

MARPHLI YEAR 10 HI-PHLI-ERS TEAM CASE STUDY A TALE OF TWO CITIES

INTRODUCTION

Over the past three decades, the suburban counties surrounding Metropolis have experienced a large population growth. National corporations chose the area for their corporate headquarters. Thus, well paying jobs were abundant. A domino affect followed. The area abounds with affluent communities, excellent schools, high quality medical care and abundant leisure resources. Quality of life is high.

In the past ten years, the area has experienced a large influx of Hispanic and Asian immigrants drawn to the area by plentiful jobs. By the 1990's these groups were the predominant populations in the town.

This case study will look at two suburban towns, Northtown and Southtown, both in Frye County, and their efforts to meet the growing health needs of their community. The Frye County Public Health Department and Lowell Hospital, the two major health services providers in the area, sought to increase the size of their footprint in each community. The results are the basis for this case study.

BACKGROUND

Northtown has historically been a blue-collar town. Established as a railroad center, industries followed the rail lines and provided a solid industrial job base.

The recent census of 2000 showed that forty-nine percent of the population of Northtown is Hispanic. However, non-profit agencies and public health nurses working in the area perceive that number to be a low estimate. Sixty percent of the adults living in the town work, but often at entry level or seasonal jobs. Over fifty percent of the households have an annual income under \$18,000.

Despite being a community that faces immense changes in its resident makeup, the community of Northtown is also a community that acknowledges its changing ethnic make-up. They acknowledge this not only by holding festivals but also by addressing the level of service to Hispanic residents of the community. Most interestingly, it was not city government that rallied the cause, but other key players in the community, including Lowell Hospital, the police department, school district, health department and park district.

In the early summer of 2000, the police department acknowledged that it faced a growing gang problem. They sought resident input through neighborhood focus groups. They learned much about the resident's concerns regarding gangs in the town. They also learned about many other concerns of

the community. The focus groups identified concerns for health care, integration into the schools and basic needs for food, clothing and housing for all residents.

The information gained at the focus meetings became the discussion agenda for a group of concerned organizations. The group organized themselves as the Northtown Alliance with a goal of improving the health of all Northtown residents. This group was composed of representatives of the police department, fire department, local school district, health department and several concerned residents.

Shortly after the start-up of the Alliance, the organization faced its first problem. The public health nurses (PHN) of the local health department were using office space in one of the elementary schools. Because of recent growth in school enrollment, the school district needed the space occupied by the PHNs, who were subsequently left without a work area in the community. Lowell Hospital, upon becoming aware of the problem, offered room in a building they owned in the town that was underused.

The empty building was renamed the Northtown Health and Education Center. The PHNs moved into some of the office space and used the clinic space for a weekly clinic to see clients of the Women, Infants and Children's program (WIC), and for children's and prenatal clinics. A pediatric practice established an office in the building and had daily office hours. An area obstetrician, whose main practice was in a town several miles away, and a family practice physician used the clinic weekly for office visits. The school district used the space for "English as a foreign/second language" (EFL/ESL) classes. The PHNs taught a six-week session of early pregnancy classes for clients at the center.

The center was well accepted and supported by the town. Bonds of trust were developed among the residents of the town and the center. Gang graffiti, which was a constant problem for the center, ceased.

After several years in existence, the Alliance can show statistics that list forty-six contributors to the health of Northtown and thirty-eight collaborations that involved three or more contributors. The collaborations range from youth commissions, open gyms, and after school programs, to a welcome center for Hispanics, leaf raking for the elderly, and spring clean up programs for the parks.

June 2001

Mike came into the conference room at the Northtown Library and sat next to Bill, whom he liked because of his sense of humor and easy-going personality. Bill was the owner of Beeson Electric, an electric motor manufacturer that employed many low-income people in the area. Mike had first gotten to know Bill on this committee, the Northtown Alliance.

“Hey, Mike, how’s it going? It’s not like you to get here before the meeting starts,” he kidded.

“I know,” said Mike, “I’m a little surprised myself. I must have hit all the lights on the way here.”

“Anything new at the Health Department?” asked Bill. Mike was the director of Primary Care Services at the Frye County Health Department.

“Well, I think the people over in Behavioral Health are still reeling from the news that the State Mental Health Center is downsizing, but my service area has mostly good news. My current project is opening a Health and Education Center in Southtown, just like the one we did here,” said Mike.

“That project has gone so well,” continued Mike, “I decided that it would be a good idea for Southtown, too. I don’t know if you’re familiar with that part of the county, but Southtown has areas very similar to Northtown.” Mike went on to describe Southtown.

Southtown is one of the most diverse towns in Frye County. It is an entry point into the county for African-Americans and Hispanic families moving from inner-city Metropolis and for immigrant families moving from such places as India, Asia and Eastern Europe. At least sixteen ethnic groups and twenty-eight principal languages are found within the community.

The twelve apartment complexes are located in the southern area of Southtown. The area is geographically and socially isolated from the rest of Southtown and from many affordable services by railroad tracks and an Interstate highway. School-age children are, by school district policy, transported to six elementary schools and two middle schools. The school district initiated this policy so no one school would be overburdened by the needs of the children from this area. Over one-half of these children are at least one grade level behind their peers in school. Southtown, like Northtown, is one of the poorest tracts in the county.

Over fifty percent of the households have an annual income under \$18,000. Over forty percent of the children live in single-parent families. Like Northtown, sixty percent of adults are working, but often at entry-level jobs. Most residents pay market rates for rent. Rent payments consume as much as seventy-five percent of take-home pay. In most cases, health insurance is limited to coverage of the working individual only and not the family. With rent consuming such a large portion of the income, little

money is left for health care needs.

“It seemed like a natural idea to go into that community and reproduce there what we’ve done here,” said Mike.

“How’s the project going so far?” asked Bill.

“Actually, pretty good. It’s been a good deal easier than this project was. I’m able to use the experience of working through what we developed here for Northtown. We’ve gotten a commitment from a local obstetrician to provide some clinic hours, and I’m going to relocate some of my PHNs. Lowell Hospital is going to provide some equipment and additional doctor time. The best part is I think I’ve found a building right near the area that would be perfect. This guy, Ross Oliver, runs an outfit called Pathways. It’s a religious organization in the town that’s very focused on community development. Anyway, they own the building I was looking at, and I called Ross yesterday, and he said some of the space is vacant. I think we’ll be able to come up with some kind of agreement.”

“Are you going to be offering the same services we do here?”

“Well, for the most part,” answered Mike. “Primarily it will be WIC, a children’s clinic and prenatal clinic.”

“How long have you been working on this?” asked Bill. “I never heard you mention it before.”

“Well, that’s the best part. I got the idea about two months ago, and it’s come together pretty quickly. What we did here in Northtown took so long to put together because we had so many different providers to coordinate. You know, just figuring out who should be included and organizing the meetings took so much time,” said Mike. “Using what we’ve done here as a model, I was able to pull together a few key players and get the Southtown project moving faster.”

“I called Lowell Hospital,” continued Mike, “and they agreed it was a good idea. After that it was just an issue of putting together a budget and finding a place for the clinic. I think that within a month or two we should be up and running.”

“That’s fantastic,” said Bill. “I mean, it took almost a year for us to pull this project together. That would be a real accomplishment if you could get the Southtown clinic operating so quickly. You should tell the

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committee about your project. I think people would be proud that their community is inspiring you to try it somewhere else.”

“Yeah, I’m really excited about it,” said Mike. “I think I’ll go grab Regina and get her to save some space for me on the agenda so I can fill people in.”

TWO MONTHS LATER

August 2001

“It was good to see you all,” said Regina, wrapping up the meeting. “Our next Alliance meeting is in October, what’s the third Thursday? Let’s see, the 18th. OK, see you then.”

As some people started packing up and heading for the door and others made their way to the side table to look over the remaining donut holes and cookies, Bill called to Mike and made his way around the conference table.

“I was hoping to hear an update on your Southtown project during the meeting,” said Bill. “I was going to ask you before the meeting, but you slipped in too late. How’s it going? Up and running yet?”

“What? Oh, that. Well, we’ve hit a snag,” said Mike, but didn’t elaborate.

“What happened?” asked Bill. “I thought it was a done deal. Did you lose your financing?”

“No, for once that was the easy part. The problem came up with Ross, the guy who owns the building we were going to put it in. I thought everything was all lined up and we were scheduled to sign the papers, then I got a letter from him saying he wasn’t going to be able to help us.”

“Did he want more money for rent?” asked Bill.

“No, it wasn’t that. He said he had talked it over with his board of directors and they decided they couldn’t be involved in the project because they found out the Health Department has an STD Clinic and a Family Planning Clinic that dispenses birth control medication. He said he’s afraid they might lose funding or supporters when people found out we were running a clinic in his building.”

“I thought you guys were just going to be offering WIC and prenatal,” said Bill.

“We were,” said Mike. “I tried explaining to the guy that it was just that, and had nothing to do with birth control or STD services, but he didn’t seem to want to listen. I asked him to go back to his board and explain it, but he said he didn’t think that would help. I’ve tried to contact him a few times since, but he hasn’t returned my last few calls.”

“Well, can’t you just find another site for the clinic?” asked Bill.

“Not in that area,” said Mike. “The only things I could find were on the other side of town, and the whole point of the clinic was to reach the people living in that particular area. You know how hard it is to get people from a neighborhood like that to travel. Many of them don’t have cars, and the public transportation in that part of town isn’t very good.”

“What are you going to do?”

“I really don’t know,” said Mike.

TEACHER'S GUIDE

1. How might the core function of “assessment” have been implemented differently for the Northtown Alliance as opposed to the Southtown Alliance?
1. If there in fact was a breakdown in implementation of one of the core functions in Southtown, where was it most apparent, in “assessment” or in “policy development”?
1. How did political and/or religious factions present a barrier to establishing a needed service in Southtown?
1. How could the leadership of the Alliance have built a more effective community coalition in Southtown?
1. Could cultural paradigms have influenced the decision not to lease the building to the Southtown Alliance? In what way?
1. What course could the Southtown Alliance leaders have taken in negotiating a solution to the conflict?
1. What role did communication, or lack thereof, play in the decision not to lease the building to the Southtown Alliance?