NEEDS FOR IMPROVED HOSPITAL-COMMUNITY RELATIONS FOR HEALTH CARE IN THE GHETTO

The abundant life is preached about on most Sunday morning in many ghetto churches. The health care delivery system in the inner-city is likely to have an abundance of impersonal production line, medical care. Many lives are saved and prolonged by this system.

After many years of extra ordinary development in modern medical science, it is long overdue that we should examine more closely, the quality and the content of that life which is prolonged. The quality and content of the life which is prolonged by hospital care has a special meaning for the Black poor, and under-privileged. In today's computer oriented medical care system, it is increasingly difficult for personal human relations, to keep stride with accelerating medical technology in any branch of physical disease. There is a great and important need for hospital professionals to slow down the technological pace and reconsider that good health is not merely the absence of physical disease but the presence of physical, mental, spiritual and social wellbeing. Good and meaningful health care must encompass the whole man or the whole woman. This is not to deny that progress in certain technological fields is basic and must continue. It is a matter of balance and relative emphasis.

If more of the ingredient of personal human relations is not mixed into the crucible of health care systems, the quality and the content of the life which is prolonged will be more and more demeaning and of less and less value to the individual and to society. A big problem is that too many hospital care planners and professionals see and understand progress as physical care only and in terms of more and more impersonal, mechanical and biochemical analyses and multiple

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by L. H. Berry

medicinal"cures". They tend to shy away from the development of coordinated, meaningful,"cooperative arrangement" with community organizations for adequate follow-up of patients leaving the hospitals and attending clinics who need supportive social service and psycho-social rehabilitation leading to community preventive medicine.

Many chronically ill patients, especially the middle-age and elderly poor need the so-called ancillary services for rehabilitation and restoration more than repeated hospitalization and endless, uncoordinated often impersonal repeated visits to physical disease clinics. How many patients are routinely confined in extended care facilities or nursing homes who would be better served and rehabilitated with homemaker service and visiting nurse care in their own small private living quarters?

Many such problems would probably be solved with more involvement on the part of hospital planners and medical school administrators in more meaningful, in-depth, hospital-community out-reach programs. Hospitals and health centers today must become the focal point for comprehensive community health care needs. Medical social community projects with stimulation and leadership from hospital health centers offer a real challenge in the Black inner city community. More health programs jointly designed with former and potential patients or health consumers and community leaders could improve the total health spectrum and conceivably cut total cost of health care which is largely borne by the tax dollar.

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When one speaks of more comprehensive rehabilitation, follow-up and preventive programs between hospital center and community, the matter of finance will be raised by many workers. Innovative and effective programs have been developed in some areas using voluntary personnel, community financial sources and grants-in-Aid with savings in reduced hospital admissions.

Churches and religious leaders could and would do much more in coordination and cooperation with direction from the hospital health center for the total physical, psycho-social and educational health care of the community. Many churches in the inner city have social service buildings, partly subsidized by the Federal Government, where more health education and orientation programs could be taking place. Teams of hospital professionals including doctors, nurses, social workers, dieticians and administrators could be involved in meaningful outreach programs for the mutual benefit of all concerned. This could be done on a pro-rated occasional hospital time basis. Other possibilities are "moonlighting" services either voluntary or on the basis of a small honorarium. There is a need for such team involvement with the health consumer in forums, workshops, "rap sessions" where the professionals and health consumers can hear each others point of view.

This does not replace the necessary professional directional care of the individual patient.

NEEDS FOR IMPROVED HOSPITAL-COMMUNITY RELATIONS FOR HEALTH CARE IN THE GHETTO

Physical and psycho-social health is so important in the ghetto that we should be using more radio broadcast, educational movies and even closed-circuit television in imaginative programs with leadership from our massive hospital centers and medical schools.

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RECRUITMENT FOR MORE BLACK DOCTORS AND HEALTH CARE ADMINISTRATORS

The inner city community can help in the solution of the health problem by improving educational facilities and encouraging recruitment of more Blacks to study medicine and to prepare and get involved as health care administrators. Only about two percent of American medical school graduates are Black today, although the figure will be improved in the next few years. Replacement personnel must come more and more from the gifted and the not so gifted underprivileged.

Up to 40% of doctors involved in hospitals and inner city practices in larger American cities today are from foreign cultures. A large proportion of the rest of the doctors live in the suburbs. While these doctors are usually well prepared in the care of physical disease, adequate communication and cultural understanding leaves much to be desired. Yet, I am sure that many of these doctors would readily agree with administrative sponsorship to become actively involved in community "outreach program".

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The whole problem can be seen in better perspective when we realize that 90% or more of patients in public hospitals and public service of private hospitals of big inner cities in many parts of America, are the Black and the poor.

THE QUALITY OF SURVIVAL FROM CANCER

Among the most lonsome, depressed and frustrated patients are those whose doctors speak of with great pride in their achievements. I refer to those especially the poor who have survived the so-called "surgical cures" from Cancer and are awaiting the inevitable. Too many of these patients are not followed-up with adequate, counseling and treatment of associated medical needs. This is largely because our predominant system is not sufficiently imaginative and cooperatively oriented with community resources and health consumers.

QUALITY OF INTERIM AND FOLLOW-UP CARE IN CHRONIC DISEASES

The quality of the life which is prolonged by medical or surgical treatment must depend upon the degree of rehabilitation and conversion of individuals to the state of well-being as a productive member of society. The elderly cardiac, hypertensive, and asthmatic patient among the poor are all too frequently prime examples of prolonged suffering humanity as they leave hospitals with physical "cures".

QUALITY OF LIFE AND SURVIVAL OF CHRONIC ALCOHOLICS IN THE GHETTO

One of the most alarming and most neglected health problem of the American ghetto is the rising tide of chronic alcoholism and its complication, cirrhosis of the liver and "wet brain". No disease or calamity is more devastating to the man-power of the Black youth in the ghetto than

chronic alcoholism. The maze of poverty, under-employment, poor education, over-crowding and discrimnatory pressures which drive the great majority of Blacks to sustain frustration, often leads to a vicious cycle with alcoholic addiction. Certainly, this seems to be the pre-dominant cause. Every possible causative facet needs to be explored, including the quality of the alcoholic beverages which are consumed.

When a young ghetto dweller falls victim to alcoholic addiction, he may be hospitalized 3or4 times a year with "DT's (delirium tremens), cirrhosis or wet brain. He is likely to have thousands of dollars worth of tests because modern medical science and the computer prescribe "the works". When his symptoms are quieted, he is discharged only to return in two or three months to another Ward and another resident where thousands of dollars worth of tests are again prescribed and additional thousands of dollars are expended during each admission in man hours and medicines.

The important gap which occurs in every big city in the country is the failure of adequate development of "cooperative arrangements" between hospitals and community rehabilitation resources. The costs to society in terms of waste of human resources and crippling social and economic effects upon others make chronic alcoholism as it relates to individuals and the public health one of the biggest of the complex problems of life in big city ghettos.

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There is need for a consortium of concerned, community and health organizations stimulated and led by Blacks to save and prevent destruction of youthful man power. Health planning organizations, appropriate hospital and medical school administrators and societies of health professionals should combine efforts with educators, religious groups, business, communications media, political office holders and health consumers in a total community attack on this problem. This approach would evaluate and coordinate all substantive programs presently being carried out and pool the resources toward the common goal.

It would seem entirely appropriate for such an organized effort to seek financial support from the multi-billion dollar liquor industry and distributors who have extensive business operations in the ghetto.

All of us have the challenge and the responsibility. It is conceivable that mobilized efforts could define a model and a set of evaluated programs capable of eventually modifying the life style and the quality of the life that is prolonged in the rapidly changing sub-culture of the American ghetto.