

Project Health

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Rebecca Onie, Founder, Project Health, Boston, MA



Rebecca Onie credits a magazine article with changing her life. It was in a pile of articles that her father had handed her to read when Onie, an only child, returned to her Chicago home after her first year at Harvard. Normally, she skillfully avoided the pile, but something compelled Onie to take a closer look at the *Boston Globe* article about Barry Zuckerman, head of the pediatric ward at Boston Medical Center. She was so moved by what she read that she immediately called him. Dr. Zuckerman has been named “America’s leading practitioner of social medicine” by the Ford Foundation and Boston Medical Center, where he works, is a level-one trauma center that serves 17,000 low-income clients every year. In the article, Onie learned that Zuckerman had the temerity to believe that the pediatric ward should be a place where kids go to get healthy, and part of his “whole child-whole family” approach to practicing medicine included advocacy—he made an attorney his first hire upon taking over the department.

Onie, who’d long had plans to go to law school, was fascinated by Zuckerman, who took a more holistic approach to defining the determinants of good health. He wanted the health care system to provide access to the resources that would allow his patients to have a home, have heat, have food to eat—the socio-economic barriers that impact health as surely as physical determinants. Onie was electrified by his approach, but she also believed he was missing a crucial part of the puzzle. She thought that college students, working with physician and nurse mentors, could make effective advocates for the patients and help Zuckerman and his colleagues provide a treatment plan that addresses the full psychosocial needs of each child and his/her family.



During that initial phone call, Zuckerman invited Onie to the hospital to spend some time researching her proposal. Onie proceeded to spend the bulk of her fall sophomore semester interviewing the hospital's health care practitioners. "From the moment I walked in the lobby of that hospital, I knew that was where I was meant to be. It's total chaos."^[1] Her idea—"to leverage the time, energy and tenacity of college students to increase the capacity of clinics to be able to connect low-income patients to the resources they need to be healthy"^[2]—became the foundation for the organization she founded her sophomore year: Project HEALTH.

Onie began by asking the hospital staff one question: In a world of unlimited resources, what would you do? Family Health Desks, the cornerstone of Project HEALTH, were born out of those conversations. Onie describes the model thusly: "When families come into a health clinic, they could either self-refer to the desk...or, in the course of the doctor's visit, when the physician or nurse identified an unmet need, he/she could use a Project HEALTH prescription pad to prescribe food, job training, fuel assistance, etc. The family could then take the prescription directly to the Family Health Desk, just as they would a medical prescription to a pharmacy, and Project HEALTH's college volunteer would do an "intensive intake with the family and ultimately connect them out to the set of resources they need."^[3]

Today, Project HEALTH, whose mission is to break the link between poverty and poor health by mobilizing college students to provide sustained public health interventions in partnership with urban medical centers, universities, and community organizations, boasts 600 volunteers from 10 campuses in six cities working in 18 clinics and serving 14,000 children and adults each year. Just over half of the families actually obtain at least one resource they need (i.e., food or transportation vouchers, secure child care, find an apartment, etc.) within 90 days of receiving services at a Family Health Desk; the remainder receive ongoing follow-up until they obtain the needed resources. This follow-through is significant because three-quarters of Family Help Desk clients present with multiple needs, and over one-third of clients present with three or more needs.

Project HEALTH works through pediatric clinics, as pediatricians understand the link between a dearth in resources and ill health. And because pediatricians must talk with the parents about a child's particular needs, they are able to address an entire family's unmet needs. The Family Help Desk bolsters their ability to treat the whole child by giving pediatricians the necessary infrastructure to carry out the search for needed resources.

In addition to matching clients with much-needed resources, Project HEALTH provides a transformative experience for its volunteers, many of whom go on to work in the health care sector following graduation. Prospective volunteers are asked for a strong commitment. These college students must go through a demanding interview and application process, followed by a thorough training program and then they must pledge to commit to at least six hours of volunteer service each week. In spite of the tough requirements, Project HEALTH has five-ten times more

prospective applicants than they can accept each year, and 80% of students choose to continue their Project HEALTH commitment the following year (and through their summers; the Family Help Desks are staffed year-round). It would take 38 full-time employees to cover the manpower the organization's 600 volunteers provide each year.

Ongoing training and weekly reflection meetings strengthen the bond the student volunteers have with each other and with their mission. By working on the front lines at the point where health care and poverty intersect, they develop a deep understanding of the kind of transformative change that is necessary to improve our health care delivery system. The vast majority of volunteers (90%) choose to address health and/or poverty issues in their graduate training or new careers. Among the career paths followed by Project HEALTH alumni many become involved in federal and state policy-making; others help shape health care delivery for groups like Partners in Health, Doctors without Borders and the Peace Corps, or develop fitness programs for corporate clients, or advocate for patients' right. Among those who practice medicine, Project HEALTH is incubating a new generation of physicians and health care workers who learned first about the social determinants of health before they were formally schooled in the physical factors affecting health.

Onie, who left Project HEALTH for nearly six years while she got her law degree from Harvard and went to work as a Chicago attorney, returned in 2006 because she so fully believes in the power of the Project HEALTH model. The organization is bombarded with opportunities to grow, and thus far, it has proved to be eminently replicable. In the two years following her return, Project HEALTH expanded into two more states and tripled the size of its volunteer corps. But, 2009 marked the start of a deliberate slow-down: Onie and her staff are taking a very purposeful approach to future expansion to help ensure the success of the organization. They are currently undergoing a rigorous, disciplined review of their model (called a Proof Plan) to ensure that, in five years, Onie can say with certainty that what Project HEALTH does, works.

She's also exploring options with respect to how to scale the operation, suggesting that rather than do the obvious (scale the Family Help Desk model or tap into the vast retiree resource), they might partner with Medicaid to incorporate their model. In such a scenario, Project HEALTH would act as trainers. Another option would be to have the universities or the clinics pay Project HEALTH to train their students to perform this brand of service work.

Whatever the future holds for Onie and Project HEALTH, it is clear that the current model works. Among a long list of awards, Onie received a MacArthur Foundation "Genius Grant" in 2009 and was named a Young Global Leader, so that she will be attending the World Economic Forum summit in Davos in January 2011. Additionally, she was named an Ashoka Fellow and one of *Time Magazine's* 100 Most Influential People. Onie is clear about the task ahead of her—and it is nothing short of a systemic change in the delivery of health care to our nation's vulnerable populations.

[1] Rebecca Onie, "Gleitsman Lecture Series: Rebecca Onie and Nell Perlmutter. Harvard Kennedy Center for Public Leadership," <http://www.youtube.com/watch?v=VuljLvtUi3c> (accessed 4.10.10).

[2] Ibid.

[3] Ibid.