

BRANCHES



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JHF'S LOVE AFFAIR WITH COMMUNITY HEALTH CENTERS

Since its inception, the Jewish Healthcare Foundation (JHF) has funded and championed neighborhood-based health centers. All the while, the Foundation also harbored a vision of filling the void left with the closing of Montefiore Hospital's community health centers.

Neighborhood health centers evolved during the Johnson era War on Poverty. Their mandates combined the community activism of the 1960s with the spirit of 19th century social reformers, who began settlement houses to acculturate immigrants and offer people of diversity access to care and counseling.

Similar impulses animated Montefiore. Founded by and for Pittsburgh's Jewish community at the turn of the century when the city drew waves of immigrants, the hospital opened its doors to all patients facing discrimination elsewhere. Montefiore also welcomed minorities to its staff and emphasized outreach to improve public health and community care, with clinics in Hazelwood and Greenfield.

Endowed in 1990 with proceeds from Montefiore's sale, JHF was charged with perpetuating the hospital's mission.

Loss of the clinics quickly pointed the Foundation toward initiatives in

comprehensive community-based care. A JHF-sponsored study in the early 1990s identified "an urgent need" to improve primary care for Pennsylvania's medically indigent residents and suggested that federally-supported community health centers were making headway against racial disparities in care, improving quality and lowering costs. The study reported that Allegheny County's medically underserved population, numbering 220,000 people, ranked 28th among urban counties.

From its earliest days, JHF pumped resources into community health centers, initially with grants for programs, outreach and health centers in schools, and later, with technical support and training as the Foundation became deeply engaged in pioneering demonstrations to improve healthcare quality and safety using Toyota-based principles. The work whetted the Foundation's appetite for starting a health center; it represented a chance to design a small part of the health system from the ground up.

The stars align

As this decade began, opportunity knocked when the Bush Administration expanded funding for community health centers, including Federally Qualified

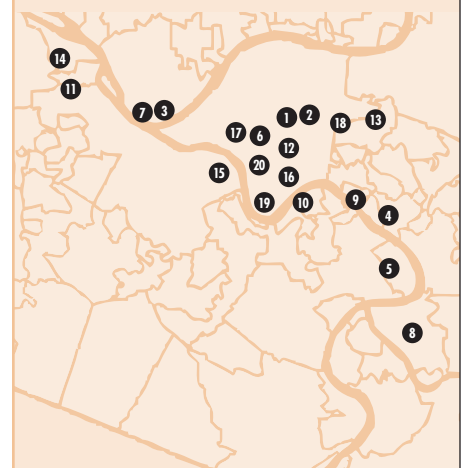
"I love community health centers because each one is a story in itself of a community coming together to collaborate on how to provide health care for people who couldn't otherwise afford it."

U.S. Secretary of Health & Human Services Michael Leavitt

at the Squirrel Hill Health Center, June 11, 2008 announcing the Pittsburgh Regional Health Initiative's leadership role in a nationwide Medicare demonstration.

FEDERALLY QUALIFIED HEALTH CENTERS IN ALLEGHENY COUNTY

1. East Liberty Family Health Care Center
2. East Liberty Family Health Care Center-Lincoln Lemington
3. Northside Christian Health Center
4. Braddock Family Health Center
5. Duquesne Family Health Center
6. Hill House Health Center
7. Manchester Health Center
8. McKeesport Family Health Center
9. Rankin Family Health Facility
10. Steel Valley Health Center
11. West End Health Center
12. Westinghouse School Based Health Center
13. Wilkinsburg Family Health Center
14. Sto-Rox Family Health Center
15. Hilltop Community Health Care Center
16. Squirrel Hill Health Center
17. Matilda Thiess Health Center
18. East End Community Health Center
19. Hazelwood Family Health Center
20. Alma Illery Medical Center



Health Centers (FQHCs), which are eligible for government payment subsidies and grants.

With the chance to serve multiple aims, JHF began the application process to open an FQHC in a medically underserved area that includes Squirrel Hill, Hazelwood, Greenfield, parts of Oakland and Regent Square. The clinic could serve as a showcase for the best, evidence-based practices of medicine including innovations in geriatric care, a focus for JHF. In JHF's vision, the center would offer the best physicians, mental health and social services, in the best facility, attracting people of all incomes, ages, backgrounds and cultures.

"Making possible the Squirrel Hill Health Center (SHHC) honors our past and our present," said JHF President and Chief Executive Officer, Karen Wolk Feinstein, PhD. "It builds on our heritage, our values and our current initiatives."

Getting SHHC up and running took three applications, spanning three years. As many as eight staffers worked on the project at various junctures; two worked almost

full-time. JHF filed the first application in 2003. In 2006, the center got the green light and a federal grant. All told, JHF has invested \$926,000 in SHHC.

"We wouldn't exist if it hadn't been for the vision and hard work of JHF, understanding the complexities of the federal system that creates these centers and the Foundation's persistence over years applying for the funding," said SHHC's Chief Executive Officer Susan Friedberg Kalson. "I hope we are living out the vision they had. I feel strongly that we are, that we're heir to Montefiore's legacy and that the Center is doing a lot of good in the community."

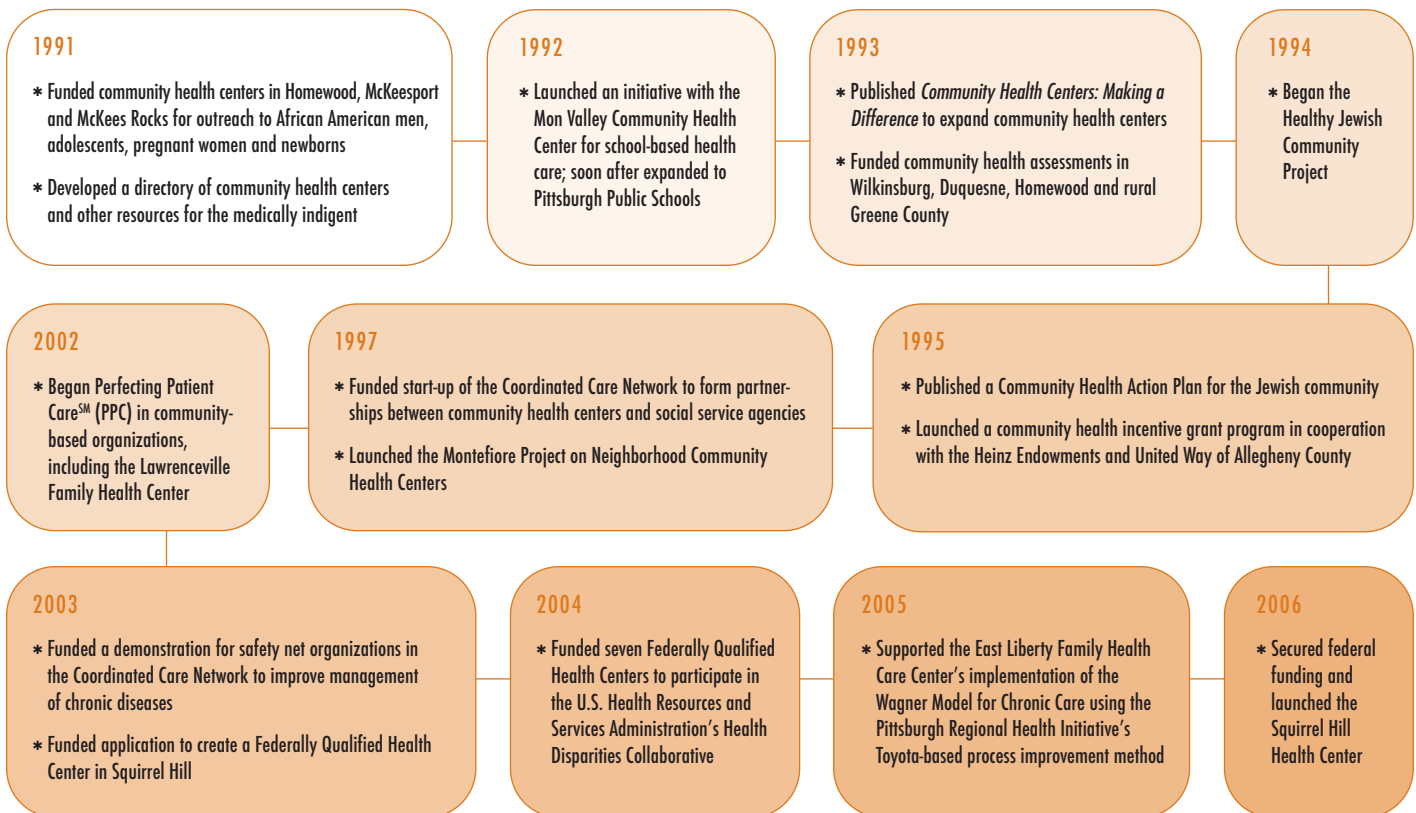
Growth is one measure. Adding patients at a rate of 100 a month, SHHC expects to be serving some 2,800 people by year-end. Consistent with JHF's vision, nearly a third of the Center's reimbursement comes from people with commercial insurance and 16.2% comes from Medicare recipients; both are more than twice the average for all FQHCs and a gauge of the Center's appeal to a wide range of patients.

"We attract people who have every option open to them, but they come to us for the best of care," Kalson noted. "We have the bank executive sitting next to the newly arrived immigrant, the store clerk and the unemployed. To me, that's community."



Reviewing blueprints for the Squirrel Hill Health Center are: (From left) Jewish Healthcare Foundation Chairman, Stephen Halpern; Vice President of Program and Planning, Nancy Zions; President and CEO, Karen Wolk Feinstein, PhD; Consultant, Dolores Roskies; and Governance Committee Chair, Charles Cohen.

TIMELINE — JHF's Support for Community Health Centers





COMMUNITY HEALTH CENTERS

IMPROVE ACCESS AND PUBLIC HEALTH

Community health centers perform a critical role in their communities and in the nation's health system, U.S. Secretary of Health & Human Services Michael Leavitt told community leaders gathered in June at the Jewish Association on Aging. He was in Pittsburgh to announce the Pittsburgh Regional Health Initiative's leadership role in a nationwide Medicare demonstration.

Secretary Leavitt, who toured the Squirrel Hill Health Center before making his remarks, said the centers provide a health-care safety net for vulnerable populations "with nowhere else to turn."

Community health centers came into being with the *Economic Opportunity Act of 1964*, during the Johnson Administration's War on Poverty and the Civil Rights Movement. They've enjoyed broad-based political support ever since, in part because they reduce racial disparities in care, lower infant mortality rates and

ensure access to preventive services that help patients avoid costly emergency room visits or hospitalization.

The latest boost for community health centers has come under the Bush Administration, which committed in 2001 to opening 1,200 new locations. The Health Center Program now includes more than 4,000 sites, which provide care for 16.25 million patients, 60% more than in 2001. Federal funding for community health centers grew from \$1.16 billion in 2001 to \$1.99 billion last year, nearly 72%. As of 2006, 1,002 community health centers met the standard for designation as Federally Qualified Health Centers (FQHCs), which entitles them to federal payment subsidies and other perks.

Federally Qualified Health Centers are required to:

- Provide care for medically underserved areas or populations.
- Be governed by community boards, a majority of whose members represent the patient populations.
- Provide comprehensive primary care and supportive services such as education, translation and transportation to improve access to health care.
- Provide care to all with fees adjusted for income.
- Operate as nonprofits, meeting all federal administrative, clinical and financial performance requirements.
- Meet criteria under Medicare and Medicaid (respectively, Sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act) and receive funds under the Health Center Program contained in Section 330 of the Public Health Service Act.

FQHCs RECEIVE DIVERSE FUNDS

WHERE PAYMENTS COME FROM	Squirrel Hill Health Center	All Federally Qualified Health Centers
UNINSURED (SELF-PAID)	32.3 %	39.8%
MEDICAID	18.9%	35.1%
MEDICARE	16.2%	7.5%
COMMERCIAL INSURANCE COVERAGE	32.6%	15.2%
OTHER PUBLIC COVERAGE	0.0%	2.3%



Squirrel Hill Health Center Medical Director Andrea Fox, MD (center) and CEO Susan Friedberg Kalsen (right) discuss the Center's progress with U.S. Health & Human Services Secretary Michael Leavitt (left), taking him on a tour of the facility.

THE OFFSPRING OF THE 1960s HEALTH CENTERS

Who would know that the ideas embodied in the 1960s War on Poverty would continue to seed reform decades later? The 60s spawned a movement which called for new institutions and service professionals to help all Americans live the “American Dream” of physical, mental, social, residential and financial well-being. These new institutions were built on a foundation of consumer empowerment, engaging consumers in their own care management, in policy making, and as employees. They deplored the traditional boundaries between staff and clients and responded to the unique needs of the communities they served.

Community health centers – many of which later became FQHCs – reflected these values. Community Health Centers (CHCs) served the poor with comprehensive, high

quality primary health care. Teams of professional and lay providers recruited, diagnosed, treated, and followed up with consumers of care. Social services, mental health services and medical services were viewed holistically and were often co-located as a one-stop shop. The centers worked closely with other community agencies.

Sound familiar?

These core concepts now represent the “cutting edge” of reforms in primary care delivery: long-term, patient-centered care; ongoing patient relationships with a team of professionals (medical, behavioral, social); informed and involved consumers; and coordinated health care that bridges traditional silos and draws on community resources. These ideas are integral to emerging primary care reforms – the medical

home (a new way to structure and subsidize private practice primary care) and the Wagner Chronic Care Model (a new approach to the care of people with chronic disease).

Perhaps there is nothing new under the sun. The concepts of the CHCs have been rediscovered and reapplied. Thanks to the energy and creativity of a bygone era, we have the tools for a new era of reform.



1977

Community education and healthcare centers brought knowledge and primary medical care beyond the hospital's walls.

SHHC USES HOUSE CALLS, OTHER INNOVATIONS TO IMPROVE GERIATRIC CARE

House calls all but disappeared a generation ago, but the Squirrel Hill Health Center (SHHC) is bringing them back to improve care for the elderly.

Providing innovative geriatric care is a marquee initiative for SHHC, where 20% of patients are 65 or older, compared with a 7% average for all Federally Qualified Health Centers, and 8% of patients are 85 or older, compared with less than 1% at FQHCs nationwide.

In addition to sparing homebound seniors office visits, house calls can give physicians and nurse practitioners insight into environmental and social factors. For example, an elderly male patient who'd been hospitalized a couple of times for injuries after falling got a house call when Andrea Fox, MD,

a geriatrician who serves as SHHC's Medical Director, wondered whether any household hazards might be responsible. As it turned out, the man had been leaning on a chair with casters for support to get out of bed. There was no doubt in her mind that it posed a risk. He stopped using it on her advice.

Dr. Fox has spent her career fostering improvements in geriatric care, including a mobile medical unit for poor, inner-city elderly patients and a telemedicine program at the VA Pittsburgh Health-care System.

Geriatrics, as a medical specialty, has been in decline in part because payments for the time-intensive care these elderly patients require have not kept pace with reimbursements for

other specialties. Home visits not only can improve quality but lower costs.

Nor are house calls the only innovation SHHC has planned for elderly patients. The center has received a complement of grants for an “Aging in Place” initiative, said Susan Friedberg Kalson, who noted that nearly 35% of Pittsburgh's elderly residents – a higher rate than in any other city – live alone.

SHHC will adopt an expanded, team approach to care, with a nurse case manager and a part-time nurse practitioner. The team will review individual patients' status and update care plans, becoming a “medical home” that provides and monitors their routine medical needs.



NEIGHBORHOOD CENTERS THRIVE ON COMMUNITY CONNECTIONS

The wide community reach also has helped SHHC tap community sources for funding. While JHF provided start-up funding, additional support came early on from the Highmark Foundation, which underwrote the health center's training and coaching in Perfecting Patient CareSM, a Toyota-based process improvement method that the Pittsburgh Regional Health Initiative developed for health care, and from the FISA Foundation, for the purchase of accessible equipment for patients with physical limitations.



The Squirrel Hill Health Center has provided a missing link among Jewish communal agencies and other community organizations, providing medical and mental health care and dental referrals to the clients whom these agencies serve.

SHHC collaborates with Jewish Family & Children's Services as the agency resettles refugees from Burma; with the Jewish Community Center as it works with young families, Russian immigrants and older adults; with the Jewish Association on Aging in supporting a continuum of care for older adults; with Jewish Residential Services in its work with mentally ill adults; and with the Squirrel Hill Food Pantry as it provides food for neighbors in need.

SHHC has reached out to the Muslim Center, worked with the Hispanic Center and St. Hyacinth Church in the Latino Community, with HI Hope in Hazelwood, Community Human Services in Oakland and Rainbow Kitchen, which provides food to the poor and homeless in Homestead. The health center also has worked closely with the Welcome Center for Immigrants and Internationals, the Refugee Center, the Prospect Park Family Center, the Allegheny Intermediate Unit, and the Pittsburgh Public Schools. To reach older adults, SHHC has collaborated with the Area Agency on Aging, nursing facilities and naturally occurring retirement communities, such as an apartment building in SHHC's neighborhood where hundreds of independent older adults live.

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Additional funding has come from Staunton Farm Foundation, to support mental health services; the Fine Foundation, to support case management services for which neither government nor private insurers provide reimbursement; Ladies Hospital Aid Society, for marketing efforts; The Pittsburgh Foundation, for an "Aging in Place" initiative; the Weinberg Foundation of Baltimore, for the added costs of serving geriatric and immigrant populations; the United Jewish Federation of Greater Pittsburgh, for a portion of the matching funding required by the Weinberg grant; and JHF, for development consulting and a long-term development plan.



RANGE OF SERVICES MATCHES RAINBOW CASELOAD

Patients at the Squirrel Hill Health Center span a prism of colors, a spectrum of ages, a ladder of incomes and a mix of faiths. Not surprisingly, services at SHHC both reflect and attract the diversity.

Patients are Somali, Sudanese and Burmese; Muslim women and Chinese graduate students; Orthodox Jews, people with disabilities like cerebral palsy and native Pittsburghers of all ages and stations.

Even for an urban health center, the degree of ethnic diversity “is very unusual,” as is the SHHC’s quotient of elderly patients, said Leslie Shah, the federal project officer who oversees SHHC. Her last review showed 25 different languages spoken among the Center’s patients, a number that has since risen to 31. “The exciting thing is they draw those patients and they keep those patients,” Shah said.

SHHC sees Patients Speaking 31 Different Languages... and Counting

- | | |
|--------------------------------|--|
| 1. Arabic | 18. Lithuanian |
| 2. Bulgarian | 19. Mandarin |
| 3. Burmese | 20. Marathi (a language of India) |
| 4. Cantonese | 21. Polish |
| 5. English | 22. Portuguese |
| 6. Farsi | 23. Russian |
| 7. Filipino | 24. Sign (American Sign Language) |
| 8. French | 25. Sinhala (a language spoken in Sri Lanka) |
| 9. Greek | 26. Spanish |
| 10. Hebrew | 27. Tagalog |
| 11. Hindi | 28. Thai |
| 12. Hungarian | 29. Turkish |
| 13. Indonesian | 30. Vietnamese |
| 14. Italian | 31. Yoruba (a language of Nigeria and West Africa) |
| 15. Japanese | |
| 16. Karen (a dialect of Burma) | |
| 17. Korean | |

Other than English, the most frequently spoken languages (in order) are: Spanish, Russian, Hebrew, Burmese/Karen, American Sign Language, Arabic, and Turkish.

The health issues are as varied as the population. Burmese refugees, about 175 of whom were recently resettled in Pittsburgh, often present with sores and infections owing to years spent barefoot in unsanitary camps; as with other refugees, the trauma of relocation also is often evident. A Muslim woman may require care consistent with cultural modesty, as may an Orthodox Jew. Patients with cerebral palsy or other physical limitations may need wheelchair accessible examining tables.

SHHC accommodates all of these needs and then some. To ensure patients are understood, no matter what their languages, the Center employs a multi-lingual staff, variously fluent in Spanish, Hebrew and Russian, as well as American Sign Language. For patients speaking other languages, SHHC either brings in interpreters from social service agencies or contracts with a telephone translation service.

The facility is designed for accessibility for the physically challenged and SHHC offers house calls when a patient’s limitations preclude an office visit.

Patients appreciate the extra help and the affordable care. Anthony Robinson, 48, who is disabled but cares for a 21-year-old son with cerebral palsy, for example, said the Center has been a godsend. He said Susan Dirks, MD, the family practitioner who sees his son at SHHC and the nurse case manager, Marian Allen, arranged immediately after his first visit for a wheelchair he’d tried for more than a year to obtain. SHHC also connected him with an in-home occupational therapist, and Dr. Dirks made a quick house call one day when he couldn’t bring his son in.

“I like the location and the environment is nice,” Mr. Robinson said. But, he added, “The people make the program work.”

RESOURCES

Wikipedia
en.wikipedia.org/wiki/FQHC

National Association of Community Health Centers
www.nachc.com/

Health Resources and Services Administration’s
Bureau of Primary Health Care
<http://bphc.hrsa.gov/>

Pennsylvania Association for Community Health Centers
Phone 717.761.6443
E-mail pachc@pachc.com
www.pachc.com

National Conference of State Legislatures
www.ncsl.org/programs/health/communityhc.htm

Ambulatory Care Sensitive Hospitalizations and Emergency Visits: Experiences of Medicaid Patients Using Federally Qualified Health Centers. Medical Care. 39(6):551-561, June 2001. Falik, Marilyn PhD; Needleman, Jack PhD; Wells, Barbara L. PhD and; Korb, Jodi MA [S]



The Jewish Healthcare Foundation (JHF) is a not-for-profit public charity that supports healthcare services, education, and research to encourage medical advancement and protect vulnerable populations.

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