For the exclusive use of A. GUPTA, 2020.

Richard Ivey School of Business
The University of Western Ontario

IVEY

910A32

HEALTH CARE CENTER FOR THE HOMELESS: CHANGING WITH THE TIMES

Mary Conway Dato-on and Eileen Weisenbach Keller wrote this case solely to provide material for class discussion. The authors do not intend to illustrate either effective or ineffective handling of a managerial situation. The authors may have disguised certain names and other identifying information to protect confidentiality.

Richard Ivey School of Business Foundation prohibits any form of reproduction, storage or transmission without its written permission. Reproduction of this material is not covered under authorization by any reproduction rights organization. To order copies or request permission to reproduce materials, contact Ivey Publishing, Richard Ivey School of Business Foundation, The University of Western Ontario, London, Ontario, Canada, N6A 3K7; phone (519) 661-3208; fax (519) 661-3882; e-mail cases@ivey.uwo.ca.

Copyright © 2011, Richard Ivey School of Business Foundation *Version: 2011-03-08*

Bakari Burns, recent MBA graduate and CEO of the Health Care Center for the Homeless (HCCH) in Orlando, Florida, was eager to implement what he had learned in his MBA classes to build on the strong history and important mission of his nonprofit organization. Burns knew the organization experienced difficulty with recognition and marketplace distinction, primarily due to the public's misperceptions about the relationship between HCCH and the Coalition for the Homeless of Central Florida (currently a separate and independent human services organization located in downtown Orlando). Confusion also existed regarding the relationship between HCCH and its various services, especially the Orange Blossom Family Health Center. Could these issues be affecting donations and the ability to provide quality services? One lesson Burns clearly remembered from school was the importance of asking for help when the path to continued excellence was not clear, and so he solicited advice from an external consulting team. The recommendations, delivered to Burns in summer 2010, included significant organizational change accompanied by a suggestion that HCCH rebrand with an amended name and redesign all marketing materials. This advice and the changes in the external environment made it an excellent time to reposition and refocus the organization. Recognizing the need for a new strategy and implementing that strategy were not the same; Burns was not sure how to lead the organization through the change process.

HCCH

The Health Care Center for the Homeless, Inc. (HCCH), a nonprofit health organization, served the homeless, uninsured and underinsured in Central Florida, including the city of Orlando, and Orange, Osceola and Seminole counties. HCCH was one of several federally and state-funded health centers located in these Florida counties. According to the U.S. Department of Health and Human Resources, "Health centers are community-based and patient-directed organizations that serve populations with limited access to health care. These include low income populations, the uninsured, those with limited English proficiency." [1] Health centers are located in most cities and many rural areas. In 2009, the more than 7,900 health centers around the United States cared for nearly 19 million patients, including 3.4

[1] *http://bphc.hrsa.gov, accessed October 20, 2010.*

This document is authorized for use only by ATUL GUPTA in 2020.

For the exclusive use of A. GUPTA, 2020.

million who received dental services, and 758,000 who received behavioral health care. Thirty-eight per cent of patients served by health centers were uninsured and an estimated 1,018,000 were homeless. Nationally, health centers employed more than 123,000 people in underserved communities and leveraged more than $9 billion in other health resources.[2]

As one of the federally designated health centers, HCCH provided a wide range of health services, including primary care, pediatric care, dentistry, social, mental and behavioral health, vision care and tuberculosis management, at its medical facility, the Orange Blossom Family Health Center. HCCH also staffed a mobile care unit for outreach to those who were unable to travel to the health center independently. In 2010, the organization was in the process of applying for a federal change in scope that would allow it to receive funding for the many uninsured and underinsured clients it served at the Orange Blossom Family Health Center. These funds were part of the Affordable Care Act that provided $11 billion in funding for the operation, expansion and construction of community health centers. This time of significant structural change presented a prime opportunity for HCCH to revitalize. What changes were appropriate could only be determined with a complete understanding of the organization's history and main stakeholders.

History and Services

The Health Care Center for the Homeless[3] was founded in 1993 by Dr. Rick Baxley and a group of concerned physicians. While working with the Coalition for the Homeless of Central Florida, Dr. Baxley observed a growing problem of illness among homeless individuals around Orlando and knew that they were not receiving adequate medical care. HCCH began as an evening clinic at the Coalition for the Homeless office a few nights a week and eventually spun off as a separate nonprofit organization in 1994. For many years, HCCH operated medical and dental services out of three separate locations. In 2006, the Orange Blossom Family Health Center opened, facilitating delivery of many medical-related services under one roof. With the help of a $1.1 million grant from the Health Resources and Services Administration (HRSA) in 2008, the health center building expanded, providing more medical exam rooms and allowing for further development of the behavioral health team. "The services at HCCH [were] provided in a multi-disciplinary approach combining aggressive street outreach with integrated systems of primary health care, dental, vision, behavioral health, education and patient advocacy."[4]

HCCH was particularly proud of the quality of service offered at the Orange Blossom Family Health Center and its mobile units. Evidence of the professional level of service was seen in the state-of-the-art electronic medical system implemented at the health center in 2006. This Electronic Health Records system created a paperless electronic health record for each patient. The system integrated communication with area health care providers, thus ensuring continuity of care and eliminating duplication of services. The outreach unit, known as the HOPE Team (Homeless Outreach Partnership Effort), sent staff and volunteers to where the homeless lived — on the streets and in the woods (camps). The main goal of the HOPE Team was to connect homeless clients living in the camps with the medical, dental and behavioral health services HCCH provided. Burns noted, "building trust was often the first step to move homeless individuals toward integrating within society." The HOPE Team provided this link.

[2] *Health Center Program Fact Sheet, www.hrsa.gov/about/organization/bureaus/bphc/bphc.pdf, accessed via http://bphc.hrsa.gov on October 20, 2010.*
[3] *See http://hcch.org.*
[4] *http://hcch.org/history.htm, accessed July 9, 2010.*

This document is authorized for use only by ATUL GUPTA in 2020.

For the exclusive use of A. GUPTA, 2020.

HCCH operated an in-house pharmacy at the Orange Blossom Family Health Center that enabled clients to obtain low-cost prescriptions immediately upon receiving medical care. This was very important as many of the homeless or uninsured neglected to fill prescriptions due to monetary and identification issues. A full-time Patient Assistance Program (PAP) Coordinator helped patients obtain free medications through various pharmaceutical companies. According to the 2009 Annual Report, the PAP Program assisted more than 2,000 clients who received more than $2,000,000 in prescription medications. These costs would have been absorbed by HCCH or the client themselves without the joint efforts of the PAP and the companies.

The health center also offered eye exams and distributed eyeglasses free of charge to qualified clients. Through a partnership with Lions Club International and LensCrafters, free screenings and eyeglasses were provided for 30 patients every Thanksgiving. Burns was proud to report, "the HCCH Vision Center is the only source of free optometric services for the homeless in Central Florida." Screening for vision-related issues that could result from diabetes and other chronic illnesses was also available on a scheduled basis at the health center.

To reduce improper use of emergency rooms in local hospitals, HCCH developed a specialized position known as a Health Navigator. The Navigator's job was to reroute homeless individuals from the downtown Orlando Health Emergency Room to the Orange Blossom Family Health Center. At the center, the homeless received consistent medical care with a "medical home" where records were kept and accessed for follow-up care. In 2009, 466 of the patients encountered by the Health Navigator in the Emergency Room became established clients at the health center.[5]

Burns was pleased with the breadth and depth of services and took pride in the numerous accomplishments in the organization's relatively short history. The founding board of directors sought to clarify the organization's purpose through the development of a mission. Burns thought the resulting HCCH mission encapsulated its role in the community and its dedication to quality: "to provide quality health care services that improve the lives of the homeless and medically indigent people of our community." HCCH declared the values with which it pursued this mission in the following values statement: "We are committed and obligated to provide the highest quality of care to all community residents in an atmosphere of dignity and respect. We treat all patients with a truly caring attitude and are aware of the changing needs of the community and strive to be responsive to those needs. We embrace human differences as bonds, not barriers, and believe that quality health care should be universally accessible."

The values statement emphasized the guiding values of dignity, respect, a caring attitude and togetherness. There was no stated vision for HCCH and the board had yet to decide if one was necessary. Some members were not sure why a vision would be needed if the organization already had strong mission and values statements.

Stakeholders

According to the American Marketing Association, organizational stakeholders were "one of a group of publics with which an organization must be concerned. Key stakeholders include consumers, employees, suppliers, and others who have some relationship with the organization."[6] Critical or key stakeholders were those who most influenced the creation and destruction of brand value.[7] Upon reflection, Burns believed

[5] *HCCH 2009 Annual Report.*
[6] *www.marketingpower.com/_layouts/Dictionary.aspx?dLetter=S, accessed August 21, 2010.*
[7] *Richard Jones, "Finding Sources of Brand Value: Developing a Stakeholder Model of Brand Equity,"* <u>Brand Management</u>*, 13:1, 2005, pp. 10-32.*

This document is authorized for use only by ATUL GUPTA in 2020.

For the exclusive use of A. GUPTA, 2020.

that HCCH had five critical stakeholders: patients, donors (corporate and individual), volunteers, staff and the board. Reviewing the circumstances of each stakeholder group helped Burns understand the environment in which HCCH operated.

Patients: HCCH provided services to the homeless, uninsured and underinsured individuals in the Orlando community. The number of patients served by HCCH spoke volumes about the gravity of the homeless situation in Central Florida. Exhibit 1 shows statistics for patients serviced by HCCH in 2009.

Homelessness continued to be a widespread dilemma throughout the United States, affecting all communities across rural, urban and suburban settings. An estimated two to three million people were homeless during 2009, with approximately 930,589 without shelter on any given night. The Federal Health Care for the Homeless Program was formed to be a leading source of health care for the homeless in the United States, whether patients lived on the street, in shelters, or in transitional housing. Through this program, more than one million homeless persons were served by health centers funded by the Health Resources and Services Administration (HRSA) in 2009.[8]

Statistics on homeless populations were generally grouped by single men/women, families and veterans. The number of homeless families across the nation had surged by approximately 30 per cent since the recession began in 2007. In Florida, the homeless population for the same period had grown by almost 11 per cent or about 5,400 people. The number of homeless families in Florida rose 23 per cent from 2008 to 2009, with 7,750 families homeless in 2010 as determined by a mid-year count.[9] In 2008, the total homeless veterans in the Homeless Services Network of Central Florida's one-day count was 1,185. In 2009 the tally jumped to 1,680. Additionally, disheartening results of the 2009 study showed that it took Vietnam veterans an average of six years to plunge into homelessness while post-9/11 veterans only took about 18 months.[10]

Orlando-area homeless advocates tracked the number of homeless school-age children. In Orange, Osceola and Seminole counties, for example, nearly 2,700 homeless children attended public schools in May 2008. A year later, the number grew substantially to 4,200.[11] The fastest-growing population of homeless people was single women with children. Most homeless families were headed by a young mother with two children under the age of six. According to the HCCH 2009 Annual Report's summary of Orlando-area homelessness studies, the chance of someone who was homeless becoming ill could be as much as six times higher than someone who was housed. Homeless individuals were also three times more likely to die from an illness than the general population.

Donors: Burns divided potential individual donor categories demographically. These categories included:

- Baby boomers with high disposable incomes, professionals aged 30-45 and members of community organizations and local churches.
- Seniors and individuals aged 54 or more. Because of their established lifestyles, they were considered good targets for donations, bequests, planned giving and deferred gifts.

When considering donations from corporations, Burns was relentless in pursuing partnerships and donations. The HCCH Development Associate, Terri Betts, was pleased with several notable donations in

---

[8] http://bphc.hrsa.gov/about/specialpopulations.htm, accessed October 20, 2010.
[9] Kate Santich, "Report: Homeless families up sharply," The Orlando Sentinel, June 17, 2010.
[10] Sepia, "Serving our veterans — Central Florida needs to do more to bring down the increasing numbers of homeless vets," The Orlando Sentinel, January 28, 2010.
[11] Kate Santich, "Report: Homeless families up sharply," The Orlando Sentinel, June 17, 2010.

This document is authorized for use only by ATUL GUPTA in 2020.

For the exclusive use of A. GUPTA, 2020.

2009 including the Walt Disney World Company's $15,000 donation received at the Candlelight Processional held in EPCOT's America Gardens Theatre. Attributed to Burns' and Betts' hard work was the receipt of a $25,000 donation from Florida Hospital in January 2010. HCCH also received a $30,000 grant from the Orlando Magic Youth Fund (OMYF), a fund of the McCormick Foundation, in support of medical services at the Orange Blossom Family Health Center.[12]

Two major fundraising events were held in 2009. Burns recalled the third Annual Central Florida Hospitalist Partners (CFHP) Golf Tournament on October 31, which raised more than $6,700. CFHP was a group of local physicians who had been caring for patients in the largest and most prestigious hospitals and health care systems in Central Florida since 1999. Betts worked hard on the *Femmes de Coeur* Sweetheart Affair in February 2009. That was the last year for the event, which was to be replaced in 2010 by the Heart to Heart Gala. The ongoing support of *Femmes de Coeur* was essential for HCCH, and the organization's donations resulted in a dental operatory, decorations for the pediatric waiting area, and funds for the screening mammography program at the Orange Blossom Family Health Center. Since its inception, the *Femmes de Coeur* mammography program for HCCH had provided more than 550 screening mammograms for female clients.[13] Exhibit 2 shows financial activity for HCCH in 2009, including the various sources of support and revenue. Burns noted that the fundraising goal for fiscal year 2010 was $192,390.

Volunteers: Help from volunteers came in the form of medical professionals and medical students donating time with patients as well as clerical assistance in the record-keeping area. In recruiting volunteers, HCCH emphasized the need to "help at home." This was clearly articulated by HCCH Volunteer Physician of the Year Jaime Torner, MD, who stated, "Charity begins at home. While colleagues go on mission trips to third world countries I practice my passion daily. Why go around the world when there is work to be done right in your own backyard?"[14]

Partnerships were also an important part of the HCCH volunteer portfolio. Burns repeatedly noted that the quantity and quality of service would not be possible without the support of community partners. These partners included those within the state, such as Florida Hospital, Orlando Health, Heart of Florida, United Way, Walt Disney World, Universal Studios, Bureau of Primary Health Care, Orange County and the City of Orlando, as well as those at the national level, including HUD (Housing and Urban Development). Partnership support included expertise, in-kind and monetary donations. Once the University of Central Florida (UCF) Medical School was opened, Burns looked forward to a strong partnership with its faculty, students and alumni.

Staff and Board of Directors: Fifteen members (including Burns) comprised the board of directors, and most had served with the board more than five years. The medical profession was heavily represented on the board (almost 50 per cent). While the primary role of the board was advisory, several were actively involved in fundraising and guiding the direction of medical services. Professional qualifications of board members included MD (Doctor of Medicine), CPA (Certified Public Accountant), PhD, legal degrees and Fellows of the American College of Healthcare Executives (FACHE). Burns' recently acquired MBA added the business dimension to his Master of Public Heath degree. A relatively recent addition to the board was Antonio Arias, who brought sales and marketing expertise from his years in medical sales.

HCCH listed 12 permanent staff members including doctors, nurses, pharmacists, dentists, dental technicians, mental health counselors and office staff. Part-time staff were also employed on an as-needed

[12] *HCCH 2009 Annual Report.*
[13] *Ibid.*
[14] *http://www.hcch.org/volunteer.htm, accessed August 21, 2010.*

This document is authorized for use only by ATUL GUPTA in 2020.

For the exclusive use of A. GUPTA, 2020.

basis. Five directors were responsible for operating the various service branches of HCCH. All reported directly to Burns. The organizational chart for HCCH is found in Exhibit 3.

Health Care Challenges: 2010 and Beyond

The latest figures from the U.S. Census Bureau showed that the number of uninsured and the percentage of the population without health insurance coverage set record highs, while the percentage covered by employment-based plans had fallen to a record low.[15] In March 2010, Congress passed the $875 billion Affordable Care Act.[16] While there were numerous political and economic motivations for the Act, two undeniable trends acutely showed that the status quo of health care in the United States was unacceptable. First, the percentage of the population covered through employment-based plans had declined each year since 2000. Second, health care costs were skyrocketing for individuals as well as state and federal governments. The Act consisted of many provisions aimed at reducing health care costs, empowering consumers and keeping insurance companies accountable. One provision directly affected HCCH, as it provided new funding to support the construction and expansion of services at community health centers, allowing these centers to serve some 20 million new patients across the country. To take advantage of these funds (and others made available through the economic stimulus bill), Burns needed to expand the scope of HCCH beyond serving only the homeless to serving anyone in the community who was uninsured or underinsured.

While Burns felt confident about the quality of HCCH's work and the support among donors and volunteers, he also realized that the 2010 census figures were only a small indication of the tremendous changes in the economy and the health care sector. Both Burns and Betts worked tirelessly to finalize the necessary paperwork for the change of scope for HCCH. They knew better than to rely on just one source of funding, however, and as such continued to pursue other sources of support.

With the economic recession that began in 2007 showing limited signs of lifting, Burns realized that donations would be hard to generate, yet that demand for services would increase. The homeless population was already growing in the Orlando area and Burns' experience told him that health care expenditures were often a low priority for the homeless and the hungry.

Fundraising: To understand the economic repercussions of the declining economy, rising unemployment and rising homelessness on HCCH resources, Burns and Betts researched trends in philanthropic giving and nonprofit financial conditions. They felt that knowledge of trends in the nonprofit organization (NPO) sector was critical if the staff and board were to achieve the fundraising goal for fiscal year 2010 ($192,390). According to the Urban Institute, in 2008, total private giving to nonprofit organizations nationwide was $307.7 billion, down two per cent from 2007.[17] The 2008 figures were a continuation of a four-year decline in private giving. More interesting than this aggregate number was the assessment of funding sources for HCCH compared to other nonprofit health care organizations.

The largest source of revenue across public charities was fees from the sale of goods and services, such as patient care (including Medicare and Medicaid). In the human services charities sector, where HCCH was

---

[15] *Anonymous, "Increase in uninsured shows need for change," Business Insurance, 44:37, September 2010, p. 8, accessed October 20, 2010, from ABI/INFORM Global. (Document ID: 2159124001)*
[16] *The Affordable Care Act details are available at www.healthcare.gov/law/introduction/index.html, accessed October 10, 2010.*
[17] *"The Nonprofit Sector," The Urban Institute, www.urban.org/publications/412085.html, accessed July 19, 2010.*

This document is authorized for use only by ATUL GUPTA in 2020.

For the exclusive use of A. GUPTA, 2020.

categorized, government provided 48.6 per cent of revenue for human services charities.[18] Based on HCCH's reporting, revenue accounted for only 17 per cent of support and government grants accounted for 52 per cent. The relatively larger dependency on government funding sources made Burns nervous. With the national trend of declining philanthropic donations and pressures to cut government budgets, Burns felt HCCH would have to increase the revenue stream to at least match — but hopefully exceed — the national average.

One way to overcome the perfect storm brewing (i.e. increased homelessness leading to more need and high levels of dependency, all on a base of decreasing financial contributions from private and government sources) was for HCCH to apply for a federal change in scope from a health facility primarily focused on the homeless population to one addressing community-wide needs for quality health care at affordable prices, regardless of housing (e.g. homeless or housed) or insurance status (e.g. uninsured or underinsured). If a change in scope were finalized, the organization would be able to report its full client base to the federal government for funding purposes. Under the current organizational scope, HCCH could only take credit with the government and receive funding (e.g. Medicaid and Medicare support) for its homeless clients.

Furthermore, Burns knew from networking with other social service agencies that if another agency recommended a client seek treatment at HCCH, the client would often respond: "I am not homeless, why would I want to go there?" Even when Burns and others tried to explain that the Orange Blossom Family Health Center was not only for the homeless, clients (and some agency workers) would insist that they did not want to be seen as homeless and would rather forgo the services offered or go to the hospital emergency room.

Recommendations from Consultants

Burns solicited advice from an external consulting team to help with the kind of misperception voiced in the quote above. The team's recommendations encompassed significant organizational change including amending the HCCH name and redesigning all marketing materials. All the recommendations were framed around a concept new to Burns: brand orientation. The consulting team explained that brand orientation (BO) was particularly important to nonprofit organizations. Basically, nonprofit brand orientation (NBO) put the image and value of the brand at the core of all activity within the organization in order to effect more positive and effective outcomes.[19]

One consultant explained to Burns that with NBO, the vision for the brand would become the driving force for the organization. Active brand management and NBO could speed up and improve the communication of the brand promise both inside HCCH and to its external stakeholders. The consultants emphasized that donors supported organizations like HCCH because they believed in the cause; in short, they trusted the NPO mission pursuit. Within the framework of NBO, all branding and related marketing activities (e.g. brand name and logo, taglines, communication strategy and tactics including website and promotional materials) would be designed to ensure that the mission was consistently portrayed as HCCH communicated with its diverse stakeholders.

---

[18] *Kennard T. Wing, Katie L. Roeger, and Thomas H. Pollak, "The Nonprofit Sector in Brief: Public Charities, Giving, and Volunteering, 2009," www.urban.org/uploadedpdf/412085-nonprofit-sector-brief.pdf, accessed July 19, 2010.*

[19] *Eileen Weisenbach Keller and Mary Conway Dato-on, "Testing the Premise that Marketing Attitudes and Brand Orientation Correlate with Nonprofit Performance: Connecting Research and Practice," Proceedings of Academy of Marketing Science Annual Conference, Dawn R. Deeter-Schmelz, ed., Portland, Oregon, May 26-29, 2010, pp. 86-90.*

This document is authorized for use only by ATUL GUPTA in 2020.

For the exclusive use of A. GUPTA, 2020.

From this general framework, the consulting team made several specific recommendations. In each case, the suggestions were framed by analyzing the current situation and offering a specific action or set of actions. Suggested changes in name, logo, color palette and website are highlighted below.[20]

Organization Name: Current Situation - Historically, the organization operated under two names: Health Care Center for the Homeless, Inc. and the Orange Blossom Family Health Center. The two names were used inconsistently and interchangeably, contributing to confusion and lack of brand identity. The name Health Care Center for the Homeless, Inc. presented several challenges:

1. There was confusion between the Health Care Center for the Homeless and the Coalition for the Homeless based on the historical relationship between the two agencies and the word "homeless" in both organizations' names; and
2. The name was not inclusive of all of the clients the organization served. In addition to serving the homeless, the organization also serviced the uninsured or underinsured. Identifying the services as specifically for the homeless risked alienating some patients from the organization.

The Orange Blossom Family Health Center name also contributed to obstacles:

1. The word "family" could be misperceived by single or childless clients and potential clients. The health center provided a variety of comprehensive health care services, not simply family care or pediatric services; its name should reflect this.
2. The length of the name forced people to shorten it in daily conversation, but the name did not suggest a simple shortened version.

Recommendation: Health Care Center for the Homeless, Inc. ***doing business as Orange Blossom Health Center*** - The organization should maintain its incorporated name (Health Care Center for the Homeless, Inc.), but file an Application for the Registration of a Fictitious Name to do business as Orange Blossom Health Center. The incorporated name should be used for behind-the-scenes purposes only, e.g. filing taxes and producing federal reports. Orange Blossom Health Center should be used to refer to the organization in all internal and external communication.

Logo: The logo of an organization was to function in a similar fashion to the name, in that the logo also represented an element of the external and identifiable communication of the organization's brand. The difference was that the logo provided a visual and, in some cases, artistic representation of the brand. This visual cue needed to symbolize the experience promised by the brand.[21] Logos fitted into the communication mix by incorporating an organization's purpose, vision and strategy together in an expressive format that enhanced brand equity.

Current Situation: Since the opening of the health center, HCCH had operated with two logos, which corresponded with its two names. The logos, like the two names, were used inconsistently and interchangeably, creating confusion among target audiences. This confusion manifested when individuals failed to associate the logos with a single brand or organization. Many believed that the logos represented two separate organizations that operated as affiliates, or that the organizations were two entirely isolated entities. (See Exhibit 4 for current logos.)

---

[20] *Consulting report submitted to HCCH on February 17, 2010 by Kayla Florio, Skye Guthrie, Sara Miller, Alissa Shortridge, and Luke Taylor.*
[21] *Stuart Elliot, "A new survey finds that for some brands and companies, logos can be image breakers," The New York Times, Financial Desk, November 1, 1994, Late Edition, D6.*

This document is authorized for use only by ATUL GUPTA in 2020.

For the exclusive use of A. GUPTA, 2020.

Recommendation: Creation of a new logo based on a new name. The organization should continue to use the orange blossom tree in its logo (see Exhibit 4), which symbolizes fruitfulness and generosity. The revised use of the tree should incorporate vibrant, healthy, energetic colors that may further inspire thoughts of opportunity, renewed hope and potential for growth, replenishment and prosperity. The new logo, created by a professional designer capable of producing a high-quality depiction of the brand, should reflect the mission, values and history of the organization. The use of the HCCH logo (blue and white hands reaching out; see Exhibit 4) should be discontinued.

In addition to adopting a new logo, the consulting team recommended creation of a tagline for the brand. The tagline should capture the idea that the organization was large and multifaceted, providing many services. For example: ***One Community, One Health Center***. This tagline expressed the sentiment that the organization served all members of the community, and developed a positive emotion surrounding the brand. The consultants' recommendations also included message training among all key stakeholders, graphic standards for the name, tagline and logo, a color palette and budgeting. Samples of communication materials such as brochures, newsletters, postcards, appointment cards and a web presence were offered; all emphasized the consistent communication of the brand vision and values. While the consistent visual representation was deemed critical, the message training was most important to the implementation of brand orientation. Only through consistent internal and external communication about the brand would a rallying point (i.e. the brand and all it represented in terms of mission and values) be established and executed.

Implementing Organizational Change

Burns was faced with two types of change. Environmental conditions strongly suggested the need for a change of scope. This transformation, coupled with the consultants' insights, pointed to the need for change on many levels. Reviewing his MBA class notes, Burns recalled the work conducted by Kotter[22] on the eight stages of change. He was acutely aware that 70-90 per cent of successful change was dependent on leadership and that 10-30 per cent depended on the managerial skills of the change leader. He was determined to convince the board of the need for change, and to gain its commitment to the effective implementation of the process. The eight stages of change were:

1. Establish a sense of urgency
2. Create a guiding coalition with enough power to execute the change
3. Develop a vision and strategy
4. Communicate the change vision
5. Empower broad-based action
6. Generate short-term wins
7. Consolidate gains & produce more change
8. Anchor new approaches in the culture

Conclusion

With the specific recommendations from the consulting team and the noted changes in the external environment, Burns felt there was a sufficient framework and reason for organizational change. With Kotter's structure, Burns felt he had a method for change. What should he do first and what should be his role in implementing the changes?

[22] *J. P. Kotter, Leading Change, Harvard Business School Press, Boston, 1996.*

This document is authorized for use only by ATUL GUPTA in 2020.

For the exclusive use of A. GUPTA, 2020.

Exhibit 1

HCCH 2009 PATIENT STATISTICS

Service Encounter	Number
Primary Medical	17,036
Oral Health	9,620
Behavioral Health / Substance Abuse	2,298
Total Encounters for 2009	**28,954**
Total Patients Seen at Orange Blossom Family Center	**8,295**
Vision Center Patients Seen*	82
Hope Team Outreach Clients Seen*	809
Hope Team Outreach Encounters*	3,114

** number not included in total patient figure above.*
Source: HCCH 2009 Annual Report.

Exhibit 2

HCCH STATEMENT OF ACTIVITIES FOR THE YEAR ENDING SEPTEMBER 30, 2009

Support and Revenue	2009 Totals ($)
Support:	
Government Grants	2,762,334
Private Support	718,229
In-kind Contributions	990,108
Revenue	898,081
Total Support and Revenue	5,368,752
Expenses and Losses	
Program Services	
Medical Clinic	4,777,113
Tuberculosis Shelter	45,654
Supporting Services	
Management and General	392,072
Fundraising	94,918
Total Expenses and Losses	5,309,757
Increase (Decrease) in Net Assets	58,995

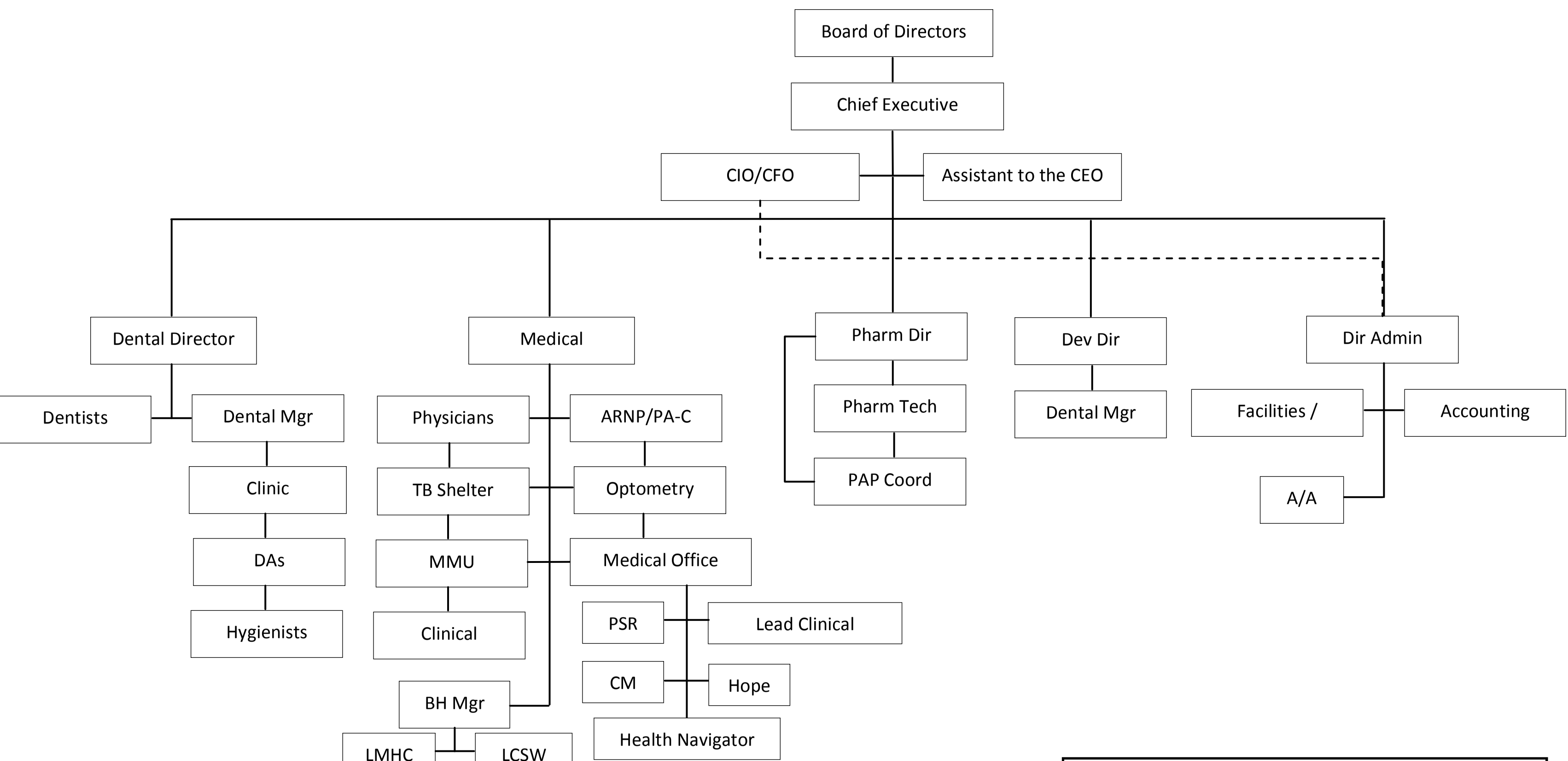
Source: HCCH 2009 Annual Report.

This document is authorized for use only by ATUL GUPTA in 2020.

For the exclusive use of A. GUPTA, 2020.

Exhibit 3

HCCH ORGANIZATIONAL CHART



Key to Administration Abbreviations:
A/A: Administrative Assistant
Admin: Administrative
Dev Assoc: Development Associate
Dev Dir: Development Director
Svs: Services

Key to Operations Abbreviations:
Asst: Assistant
CM: Case Manager
Coord: Coordinator
Dir: Director
HOPE: Homeless Outreach Partnership Effort
Mgr: Manager
PAP: Patient Assistance Program
PSR: Patient Services Representative

Key to Medical Abbreviations:
ARNP: Advanced Registered Nurse Practitioner
BH: Behavioral Health
DA: Dental Assistants
LMHC: Licensed Mental Health Counselor
LCSW: Licensed Clinical Social Worker
MA: Medical Assistants
MMU: Mobile Medical Unit
PA-C: Physician Assistant
RN: Registered Nurse

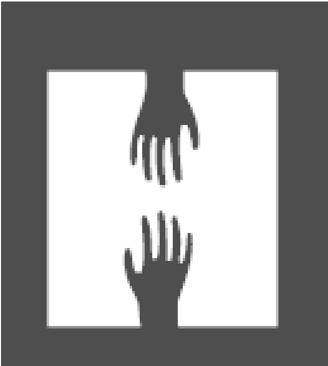
Source: HCCH files.

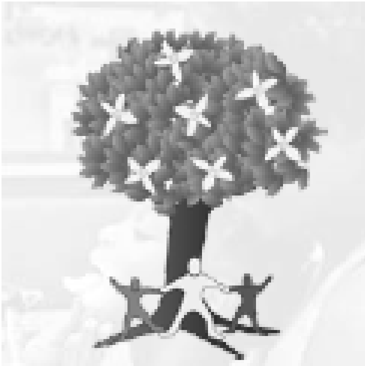
This document is authorized for use only by ATUL GUPTA in 2020.

For the exclusive use of A. GUPTA, 2020.

Exhibit 4

CURRENT LOGOS FOR HCCH (A) AND ORANGE BLOSSOM FAMILY HEALTH CENTER (B)


(A)


(B)

This document is authorized for use only by ATUL GUPTA in 2020.