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# HEALTH LEADS (A): EXPANSION DECISIONS FOR A HEALTH CARE NONPROFIT

*Growth can be an asset or a liability, and we really wanted to fully understand the ways it could be one or the other for Health Leads.*
-Rebecca Onie, Health Leads co-founder and CEO, June 6, 2012.

## INTRODUCTION

When patients walked into the Boston Medical Center Pediatric Clinic, the first thing they saw was a desk staffed by college student advocates (volunteers) in matching blue polo shirts. This was a "Help Desk" run by Health Leads, a nonprofit organization dedicated to connecting low-income urban patients to essential resources such as adequate food, heating, and housing—and, in doing so, addressing social determinants of health as a standard part of patient care. Health Leads was the brainchild of co-founder and CEO Rebecca Onie, who was committed not only to improving health outcomes for patients, but also to transforming the future leadership of the health care system to address problems at the intersection of health and poverty.

Health Leads worked in the following way: if, during a patient consultation, a physician (or other health care provider) identified an unmet need such as inadequate heating that compromised a patient's health, he or she would write a "prescription" for that resource and send the patient to a Health Leads desk in the same health care facility. Health Leads' student advocates would interview patients to identify the patient's resource needs, and provide them with information about available resources and relevant eligibility information. The advocates helped patients navigate an often complex landscape by contacting the appropriate agencies, providing maps and directions, completing benefits applications, and bridging language gaps, among many other services.

Advocates followed up weekly with patients until their needs were met. In the case of complex mental health or legal issues, advocates connected the patient to a social worker or legal service

Debra Schifrin, Kevin Hettrich, and Professor Jesper Sorensen prepared this case as the basis for class discussion rather than to illustrate either effective or ineffective handling of an administrative situation.

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organization. In some facilities, Health Leads worked with electronic records to keep doctors up to date on how patients were doing with accessing and successfully using these resources.

Health Leads' services were located in academic medical centers and federally qualified health centers,[1] where they could be found in pediatric outpatient clinics, pediatric emergency rooms, newborn nurseries, ob/gyn clinics, community health centers and health department clinics. These partners provided space for Health Leads in the hospital, clinic main area, or waiting room. Most partners also provided infrastructure support technology, and some access to their IT system.

Onie founded Health Leads, originally named Project Health, as a college undergraduate in 1996; she left to attend law school in 2001 and then came back to the nonprofit in 2006. After her return, the organization grew rapidly. By the beginning of 2009, Health Leads had 20 Help Desks in six cities, with 350 undergraduate volunteers who connected over 4,000 children and adults with the resources they needed to be healthy. (See **Exhibit 1** for 2006-2008 growth charts.) Health Leads' revenue stream came from a combination of sources, most prominently local and national fundraising, as well as grants and donations. Half of the partner medical institutions paid Health Leads something for its work, but in most instances the sums were not nearly enough to cover Health Leads' costs.

One of Health Leads' main goals was to demonstrate that it saved hospitals and clinics money because the patients who took advantage of Health Leads' services stayed healthier and were less likely to return to the emergency room (ER). Un- and underinsured patients created substantial cost challenges for hospitals. Seventeen percent of emergency department patients were uninsured; hospitals were required to treat these patients without regard to ability to pay under the Emergency Medical Treatment and Active Labor Act. Furthermore, Medicaid patients visited hospital emergency departments at a much higher rate than patients with private insurance (including for non-urgent care),[2] and accounted for 25 percent of ER visits.[3] Hospitals were required to treat Medicaid patients, but received only 70 cents on the dollar from the government for each patient.

Another goal for Health Leads was to give its advocates hands-on experience working with and helping low-income patients solve their non-medical needs. Health Leads wanted to create a pipeline of new leaders who would understand the need for this kind of work and be advocates for it in the medical field. Advocates were looking for relevant and meaningful experience, and Health Leads provided just that.

After two years of rapid growth, in January 2009 Health Leads was poised to begin a strategic planning process. The leadership of Health Leads was interested not only in continuing to serve additional families—the crux of their work—but also in being at the forefront of a new way to

[1] FQHCs are "safety net" providers such as community health centers, public housing centers, outpatient health programs funded by the Indian Health Service, and programs serving migrants and the homeless.

[2] Center for Studying Health Care Systems research report, June 11, 2012, and
Susan Heavy, "Medicaid Patients Turn to Hospitals for Emergencies, Not Routine Care," Reuters, July 11, 2012, http://www.reuters.com/article/2012/07/11/us-usa-healthcare-medicaid-emergency-idUSBRE86A16A20120711.

[3] Agency for Healthcare Research and Quality, U.S. Department of Health & Human Services.

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define health for patients in order for Health Leads to have nationwide impact. Onie and her leadership team faced a critical decision about whether to expand, how to expand (into new cities, or new facilities in existing cities), and how quickly to do so.

Health Leads had substantial momentum. The need for its services was clear, and there was intense demand from stakeholders for expansion. Onie received many requests to open new desks from hospitals, universities, and Health Leads alumni—on the order of 4 to 10 requests a week. Many more advocates applied for positions than Health Leads accepted, and Onie knew that many philanthropic funders might interpret a lack of growth as a symptom of organizational problems, and be less willing to provide critical funds as a result. At the same time, she worried that responding to these pressures would strain the culture, staff, and organizational practices of Health Leads. Rapid expansion might threaten everything that Health Leads had accomplished in its short history.

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## HEALTH LEADS HISTORY

In her freshman year of college, Rebecca Onie interned at the Housing Unit of Greater Boston Legal Services. In working with clients who were facing eviction, she found the underlying issue was always health—people had to choose between paying rent and buying medicine or paying for doctor's visits. Over time Onie grew increasingly frustrated that by the time clients came to her, their health issues had become severe. She believed that there had to be a more preventive approach. During her sophomore year, she sought out Dr. Barry Zuckerman, Chair of Pediatrics at what was then Boston City Hospital (now Boston Medical Center). Zuckerman and his team were working to help low-income children who needed more than clinical care to get healthy. Under his guidance, Onie spent six months talking to doctors, nurses, and patients in his department. She said the main question she asked them was: "in a world of unlimited resources, what would you give your patients?"

> They would chuckle at the naiveté of the question, but then say: Every day, I have patients come in with ear infections or asthma exacerbations. I prescribe antibiotics or an inhaler refill, but I know there is no food at home or that their family is living in a car. I don't ask about it, because what am I going to do, with patients piling up in the waiting room and no idea how to find them what they need? Others said, "If I can, I give the family $20 out of my wallet." [4]

These conversations convinced Onie that there had to be a better way. She started Health Leads as a college sophomore in 1996 with 10 volunteers and a card table that they would lug out of the closet into the clinic waiting room:

> Initially our question was: "Why would anyone come talk to us? Why would the doctors trust us? Why would patients choose to come and share with college students some of the most challenging issues they were facing?" But almost from the first day, we were inundated.

[4] All quotes are from interviews with case authors unless otherwise noted.

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