

16th St. Community Health Center
1036 South 16th Street
Milwaukee, Wisconsin 53204
tel. 672-1353

Health Practices Committee Meeting--November 23, 1971

- I. HOPE Inc.'s health care goal
 - A. Primary Care Facility.....OR
 - B. Ancillary/Preventive Services/Programs
- II. Operating Programs/Services/Clinics
 - A. Well-baby clinic (IB)
 - B. Pre-natal clinic (IB)
 - C. Planned parenthood (IB)
 - D. Mothers Club (IB)
 - E. Nutrition classes (IB)
 - F. Weight Watchers (IB)
 - G. Information/Referral Services
- III. Proposed Programs
 - A. Dental Clinic (IA & B)
 - B. Drug Program (in conjunction with FODA and Centro Nuestro)
 - C. Senior Citizens
- IV. Other Health Agencies/Programs Services on the South Side.
 - A. Guadalupe Children's Clinic--dental/pediatrics/obstetrics
 - B. LAUCR Clinic--adult clinic/general
 - C. Greenfield Mental Health Center--outstationed personnel/group therapy/etc.
 - D. South side Health Center--TB control/well-baby/dental
 - E. Johnston Hospital--emergency
 - F. Private physicians
 - G. Visting Nurses Assoc.--follow-up
 - H. ICDP Centers--Welfare/food stamps/referrals/etc.
 - I. DPW-South side--(future)
 - J. Project Involve--referrals/medicaire/ senior citizens
 - K. Headstart Programs--physicals/social workers
 - L. UMOS--planned parenthood/community workers/ referrals/ physicals for employees

Introduction:

The former "HOPE" group, a neighborhood health organization, established the former "Health Contact Center" on the 2nd floor at the corner of 16th and Greenfield. During June, 1971, in an attempt to expand their efforts, they created a community based, non-profit corporation, H.O.P.E., Inc. This brought in many new people, including some former members of the "Professional Advisory Committee," and marked the end of the informal organization.

Over the summer and fall the Board of Directors has taken shape, developing a set of Bylaws, expanding membership, etc. In addition, the Health Contact Center has been moved to 16th and Washington and renamed the "16th Street Community Health Center." Much remains to be done, however, to enable the Board to function at full strength. This would include developing the routine functioning of the committee structure and thus providing the members with good information, ideas, etc.

In September, 1971, H.O.P.E., Inc. received a "developmental award" or "preplanning grant" from the Wisconsin Regional Medical Program. The purpose of the grant was to allow HOPE to begin planning for the development of a "comprehensive ambulatory health facility." What this meant was that we would examine the possibilities for improving the delivery of health care on the Southside. Some of the alternatives to be considered were: creation of a large medical/health outpatient facility similar to Cream City Neighborhood Health Centers; creation of a smaller facility, closely tied with other providers of care (such as hospitals); and development of a coordinating framework within which other southside health agencies could operate to everyone's benefit.

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WRMP was particularly interested in the last alternative: "What can be done to coordinate health care at the local level?"

We are now facing a deadline of February 1, 1972 for submission of a proposal to begin the planning and development of more extensive health services. If we pass up this opportunity for funds, we may be face-to-face with extinction come next September: no more money, no more services, no more H.O.P.E., Inc. For this reason, it is of great importance that the Board and each of the members involve themselves in the discussion of what the Health Center should and could be, and exactly what we will propose to WRMP.

Other Health Agencies

Guadalupe Center
operated by group of volunteer
professionals

well child care, sick child care,
children's dentistry, some prenatal
care, some adult care

United Migrant Opportunity Services
(Family Planning Clinic) operated
by UMOS board under OEO grant

family planning (limited to those below
OEO poverty guidelines), other outreach
work (focuses on migrants)

Southside Community Health Center
operated now by board of the
Latin American Union for Civil
Rights, but forming own board

adult care, outreach services

Southside Health Center
operated by City Health De-
partment

public health nurses, dental clinic,
TB control center, well-baby clinics,
school nurses

Possible New Roles For HOPE

- 1. Become a local coordinating agency
- 2. Expand patient services only
- 3. Become a coordinator, and attempt to provide additional service, if possible
- 4. Establish a primary care facility (provide a range of limited treatment and diagnostic services)
- 5. Establish an outreach program (using community health aides)
- 6. Establish an educational program (with community health aides)
- 7. Establish special services, (babysitting, transportation, budget counseling, etc.)

(This list could include many other alternatives. Many could be combined, depending entirely on what the Board really wants to try to do.)

Possible Service Components

- a illness assessment
- b minor treatment
- c referral
- d health education
- e preventive services (immunizations, family planning, etc.)
- f curative dental care
- g preventive dental care
- h advocacy
- j general health information
- k case-finding
- m follow-up and monitoring
- n community organization on health issues
- p special services (babysitting, transportation, budget counseling, etc.

Possible Additional Components

- a liaison with medical institutions
- b liaison with local health agencies
- c record keeping
- d training
- e planning
- f evaluation
- g program development

I. Background - History of the 16th Street Community Health Center

The 16th Street Center was organized by a group of concerned residents on the South Side. Originally the center was located above the 16th Street I.C.D.P. Center, and policy and program decisions were made by this group and communicated to the 16th Street I.C.D.P. Resident Council. In the summer of 1971, the group severed its relationship with the 16th Street Center and formed H.O.P.E., Inc., a non-profit corporation, to sponsor the center. H.O.P.E., Inc. received in September '71 a "pre-planning," \$42,000 developmental award from the Wisconsin Regional Medical Program. In addition to providing some operating funds, WRMP commissioned H.O.P.E. to investigate the possibilities of facilitating and/or initiating a more coordinated health care delivery effort at the community level on the South Side.

II. Other Community Health Centers on South Side

At the time the RMP grant was awarded, one community health service was operating and two additional programs were in the planning stages.

Guadalupe Clinic - This effort was started in early 1970 by a group of health professionals. Volunteer medical personnel staff the clinics. Medical services provided are:

- immunizations - pediatric
- curative care - pediatric
- dental care - pediatric
- OB/GYN

Policy decisions for Guadalupe Clinic are made by the health professionals who staff the clinics. The Center serves primarily poor Latins.

LAUCR Clinic - In early spring, 1971, various Latin organizations on the South Side decided to take action on health care issues and problems related to the Latin community.

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These groups, headed by Latin American Union for Civil Rights organizers, felt that the established system not only was too expensive for poor people, but also was inaccessible to those residents who don't speak English. They cited as a parallel problem the lack of Latins in the health professions. Their plan of action to address these issues was the development of a free health clinic in the Latin community. SDC provided a small "no-strings-attached" grant to help get it started. Several months were spent getting ready, contacting doctors, getting drugs donated, etc. The clinic began operating in November '71; it is staffed by three volunteer physicians and Medical College of Wisconsin medical students who operate four general adult clinics each month (two every other week.)

Future plans/activities of the LAUCR clinic include the following:

- 1) A psychiatric clinic, in conjunction with the Greenfield Mental Health Center, may begin January '72.
- 2) A health aide/para-professional training program, whereby locally recruited Latins could receive professional training while working at the clinic, has been discussed by LAUCR staffers.
- 3) A health center operated by and for residents of the Latin community is a very definite goal. Presently the clinic is sponsored by LAUCR and program development and policy decisions are made by a 7 member health committee, which is responsible to the LAUCR Board.

UMOS Clinic - United Migrant Opportunity Service is a state-wide agency created to serve the needs of migrants in Wisconsin. A crucial problem facing migrants is inadequate health care.

UMOS received a \$270,000 grant this summer (August) from OEO Migrant Health Division/Washington to operate Family Planning clinics for migrants in four locations in the state: Milwaukee, Beaver Dam, Racine and Sheboygan. The Milwaukee clinic began operating in December '71. The family planning clinic is staffed by a volunteer physician, a Registered Nurse and several outreach workers. Future plans call for recruitment of more volunteer doctors (or perhaps hiring some) to provide direct medical services. The UMOS clinics serve only migrants and resettled migrants in Milwaukee. For the most part UMOS clinics are staffed by professional and para-professionals recruited from Texas.

III. Problems

A. Defining H.O.P.E.'s goals as separate from the goal of the funding source. For example: current funding is through RMP.

RMP's primary objective in funding H.O.P.E., as stated by an RMP spokesman, is to facilitate delivery of health care at the local level. Coordination of local resources is crucial to a good delivery system. Thus, if there is no coordination (or plans for coordination with other local health centers) there probably will be no funding. The H.O.P.E. Board must decide if it is going to; a) devote all of its efforts to pursuing RMP's objective; b) set its own priorities in the context of the health needs of the community served by the center; or c) attempt to achieve both. (These are not necessarily mutually exclusive, but neither are they perfectly parallel.)

B. Problems of coordinating at the local level
The problems inherent in coordinating health care delivery at the community level are not unlike the problems of coordinating medical services at the professional level.

Once an agency or institution has control over a piece of the action (even a little piece of the action) and has demonstrated an ability and an authority to make decisions and take action, this agency or institution will not voluntarily give up any of this power despite the long range advantages in delivery of service. Autonomy--control of its own community institutions--is an understandably cherished concept in the Latin community. Growing awareness is bringing many Latins to see themselves as moving from being helpless victims, ignored or exploited or oppressed by established institutions, to people able to demonstrate control over those institutions which influence their lives (even if it means creating a new system.)

H.O.P.E. finds itself in a unique position in relation to the other community health centers. First, it is the only center run by its own non-profit incorporated board; (this certainly, an LAUCR clinic goal;) second, it is considered by the other centers to be experienced (which it is in relation to the others) and, third, it is considered to have excellent relationships with medical institutions and professionals. (This might be viewed with some suspicion by others.) Most important, H.O.P.E. is considered an Anglo center; LAUCR and UMOS are Latin. Thus, H.O.P.E.'s actions could be viewed by the others as a Anglo agency co-opting brown agencies--another Anglo take-over.

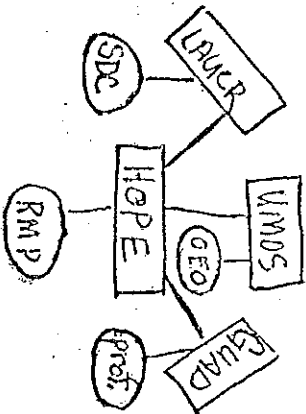
IV. Alternatives

Given the programs and problems - what are the alternatives?

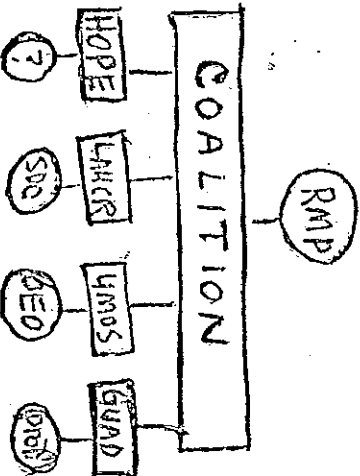
A. Alternative #1; Goal: coordination. This alternative would have

H.O.P.E. getting out of the health care delivery business altogether and becoming a local coordination and planning agency sponsored by RMP.

H.O.P.E. would then be viewed by other agencies not as a threat or competitor, but rather as a provider of technical assistance; a support; a health resource and an information bank.



B. Alternative #2; Goal: Coordination (and service as a secondary goal.) This goal would require that all centers have equal status in relation to RMP. It would suggest that a coalition of the centers be formed and this coalition directly funded by RMP. It would require that H.O.P.E. and the other centers have a source of core funds other than RMP (possibly SDC.)



C. Alternative #3; Goal: Service. This goal would involve the establishment of a primary care facility. H.O.P.E. would propose to employ or contract with Primary Care health professionals. They would function in a manner roughly equivalent to that of the private practitioners in the area, doing diagnosis and treatment, and developing a client population or "caseload."

This kind of focus would imply a de-emphasis on the ability to coordinate activities with other community groups, and would suggest a more free-standing and independent service organization. It could, however, supplement the primary care facilities already existing in the neighborhood, which are clearly insufficient at present.

D. Alternative #4; Goal: Service Coordination. This would have H.O.P.E. ascertaining what these "autonomous" clinics are providing, and plan to provide, and H.O.P.E. would "fill in the gaps" (i.e., provide additional service,) develop new relationships with institutions (which would benefit all South Side agencies) and "build bridges" with other agencies (such as contracting with LAUCR's Leadership Training Institute to train Community workers.)

V. Staff assessment of alternatives.

The H.O.P.E. staff endorses alternative #4. Alternative #1, we feel, would be a direction not acceptable to the H.O.P.E. Board and the community. H.O.P.E. has a commitment and promise to this community to provide health services very much needed by its residents. Though it may be argued that a "South Side health planning agency" is a good idea it is not within H.O.P.E.'s range of activities as stated in the by-laws.

Alternative #2 would be very difficult to implement. It would require that LAUCR, UMOS and Guadalupe Center move decisively in the direction of coordination. They are not prepared at this point to do that. In addition it would require that H.O.P.E. immediately seek another source of core funding which we are not prepared to do at this time.

Alternative #3 could be an enormous undertaking, especially in terms of personnel recruitment, cost and selling the idea to funding sources.

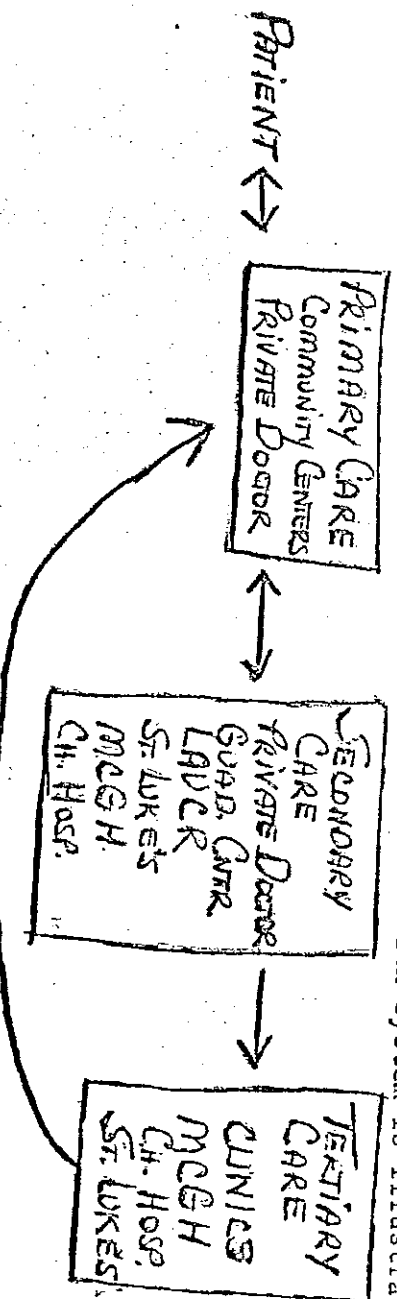
While there is a clear need for additional primary care resources, a move in this direction would pose two additional problems: a) it could be seen as a direct threat to existing private practitioners, and b) it is in large measure a perpetuation of the inadequate structure of current health delivery systems.

VI. Rationale for alternative #4

- A. Thus far, the gaps in the system at the community level are as follows:
 - health education
 - primary care
 - 1. Preventive
 - 2. curative
 - accessibility to secondary care sources
 - transportation
 - follow-up care, monitoring
 - health maintenance

An additional important action component at the community level, necessary to change the system, is advocacy and education and information to consumers on health rights.

B. The Neighborhood Centers Relationship to the total health system is illustrated below:



C. Suggested H.O.P.E. system components:

1. illness assessment
2. minor treatment
3. referral
4. liaison with institutions
5. liaison with community group agencies
6. health education and prevention
 - a. well baby, prenatal, family planning clinic
 - b. preventive programs - group work/group organization - i.e. weight watching, nutrition, elderly, etc.
7. dental clinic - preventive and curative
8. general health information
9. case finding
10. follow-up and monitoring
11. advocacy
12. family support system; translating, transportation, baby sitting, telephoning home care, and general assistance relating to system.
13. financial counseling
14. fiscal management
15. personnel management
16. record keeping
17. corporate activities
18. training
19. planning
20. evaluation
21. program development
22. community organization around health issues

December 10, 1971