



The Community Health Workforce: Taking Health to the People

Sue Dalelio

Name of project or collaborative

Health Leads

Geography

Currently located in CA, DC, IL, MA, MD, NY, RI

Brief description

Since 1996 Health Leads has envisioned a health care system in which all patients' basic resource needs are addressed as a standard part of quality care. In the clinics where we operate, providers can prescribe food, heat, and other basic resources their patients need to be healthy, alongside prescriptions for medication. Patients take those prescriptions to a Health Leads Desk, where our advocates work side-by-side with patients to access community resources and public benefits.

We seek to align the forces necessary for changing the health care system, using Health Leads' work in our partner hospitals, health systems, community health centers, and FQHCs to make a broader case for integrating basic resources into health care delivery. And the timing is right: In the face of shifting financial incentives, an imperative to control costs and improve quality, and a growing focus on the medical home, the health care system is increasingly compelled to go beyond traditional clinical care and grapple with the realities of patients' lives. Health Leads is such a solution, enabling health care providers to prescribe solutions that improve health, not just manage disease.

Relevance of project to this breakout session

At Health Leads, we deploy lay resource specialists, primarily college student volunteers. These Advocates are unencumbered by the obligations of clinical care, unwilling to take no for an answer from bureaucracies where patients get lost, and armed with an unparalleled competency in information retrieval.

Results/outcomes

Health Leads' impact is two-fold. First, the Health Leads programs expand clinics' capacity to secure those non-medical resources necessary for their patients to be healthy – in 2013, 92% of patients with whom we worked either secured at least one resource or identified that Health Leads had equipped them to secure the requested resources on their own. Second, Health Leads is producing a pipeline of new leaders who will have both the conviction and the ability to revolutionize healthcare – in 2013, nearly 70% of Health Leads graduates entered jobs or graduate study in the fields of health or poverty.

Funding

Health Leads' sustainability model has four features: earned revenue, local philanthropy, national philanthropy, and substantial in-kind contributions from volunteers and health care partners. Two thirds of Health Leads' clinic partners currently contribute to Health Leads' earned revenue, paying for some or all of the cost of Health Leads' services, demonstrating increasing market acceptance and enhancing scalability of the model.

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