

Preliminary Proposal for a Fenway Health Centre

June 23, 1971

I Abstract:

The following is a proposal which has taken form after nearly one year of meetings with residents of the Fenway area and provider institutions in the same area. Part of the data which has shaped the proposal is included in the work of five students from the Boston University School of Community Medicine entitled A Study in the Problems of obtaining Medical Care for the Elderly of the Fenway.

The underlying philosophy which has guided those who have worked toward making the centre a reality is, synoptically:

1. It is the obligation of the society to provide adequate medical service to everyone in the society as a matter of human right.
2. The form of service can best be assessed by those serviced, the form of organizational structure necessary to provide that service is best ascertained by those engaged in providing the service.

These considerations have led us to holding many meetings in an attempt to maximize community involvement in the project with an eye to the creation of a consumer council of residents who will be the directors of the Centre. They have also led us to meetings with provider institutions to determine to what extent resources are available to us and in what ways they might be able to help us. Finally, these considerations have led us to an emphasis on community organization and education.

II Form of Organization.

Our understanding of the Fenway area (Boston Centre for Older Americans direct service area, c.f. data from the Centre.) leads us to emphasize the creation of a centre of even limited service capabilities. First, we know that the needs are many, immediate and are not being presently met.¹ Secondly, we feel a good deal of time and energy will be necessary to catalyse the kind of cohesion necessary in our area to make the consumer council a viable, effective organization.

¹ See the appropriate sections of the B.U. Fenway Report.

In line with this concern, we have applied to the Boston Brookline Health Resources Organization for funds enabling us to have a full time community organizer working on the project.

Since we are concerned with an area comprising variagated sociological groups among them many elderly over 65, we are concerned with continuing care. At present we have three organizations which have resonsibilities for part of the cachment area: the Visiting Nurses Association from which Joan Goldsberry has shown a direct interest in the Centre, the Home Medical Service of Boston University, from which Dr. Frederick Brand has shown interest, and the Boston Centre for Older Americans from which Mr. Fritz W. Crumb has shown interest. Each of these groups, besides having obligations which cover part of our area and thus serving as presently available back-up to us, has expressed a desire to participate more fully with the Centre.

1. Dr. Brand has indicated that, pending a clear understanding of his available resources in the fall, it might be possible to assign part of his service to our area.

2. Joan Goldsberry has indicated that the VNA may be able to provide an educational service toward the formation of a 'health maintainance sector' depending on available funding. This coincides with our effort at developing indigenous 'community advocates' for our follow-up service.

3. The Boston Centre has indicated a willingness to provide us with social services including meals, home aid, recreation, etc. and one social worker who would be our FHC-BCOA coordinator.

These three groups constitute our resources in the area of 'continuing care'.

We do not envisage ourselves as a 'screening clinic' soley. Such a form might be less than helpful, in that it violates our concept of follow-up. In order to provide the kind of care we feel necessary, we need back-up services in other areas from those mentioned above.

Thus far, we have the following services available:

1. Mental Health. Dr. D. Scherl of the Massachusetts Mental Health Centra has assured us of available psychiatric services. A formalization of this back-up, possibly with an on site person, is pending further neetings. Miss. E. A. Commerford is also involved in helping us organize psychiatric back-up.

2. Hospitalization. We have requested from the Health Resources Corporation specific back up in this area. The executive board has not yet met on our proposal.

3. Diagnostic Lab. Miss. V. Mendez of Health Incorporated said at a meeting concerning the centre that given a competent lab technician, it might be possible to work out an arrangement for the use of their laboratory. We now have such a technician, a Mr. Marshall. It remains to be seen what HI will do.

4. At present, even in the absence of other back-up, we can utilize Health Incorporated in those instances where it is necessary to have fairly elaborate back-up. We have spoken with the representative, Miss. Mendez, concerning our wish to avoid duplication of effort. It is too early to determine the best way to organize around that problem.

Given the tentative nature of much of the preceding, we propose that commitments be made on the part of those hospitals which service our area, namely the Peter Bent Brigham, Beth Israel, Boston City and Massachusetts General, to provide the necessary back-up.

III Community involvement in services.

We consider it necessary to open every avenue which facilitates community control of institutions. One area in which this is to be accomplished is with respect to community advocates. We intend to train residents to be health advocates, to go with individuals to our back-up services and determine that proper service is in fact made available, in short to ascertain in every case that adequate medical service has been obtained; for this reason part of our funding must include a request for educational purposes. Both the VNA and BCOA have resources and interest in providing them to this end.

Secondly, in light of the difficulty other centres have faced with respect to police ambulance services, we would like a formal arrangement with the police department which clearly defines our role as one which does not require an investigatory team to be sent in place of ambulance service, but which requires an ambulance. To this end we propose working such an arrangement through the community relations board and/or the Health Resources Corporation.

Finally, we propose that the Consumer Board take over the administration of the Centre as soon as this is feasible.

IV Temporary Administrative and Use Structure.

1. Space:

The Boston Centre for Older Americans has donated adequate space for us within the agency. This also serves to provide us with an umbrella respected and used by the elderly in the Fenway area, thus catalysing the use of the centre by the elderly.

2. Financial:

The Administration of the Boston Centre will administer our funds for a period of time, until we have incorporated and feel prepared to undertake that responsibility. An agreement to pay 15% of funding for administrative overhead has been reached.

3. Equipment:

At present we have an air conditioner, examining table, two refrigerators and waiting room furniture, all donated. We need considerably more equipment, including a microscope and also ongoing supplies. This constitutes much of the line-item budget request.

V Personnel:

Dr. V. Perrelli; Health Incorporated. He will donate time on a weekly basis for the year.

Dr. Irma Gili; Dermatology, Peter Bent Brigham Hospital. Will donate time.

Miss Linda Beane; R.N., Boston City Hospital. Will donate time.

Mrs. Georgia Sharpe; Social Worker, B.C.O.A. . Will coordinate our activity vis a vis the B.C.O.A. .

We need additional personnel . We have approached the Medical Committee for Human Rights. Thus far we have had no response.

VI

In light of the necessity of determining future needs as a function of the staff capabilities of the organization, only a sketchy presentation of a line-budget is possible.

Tentatively then, our request is as follows:

Personnel: Community Organizer	\$7,200.00
Laboratory Equipment	\$5,000.00
Initial Supply Level	\$2000 .00
Initial Drug Closet	\$2,000.00
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Total	\$16,200.00
15% of Total	\$2,430.00
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Request Total	\$18,630.00

The above figures were secured from conversations with personnel from the Black Panther Clinic.

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