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## TUFTS' NEW COMMUNITY HEALTH PROGRAM

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ON June 24, 1965 the Department of Preventive Medicine of Tufts University School of Medicine was awarded a grant of -1,168,000 by the United States Office of Economic Opportunity to initiate a new comprehensive community health action program for the poorest and sickest members of our society.

Through its affiliation with the Home Medical Service of the Boston Dispensary, The Department has long been acquainted with the continuing persistence of serious health problems in the central city zone of Boston. Maternal and infant death rates are high and utilization of a plethora of facilities is low, despite the many eminent teaching and research-oriented institutions in the city. In addition, the authors, through many trips to the deep South during the past year, have become aware of the desperate health circumstances of the rural populace in the "Black Belt" zone of the South. These have flowed from poverty, discrimination, and a low level of education. These southern rural circumstances create an urgent local need for a new approach to the delivery of health care services. In addition, they have important implications for the north, since many individuals from this southern area are now migrating to the centers of our larger cities and posing the same problems described above for Boston.

Consequently, the Department proposed to the Office of Economic Opportunity the development of a new kind of community centered program with the following characteristics:

1. Location of the program directly in the community itself.
2. Participation in decision-making, program-planning, and self-education by the community through a representative health association.

3. Full integration of preventive, curative, and rehabilitational programs through one co-ordinated health center.

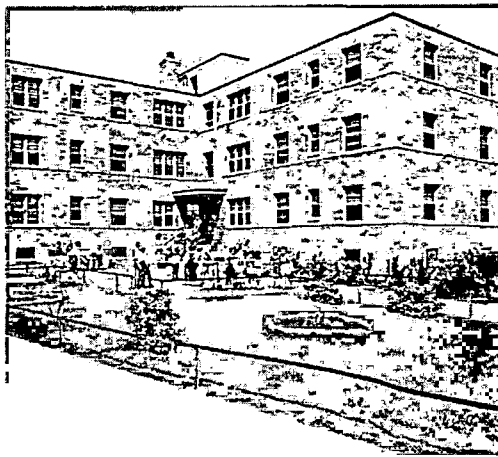
4. Focus on the home and neighborhood ambulatory health center rather than on hospitalization and "Out-patient Clinic" except as needed.

The implications of such a program clearly extend beyond health itself. When a community becomes active in such a highly visible and universal need as health, it can be reasonably presumed that the interest of the community will also turn toward such related issues as education and civic affairs. Thus it is hoped that this program will assist in intervening in the poverty cycle, (poverty, low education, unemployability, discrimination, low motivation, etc.) beyond the useful minimal goal of the healthier and livelier citizens.

The site for the northern health center is the Columbia Point Housing Development. Here 6,500 people, located on a peninsula jutting out from North Dorchester, have no easy access to a physician's office or out patient clinic. The Boston Housing Authority has given approval for a full three floor, twelve apartment housing unit to be converted into a comprehensive Health Center with adult and pediatric examining and treatment facilities for family health teams (internist, pediatrician, public health nurses, medical social workers and other ancillary personnel), a health educator and a 24-hour emergency service on the premises. These services will be integrated with the existing programs of the Boston Health Department and the Visiting Nurses Association. The opening date of the Health Center is planned for December 1965.

The Southern Health Center will probably be a county wide unit. Its location will be picked by January, 1966 and its program will develop during the ensuing Spring.

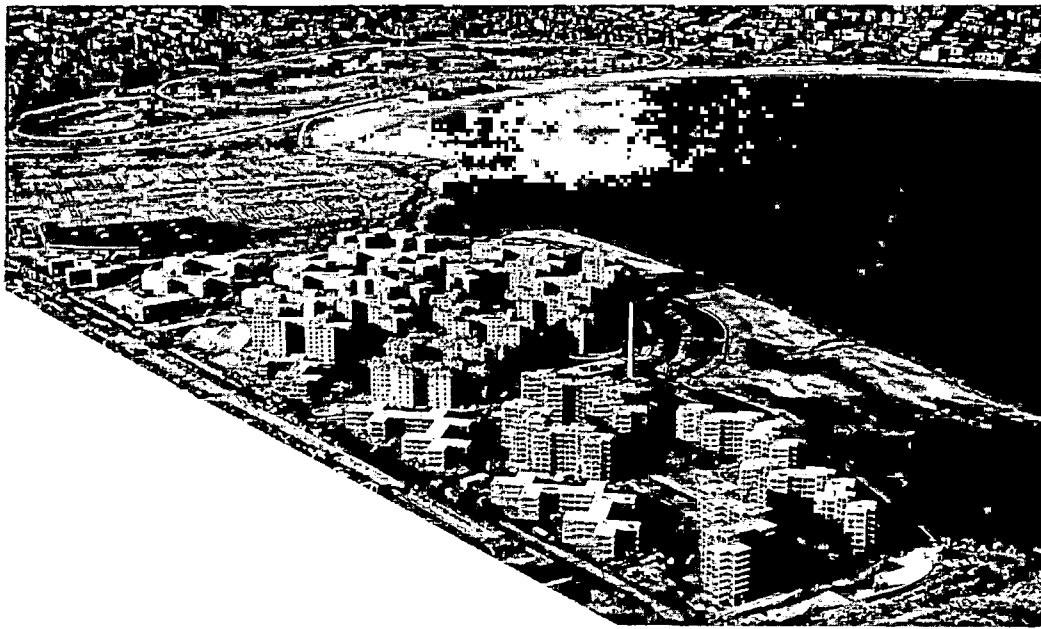
It is obvious that the Department itself can care for only a tiny fraction of the poor. Therefore its important purpose in this project is to acquire the knowledge of health needs, organization of care, and costs of care for these populations to provide a basis for replication of such programs in other similar communities. The medical care costs will be reckoned carefully and the number of man hours per unit population estimated. The effect of the program on the health of the target populations and on their attitudes and health related behaviors will also be measured to estimate the impact of the program.



A typical 3-story building identical to one converted for Health Center use.

Although the implications of this grant for medical education are obvious, participation by Tufts medical students will be deferred until each health center is fully operational. The grant also makes possible the achievement of a notion which the au-

thors have long maintained, that a defined community is as important for research and education in a medical school as is an anatomy laboratory.



Columbia Point, when under construction, looking toward South Boston. 1500 dwelling units are in this area. Columbus Park is in background.

#### THE WRITING OF MEDICAL PAPERS

Every man has the fullest liberty to indulge in any sort of linguistic asceticism under the illusion that he is setting an example of linguistic holiness. It is only when he insists that others cannot be pure without accepting his notions of purity that he becomes objectionable.

Lounsbury, T. R.: *The standard of usage in English*. New York, Harper, (c.1908) pp. 54, 297-298.