companies from denying people due to preexisting conditions.

The ACA also raised the income limits for Medicaid, making more people eligible for this insurance program, but this was ruled optional so some states such as Texas have not expanded Medicaid eligibility, making it hard for low-income people to afford insurance. Even for people with higher incomes who have health insurance, having a medical condition or emergency can create hardships due to most health plans having high deductibles, meaning thousands of dollars often must be spent before the insurance coverage starts (though the costs of those services are less than if the patient had no insurance, due to negotiated rates with providers). Thus, while AFFL was started before the ACA fully went into effect in 2014, it still has relevance due to the fact that gaps remain in access to insurance and affordability for many people.

The food industry has a large economic impact in Austin and in Texas. In Texas, eating and drinking establishments and other food service positions currently provide almost 1.2 million jobs (10% of employment in Texas) and have \$44.5 billion in sales. Restaurant jobs are projected to grow by 22% over the next 10 years, and for every dollar spent in a Texas restaurant, an additional \$1.23 is generated in sales for the state economy.³ In Austin, the food and drink industry has become nationally known and has evolved into a cultural identity and tourism draw along with the live music industry. According to consultants hired by the City of Austin to evaluate the economic impact of the food sector:

The food sector in Austin touches every element of the community, although it has seldom been identified directly as a source of economic growth and development. However, the analysis and findings presented here suggest that view should be changed, and that food has an economic impact commensurate with many other

core aspects of the local economy. Moreover, food is an area where Austin expresses itself. This has implications for our external brand, but it also is important to local quality of life, and by extension the economy. As [we have] written elsewhere, quality of life is an increasingly important factor in economic development. This is especially the case in Austin, where there is a strong sense that its elements come together in a unique and special way that serves to attract and retain both residents and firms.⁴

Just as many agree that our local musicians need support, local restaurants, food artisans, farms, and related businesses need continued support for their business owners and employees in order to maintain the current level of quality and to expand and add to the economy as the Central Texas population continues to grow. And just like musicians and others in the creative class, many people in the local food industry are feeling the pinch of lower-than-average wages along with rising housing and health care costs. (In fact many musicians and other creative individuals work in the food service industry as an extra source of income.) Supporting the food industry through expanded health care options makes good business sense as well as economic sense, as the Centers for Disease Control and Prevention (CDC) notes that, “Maintaining a healthier workforce can lower direct costs such as insurance premiums and worker’s compensation claims. It will also positively impact many indirect costs such as absenteeism and worker productivity.”⁵ Thus, improving the health status and health care options of the food industry helps Austin’s culture and economy as well as benefitting the businesses and employees themselves.

This report covers health insurance statistics and the food industry; the results of a needs assessment survey sent to employees and owners of restaurants, food and drink-related companies, and farms; health care programs that could serve as models for AFFL; options and recommendations for AFFL, including shorter-term and longer-term program options; and conclusions and action items. The audience for this report is current and future AFFL board members, employees, contractors, and volunteers, potential fundraising and health care partners, and interested food-related businesses and workers in Austin that the organization intends to serve.

Health Insurance and the Food Industry in Texas and Austin

Texas leads the nation in the percent of the population without health insurance, with 28% of working-age Texans aged 19-64 uninsured in 2013 compared to 19% for the U.S. as a whole. The state also lags in the percent of residents obtaining health insurance through their jobs, at 54%, compared to 57% nationally.⁶

When income levels are taken into account, the rate of uninsurance climbs even higher. Of Texas residents aged 19-64 with incomes below 200% of the poverty level, 50% were uninsured in 2013, compared to 35% nationally.⁷ (Twice the poverty level or 200% equals an annual income of about \$23,000 for a single person and \$47,100 for a family of four.⁸) Austin tends to have a rate of uninsured people that is a few percentage points lower than the state average,⁹ but many food-related jobs pay relatively low wages, and thus these workers are more likely to be uninsured.

Table 1 shows the top five job types in terms of percentage of workforce in the Austin, Round Rock, and San Marcos metro area, and their median hourly rates. This shows that food and serving-related employment is relatively common and tends to pay much lower than the other common professions. A median hourly rate of \$8.84 translates into an annual income of about \$18,390, assuming 40 hours a week with no unpaid time off.

Table 1.
Top Five Jobs in Austin/Round Rock/San Marcos Metro Area
and Median Hourly Rate, 2011

Percentage of Workforce	Type of Job	Median Hourly Rate
18%	Office and Administrative Support	\$18.82
12%	Sales and Related	\$12.71
9%	Food Preparation and Serving Related	\$8.84
7%	Education, Training, and Library	\$23.62
6%	Computer and Mathematical	\$38.28

Source: Center for Public Policy Priorities, "Family Budgets" (2012), online at <http://familybudgets.org/>, accessed 7/28/15.

With lower than average wages, workers in the food industry are hard-pressed to buy health insurance, either individual policies or to pay their share of a group policy from their employer, if offered. Many employers would like to offer insurance but cannot due to being small businesses with tight margins and not being able to find affordable health insurance products. Small businesses can search for health insurance through the federal marketplace for small businesses at <https://www.healthcare.gov/small-businesses/employers/>, but many cannot afford the coverage or may not meet the minimum participation guidelines, and in addition, the small business marketplace experienced delays and has gotten off to a slow start.¹⁰ Small businesses, defined as 2-50 employees in Texas, are thus less likely to offer health insurance, plus are not required to under the ACA, unlike larger businesses.¹¹

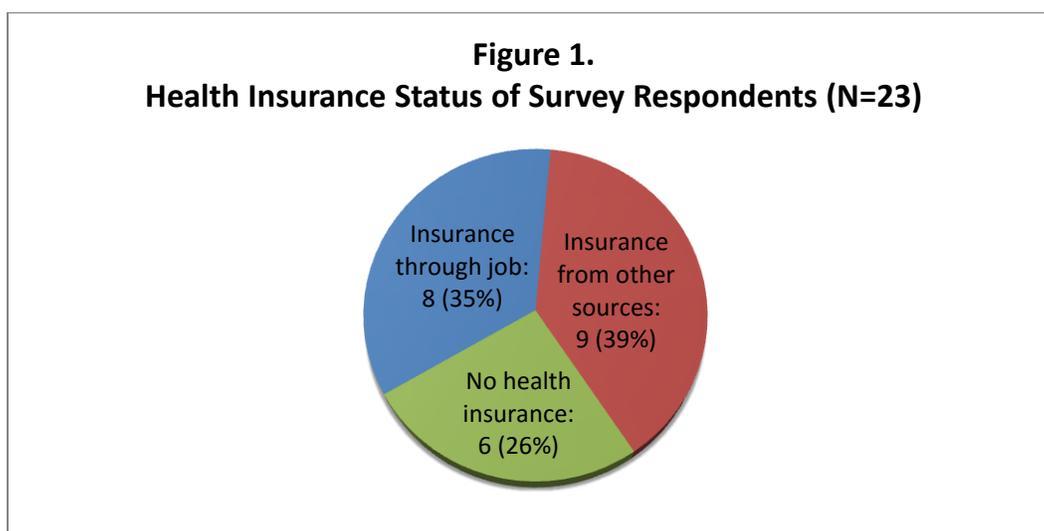
If workers cannot obtain health insurance, it creates extra expenses and hardships when they sustain injuries and illnesses and delay care or have to pay out-of-pocket for care (and face higher non-negotiated rates). Workers who have non-group insurance (individual policies) with high deductibles also often do not get the health care they need, due to the inability to pay for it—around 25% of these individuals, according to one study.¹²

Needs Assessment Survey Results

A link to a survey on SurveyMonkey.com was e-mailed to 76 employees and business owners of restaurants, farms, and other food and beverage-related businesses in Austin on July 1, 2015, and posted on AFFL's Facebook page. By July 22, 2015, 23 people had taken the online survey anonymously. The survey was comprised of eight questions, including a

combination of Yes/No questions, multiple-choice questions, and open-ended questions requiring written responses—see Appendix A for full survey questions. (Note: the respondents were not a random sample of Austin's restaurants and other AFFL-targeted businesses, thus not necessarily representative of the city as a whole.)

Of the 23 respondents, the majority currently have health insurance—17 (74%) have insurance and 6 (26%) do not. Of the people who have insurance, almost half have it through their employers: 8 (47%) have it through their jobs and 9 (53%) have it from other sources. Regarding whether respondents' current jobs offer insurance, 10 (45%) said yes, and 12 (55%) said no (one did not respond). See Figure 1 for a chart showing the survey respondents' current health insurance status.



Source: Austin Food For Life Survey, 2015.

Even though the sample size is small, it is notable how the percentage of uninsured respondents (26%) is similar to that of Texas as a whole, and how the percentage of people with insurance through their employers (35%) is lower than the overall average for Texas, since it is well known that the food and hospitality industry is less likely to offer insurance than other jobs.

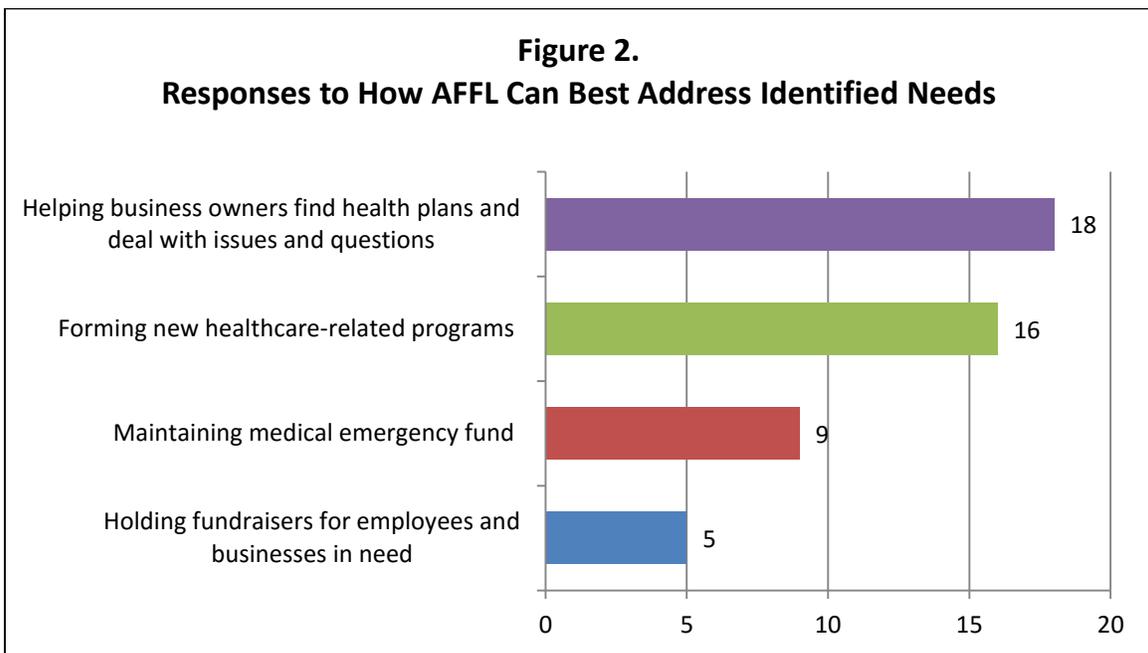
A breakdown of the multiple-choice questions is presented below. In several cases, an “other” option was included, which allowed respondents to add in a written comment. Appendix B shows all of the comments that respondents typed to the open-ended questions, including Question 3 on what they see as the top three health and health insurance-related issues in the industry. The most common responses to this question were variations of high cost of insurance, lack of insurance, and access to prevention and mental health services.

Question 4 asked “If you are a business owner, what are your main business needs related to providing health insurance to your employees? (check all that apply).” The 14 responses were as follows:

- Insurance not affordable for the business or employees—chosen by 13 (92.9%)
- Access to suitable insurance products—chosen by 5 (35.7%)
- Help with understanding new laws and the implications for your business and your staff—chosen by 8 (57.1%)
- Other issues or comments—1 written response: “Finding a broker that is actually helpful in offering healthcare.”

For Question 5 that asked “How do you think a nonprofit like Austin Food For Life could best help to address the needs identified in the previous two questions? (check all that apply),” 21 respondents answered as follows, in order of most popular responses (see Figure 2 for responses shown in graphical form):

- Helping business owners find suitable health plans or deal with related legal and employment issues and questions—18 respondents
- Forming new healthcare-related programs such as employee assistance/referral programs, medical bill mediation, or access to mental health providers at reduced rates—16 respondents
- Maintaining a medical emergency fund for people in the industry—9 respondents
- Holding fundraisers for industry employees and businesses in need—5 respondents
- Three written comments:
 - “Help form or form industry-wide health insurance cooperative.”
 - “Could we form a group big enough to be an organization providing group rates?”
 - “Most small restaurants don't have the HR manpower to deal with the overwhelming amount of paperwork, organization, and oversight it takes to offer these types of benefits. If there was an organization to help with this, it would be more realistic to consider offering health benefits to all employees.”



Source: Austin Food For Life Survey, 2015.

For the question that asked “Would you be willing to join Austin Food For Life if it evolves into a membership organization with extra healthcare-related benefits for members, such as access to enhanced or discounted services or to an emergency fund that could help with insurance deductibles or living expenses in case of serious illness or injury?” there were 20 respondents, who could pick more than one answer:

- Yes, but only if membership is free—9 respondents
- Yes, possibly if there is a small membership fee—10 respondents
- Yes, if there is a fee and I could trade volunteer hours at fundraiser events to make up for the dues—6 respondents
- Probably not, I don't think I need this—2 respondents
- Three written comments:
 - “Yes, but not specifically for any of the above reasons.”
 - “We have full insurance in our space.”
 - “Depends on the quality of services offered.”

There were three final write-in comments:

- “We provide a private doctor for our employees who sign up for it. It takes care of their day to day wellness. If something big happens they are on their own. If AFFL could be a catastrophic umbrella that would fit our needs well.”
- “Thank you for doing this.”
- “Restaurants are statistically the type of business most likely to fail, so it is an issue that owners and employees may not have continuous and reliable coverage if it's job-based.”

Responses were anonymous but seemed more skewed towards business owners than employees judging by several comments, possibly due to the mix of people that received the survey as well as the fact that business owners might be more likely to be dealing with health insurance and employee benefits issues and have more feedback.

Relevant Programs and Models in Austin and the Nation

This section contains descriptions of several health care programs and models relevant to the food and restaurant industry, based on research along with interviews with individuals listed in Appendix C. AFFL could consider various aspects of these models and borrow the concepts for those that would be helpful in expanding operations. A brief analysis appears at the end of each profile on what particular aspects might be helpful for AFFL.

A. Farmgrass and Gro-ACT

Farmgrass is an Austin nonprofit founded in 2014 with “the mission of promoting the mental and physical well-being of local, independent farmers.”¹³ It was founded by members of a bluegrass band that wanted to use their music to help local farmers, and thus they started Farmgrass Fest, an annual festival of bluegrass music, with proceeds going to a medical relief fund for farmers.^{14,15} This medical relief fund is administered by another nonprofit called Gro-ACT.



Gro-ACT (Growers Alliance of Central Texas) was formed in 2010 to connect local farmers/growers so they could get to know each other better plus form a group to obtain advantages such as buying supplies in bulk, and it became a nonprofit in 2014.¹⁶ The Medical Relief Fund began in 2014 and has given out two grants so far, which have a stated maximum amount of \$5,000 though more funding may be considered “in extreme circumstances.” Membership in Gro-ACT is free for growers who meet the eligibility criteria,¹⁷ and members can apply directly for funds from the Medical Relief Fund using a form on the website.¹⁸ Besides being a Gro-ACT member or family of a member, the applicant “must either be uninsured or under-insured, unable to pay insurance deductibles, or losing sales due to injury or illness,” thus people can apply to help with living expenses due to lost income for medical reasons, not only to directly reimburse medical bills.



After an application is submitted, three committee members review the request using standard instructions, such as establishing that the applicant is a member and the validity of the medical condition. Following this review, the committee discusses the request by e-mail and votes on a decision. All correspondence is kept private, and once a decision is made by the committee, they contact the applicant, Farmgrass, and the Gro-ACT board, and give the applicant a liability waiver to sign before sending a check.

The Medical Relief Fund is just for growers and their families now, though they hope to eventually extend it to farm employees, and also to expand and create other health care programs for members. The methods of the Medical Relief Fund could serve as a model to formalize certain steps if Austin Food For Life continues to disburse emergency medical funds.

B. Lenoir Primary Care Program



Lenoir, a family-owned restaurant in Austin, began offering a primary care program to its employees in spring 2015. The restaurant is a small business and cannot afford to offer health insurance for employees, but this program, while not providing coverage for hospitalization or specialists, fills a gap that both uninsured employees and those with catastrophic health plans or high-deductible plans face, which is having an affordable and convenient source for preventive care and primary care in case of routine illnesses and injuries.¹⁹

The program is a “direct primary care” model offered by Austin Osteopathic Family Medicine, and other practices in Austin (and around the nation) offer this service as well.²⁰ Direct primary care is a growing trend where patients pay a set monthly fee for unlimited access to a primary care provider, whether they use services every month or not, with direct payment and no insurance company involvement, deductibles, or co-payments.^{21,22} Monthly fees vary and are less than \$100 per month (depending on age) for people who join as individuals, and Lenoir obtained a flat group rate that is lower per person than the adult individual rate. The program is optional for employees, but for those who want to join, Lenoir pays half of the employee’s monthly fee and the employee pays the other half.

The program is very convenient for employees as well as more personal than traditional physicians, as the doctor can be consulted by telephone as well as in the office, and can spend more time with patients if needed than when insurance is controlling the costs. Administration is also convenient, with sign-ups and payments managed through Hint Health, an online direct care billing management company.²³

The program does not include testing or specialist services that cannot be performed at the primary care physician's office, but the physician passes on highly discounted rates for lab tests and other needed services that he has access to, potentially saving hundreds of dollars for patients on services such as routine bloodwork. The office also maintains a list of recommended providers with lower costs such as for prescriptions.

Other small restaurants in Austin as well as uninsured/underinsured individuals may want to consider signing up for a direct primary care program if they do not have this coverage and feel it would be beneficial. AFFL could also explore whether it could function as a group to offer its members group access to this program.

C. Health Alliance for Austin Musicians



The Health Alliance for Austin Musicians (HAAM), founded in 2005, “provide(s) access to affordable health care for Austin’s low-income, uninsured working musicians, with a focus on prevention and wellness.”²⁴ Many musicians are self-employed and often do not make enough to afford health insurance, so HAAM seeks to provide services including primary care, basic dental care, hearing and vision services, and mental health counseling.

HAAM is not health insurance; rather, it is a network of providers who agree to offer discounted care to working musicians. These providers include Seton Healthcare Family (medical care), the St. David’s Foundation (dental care), the SIMS Foundation (mental health care), and vision and hearing providers. Eligibility criteria include living in Travis County or within a 50-mile radius outside the county, being uninsured, being a working musician, and having an income at 250% or less of the federal poverty level.²⁵ Musicians who are eligible pay a small co-payment for services.

There are currently about 2,000 HAAM members, and there is no waiting list now though there has been in the past. HAAM is working on ways to transition members making 100–250% of the poverty level to marketplace insurance plans with federal subsidies, though these members can still receive vision, dental, and hearing services through HAAM. About 40% of members are eligible for marketplace subsidies, and the remaining members will continue to be served directly through HAAM for their medical needs. Starting in 2016, the Seton clinics can no longer serve people who qualify for insurance but do not have it (i.e., people making over 100% of the poverty level), so HAAM encourages all members to apply through Healthcare.gov, and those with incomes too low to qualify will receive a notice that they can use to avoid the individual mandate penalty. HAAM is studying how to fill in the

gaps for their clients as the health care landscape continues to evolve, and may explore premium assistance or other methods if needed.²⁶

The organization receives funding from events such as HAAM Benefit Day every September, Corporate Battle of the Bands, and benefit concerts; grants and foundation support; and donations from individuals and businesses.²⁷ It has 16 board members, 5 staff members, and numerous members of the Development Council, who are supporters that contribute at least \$1,000 to HAAM and serve as advocates.²⁸ About 20% of the organization's budget goes to staff and administrative costs, and about 80% is spent on programs and payments to contracted providers.

Forming a new provider network for various health services would be very labor-intensive, and some local providers are already at capacity, especially for discounted care. In addition AFFL does not aim to serve only the uninsured, as some in the industry have health insurance, though often inadequate for all needs, and obtaining insurance is encouraged by AFFL. However, AFFL could consider some of the individual services, such as exploring the feasibility of offering dental services through the St. David's Foundation mobile dental vans, and could also consider some of the fundraising methods used by HAAM. An annual AFFL benefit day could involve numerous restaurants around town that donate a portion of proceeds that day to AFFL, or feature special dishes or drinks that support AFFL. Forming a development council could also be viable as there are numerous individuals in Austin who are interested in the local food scene and might be willing to donate to keeping it healthy in exchange for access to special dinners and events.

D. SIMS Foundation



The SIMS Foundation was one of the founding organizations of HAAM and “provides access and financial support for mental health and addiction recovery to Austin musicians and their family members.”²⁹ It has a separate eligibility process from HAAM and clients do not have to be HAAM members, though they do have to be working musicians who meet eligibility criteria including living in one of the seven counties in and around Austin. After applicants submit their information online, SIMS Foundation staff members perform telephone interviews to complete eligibility and referrals to a community provider depending on specific needs. There are over 70 mental health providers (facilities and licensed private practitioners) that provide discounted care to this community, and clients pay a sliding-scale co-payment.³⁰

The organization has 14 board members, 5 staff, 14 music advisory board members (music-related people who serve as ambassadors), and a clinical advisory panel of providers who volunteer to review organizational policies and procedures and ensure high quality.³¹ The organization also established the SIMS Circle consisting of individuals who donate \$500 or more and receive invitations to special concerts and other perks.

The SIMS Foundation performs a valuable service, and researcher Tracy Peto explored the feasibility of a similar mental health program for AFFL, as mentioned in the program options below as well as in Appendix D. She spoke with some providers who were willing

to offer discounted services in exchange for referrals, but found that there would still be many barriers to starting a program like this including ongoing payments to providers in addition to clients' co-payments, liability issues, and complex regulatory and compliance issues. AFFL can explore a mental health program such as this but it would take a dedicated effort, and programs that are quicker to implement should be studied first in order to establish recognition and a member base.

E. Restaurant Opportunities Center of Los Angeles



The Restaurant Opportunities Center United started in New York City and currently has 13 chapters (the closest of which is in Houston) that focus on restaurant worker justice, workplace conditions, and training opportunities.³² One chapter, Restaurant Opportunities Center Los Angeles (ROC-LA) started ROC MD in 2011 as a low-cost health care cooperative for uninsured LA restaurant employees, including undocumented workers, by partnering with several community providers including a federally qualified health center with multiple locations in LA. Members pay \$25 per month (\$20 for the co-op and a \$5 ROC membership fee), and receive primary care, basic dental care, a set number of therapy sessions, and low-cost medications.³³ A program like this would be useful to uninsured restaurant workers in Austin, but would require infrastructure and health care providers such as public clinics willing to give discounted care. If a ROC chapter opens in Austin, it would be a good opportunity to collaborate to see whether the ROC MD program model is replicable in other locations.

F. Restaurant Worker Referral Program



An interesting program called the Restaurant Worker Referral Program was started in 2007 by a physician in New York City who provides free health care to employees of restaurants whose owners contribute small amounts to a fund based on their number of employees.^{34,35} Several additional physicians have since joined the program, and money is only taken from the fund to pay the physicians when workers visit, otherwise it remains in the fund and does not go towards salaries or overhead. This program is not insurance, as it only covers doctor visits and referrals to other providers as needed, and thus is similar to a direct primary care model, except that this program is a nonprofit and restaurant employees do not pay anything towards the fund or their visits.³⁶ This requires physicians who are dedicated to low-cost health care and restaurant workers and who can devote part of their practice to this cause, as well as restaurant owners willing to donate to the fund, and thus it may not work in every city, though it does appear that the founder, Dr. David Ores, is willing to help other locations, and his contact information is online.³⁷

Options and Recommendations

A number of decisions and actions remain for Austin Food For Life to formalize its operations and move forward in a more organized manner. These include what programs to offer its target clientele, restructuring the organization and operations, and increasing

fundraising efforts. Options and recommendations for these activities follow, based on research performed for this report and previously, discussions with the individuals listed in Appendix C and others, and the consultant's own experiences and ideas.

A. Programs and Activities

In order to progress beyond making and facilitating informal donations to industry employees with medical emergencies, AFFL has several choices. It is strongly recommended that the board discuss and choose one of these options before the end of 2015.

These four distinct options for AFFL are presented and discussed in greater detail below:

- **Option 1:** Remain an organization with the sole purpose of giving grants to qualifying workers with medical emergencies, including assistance with medical bills and deductibles as well as living expenses as needed to replace lost income due to major health issues.
- **Option 2:** Evolve the organization into a group or association offering different types of health services and benefits, adding one at a time at first and later possibly as a benefit package that individuals or businesses could use or buy.
- **Option 3:** Implement a combination of Options 1 and 2, whereby the organization continues to maintain an emergency medical fund but also commits to offering other health services.
- **Option 4:** Disband operations and disburse remaining funds to other nonprofits and worthy organizations.

Option 1: Remain an organization with the sole purpose of giving grants to qualifying workers with medical emergencies, including assistance with medical bills and deductibles as well as living expenses as needed to replace lost income due to health issues. Establish eligibility criteria and a maximum amount per person (Gro-ACT's maximum is \$5,000, though AFFL could offer \$2,000 or \$3,000 at first to stretch funds). Eligibility could include working in Austin or Travis County at a qualifying food or beverage-related business, having a high-deductible insurance plan or no insurance, and having income below a certain level, such as 250% of the federal poverty level. This could be verified by the previous year's tax return, or by paystubs from the current year if now in a lower-paying position, and could include references if determined that this is needed. It would add various difficulties for AFFL to attempt to verify assets or parental income or other sources of finances. Subsidies for individual marketplace health plans are based on current income alone (not savings or other assets), so this could be sufficient for AFFL to make a good-faith effort that the recipient is experiencing true financial need.

A secure application form could be added to the AFFL website, and awards and amounts would be determined by a small committee after an application is received, based on merit and available funding. Beneficiaries should sign a liability release form, and could be encouraged to volunteer at AFFL fundraising events in the future once they have recovered. An AFFL membership program (as mentioned in Recommendation B.7 below) could be

included with this option, where only members can apply, and the organization could be generous with membership and allow people to join right before applying for funds in case they did not hear about the organization until the medical emergency occurred. Members can help with outreach, as some visibility would be needed in order for people to learn about the medical fund and apply. Extra funds beyond the maximum amount could be awarded if friends and family of the beneficiary work to raise them and use AFFL as a fiscal intermediary to handle the funds due to its nonprofit status.

Option 1 could likely be run by the board and volunteers only and not need a staff person, at least regularly, as the organization has already awarded donations previously and would just need to slightly formalize the process with written eligibility criteria and forming an awards decision committee. In this case, membership might be less formal and not involve a newsletter or other formalities, unless a board or committee member was willing to produce these. It would just be an e-mail list to send information and updates as needed, and volunteers (board members, committees, or others) could organize occasional fundraisers and apply for the organization to be a beneficiary of charity events organized by others.

Option 2: *Evolve the organization into a group or association offering different types of health services and benefits, adding one at a time at first and later possibly as a benefit package that individuals or businesses could use or buy.* This option would involve hiring a staff person to help with administration and fundraising, likely part-time at first and then expanding as needed, and would also require individuals and businesses to join as members so there would be a defined membership to offer services to (recommend free membership, at least at first; see more details on membership in Recommendation B.7 below). The main target for outreach and services should be businesses under 50 employees, since they are less likely to have access to insurance and other benefits, though all eligible businesses and workers who are interested should be accepted as members, as described in Recommendation B.3 on target clientele below.

There are a variety of health-related needs, from primary care to emergency care to mental health care, and no one overall ready-made solution, so the approach will need to be “piecemeal” out of necessity. There are the needs of business owners as well identified in the survey, such as help dealing with regulations and locating affordable insurance. It is advised to start with easier-to-implement programs first, and if membership grows and these gain participants, and the interest is present for more comprehensive programs, these can follow as funding allows. Suggested programs are listed under Recommendation A.1 below.

Option 3: *Implement a combination of Options 1 and 2, whereby the organization continues to maintain a medical emergency fund but also commits to offering other health services.* The board will need to decide how to proceed and should discuss in detail which services are feasible to implement within current financial constraints and which should be priorities. It would be optimal to have a staff person (part-time at first) to organize and facilitate activities and assist with membership in this case. Suggested programs are listed under Recommendation A.1 below. The medical emergency fund could eventually be disbanded if

there are enough other programs in place where it is less needed, and if there have not been many applicants, or it could remain as a small part of the services offered.

Option 4: Disband operations and disburse remaining funds to other nonprofits and worthy organizations. This would not be a failure as the organization has already donated and facilitated tens of thousands of dollars for people in need; rather, it would be a realistic recognition that any nonprofit organization needs dedicated founders, board members, and volunteers with available time to spend as well as a passion for the cause, and needs a clear vision for where it wants to be in the future. Since one of the AFFL co-founders had to move out-of-state for a new job, it has been more difficult for the organization to move forward and assist more people. If this option is chosen, state and federal paperwork would need to be updated and remaining funds could be donated to Gro-ACT, the Sustainable Food Center, and/or other local and relevant nonprofits nominated by board members before closing the organization's bank account.

Recommendation A.1: Choose Option 3. Since the passion for the cause and the willingness seem to both be present for continuing to operate AFFL and exploring what programs and services can be added, and the need in the industry still exists after implementation of the ACA judging by comments on the survey, it is recommended that the board choose Option 3. This entails continuing to operate the emergency fund for the foreseeable future, formalizing the process as detailed in Option 1 above, and also to start adding health care programs that members can access, per option 2 (see suggested programs below).

Nothing is inherently wrong with choosing any of the other options, if the board feels another one is best given current time and funding constraints, but it seems some momentum is present to move forward on offering additional programs, and if so it would be easy to maintain the medical emergency fund as well, at least for the time being. Though not a representative sample, it is important to note that more survey respondents chose health care programs as a priority than a medical emergency fund, and health care programs could obviously help more members at once. However, the emergency fund would not take much effort to retain as the initial program while other programs are added that will benefit more people. AFFL could also continue to serve as a conduit for other groups' fundraisers if they organize benefits for particular industry employees in need.

Suggested and Potential Programs and Activities: Short-term and Long-term

If Option 2 or 3 is chosen (implementing health care services), AFFL will need to consider programs that can be implemented relatively quickly as well as more comprehensive programs that will take more resources and time but might serve more people. This subsection lists both types of potential programs (see Appendix E for a one-page summary of all suggested programs for reference). The following are examples of health-related programs and activities that would be feasible to consider first and not require a large investment of time and funding to implement in the shorter term:

1. **Primary care:** Affordable primary care is a concern for many, whether they have no insurance or have catastrophic/hospitalization insurance plans only, as routine illnesses and injuries happen much more often than medical emergencies, and preventive care is necessary to stay healthy as well. AFFL could speak with Austin Osteopathic Family Medicine (as mentioned in the Lenoir profile above) or other direct primary care providers in Austin about obtaining a group rate for members, and then advertise discounted access to this service as one of the benefits of joining AFFL for those who wish to partake. There would likely be a minimum number required to sign up, and there would be a maximum number of patients per physician practice allowed, though AFFL would likely not grow so fast as to make this an immediate concern. Businesses that join AFFL would have the option of offering this service to all of their employees and contributing an amount towards the monthly fee per employee.
2. **Dental care:** Dental care is not covered by health insurance and is an important part of staying healthy, as dental problems can affect the whole body as well as cause missed work and high bills for those without dental insurance, so this could be a helpful service. AFFL could contact the dental program of the St. David's Foundation, the largest mobile dentistry program in the country and the one that HAAM uses for its members.^{38,39} This program uses vans and paid dental providers to treat disadvantaged schoolchildren in Travis, Hays, and Williamson counties, and sees a limited number of adults referred from its partner clinics and programs, mostly during the summer when school is not in session. AFFL could explore whether it could be a referring program and what the costs would be.
3. **Health insurance resources:** AFFL can gather resources for members on health insurance and share them on the AFFL website and in newsletters, so AFFL becomes a useful place to turn for information. Some resources might be for members only and a password-protected part of the AFFL website could eventually be created, but other general resources could be added that would help members and non-members alike. These would be items such as links to the federal insurance marketplace for individuals and businesses (Healthcare.gov), and information on the SHOP marketplace (Small Business Health Options Program) and tax credits for small businesses. The SHOP marketplace was originally for businesses with fewer than 50 full-time equivalent employees, and this increases to a maximum of 100 starting in 2016.⁴⁰ Businesses that buy insurance through the SHOP marketplace, have 25 or fewer employees, and meet other requirements such as average wages less than \$50,000 per year are eligible for small business tax credits up to 50% of the premiums paid for employees' insurance plans.⁴¹ Penalties for businesses with over 100 full-time equivalent employees that do not offer health insurance went into effect in 2015, and in 2016 the penalties extend to businesses with over 50 employees.⁴²

Resources can also include local sign-up locations for individual marketplace insurance such as through Insure Central Texas, and links to other insurance information and local health services and providers. It could include links to

insurance plans or insurance brokers that have experience helping restaurants and small businesses, and could involve paid advertising to show their logos on the AFFL website (at least the ones that are not nonprofits), or AFFL could display their logos in exchange for discounts for AFFL members. AFFL spoke to several employees of Sendero Health Plans⁴³ previously, a local nonprofit health insurer owned by Central Health, and they indicated willingness to help with sponsorships and health plan registration during the open enrollment period, so partnerships such as this can be explored. After these activities are established, longer-term options such as the feasibility of offering insurance directly through AFFL can be explored, as mentioned in the next subsection below.

4. **Medical bill mediation and patient advocacy:** The AFFL board spoke previously with the Karis Group,⁴⁴ and a company such as this could be retained to provide patient advocacy and medical bill negotiation for members' unaffordable bills. This is often for uninsured persons, though could be for others as well with high out-of-pocket costs for services not covered, and can be utilized by individuals for a fee based on the negotiated savings or can be a purchased benefit for a group (the larger the group, the lower the price per person). This company also offers the Kare360 package for groups and associations that includes health care navigation, research on surgery cost savings, and consultation with chaplains, in addition to medical bill mediation.⁴⁵ AFFL could initially determine services and prices and simply provide a connection for members to access services such as these at their own expense, and later could explore offering services at a group rate to AFFL members. A private health care attorney or mediator could also be retained at first to perform these functions for AFFL members in cases of extreme medical debt.

5. **Additional resources for business owners:** Members who own restaurants or other related small businesses are often in need of assistance, as reinforced by the fact that the most-chosen answer on the survey on how AFFL can help was "Helping business owners find suitable health plans or deal with related legal and employment issues and questions." One respondent stated: "Most small restaurants don't have the HR manpower to deal with the overwhelming amount of paperwork, organization, and oversight it takes to offer these types of benefits. If there was an organization to help with this, it would be more realistic to consider offering health benefits to all employees." Thus, ways should be explored for AFFL to help fill this gap, such as recruiting several experts who are willing to answer questions by e-mail or phone on legal and regulatory matters, and perhaps establishing a mentor program where owners of restaurants and related businesses that are more established could volunteer to help guide new business owners when they have questions. AFFL can also refer members to other assistance such as free business advice through SCORE Austin⁴⁶ and the City of Austin's small business resources, including the Getting Connected conference in September 2015 that includes a panel discussion on restaurants.^{47,48}

The following are additional health-related programs and activities that are more comprehensive and would take more effort and funding to implement, but would be

worthwhile to consider for long-term planning, as the survey and other sources indicated the need for more access to group buying power for health insurance and benefits, and other affordability mechanisms to help individuals and businesses with health insurance.

1. **Health insurance:** AFFL could research ways that it could offer group benefits and health plans to its members, such as establishing a Multiple Employer Welfare Arrangement (MEWA)^{49,50} that small restaurants and other related businesses would contribute to, or a Health and Welfare Trust (HWT). Information on establishing HWTs is difficult to find, but there appears to be one in the Seattle area that might serve as a relevant case study, the Service Employees Health and Welfare Trust.⁵¹ The appeal of finding a feasible way to have small businesses band together to form a larger group to purchase health insurance is that larger groups can obtain lower prices on insurance premiums due to several reasons including that health plans with over 50 people do not have to use community rating. Community rating in its pure form means that premiums are determined for a group as a whole instead of using individuals' risk factors such as medical history, and everyone is charged the same premium. Adjusted or modified community rating (where the premium can vary due to only four factors—age, location, family size, and tobacco use—and not medical history or gender) now applies to individuals and small groups of 50 or less, changing to 100 or less starting January 1, 2016.⁵² With the modified community rating law, premiums can vary up to 3 to 1 based on age (i.e., an older person's premium can be no more than three times that of a young adult), when this variation used to be much more, and thus while older people may now have lower premiums, younger people in small groups, such as is typical at many food-related businesses, face higher premiums.

For example, the Texas Restaurant Association offers health insurance to its members through UnitedHealthcare, which currently offers a 3% discount for groups of 51 or more, but cannot offer discounts for smaller groups.⁵³ A company in Washington, D.C., started a private insurance exchange in 2014 with low-priced health plans just for restaurants in the city, but it is for businesses with 100 or more employees, and it is unclear how sustainable it is.^{54,55}

It must be noted that there are no easy solutions for affordable or simplified small business health insurance, as many organizations and states have been trying for many years to implement ways for small groups to join together to create larger risk pools, with mixed results. Another method that several AFFL contacts have mentioned is to explore forming a Professional Employer Organization (PEO), whereby a central organization employs people and leases them to businesses, instead of the business employing them directly, thus forming a larger group and having benefits be handled by the PEO instead of the small businesses.^{56,57} The PEO and the business are “co-employers” and the businesses are freed from dealing with human resources issues; however, while for-profit PEOs can help staff nonprofit organizations,⁵⁸ there is no evidence of nonprofit PEOs helping for-profit businesses. Since this might strain the definition of the nonprofit as a charity, it would be more optimal for someone else to form a for-profit PEO for the industry if

this is desired in Austin, and AFFL to stay with a mission of helping individuals and businesses more directly with health care services. A PEO might also hinder fundraising efforts in that the cause is not as clear for donors wanting to help lower-wage food industry employees with their health and well-being. AFFL should continue to explore other ways of grouping together to purchase insurance, as this appears to be something that potential members are interested in.

- 2. Premium assistance:** Whether AFFL is eventually able to offer insurance or businesses can obtain it elsewhere, it is never going to be a trivial cost for businesses and many small businesses operating on thin margins will not be able to afford it. A way to make insurance premiums more affordable would be to implement a premium assistance program where AFFL raises money to partially subsidize the employer's portion of monthly premiums, the individual's portion, or both for eligible businesses/individuals in order for them to be able to offer insurance and employees to be able to accept it. A number of states have attempted to implement premium assistance for certain small businesses or individuals, often with Medicaid funding,⁵⁹ and some nonprofits have as well to help targeted lower-income individuals.⁶⁰ Maximum allowed income levels vary in different programs, and criteria must be established for who is eligible for assistance. This would be very helpful for small businesses and individuals who need financial assistance, but would be a large commitment for AFFL in that premiums would need to be subsidized each month on an ongoing basis. For this purpose (and/or to fund other services as well), AFFL could implement an adopt-a-restaurant or adopt-a-trailer (or similar) program so donors could choose a member business to help and could feel a connection with helping maintain its well-being.

For small businesses with fewer than 50 employees that cannot offer insurance and will not be affected by penalties for not offering affordable insurance, and that have mostly lower-wage employees, the most economical solution seems to be to direct the employees to sign up for individual insurance through Healthcare.gov. Workers with incomes of 100–400% of the federal poverty level receive premium tax credits (higher credits as income decreases) to apply towards their premiums for any health plan offered in the marketplace except catastrophic plans, and those with incomes between 100–250% receive cost-sharing subsidies as well (available in silver-level plans only) that can greatly reduce the deductibles and co-payments of the plan, and thus the out-of-pocket expenses. People with lower incomes receive more; for example, workers with incomes of 100–150% of the poverty level receive cost-sharing that increases the actuarial value of their plan from 70% (regular silver value) to 94%, thus the plan covers more and enrollees pay much less out of pocket.⁶¹ So the lowest-wage employees, as long as they are over the poverty line, already have a potentially high level of assistance available with premiums *and* co-payments as long as they sign up for an individual plan through the federal marketplace. Individuals with somewhat higher incomes, as well as those making under 100% of poverty who are not eligible for marketplace subsidies or Medicaid in Texas, will need the most help with affording insurance. If AFFL members sign up for individual health plans, they could still be eligible to receive other services

through AFFL if offered such as low-cost dental care or a grant from the emergency fund that helps to cover lost wages if out of work for a long period due to health issues.

- 3. Mental health program:** Tracy Peto, a researcher in Austin with a masters in social work, has explored ways to obtain better access to mental health care and substance abuse treatment for food industry workers—see Appendix D for her summary of the research she did for AFFL over the past few years. She first spoke with private practitioners about partnering with AFFL to provide services at a reduced cost, and found that many were willing. Then she further researched treatment standards, gaps in insurance coverage, program models, and estimated costs to consumers. She collected information on providers and facilities in the Austin area, and then built a database of local marketplace insurance plans from Healthcare.gov and what they covered and what consumers' out-of-pocket costs would be. She found that having insurance would greatly reduce the out-of-pocket costs for treatment, though some people would still not be able to afford it. Thus she determined that the best option to help the most people would be for AFFL to subsidize the cost of insurance, as opposed to helping pay for care without insurance (too expensive to be sustainable) or to provide treatment directly through a network of participating providers (cost-prohibitive as well as involving liability and compliance issues). She concluded that subsidies could be one-time, short-term, or longer-term assistance with premiums or deductibles, and there could be three tiers depending on the client's level of need, but that depending on the demand even this model could be too costly to sustain.

AFFL could also consider contracting with a company that offers Employee Assistance Programs (EAPs) in order to provide mental health benefits, as these programs help employees deal with work-related or personal challenges by offering counseling and referrals,⁶² and can result in lower medical costs and higher worker productivity.⁶³ Larger companies including restaurant chains often offer an EAP along with other health benefits, so the costs could be explored for offering this service if AFFL becomes an association with enough members to justify the monthly fees.

B. Organization and Operations

Assuming AFFL decides to implement Option 1, 2, or 3, the organization must make sure its nonprofit status is completed, define its target clientele, increase the number of board members and committees, recruit members, and formalize operations. Specific recommendations in these areas are below.

Recommendation B.1: Complete nonprofit status. Complete federal tax-exempt status and other legal requirements as soon as possible if not already finished, in order to increase credibility, leverage fundraising, and ensure donations to and from AFFL are treated properly. Inform the board what remains and delegate activities to experts as needed in order to prioritize this and complete it in a timely manner before proceeding to new health care and fundraising programs.

Recommendation B.2: Expand and formalize board of directors. Determine the optimal number of board members and recruit additional volunteers for the board with experience in health care, law, policy, insurance, finance, human resources, business, the food industry, or other applicable specialties. Having 6 to 12 board members would be a good starting range, up from the current three. Establish regular meetings (at least monthly), and ensure that bylaws and other requirements are addressed and established as soon as possible. Initial board members should have different lengths of terms so terms are staggered and not all board members leave at once. The initial board members should look to existing nonprofit guides for models and assistance in developing the board and complying with regulations, such as resources from Greenlights⁶⁴ and other sources.^{65,66,67} Having an active and committed board will be crucial to establishing goals and guiding program development.

Recommendation B.3: Define clientele served. Recommend deleting farmers from AFFL's stated target clientele, since though their importance is acknowledged, another local organization, Gro-ACT, targets farmers with a medical emergency fund and is planning to add other services as well, and it would be best to avoid duplication and dilution of activities. AFFL can refer farmers to Gro-ACT for services, and if funds allow, can serve as a sponsor of their main annual fundraising event, FarmgrassFest, to increase AFFL visibility and marketing and help give back to local farmers (sponsorships currently start at \$500 according to their website).⁶⁸ Also, it seems no farmers have participated in AFFL activities thus far and the experience and focus of most of the individuals connected to AFFL is on the restaurant industry and related food and drink businesses, so it would be best to slightly narrow and refine efforts to focus on the service industry and leave farmers to Gro-ACT, which is operated by local farmers who are most familiar with their needs.

Thus AFFL can target the owners and employees of restaurants, food trailers, bars, and other food or beverage-related producing, serving, or manufacturing businesses in Austin. It could especially strive to help small businesses with fewer than 50 people, since larger businesses often have more resources and provide more employee benefits. However, membership should not be limited to small businesses only as there can be lower-wage employees that are uninsured or underinsured at any business, plus larger restaurants and related companies may be able to help with in-kind donations of space, food, drinks, or cooks and servers for fundraising events, to help smaller businesses in need and gain publicity and good will in the community.

AFFL should also define what counts as "Austin" in case potential members ask, such as defining it in eligibility criteria as "the greater Austin area," Travis County, or other similar ways in case workers/businesses near Austin but outside the city limits apply (from Lakeway, Dripping Springs, Round Rock, etc.) or even businesses located within the outer Austin city limits but technically not in Austin since they have their own city governments (such as Rollingwood and Sunset Valley).

Recommendation B.4: Adopt vision and mission statements. The board should create and approve vision and mission statements and list them on the AFFL website where it

currently says “coming soon.” The following suggestions can be adopted as is or with slight modification, then can be made more specific if desired once more activities are formalized.

- *Vision:* Food and beverage industry employees having adequate health insurance, receiving affordable health care services when needed, and having access to resources for health emergencies.
- *Mission:* To help food and beverage industry workers and business owners access health care products and information they need to maintain optimal health and well-being at affordable prices.

More specific goals and objectives can be adopted as well over time.

Recommendation B.5: Consider staffing options. As the organization has discussed, it would be most cost-efficient for AFFL to continue utilizing volunteers for most roles (at least for the time being), including the co-founder and board members donating specific expertise, and recruiting committee members and others for specific purposes and events as needed. If Option 1 is chosen (offering a medical emergency fund only), AFFL could likely continue to operate with only volunteers, or possibly hiring a part-time hourly contractor to assist with member recruitment and periodic fundraising coordination. However, to move the organization forward under Options 2 or 3 it appears that a paid part-time staff person will be needed in order to be able to put in more time on administration and organizing activities, and in the future this could become full-time or additional individuals could be hired as needed, but would be best to start with person at probably less than half-time at first, growing as needed.

A part-time director-level person with nonprofit management, organizing and fundraising, health care policy, and/or or social work experience could be hired to oversee operations and direct volunteers, or alternatively, for a slightly lower hourly rate, a coordinator position with industry experience could be hired to coordinate activities and work on administration. It would be prudent for a staff person to start as a contractor on an hourly basis as needed, and if continued funding can be raised to guarantee a salary, then the person could be hired as a part-time employee after a period of time, then later full-time if needed and if funding allows.

Recommendation B.6: Form committees as needed. AFFL will need committees and work groups of board members and other volunteers for functions such as overseeing finances and planning fundraising events.⁶⁹ It would also be helpful to have a restaurant and food business advisory committee consisting of AFFL members who can give advice as needed to the board on the suitability and need for different programs and options based on their industry experience. This advisory committee could meet in person at first but then be consulted via e-mail to save time and increase the chance for participation and feedback, and could also serve as ambassadors for the organization, recruiting members through word-of-mouth and helping with events as their time allows.

Depending on how programs progress, a health care committee might also be necessary, consisting of health providers and health policy analysts who could be consulted as needed on program development and technicalities. Lastly, establishing a development committee

would be very useful, as mentioned in the HAAM profile and in the fundraising options below.

Recommendation B.7: Establish a membership program. Create a membership program that is free to join for eligible industry employees and business owners. Joining AFFL could allow them to be eligible for the emergency medical fund and future programs that are developed, learn about upcoming events and fundraisers, and maybe get some special deals. Members could be gathered using the existing survey e-mail list (and giving those people the option to sign up or opt out at that point), notices on the AFFL Facebook and Twitter pages, word-of-mouth through restaurant and business contacts, Edible Austin contacts, a notice in the food section of the *Austin American-Statesman*, volunteers dropping off flyers at suitable businesses, and other methods as needed on an ongoing basis. If AFFL eventually offers multiple health care programs along with services that help business owners, a membership fee could be considered for businesses at a later time once these programs are established and if more funding is needed. The board may wish to keep membership free for individuals whose employers are not members, though individuals would still likely pay something towards any actual direct care services received. Showing that AFFL has a large number of members could also help with credibility and attracting funding.

Software such as Constant Contact⁷⁰ would likely need to be obtained to manage the e-mail list and keep track of sign-ups as well as people who opt out so they are not repeatedly contacted later at the same address. Members could note if they are business owners when they sign up, thus the membership could be considered as both individuals and as restaurants/businesses, and a separate list could be maintained of the subset of people who are business owners in case some information and programs apply only to them and not the general membership.

It is recommended not to overload members with too much information, assuring them that they will not be contacted too often and that their contact information will remain private. Communication could be a monthly newsletter with a few news items and articles of interest to target clientele about food industry and health care topics, links to external health care and legal resources, updates on health care programs, and upcoming AFFL and other related events. It could have a page of relevant advertising at the end with possibly a main sponsor (these could help raise funds), and could also include food/drink coupons or discounts for members, and even occasional contests, prizes, and other fun items to keep people engaged. The newsletter could be posted to the AFFL website as well as e-mailed to members at the beginning of each month, and the only other time they would be contacted is if there was urgent information for certain individuals or the whole group regarding breaking news or large changes within AFFL programs that could not wait until the next scheduled newsletter. Additional updates and news could be posted on social media for those following AFFL. Newsletter topics could be contributed by board members and others as well as written by the staff person, and the staff or a volunteer could be designated to format the newsletter each month and ensure it is sent.

C. Potential Funding Sources

AFFL currently has some reserves but will need to continue to raise more funds for operations and programs if it moves forward, especially if staff are hired. Staff people will need to be partially responsible for helping to raise the funds that support their positions, as well as funding to support programs. There are numerous methods that AFFL could use to raise funds, and the board and future staff should explore using multiple methods at the same time in order to ensure reliable funding. Some suggestions are listed below, including some that have been discussed or done previously, and others can be added over time to help in establishing a steady revenue stream.

Recommendation C.1: Increase fundraising. Pursue multiple methods of fundraising including both passive methods (less effort but may bring less money) and active methods (direct fundraising and dedicated events that take more effort to plan but are likely to raise more funding and increase visibility).

Passive Fundraising Suggestions

- Maintain relationships and continue to be a recipient of a portion of proceeds from events organized by other organizations, such as the Texas Wine and Food Foundation's Rare and Fine Wine Auction and Edible Austin's Sipping Social. AFFL could have a person in attendance or brochures at the events for publicity.
- Register as an eligible charity with Amazon Smiles and spread the word to go to smile.amazon.com to make Amazon purchases, in which case Amazon donates half of a percent of the price of eligible purchases to the chosen charity.
- Arrange for a small percentage or a small flat amount to be added to each bill at participating restaurants and other interested businesses to benefit AFFL, with a notice to customers or an AFFL logo to show what the money is for. This could be mandatory at that establishment or voluntary for the customer. This has been implemented in several places, such as at restaurant groups in Los Angeles that add a 3% employee benefits surcharge to all checks.^{71,72} A similar alternative is to ask customers to round up their bills to the nearest whole dollar amount and donate the difference to charity, such as Round It Up America does.⁷³ Restaurants could participate in Round It Up America or donate the collected difference to AFFL directly.
- Organize and encourage board members and other interested AFFL members and volunteers to periodically host their own smaller fundraisers, such as dinners or cocktails parties at their homes, with attendees contributing something to the cause so 100% of collected funds go to AFFL, such as done by the Octopus Club that raises funds through parties for AIDS Services of Austin.⁷⁴

Active Fundraising Suggestions

- Plan one or more fundraising events per year for the public to attend with proceeds benefitting AFFL operations and programs, using local food and beverages and with as many donations and volunteers as possible (e.g., the tomato dinner held at Springdale Farm in 2013). Highlight member businesses when possible and consider creating an annual signature event held in the same month each year that can grow over time in participants and funds raised. Having a silent auction and/or raffle at events would increase proceeds if enough items could be solicited.
- Establish a development council similar to HAAM's, in order to increase community support and visibility for AFFL, create additional advocates, and raise funds. In exchange for an annual financial contribution, members of the HAAM development council are invited to four exclusive concerts each year, have advance ticket options for special shows, and receive recognition on the website and in the annual report.⁷⁵ There are many loyal patrons of Austin restaurants and related businesses who probably would be happy to help support their health care benefits in exchange for invitations to several exclusive dinners at different restaurants or other locations, with donated food and beverage pairings (or purchased by AFFL at a discount) and with well-known local chefs when possible. Gift certificates to different food and beverage-related businesses and invitations to other events like cooking or wine classes could be given as well throughout the year. This group could be given a relevant name such as the Food For Lifers, Chefs Circle, or Culinary Council.
- Explore the availability of grants as specific AFFL health-related programs are established that would be good candidates for grant funding, such as grants from the Austin Food and Wine Alliance,⁷⁶ the St. David's Foundation,⁷⁷ and Seton. Regional or national foundations that fund health care programs could be sought out as well. Board and committee members could collaborate on grantwriting.
- Research how to become a part of Amplify Austin,⁷⁸ the one-day giving campaign for nonprofits held each March by I Live Here, I Give Here.
- Organize an event similar to HAAM Benefit Day (where musicians play all over Austin one day per year to raise money for HAAM) by recruiting local restaurants and bars to donate a portion of proceeds on the chosen day to AFFL or to create special dishes or drinks to be sold that day for AFFL.
- Explore the possibility of donations, synergies, and cross-advertising with local food investor and entrepreneur groups such as Austin Foodshed Investors,⁷⁹ Slow Money Austin,⁸⁰ Greenman Group,⁸¹ Foodie Entrepreneurs in Austin meetup group,⁸² and Food + Tech Austin meetup group.⁸³
- Solicit other financial donations and in-kind donations. Implement a Donate Now button on the AFFL website, and establish other ways for individuals and businesses to donate varying amounts for those who do not wish to join the development council. In-kind donations can be food, drinks, equipment, and prizes donated by Austin businesses for AFFL events, along with individuals and businesses who volunteer their time to help organize and staff events. These donors and all other

donors will need to be kept engaged through newsletters, events, social media, and possibly fun items like prizes to thank people, such as a gift card or a bottle of wine awarded to one of the volunteers from a random drawing after each event.

Conclusions and Next Steps

There are four main choices for AFFL to consider for moving forward, and one of these should be chosen and implemented before the end of 2015. The recommended option, which is continuing to operate the emergency fund for the foreseeable future as well as to study and add additional health care programs, will require more organizational infrastructure to accomplish.

The first priorities are to finalize nonprofit status and to expand and formalize the board of directors and officers, and then the board can consider hiring a staff person and which goals and programs to investigate first, starting with ideas presented in this report as a guide. The board will need to engage in strategic planning on its mission and how best to move towards accomplishing it within current financial constraints as well as the larger changing health care field. A staff person could assist with the administrative duties required in growing the organization and its membership and in researching which health care programs are both needed and feasible. Staff will need to help with organizing as well as fundraising in order to help support their positions.

Several contacts recommended that newer organizations like AFFL not start from scratch but try to collaborate with existing groups and organizations doing similar work, and work with them to build on their experiences in order to maximize efficiency. This includes not reinventing health care solutions if networks already exist that can be used, and collaborating with nonprofits with similar missions when possible. For example, Kitchen Hands was started in March 2015 by Tim Ybarra and his brother to provide health care and wellness programs to line cooks and lower-income restaurant workers in Austin, and is currently applying for nonprofit status and considering how best to provide services. Due to their similar missions and target clientele, AFFL could work with this new organization and others to explore optimal programs and working together.

The main activities where AFFL could most make a difference for its clientele while using resources most efficiently appear to be threefold: 1) implementing smaller programs that fill in gaps such as primary care, dental care, and the emergency fund; 2) exploring ways to help small businesses access affordable insurance products, and 3) encouraging individuals without job-based insurance to apply for individual insurance through the federal marketplace, receiving subsidies if eligible, and thus having insurance coverage in order to better access medical care and mental health services.

Any nonprofit organization needs dedicated founders and other board members and volunteers with time to spend as well as passion for the cause, especially when the organization is in its infancy and wants to grow and become more established. Having the will to help the target clientele is not enough, as organizations also need to have achievable

programmatic and operational goals and sound financial health in order to move forward, and these will all take effort. AFFL has built many connections over the past few years and has many supporters for the concept of helping local restaurants and related businesses, so if it can leverage these factors and continue to address the identified needs in an effective as well as cost-efficient manner, it will ultimately be successful.

About the Author:

Lauren R. Jahnke, MPAff, is a health policy consultant, researcher, and writer working on local, state, and federal health policy issues. She founded LRJ Research & Consulting (www.lrjconsulting.com) in 1999.

The findings and opinions in this report are of the author only except where specifically noted and should not be construed as the views of any other person or organization interviewed or mentioned in the report.

©2015 LRJ Research & Consulting

Cover credit: Photos by Lauren Jahnke

Appendix A. Austin Food For Life Survey on Survey Monkey

1. Do you currently have health insurance? Y/ N
 - a. If so, is it through your employer? (or your own business if the business owner) Y / N
 - b. If you do not have insurance, why not? _____
2. Does your current employer or business in the restaurant/beverage/farming industry offer health insurance in any form (whether you participate in the insurance plan or not)? Y / N / I don't know
3. What do you think are the top three main health issues and health insurance-related problems in the food/beverage industry?
 1. _____
 2. _____
 3. _____
4. If you are a business owner, what are your main business needs related to providing health insurance to your employees? (*check all that apply*)
 - a. Insurance not affordable for the business or employees
 - b. Access to suitable insurance products
 - c. Help with understanding new laws and the implications for your business and your staff
 - d. Other issues or comments: _____
5. How do you think a nonprofit like Austin Food For Life could best help to address the needs identified in the previous two questions? (*check all that apply*)
 - a. Maintaining a medical emergency fund for people in the industry
 - b. Forming new healthcare-related programs such as employee assistance/referral programs, medical bill mediation, or access to mental health providers at reduced rates
 - c. Holding fundraisers for industry employees and businesses in need
 - d. Helping business owners find suitable health plans or deal with related legal and employment issues and questions
 - e. Other ideas—please be as specific as possible: _____
6. Of the ideas you marked and wrote for the previous question, which activity do you think should be the top priority if we could only pursue one? _____
7. Would you be willing to join Austin Food For Life if it evolves into a membership organization with extra healthcare-related benefits for members, such as access to enhanced or discounted services or to an emergency fund that could help with insurance deductibles or living expenses in case of serious illness or injury?
 - a. Yes, but only if membership is free
 - b. Yes, possibly if there is a small membership fee
 - c. Yes, if there is a fee and I could trade volunteer hours at fundraiser events to make up for the dues
 - d. Probably not, I don't think I need this
 - e. Other/comments: _____
8. If you have more comments on the issue of health care or health insurance, or personal experiences to share that would be helpful to our efforts, please list them here or e-mail them to Lauren@LRJConsulting.com. Thanks for your time and participation!

Appendix B. Comments on Austin Food For Life Survey

Below are the full responses to the survey questions where written comments were allowed, grouped together when multiple responses were substantially the same. (Note that not all 23 respondents answered all questions.)

Responses to Question 1.B on why people do not have health insurance (6 responses):

- The price is too high.
- Too expensive, and not an investment in healthcare. Just a plan that would make sense in worst case scenarios. For my family of four, we are looking at a premium of \$800 to \$1000 per month with a deductible of \$7000 to \$12000 annually. Thus, if one of us falls and breaks a bone and ends up in the emergency room we must cover that cost (a couple to a few thousand most likely) plus our hefty monthly payment. This just does not make sense. I would rather put that money in savings rather than throw it away each month.
- They don't offer it.
- Cannot afford and don't make enough to pay a penalty through ACA.
- Can't afford in TX due to not accepting any federal stimulus. Family of 5 would have 8k of deductible on top of high premiums before actual real coverage would take place.
- Too inefficient and expensive.

Responses to Questions 3 on what are the top three health and health-insurance related issues:

Issue #1 (21 responses)

- High cost—8 responses (“Cost,” “High cost,” “Affordability”).
- Prevention—4 responses (“Preventive care,” “Well man/woman checkups,” “Annual check-ups/exams,” “Access to basic preventative health”).
- Lack of insurance—2 responses (“Employers not offering insurance,” “People don't have it”).
- Mental health and substance abuse—2 responses (“Mental health/substance abuse,” “Drug and alcohol abuse”).
- Sickneses.
- Weight management.
- Prescriptions.
- Blood Pressure.
- Part-time work.

Issue #2 (20 responses)

- High cost—5 responses (“Cost,” “Affordability,” “It isn't affordable,” “Minor emergencies become unnecessary debt burdens,” “Affordable prescriptions”).
- Major or minor illnesses—3 responses (“Catastrophic illness (cancer, HIV, ASL, etc.),” “Terminal Illness,” “Illness such as colds/flu”).
- Low wages—2 responses (“Low wages,” “Wages place many employees out of reach of government help but are not enough to cover the rising cost of health insurance”).
- Prevention—2 responses (“Preventative care,” “Normal check-ups”).
- Lack of information.
- Accessibility.
- Deductibles.
- Mental health.
- Not being offered by employer.

- Quality.
- Injuries.
- Pregnancy (not a problem but still a medical issue).

Issue #3 (16 responses)

- Lack of insurance—3 responses (“It’s just not offered at many jobs,” “Access,” “Benefits”).
- Cost of insurance—2 responses (“Cost,” “Lack of affordability”).
- Knowledge of insurance—2 responses (“Lack of Knowledge of how to attain affordable health care,” “Awareness”).
- Substance abuse—2 responses (“Addiction,” “Drug and alcohol issues”).
- Injuries—2 responses (“Injuries (cuts/falls/strains),” “Injury—the job is physical so pulled/torn muscles”).
- No single-payer insurance.
- Chronic pain.
- Specialist visits.
- Part-time positions.
- Access to counseling.

Responses to Question 6: Of the ideas you marked and wrote for the previous question, which activity do you think should be the top priority if we could only pursue one? (17 responses):

- Helping employers find good plans.
- Helping people acquire affordable health care. Obamacare does not help as many people as it was meant to. The insurance premiums have risen notably and deductibles are extremely high. This does not help the Hospitality Industry find suitable plans to offer, and the industry is set up in a way that labor costs must be lower to offset high overhead (especially in the case of fine dining).
- Employee assistance.
- Maybe have a forum where industry folks can go to buy insurance. Something like the Fed website, but for industry only.
- Help with navigation of the insurance laws.
- Probably "Helping business owners find suitable..." as it would be most likely to benefit the greatest number of persons.
- Medical emergency fund.
- Helping business owners find suitable health plans or deal with related legal and employment issues and questions.
- Affordable group plans.
- Forming new health care related relationships—health insurance can be too expensive to offer as an employer and even then the doctor visit is pricey for employees-- it's never a priority. If there's a way for employees to have a dr. or clinic they know and trust and can rely on that would be great to be able to recommend as an employer!
- Cheap coverage.
- Helping business owners be in charge of making good choices for themselves.
- Mental Health.
- Healthcare related programs.
- Helping business owners find suitable health plans or deal with related legal and employment issues and questions.
- Medical emergency fund.
- Forming health care alliances

Appendix C. Individuals Interviewed and Consulted for Project

- Brian Stubbs, Austin Food For Life co-founder and board member
- Karla Loeb, Austin Food For Life co-founder
- Bonnie Tamres-Moore, activist with nonprofit and restaurant experience
- Tracy Peto, LMSW, research specialist
- Talia Bryce, Farmgrass founder/president, musician
- Tymothy Bryce, Farmgrass vice president, acupuncturist, entrepreneur
- Etan Sekons, Farmgrass board of directors, music production manager
- Todd Duplechan, chef and co-owner of Lenoir restaurant
- Marysol Valle, farmer, vice president of Gro-ACT (Growers Alliance of Central Texas)
- Tim Ybarra, restaurant line cook, founder of Kitchen Hands
- Reenie Collins, Executive Director, HAAM (Health Alliance for Austin Musicians)
- Clinton Wolf, Senior Director, Strategic Growth Initiatives, UnitedHealth Group

Note: Interviews were conducted in person and via telephone, with additional information obtained via e-mail. The author wishes to thank these individuals for their time and assistance.

Appendix D. Mental Health Service Program Model for Austin Food For Life

by Tracy Peto, LMSW, August 2015

Background: In phase one of my research, I tested a model among private practitioners in the Austin area to evaluate options for increasing access to affordable, quality mental health/substance abuse treatment. The findings suggested that practitioners were open to partnering with Austin Food for Life to provide services at a reduced cost in exchange for client referrals and professional development resources.

Based on these findings, further exploration was needed to evaluate potential models, including cost, for subsidizing care through AFFL.

Objectives:

- Identify mental health and substance abuse treatment standards/plans.
- Estimate the cost of care to consumers.
- Identify the gap between insurance coverage vs. needs.
- Identify potential program structures for AFFL.

Method:

- Collected information about mental health and substance abuse treatment options/plans (community, private practice, and for-profit organizations) in the Austin community.
- Built a database of insurance options available through the Healthcare Marketplace (healthcare.gov) for the Austin area.
- Analyzed potential out-of-pocket expenses based on the plans/coverage available.

Findings are listed below regarding 1) treatment standards/plans, 2) cost of care and subsidy needed, 3) assistance options, and 4) eligibility.

Findings: Treatment Standards/Plans

While treatment plans are customized based on the client's needs and circumstances, services (with fee requirements) are delivered through several modalities, including:

- Individual counseling
- Couples/family counseling
- Group counseling
- Psychiatric evaluation and medication management
- Substance detoxification
- Psychoeducation/psychosocial services (e.g., case management, peer support, skill building)
- Intensive outpatient services (includes all of the above)
- Inpatient services (all of the above, plus room/board, supervision, activities, etc.).

Findings: Cost of Care and Subsidy Needed

In the absence of insurance coverage or reduced fees, mental health/substance abuse treatment could cost consumers anywhere from \$5,000 (for weekly individual counseling) to hundreds of thousands of dollars (for inpatient care) per year.

With the introduction of the Affordable Care Act, mental health and substance abuse treatment is more accessible as insurance providers are now required to cover such services, and can no longer deny coverage for preexisting conditions including mental health and substance abuse disorders.

Based on the plans available in the Austin area (assuming coverage for a single individual without payment assistance), treatment costs are greatly reduced to a max of approximately \$1,500 to \$6,350 out-of-pocket per year (rough estimate based on averaged deductibles/copays).

While payment assistance and/or sliding fee structures may help to further reduce these costs, they may still be too cost prohibitive for some based on annual income.

In addition, another gap remains, as those earning less than \$11,670 (individually) annually make too much to qualify for Medicaid, and not enough for Marketplace insurance.

Findings: Assistance Options

The most viable option for AFFL to help the most people would be to help subsidize the cost of insurance. This assumes the following:

- The potential cost of subsidizing mental health and substance abuse treatment without insurance would be far too cost prohibitive to sustain.
- The cost of providing mental health and substance abuse treatment directly would also be too cost prohibitive, and would involve liability and industry regulation/compliance.

Subsidies could come in the form of one-time, short-term, or longer-term assistance with premiums, deductibles, and/or co-pays and co-insurance payments. Additional assistance could be available on a case-by-case basis (such as insurance denials and coverage gaps).

Findings: Eligibility

To be eligible for assistance, potential clients would need to meet specific requirements (Austin residency, income, employment, AFFL volunteer hours, etc.), and/or demonstrate proof of need (e.g., insurance denials, bills).

Depending on the client's level of need, he/she could be eligible for specific service tiers, for example:

1. One-time assistance: between \$1 and \$1,000
2. Triage, short-term assistance: between \$1,000 and \$5,000, and/or 3 months
3. Longer-term assistance: up to \$10,000 and/or 6 months

Limitations for repeat assistance could be considered on a case-by-case basis, or depending on budget availability, could be based on assistance previously received (such as maximum three times for tier 1; two times for tier 2, one time for tier 3).

Additional Considerations: Depending on the need and demand, the cost of even subsidizing insurance could be too expensive to sustain. Additional research should focus on potential insurance subsidy costs, service tiers, and alternative models.

Appendix E. Summary of Potential Health Care Programs and Activities

Programs and activities that would be feasible to consider first and not require a large investment of time and funding to implement in the shorter term (see pages 17–22 for more details on the suggested shorter and longer-term programs):

1. **Primary care:** AFFL could speak with Austin Osteopathic Family Medicine or other direct primary care providers in Austin about obtaining a group rate for members, and then advertise discounted access to this service as one of the benefits of joining AFFL for those who wish to partake.
2. **Dental care:** AFFL could contact the dental program of the St. David's Foundation, which uses vans and paid dental providers to treat disadvantaged schoolchildren and sees a limited number of adults, mostly during the summer when school is not in session. AFFL could explore whether it could be a referring program and what the costs would be.
3. **Health insurance resources:** AFFL can gather resources for members on health insurance and share them on the AFFL website and in newsletters, so AFFL becomes a useful place to turn for information.
4. **Medical bill mediation and patient advocacy:** The AFFL board spoke previously with a company that provides patient advocacy and medical bill negotiation, so a company such as this or a private health care attorney or mediator could be retained to help negotiate members' unaffordable bills.
5. **Additional resources for business owners:** Members who own restaurants or other related small businesses are often in need of assistance, so AFFL could explore ways to help fill this gap, such as volunteer experts or a mentor program.

More comprehensive programs that would take more effort and funding to implement, but would be worthwhile to consider for long-term planning, since a main identified need is for access to group buying power and other methods to lower the cost of health insurance:

1. **Health insurance:** AFFL could research ways that it could offer group benefits and health plans to its members. The most pressing need seems to be for small businesses under 50 employees.
2. **Premium assistance:** Whether AFFL is eventually able to offer insurance or businesses can obtain it elsewhere, it will still be expensive for employers to offer, so a premium assistance program could be considered. The most economical solution currently for businesses under 50 employees seems to be to direct workers to sign up for individual insurance through Healthcare.gov to receive subsidies for premiums assistance (if 100–400% FPL) as well as cost-sharing (if 100–250% FPL).
3. **Mental health program:** A researcher helped AFFL consider mental health care options in Austin and concluded it would be cost-prohibitive to subsidize care for those without insurance and there are barriers in addition to cost to forming a new provider network, so encouraging insurance enrollment and then subsidizing costs as needed seems to be the best route, possibly with several tiers of service.

References

- ¹ Austin Food For Life, “Who We Are,” online at <http://www.austinfood4life.org/about-us/who-we-are>, accessed 7/28/15.
- ² Austin Food For Life, “About Us,” online at <http://www.austinfood4life.org/about-us>, accessed 7/28/15.
- ³ National Restaurant Association, “Texas Restaurant Industry at a Glance” (2015), online at http://www.restaurant.org/Downloads/PDFs/State-Statistics/2015/TX_Restaurants2015, accessed 7/27/15.
- ⁴ TXP, Inc., “The Economic Impact of Austin’s Food Sector” (2013, p. 1), online at http://www.austintexas.gov/sites/default/files/files/Sustainability/TXP_Austin_Food_Sector_Report_03282013_FINALv1.pdf, accessed 7/27/15.
- ⁵ Centers for Disease Control and Prevention (CDC), “Making a Business Case,” online at <http://www.cdc.gov/workplacehealthpromotion/businesscase/index.html>, accessed 8/4/15.
- ⁶ Kaiser Family Foundation, “Health Insurance Coverage of Adults 19-64” (2013), online at <http://kff.org/other/state-indicator/adults-19-64/>, accessed 7/28/15.
- ⁷ Kaiser Family Foundation, “Health Insurance Coverage of Low Income Adults 19-64 (under 200% FPL)” (2013), online at <http://kff.org/other/state-indicator/low-income-adults/>, accessed 7/28/15.
- ⁸ Center for Public Policy Priorities, “Poverty 101” (Sept. 2013), online at http://forabettertexas.org/images/EO_2013_09_Poverty101.pdf, accessed 7/28/15.
- ⁹ The Texas Tribune, “Interactive: Where Are the Uninsured in Texas?” (2012), online at <http://www.texastribune.org/library/data/map-health-insurance-texas-2010/>, accessed 7/28/15.
- ¹⁰ Kaiser Health News, “Small Business Health Insurance Exchanges Are Off to a Rocky Start” (July 10, 2015), online at <http://khn.org/news/small-business-health-insurance-exchanges-are-off-to-a-rocky-start/>, accessed 8/6/15.
- ¹¹ Texas Department of Insurance, “Small Employer Health Insurance,” online at <http://www.tdi.texas.gov/pubs/consumer/cb040.html>, accessed 8/3/15.
- ¹² FamiliesUSA, “Many Insured Consumers with Non-Group Coverage Go without Needed Health Care” (May 2015), online at <http://familiesusa.org/product/many-insured-consumers-non-group-coverage-go-without-needed-health-care>, accessed 8/5/15.
- ¹³ Farmgrass, “Farmgrass,” online at <http://www.farmgrassfest.com/nonprofit.html>, accessed 8/6/15.
- ¹⁴ Farmgrass, “Farmgrass Fest,” online at <http://www.farmgrassfest.com/>, accessed 8/6/15.
- ¹⁵ The Lost Pines, “Bio,” online at <http://www.lostpinesband.com/bio.html>, accessed 8/6/15.
- ¹⁶ Gro-ACT, “Growers Alliance of Central Texas,” online at <https://sites.google.com/site/growersallianceofcentraltexas/home>, accessed 8/6/15.
- ¹⁷ Gro-ACT, “Become a Member,” online at <https://sites.google.com/site/growersallianceofcentraltexas/grower-sign-up>, accessed 8/6/15.
- ¹⁸ Gro-ACT, “Farmer Medical Relief Fund,” online at <https://sites.google.com/site/growersallianceofcentraltexas/un-insured-or-under-insured-farmer-medical-relief>, accessed 8/6/15.
- ¹⁹ Edible Austin, “Food Service Just Got Healthier” (2015), online at <http://www.edibleaustin.com/index.php/wellness-2/1689-food-service-just-got-healthier>, accessed 8/6/15.
- ²⁰ Austin Osteopathic Family Medicine, “Austin Osteopathic Family Medicine,” online at <http://austinfoam.com/>, accessed 8/6/15.
- ²¹ Community Impact, “Direct Primary Care a Growing Option” (June 10, 2014), online at <http://communityimpact.com/2014/06/10/direct-primary-care-a-growing-option-2/>, accessed 8/6/15.
- ²² Direct Primary Care Journal, “Physician Responds to Obamacare Holistically” (March 17, 2014), online at <http://directprimarycarejournal.com/2014/03/17/texas-hes-extended-the-alternative-approach-even-further-by-not-accepting-any-form-of-health-insurance-opting-instead-for-a-direct-primary-care-subscription-based-model-even-his-high-e/>, accessed 8/6/15.
- ²³ Hint Health, “The Billing Solution for Direct Pay Healthcare,” online at <http://www.hint.com/>, accessed 8/6/15.

- ²⁴ Health Alliance for Austin Musicians, “Overview,” online at <http://www.myhaam.org/>, accessed 8/6/15.
- ²⁵ Health Alliance for Austin Musicians, “Musician Services,” online at <http://www.myhaam.org/services/>, accessed 8/7/15.
- ²⁶ Interview by Lauren Jahnke with Reenie Collins, Executive Director, Health Alliance for Austin Musicians, August 18, 2015.
- ²⁷ Community Impact, “Health Alliance for Austin Musicians” (June 2015), online at <http://communityimpact.com/2015/06/24/health-alliance-for-austin-musicians-2/>, accessed 8/7/15.
- ²⁸ Health Alliance for Austin Musicians, “Our Story,” online at <http://www.myhaam.org/our-story/>, accessed 8/6/15.
- ²⁹ SIMS Foundation, “How SIMS Works,” online at <http://simsfoundation.org/get-help/how-sims-works/>, accessed 8/17/15.
- ³⁰ SIMS Foundation, “SIMS Providers,” online at <http://simsfoundation.org/get-help/sims-provider-network/>, accessed 8/10/15.
- ³¹ SIMS Foundation, “SIMS Clinical Advisory Panel,” online at <http://simsfoundation.org/our-story/clinical-advisory-panel/>, accessed 8/17/15.
- ³² ROC United, “Our History,” online at <http://rocunited.org/about-us/our-history/>, accessed 8/17/15.
- ³³ Restaurant Opportunities Center of Los Angeles, “ROC MD - Health care cooperative for restaurant workers” (Sept. 2011), online at <http://roc-la.blogspot.com/2011/09/roc-md-health-care-cooperative-for.html>, accessed 8/17/15.
- ³⁴ Brian McDermott, “The Doctor in the Kitchen,” The New York Times (April 24, 2009), online at http://www.nytimes.com/2009/04/26/nyregion/thecity/26doct.html?_r=0, accessed 8/17/15.
- ³⁵ CNN, “Co-op dishes out health care to restaurant workers” (Aug. 4, 2009), online at <http://www.cnn.com/2009/HEALTH/08/04/hcif.kitchen.health.care/index.html>, accessed 8/17/15.
- ³⁶ Restaurant Worker Referral Program, Inc., “Free Health Care for Restaurant Workers,” online at <http://www.rwrp.info/about-rwrp>, accessed 8/17/15.
- ³⁷ Restaurant Worker Referral Program, Inc., “New Orleans in 2014,” online at <http://www.rwrp.info/nola>, accessed 8/17/15.
- ³⁸ St. David’s Foundation, “Dental Program,” online at <http://www.stdavidsfoundation.org/dental-program/overview>, accessed 8/12/15.
- ³⁹ St. David’s Foundation, “St. David’s Mobile Dental Program,” online at http://aacdp.com/docs/2014Symposium/Vasquez_StDavidsMobileDentalProgram.pdf, accessed 8/12/15.
- ⁴⁰ Healthcare.gov, “Overview of the SHOP Marketplace,” online at <https://www.healthcare.gov/small-businesses/provide-shop-coverage/>, accessed 8/20/15.
- ⁴¹ Internal Revenue Service, “Small Business Health Care Tax Credit and the SHOP Marketplace,” online at <http://www.irs.gov/Affordable-Care-Act/Employers/Small-Business-Health-Care-Tax-Credit-and-the-SHOP-Marketplace>, accessed 8/20/15.
- ⁴² Kaiser Family Foundation, “Employer Responsibility Under the Affordable Care Act” (updated Dec. 17, 2014), online at <http://kff.org/infographic/employer-responsibility-under-the-affordable-care-act/>, accessed 8/20/15.
- ⁴³ Sendero Health Plans, “Welcome to Sendero Health Plans,” online at <http://senderohealth.org/>, accessed 8/14/15.
- ⁴⁴ The Karis Group, “We care about you,” online at <http://thekarisgroup.com/>, accessed 8/14/15.
- ⁴⁵ The Karis Group, “Kare360,” online at <http://thekarisgroup.com/products-services/kare-360/>, accessed 8/14/15.
- ⁴⁶ SCORE Austin, “Starting a business? Growing your business? Get free professional business advice at SCORE,” online at <https://austin.score.org/chapters/score-austin>, accessed 8/14/15.
- ⁴⁷ City of Austin, “Small Business Resource Event: Getting Connected,” online at <http://www.austintexas.gov/page/getting-connected>, accessed 8/14/15.
- ⁴⁸ City of Austin, “Small Business Program,” online at <http://www.austintexas.gov/department/small-biz-events>, accessed 8/14/15.

- ⁴⁹ U.S. Department of Labor, “Multiple Employer Welfare Arrangements under the Employee Retirement Income Security Act,” online at <http://www.dol.gov/ebsa/publications/mewas.html>, accessed 8/16/15.
- ⁵⁰ U.S. Department of Labor, “Fact Sheet,” online at <http://www.dol.gov/ebsa/newsroom/fsproposedm1revisions.html>, accessed 8/16/15.
- ⁵¹ Guidestar, “Service Employees Health and Welfare Trust,” online at <http://www.guidestar.org/organizations/23-7122650/service-employees-health-welfare-trust.aspx>, accessed 8/16/15.
- ⁵² Kaiser Family Foundation, “Health Insurance Market Reforms: Rate Restrictions” (July 2012), online at <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8328.pdf>, accessed 8/16/15.
- ⁵³ Texas Restaurant Association, “Health Insurance Provided by UnitedHealthcare,” online at <https://www.restaurantville.com/restaurant-operations/healthcare/health-insurance-options>, accessed 8/14/15.
- ⁵⁴ Abha Bhattarai, “Restaurant-specific insurance exchange debuts in D.C.,” *The Washington Post* (July 6, 2014), online at http://www.washingtonpost.com/business/capitalbusiness/restaurant-specific-insurance-exchange-debuts-in-dc/2014/07/03/a6a709c4-fb12-11e3-8176-f2c941cf35f1_story.html, accessed 8/20/15.
- ⁵⁵ Tina Reed, “Does the new D.C. restaurant health exchange have the insurer backing it claims? Apparently not,” *Pulse Issues & Advocacy* (July 14, 2014), online at <http://pulseperspectives.com/2014/07/15/does-the-new-d-c-restaurant-health-exchange-have-the-insurer-backing-it-claims-apparently-not/>, accessed 8/20/15.
- ⁵⁶ National Association of Professional Employer Organizations, “What is a PEO?” online at <http://www.napeo.org/peoindustry/faq.cfm>, accessed 8/16/15.
- ⁵⁷ Texas Department of Licensing and Regulation, “Professional Employer Organizations,” online at <http://www.tdlr.texas.gov/peo/peo.htm>, accessed 8/16/15.
- ⁵⁸ NFP Consulting Resources, Inc., “Nonprofits and PEOs” (Jan. 2010), online at <http://nfpconsulting.blogspot.com/2010/01/nonprofits-and-peos.html>, accessed 8/16/15.
- ⁵⁹ State Health Access Data Assistance Center (SHADAC), “Premium Assistance Programs” (Sept. 2009), online at http://www.shadac.org/files/shadac/SHARE_PolicyTable_PremiumAssistance.pdf, accessed 8/16/15.
- ⁶⁰ FamiliesUSA, “Nonprofits Can Help Consumers Who Are Struggling to Pay Health Insurance Premiums” (Sept. 18, 2014), online at <http://familiesusa.org/blog/2014/09/nonprofits-can-help-consumers-who-are-struggling-pay-health-insurance-premiums>, accessed 8/16/15.
- ⁶¹ Kaiser Family Foundation, “Explaining Health Care Reform: Questions About Health Insurance Subsidies” (Oct. 27, 2014), online at <http://kff.org/health-reform/issue-brief/explaining-health-care-reform-questions-about-health/>, accessed 8/20/15.
- ⁶² National Restaurant Association, “Top 10 Reasons to Consider an Employee Assistance Program,” online at <http://www.restaurant.org/Manage-My-Restaurant/Workforce-Engagement/Benefits/Top-10-reasons-to-consider-an-Employee-Assistance>, accessed 8/17/15.
- ⁶³ George E. Hargrave, et al., “EAP Treatment and Impact on Presenteeism and Absenteeism: Implications for Return on Investment,” *Journal of Workplace Behavioral Health*, vol. 23(3), 2008, online at <http://www.choixdecariere.com/pdf/6573/2010/HargraveHiattAlexanderShaffer2008.pdf>, accessed 8/17/15.
- ⁶⁴ Greenlights, “Resources,” online at <http://www.greenlights.org/resources>, accessed 8/17/15.
- ⁶⁵ John and Miriam Carter, “The Policy Governance Model,” online at <http://www.carvergovernance.com/model.htm>, accessed 8/17/15.
- ⁶⁶ Authenticity Consulting, LLC, “Field Guide to Developing, Operating, and Restoring Your Nonprofit Board,” online at http://www.authenticityconsulting.com/pubs/BD_gdes/BD_pubs.htm, accessed 8/17/15.
- ⁶⁷ NOLO, “Building Your Nonprofit’s Board,” online at <http://www.nolo.com/legal-encyclopedia/building-nonprofits-board-30046.html>, accessed 8/17/15.
- ⁶⁸ Farmgrass, “Interested in becoming an official Farmgrass sponsor?” online at <http://www.farmgrassfest.com/sponsor-us.html>, accessed 8/10/15.
- ⁶⁹ Free Management Library, “Typical Types of Board Committees,” online at <http://managementhelp.org/boards/committees.htm>, accessed 8/17/15.

- ⁷⁰ Constant Contact, “The Right Plan at the Right Price,” online at <http://www.constantcontact.com/pricing>, accessed 8/13/15.
- ⁷¹ Jenn Harris, “Why a 3% benefits surcharge?” *Los Angeles Times* (Sept. 3, 2014), online at <http://www.latimes.com/food/dailydish/la-dd-suzanne-goin-josiah-citrin-3-percent-benefits-surcharge-20140903-story.html>, accessed 8/17/15.
- ⁷² Shan Li, “L.A.-area restaurants adding healthcare surcharge to cover workers,” *Los Angeles Times* (Oct. 6, 2014), online at <http://www.latimes.com/business/la-fi-restaurant-healthcare-surcharge-20141007-story.html#page=1>, accessed 8/17/15.
- ⁷³ Round it up America, “America’s Restaurants Feeding the Needs of our Community,” online at <http://rounditupamerica.org/>, accessed 8/13/15.
- ⁷⁴ Octopus Club, “Octopus Club,” online at <http://www.octopusclub.org/>, accessed 8/13/15.
- ⁷⁵ Health Alliance for Austin Musicians, “Our Story,” online at <http://www.myhaam.org/our-story/>, accessed 8/6/15.
- ⁷⁶ Austin Food and Wine Alliance, “Culinary Grant Program,” online at <http://austinfoodwinealliance.org/grants/>, accessed 8/13/15.
- ⁷⁷ St. David’s Foundation, “Grants,” online at <http://stdavidsfoundation.org/grants/overview>, accessed 8/13/15.
- ⁷⁸ Amplify Austin, “Frequently Asked Questions,” online at <https://amplifyatx.ilivehereigivehere.org/content/whatsAmplify>, accessed 8/13/15.
- ⁷⁹ Austin Foodshed Investors, “Help Us Build Angel Investing 2.0 in Austin Texas,” online at <http://www.austinfoodshedinvestors.org/>, accessed 8/13/15.
- ⁸⁰ Slow Money Austin, “Bringing Money Back Down to Earth,” online at <http://slowmoneyaustin.org/>, accessed 8/13/15.
- ⁸¹ Greenman, “Nourishing Fine Dining for Everyman,” online at <http://greenman-group.com/>, accessed 8/13/15.
- ⁸² Meetup, “Foodie Entrepreneurs in Austin,” online at <http://www.meetup.com/Foodie-entrepreneurs-in-Austin/>, accessed 8/13/15.
- ⁸³ Meetup, “Food + Tech Austin,” online at <http://www.meetup.com/food-tech-austin>, accessed 8/13/15.