The History of Community Health Centers
Celebrating Over Four Decades

Phillip Bergquist, CHCEF
Manager of Health Center Operations
CHIPRA Project Director
Michigan Primary Care Association

www.m pca.net
Twitter @pbergquist
Why History?

- “The past causes the present, and so the future.”
- History Helps Us Understand People and Societies
- History Provides Identity
- History Helps Us Understand Change
Our Roots...

- South Africa
  - Community-Oriented Primary Care
- The Civil Rights Movement
  - Health Disparities
- Domestic Poverty
  - Social Determinants of Health
Roots- South Africa

- 2 young physicians, Sidney and Emily Kark, first integrated individual clinical care with health promotion for the entire community in the 1940s.
- They created the Pholela Health Unit, serving an impoverished rural Zulu population, and the Lamontville Health Center, serving an African public housing.
- By the mid-1950s, South Africa had 40 such health centers.

Community-Oriented Primary Care (COPC) is an approach to health care delivery that undertakes responsibility for the health of a defined population.

COPC is practiced by combining epidemiologic study and social interventions with clinical care of individual patients, so that the primary care practice itself becomes a community medicine program.
The Civil Rights Movement reached a peak in 1964 during the “Freedom Summer”

The Medical Committee for Human Rights sent physicians, nurses, and other health workers from around the country to Mississippi to provide protection and emergency healthcare for the civil rights workers.

This focused attention on the appalling health status of the state.
Roots- The Civil Rights Movement

- In December 11, 1964 civil rights workers met to consider how to follow up on the work of “Freedom Summer”
- At that meeting, Jack Geiger, serving as Mississippi Field Coordinator with the Medical Committee for Human Rights, suggested an American adaptation of the South African community health centers
- “Everyone was demoralized...I remembered Pholela and described the Karks model to the group and suggested we use health as an entry point for broader social change”
More About Jack Geiger

- In 1947, Jack Geiger was a pre-med student just back from World War II.
- He chaired a civil rights committee which carried out protest strikes against the refusal of the University’s hospital to admit black patients.
- In 1957, Jack secured a Rockefeller Foundation fellowship and went to South Africa to learn about community-oriented primary care.
- He returned and wrote his thesis: a proposal for a comprehensive, contemporary community health center in the United States based on his experience in the Pholela Health Center.
- His thesis is often considered the founding document of the Community Health Center movement and Jack is often referred to at the “father” of CHCs in the U.S.
Key Concept - Health Disparities

- In 1964 in Mississippi the mortality rate for Black infants was 49.9 per 1000 live births, more than twice the mortality rate for White infants.

- The environment focused attention on inequality in health status amongst different racial/ethnic groups and lead to a lasting emphasis on health disparities in Community Health Center programs.
Also in 1964, LBJ declares an unconditional war against poverty in his state of the union address (with Sargent Shriver leading the fight).

The Economic Opportunity Act, Civil Rights Act, Migrant Health Act and Medicare/Medicaid legislation are signed into law in 1965 and 1965.

Jack Geiger and Count Gibson take their proposal to the Office of Economic Opportunity (OEO) and ask for $30,000 grant to do a “feasibility study”… they are given $300,000 to start a Health Center.
Key Concept - Social Determinants of Health

- This national focus on domestic poverty and the creation of a safety-net for the poor (with legislative support) paved the way for Health Centers to focus on more than just health care.

- The social determinants of health (circumstances in which people are born, grow up, live, work and age, and a wider set of forces including economics, social policies, and politics) are all part of how the Health Center program was designed and operates today.
The First Health Centers

- In 1965 Columbia Point, an isolated and troubled housing project in South Boston where Tufts university had been operating a home health program, is chosen as the first site for a Health Center.

- The center still stands and is in use today as the Geiger-Gibson Community Health Center on Mount Vernon Street.
The First Health Centers

- Tufts University also founded the Tufts-Delta Health Center in Bolivar County, Mississippi (Mount Bayou) in a re-modeled church parsonage and storefront
Michigan’s First Health Center

- In 1967 the first Health Center opens in Michigan operated by Baldwin Family Health Care
OEO Commitment

- In the following 18 months, OEO moved to establish similar centers in Denver, Chicago and Los Angeles
- In June 1966 the late Senator Ted Kennedy visited Columbia Point and liked what he saw...
- In 1967 authorizing language is added to the OEO act and $51 million dollars is earmarked for health centers
- Within a year, 33 new health centers were funded
OEO Commitment

- In 1969 a goal was set - 1,000 Health Centers will serve 15 million people by 1973
- While it’s taken us 40 years to achieve, the goal was central to building the Community Health Center infrastructure we have today
Fundamental Principles

- A new model of healthcare delivery is required, serving defined areas or populations in greatest need and removing barriers to access by providing primary care regardless of the inability to pay.
- The targets of intervention are both individual patients and community, the goals are to provide both personal curative and preventive medical care and to provide community-targeted public health interventions to address such social determinants of population health.
Fundamental Principles

- Community participation is an explicit component of the community health center, and community empowerment and community development are implicit goals.
- Community control of their own health services is the ultimate goal.
- The focus on defined areas and populations facilitates the use of epidemiologic methods to identify major health problems in each health center's service area and guide clinical and public health interventions to address them.
Fundamental Principles

- Community health centers will require new combinations of clinical and public health personnel, including community organizers, health educators, public health nurses, social workers, psychologists, sanitarians, and others in addition to the usual cohorts.

- An implicit goal of community health centers is the reduction of disparities in the healthcare and health status of racial and ethnic minorities.
The Nixon Years - 1969 to 1974

- A young Illinois congressman, Donald Rumsfeld, was appointed to head OEO and he argued for Health Center expansion

- Nixon believed HMOs, instead of health centers, were the “answer” and recommended the phase-out of funding

- Senator Ted Kennedy fought back and introduced legislation to give the program its own section in the Public Health Act, Section 330 (delineating required and optional services, mandating the consumer majority board etc.), which ultimately passed in 1975
The Ford Years- 1974 to 1977

- Ford attempted to veto Health Center legislation in 1974 but congress overrode his veto and the program emerged stronger
- Ed Martin, a physician and former health center director, assumed leadership of Bureau of Community Health Services
- Ed developed the “Medical Underservice Index” (MUA/MUP) and the UDS giving Health Centers a quantifiable tool for evaluation and measurement which not many federal programs had at the time
- He also focused the expansion of Health Centers in rural areas
The Carter Years- 1977 to 1981

- President Carter’s priority was more on mental health and developing that system, but he also sought significant funding for Health Centers
- Carter recruited Karen Davis (now CEO of Commonwealth Fund Foundation) to lead and she fought to keep the non-health specific services that made the early Centers unique
The Reagan Years- 1981 to 1989

- Reagan proposed consolidation of the Health Center program into block grants (combined with 10 other programs) to be run by states
- The battle against block grants was won, ultimately only West Virginia accepted the block grant option and even they ultimately returned it
- Most people believe that if the program had been “block granted” at this time it would have brought about the death of Health Centers
The H.W. Bush Years- 1989 to 1993

- George H. Bush proposes health center expansion, increasing federal funding by more than $150 million
- 1989 and 1990 marked the development of the Federally Qualified Health Center act for Medicaid (1989) and Medicare (1990) which created cost-based reimbursement
- Congress also extended FTCA coverage to Health Centers (at the time the only non-governmental entity with FTCA) and created 340B drug pricing
The “Current” Age

- Both President Clinton and President Bush presided over expansion in funding for health centers
  - President Bush called for 5-year initiative to increase health center funding by $700 million
  - Congress unanimously reauthorizes the Health Center Program, boosting federal funding for health centers by $175 million in first year
  - Bush’s health center initiative doubles the size of the program, reaching 18 million people, as federal funding for CHCs surpasses the $2 billion mark
- President Obama made unprecedented investments both through ARRA, single largest investment in health center history, and the Affordable Care Act
Notable Organizations

- In 1971 the National Association of Neighborhood Health Centers (later to become NACHC, National Association of Community Health Centers) is founded.
- In 1978 the Michigan Association of Rural Health Care (MARHC) was formed which became the Michigan Primary Care Association in 1981.
- In 1994 the Michigan-based MidWest Clinicians Network was created.
- Also in 1994, the Michigan Health Center owned health plan Community Choice Michigan was launched.
- In 1999 VirtualCHC is developed within MPCA as a result of new grant funding.
- In 2005 the Michigan Oral Health Coalition was formed in partnership between MPCA and MDCH.
Questions?

For further information, please contact:

Phillip Bergquist, CHCEF
Manager of Health Center Operations
CHIPRA Project Director
517-827-0473
pbergquist@mpca.net
www.m pca.net