Denver's Neighborhood Health Program

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THE Denver (Colo.) Department of Health and Hospitals has developed a system of comprehensive health care for Denver's low-income residents. It provides continuous, family-centered care for the medically disadvantaged—persons whose previous care has been almost entirely crisis-oriented and whose experience with preventive care has been scant.

This system is designed to use efficiently funds available from all sources, to provide quality care that is available and acceptable to the community, to make maximum us of existing institutions and staff personnel, to acquire and encourage participation of residents, to develop and train new health professionals, and to demonstrate the reality and value of comprehensive health care.

Denver's neighborhood health program is funded from Federal, State, and local sources. The Denver Department of Health and Hospitals recognized that, in carrying out its traditional city hospital and public health functions, it was not meeting urgent needs in Denver. Early in 1964, the department started working with Denver's mayor to seek ways of improving this situation. When Congress passed the Economic Opportunity Act in August 1964, Denver was prepared, and within days its War on Poverty Agency, now known as Denver Opportunity, Inc., was incorporated. A study group on medical care and health services, headed by the department's director of public health and preventive medicine, was already devising means of attacking the city's health care problems.

Dr. Cowen is manager of the Denver (Colo.) Department of Health and Hospitals. The paper is a revised and updated version of one given at the annual meeting of the Confederation of Western Affiliates of the American Public Health Association of Seattle, Wash., on June 26, 1968.

A proposal for neighborhood health centers to serve as focal points of all health activities in low-income areas was presented to the board of the War on Poverty Agency in September 1964. In December, the board approved a plan for a neighborhood health center to be established in an area with a target population of about 20,000. Most residents were Negroes with low incomes. Funded by the Office of Economic Opportunity in August 1965, the Eastside Neighborhood Health Center opened in March 1966.

Acceptance of the eastside center by neighborhood residents was overwhelming. Their reaction was convincing evidence that decentralized facilities were a satisfactory and acceptable means of bringing 20th century medicine to low-income citizens. Planned to accommodate 450 patient visits a week, the eastside center now is averaging more than 2,000 visits a week. The center was remodeled early in 1968 to accommodate such a patient load. In 1968 alone, 106,800 patient visits were recorded. By the end of 1968, the Eastside Neighborhood Health Center had registered almost 30,000 patients and had recorded more than 230,000 visits.

Within 3 months of the opening of the eastside health center, the department of health and hospitals submitted to OEO a proposal for a second neighborhood health center to serve 20,000 to 25,000 low-income residents of the

city's west side. The West Side Neighborhood Health Center opened in late April 1968 and, by the end of January 1969, had registered nearly 16,000 patients. In the first 9 months of operation, the center recorded 56,500 patient visits.

Funding

During the planning of the first neighborhood health center, the department obtained funds from the Children's Bureau to provide maternity and infant care services to eligible mothers in decentralized facilities throughout Denver. The department was also planning, with the Denver Children's Hospital and the University of Colorado School of Medicine, to provide health care to children. Shortly after the eastside center opened, the department obtained a grant from the Children's Bureau for Denver's Project CHILD, which was designed to provide comprehensive, preventive health care for children under 19 years old. Twelve small health stations were to be established throughout the poverty areas to provide pediatric services. To assure continuity of comprehensive care, OEO agreed to fund adult care at these stations.

The OEO program, Project CHILD, and the maternity and infant care project were combined with other categorical grants and existing programs of the department of health and hospitals to form the neighborhood health program, a system of truly comprehensive communitywide services. Support of the program was broadened further in June 1968, when the department received a grant from the Public Health Service to fund establishment of five of the health stations.

In 1968, neighborhood health program grants included $3.5 million from OEO, $1.3 million from the Children's Bureau for Project CHILD, $1 million from the Children's Bureau for the maternity and infant care project, $689,000 from the Public Health Service, and approximately $1 million from other categorical grants and existing department programs.

Because grants from the Children's Bureau have failed to increase as the program expanded, support from the Public Health Service has made it possible to continue development of the citywide system of health facilities as originally planned.

The Denver plan calls for establishing 12 small health stations within walking distance for most persons in low-income areas. Seven stations are in operation. For most residents, these are the point of contact with the neighborhood health program.

Staffing Patterns

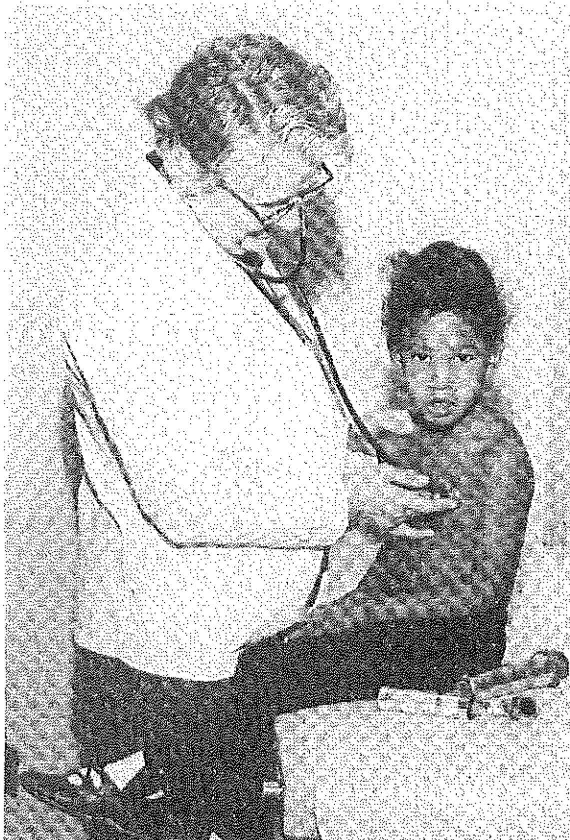
Depending on the patient load, a typical station is staffed by a family physician, one or two pediatricians, an obstetrician for maternity and family planning sessions, two public health nurses, a registered nurse, two or three pediatric nurse specialists, a licensed practical nurse, a social worker, a nutritionist, a nurses' aide, three or four clerk typists, a statistical clerk, three or four family health counselors, and a delivery clerk.

Such a staff can take care of all the normal health problems of 3,000–5,000 patients—checkups, immunizations, simple laboratory tests, and treatment and medications (dispensed by physicians) for most noncritical illness. Patients who need more specialized care are referred to backup facilities.

Backup support for the stations are the two larger neighborhood health centers offering a complete range of outpatient services and three participating hospitals—Denver General, University of Colorado Medical Center, and Children's—which provide inpatient treatment and specialized diagnostic and consultative services.

The participating hospitals are responsible for recruitment of physicians to staff stations in their geographic area. The department of health and hospitals is responsible for other aspects of the neighborhood health program. Nurses from the public health division's Visiting Nurse Service staff all the program facilities. Heads of departments of Denver General Hospital recruit program staff and supervise them. Laboratory and X-ray work is done at Denver General Hospital, and the hospital pharmacy supplies all medications. The department of health and hospitals is responsible for administrative operation and maintenance of the neighborhood facilities.

Experience in all health facilities of the department has indicated the importance of full-time physicians to the program's goal of giving continuous, comprehensive care. Full-time phy-



Pediatrician of the neighborhood health program examines a young patient

sicians can most easily establish the personal confidence so important in any physician-patient relationship, and they fulfill most efficiently an essential function in comprehensive care—referral of patients to ancillary services.

The Eastside Neighborhood Health Center has four full-time pediatricians, seven other full-time physicians, and four full-time dentists. Of 550 physician hours of service per week at the health center, 440 are provided by full-time persons who range from general practitioners to board-qualified specialists in several fields.

In the newer West Side Neighborhood Health Center, the physician staffing pattern is somewhat different. Four of the 12 full-time physicians are primary physicians such as those advocated in the Millis report. These men, who have had post graduate training in internal medicine and pediatrics, and some in psychiatry, often see all members of a family and refer some for needed care to specialists at the center or a backup hospital. The remainder of the west side physician staff consists of five pediatricians and and three internists. Specialists in obstetrics, dermatology, podiatry, allergies, urology, surgery, and pulmonary diseases serve part time.

Community Involvement

We in the department of health and hospitals regard community involvement as prerequisite to an effective program. We used several methods to involve the community in establishing the west side health center. In December 1966, even before the center was funded by OEO, interested members of the four action councils in the area started searching for a suitable building. The action councils, whose members are elected by the residents of an area, are part of the operation of Denver Opportunity, Inc. Members of the West Side Health Board, who are appointed by the action council chairmen, narrowed the choice to two locations.

During remodeling of the building, neighborhood people helped program administrators recruit staff for the new center. The personnel committee of the West Side Health Board screened approximately 1,500 applications from area residents to fill the 90 neighborhood aide trainee positions on the 180-member opening staff of the west side center. The personnel committee of the East Side Health Board fulfills a similar function for the other health center and its satellite stations.

The personnel committee of each neighborhood health board selects three suitable appli-

Pediatric nurse specialist checks a child at Mariposa Health Station

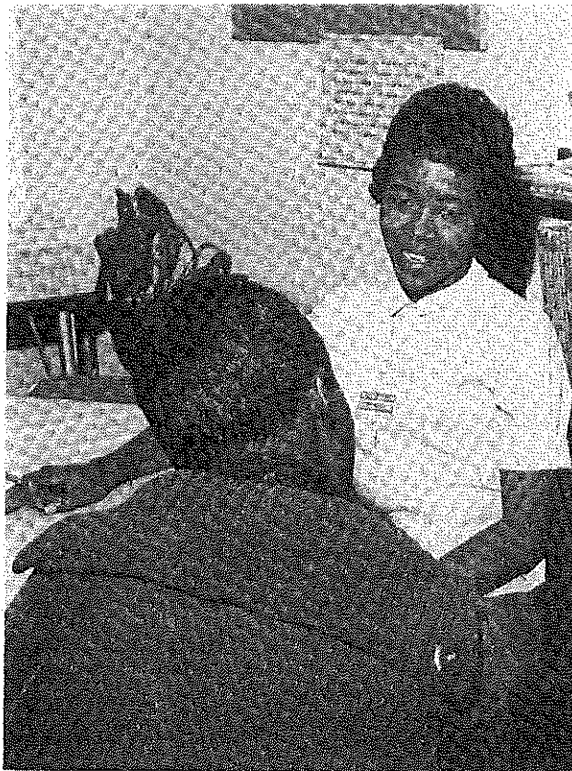
cants for every trainee position which opens in a station or center in its target area. The administrator of the facility and the section supervisor, who may be a laboratory technician, nursing supervisor, dentist, or social worker, interview the three applicants and together they choose the person to fill the position.

Half of the staff at the west side center are neighborhood people; 90 of the east side center's 200 employees are residents of its service area. Indigenous employees are working in all the other neighborhood program facilities as well as at Denver General Hospital.

All neighborhood personnel in the program are employed under a special training category, neighborhood aide trainee, created by the city's civil service system. The OEO-funded training service of the department of health and hospitals conducts the trainees' general orientation. On-the-job training is the responsibility of the professional supervisor. The training period is limited to 2 years, but many aides are ready to assume jobs in the community within a few months. They may be recommended by their supervisors for promotion to career service positions after a minimum of 6 months as a trainee.

More than 75 trainees have been certified for and placed in career service positions, and many other trainee graduates are now employed by other public agencies or by private businesses. Aides have performed exceptionally well in nursing, social service, mental health, dentistry, admissions, health education, medical records, research and program development, pharmacy, transportation, laboratory, and X-ray departments and as family health counselors and neighborhood representatives.

As is indicated by the proportion of the total staff they comprise, neighborhood employees carry a large part of the workload in the program. More significantly, perhaps, they serve as links with and interpreters of the poverty community. They make traditional health professionals aware of what it is like to live in a world without hope. They inform area residents about health services and provide patients with the personal support which often makes the difference between success and failure in such programs. Perhaps the most valuable innovation of the neighborhood health program has been the acceptance of trainees in the civil service system of a local government and in other health agencies, an acceptance that enables them to participate fully in the existing economic system.



Eastside health center staff member counsels a patient

Innovations

Other innovations have been incorporated in the Denver program. Patient registration and treatment are on a family basis. When one member of a family comes in for care, other members are registered and scheduled for appointments. For children especially, the importance of preventive checkups and immunization is emphasized. The clinic chart of a patient is accompanied by information on the entire family. Thus a health station social worker, consulted by the public school about a child with learning problems, has at hand results of the child's developmental screening tests and his health history as well as information about the conditions of his home, parents, and siblings—all possible influences on his behavior at school.

Another innovation in the Denver program has been to create a new professional role for nurses, the pediatric nurse specialist. These pub-

lic health nurses have completed a special 4-month course under Dr. Henry Silver of the University of Colorado Medical School and are continuing their inservice training under the supervision of the program's pediatricians. They perform the time-consuming duties of history taking, anticipatory guidance, and physical evaluation, thus giving the supervising pediatricians more time to see patients.

This approach to health care has brought changes to medical training at Denver General Hospital. The hospital's outpatient medical clinic is in its second year of operation as a continuing care clinic. Thirty-three interns, on a rotating basis, spend half a day each week for 1 year as primary physicians for outpatients. Their patients' total health care is their responsibility, and the interns must give the care personally or get appropriate consultations, hospitalization, and so forth, with the patient always returning to his original clinic physician. This arrangement has proved to be beneficial and satisfactory to patients, and, equally important, the staff of the department finds that the continuing care clinic offers valuable training and experience in teaching three-dimensional patient care.

The neighborhood health program provides for many patients their first friendly contact with the health establishment. Patients have indicated they appreciate the personal, friendly atmosphere of the small neighborhood facilities almost as much as they do the health services received. One patient said of the staff, "I have a feeling they care if you get well."

Conclusions

The Denver program is demonstrating, we think, that a city hospital and a city health department can do more than provide grudging or indifferent care—that it can indeed provide all who need health care with quality care. We recognize the unique advantages of our combined department of health and hospitals in marshaling available Federal health care funds and in providing an integrated system of neighborhood facilities throughout low-income areas. Nevertheless, we believe this combination—communitywide planning, multiple funding sources, and personnel from the private sector, a medical school, and the health department—represents an accomplishment and a pattern that is replicable in many other communities.

Tearsheet Requests

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Grant To Develop Group Practices

A Public Health Service grant of $204,744, to develop 24 prepaid medical group practice plans across the nation, has been awarded to the Group Health Association of America. This grant, sponsored by the Partnership for Health Program, raises to more than $1 million the current Community Health Service support for development of medical group practices.

Such prepaid group practice plans allow physicians of many specialties to share records, staff, and facilities under one roof to provide patients with comprehensive health services in the most economical and efficient manner. These 24 plans will serve initially an estimated 400,000 members.

Group Health Association of America, in Washington, D.C., is a national organization of prepaid health plans. These plans include such large groups as Kaiser Permanente in California and Oregon, and the Health Insurance Plan of Greater New York. GHAA plans to coordinate the development of the 24 new plans within 5 years.