

# Neighborhood health clinics growing busier

*One community-based center has seen 400% jump in visits since 1990*

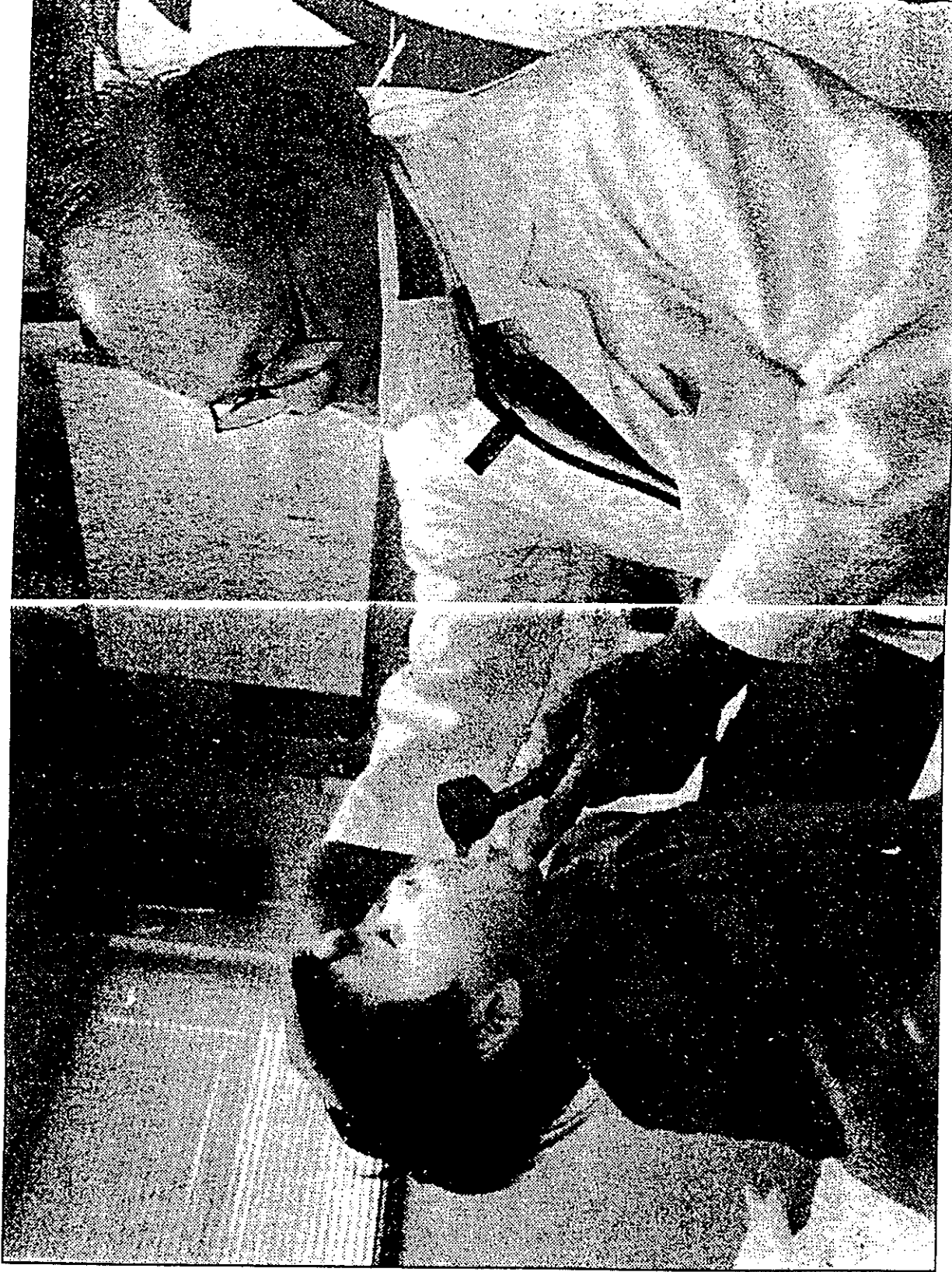
By AMRITA AULAKH  
of The Journal staff

The Milwaukee Immediate Care Center, 1971 W. Capitol Drive, has been the family doctor's office for Columbus Reid for six years. The center gave him a reason to quit as a manager of a car wash. His doctor said stress from his job was aggravating his high blood pressure.

Along with early retirement came giving up health insurance coverage from his job. But the care center was there for support, like a second family, Reid said. He can come in to see a doctor or for a free blood pressure check, whenever, with or without an appointment.

Reid's doctor persuaded him to quit smoking, too. "He asks me what I'm eating and drinking," Reid said. "He asks if I'm smoking. I don't do it. And I watch myself."

Like Reid, medically uninsured, underinsured and indigent people in Milwaukee are increasingly turning to community-based health centers for primary care. At a time when Washington is sketching out health reform, these centers already are serving medically underserved areas with federal money, local funds and grants.



MARCIANO VISAYA checks Titus Thao, 4, at the Milwaukee Immediate Care Center, 1971 W. Capitol Drive

If a health reform plan passes, there will be an even greater reliance on community health centers, said Donna Friedsam, at the Wisconsin Primary Health Care Association in Madison. Each of the health plans being debated in Congress mandates more federal funding for community health centers.

That will be a change from the past, when there wasn't as much support, Friedsam said.

Five of the eight community-based health centers in Milwaukee are federally funded. The two nurse-managed centers and the Milwaukee Immediate Care Center are run on local grants and loans.

#### USE OF CENTERS GROWS

According to the Wisconsin Primary Health Care Association, four of the five federally funded community health centers in Milwaukee have reported an increase from 1990 to 1993 in the number of "patient encounters" — number of times patients used the medical, dental or other health or social services at the centers.

Isaac Coggs Health Connection, 2770 N. 5th St., reported the largest increase. In 1990, one year after the center opened, Coggs had a total of 8,226 patient encounters. In 1993, the patient encounters increased to 44,739 — more than 400%.

The other federally funded community health centers in Milwaukee are: 16th Street Community Health Center, 1032 S. 16th St.; Milwaukee Indian Health Board Community Health Center, 930 N. 27th St.; Health Care for the Homeless in Milwaukee, 711 W. Capitol Drive; and Johnston Community Health Center, 1230 W. Grant St.

All five centers offer primary medical services and health-related social services, such as job training programs, language translation services or drug and alcohol treatment programs.

The Milwaukee Immediate Care Center offers only primary

and urgent care.

Health Care for the Homeless operates six clinic sites around the city: Family Crisis Center, 1927 N. 4th St.; Metcalf Park Health Center, 2449 N. 36th St.; Guest House, 1216 N. 13th St.; Salvation Army Lodge, 1730 N. 7th St.; St. Ben's Clinic for the Homeless, 1027 N. 9th St.; and St. Vincent De Paul, 931 W. Madison St.

The IndoChinese Family Medical Center, 3510 W. Burnham St., is a private center run by Genesis Health Care Inc., a for-profit health insurance management company. It specializes in helping the Hmong, Laotian and Vietnamese community in Milwaukee.

Coggs, the busiest center, is building a new, \$2.7 million facility in the 2300 block of N. King Drive. Officials there project they will treat an additional 30,000 to 40,000 patients a year.

#### COMMUNITY SERVICES EXPAND

According to Paul Nannis, health commissioner at the Milwaukee Health Department, community health centers have expanded the type of services they offer to correspond with the increase in patients, as well as the need for primary care and social services.

Neighborhood-based health centers tend to be more sensitive to the community they serve, said Joan Lawrence at the Milwaukee Indian Health Board.

Like Nannis, Lawrence said neighborhood health centers were better providers of care because they tended to build better relationships with their patients and provided more comprehensive care, as a family doctor would.

"What you need in health care is a community-based provider, who knows the history of the neighborhood they're in," Lawrence said. "This care is going to

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#### *Tomorrow: New clinic to open in Lisbon neighborhood.*

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be more comprehensive and holistic."

Jean Bel Calvin at Silver Spring Neighborhood Center, which holds a nurse-operated community health center, said the staff often tried to earn the trust of a patient by trying to become a part of the community.

"We model our care after the phrase: It takes a village to raise a child," Calvin said. "This means when you talk about a patient's care you have to look at the other people in their lives and look at them in their communities."

The history of community-based health centers in Milwaukee began with the opening of the 16th Street Community Health Center in 1969. Since then, seven other community-based health centers have opened, including the Milwaukee Immediate Care Center.

And another is due to open. The Lisbon Avenue Neighborhood Development Center will open a health center at 3522 W. Lisbon Ave. in partnership with the Milwaukee Indian Health Board at the end of October.

But even with the advances that community health centers have made, they still have a long way to go, Nannis said. The number of uninsured in Milwaukee is still disproportionately high compared to suburban dwellers.

Pat McManus, the director of the Black Health Coalition, said the economic downturn of the 1980s led to many of the health care disparities in Milwaukee. As factories and businesses downsized and closed in Milwaukee and many lost their jobs, they also lost their health insurance coverage.

## For young, old patients, clinic is the family doctor

By AMRITA AULAKH  
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For 2-year-old Brad, a visit to the doctor's office at the 16th Street Community Health Center, 1032 S. 16th St., is a mix of tears and moans. For his Aunt Lisa, it is a day of relief.

Brad has been having bouts of wheezing and coughing, his aunt said. She believes he caught something at one of his mother's parties, where the little boy was occasionally locked behind a door for the entire night.

Brad's aunt says it is lucky for her to get health care from a place like 16th Street, where Brad will get the care he deserves and where she will most likely get a referral to Child Protective Services to see to her nephew's welfare.

"I feel that if his mother is not going to do it, it is my responsibility to get [him] the proper health care," said the aunt, who did not want her last name used. The little boy's name has also been changed.

John Bartkowski, executive director at the clinic, said many of his patients may skip appointments because it is inconvenient for them to go to the source of care. When community health centers are in the neighborhood of many of their patients, a patient can walk.

Sixteenth Street reported an increase in patient encounters from 51,750 in 1990 to 57,403 in 1993, an 11% rise, according to the Madison-based Wisconsin Primary Health Care Association. The increase is due in part to the various health-related services that the center now offers.

"A woman with five kids may not be able to take all the kids on the bus with her and go to the county hospital," Bartkowski said. "She is likely to miss an appointment for immunization for her children because it is inconvenient.

"But when the source of care is in the neighborhood, it is probably more convenient and the illness is more likely to be prevented. Prevention is really the goal."

Brad's aunt agrees. "I feel comfortable here because they know me and my medical history. I feel that they take the time to understand."

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Pediatrician Lisa Stukenburg puts a stethoscope to Brad's heart. To calm his fits of moaning, she flashes a rainbow-colored reflector on the neck of her stethoscope in his eyes. His cries turn to a silent smile.

Stukenburg says she often can't give the care that her patients need because of the social and legal barriers in their lives. In Brad's case, Stukenburg cannot administer care because Brad's aunt is not his legal guardian.

What would be ideal for Brad, Stukenburg said, is that his mother allow his aunt to take care of him, because the aunt is more responsible about his health care right now.

But Stukenburg says she is grateful that other health staff and social workers at the center can take care of the additional referrals and paperwork that may be involved in Brad's case.