

All projects are designed—in the words of the Economic Opportunity Act—to be “furnished in a manner most responsive to needs (of low-income families) and with their participation.”

Of the 64 comprehensive health services projects currently funded, 47 are serving urban populations, and generally involve some form of “neighborhood health center.” Seventeen projects are testing alternative models in rural settings.

In addition to providing health services, these programs offer training in health fields and new careers to poor persons. Over half of the present positions in the health centers are staffed by community residents. To date, these positions represent more than 6,000 new jobs, including potential new careers such as family health workers.

As additional health programs are developed, they will focus their attention on different mechanisms to deliver comprehensive health care. The various types of mechanisms include development of communitywide programs serving the health needs of about 100,000 to 200,000 patients, reorganization of hospital outpatient departments, special approaches for rural areas, expansion of existing programs, and the development of additional group practice systems which will include new prepayment systems.

The neighborhood health centers vary greatly in design and conditions and have the potential to provide services to residents of a target area. In a city, the program may deliver services to a compact neighborhood; in a rural area, to a group of counties. In either case, a well-organized center can provide services for a population ranging from 10,000 to more than 50,000 persons.

Among new approaches to health care being tested at the neighborhood health center is the grouping of their health staff into family care teams. A family care team may include an internist, a pediatrician, a dentist, a pharmacist, a public health nurse, several family health workers, and a social worker. All members of a family are served by the same group. In this manner health care is based upon a coordinated personal relationship between the patient and the health team.

Except for emergencies, all patients are seen by appointment. They are made to feel welcome, hopefully, and hopefully are treated with warmth, respect, sympathy, and understanding—the indispensable elements in helping people in trouble, everywhere.

The neighborhood health center provides comprehensive, high-quality, personalized, continuous health care. Services for the entire family are offered at a conveniently located facility, various ambulatory services are usually provided under one roof, and referrals to needed specialized services and in-patient facilities are arranged.

OEO usually funds health centers through a grantee agency, such as the local community action agency, which then delegates the program, for purposes of operation, to an administrative agency, such as a hospital or medical school, group practice, and increasingly to community health corporations. Since these groups usually have pre-existing managerial and business systems, OEO does not ordinarily require any different fiscal and management systems. No single system is prescribed as long as the existing one is responsive to com-