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Foreword

We are all in the midst of change. Some of us will change and some will not. Some of us who do change will do it easily, while some will do it with difficulty. Health care in the low-income community, provided by the Rochester Neighborhood Health Center, required many families to change their habit of going to emergency wards to get their care and come to the Neighborhood Health Center for comprehensive health care. While this change has been in process, medical education and patient care have been changing daily. Some would say the change is drastic. New health workers are being created. New methods of treatment are evolving. The maintenance of order has become difficult. To ignore the effort to create reasonable order is to invite chaos. Not to prepare ourselves for changes in health care delivery would be foolish.

This preparation for changes in health care delivery is what the Rochester Neighborhood Health Center is all about. Those of us who have been directly involved with making the Rochester Neighborhood Health Center a reality in a permanent building, recognized many years ago that health care for low-income families, for medicaid and medicare families was seriously inadequate in low-income neighborhoods. Many of us knew that hundreds of families in the neighborhood were too poor for Blue Cross, too rich for medicaid and too young for medicare. We knew that the practice of running to the emergency wards of Genesee, Strong, and Northside for mostly non-emergency health care had to significantly decrease. Families are not the focus of health care in an emergency ward; only the affected family member is. Besides this problem, transportation to health care facilities for families with children outside of the neighborhood is a serious problem. Contrary to the myth—"every poor person owns a Cadillac"—the majority of low-income families do not have cars to transport them to health care facilities.

The previous Rochester Neighborhood Health Center—now Anthony L. Jordan Health Center—is located in the neighborhood close to families with the greatest health care needs. The Center provides transportation for those who cannot walk to the Center. Comprehensive family care is provided by a Health Center medical team. The Health Center is a health care "oasis" in a neighborhood that was largely treated like an island, completely separate from the health community.

The Health Center is not a single cure-all for all the health care problems in the neighborhood, but it offers a ray of hope that never existed before. The Neighborhood Health Center will face some difficult days ahead as it struggles to become financially self-sustaining. All of us will have to maintain and increase our efforts to support the success of the Center when necessary.

The Health Center means so much to so many. It is not possible to list all of the names of the people and organizations that gave so much time, effort, and money to make the Anthony L. Jordan Health Center what it is today. Even though these names are omitted here, I express my thanks to all of them in behalf of the People's Health Council (now newly incorporated as The Anthony L. Jordan Health Corporation) for everything they contributed. Special thanks to the University of Rochester Medical Center and Action for a Better Community. Had these institutions not committed their skills and resources, Anthony L. Jordan Health Center would not exist.

The report which follows contains a message we are proud to share with you. We hope you appreciate, as we certainly do, the fine work that is being done by the Health Center staff and the Health Corporation.

Odis Felder, President
June 1973
Introduction

For almost half a century the seventh ward area of the City of Rochester has been home to those in need—in deprivation, in sickness, in poverty and sometimes in hopelessness. A poor, low rent ghetto, it had been, historically, a dumping ground for immigrants fleeing Europe, Blacks migrating from the South, and the faceless, roaming, transient masses in immediate need of just one day's shelter from the elements. Most looking for something better than they had before.

The Jewish immigrants—many poor and unskilled, some not understanding the language—were destined for a difficult time in this new environment without help. Their need was met by the establishment of a Settlement House to give them most of all a welcoming place, and to teach them skills for living in the new country. In the course of time, of people, of need, it was seen that health care was badly needed by these people and a dispensary was set up and grew tremendously.

Other people migrated to the area—the Blacks, the Southern Europeans—and the Dispensary found them also in great need of health care. Yet in the course of its existence it continually exerted a parental influence over the neighborhood, the residents only coming to the Dispensary when they could no longer bear the pain. After some forty years of caring for sickness when it came to the front door, the Dispensary sought to educate the population to maintain its own health, and the Dispensary became the “Baden Street Health Center.” It strove for the accomplishment of this larger objective under the ever present obstacles of insufficient finance, inadequate facilities and limited staff.

Something new was tried in health care at the Baden Street site some twenty years later. A new center was begun in 1968 proposed not only to elevate the level of health care for the community but also to enoble motivation for service by engendering quality health care out of a respect for the people to be served as well as for the health profession. The Rochester Neighborhood Health Center sought to provide high quality care to all who could not afford to be treated with dignity elsewhere.

This Health Center elevated the community in two ways; not only would it be the recipient of the highest quality medical care but it would also monitor and direct the health delivery program through a consumer dominated governing board. The culmination of this beautiful transformation of health delivery in the area is filly symbolized by the construction and completion of the Health Center building—a most modern and beautiful edifice in the heart of the most deprived section of the city—bringing to view and to mind the new dignity and respect for the neighborhood with regards to health.

With a newly elected community board governing a new concept of health care for the poor, it was decided to name the newly erected center in memory of Dr. Anthony L. Jordan. Dr. Jordan represents all this new building stands for. He worked in the community, he became close to its people, and he served with respect for human dignity in spite of deprivation.

It is with tribute to Dr. Jordan and to the many humanitarians who gave so generously of themselves to establish this new level of health care delivery in the settlement area, that we recount the history of the Anthony L. Jordan Health Center.
The Baden Street Settlement Dispensary

The very beginnings of The Anthony L. Jordan Health Center were rooted in the inception of the Baden Street Settlement.

The Social Settlement of Rochester

The Social Settlement of Rochester was founded in 1901 by Mrs. Fannie A. Garson and Therese R. Katz. Aided by a well-endowed Board, this community effort proposed to minister to the plight and problems of recent Jewish immigrants in adjusting to American life. As envisioned by the founders, a neighborhood center would teach the young women kitchen gardening, American English, sewing and primary education.

This humanitarian activity was to operate out of the Temple B'Rith Kodesh on Gibbs Street of which the organization’s founders were affiliates. However, the service was transplanted to a location more accessible to the young women to be served—a small frame house at 152 Baden Street. The premises was leased for one and one-half years at $360.00. B’rith teachers readily assisted the infant program, their only recompense being $2.00 worth of streetcar tickets.

The Settlement House effectively lent itself to the teaching of housekeeping and attractive homemaking. New plumbing was installed, the walls were repapered, the floors were painted and neat muslin curtains were hung at the windows. The Settlement was a reality.

One year's dedicated work toiled unanticipated successes for all concerned. A membership of 150 civic-minded citizens had been procured; volunteer teachers numbered 60 and there were 300 girls registering for classes in plain sewing, shirtwaist making, darning, hemstitching, crocheting, embroidery, singing and basketry. Social life was provided through a Sunshine Club, and intellectual enjoyment through two Shakespearean Clubs, a Current Topics Course and German Clubs. In the midst of these early expansion efforts, the Settlement House was purchased as a permanent fixture.

Interest was not to wane in the years to come. The neighborhood’s enthusiastic response to the Settlement prompted even greater expansion of the facilities and services in 1904. Directors and friends accomplished the building of an Assembly Hall in the rear of the house permitting many now neighborhood activities to now be added. Social and athletic clubs for boys were begun to parallel those already existent for girls. An informal kindergarten was instituted; a library was opened, a Penny Provident Bank was established and a Loan Art Gallery for homes in the neighborhood came into being. The Hall’s basement was equipped with shower, tub and spray baths for the daily use of the women and children. (Later, the Settlement deemed this service a necessity for men too and specific days were set aside for their use as well.) This bath service was continued until public baths were established in the neighborhood by the city in 1908; this for the most part prompted by efforts of the Settlement Board in appealing to the city officials.

Perhaps the most far-reaching of the services made possible by the addition of the Assembly Hall in 1904 was the beginning of the Settlement’s health work. When the City Health Bureau established four milk stations in the city, Directors of the Settlement immediately offered part of the Settlement House for such a service center. Therefore, on July 4th a milk station was opened with a nurse in charge to weigh babies and instruct their mothers. The mothers, however, evidenced the need for advice in the care of both sick and well babies. By means of the Board’s funding a professional nurse was hired, and in the fall of 1904, Mrs. Mande Kitchelt, a graduate nurse, volunteered her services for two days a week in a visiting capacity. Doing both bedside nursing and medical educational work, her work grew magnificently.

The demand for a clinic became acute and it was decided by Mrs. J. L. Garson, Board President, that some constructive plan must be made to meet this need.

Though piloted by the small-scale venture of the nurses, three years later, May 16, 1908, the Baden Street Dispensary had its beginning. The generosity of Settlement Board members, friends and local business firms, outfitted a small room in the Settlement House for dispensary work. In this setting two general medical and pediatric clinics were supervised by Dr. J. S. Berkman and Dr. Franklin Bock volunteered his services in the ear, nose and throat clinic. The object of this latter clinic was to bring the principle of prevention to bear upon a large class of people patterned to seek medical attention only when they were actually suf-
ftering—and sometimes not even then.

After two years of Dispensary work, the tiny one-room facility had outgrown an ever-increasing attendance. Subsequently the Board purchased the adjoining property at 160 Baden Street, redecorated, furnished and equipped the house for health work. The cottage supplied three rooms for the clinics, a music room for the teaching of neighborhood musical prodigies and a room for a resident nurse. This marked the formal inauguration of the Dispensary Clinic. It opened in its new setting with three clinics a week under the charge of Doctors J. S. Berkman, Frank Barber and J. A. Whittle—all volunteering their services. As the facilities allowed only the operation of general medical clinics, patients requiring the services of a specialist were taken to the General Hospital by the resident nurse—Miss Nancy Stahl. In clinical procedures, more effort was made to teach women prevention of disease.

While the Settlement sought to minister to health needs, it was not unmindful of practical community concerns. The problem of working mothers spurred the launching of the Settlement's day nursery. When there was gross unemployment in the neighborhood during 1914 and 1915, Settlement Directors established an emergency workshop to create employment for the men and women left idle.

The effects of this full-scale unemployment were seen in the increasing numbers of patients who came to the Dispensary. Instead of three, there were eight clinics a week averaging a monthly attendance of 450 patients. The Dispensary had absorbed the space originally allocated to the music room, but even then the present accommodations were inadequate to meet patient demands, more modernized clinic methods, and plans for additional services. The need was evident. Whereupon, the third Dispensary request for expansion was made. Settlement Directors launched a quiet campaign for funds and a host of "Settlement friends" responded until a fund of $32,700.00 was amassed. To provide adequate ground space for the new building, the property adjacent on the east was purchased and deeded to the Settlement.

On May 15, 1916, the cornerstone of the new Dispensary building was laid, and the two-story, fireproof brick building was opened to the public (Saturday, January 12, 1917) as one of the most modern and best equipped Dispensaries in Rochester. All of the first floor and part of the basement was to be utilized for Dispensary purposes while the second floor was to house resident workers. The new building enabled clinic and staff increases. An additional field worker was hired. An infectious disease clinic (syphilitic clinic) was added to the other six clinics (pediatric, pre-natal, gynecological, surgical, medical, and nose, throat and eye) in the Dispensary building. The growth of the clinic services became more rapid and more progressive. "The increases in visits to the clinics during the first year of occupancy in the new building reached 23% over the previous year."

One year later dental services were added to the Dispensary's operations. The adult dental clinic attained considerable distinction throughout the city as another of the pioneering Dispensary endeavors as it was the first of its kind. (Although from the start of its clinical work the Dispensary staff was cognizant of the relationship of dental hygiene and treatment to general medicine, dental service was not possible until then.) With the addition of the dental clinic, the Dispensary became a complete unit for medical service.

The Dispensary had gained some stature in the eyes of the community as a very satisfactory clinic. This is evidenced by the recognition and Elks Club selection of the Dispensary for the Oscar of the Year and subsequent donation of a magnificent Ritter Ear, Nose and Throat Unit (with complete appliances) to its clinic.

The Social Settlement had indeed spread its salutary influence throughout the neighborhood seeking to address itself to every want it might have. Perhaps its recognition as a true philanthropic agency led to the invitation by the Rochester Patriotic and Community Fund to join its membership in 1920. The Rochester Patriotic and Community Fund was the forerunner of the Community Chest to which the Settlement presently belongs.

Baden Street Settlement

With the varied services provided during its twenty years of existence, no longer was the prime function one of a Settlement House only; it had assumed responsibility for family needs, health needs and social needs of a community beyond the confines of immigrant status. Its leaders decided to reflect this change of function in its name, so in 1922, the "Social Settlement of Rochester" became the "Baden Street Settlement."

During the mid 20's, even greater diffusion of care was made possible by an increase in the number of pediatric clinics and the addition of an X-ray machine and microscope—all made possible by the generosity of Board members and friends. The X-ray Department opened for operation in April of 1925 and eventually became the most advanced in the city.
The following years attested to the Dispensary's success, each year surmounting the accomplishments of the past. By 1927 a clinic attendance of over 27,000 had been attained—a long distance from the 76 attendance figure of 1905.

Other agencies had begun to rely upon the Settlement Dispensary as a panacea for the community's health needs. The Society for the Prevention of Cruelty to Children approached the Settlement for establishment of a TB clinic there. In 1928, recommendation was made and carried to inaugurate the Landsberg Memorial TB Clinic at the Dispensary.

Having reconciled itself to the community's health needs for the present, the Settlement sought an expansion of nursery facilities. By means of the generous donations of not only the adjoining lot to the nursery and a $75,000 modern nursery building but also much supply equipment, the Belle J. Michaels Nursery opened its doors on December 7, 1924. It had staff sufficient to handle 50 children. Five years later a trained social worker was added in an effort to correlate the educational training received at the nursery with a general improvement in home standards.

Nineteen twenty-nine may have greatly advanced nursery resources but the community at large was blighted by unemployment. As more and more persons were jobless and incomes fell, the neighborhood turned to the Settlement for help. The Dispensary was heavily taxed during this time. In this year it was to face both financial and staff shortages. Increased spending and decreased clinic returns had already worked a deficit by the year's beginning. By the end of the year there was a severe shortage of attending doctors and Dispensary work was reported as at a standstill.

To relieve the strain, the number of clinics was reduced to 13. The eye clinic was omitted, and the pre-natal and post-natal clinics were transferred to the city. With 31 physicians, the Dispensary was assessed to be adequate for its nonetheless heavy community usage.

Settlement statistics bear out the heavy demands made on all of its services during this time. There were 175 children enrolled during this year at the Belle J. Michaels Nursery. In the Dispensary a total number of 30,366 visits were made by patients in its 15 clinics and 32,940 visits were made to the Settlement House at large through the various social, educational and service groups.

Throughout the early 30's the economic plight of the neighborhood showed through Dispensary efforts to continue the scope of its services under financial stress. When incomes drop, it is the usual expectation (and was that of the Dispensary staff) that monetary troubles eventually entail medical troubles and that sickness would be widespread. Fortunately, the populace underwent the depression in somewhat good health, if not good spirits, and there showed no massive run on Dispensary services.

This is not to imply that the Dispensary was not taxed—it was—yet not to the degree anticipated. There were very heavy patient demands on its services and the usual insufficient purse. Much of the demand was felt in the dental clinic. Many people who would normally have patronized private dentists, were receiving care at the Dispensary due to their unemployment. Patients were being referred to the dental clinic from the General Hospital. Financial status of the clinics is seen in excerpts from the Settlement's Annual Reports for years 1929 and 1930.

"The clinics which are a little better than self-sustaining are the so-called pay clinics. That is, the receipts are greater than the expenditures for materials used and contributed somewhat to overhead expenditures; but would not cover salaries of the staff.

"In company with most of the other philanthropic institutions and in fact with almost all business as well as professional institutions, the Dispensary suffered from the financial depression this past year.

"Notwithstanding the financial crash in the fall of 1928, salaries and wages of the Dispensary personnel have been unaffected in the main, the cost of supplies largely used by the Dispensary has not been reduced as the retail commodity prices have fallen. In fact, the total expenditures will be slightly more than last year because of the increased number of prescriptions which it has been necessary to give our patients."

The condition was in no way lessened by the year 1932. There was the same story of expenditures surmounting revenues; though it was not hard to see why. In total the Dispensary treated 33,981 patients during the year. This was a gain of almost three thousand patients (2,971 or 8.7%) over the number seen the previous year. While the daily clinic attendance averaged 110 plus, the average cost per visit was small. The cost at first 56 cents, was later decreased to 48 cents.

A look at a statistical summary of dispensary population reveals this inverse proportion of revenues to patient usage.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>INDIVIDUALS</th>
<th>PATIENT VISITS</th>
<th>REVENUE FROM PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1930</td>
<td>4489</td>
<td>30238</td>
<td>$7,239.70</td>
</tr>
<tr>
<td>1931</td>
<td>6159</td>
<td>30544</td>
<td>$6,299.26</td>
</tr>
<tr>
<td>1932</td>
<td>6814</td>
<td>33036</td>
<td>$5,467.57</td>
</tr>
<tr>
<td>1933</td>
<td>6538</td>
<td>35247</td>
<td>$5,010.20</td>
</tr>
</tbody>
</table>
To dissuade a further deficit, the services of one full-time nurse were discontinued. This placed a very heavy burden on the rest of the staff with the largest clinic attendance in Dispensary history.

Serving under evident financial duress the Settlement's first concern was the well-being of the neighborhood. Considerable money was due the Dispensary, though not in hand. There were receipts uncollected from relief patients funded by the city, and dental treatments on referral from other hospitals. In the wake of making such bill collections, employee salaries were reduced to cut back expenditures. Despite the facts of grim reality dealt with, Dispensary workers were continually reminded that their purpose was humanitarian. The report to the Board for the year 1933 echoes its empathetic involvement with the cares of the distressed.

"The suffering of many of our people has been aggravated by the feeling of insecurity and failure. This is especially true of the so-called White Collar Class, many of whom are people who have been employed in the seasonal occupations—manufacturing of clothing and shoes.

"Those of us in medical work have appreciated deeply the superior organization of large-scale relief throughout the city. On the other hand, it has of necessity become increasingly depersonalized—the issue of food tickets for the single men—grants of relief for families well-budgeted, with a margin for the special needs of the sick and those not falling into rigid relief classification, has made possible for medical agencies to arrange for the protection which patients required to insure completion of the medical treatment.

"Through a beneficent friend we have arranged an allowance of $3.00 a week and made it possible for a husband dying from cancer to remain with his wife until his death. Before we knew of their need, they had pawned everything possible even to the wedding ring.

"The illness of a young Pole was attributed by his physician to intensive anxiety over unemployment and dependency on an unwilling family. No treatment was needed—in some way hope must be restored. To accomplish this we helped the family to understand the nature of the young man's illness and to exercise kindness in their treatment of him. Educational opportunity was secured which enabled him to fill the empty days with interesting and profitable activities and round out his trade training, thus fitting him for a future as well as diverting his attention from digestive symptoms. Over a period of five months, shoes, rubbers and transportation were provided (cost $17.82). At the end of one month his health had improved—he had gained confidence and is now working at his trade through the City Work Department.

"In each case the main object has been to bring about conditions favorable to medical treatment."

All was grim, generally, but in 1934-35, there were intimations of brighter days. This was perhaps first seen in a flood of applications for day nursery service and increase in employment was hoped to be the catalyst for this phenomenon. Thinking optimistically, the nursery began raising its fees gradually as parents obtained more work.

Yet, this employment was not widespread by any means in the Baden-Ormond area. A quote made by the Dispensary director describes the situation.

"Our experience belies the general optimism prevailing that economic security has come. We find more people unemployed. Some of those who are employed for a few hours weekly in some of the clothing and shoe factories are not earning a sufficient wage for their maintenance. This group is receiving supplementary relief. There is a growing restlessness and bitterness among our people, especially those who are experiencing for the first time complete dependency."

Nonetheless, there was a renaissance in the making in part affected by current legislation out of Washington, permitting more employment, financial aid for health delivery and other measures for social well-being. A definite breakthrough could be seen for financing some of the Dispensary work. For relief patients, health payments would be borne by three levels— the federal government, the State, and the local branches. This new experiment was started on June 22, 1935, and was a much welcomed relief. The Public Welfare Program had enabled the clinic to give more adequate medical care more efficiently.

Needless to say, during and prior to the depression, the Dispensary was used heavily. There was heavy taxation of the physician staff and finances. The dental clinic had borne most of the new patient impact. Though attendance peaked during the depression, the subsequent decline in patients led to discontinuance of two of its afternoon clinics. Its chief financier had been the Department of Public Welfare, but DPW only paid for emergency cases. Now an underbidding competitor was drawing patients away from the clinic.

The infectious disease service had continued on a large scale. This clinic had grown from the smallest to the largest in the Dispensary and recognition was made of it as one of the outstanding syphilitic clinics in the country.

In the Settlement at large the post-depression appearance reflected some interesting factors. There were more students involved with Settlement activities. Either through extension courses or personal curiosity, students and teachers numbering 38 volunteered in various capacities. In addition, there were other new faces around the Settlement. The Assembly Hall was being used for meetings by the Black and Spanish-speaking seg-
ments of the area, and a Black social worker had become a Settlement employee. These new additions were the result of a neighborhood change beginning in 1920—well before the depression.

There had been a whole new set of residents in the Settlement environment who encountered the depression and, for the most part, to whom the Dispensary ministered during its onset. A brief recap of the neighborhood reveals this migration.

"The population in the area surrounding the Settlement which includes the fifth, seventh, and eighth wards reached its peak in the year 1920. Since then there has been a gradual migration of our neighbors into other sections of the city. The decrease in these wards from 1920 to 1930 was over 2000 each or a total of more than 6600 or 18% for the three wards. Many of the old buildings that formerly housed four or five families have been torn down leaving vacant depressions filled with debris. In a few cases new factories have replaced the old tenements. The latter may be significant of a new trend for this section of the city. Besides these, there are many old houses and blocks untenanted, and store after store left vacant. This is especially true of Ormond Street and Joseph Avenue from Baden Street to Central Avenue. There are many more ramshackle dwellings that should come down. Some probably will be razed, while others may be repaired by the landlords if the city relief workers refuse to allow their clients to live in such unfit dwellings.

"In the face of this decline in the population of our section, it is interesting to note that the Settlement in all its departments had doubled the number of patrons with about the same representation of nationalities that characterizes our new neighborhood."

The Baden Street Health Center

Clinic Diminution

The war and the gradual improvement of neighborhood economics in combination were to take their toll on the Dispensary—one decreasing the staff, the other, the clientele. Though there was slight fluctuation in the number of free admissions, economic stability did not come overnight. Even during early 1942, most of the populace was still undergoing economic strain. In Mrs. Stahl's Dispensary report to the Board, she highlighted the fact that of the first 50 families served in 1942, the average weekly income was $22.50. Eventually the improving income status of the post-depression years was to cause a dropoff in all of the Dispensary clinics. The improved wages permitted previous patients' independence from the Settlement residence and service.

Paralleling this decrease in Dispensary patient utilization was the loss of Dispensary staff to the armed forces. Because of the loss of staff and decrease in patients, the number of clinics had to be reduced. The staff was further weakened by the resignation of the Dispensary Director. The consulting physician staff helped in keeping clinics open but even the decreasing number of patients could not now camouflage the staff shortage.

Although in dire straits the Dispensary still fared well in comparison to other clinics. It maintained the largest clinic attendance in the city, excluding Strong Memorial Hospital, and retained its normal patient quotas much longer than most. Still noteworthy among the clinics at this time was the syphilis clinic. Headed by Dr. Roby, the work in this clinic had been cited frequently in the daily papers, and Dr. Roby was often called to speak on the work done there. Along with this, the Dispensary's previous Director had been chosen as one of six persons invited to attend a conference on syphilis in Washington. By mid 1944, attendance in the syphilis clinic was half of the combined attendance in other city hospitals.

By the 30's there was a noticeable influx of Blacks into the neighborhood. By the end of the second World War, the Black population constituted 50% of the entire area. The white character had changed to a grouping not as homogeneous as the previous eastern European
mixture. As migration always changes the structure of society, it caused a fragmentation of the neighborhood. The Settlement tried to adapt to meet the different needs of the different neighborhood.

Baden Street Health Center

With the goal in mind to become a character building agency, the Settlement undertook a revamping of its function. It no longer sought confinement of its services within the boundaries of its buildings and playground but carried them into the homes of its clientele.

The Dispensary work also underwent changes to meet new area needs and signified its adaption through the change of its name. On October 25, 1945, motion was carried that the "Baden Street Settlement Dispensary" become the "Baden Street Health Center." This name change denoted a shifting of emphasis from the usual treatment of disease through many varied and specialized clinics to an early detection, diagnosis and prevention of illness. For treatment the patients were expected to rely on hospitals and other similar facilities. The Health Center itself would become essentially a well person's health maintenance service seeking to establish and maintain a high level of health for the neighborhood.

Other Settlement Programs

Simultaneous to these developments in the mid and late 40's, the Settlement at large recognized its ability to shape the new neighborhood through its provision of recreational activities. Under the guise of leisure time pursuits, informal educational activities for all age groups were set up. The Board of the Baden Street Settlement, to carry out its objectives, recruited a more skilled staff.

Mr. Irving Kriegsfeld assumed Directorship of the Settlement and Mrs. Frances Repsher headed the Health Center. Under Mr. Kriegsfeld's leadership many new programs were enacted. A Group Work Program was set up, and the playground and nursery improved. A reformed neighborhood council was recalled and through collective resources accomplished the development of the Baden Ormond Federal Credit Union, the building of a gymnasium and in 1965 the planning and building of the Hanover Houses—Rochester's first and only housing project.
Considerable effort was expended to arrange with the city and the contractor for the meting out of space in the Hanover blueprint for Settlement programs. The negotiations necessitated the inclusion of much additional space and the expenditure of a great deal of money. However, upon completion of the project, the Baden Street Settlement had use of space in the basements of four of their seven buildings. Two of the basements were reserved for the Belle J. Michaels Nursery School enabling the agency to turn its original nursery school building into a club house. (Such a club house was used for serving the leisure time, educational, recreational, and group work needs of its members.) The new gymnasium, attached to the original nursery building, thereafter became an integral part of the club house facilities.

Another of the basements of Hanover Houses became the Health Center. It then consisted of two waiting rooms, an up-to-date dental and eye room with laboratory attached, four examining rooms, an X-ray room, a general laboratory and administrative offices. The new situation of the Center enabled the conversion of the original Health Center Building into a very necessary administrative office building housing the offices of the executive, the consultation department, the administrative office staff, and a large meeting room.

A fourth basement in Hanover Houses became the space for adult education and senior citizen activities. In the fall of 1951, a much needed gymnasium was opened and in 1953 this facility was moved into the Hanover Houses. Thus, since 1951, cooperation with the Rochester Housing Authority made it possible to expand the physical facilities of the Baden Street Settlement by more than 100%.
Other than growing pains, Settlement concerns at the time consisted of diversified community involvement programs. Since 1951 local colleges—Nazareth College and the University of Rochester—had worked with the Settlement Nursery in offering its children a speech program designed to correct bad speech habits. In 1954, the Belle J. Michaels Nursery School became half-day in the hope of providing educational service to twice as many children as when it was previously a full-day day care center. During the years since 1951, the Settlement had served as a field placement center for social work students from the University of Buffalo and Syracuse University and students from Antioch, Keuka, Colgate Rochester Divinity School, Cobleskill, Nazareth and community colleges.

Similar projects begun to promote educational strivings were the Settlement Scholarship Fund (1958), a Tutorial Program and Careers Club of 1959.

As reflected by the above-mentioned programs, the Settlement geared its work to the basic problems of the now predominantly Black area—bad housing, inadequate education, unemployment, discrimination and cultural deprivation, and hoped to attack the more subtle problems of hopelessness, apathy and lack of motivation.

Along with all its other enterprises the Settlement had hired a new Executive Director in the person of Mr. Howard McClary in 1951.
Health Care
Up For Adoption
During the year 1951, plans were laid for celebration of the Settlement's 50th anniversary. The main speaker for the anniversary ceremony was Dr. David Rosenstein of the National Settlement Association. A history of the Settlement was prepared and delivered by Mrs. Dexter Perkins, Settlement President. Along with other activities was the building dedication (30 Vienna Street) and plaque presentation. In the document commemorating the fifty years of existence, a recap was made of the past two years' Settlement programs. An excerpt on the Health Center reads:

"The Health Center has always directed its efforts toward increasing the quality of services and at the same time has adopted a program of prevention, diagnosis and educational guidance. During the last two years, statistics show a trend in patients away from treatment of disease and toward a marked interest in maintenance of health. When a patient's medical problem is solved or relieved, that is but the beginning. He is questioned about his wife and children and parents—again, the emphasis on the family . . ."

One other statement in the 50th anniversary brochure serves to hint at future Health Center aspirations. That statement is—

"With the ever-shifting change in responsibility from private to public agencies, Baden Street Settlement will probably see a gradual transfer of some of its responsibilities in the health area to the Health Department."

Such was the nature of Health Center activities in the latter 50's. Settlements vary with respect to locality and agency yet it usually is their philosophy to strengthen rather than compete with similar service organizations. They may often initiate a particular service to demonstrate its need for attention, later encouraging assimilation by other agencies. In the 50's Baden Street was in hopes of such an assimilation of its Health Center by another agency.

Crammed by finances, limited staff and facilities in its present state, the Center was inadequate for the task of providing service to some 4,000 plus patients. With 15 clinics, it had not one single service (other than cancer detection) unique to its health program. Even the additional space of the Hanover Project did not improve matters greatly. Advanced building codes had classed the previous Health Center building inadequate as well as cramped for health care delivery. The new location at 30 Vienna did afford the Center much needed room—2500 square feet on the ground floor—shared with the Monroe County Public Health Bureau which used a portion of the building for a well baby clinic. While in such close contact, the Health Bureau and the Center jointly sponsored polio clinics and a public health nurse advised mothers on child care in the Health Center's pediatric clinic. Though at this point sharing staff, cooperative interaction in service provision did not occur.

These progressions could not, however, compensate for staff shortages. There was great concern that clinics were not running in as smooth a manner as hoped. It was very difficult to obtain continuation of service from physicians on a volunteer basis and there was not money available to hire physicians. The Settlement considered submitting the Health Center's budget to the Chest as a separate entity in hopes of rectifying its financial burden; but as the Chest was in opposition, nothing came of the plan.

Efforts to compensate for inability to hire sufficient staff led to contact by the Director with other health delivery agents, which by 1957 supplied most of the clinic personnel. There were 27 different rotating volunteer physicians serving in the clinics, 9 dentists, 9 residents, 11 interns, and 34 volunteer aides. Other clinic personnel were supplied by the Health Bureau, Strong Memorial Hospital, Red Cross, Dental Society and Dispensary Junior League, University of Rochester Medical School, State of New York and X-ray and Health Education Department. All told, there were $17,000.00 worth of professional services paid for by New York State and the Health Bureau.

Although there was much community volunteer manpower and a new and renewed facility, there remained very critical problems in the Health Center. "The clinics were badly over-crowded, more space and X-ray equipment were needed, patient loads were excessive, particularly in the pediatric and dental clinics and psychiatric services were very inadequate. The staffing of the medical and dental clinics was a persistent problem—the nursing service was inadequate (the nurses had to double up in the clinics at one time). Social Service was not sufficient. The various teaching programs needed improvement and the health education services were badly needed."
Health Center Studies

The Settlement sought to assess its predicament by various means—a Self-Study, an intensive review by Dr. Ira Hiscock and numerous staff and patient questionnaires—to determine what its course should be under such difficult conditions. It truly wished to relinquish control of the Health Center. In an effort to carry out the various report recommendations, the Settlement approached other health delivery organizations to take over management of its facilities; yet none at the time was willing.

The matter lay dormant for two years until revived in a March 1961 meeting of the Health Center Committee. This Committee encouraged the Settlement to continue operation. It was felt that the Health Center was doing a preventive work which could not be assumed at present by hospital clinics and welfare doctors. Should the Center close, additional staff of this type would have to be recruited by the take over agency. The limitations of the Center with respect to lab work results, etc.,—though inconvenient—were much akin to those of the physician in private practice. Also, it was thought that residents would not venture long distances for general medical care, only acute cases. Again, the conclusion chimed was “Settlement management,” but in continuing operation the Settlement could lean on the County Welfare and Health Departments to determine administrative needs. Administrative review was cited for the near future.

Such a review took place in January of 1962. The Medical Director of Monroe County Department of Public Welfare examined the physical plant, discussed the clinic schedule and staff and visited the allied facilities of the Health Department. He, in turn, recommended further study which was accomplished by the aid of two assistants of the administrator of Genesee Hospital.

This marked the last study of the Center until the Health Center Committee met again with the Department of County Welfare. The Settlement was under new management and, as Mr. Sidney Linden-berg had assumed Directorship, the meeting was perhaps initiated at his request. He had previously petitioned the Department for reasonable remittance for welfare patients. Out of this meeting the need emerged for the Health Center to become a more specialized clinic and to acquire the services of a trained medical clinical administrator, to receive the increased rates.

A later meeting (October 15, 1964) with the Health Division of the Council of Social Agencies outlined again the Center’s need for a medical coordinator, full time social worker and clerical help. Afterwards the Center was receiving a higher clinic rate per visit. Also, an additional sum was granted by the Chest for total Health Center operation. The plan for the Center as a whole would be one of a community Health Center. Rather than an individual clinic, it would be family-oriented with a new staff of doctors. The present clinic chiefs would be organized into a medical advisory board. The Health Center would be used as a teaching area and, eventually, for research. The program was formalized but was held in waiting until a medical coordinator could be found.
Getting It Together

In 1965 Dr. Kenneth Woodward assumed the part-time position of Medical Coordinator of the Baden Street Health Center. His tasks: coordinating clinic activities; forming a medical board of various clinic chiefs; directing the work of all the clinics; supervising the training of resident physicians; and serving in the clinic of his specialty. In addition, he was to establish contact with other medical facilities for follow-up and referral care. In essence, he was to try to carry out the recommendations of the various surveys done long before.

He undertook other changes in the Health Center. The first project underway was renovation. The clinic decor at the time was the epitome of institutional hodgepodge (furniture having been acquired from varied sources by a variety of means—some having been reclaimed from nearby sidewalks). A plan to bring the surroundings up to the par-to-be-realized would cost a considerable amount of money.

Through appeals to various private charitable organizations, approximately $10,000 was raised in behalf of the renovation. Using a design furnished by the Interior Design Class at Rochester Institute of Technology, the refurbishing included laying carpeting on the floors and tossing out old church pews and overstuffs for a more modern style of furniture. Bright colors, predominantly yellow, were used to illuminate the ground floor surroundings.

The clinics were run as well as could be expected, but awareness of their shortcomings continually weighed upon the mind. In Dr. Woodward’s words, “We looked at the program and tried to direct it to a family focus, change the physical setting and get more doctors to give more of their time.” Focusing the diversified and specialized clinics on one thing—the family included—would be a difficult task. No coordination of the very specialized clinics or clinic data had previously been deemed possible or attempted. To remedy the problem, family records were employed and more communication was encouraged between various Center doctors and the staff. Likewise integration of services was worked out with the Center’s next door neighbors—the Public Health Department. As the County’s well baby clinics shared the same families with the Health Center, coordination of data and referral was carried on by the two parties. Effort was made to entice physician manpower to the Health Center through its availability as a teaching facility.

Solving some of the Center’s immediate problems allowed one to see those ever present ones more clearly—inadequate money, inadequate staff and inadequate facilities. For all purposes the Health Center was the only service in the immediate neighborhood area to minister to the health needs of the residents, and this great need surmounted all aid that the Settlement could muster.

Dr. Woodward did seek revenues from other sources to rectify some of the clinic predicaments through proposal for an Acute Non-Emergency Medical Care Night Clinic. Under this proposal the Center would be OEO funded to remain open on a 24-hour basis. There would be no change in care—just accessibility. Fashioned after the private physician’s office, the Center could treat routine health cases, emergencies being referred to the hospital emergency room per doctor’s telephone call. This would reduce hospital costs as more health service could be obtainable in the patient’s immediate vicinity. Also, patient records could remain in one place and follow-up could easily be done by the day shift.

The program would greatly have merited funding but it came at an inopportune time. OEO was at that point becoming very selective in its funding of health programs. It shifted emphasis from funding separate clinic functions to promoting comprehensive health endeavors. Because of this, the proposal for the Night Clinic was not funded, although the Settlement now knew in what area funds were available and what course it would have to take.

Also in the area, were other notables in the field of health care. Doctors Robert Haggerty and Evan Charney had recently come to Rochester from Boston, Massachusetts. Having worked together in a physician training program there, they had begun a similar endeavor in Rochester. Dr. Charney had charge of the program operating out of Strong Memorial Hospital and its affiliate clinic. This clinic purposed to demonstrate to medical students and house staff correct provisions of good medical care. Included in this would be rapport with patients and necessary follow-up.
However, the hospital clinic setup was not conducive to such teaching. In private practice the physician-to-be would not encounter the problems encountered at the clinic—prime among those being the distance factor. Most of the users of the clinic commuted from the seventh ward area and would only come that distance for an acute situation. The incidence of broken appointments was frequent and there may or may not be telephone service in the patient's home. Outreach visits were difficult for the same reasons. All in all the hospital clinic setup was not the typical private physician's arrangement and the hospital emergency cases would not lend themselves to teaching all facets of a doctor-patient relationship.

In the teaching process Dr. Charney learned the inadequacy of the clinic emergency room situation for teaching good health care delivery. He felt that establishing a health center program for the purpose of fostering a more optimum field school arrangement was the best, if not the only, solution.

Dr. Woodward and Dr. Charney, both colleagues in the University Department of Pediatrics, had met informally and in matter-of-fact conversation each mentioned his dilemma with health care—Dr. Charney having found the emergency clinic unsuitable as a teaching school and Dr. Woodward having difficulty structuring a comprehensive health program under financial limitations at the Settlement. This fostered discussions about setting up a health center at the Baden Street Clinic as a vehicle for delivery of care.

There were apprehensions, however. Would the University go along with this proposal? Would the Settlement Board relinquish control of a Center it had nurtured for over
60 years? Would their superior, Dr. Haggerty, support it? (Unknowing to the men, part of their worries would work themselves out.)

When presentation of the plan was made by Dr. Woodward to the Settlement Board, there was, of course, the exuberance that finally some other agency would take over the sponsorship of the Center, thus expanding its capacity for service. No doubt, there were the paternal qualms over losing a facility tilled over for some 60 years. However, the Board trusted Kenneth Woodward’s demonstrated ability in expansion of the Health Center program thus far.

Meanwhile at the University, Dr. Haggerty, Chairman of the Department of Pediatrics, had a similar vision in mind. Having come from Boston where one of the first comprehensive health centers had been funded, Dr. Haggerty was aware of OEO’s stance in this regard and the possibility for such a program. Coupled with this was his interest in family-focused medicine. He was, therefore, giving thought to the setup of such a center in Rochester. A matter-of-fact mention of this to an acquaintance in Washington elicited a response with respect to the fact that health was somewhat of a priority issue with OEO. There was likelihood of funding for such a venture in Rochester.

There were, however, questions which if left unanswered could preclude all such program speculations. Where would such a center be located? Would the University at large endorse the measure? When all the parties involved—Doctors Charney, Woodward, and Haggerty—eventually discovered their mutual commitment to pursuing establishment of a comprehensive health center, the course to follow seemed evident. In lieu of their three-way support they contacted OEO for further statement of its intention in this regard.

The School and the Settlement

The formal explanation of the program for University and Baden Street administrators took the form of an exploratory meeting regarding the possibility of a Community Health Center at the Settlement. Dr. Haggerty outlined the University’s interest in having facilities for a field school in health service delivery, teaching and evaluation. Mr. Sidney Lindenberg and Dr. Knox, Director and President of the Settlement Board respectively, affirmed their interest in helping people through provision of high quality medical services. Furthermore, the Board of Baden Street was prepared to do whatever was necessary for the achievement of mutual goals—availing more space or renaming the Center.

Preliminary Potpourri

With the enormity of envisioned program goals before them and in hope of gaining insight into a comprehensive health center’s structure, Dr. Woodward and Dr. Charney began a tour of health center operations already underway. After jaunts to Boston, New York City, and Denver, Colorado, the two pioneer doctors had a firmer grasp of what it was all about—upon what they were about to embark—and the determined assurance that they could at least do as well.

The men returning to Rochester began a game of sophisticated round robin seeking the assistance of various health organizations. Consultations were held with agencies whose help they needed—OEO, the University of Rochester, Baden Street Settlement and other agencies dealing with health in the selected area. The Monroe County Health Department was enlisted for help with the manpower. Discussions with Dr. Wendall Ames and Katherine Neill of the County with regards to nursing staff bestowed nursing directorship on
Mrs. Helen McNerney. Mrs. McNerney therefore entered the planning stage in behalf of staff recruitment.

Response from OEO gave almost 100% assurance of immediate funding, if the proposal was submitted right away. Therefore, the grant was hurriedly written in 1967 and submitted to OEO.

The Health Care Proposed

The proposal presented in general terms the new program to be housed in the Baden Street Health Center site at 30 Vienna Street. The Center was to continue to serve the area residents with preventive as well as curative medical care. Concerned for decreasing physician availability and the episodic treatment received through the health department, hospital clinics and emergency facilities, the comprehensive center would seek to render a more definitive system of care for area residents.

Whole families would be recruited to the Center for attention from illness onset with aftermath monitoring of the community well-being by community people equipped with adequate professional training.

The Health Care Team Concept was initiated for providing medical, psychiatric and social service to the registered center families on a 24-hour basis. A walk-in service would be arranged for non-appointment and acute cases. Team members were to be full-time, salaried physicians, nurses and neighborhood aides. To efficiently handle the estimated 10,000 patients, four teams would be organized.

The entire staff would consist of the health team and auxiliary staff. One pediatrician, three public health nurses, three health aides and a part-time obstetrician and internist would compose the four teams. Psychiatric consultation and the services of a professional social worker were available to each team. Team health aides under training of the social worker were to function in the role of "multi-purpose workers."

In addition to the health rendering groups would be other key staff. These would include a clinic medical director, head nurse, head social worker, clinic nurse or clinic aide, business manager and part-time generalists, pediatricians and internists. Laboratory technician or aide, record room clerk, driver, playroom supervisor and receptionist would complete the roster of the Rochester Neighborhood Health Center staff.

Action for a Better Community

OEO had stipulated two things, that the grant request must come through the local Community Action Program, Action for a Better Community (ABC), and that it must contract with the entire University and not the Pediatric Department alone. Therewith the physicians, Woodward and Charney, solicited ABC support—which they received through its administration and community Board, and met with neighborhood service center residents from the seventh ward. This Ad Hoc group suggested establishment of a community council for optimum neighborhood input and provided names of key organizations representing the community. Persons would be sent from ABC Neighborhood Advisory Council, NSIC #2, ABC Neighborhood Advisory Council, NSIC #3, The Combined PTA Groups of Public Schools #6, #9 and #20, Hanover House Tenants’ Council, Puerto Rican Council, and F.I.G.H.T. Various health organizations serving the area—University of Rochester School of Medicine and Dentistry, Monroe County Health Department, Baden Street Settlement and Eastman Dental Dispensary—were contacted for representation. Board composition would therefore be 17 neighborhood persons and 12 professionals.

The Ad Hoc Committee also defined the role of this new Advisory Board. It would set an exact definition of street boundaries for pa-
tient eligibility (within the target area and 12,000 patient quota). The Board would determine the types of services to be delivered in the Center and its operation hours, and was to have recommendations on employment procedures and job recruitment. Complaint mechanisms would be turned over for Board consideration and selecting a permanent Center site would be their responsibility. The Board formally met to organize itself and address these concerns on August 8, 1967.

In the meantime, the University consented to contract with OEO for such a project. However, there were many legal stipulations imposed on delegate agencies by OEO which were at variance with University policy. Therefore, considerable time was spent by the University and OEO in legal negotiations. Finally an agreement was reached and signed on May 15, 1968, after almost a year of "paper debates."

In the interim, Doctors Woodward and Charney had solicited support from (1) the Monroe County Health Department for the services of public health nurses in the Center and for establishment of Medicaid arrangements; (2) the Eastman Dental Center for provision of dental service and (3) Rochester General Hospital for mental health services. With contract negotiations still hanging, Baden Street continued to run the Health Center as usual—in anticipation of a transfer at contract's signing.

The Board

During the delay, the Community Board met and worked out preliminary structural arrangements. At the first meeting, the Board was delegated governing status as OEO had specified that there be "maximum feasible neighborhood participation." (This later led to some controversy, but in the beginning the Board functioned under this assumption.) Business at hand was dealt with speedily. The Board was organized into committees. They formulated bylaws, a constitution and amendments to the University's personnel policies. Committee activities were punctuated by the Board's awareness of a coming employee recruitment. On the condition that the contract would be signed, the Board was informed that recruitment was underway for various Health Center positions—Social Services Coordinator, Center Administrator—as well as a massive recruitment for trainees for the position of Family Health Aide. (The health aides as planned in the proposal would be very important staff members serving as Center liaisons.) A Coordinator was also needed for Board activities. But again, these were tentative to a contract's being signed.

With the contract's signing on May 15, 1968, it was "full speed ahead" for all concerned. The People's Health Council (as the community board was called) began work on selecting a building site, as 30 Vienna was to be only temporary. The lot adjacent to #6 School was selected and with the help of Dr. Darwin Farber and others, a board committee worked out building plans, made architect selections, decided on FHA financing, mapped out space requirements and began the task of seeking initial approvals of various local planning agencies. However, this process became so bogged down in bureaucratic red tape that it dragged out for four years.

Many of the Board attended an OEO instructional seminar in Washington. Building guidelines were presented, design plans and center fundings were discussed. This meeting prompted consideration of pharmacy, alcoholism and drug addiction services in the new building's construction.

**Governing or Advisory?**

The OEO Washington conference was not only a stimulus for new ideas for the Board but it clarified a problem that had plagued them from the beginning. While it was the early hope of all concerned that this unique young Board could function in a governing capacity,
When it came to fiscal matters of administration, employment, etc., the undeniable rights were those of the University. And being held accountable to OEO, the University could not relinquish its guardianship role. Therefore, after some time the Board was made aware of its advisory status.

Because of its nature, the Board did not resign itself to being advisory forever, but sought by all possible means to gain rights as a governing body. The conference at Washington served to point Board members in some definite direction. OEO via the conference interpreted the word "Governing" for all concerned.

"In order for a council to have full responsibility for governing a center, it must first become incorporated, in order to be able to receive government funds. Incorporation is the first step."

The Board was committed to being an active agent for the community in Center affairs. It had indeed been so in the past year and had exerted itself through modification of many of the Center's programs. The uniqueness of the personnel policies were the direct result of Board handiwork. Dr. Charney speaks on the aspect of Board intervention.

"Without the neighborhood's input—and it's hard to nail this down—I think we would have been inclined to take University policies—which in effect do permeate the program—a little more. They served to raise questions—mostly why; the continuous pushing of why. 'Why should that be so?' 'Why should not people be interviewed for jobs here?' These kinds of questions did influence the setup."

Board members were especially influential in the problems associated with land for the building. Dr. Woodward comments in retrospect on their negotiable abilities.

"There are people on that council who started at the time we had written the proposal. And some of the individuals stuck with it the five years—coming with zero information about health through all of our problems. We had our ups and downs and roundabouts, but all things considered, I don't know of anything else I have been associated with where people hung right in there. They had a lot to do with acquiring the land and getting the necessary approvals... they went to bat at meetings at city hall, the public safety building, and argued with people in charge of urban renewal about the land... They paid their dues on getting the building."

At one time the idea was entertained to expand the Center's operation in the vertical direction leasing space on the first floor of the Hanover Houses. When this was brought before the Board it met staunch opposition. The move wasn't carried out which was later counted as a wise decision.

Even Center operations bore marks of the Board's indirect molding. In one Board meeting the use of medical students—to assist physicians and for exposure to a comprehensive center setup—was brought for Board approval. The Board voiced its concern that there be first-rate care; that students not replace medical doctors as this had been symptomatic of a clinic situation and was quite objectionable. Since, there has not been direct patient care delivered by any but full-fledged doctors.

When the incidence of lead poisoning became a community concern, and then a Board concern, the Board was readily supportive through every vehicle available—letters to City Council and individual membership voice on various other organizations.

The Board was also most adamant in encouraging employment of minority people by the Center. As one member put it, "Some people don't know how to deal with minority people. Then, some people don't know how to deal with people period." And another said, "It just makes you feel so good to go there and see your own people; people who understand you."

All the Board members had been vital to the year's progress and some contributions were especially noteworthy. As mentioned earlier, some Board members had worked for the Center from its onset—since the proposal was written. Mrs. Edna Craven, Mrs. Gertrude Talley, Mrs. Lena Gantt, and Mrs. Daisy Holmes especially stand out as members who came from Ad Hoc Committee members to very responsible members of the Board. Mrs. Gantt attended pharmaceutical meetings as a Board representative and was eventually one of the officers of the ongoing conferences. Mrs. Effie Watkins served admirably in five Board positions when attendance had dwindled but program operations required immediate attention. The Reverend Guy Massey and Mr. Harry Suskind travelled continually with the Building Committee to Washington, to city officials and elsewhere promoting acquisition of the building.

Such a board—thoroughly committed to the establishment of the Health Center—never gave up bid for the governing of it, and pursued its quest through an incorporation process.
The Crystallization Process

Preliminary to the University of Rochester-OEO contract signing, the latter months of 1967 and early 1968 were spent in coagulation of program plans. Mr. Isaac Jordan, Coordinator of Social Services Department and Dr. Frank Magill, University physician, worked out staff training programs and a medical record system. The Family Health Assistants (FHA's), the Center's unique outreach workers, were outfitted with six to eight months' training in health care, social work, interviewing and basic health care techniques. Neighborhood people, devoid of health training, were taught procedures for registration of families and the Health Center's method of health delivery. Strict confidentiality was stressed throughout the training. A medical record system of encounter forms, family records and individual patient charting was devised as well.

The public health nurses, like the family health assistants, also underwent training. Supervised and coordinated by Mrs. Helen McNerney, they were exposed through a general orientation to the comprehensive center and made aware of their new and elevated role. They would work along with Center physicians, as a part of a health care team, seeing patients themselves a good deal of the time. The new roles of FHA and the Health Center PHN were another first among health centers. The training of both FHA’s and PHN’s was carried on at the University.

Along with these staff positions, full-scale medical and staff recruitment commenced as a record room technician (Mr. Richard Neth), business administrator, and social worker were hired.

In the Health Center proper during 1968, energies were expended for organizing services, staff recruitment and endeavoring to work under extenuating circumstances. Opening with only part-time physicians and only partially fulfilled plans for comprehensive service, the Center granted service to some 300 registered patients. Mental Health services were still being coordinated and dental services could not be provided for some time.

The Center opened on July 1, 1968, and as the site was undergoing renovation, there was pandemonium. Fifteen physicians worked out of four and one-half rooms. At first there were only two health care teams, composed of nurses, family health assistants, a pediatrician and an ob-gyn. An internist was shared by the two teams. Proving insufficient for the patient load, these teams later grew to three, four and then five.

Nineteen sixty-nine witnessed a growth in Center services and further operation of those already set up. A walk-in clinic was instituted for Saturday afternoons. Transportation service was now available and the dental center was officially opened—all in the months of January and February. Mental health personnel from Rochester General Mental Health Center saw patients on a referral basis. With
the addition of more health aide trainees, some were assigned to be clinic aides.

School Health Program

In September of 1969, the Center took further steps toward even greater realizations of its goals for family-focused, comprehensive care through the implementation of a School Health Program. Statistics revealed that 50% of the children educated at #6 Public School—the contiguous school to the proposed Center setup—were serviced by the Health Center. Many of them came to the Center pediatrician with academic problems. The Center, aware of the close alliance of health with education, expressed concern for the total well-being of the families being served, and sought to remedy the situation by assuming responsibility for the health program in the school.

In the original proposal the program had been planned for, it was at last realized. As a joint experiment by the Rochester Neighborhood Health Center, the Monroe County Health Department and the Rochester City School District, a demonstration program was begun whereby the Center would provide health service and station health personnel in the nearby school. (This program serving to bond school, family and Center together was so successful that a similar program was launched in the #9 School in the fall of 1971.)

The Center being somewhat on its feet in the delivery of care, the doctors wished to evaluate their progress thus far. Dr. Charney relinquished the Project Directorship and pediatric practice at the Center for a role in the research and evaluation of Center operations. Therewith in June of 1969, Dr. Woodward temporarily assumed the combined role of Project/Medical Director. Dr. Charney, on sabbatical leave in 1971, was forced to leave the area. Upon his return he continued activity with the Center through the Research and Evaluation Program.

1970 Center Year

By the year 1970, the Center had undergone tremendous growth, and with growth came success. A report by the Evaluation Committee to the Board, noted the accomplishments in the School Number 6 Health Program. Further reports related achievement of another Center goal. A statistical report compared usage of hospital emergency departments by persons within the target area and those in outlying vicinities. Over the period of time in question, use of such emergency facilities rose 29% in areas outside the seventh ward. Within the Center’s target area the numbered usage dropped 38%. This marked a definite achievement of one goal for the Center’s establishment—cutdown in emergency room usage for primary health care.

The Center’s fiscal year was changed to correspond with OEO’s for ease in actuarial matters. During the beginning of the year the Center underwent a General Accounting Office evaluation, with a closeout conference with the Board. The GAO study was not to influence funding but was a measure to assure OEO that its funds were optimally used.

Although some of GAO’s recommendations were somewhat controversial, they were all in all quite positive.

The more prestigious concerns during the year took place in the form of workshops, an open house, the institution of mental health facilities and outreach work. To promote community well-being in its broadest sense, the Health Center held workshops providing the community with the means to apply itself to pertinent problems—namely, housing, employment, education, assistance, health education, etc. Community agencies had been very helpful in providing the Center with patient referrals. Through interaction with these groups the Center sought to achieve its end. This communication took the form of varied workshops with persons from local community groups. The New York State Employment Service, Family Children’s Center, City of Rochester, Planned Parenthood, Ibero American League, Welfare Rights Organization and some 40 more agencies were invited to send representatives. Booths were set up for participants and approximately 250 persons were involved. The Center chose the topics and residents sat with the groups discussing their interests.
Open House
The open house was held in June (just days after the training sessions) commemorating the finishing of the long-time renovation that had been endured by all. Excerpts from a newspaper article adequately cover the event.
"It was, by design, quite a low-key affair which consisted of a small group of tours of the Center followed by fruit drinks, sandwiches and cookies at the Baden Street Settlement gymnasium.
"But it wasn’t necessary to be long in the company of Mrs. Lacey Slater, one of the Center’s licensed practical nurses, to appreciate the pride taken in the operation by the staff, almost half of whom are neighborhood people.
"Representative Frank Horton was a member of one of the touring groups and it was plain from what was said to him by Odis Felder, Council Chairman for the Health Center, and others, that the Center is here to stay as an integral part of the Community."

1970 Board Year
Almost paralleling these events was the election of new Council officers. The previous Board did a tremendous task admirably and is to be commended for its perseverance and activity in Center affairs. The new Council likewise was an active one. It acquired office space at 10 Vienna Street and increased its membership through representatives from Model Neighborhood Council. After considerable recruitment for a coordinator, the Council hired David Gantt. As far as incorporation, the Council decided to choose immediate incorporation as an advisory board with the long-range goal of governing body incorporation. Through Board conferences with OEO, service was made available to non-medicaid persons through implementation of a sliding fee scale.

The Board posed the question to OEO, "Can patients above medicaid level use the facility?" OEO's reply was that they may if they pay full cost and in New York State that was a considerable amount. Therefore, some type of fee scale was posed as a solution. OEO responded favorably to the idea while cautioning that there were presently no sliding fee scales in operation elsewhere. However, if federal legislation could be changed to permit it, a sliding fee scale could become a future reality.

Federal legislation did come about in favor of the sliding fee scale during September of 1971—and the Board was most definitely instrumental. Dr. Woodward concisely depicts the contribution of the Council.
"When we were fighting over the ability to serve people in the neighborhood—they (the Council) went to bat, wrote letters, petitions and (we) went to the Chamber of Commerce. That established for the first time a breakthrough of OEO centers such that they weren’t restricted to just serving the poor. That became the basis for the Hawkins amendment—as we had fought to get the 80-20 rules through. I don’t know that they really appreciated what they had done."

The bill authorizing funds for continuance of OEO had come before the House of Representatives and been amended by Congressman Hawkins, permitting OEO Neighborhood Health Centers to serve all area residents regardless of income restrictions. Council members and Health Center staff were urged to write their Congressman for support of the bill. The bill was passed, a tribute to all efforts.

In dealing with the matter of devising the fee scale, a committee was selected to work with Dr. Woodward to develop a mechanism for fee-paying patients. As this was a fiscal matter, the Finance Committee merged with the newly formed group. By mid-summer a scale had been proposed. Although the scale was submitted to OEO, it was rejected. The 1971 Council reactivated the fee scale committee—this time with the new Project Director Mr. Timothy Downs—to devise a new one for OEO’s acceptance.

1In actually Dr. Woodward elicited a letter of endorsement from the Chamber of Commerce.
In 1970 the progress of the building slowed greatly due to the complexity of required approvals. Because of the delay, it was the new 1971 Council which experienced the actual groundbreaking for building. This Council organized its Groundbreaking Committee during the Spring of 1971 with ceremony anticipations for early summer. Bilingual circulars announcing the event were distributed to organizations and churches; posters were displayed in the neighborhood and letters sent by the Health Center to various persons.

The Groundbreaking

A very delightful July 2nd evening saw only a small crowd in attendance. Master of Ceremonies, Mr. Harry Suskind (Chairman of the Council Building Committee) opened the floor to podium speakers. Invocation was offered by Father Laurence Tracy and other speakers included: The Reverend Guy Massey (Board President); Mayor Stephen May; Jorge Colon, Executive Director—Ibero American Action League; The Reverend Raymond Scott, President—F.I.G.H.T.; Mr. William Hall, Executive Director—Baden Street Settlement; George Angle, University of Rochester Vice President for Public Affairs; Dr. Kenneth Woodward; and Congressman Frank Horton. Other Board representatives were Mrs. Effie Watkins, Mrs. Lena Gantt, Mrs. Frances Alexander, Mrs. Lillian Coleman, Treasurer, and Mrs. Rose Butler.

In the audience were such honored guests as Dr. J. Lowell Orbinson, Dean of the School of Medicine and Dentistry and Director of the Medical Center, and Dr. James Bartlett, Medical Director of Strong Memorial Hospital and Associate Dean of the School of Medicine and Dentistry of the University of Rochester. As a special tribute to the occasion, Mr. Horacio Rodriguez had purchased a flag of Puerto Rico which was presented to Dr. Woodward during the ceremonies in recognition of the large number of Puerto Ricans in the neighborhood to be served by the new Health Center.

The groundbreaking was a special milestone for those closely associated with plans for the building.

Mr. Farber reminisces about his encounter with the project. "Either in 1967 or '68, I don't remember the exact date, Mr. George Angle who was then the Associate Treasurer of the University of Rochester, asked me if I would assist them—the Board and the University particularly—in looking at the possibility of building a
new building at the corner of Hudson and Holland Street. There was a small piece of land that was to be acquired from the Urban Development of the City of Rochester... filled with rubble and not very sightly.

"As we got into this and dealt with the Office of Economic Opportunity, which was going to help us build... we discovered that we didn't have enough land—according to their requirements. They required so much parking, and we didn't have it on this piece of land. Actually, the building itself would occupy the entire site."

The Board's building committee suggested the land next to the purchased lot—on Holland Street—for possible purchase. It, they learned, was earmarked by the City Recreation Department for swimming pool construction. Through much negotiation with the Departments of Recreation, Education and the City of Rochester, they agreed to relinquish the land for the Health Center and the pool would be built elsewhere.

Mr. Farber:
"After we acquired the site, we selected an architect, after looking at several."

Dr. Woodward further clarifies:
"The architect we started with was a very brilliant person, but when asked how long it would take to get the plans, he said about a year, and we had already waited months."

Mr. Farber:
"The advisory Board made the final architect selection which was Northrup, Kaelber and Kopf. They started in on the plans. At various stages the plans had to be sent to Washington for approval."

Dr. Woodward:
"In the meantime, the Advisory Council was well aware of what was trying to be done. And in the interim of waiting and waiting we would console ourselves with the hope that next month would be another month."

Dr. Woodward further describes the building process in graphic terms:
"It's hard to look back and remember all the pain we went through because there were delays at every turn. There was a delay for urban renewal land and the political concern as to who was going to get the most credit for it. There was the problem of getting legal papers so we could get money to buy the land.

"After we had resolved the land problem, we encountered all the problems of planning for and getting a new building and presenting those plans to the state bureaucracy who had to approve it all. We went to all the planning agencies in the city to sell it. It literally almost came nose-to-nose because some thought the Center wasn't needed. Fortunately, with vigorous arguments or threats or whatever, we got through that hurdle. This started the approval process to the state, which eventually had to come up with the money."

Mr. Farber:
"It was a tremendous amount of work to go before them and prepare for them. We had to get approvals from so many agencies—one dependent upon the other. It was a very involved process. While this was going on, we had the building plans drawn, which took seven to eight months. We had plan reviews. We had to go to Washington periodically and show them our plans.

"There was a great deal of discussion about the size of the building. OEO wanted a much smaller building. They thought we needed one square foot per person, which as we were going to take care of 25,000 people, would have meant 25,000 square feet. We maintained that figure was too small and we fought for 35,000 square feet, and that is what we got. They were very cooperative on this once they saw what our program was and what we wanted. Though, it wasn't just like a knife going through cheese, it was a difficult program but a very interesting one.

"Then we got into a review with OEO on the financing... We estimated that the building would cost approximately one million, six or seven hundred thousand dollars. With the furnishing and all the fees and interest costs added on, it has, as you now know, ended being a two-and-a-half million dollar building. OEO had suggested... that we go to the local banks of Rochester and get money in a mortgage and have the whole thing insured by the FHA out of the Buffalo Regional Office. They said it should be a seven-year mortgage. A lot of people ask why only seven years. Seven years means large payments, but that was the reason OEO told us to do it. Basically, they figured we'd better get it done with.
"I went to the clearing house of the banks in Rochester. With the help of Mr. Wilmot Craig, who is Chairman of the Board of Lincoln First Banks, I was able to get all the banks in Rochester to take the mortgage. Then we endeavored to find out if the FHA would insure the mortgage. We went to Buffalo. It was a very difficult task because the Buffalo HUD office never had done a Title XI, group practice facility.

"The people I dealt with were wonderful; in fact, they speeded up the process. Yet it still took many, many months and in that period our plans were ready to go but we couldn’t go until we closed the mortgage."

Dr. Woodward:
"It's difficult to recall all of the process, but it took eighteen months—two year's worth of hanging in there and fighting one battle after another to bring the plans to a point where we had a signed commitment to begin.

"When there was so much trouble in trying to build, we looked into leasing and into buying prefab units which could be assembled. At that time OEO would only give money to rent or lease and not build. We went to the Council with the idea and everybody discussed it to see if it had merit. Even the Watts Health Center was not a building but a series of modules put together. California is warm, but Rochester is cold, so we couldn’t use the same kind of construction and the price of it was equal to a constructed building. Besides this, it would not meet the local codes. We negotiated and fought back and forth because nobody in the country had built a building under OEO.

"So we tried that route and had to come back and go the route again of trying to build a permanent building with FHA financing. FHA had never financed a health center, so we had to train their people on how to handle OEO paperwork... It was a first-time experience for all—the banks, the University and OEO—and literally a frustrating thing."
Mr. Farber:
"Once we got the mortgage we then went to bid—and had around six bidders. OEO was very firm as to what we had to have in regards to minority workers."

In compliance with OEO's request, an Affirmative Action meeting was held in the architect's office with representatives of the city and minority group representatives where all concerned voiced their support of the OEO posture.

"The building was started in 1971. It was supposed to be finished in September, 1972, and it was not. It was December of 1972 when we got substantial completion of all approvals. ... The construction went uneventfully. We didn't have too many holdups, and it turned out to be a good job; yet probably the most difficult one I have ever done. I have done many larger jobs that were easier than this. There were times I sat in my office and didn't think it could be done. I have to mention one other man I answered to directly to the standpoint of the building itself and that was Dr. Woodward. He was in every phase of this with me, without question. He went to Washington with me and also, Dr. Evan Charney who was one of the early project directors. Without their help and the help of Dr. Robert Haggerty, their Chief, he too was helpful in the University and in Washington, this couldn't have been done. I think he and I stood alone many times. He and I both know this. There were many times we had to go back and repeat our efforts. There were bottlenecks that we ran into in Buffalo and Washington until we finally got the release."

Dr. Woodward:
"I put my blood and sweat into getting that building up, and it's true that many times Farber and I thought it was through on the spot. But it all fell into place eventually and all things got resolved. From this there was a lot of spin-off for other places doing similar things. They could now go to FHA to see how it was done here. Sometimes they could duplicate it or improve on it, but at least all of the agencies had been dealt with, and someone had broken ground. ... So it was easier for the next person, for they had someone to turn to and say, 'Well, they did it this way.'"

Mr. Farber:
"We have the finest (that I know of) of any of the centers that have been built in the country. I have been told by OEO this was the fastest. ... But now the question is to keep this going."
The long-awaited construction of the Health Center, commencing with the groundbreaking ceremony, had begun. Yet as far as Council concerns, this was not all that was in the making. The new Board considered important and far-reaching issues. There was reason for jubilation since OEO had accepted the Board's sliding fee scale after the second attempt at rehashing, revising and restructuring. The scale was accepted in January of 1972.

To cover the Center's full patient population, it was decided that two plans were needed—prepayment and fee-for-service—both based on a sliding fee-scale—full pay would be for those with twice the OEO poverty level income. OEO mandated fees were based on realistic medical costs. Thus, since more fee paying patients could now be accommodated, the target area boundaries were dropped.

The Council began taking steps toward becoming a governing board. OEO, in addition, had issued definitive steps (in January) for such action: 51% of Board membership must be "card-carrying" Center users, representative of the target area, and must be elected to the Board. The other 49% must have OEO approval and Board Bylaws and membership regulations must also be approved. Through the efforts of David Gantt, (Board Coordinator), Hazel Jeffries, Sheila King, James Proctor, Ivette Salgado, (Center Staff), and Father Laurence Tracy, (Board Member), Board elections were coordinated and held on June 12, 1972.

In response to bilingual mailing, nominations were received from medicaid-eligible Center users and formulated into a Board ballot. Voting, limited to medicaid-assisted persons 16 years and older, was carried on at sites convenient to all—the Health Center office, ABC Center No.2, Baden Street Settlement, Mt. Carmel School Hall and Northeast District Council. The League of Women Voters helped in supervising the elections. The polls seated 15 community persons on the Board. They in turn helped to select the five professional health providers representing medical and legal associations. Four current Board members were retained to serve for another year.

The new Council was scheduled to take over August 1st with plans to replace the University of Rochester as Health Center administrator the following year (August 1, 1973). With the election behind them, the Board elected its new officers. Seated were Mr. Odis Felder, Chairman; Mrs. Mary Paul, Vice Chairman; Mrs. Helen McNerney, Secretary; and Dr. Donald Stockdale, Treasurer. These new officers took over their responsibilities in September. The Board composition was as follows, and one step toward its goal as governing body had been very successfully taken.

ELECTED MEMBERS
Mrs. Lessie Balkum
Mrs. Rose Butler
Mrs. Mable Cattling
Mrs. Rosa Davis*
Mrs. Dominga DeJesus
Mrs. Dorothy Dublin*
Mr. Odis Felder
Mrs. Lillie Field*
Miss Lorotta Hollomon
Mrs. Gail Jackson
Mrs. Mary Nowlin
Mrs. Mary Paul*
Mr. Pedro Pedraza
Mrs. Benito Perez
Mr. Felipe Santana
Mrs. Lovi Simmons
Mrs. Gertrude Talley
Mrs. Ruby Tavolina*
Mr. John Underwood

Nominees selected to occupy Board seats by ten elected persons.

PROFESSIONAL GROUP
Mrs. Helen B. McNerney
Assistant Dean, School of Nursing
University of Rochester
Mr. Arthur L. Stern III
Administrator, Legal Services
Health & Nutritional Development
Dr. Donald Stockdale
Deputy Health Director
Monroe County Health Department
Mr. William Hall
Executive Director
Baden Street Settlement
Dr. William Hart, Director
Rochester Mental Health Center

STAFF
Dr. Molly Coulter, Medical Director
Rochester Neighborhood Health Center
Mr. Timothy Downs, Project Director
Rochester Neighborhood Health Center
Mr. David F. Gantt
Community Coordinator
People's Health Council
The heads of the various Center service areas—medical, dental, family health assistants, nursing and mental health—schooled Board members in Center operations in the medical vein. This training actually began in August of 1972.

In accordance with OEO's intention for training, the Council selected the proposal of Team Associates in Washington, D.C. Its plan included education of the Board with reference to health concerns in the following areas: Board and staff training, business management, financial management and personnel management.

With Board membership intact and training underway, another step of the pre-governing requirements was met. OEO had recommended increasing independence from the University for the Board to realize governing status. It also gave thought to further organizational changes, this time in the fiscal area. ABC had been the gran-

tee from OEO channeling funds for the Center's grant. With the growth of the Neighborhood Health Centers of Monroe County, Inc., the feasibility of joining the "Rochester Health Network" (NHCMC, Inc.) was considered. Acceptance of such a proposal would give the "Rochester Health Network" rights as OEO's fiscal intermediary to the Center. Near the end of 1971, the Council was confronted with a request for support from the newly formed Neighborhood Health Centers of Monroe County, Inc. (an agency established with the objective of implementing the concept of health centers in the inner city, providing comprehensive, coordinated and economically viable medical care accessible to the full population).

When Rochester Neighborhood Health Center was solicited for support and participation, the Board, in agreement with NHCMC principles, agreed to send two representatives—Mrs. Sadie Abrams and Mr. David Gantt.

**Center Comes of Age**

The election was finished in time for a new Board to greet the completion of the new Health Center. A three-story stone edifice of modern construction, the new Center was perhaps the most formidable building in the area. Planned to double the population of 30 Vienna, it was designed to serve approximately 25,000 registered individuals. With the new setting adequate space would match the rapidly expanding services.

The Center services to be located in the newly constructed building were not the same as those offered when the center began operations in 1968. Improvements, refinements and enlargements had been made such that the new health care delivery had grown so vastly it was beyond comparison.

Dr. Woodward, through his relationship with the Baden Street services, had watched the Center "triple in size" since 1965 as the Baden Street Settlement Health Center. While full-time Settlement staff had numbered 7 to 8 persons, the Center's staff was climbing to 160 with a part-time and consulting staff of more than 50. The present Health Center staff is to be
especially commended for this growth of health care "par excellence" now existent.

By the end of the year 1972, the Center had more than adequately proven its worth. Patient population figures had climbed from 1,721 in 1968-69 to 15,122 by the end of 1972. Receiving $165,475,500 from OEO, the Center expended this amount in health care to some 66,043 registered patients. This figure was reciprocated by $1,062,302 received in patient fees. Of the total expenditures, 73% were to direct patient care and service departments.

Its goal to provide health care to the total population had been achieved. Almost 73% (10,786) of the total 15,122 registered patients were medicaid, while a good 20% (3,472) were fee-paying. The remaining 3% were financed by private insurance, state and local and other funds. The patient population ethnically distributed was 73% Black, 22% Spanish-speaking, 5% other white and 1% other.

Total encounters made by Center staff were 66,043. The greatest percentage had been contacts by FHAs, the dentists followed with 18%, nurses 17%, pediatricians 15%, internists 12%, ob/gyn doctors 5%, and other personnel 9%. Of these totals, 36% were made outside of the Center.

The Center was offering all of the services to be found in a private physician's office. Many of the services of the Center by the end of 1972 were the result of the changes of two years. The organization of the Center was now divided into two main divisions—the Health Care Services Department and the Administrative Area.
Administration

Administratively speaking during the interval 1968-1972, the Center grew into quite a complex structure aiding the health maintenance system. When service doors opened, July, 1968, there was a nursing director, a project director and a medical director (all of whom were continually busied with program development) and an administrator was added in the fall. There were major departments of Administration, Medical, Dental and Mental Health operating under the project director and Social Services Department.

The early years of the Center's administration were taken up with matters of finance, renovation and reshuffling of limited space to correspond with service expansions. When the Center opened in July, its first grant year had almost expired and the first matter of business was application for refunding for the next year.

Originally all of the services except dental were planned to be distributed out of 30 Vienna Street (with a dental unit at 609 N. Clinton). However, by the summer of 1970, Center staff had so grown that space was needed. The bulging Social Services Department (27 FHA's) was therefore, in 1969, housed in a room on the second floor of the Activities Building at the Baden Street Settlement. With the training of FHA's in nursing skills and their becoming a part of the medical component, they were housed jointly with the public health nurses through renovation of 25 Herman Street.

The renovation process was interrupted in the fall of 1970 by a massive outreach effort. Partially spurred by the GAO auditor's reproof of its registration date, the RNHC teams circumvented the Center, polling its area residents to identify Center users and to purge the data bank of incorrect and outdated information. As there had been much duplication and misinformation in patient registration, Project Outreach (as the effort was called) would once and for all provide an accurate representation of its patients. The effort inadvertently boosted the patient usage; there was an especially marked increase among the Spanish-speaking, the ratio rising from 20 to 25%.

With less need for the Family Health Assistants in patient registration, this group of staff was utilized more for direct patient assistance and outreach.
The second stage of the Center’s renovation occurred during the winter of 1970 and through the summer of 1971. The record room, built around a much used lane of patient traffic, was closed off and patient traffic rechanneled.

With further renovation of 25 Herman Street during the summer of 1971, space was allotted in the main center from which a full-time mental health staff could operate. Offices and consultation rooms were set up and two full-time mental health employees brought in—James Morrice, Ph.D. and James Proctor, M.S.W.

There was a simultaneous movement of other Center services into 65 Hanover Street. The Center’s Accounting Office previously in the basement of Baden Street Settlement was brought over into closer proximity to the Center itself. Likewise, the Project Director’s Office was transplanted from the main center to the new address.

The additional space greatly modified the administrative area functions. Prior to the renovation, patient services such as transportation, laboratory, data processing, community relations, billing, stock-room, purchasing and personnel had existed. Transportation began with two drivers and a dispatcher to provide access to the Center services for those medically unable to come on their own. Personnel was handled by the Personnel Department at the University. Patient lab work was contracted through New York Kings County Laboratory with backup by Strong Memorial and the Genesee Hospitals. These areas for the most part were unaffected by the renovation.

With the exodus of Accounting from Baden Street to 25 Herman, the services of billing and purchasing were likewise transferred. Purchasing was handled individually by each area location. The head nurse, Miss Brenda Jordan R.N., ordered medical supplies; dental supply orders came from 609 Clinton; and other office supplies were ordered by each building or team through the University.

Additional space served to change the Medical Records/Data Processing area. Computer service had been provided by the University as a part of medical records. However, with attempts to refine record keeping, the data processing and medical records had become too large to be lumped together. In 1971, data processing was separated from the medical records as the area, space and volume of work would not permit their joint confinement.

As mentioned the organization of family health assistants was greatly modified by, or at least at, the time of renovation. First of all the former Social Services Department was formed in 1968 as the Center’s liaison with the community, utilizing community resources for Center objectives. It had a three-fold purpose. Firstly, through the FHA’s it would work in dealing with community problems indirectly relating to health. Secondly, and more importantly, by so doing it wished to keep attuned to the problems of the people who came to the Center. Thirdly, having a connection with the Mental Health Department, it was formed to render counseling for Center staff on community issues and problems. The Social Service Coordinator originally relied primarily on the training of the family health assistants for such work. As services of the FHA were sought in the medical vein, and their subsequent move to 25 Herman Street, the Social Service Coordinator relinquished supervisory responsibilities for an advisory role. The FHA’s, now being under the medical department, were supervised by a nurse, and their name changed to Family Health Services.

The close rapport with the community was maintained through retention of the philosophy of Social Services now titled Community Resources. The Social Services Coordinator became Community Relations Coordinator with this area coming under the jurisdiction of the Project Director.
Another marked change revolved around a staff addition to implement the community involvement service. The hiring of an Information and Enrollment Officer, Mrs. Ivette Salgado, was made possible by the additional space. Mrs. Salgado worked with local community groups of the Spanish-speaking population. She was quite successful as the Center’s public relations person for this segment of the target area. Her services in part accounted for a five percent increase in Spanish-speaking patients during the year.

With the space provided by the renovation, new Center services could be instituted. One was the Research and Evaluation Program. By describing Center services and operations in statistical form, initiation of a prized Peer Review System was made possible. It was the intention that such a system (whereby Center health professionals could analyze records of work done by themselves and their colleagues and its results) would serve to motivate and inspire all concerned. The Peer Review System, originally begun by Doctors Charney, Coulter and other staff physicians, was handled in Dr. Charney’s absence by Lawrence Nazarian, M.D., with the assistance of Center medical personnel. (Dr. Nazarian, Marguerite Plume, Ph.D., and Miss Judy Mechaber managed the total Research and Evaluation Program.)

Another specialized program set up in the Accounting area was the Cost Finding System. With its establishment, the Center was able to produce managerial reports listing spending by departments, costs per encounter, costs per department, and other very useful financial data. This not only served to provide Center personnel with fingertip analysis of spending (for
agencies requiring that information) but also enabled the management to better organize and monitor both budgeting and spending.

Another program evolving out of Center operations and additional space was that of In-Center Personnel Training. As mentioned, an auxiliary goal of the Center was the setup of new health careers.

The training program began after most of the "new career" positions had been filled and staff trained. However, occasions arose for equipping employees with skills for expanded functioning. One such need arose in the Dental Division, for training dental assistants in clerical and dental duties. The Training Coordinator, Mrs. Sheila King, arranged for the dental trainees to be fitted with clerical skills at the Rochester Institute of Technology; the Center provided their dental training.

Another such demand was expressed (1971) in behalf of the family health assistants. The family health assistants had first been trained by Mr. Ike Jordan and by the succeeding Coordinator (Mrs. Hazel Jeffries) in patient contact skills, registration procedure and referral. However, with more need for staff skilled in home nursing, a training course was prepared for them. Three agencies were contacted and final commission given to the Red Cross. Obtaining rudimentary skills in home nursing, the FHA's were better able to recognize and evaluate a family's need of care.

The Center's training program was given a boost when in 1970 the University announced its educational benefit plan, paying tuition costs for work-related study. Contacts were made with the City School District, the University of Rochester and Rochester Institute of Technology for tutors and in-house training sessions. In attempting to give previously unskilled persons on-the-job training in a health career, it was often found that employees could benefit from basic educational requirements. Therefore special in-house sessions were conducted through RIT for tutors in eighth grade education and high school equivalency.
New services of the Social Worker, Community Services Coordinator, Research and Evaluation personnel, Information and Enrollment Officer, Home Economist and Training Coordinator were not contracted to any specific team. With these new specialized individuals being added to the Center's medical manpower, a new grouping of in-Center personnel was formed—Team Resources. This freewheeling group—supervised by the Community Services Coordinator—provided information and consultant services to the teams. In addition, if "free-lance" community contact work was required, two Outreach Workers (previously FHA's) were there to assist, thus rounding out the Team Resources unit. This group became known as the Project Director's in-house faculty and was housed in the 65 Hanover unit.

Center operations had spread beyond the immediate environment of 30 Vienna Street until there was a network of Center activities throughout the first floor of the Hanover complex—the main center being the primary site of patient care.

Mental health services, the family health assistants and public health nurses (for team meetings) were housed at 25 Herman. In 65 Hanover were the Accounting, Billing and Purchasing sections, Team Resources, Training, and the Project Director. Dental was located at 30 Vienna and 609 N. Clinton. With the various services and personnel so distributed among four different sites, communication was a constant problem. To rectify what could be a very severe problem, a supervisory system was established. Initiated in 1970-1971 it gave specific people supervisory responsibility over various phases and sections of the Center's program. At the same time a similar administrative body was formed—the Health Executive Committee. Encompassing directors of the health service areas and administrators of the supportive services, this group served to bring together heads of Center services to plan, analyze and structure Center direction in terms of total patient care.

In addition to all else there had been significant changes in the administrative staff. The initial Center staff of Project Director, Dr. Charney; Medical Director, Dr. Woodward; Administrator, Siegel Young; and Nursing Director, Helen McNerney had been modified shortly after its first year. An Assistant Administrator, Mr. Elijah Holmes, was hired. With Mr. Siegel Young's leaving in July 1969, Mr. Timothy Downs became Administrator with Assistant Administrators of Operations and Finance in the persons of Mr. Aaron McFadden and Dr. Juan Rosello respectively. In February of 1972, Dr. Kenneth Woodward resigned to become Executive Director of the Neighborhood Health Centers of Monroe County, Inc. Therewith in 1972 the administration to usher in new Center services in the new Health Center were:

Mr. Timothy Downs—
Project Director

Mr. Aaron McFadden—
Administrator

Mr. Charles Minor—
Assistant Administrator

Miss Carol Brink—
Nursing Director

Dr. Molly Coulter—
Medical Director

Mr. James Proctor—
Mental Health Director

Dr. Hyman Goldberg—
Dental Director
Other auxiliary personnel enlisted to ease center functioning in the new building were an Office Manager, Mrs. Gloria Arnell, and Mr. John Lima to begin pharmacy services.

Although involving many supportive administrative groups and staff members, the Center's prime concern was the delivery of health care.

Health Care Services
The goals of the health care services area in 1972 were substantially the same goals that prompted development of the comprehensive Center at the point of organization—high quality comprehensive health care to all patients under one roof. With the completion of the new building all of a patient's health needs could be taken care of at one location. Comprehensive service became available through the mental health, dental, nutritional-diet and medical components, and within the medical are ob-gyn, internal medicine and pediatrics service.

Medical
Adjunct to the classic medical care are other vital services. Private psycho-diagnostic testing through the University's Pediatric Department, early disease detection through Strong Memorial Hospital, bi-weekly ophthalmology clinic sessions, private otolaryngology consultation and 24-hour surgical consultant services (for the past two years) and evaluation of developmental disorders to parents by referral to the Community Diagnostic Clinic, have all been acquired over the years.

Not only is there almost a full gamut of health care services, but also the most competent of physicians and specialists. Because of the University's resource role, staffing the Center with recognized high caliber doctors has never been a problem.

Another significant program goal evolving over time was that of the new health careers—Family Health Aide, Family Health Assistant, Community Mental Health Worker and the new role of the Public Health Nurse which might trigger more elaborate educational and training curriculums.

Within the year 1971-1972, such notable occurrences as the acquiring of a medical social worker, Miss DeLois Crawford; a dietitian-nutritionist and preventive nutritional therapy; community education in preventive dentistry and much dental research; the establishment of a mental health area and permanent staff, resultant preventive programs and tripling of patient statistics had taken place.

Future plans in the medical vein include ENT and allergy consultations, X-ray facilities in the new building as well as vision and hearing testing apparatus.

Focusing on each of the divisions of the health care area reveals program and plan developments over the years.
All dental service was to have been distributed at the 609 N. Clinton and 30 Vienna Street addresses. The two units were jointly sponsored by the University of Rochester School of Medicine and Dentistry and Eastman Dental Center. In January of 1968, Dr. Louis Gangerosa (Assistant Professor at the University) undertook initial directorship of the two units as part of the Center's comprehensive service program. Leaving to assume professorship at the University of Georgia, he was succeeded in 1969 by Dr. James Bryan who functioned as Interim Director. Assisted by Dr. Elbert Powell (previous Director of Community Health —Eastman Dental Center, now Associate Professor, University of Connecticut) he labored with Center goals until the appointment of Dr. H. J. V. Goldberg (Associate Professor of Clinical Dentistry and Dental Research, University of Rochester) as permanent Dental Director in April, 1970.

Therewith the Dental Department underwent many changes. Full-time staff were substituted for many of the part-time appointments with specialty service in periodontics, prosthodontics and oral surgery continuing on a part-time basis. There was a growing emphasis on preventive dentistry by the addition of dental hygienists and special training for dental personnel. With the assistance of an oral health educator (Miss Pat Shumway and later Miss Elaine Neenan who is now Director of Paraprofessional Dental Training on Project Hope) the department offered its personnel training in meaningful and effective techniques of preventive dentistry. In addition, permission was received to begin (June 1971) a unique training program for area residents serviced by the Health Center preparing them with dental assistant skills. Eight of the 35 applicants were selected to receive training at the Rochester Dental Assistants' School and the Rochester Institute of Technology. Practical experience in dental treatment was provided at the Health Center. All eight trainees successfully completed the nine-month course and five are present employees.

Ms. Elaine Smith joined the dental staff in July of 1972 as an Oral Health Educator. Under her leadership preventive programs have increased among the neighborhood schools and within the community groups.

The dental area has been tremendously active in the area of research, as there had been such a scarcity of clinical research material in this field. Conducted by
various members of the dental staff, studies were made on such phenomena as the relationship between broken appointments and communication and dietary characteristics of the target area populace correlated with the incidence of oral disease. Studies were made to determine the oral needs of a typical poor population and the effect of the Health Center on dental health emergencies (See Appendix E). Pioneering in extensive dental research, the Rochester Neighborhood Health Center is distinguished as the first health center to present research data to the International Association for Dental Research.

The dental service has cooperated with the Rochester Child Health Studies of the University of Rochester, participated in the regional meetings of the Division of Dental Health and the Dental Manpower Center of the United States Public Health Services, worked with other health centers of the Rochester Health Network toward developing methods for third-party payments, and has sought to establish good relations with the Monroe County Dental Society through periodic reports to its general membership and Board. (The complete list of dental publications, presentations and studies can be found in Appendix E.) There are other studies and reports waiting presentation.

While the dental care delivery research has been exceedingly well accepted, the fundamental thrust of the dental service has been to provide high quality care to the greatest number of patients by the most skilled and empathetic providers. The department has been steadily moving toward realization of this goal. During the calendar year 1972, approximately 15,000 patient visits were made—twice the number of visits in 1969. It is anticipated that a record number of 25,000 patients will be seen in the coming year.

The Center's Dental Director, Dr. Goldberg, cites the contribution of the division's staff members, the project director, administrative staff and the support and encouragement of the Center's Community Board as all contributing to the evident success of this area's work. "We consider these factors a mandate to work even harder and more effectively. Dental health care is a vital component of total health and we shall strive to reduce existing disease and develop strategies to minimize future disease."

Mental Health

As stated, the initial offering of mental health services was in the form of consultation services from the Rochester Mental Health Center (Rochester General Hospital) in 1968. The mental health area at the time embraced the services of
the family health assistants who were trained in social service skills. However, monopoly on these services was eventually relinquished with the training of the family health assistants in mid-nursing. In the two years following its opening the center was serviced by varied consultants—some providing services and some structuring them. Eric Rennert, M.D., Psychiatrist; and David Tractman, M.S.W., Social Worker; were assigned part-time from the Rochester Mental Health Center. Dr. Rennert planned the layout for the whole of the services. A less-than-optimum situation was existent, as permanent staff were not available.

In June of 1970 a full-time mental health coordinator, Ms. Gail Whitmore, was stationed by the Rochester Mental Health Center for work in the Health Center. She hired paraprofessionals for work in the program and assigned mental health professionals to the health care teams. The approach from the inception was one of gearing all mental health activities toward preventive and curative measures.

In 1971, after 25 Herman Street renovation, two full-time professionals—James Morrice, Ph.D., and James Proctor, M.S.W.—were aboard to carry out most needed work in mental health. In addition to providing direct and consultative services, they assumed the clinical and administrative responsibilities for the department. The bent of services was not in treatment of illness alone but a preventive approach was taken toward mental health through a number of therapeutic programs. One such was the summer adolescent program. Boys and girls, 11 to 14 years old, with poor socialization skills were provided with the means for their first (or at least a rare) fulfilling experience. A Coop Leathercraft Project was organized where youngsters could make leather-craft products and sell them for profit. Through activity of this nature, they could experience the satisfaction of creative achievement, the selling awarding them an educational exposure to a business/work atmosphere. These activities took up most of their summer time, two days a week were spent in individual, group counseling and other culturally enriching experiences. In addition, their parents were involved with the en-
deavors, making this a rewarding experience for parents and children alike.

Another such preventive program for much younger children was the Infant Stimulation and Toddler Step-Up Program. An Infant Stimulation Program, started by Doctor Emory Cowen (University of Rochester, Department of Psychology) to equip slow-developing children with communication and social interaction skills, began testing children for retardation. However, as a research/teaching program, there was not the consistency of staff and follow-up of a purely service project. Therefore, the Toddler Step-Up Program was started as an in-house operation under Center management. The program serves to treat children 12-24 months who have possible developmental lag. The children are seen six hours a week, placed in a setting conducive to positive stimulation and reinforced for every desired activity. Such continued motivation is possible by the high ratio of attendants—one adult to every two children. Under this set-up, the children are not only prodded developmentally, but carefully observed for additional diagnostic and treatment therapy. Children advancing beyond the Infant Stimulation Program continue in observation and reinforcement through the Toddler Step-Up Program. This program—essentially a head start—takes the child up through nursery school age and then dismisses the child with recommendation of suitable nurseries to the mother.

A variety of treatment models are also included in the present Mental Health Department. Some of these are the group psychotherapy program, individual psychotherapy, and chemotherapy. Along with these the activity therapy program provides avenues for creative expression and fulfilling self-image for the non-verbal—an immediate gratification through creative activities. The Center maintains an alcoholic program for persons with alcoholic problems. Patients are received by means of the regular system of Center referral. There is the further outreach effort through Center community health workers and a follow-up program common to other Center services.

The present Mental Health Department provides consultative, educational and therapeutic services to the Center staff and outlying community. In the consultative area it focuses not only on educating other health personnel in the Center but also on being a resource for other community agencies in the area. In so doing, it does not wish to sever prior patient relationships with any similar program but to serve as a backup when needed. Because of this fact, statistical accounts of patients

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seen, treated or referred would not adequately measure the department's activities or outreach. In the year ending June 30, 1971, 1,055 direct patient contacts were made. However, present annual recapitulations show that this figure has tripled. In recent years the department has taken a more outgoing stance. With equal emphasis on the preventive as well as the curative measures, they worked on their public image hoping that through education of the Health Center personnel and team interaction, more patients would be led to seek help more. Early use of short term therapy will reduce the need for long term psychiatric care of the critically ill.

Carrying out these goals for prevention and treatment is adequately achieved by the present staff of fifteen--five of whom are full-time persons. Three part-time clinical psychologists and three part-time psychiatric social workers work in concert with three group co-therapists, two community mental health workers and an alcoholic counselor in handling the treatment end of the work. Three part-time family health assistant mental health liaison workers assist with the Infant Stimulation and Toddler Step-Up Programs. For continuity of care, there is good liaison between the Center and the following local agencies: Rochester State Hospital, Monroe Community Psychiatric Hospital and the Rochester Mental Health Center.

The department sees other avenues for possible Center community involvement through treatment of drug addiction, day care treatment for the chronically ill and alleviating the emotional stress associated with old age in programs for the elderly. The present director of mental health services acknowledges that the psychiatric services provided at this center adequately demonstrate what can be done when two agencies (Rochester Mental Health Center and Rochester Neighborhood Health Center) cooperate to meet the specialized needs of a community.

**Nutrition**

The need to counsel patients in dietary matters was first realized by a staff physician (Dr. Jacob Goldstein) and in 1970 a dietary assistant from Strong Memorial Hospital began an individualized diet therapy program at the Center. The nature of the program was strictly curative. However, wishing to broaden the scope of these services, the Center hired Ms. Carolyn Arnold, a Nutritionist/Home Economist, to conduct diet therapy, nutrition education and home management for Center users as of September, 1971. This service functioned out of the renovated 65 Hanover address.

The need for nutrition counseling was great as diet deficiencies often plague whole families. Large numbers were suffering from obesity and many had need of special diets in remedy of other medical problems.

The year's activities included attempts to add prevention to the diet therapy program underway. There was no problem in establishing a strong diet therapy referral as this had been the extent of the previous work. Several education programs were added. Through use of posters, mimeographed booklets and the like, the public was exposed to general nutritional information. Workshops in food preparation for the dieting or diabetic woman were held. First using the cooking facilities of the Baden Street Settlement, the women under Ms. Arnold's direction and supervision would gain experience in preparation (and consumption) of specialized diet food. The program was greatly hampered by inadequate facilities and eventually had to be discontinued.

A very interesting program was begun in late 1972 in conjunction with the mental health area. A combination of group activity and group therapy was employed to enable a select group of dieters to break the many bad eating habits leading to their overeating. Hypothesizing that bad eating habits result from bad feelings, the program hoped to eventually solve the problems (as well as the habits) giving rise to the obesity.

Presently, there are weekly evening groups and afternoon group sessions which begin with weight control and branch off to other areas of regulated eating and nutrition. The dynamics of group interaction has proven most successful in the field of nutrition therapy/education. More use of this technique is one of the hopes for the future. In addition, closer work with the Center teams and training of family health assistants in nutrition diagnosis would prove most beneficial. Although plans are made for even greater publicizing, the Coordinator has done a great deal of outreach work to upgrade the nutrition picture in other neighborhood programs. Support has been given to the Baden Street Buying Club with the Center providing recipes, menus and food fact information and advertising. Through the Health Task Force, the Center's personnel has served as a nutrition consultant for day care centers. Under this program specific attention has been given to a Day Care Nutrition Project. Such support has gone from workshops...
for program personnel to learning activities for children using food.

Although the resources of this area have been used to a great extent by the community at large, it is the future hope that more utilization can be realized by the Center. Making the community aware of its need for home management skills—cooking, buying, shopping, etc.—and setting up facilities for teaching these skills would greatly contribute to the overall plan for community well-being.

Nursing

The present nursing division under Miss Carole Brink’s direction plays a large part in the delivery of care. Responsible for all functions of Health Center nursing in its broadest sense encompasses nursing in the Center, the home, the school and the hospital. In realization of a goal of such scope, three categories of staff are employed by this division. They are In-Center nurses, family health assistants and the public health nurses.

In-Center Nurses

At the Center’s opening the In-Center nurses were first made up of the three Baden Street nurses who were carryovers from the Baden Street Health Center. With Mrs. Helen McNeary’s initial nursing directorship, one community resident RN was hired making up the original four.

As the need dictated, new nurses were recruited and the Center, which was then being remodeled and expanded, added staff as well as positions. The health care areas, which at first were combined, were divided into specialty areas (e.g., ob-gyn, pediatrics, and internal medicine). As patient registration increased and with additional medical staff, assignment of nurses to these specific areas was possible.

The capability of the nurses hired is evidenced in one particular specialty assignment—patient triage. First done by the public health nurses on a rotating basis, it was decided that an L.P.N. with on-the-job training could function as effectively. Initially, a staff member was trained for this role, shortly thereafter an L.P.N. was hired expressly for this position. Since August 1969, this nurse (Mrs. Juanita Bell, L.P.N.) has worked with the Head Nurse (Mrs. Brenda Jordan) in developing the new role of Tri-
Triage usually begins the new (or walk-in) patient's encounter with the in-Center staff and is designed to facilitate the delivery of health care in the Center. From this initial appointment, in-Center nurses assist throughout to the encounter's completion. In-Center staff members are utilized to some extent for each in-Center encounter, often being the first staff member contacted by the patient.

"The present problem being faced by this staff is the incorporation of past functions and responsibilities into the ever-present team concept. Until recently they had not been recognized as active members of specific teams, yet their input does enhance overall team efforts. The plan for the new building was designed for team practice rather than specialty practice. Consequently, the Center nursing staff will need to become proficient in managing, not just for instance, a pediatric session, but ob-gyn and adult medicine as well."

"Through involved group discussions, demonstration and printed guidelines, each informed the other of the different routines and specifics as individual specialty areas were concerned."

"Practical experience in the various areas followed, thus allowing each assistant and LPN to work in the three health care areas and Triage. It was hoped that we would do two things by this rotation: provide for a period of practice in unfamiliar areas, and allow each person to become aware of and sensitive to the roles and responsibilities of co-workers. At present the in-Center nursing staff is working hard to help the Center give top quality care to its patients and families through continued efforts of the health care team."

Family Health Services

Family Health Services was originally formed in 1968 as part of the Social Services Department with a staff of twelve family health assistants. The present staff numbers twenty-one with one supervising FHA, five senior FHA's and fifteen family health assistants. After recruitment, they worked to aid patient registration at the Center. The original goal was for FHA's to attempt to help patients to alleviate those social and environmental problems—housing, welfare, schools, etc.—which might prevent their obtaining needed medical services.

The initial training for the first FHA's had been correlated by Mr. Ike Jordan and carried out at the...
University of Rochester and #6 Public School. First recruited as family health aide trainees, the workers underwent a six-month probationary training period. Upon completion, they were family health assistants. Upon Mr. Jordan's leaving the Center, Mrs. Hazel Jeffries assumed the duties of the Social Services—later Community Services—Coordinator in September, 1968. As the community workers gained insights into family matters of import to the Center, they would be channeled to the Project Director through the Coordinator. In addition to supervision of the twelve initial FHA’s she supervised the division’s social worker. The number of FHA’s increased so rapidly (11-15) that other areas of Center service were sought for them. By means of an internal hierarchy—Family Health Assistant, Senior Family Health Assistant, Supervising Family Health Assistant—which was proposed and enacted and by training them to assume other Center duties when necessary, some type of career mobility was effected for FHA’s. Some FHA’s became clinical aides, or school health workers, one became a driver, one a receptionist, etc. Thus, a fulfillment of the Center’s health careers program was achieved.

As their skills became less essential in outreach—and were not governmentally reimbursed—new training in home nursing was planned for them. Under the Red Cross Home Health Aide Program, a regular program of training was provided with additional aspects specifically designed for the Health Center. These included training in TB testing, nutrition, throat cultures, etc. Three public health nurses coordinated the training, part of which included practical sessions of seeing patients in the Center and in their homes. Of the twenty health assistants trained, nineteen successfully finished the course.

With the completion of their training, they were employed in the medical area of care. In the summer of 1970 with its renovation, 25 Herman Street became the new home of the family health assistants and the public health nurses until the completion of the new health facility.

Presently there are four family health assistants assigned to each of five teams under Senior FHA guidance. They coordinate family care, steering patients to proper Center services—dental, pediatric gynecological, etc. They counsel in homes as well as carry out such procedures as throat cultures, cleaning catch urines, culture follow-ups, etc., as their training allows.
It is a known fact that socio-economic and environmental factors influence the degree of one's utilization of health care facilities. Health care in a poverty area is usually low priority. Coupled with the disdain most poor people harbor for traditional clinic methods of delivery, health care to the poor requires first and foremost "a selling job." A community-oriented person is best equipped for handling the task of educating people about something they have never had before or have found unsatisfactory. The family health assistant interprets the patient's situation to Center care providers, thereby enhancing and following-up the practice and delivery of health care to the poor.

Public Health Nursing

"The public health nursing component also began in 1968 with five PHN's hired to work full-time under the Center's first nursing director via contract with the Monroe County Health Department. This group now numbers twelve including one supervisor and two assistant supervising PHN's. Two other PHN's are employees of the University of Rochester.

"The role of the public health nurse has been greatly expanded to include counseling and evaluating various complex aspects of the patient's problem. Not all nurses are prepared to work in this type of relationship, and not all doctors welcome it or make full use of it. We have been fortunate at the Center to have nurses and physicians who, as a whole, do welcome and utilize such a working relationship.

"The functions of the public health nurse include the traditional functions of nursing care of the sick, family planning, growth and development of parent-child relationships, and social and emotional factors of family life. Also, she continues to assess environmental health hazards and to assist in their removal. (The PHN is greatly assisted in these functions by the family health assistant who has assumed greater responsibility for guidance and counseling and with whom she works closely. The nurse is now responsible for direct health care in-
"The utilization of nurse specialists or practitioners came into being this past year beginning with the arrival of Mrs. Lewis as a nurse midwife. . . . Further steps toward preparing primary care providers have been initiated by the inclusion of a medical nurse practitioner on one team. One of the PHN’s on leave of absence while in graduate school is currently enrolled in the pediatric nurse-practitioner program and plans to return full-time as a qualified PNP.

"The School Health Program which began at School 6 four years ago, and extended to School 9 in September of 1971, is staffed by two of our former family health assistants who later became nursing assistants and subsequently full-time school health assistants. Each spends full time at one of the two schools. In addition, one full-time public health nurse works between the schools with the school health assistant. Two pediatricians are also involved and provide necessary medical back-up."

With Mrs. McNerney’s departure from the Health Center in 1970, administration of this division became the responsibility of her assistant, Miss Carol Brink, who now commands the post.

The services of all of these health providers are structured together for maximum efficiency through the team concept.

There were five teams by 1972. The team structure in providing patient care has been continually evolving. In the early days of the Center, coordination of team care was provided to a great extent by the public health nurse. As the family health assistant group grew in capability, a senior health assistant on each team assumed a large share of the coordination. Through regular meetings of the Center’s teams—physicians, specialists, PHN’s, FHA’s, dentists and mental health workers—the team is not only educated for more appropriate patient referrals, but the group is also able to review and coordinate care. Team members, however, continue to relate to supervisors in various departments. Because of the specialty service given by the many different physicians on the team, the PHN’s and FHA’s in their patient contact serve to preserve the continuity of care. As the number of patients has grown considerably (approximately 3,000 to 15,000) the PHN’s and FHA’s have become even more
valuable. With continued assessment of team structure, the development of strong, more autonomous teams is occurring. The next envisioned step is the development of a team coordinator with hiring and evaluation of personnel being performed within the team rather than through the departmental structure.

"The medical department at the Center has instituted some of the earliest screening programs in Monroe County—sickle cell and blood lead level—(in its regular patient physical). Becoming deeply involved in the problem of lead poisoning, Center staff have checked homes for lead paint, reported to the building bureau, and a staff member (Dr. Molly Coulter) has been a member of the childhood lead poisoning committee, through which one of the first computer programs for identifying children and homes at risk has been developed.

The Center Takes a Name

"In December 1971, Dr. Anthony Jordan, a dedicated Black physician in the Rochester Community, died and left our community without the services he had for so many years provided.

"Dr. Jordan’s dedication was proven throughout the many years he served us by his willingness to treat individuals with or without money to pay for his professional skills... he had to be a dedicated individual since his main concern was not money.

"At this time I will recommend that People’s Health Council consider naming the new Health Center after Dr. Jordan, since the philosophy of both Dr. Jordan and the Health Center are basically the same: Health care for all! It will give our community something close to us and our people in the future, and I think Dr. Jordan would have deeply appreciated such an honor.”

—David Gantt

For many months prior to its construction, a name had been chosen for the new Health Center building. As the Council had been incorporated as the People’s Health Council, the Center was to be so-named People’s Health Center. The Council anticipated naming the Center accordingly until comment was made to the contrary in April 1972, at a meeting of the Board. The Coordinator, Mr. David Gantt, presented the proposal to the Council that the Center be named in memory of Dr. Anthony L. Jordan. Dr. Jordan was by no means a stranger, having personally attended the health care of many of the Board members.

Though serving Rochester’s health needs for some 39 years, Dr. Jordan’s home was quite far
away. Born in Georgetown, British Guyana, he went to the local elementary and secondary schools there, with what one would imagine to be great success.

Committed to educational achievement, he pursued advanced studies at Queens College in Guyana and taught there for a short time. With the goal in mind to pursue a career in law, he came to the States to study at Howard University in Washington, D.C. After being told that law was not a "Black man's career," he set his sights on a career in medicine.

His medical school term was happily interrupted by his marriage to Ruth Green during his junior year. Medical internship spent at Richardson Memorial Hospital in Greensboro, North Carolina, he assumed active practice not far from there in High Point, North Carolina in 1926. During their short stay in the Carolinas, Mrs. Jordan taught in the Carolina school system. However, the climate not being satisfactory, the Jordans moved to Rochester in 1932.

Coming during the depression was at first rather difficult. Although his practice was set up at 136 Adams Street, his patients were from all areas. As a matter of fact, for the first few years the predominance of his calls were from the seventh ward area and it was perhaps at that time that his deep affection for the seventh ward residents was founded. As Mrs. Jordan recalls, "He had a special place in his heart for the people there," as they did for him. Area residents recollect Dr. Jordan with fondness for he was truly a rare individual with a service methodology all his own. The neighborhood termed him "a doctor who would come." Mrs. Jordan pictures him as an "old style family doctor"; he would come where and when he was needed (in a time when concern was waning even for the sick). Although he was most sympathetic and had great understanding for the poor, he treated them with respect. "One thing about him, he gave everybody time. He didn't chase people out of his office and no matter how crowded the waiting room was, he took time for each one. He always had time for people."

Coupled with his love for people, he had a most winning personality. "He had scads of friends. Some people attract people and some don't; he did." Though, with the ready wit and down-to-earth, disarming manner, went compassion. Many times even before he was financially stable he would give free service to patients. He spent many Sunday afternoons giving benefit examinations to college students and to the children going to summer camp, and others. Later in life he would not only render his service at no charge, but would often take money out of his pocket for those in need. A dedicated man, he gave his whole life to his profession.

"Towards the end when his health was worsening, he would not neglect his practice. He liked being with people and would remain in his office until he had to leave. He was there at work during October and he died in December." Mrs. Jordan adds, "Even the week before his death, he was anxious to return to work. We were going to strip the office and rent out the building, but he said, 'No, wait until I get back to Rochester.' But he never came back."

Medicine enabled Dr. Jordan to do more for people than law would ever have permitted him, and it was his nature to be benevolent. Along with his obvious dedication to medicine, Dr. Jordan was as adamantly committed to education and what it could do. He particularly stressed education for the Black man. He tried to interest his children in education; it was his whole aim in life. He believed in college education and insisted on high grades. He talked to them about books—the whole house was crammed with books. Perhaps it was his backing of education that led to his very active support of the Negro College Fund—one of his pet charities. He likewise, heavily supported several colleges which his children attended.

Along with the respect for education, he gave time, effort and money for advancement of Black people in the community. During the 50's, he and others spent much time working for the hiring of minority peoples by the city. He was particularly disturbed by the fact that at the time there were no Black policemen on the city's force. Staunchly supporting the NAACP, he became a lifelong member of that organization. Throughout his own career, he tried to help young Black professionals get started. For years there were only a few in Rochester. Later, as more came, he tried to encourage them and get them on their feet.

For some eighteen years he worked as a welfare doctor for the County. He was also a church member affiliated with the Baptist Church. His service to humanity was widely recognized. In January, 1965, he received a presidential citation for his "meaningful community service" by recommendation of the Monroe County Medical Society. He received two citations from the Elks Club—one in 1967, another in 1971 and an award from the Baptist Ministers' Alliance of Rochester (1971).

No doubt Dr. Jordan's life was an inspiration to his family and children, four of whom—grand-
children and younger relatives—are in medical school to date. A son, Dr. Herman C. Jordan, heads the Ophthalmology Department at Harlem Hospital and is on the staff of the Presbyterian and St. Lukes' Hospitals, in New York City. A daughter, Dr. Winifred Simmons, is a practicing psychiatrist in Kailua, Hawaii.

One relative in particular, expresses his aim in life as pursuing a medical profession to give service to his race. This particularly reflects Dr. Jordan's motivation in service. As Mrs. Jordan puts it, "They admired him and wanted to do what he did."

Dr. Jordan had certainly made a lasting impression on the Community Board. Perhaps it was the fondness which enveloped memories of Dr. Jordan that led the Board to unanimously choose his name for the Center.

Perhaps most importantly, they wished the soon-to-open Center, in its humanitarian service, to so identify with and to understand the community as Dr. Jordan seemed to have done. He was always close enough to the community so that they trusted him with his "down-home" disarming charm. He was a man of personality and concern.

One could well speculate that the service the community wished from the Health Center was the service that Dr. Jordan had given.
Centro de Salud del Vecindario de Rochester

Los orígenes del Centro de Salud del Vecindario de Rochester están radicados en el comienzo de la Casa de Beneficencia de la calle Baden (Baden Street Settlement). Impulsado por los sentimientos humanitarios de las Señoras Fannie Garson y Theresa R. Katz, ésta sirvió la comunidad de inmigrantes judíos en adquirir destrezas en horticultura de cocina, inglés americano, costura y la educación básica.

Con la asistencia de maestros voluntarios, la lista de socios de la Casa de Beneficencia había crecido para el 1902 a 1.450, con 300 personas matriculadas en clases de costura, fabricación de trajes, trabajos de remiendo, cosida, labor de gancho, bordadura, canto y tejido de canastas. Se compró un local para la Beneficencia y se establecieron unos clubes sociales. En 1904, la adición de una sala de asamblea hizo posible el establecimiento de una estación de leche en la Beneficencia. Atendida por una enfermera profesional, este servicio —dirigido a impartir instrucciones rudimentarias a las madres en el cuidado de los niños— fue el comienzo del Dispensario de la calle Baden.

Debido a la gran exigencia de atención médica, en el año 1908 cuatro clínicas (dos de medicina general, una de pediatría y una de oídos-nariz-garganta) funcionaban en una de las salas de la Beneficencia con médicos voluntarios. Expandiendo fuera de los límites de las facilidades de una sola sala, se mudó el servicio médico a la 160 calle Baden en 1910. Aún esta nueva casita no era suficiente, y por fin, en el año 1917 se edificó un dispensario con ocho clínicas, considerado como el más moderno y mejor equipado en todo Rochester. Las clínicas ofrecían servicios de pediatría, cuido prenatal, ginecología, cirugía, medicina, enfermedades contagiosas y dermatología, nariz-garganta-ojos. Se añadió una clínica dental para adultos en 1918. El número de sesiones en la clínica de pediatría se triplicó en 1920 y un departamento de rayos-X fue instalado en la década de los 20. La Clínica de Tuberculosis Landberg fue instituida en 1928.

En estos años, visitas de pacientes ascendió a 27,000. Pero, este número aumentó notablemente en la próxima década. Desempleo severo rigió en los años de la Depresión, 1929-1930 y cuando muy pocos podían permitirse el lujo de un médico privado, venían por la ayuda de las facilidades de salud de la Casa de Beneficencia. Contrario al aumento de números, fue una disminución de entradas monetarias. En el año 1930, 30,238 visitas de pacientes remitieron $7,240.00, mientras que en el año 1933, 35,247 visitas produjeron solamente $5,010.00.

Durante este período, las clínicas dentales sufrieron subsumidamente, aunque se añadieron tres nuevas. Con los comienzos de las reformas sociales federales, los costos de los pacientes del Dispensario se dividieron entre los gobiernos federales, estatales y locales a través del bienestar público.

Con el lento incremento de empleo, más y más personas podían pagar por los servicios del Dispensario; más tarde, podían financiar un médico privado; y finalmente, podían mudarse definitivamente del área del Distrito 7. Los pacientes disminuyeron drásticamente. Junto con esta disminución, muchos de los médicos fueron a servir en las fuerzas armadas.

Durante los años de la Depresión y aún antes, el carácter del vecindario había cambiado. Replazando la población mayormente judía—que desde luego se había mudado—vino una mezcla de personas polacas, negras, italianas y eslavas a poblar el área de la Beneficencia—la mayoría buscando empleo o una vida mejor. Con nuevas necesidades comunitarias, la Beneficencia cambió su dirección de tratamiento a mantenimiento de salud y educación de la población. Para lograr esto, se abrieron nuevas clínicas. Programas pre-escolares y Clínicas de Bebés Saludables nacieron en el año 1945. Una clínica para la prevención de cáncer en las mujeres fue añadida en 1946 y la Beneficencia hizo gestos para empezar una clínica de planificación familiar. También, estudiantes pediátricos de la Universidad de Rochester, de la Escuela de Trabajo Social de Buffalo y estudiantes locales de enfermería utilizaron el Centro de Salud de la calle Baden (como se llamaba ahora) para adquirir experiencias en sus campos.

La Beneficencia reclutó un cuerpo más adiestrado para realizar sus nuevos objetivos. Se adquirieron los servicios del Señor Irving Kriegsfeld como Director y la Señora Frances Repsher como Directora del nuevo Centro de Salud. Algunas de las deficiencias del Centro de Salud, tales como las de personal, espacio, y facilidades inadecuadas fueron atacadas. En el año 1952 el Centro de Salud se trasladó al sótano del recién edificado caserío Hanover Houses, aportando el necesario espacio. Aún existía el problema de personal insuficiente, el cual no podía ser aliviado ni por el recluta...
miento intensivo de voluntarios de otras agencias de salud. Las clínicas no funcionaban con la eficacia esperada, dependiendo principalmente de labor voluntaria, y la Beneficencia no podía sufragar los gastos de médicos permanentes en el Centro de Salud.

La Beneficencia atentó una evaluación de su enredo por varios métodos—un auto-estudio, un informe de Ira Hiscock y numerosas encuestas dirigidas al personal y a los pacientes —para determinar cuál sería su dirección bajo estas condiciones precarias. Verdaderamente deseaban entregar la dirección del Centro de Salud. En sus esfuerzos de implementar las recomendaciones del informe, la Beneficencia acercó a otras organizaciones proveyendo atención médica para que se encargaran de sus facilidades; pero ninguna de éstas aceptó. Para apaciguar la Beneficencia, se le concedió más dinero para sus operaciones de salud y un sueldo para un coordinador parcial. El coordinador se esforzaría a organizar y dirigir sus esfuerzos a un programa de atención médica familiar.

En el año 1965 el Doctor Kenneth Woodward, Evan Charney y Robert Haggerty—descubrieron su interés mutuo en fomentar un centro de salud, hicieron contacto con la OEO para una manifestación concreta de apoyo. Recibieron aprobación positiva y la seguridad que el sometimiento inmediato de una propuesta para tal centro recibiría financiamiento. La propuesta se escribió rápidamente y se envió a la OEO. Al término de un mes, se les concedió 1.2 millones de dólares. Sin embargo, la OEO había especificado dos cosas: que la concesión tenía que ser procesada a través del programa local Acción para la Comunidad, “Acción para una Mejor Comunidad” (ABC) y que tendría que contratar con la Universidad y no sólo con el Departamento de Pediatría para la dirección del centro.

Los Médicos Woodward y Charney inmediatamente solicitaron el apoyo de ABC —el cual recibieron a través de la Junta de la Comunidad— y se reunieron con los residentes del Centro de Servicio del vecindario del Distrito 7. Este grupo 'Ad Hoc' sugirió el establecimiento de una junta de la comunidad para asegurar la cooperación de la misma y proveyó los nombres de organizaciones claves, representadoras de la comunidad. Esta junta se reunió por primera vez en el 8 de agosto, 1967.

Mientras tanto, la Universidad, aunque vacilante en aceptar la administración de un centro de salud, acordó contratar con la OEO para el proyecto. Pero, la OEO impuso un número mínimo de condiciones legales, las cuales estaban en contra de la política de la Universidad. Por dicha razón, empleó tiempo considerable en las negociaciones legales entre la Universidad y la OEO. Por fin, se firmó un acuerdo en mayo de 1968, después de casi un año de discusiones.

En la interinidad, los doctores Woodward y Charney solicitaron respaldo de (1) el Departamento de Salud del Condado de Monroe para uso de enfermeras de salud pública en el Centro y el establecimiento de las disposiciones de Ayuda Médica (Medicaid); (2) el Centro Dental Eastman para el servicio dental; y (3) el Hospital General de Rochester para servicios de salud mental. Con las negociaciones del contrato pendientes, la Beneficencia siguió administrando el Centro de Salud como de costumbre, anticipando la entrega de este al firmar el contrato. Además, se empleó personal para entrenar trabajadores exteriores comunales, para supervisar a las enfermeras de Salud Pública y para reclutar el cuerpo médico. También se estableció un sistema de archivo los documentos médicos.

Durante este atraso, la Junta de la Comunidad se reunió y formuló el funcionamiento de la Junta. Compuesta por 17 grupos vecinales y 12 profesionales, la Junta se dividió en comités y redactó el reglamento, una constitución y enmiendas al Directorio del Personal de la Universidad.

Con la firma del contrato el 15 de mayo, 1968, se impulsó a todos los concernientes a toda velocidad. El Concilio Popular de Salud (así se llamó la Junta de la Comunidad) comenzó la empresa de seleccionar un local para el edificio, debido a que #30 de la calle Vienna fue temporero. El solar adyacente a la Escuela #6 fue seleccionado y con la ayuda del Señor Darwin Farber y otros, un comité del Concilio elaboró los planes del edificio, hizo selecciones de arquitectos, decidió el financiamiento a través de la FHA (La Autoridad Federal de Viviendas), configuró los requisitos de espacio y comenzó la labor de solicitar la aprobación inicial de varias agencias locales de planeación. Pero este proceso se atolló en ellabece proceso se atolló en el clima gobernativo de la Administración, y un pediatra y un obstetra, aunque renunciaron a la Asamblea, establecieron los conceptos básicos para la renovación y el nuevo edificio, que se inauguró en el otoño del año 1968.

Con el deseo de amonestar el progreso del Centro, el Doctor Charney trabajó en capacidad de investigador y evaluator mientras que el Doctor Woodward asumía el doble papel de Director Médico y del proyecto mismo hasta contratar un director médico (en julio del 1970).

Para el año 1970 se habían logrado tan buenos resultados en el Centro que los estudiantes divulgaron una disminución notable de 27% en el uso de los departamentos de emergencia de los hospitales por los niños del área. Debido a la interacción con varios grupos comunitarios, se condujeron talleres para el vecindario presentando temas tales como vivienda, empleo, educación, etc. Tres días más tarde, se celebró un "Día de Visitas" para conmemorar la terminación de la renovación.

Casi paralelo a esto fue la elección de los nuevos oficiales del Consejo. La previa Directiva había realizado una labor difícil maravillosamente y merecían reconocimiento por su perseverancia y sus actividades en los asuntos del Centro. El nuevo Consejo también fue muy activo. Consiguió nuevo espacio para oficinas en la calle Vienna #10 y aumentó el número de sus miembros con representantes del Consejo de la Ciudad Modelo (Model Cities). Después de un reclutamiento intenso para un coordinador, el Señor David Gantt fue seleccionado. En cuanto a la incorporación, el Consejo decidió escoger incorporación inmediata como una Junta Consejera con la meta futura de incorporación como una Junta Gobernativa. Después de largas consultas con la OEO, la Junta consiguió los servicios del Centro para personas no recibientes de la Ayuda Médica (Medicaid), empleando una escala móvil de honorarios. La aprobación de los estatutos 80-20 y la enmienda Hawkins (la cual hizo esto posible) se atribuyeron a los esfuerzos de los miembros del Consejo y en especial a los de Doctor Woodward. Se organizó un comité para crear la escala móvil de honorarios.

Fue el nuevo Consejo de 1971 el que presenció la colocación de la primera piedra del nuevo edificio en una tarde de julio, acompañado por un público limitado. El Maestro de Ceremonias, Señor Harry Suskind (Presidente del Comité de Construcción del Consejo) presentó los oradores del acto. El Reverendo Lawrence Tracy hizo la invocación, seguido por los invitados de honor: el Reverendo Guy Massay (Presidente de la Junta de Directores), el Alcalde Stephen May, Jorge Colón, Director Ejecutivo de la Liga de Acción Ibero-Americana, el Reverendo Raymond Scott, Presidente de F.I.G.H.T., Sr. William Hall, Director Ejecutivo, la Casa de Beneficencia de la calle Baden, Sr.

Como un homenaje a la ocasión, el Señor Horacio Rodríguez presentó la bandera de Puerto Rico, la cual danzó energicamente al compás de la briza durante las ceremonias en reconocimiento de la gran cantidad de puertorriqueños en el vecindario, futuros beneficiarios del nuevo Centro de Salud.

Junto con la inauguración y el comienzo de la construcción del Centro, el Consejo tomaba las pautas necesarias para llegar a ser un cuerpo gubernativo. La OEO había publicado los pasos definitivos para seguir (en enero) para tal trámite al Consejo. Por los servicios del Consejo fueron las Señorás de los servicios del Centro, representantes de ese área, elegidos al comienzo de la construcción del Consejo. La OEO insistió en la independencia del Centro. El programación del Consejo comenzó después de las elecciones. Los Directores de los servicios del Centro presentaron información sobre las operaciones del Centro (agosto, 1972), mientras que 'Team Asociates' de Washington, D.C. fue seleccionado para ofrecer entrenamiento administrativo.

La OEO insistió en la independencia del Centro. El equipo de cuidado médico. El equipo de cuidado médico. Se hizo un gran esfuerzo para asegurar a los pacientes la continuidad de atención. Tienen su propio médico en el Centro, su propio asistente de salud familiar y personal permanente de salud mental. El #65 de la Hanover fue re-edificado para alojar los servicios de los departamentos de Contabilidad, de Facturación y Compras, de Recursos de Equipos, de Entrenamiento y del Director del Proyecto. Con espacio adicional, se agregaron nuevos programas. Se inició el programa de entrenamiento para equipar el personal con destrezas profesionales y educación básica. El Departamento de Investigación y Evaluación amonestó e investigó las operaciones del Centro. Junto con estos se añadieron los nuevos servicios de un nutricionista/economista doméstico y los de un oficial de información e inscripción (consejero de pacientes), todos logrados por la reciente adición de espacio—formando así la Unidad de Recursos de Equipo. Este Equipo de Recursos trabajaba bajo la dirección del Coordenador de Servicios Comunitarios. Además de esto, un Comité Ejecutivo de Salud (HEC) y una red de sistemas supervisoras se organizaron para óptima eficiencia del Centro.

Se componía la administración: Sr. Timothy Downs—Director del Proyecto; Dr. Molly Coulter—Directora Médica; Sra. Carole Brink—Directora de Enfermería; Dr. Hyman Goldberg—Director Dental; Sr. James Proctor—Director de Salud Mental; Sr. Aaron McFadden—Administrador; y Sr. Charles Minor—asistente al Administrador. Otro personal auxiliar alistado para afiliar el funcionamiento del Centro en su nuevo edificio consistió de un Gerente de la Oficina, la Sra. Gloria Arnel y el Sr. John Lima para inaugurar los servicios farmacéuticos.

En cuanto al cuidado médico, habían ahora cinco equipos compuestos de médicos, enfermeras, asistentes de salud familiar, dentistas y trabajadores de salud mental. Se hizo un gran esfuerzo para asegurar a los pacientes la continuidad de atención. Tienen su propio médico en el Centro, su propio asistente de salud familiar y su propia enfermera de salud pública. Si se necesitaran hospitализación, su médico del Centro los atendería. Si su médico recomendaba tratamiento dental o mental, tienen la dicha de recibirlo de uno de los expertos de su propio equipo de cuidado médico. El paciente no sólo tiene su propio
médico sino también un dentista privado, un trabajador social, una enfermera y un trabajador de la comunidad, todos colaborando en pro de su salud y bienestar. Hay ahora once médicos permanentes y un significante cuerpo consultivo parcial. Junto con los servicios médicos, hay otros similares tales como: análisis diagnóstico, detección anticipada de enfermedades, evaluación de desórdenes relativos al desarrollo, sesiones quincenales de oftalmología, consultas de otorrinolaringología, y servicios consultivos quirúrgicos de veinte y cuatro horas. Un trabajador social médico recientemente se unió al cuerpo médico. Consultas en oído-nariz-garganta y alérgias se proyectan para el futuro.

El área de salud mental ofrece una variedad amplia de programas para el tratamiento a los pacientes del Centro, referidos regularmente. Estos incluyen: sicoterapia de grupos, sicoterapia individual, quimioterapia, terapia de actividades y un programa veraniego para adolescentes en artificios de cuero, y un programa para niños pequeños titulado “Estimulación de Infantes y Adelante Bebé” (Infant Stimulation and Toddler Step-Up). Estos servicios se llevan a cabo por quince miembros de la facultad de salud mental, compuesta de tres psiquiatras parciales, tres psicólogos, dos trabajadores sociales, tres asistentes sociales, tres enfermeras comadronas, tres trabajadores sociales comunitarios, dos trabajadores de la comunidad, todos colaborando en la totalidad de la operación de la atención médica. Una enfermera práctica se asigna como diagnóstico inmediata para asistir a los pacientes nuevos y a los ambulantes a recibir la atención médica merecida. Actualmente hay dieciocho empleados.

La enfermera de salud pública goza de un papel único y gratificante bajo la estructura del Centro de Salud. Trabaja con el médico como colega y no como subalterna. Aunque empleada por el Departamento de Salud del Condado de Monroe, trabaja para el Centro, bajo la administración, la estructura y las metas del Centro de Salud.

La utilización de enfermeras especialistas o practicantes comenzó con la adición al cuerpo de enfermeras comadronas.

La división dental que opera en la Clinton norte, #609 y en la Viena #30 ofrece servicios de asistentes dentales, higienistas dentales y dentistas permanentes y parciales para servir la población del área. Un educador de salud oral trabaja también para mejorar el conocimiento de salud dental en la comunidad, presentando conferencias en la materia en las escuelas vecinales y a los grupos comunitarios. En el área de investigación, esta división ha explorado con numerosos estudios y presentaciones tanto orales como escritas, la cuestión de información dental. Un gran número de pacientes ha recibido tratamiento en este área y alrededor de veinte mil están proyectados para el año que viene.

Los pacientes reciben los servicios de un intérprete para facilitar el uso de los servicios del Centro—un reflejo de la meta continua de servicio efectivo para todas las personas de la comunidad.

A través de reuniones de equipos, todas estas unidades coopera en proveer a los pacientes cuidado comprensivo de salud. Con la terminación del edificio del Centro de Salud, todos estos servicios están bajo el mismo techo.

En abril del 1972, la Junta decidió bautizar el nuevo Centro de Salud con el nombre de Doctor Anthony L. Jordan—un médico negro dedicado a prestar servicio a los residentes de Rochester por muchos años. Nacido en la Guiana Británica, el Dr. Jordan se trasladó a los Estados Unidos en busca de una carrera en derecho. En cam-
bio, escogió la medicina como la obra de su vida. Interrumpió los primeros años de sus estudios con su matrimonio a Ruth Green. Viajando hacia el sur, pasó su internado y primeros años de práctica en la Carolina del Norte. Comenzó su práctica en Rochester en 1932 y desde entonces nació su cariño profundo por los residentes del Distrito 7. Aunque tenía su oficina en la calle Ames en el Distrito 3, hizo muchas visitas de casa en el Distrito 7. El vecindario lo reconoció como un doctor que vendría! Su esposa lo describe como un médico familiar tradicional con su propia metodología. Siempre tuvo tiempo para sus pacientes; nunca los echó de su oficina. Muchas veces rendía servicio gratis a sus pacientes y frecuentemente ayudó a los infelices monetariamente. Trabajando largas horas en su oficina, se negó a que la desmantelara aun cuando hospitalizado, y había trabajado hasta dos meses antes de su fallecimiento en diciembre de 1971. Particularmente interesado en la educación, el NAACP (Asociación Nacional pro Progreso de Personas Negras) y otros intereses humanitarios, Dr. Jordan recibió muchos premios por su actividad comunitaria—la Citación Presidencial por Servicio Dedicado a la Comunidad, dos citaciones de la Fraternidad de los 'Elks' y un premio de la Alianza de Ministros Bautistas de Rochester.

La vida del Dr. Jordan fue una inspiración para la comunidad, su familia y amigos. Sin duda, ésta impresionó grandemente a la Junta. Al nombrar el Centro a la memoria del Dr. Jordan, podemos especular que la Junta deseaba que el Centro se caracterizara por las virtudes sobresalientes del Dr. Jordan: dedicación e identificación con la comunidad. El servicio que ellos deseaban del Centro era el servicio que el Dr. Jordan había rendido durante su vida.
APPENDIX A

BADEN STREET SETTLEMENT

PRESIDENTS

Mrs. J. L. Garson 1901-1939
Mrs. C. R. Witherspoon 1939-1942
Mrs. Dexter Perkins 1942-1951
Mrs. Henry W. Hays 1951-1954
Harry Suskind 1954-1956
Mrs. Libby Pulsifer 1956-1958
Mrs. Manuel D. Goldman 1958-1961
Mrs. Joseph Harris 1961-1964
Mrs. DeLeslie Allen 1964-1966
William J. Knox, Jr., Ph.D. 1966-1969
Nathaniel Quick 1969-1971
Mrs. Robert B. Lindsay 1971-1973
Edward C. Trimble 1973-

DIRECTORS

Mrs. Sara Vance Steward (Head Resident) 1901-1914
Mrs. Gertrude Montfort 1914
Mrs. Gertrude M. Jerdone (Head Resident) 1915-1948
Irving M. Kriegsfeld (Executive Director) 1947-1958
Howard C. McClary (Executive Director) 1955-1962
Sidney J. Lindenberg (Executive Director) 1962-1969
William A. Hall (Executive Director) 1969

PEOPLE'S HEALTH COUNCIL MEMBERSHIP
(1968-1972)

Sadie Abrams
Frances Alexander
Sherry Alexander
Helen Amiger
Mae Anderson
George Angle
John Barr
Basil G. Biddy, D.M.D.
Marjorie Boss
Rose Butler
Gloria Cleveland
Lillian Coleman
Edna Craven
Howard Cumming
Odis Felder
Jacqueline Field
Jessie Frazier
Lena Gantt
Robert Haggerty, M.D.
Daisy Holmes
The Reverend F. I. Lowe
The Reverend Guy Massey
Iris McCathan
Katherine Neill, R.N.
Mary Nowlin
Justin Nunes
Marie Ortiz
Marisol Pabon
Natali Serrano
Janell Settles
Donald Stockdale, M.D.
Harry Suskind
Gertrude Talley
The Reverend Laurence Tracy
John Underwood
Dorothy Wadsworth
Vivian Warren
Effie Watkins
Marcelino E. Weiss, M.D.
Marion White

David F. Gantt—Board Coordinator

STAFF

Evan Charney, M.D., Project Director (1968-1969)
Molly Coulter, M.D., Medical Director
Timothy J. Downs, Project Director
ROCHESTER NEIGHBORHOOD HEALTH CENTER
ADMINISTRATION
1968-1973

PROJECT DIRECTORS
Evan Charney, M.D. (1968-1969)
Timothy J. Downs (1971-)

ADMINISTRATORS
Siegel Young (1968-1969)
Timothy J. Downs (1969-1971)
Aaron McFadden (1971-)

MEDICAL DIRECTORS
Molly Coulter, M.D. (1970-)

ASSISTANT ADMINISTRATORS
Elijah Holmes (1968-1969)
Aaron McFadden (1969-1971)
Juan Rosello, Ph.D., C.C. (1970-1971)
Charles E. Minor, Jr. (1971-)

DENTAL DIRECTORS
H. J. V. Goldberg, D.M.D. (1970-)

ASSISTANT ADMINISTRATORS
Elijah Holmes (1968-1969)
Aaron McFadden (1969-1971)
Juan Rosello, Ph.D., C.C. (1970-1971)
Charles E. Minor, Jr. (1971-)

MENTAL HEALTH DIRECTORS
Gail Whitmore Maier, M.S. (1969-1971)
D. James Morrice, Ph.D./James Proctor, M.S.W.
(1971-1972)
James Proctor, M.S.W. (1973-)

NURSING DIRECTORS
Helen McNerney, R.N. (1968-1971)
Carol Brink, R.N. (1971-)

ASSISTANT ADMINISTRATORS
Elijah Holmes (1968-1969)
Aaron McFadden (1969-1971)
Juan Rosello, Ph.D., C.C. (1970-1971)
Charles E. Minor, Jr. (1971-)

DENTAL DIRECTORS
H. J. V. Goldberg, D.M.D. (1970-)

MENTAL HEALTH DIRECTORS
Gail Whitmore Maier, M.S. (1969-1971)
D. James Morrice, Ph.D./James Proctor, M.S.W.
(1971-1972)
James Proctor, M.S.W. (1973-)

SOCIAL SERVICES/COMMUNITY RELATIONS
COORDINATORS
Isaac L. Jordan (June-August, 1968)
Hazel S. Jeffries (1968-)

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### ANTHONY L. JORDAN HEALTH CENTER STAFF  
(1972-1973)

<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>Akins, Carl</td>
<td>Alcoholic Counselor</td>
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<tr>
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<td>Charney, Evan, M.D.</td>
<td>Project Director 1968-1969 and Director of Research and Evaluation</td>
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<td>Supervisor—Psychodiagnostic, Research &amp; Evaluation</td>
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Downs, Dana**  Laboratory Technician  
Downs, Timothy J.  Executive Director

E
Edwards, Barbara  Financial Liaison—Dental
Eliason, Carolyn, R.D.H.  Dental Hygienist
Elwell, Carol  Dental Assistant
Emmel, Anne, M.D.  Pediatrician
Estefan, Alfonso, D.D.S.  Oral Surgeon

F
Falcone, Juan  Mental Health Worker
Feeley, John  Personnel Manager
Feelings, Myrtle  Team Secretary
Fernandez, Leah  Billing Clerk
Fiske, Marilyn, R.N.**  Public Health Nurse
Fleisher, Debra**  Pharmacist
Forest, Elsie*  Personnel Secretary—University of Rochester
Fraiser, Alice**  Family Health Assistant
Frias, Carlos, M.D.*  Psychiatrist

G
Gantt, David  Coordinator for The Anthony L. Jordan Health Corporation
Gimenez, E.E., M.D.  Staff Psychiatrist
Goad, Andrew, D.D.S.**  Dentist
Goldberg, Hyman J. V., D.M.D.  Dental Director
Gonzalez, Raquel  Laboratory Technician
Gordon, Marilyn**  Secretary
Gotzmer, Mary  Pharmacist
Gougeon, Jean A.  Dental Assistant
Greene, Patricia Huffman  Team Secretary
Griffin, Charlotte  Medical Records Clerk
Griffin, Dorothy  Pediatrician
Gross, Bernard, M.D.  Dental Hygienist
Gross, Roberta

H
Haery, Koorosh, M.D.**  Internist
Hall, Lynous, M.D.**  Resident in Obstetrics and Gynecology
Hamilton, Aline  Cashier
Hardman, Jean, M.D.**  Resident in Obstetrics and Gynecology
Harmon, Ronald, M.S.W.  Social Worker

Harris, Deborah  Laboratory Technician
Hayes, George  Building Service Attendant
Hemingway, Eligah  Building Service Attendant
Henry, Bonnie, M.D.  Pediatrician
Herron, Mary  Family Health Assistant
Hesbon, Susan, R.N.  Public Health Nurse
Hirschberg, Roger, D.D.S.  Dentist
Hobson, Lorraine  Registered Nurse
Hogan, Robert*  Medical Student
Hollomon, Geneva  Supervising Family Health Assistant
Holmes, Karen*  Licensed Practical Nurse
Honicky, Richard, M.D.**  Pediatric Resident
Howard, Mary*  Nursing Clerk
Humbert, Frances P., R.N.  Public Health Nurse

I
Iorio, Cynthia  X-ray Technician
Irizarry, Carmen**  Purchasing Clerk

J
Jackson, Ann**  Team Secretary
Jackson, Gloristeen  Dental Assistant
Jackson, Lucinda  Team Secretary
Jackson, Mary Dell  School Health Assistant
#9 School
Jackson, Willie Maude  Senior Family Health Assistant
Jain, Renna, M.D.**  Pediatric Resident
Jakubowski, Ronald  X-ray Technician
Jeffries, Hazel S.  Community Relations Coordinator
Jelks, Julia  Licensed Practical Nurse
Johnson, Anne V.  Family Health Assistant
Johnson, Barbara  Secretary
Johnson, Catherine  Dental Assistant
Johnson, Venia Wright*  Team Secretary
Jones, Daisy**  Housekeeping Assistant
Jordan, Brenda, R.N.*  Head Nurse
Juncker, Anne Marie, M.D.  Internist

K
Kappen, Edward**  Pharmacist
Katzberg, Susan, R.N.  Public Health Nurse
Kaucher, Mary  Assistant Medical Records Supervisor
Keller, Robert, M.D.  Medical Resident
Kerr, Sandra  Dental Hygienist
Kettles, Jacquelyn  
Team Secretary

Kimmel, Lorraine  
Team Secretary

King, Sheila**  
Training Coordinator

Kurtz, Janet  
Secretary

Kimmel, Lorraine  
Team Secretary

O'Connor, Lauriston E.,  
D.D.S.

Ortiz, Maria  
Interpreter

P
Parenie, James, D.D.S.**  
Pedodontist

Parmigiani, Sally, R.N.  
Assistant Supervisor of  
Public Health Nurses

Parson, Rebecca**  
Family Health Assistant

Passen, Clifford  
Administrative Assistant

Payne, Michelle  
Dental Hygienist

Pedraza, Milagros  
Assistant Billing Clerk

Perryman, Gennie  
Clinic Assistant

Petryck, Mirosha**  
Purchasing Clerk

Polk, Margaret  
Secretary

Porter, Willie  
Building Service Attendant

Powell, Suzanne, R.D.H.  
Dental Hygienist

Prad, Helen  
Licensed Practical Nurse

Printz, Joseph, M.D.**  
Resident in Obstetrics  
and Gynecology

Proctor, James, M., M.S.W.  
Mental Health Director

R
Redcliffe, Barbara  
Senior Family Health Assistant

Rainone, Arinda  
Receptionist

Randall, Gerald  
Supervisor of Building  
Maintenance

Ray, Judy, R.N.  
Public Health Nurse

Reaves, Mary  
Secretary

Rennert, Eric, M.D.  
Staff Psychiatrist

Rich, Jennifer, M.D.  
Staff Psychiatrist

Richardson, Maureen  
Assistant Supervisor of  
Public Health Nurses

Riggs, Marie, R.N.**  
Public Health Nurse

Ripa, Louis, D.D.S.**  
Pedodontist

Rist, Tiiu, B.S., R.N.  
Public Health Nurse

Rivera, Nizra  
Receptionist

Roberts, Boswell  
Technician

Roberts, Christine**  
Personnel Representative—  
University of Rochester

Robinson, Joe**  
Team Secretary

Rock, Julius, M.D.**  
Obstetrician/Gynecologist

Rockowitz, Ruth  
Research Assistant

Rodriguez, Carmen  
Interpreter

Rodriguez, Marta  
Team Secretary
Rodriguez, Melva
Rogers, Susan
Rosen, Gerald, D.D.S.
Rosser, Bernie*
Rudolf, Jerome, M.D.

S
Saha, Sushil, M.D.
Salgado, C. Ivette*
Samuelson, Carol, M.D.
Sanchez, Maria
Santiago, Gladys
Santiago, Sylvia*
Sarda, Olga, D.D.S., M.S.
Scibetta, Joseph, M.D.
Sellas, Carmen
Shaw, Deborah
Shepherd, Carolyn
Shipman, Homer
Siebenrock, Carol
Simmons, Sandra
Slater, Lacey, L.P.N.
Slocumb, John, M.C.**
Smith, Elaine, M.P.H.**
Smith, Inez
Smith, Mark
Smith, Richard, M.**
Smith, Ruby
Soble, Zella
Solaun, Frank
Soler, Ahmet, D.D.S.
Spinks, Barbara
Stalcup, Alex, M.D.**
Stanley, Ernest
Stern, Edward, M.D.
Stevenson, Erika**
Storrs, Earl, D.D.S.
Stratton, Fran
Swanson, Christopher**

T
Tatelbaum, Robert, M.D.**
Terry, Richard**
Thelen, Deanna, R.N.**
Thomas, Beatrice

Receptionist-Interpreter
Registered Nurse
Pedodontist
Personnel Representative—University of Rochester
Obstetrician/Gynecologist
Internist
Information and Enrollment Office
Pediatrician
Dental Receptionist
Activity Therapist
Family Health Assistant
Dentist
Obstetrician/Gynecologist
Laboratory Technician
Secretary
Clinic Assistant
Driver
Laboratory Technician
Secretary
Assistant Head Nurse
Obstetrician/Gynecologist
Oral Health Educator
Laboratory Technician
Office Courier
Medical Equipment Buyer
Dental Assistant
Payroll Clerk
Accountant
Dentist
Clerk
Pedodontist
Driver
Internist
Purchasing Clerk
Assistant Dental Director
Public Health Nurse
Laboratory Technician

Thomas, Ruth
Thompson, Lottie
Tillman, Rosa*
Titchell, Robert, M.D.
Torres, Daisy
Trabert, Cherie, M.S.
Trachtman, David, M.S.W.
Tripp, Eva
Truitt, Joan
Tubergent, Lavern, M.D.
Tyler, Marva**

V
Van Horn, Eunice
Van Huysen, William, M.D.*
Vasquez, Charlotte Luttrell
Vega, Jose

W
Waitkus, Nancy, D.D.S.
Walker, Robert, M.D.**
Walsh, Marjorie, R.N.
Walton, Bessie
Weinstein, Michael, M.D.**
Welch, Donna
White, Linda*
Whitmer, Charles, D.D.S.
Williams, Ollie
Wilson, Debra
Wilson, Dorothy
Wirlo, Vera*
Wollmuth, Robert, M.D.
Wood, Susan
Worboys, Wilson, D.D.S.

Wai, Nancy, D.D.S.
Walker, Robert, M.D.**
Walsh, Marjorie, R.N.
Walton, Bessie
Weinstein, Michael, M.D.**
Welch, Donna
White, Linda*
Whitmer, Charles, D.D.S.
Williams, Ollie
Wilson, Debra
Wilson, Dorothy
Wirlo, Vera*
Wollmuth, Robert, M.D.
Wood, Susan
Worboys, Wilson, D.D.S.

Y
Yocum, Michael, M.D.**

Z
Zemer, Lucy
Zimmer, Phyllis, R.N.

Senior Receptionist
Laboratory Technician
Licensed Practical Nurse
Obstetrician/Gynecologist
Dental Assistant
Pediatric Nurse Practitioner
Psychiatric Social Worker
Cashier
Family Health Assistant
Ear, Nose and Throat Consultant
Playroom Teacher
Registered Nurse
Obstetrician/Gynecologist
Community Mental Health Worker
Dental Technician

*Terminated as of December, 1972
**Terminated in 1973

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Board of Trustees
University of Rochester:

We have examined the balance sheet of the Anthony L. Jordan Health Corporation (formerly known as the University of Rochester, Rochester Neighborhood Health Center) as of July 31, 1972 and the related statements of revenues, expenditures and transfers and changes in operating fund balance for the period from inception (July 1, 1967) to July 31, 1972 and of changes in plant fund balance for the two years then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, except for the accounting practice with respect to equipment acquisitions as set forth in note 4 to the financial statements, the above mentioned financial statements present fairly the financial position of the Anthony L. Jordan Health Corporation (formerly known as the University of Rochester, Rochester Neighborhood Health Center) at July 31, 1972 and the results of its operations for the period from inception (July 1, 1967) to July 31, 1972, and changes in plant fund balance for the two years then ended, in conformity with generally accepted accounting principles applied on a consistent basis.

Rochester, New York
October 27, 1972

PEAT, MARWICK, MITCHELL & CO.
# ANTHONY L. JORDAN HEALTH CORPORATION
(Formerly Known as the University of Rochester
Rochester Neighborhood Health Center)

## BALANCE SHEET
July 31, 1972
(with comparative unaudited figures for April 30, 1973)

<table>
<thead>
<tr>
<th>Assets</th>
<th>July 31, 1972</th>
<th>April 30, 1973 (unaudited)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating fund:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$206,527.13</td>
<td>$—</td>
</tr>
<tr>
<td>Accounts receivable (note 1)</td>
<td>256,342.38</td>
<td>338,430.26</td>
</tr>
<tr>
<td>Less allowance for doubtful accounts</td>
<td>16,500.00</td>
<td>31,500.00</td>
</tr>
<tr>
<td>Net accounts receivable</td>
<td>239,842.38</td>
<td>306,930.26</td>
</tr>
<tr>
<td>Total operating fund</td>
<td>446,369.51</td>
<td>306,930.26</td>
</tr>
<tr>
<td><strong>Plant fund (notes 2 and 4):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>47,602.66</td>
<td>—</td>
</tr>
<tr>
<td>Due from Operating Fund</td>
<td>—</td>
<td>20,228.25</td>
</tr>
<tr>
<td>Escrow account for offsite improvements</td>
<td>10,000.00</td>
<td>10,164.32</td>
</tr>
<tr>
<td>Escrow account for Replacement Reserve</td>
<td>—</td>
<td>36,700.00</td>
</tr>
<tr>
<td>Land</td>
<td>36,700.00</td>
<td>312,600.99</td>
</tr>
<tr>
<td>Building</td>
<td>1,593,085.40</td>
<td>2,294,445.55</td>
</tr>
<tr>
<td>Equipment</td>
<td>—</td>
<td>10,000.00</td>
</tr>
<tr>
<td>Total plant fund</td>
<td>1,687,388.06</td>
<td>2,684,139.11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities and Fund Balances</th>
<th>July 31, 1972</th>
<th>April 30, 1973 (unaudited)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating fund:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$95,356.22</td>
<td>$95,879.34</td>
</tr>
<tr>
<td>Due to Plant Fund</td>
<td>—</td>
<td>20,228.25</td>
</tr>
<tr>
<td>Advances from University of Rochester</td>
<td>—</td>
<td>40,921.00</td>
</tr>
<tr>
<td>Fund balance (note 3) (Exhibit B)</td>
<td>351,013.29</td>
<td>149,901.67</td>
</tr>
<tr>
<td>Total operating fund</td>
<td>446,369.51</td>
<td>306,930.26</td>
</tr>
<tr>
<td>Plant fund (notes 2 and 4):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>242,999.04</td>
<td>50,553.15</td>
</tr>
<tr>
<td>Interest payable</td>
<td>4,472.22</td>
<td>8,229.10</td>
</tr>
<tr>
<td>Advances from the University of Rochester</td>
<td>—</td>
<td>246,039.69</td>
</tr>
<tr>
<td>Retention payable on construction contract</td>
<td>134,951.20</td>
<td>174,272.00</td>
</tr>
<tr>
<td>Building loan payable</td>
<td>854,759.20</td>
<td>1,403,529.39</td>
</tr>
<tr>
<td>Fund balance (Exhibit C)</td>
<td>450,206.40</td>
<td>801,515.78</td>
</tr>
<tr>
<td>Total plant fund</td>
<td>1,687,388.06</td>
<td>2,684,139.11</td>
</tr>
</tbody>
</table>

$2,133,757.57                      $2,991,069.37

See accompanying notes to financial statements.
# Anthony L. Jordan Health Corporation

(Formerly Known as the University of Rochester Rochester Neighborhood Health Center)

## Statement of Revenues, Expenditures and Transfers and Changes in Operating Fund Balance

From Inception (July 1, 1967) to July 31, 1972

(with comparative unaudited figures for the nine months ended April 30, 1973)

<table>
<thead>
<tr>
<th></th>
<th>13 months ended</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>July 31, 1968</td>
<td>1969</td>
</tr>
<tr>
<td></td>
<td>$259,368.00</td>
<td>$1,013,774.58</td>
</tr>
<tr>
<td>Revenues:</td>
<td>144.45</td>
<td>175,103.09</td>
</tr>
<tr>
<td>Total revenue</td>
<td>259,512.45</td>
<td>1,188,877.67</td>
</tr>
<tr>
<td></td>
<td>$ -0-</td>
<td>$ -0-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1968</th>
<th>1969</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenues:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advances from Action for a Better Community</td>
<td>$259,368.00</td>
<td>$1,013,774.58</td>
</tr>
<tr>
<td>Patient fees</td>
<td>144.45</td>
<td>175,103.09</td>
</tr>
<tr>
<td>Total revenue</td>
<td>259,512.45</td>
<td>1,188,877.67</td>
</tr>
<tr>
<td></td>
<td>$ -0-</td>
<td>$ -0-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1968</th>
<th>1969</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditures:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel salaries and wages</td>
<td>65,137.07</td>
<td>417,045.77</td>
</tr>
<tr>
<td>Fringe benefits</td>
<td>8,021.68</td>
<td>51,621.44</td>
</tr>
<tr>
<td>Consultants’ and contract services</td>
<td>13,001.83</td>
<td>324,529.07</td>
</tr>
<tr>
<td>Travel</td>
<td>1,992.40</td>
<td>2,497.59</td>
</tr>
<tr>
<td>Space cost, rental and renovation</td>
<td>—</td>
<td>63,260.84</td>
</tr>
<tr>
<td>Consumable materials and supplies</td>
<td>18,108.27</td>
<td>43,550.38</td>
</tr>
<tr>
<td>Equipment</td>
<td>76,985.56</td>
<td>15,032.68</td>
</tr>
<tr>
<td>New building equipment</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other direct costs</td>
<td>3,192.25</td>
<td>19,662.76</td>
</tr>
<tr>
<td>Indirect costs</td>
<td>37,287.81</td>
<td>170,744.78</td>
</tr>
<tr>
<td>Provision for doubtful receivables</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Total expenditures</td>
<td>223,726.87</td>
<td>1,107,945.31</td>
</tr>
<tr>
<td></td>
<td>$ -0-</td>
<td>$ -0-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1968</th>
<th>1969</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfers to plant fund for new building</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Total expenditures and transfers</td>
<td>223,726.87</td>
<td>1,107,945.31</td>
</tr>
<tr>
<td>Excess of revenues over expenditures and transfers</td>
<td>35,785.58</td>
<td>80,932.36</td>
</tr>
<tr>
<td>Less deferred portion of advance to be applied to following year</td>
<td>35,785.58</td>
<td>80,932.36</td>
</tr>
<tr>
<td>Fund balance at end of year</td>
<td>$ -0-</td>
<td>$ -0-</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year ended July 31</strong></td>
<td><strong>1970</strong></td>
<td><strong>1971</strong></td>
<td><strong>1972</strong></td>
<td><strong>April 30, 1973</strong></td>
</tr>
<tr>
<td><strong>Year ended July 31, 1970</strong></td>
<td>$1,368,457.36</td>
<td>$2,178,970.19</td>
<td>$1,985,454.92</td>
<td>$1,637,585.76</td>
</tr>
<tr>
<td><strong>Nine months ended April 30, 1973</strong></td>
<td>$398,129.14</td>
<td>$919,200.61</td>
<td>$987,942.12</td>
<td>$842,035.57</td>
</tr>
<tr>
<td><strong>Unaudited</strong></td>
<td>$1,766,586.50</td>
<td>$3,098,170.80</td>
<td>$2,973,397.04</td>
<td>$2,479,621.33</td>
</tr>
<tr>
<td>$755,787.67</td>
<td>$1,777,404.38</td>
<td>$1,252,963.39</td>
<td>$1,092,555.22</td>
<td></td>
</tr>
<tr>
<td>$84,825.05</td>
<td>$122,208.39</td>
<td>$151,361.22</td>
<td>$133,012.18</td>
<td></td>
</tr>
<tr>
<td>$463,025.96</td>
<td>$330,378.28</td>
<td>$277,525.92</td>
<td>$127,772.06</td>
<td></td>
</tr>
<tr>
<td>$7,939.91</td>
<td>$10,231.20</td>
<td>$10,291.62</td>
<td>$7,975.92</td>
<td></td>
</tr>
<tr>
<td>$10,753.91</td>
<td>$29,512.72</td>
<td>$15,956.13</td>
<td>$2,917.00</td>
<td></td>
</tr>
<tr>
<td>$7,939.91</td>
<td>$47,197.26</td>
<td>$77,704.72</td>
<td>$116,651.11</td>
<td></td>
</tr>
<tr>
<td>$1,368,457.36</td>
<td>$18,733.04</td>
<td>$17,367.22</td>
<td>$12,719.50</td>
<td></td>
</tr>
<tr>
<td>$43,174.55</td>
<td>$129,694.26</td>
<td>$183,627.71</td>
<td>$163,453.11</td>
<td></td>
</tr>
<tr>
<td>$266,461.11</td>
<td>$355,125.01</td>
<td>$352,833.26</td>
<td>$306,354.18</td>
<td></td>
</tr>
<tr>
<td>$1,713,740.31</td>
<td>$16,500.00</td>
<td>$15,000.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1,713,740.31</td>
<td>$2,150,464.54</td>
<td>$2,400,151.69</td>
<td>$1,978,410.28</td>
<td></td>
</tr>
<tr>
<td>$227,974.34</td>
<td>$222,232.06</td>
<td>$351,309.38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2,378,458.88</td>
<td>$2,622,383.75</td>
<td>$2,329,719.66</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$52,846.19</td>
<td>$719,711.92</td>
<td>$351,013.29</td>
<td>$149,901.67</td>
<td></td>
</tr>
<tr>
<td>$52,846.19</td>
<td>$719,711.92</td>
<td>$149,901.67</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## ANTHONY L. JORDAN HEALTH CORPORATION

(Formerly Known as the University of Rochester
Rochester Neighborhood Health Center)

### STATEMENT OF CHANGES IN PLANT FUND BALANCE

Two years ended July 31, 1972

(with comparative unaudited figures for the nine months ended April 30, 1973)

<table>
<thead>
<tr>
<th>Nine months ended April 30, 1973 (unaudited)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at beginning of year ...............</td>
</tr>
<tr>
<td>Transfer from operating fund for new building (Exhibit B)</td>
</tr>
<tr>
<td>Balance at end of year ....................</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
(1) Accounts Receivable:
The accounts receivable consist principally of fees which have been billed to various third party providers, primarily the Medicaid program. There are additional small amounts due directly from patients.

(2) Plant Fund:
In June 1971 construction on a new building was started with completion scheduled for December 1972. This new facility, to be known as the Anthony L. Jordan Health Center, will house all elements of the neighborhood health project which at present are located in several buildings. Total cost of the project is estimated to be $2,234,000 including the general construction contract which aggregates $1,752,151.

Of the total cost of the project, $2,000,000 is being financed through a building loan and mortgage and the remainder with operating funds advanced by the Office of Economic Opportunity.

Starting in September 1972, the loan which bears interest at 7% per year and is secured by a lien on the facility was to have been amortized in 84 equal monthly payments ending in August 1979. A request for extension to January 1, 1973 has been made and is awaiting formal F.H.A. approval. In addition, $2,543.08 per month for the life of the loan is to be paid to the mortgagee for the creation of a fund for renewals and replacements.

The University of Rochester holds title to the property with all the rights and obligations of ownership subject to the mortgage except that the Office of Economic Opportunity must approve any transfer of title and retains the right to take title to the property upon demand.

(3) Operating Fund—Fund Balance:
The fund balance of the operating fund at July 31, 1972 is comprised as follows:

Unexpended advances from
Action for a Better Community, Inc. .......... $111,170.91
Uncollected accounts receivable (net) .......... 239,842.38

$351,013.29

At April 30, 1973, the fund balance consists solely of uncollected accounts receivable.

With the approval of the Office of Economic Opportunity, unexpended advances from Action for a Better Community may be used in the future for the purchase of new building equipment which had not been purchased at July 31, 1972.

The accounts receivable are not recognized as revenue by the Office of Economic Opportunity and its grantee, Action for a Better Community, Inc. until collected in cash. Thus, they are not offset against the advances from Action for a Better Community, Inc. until collected. The uncollected receivables at the end of the year will reduce the amount received from the Office of Economic Opportunity in the following year when they are collected.

(4) Equipment Acquisitions:
It is the practice of the Corporation to charge the cost of all equipment acquisitions to operations which is not in accordance with generally accepted accounting principles but is alternatively acceptable to the Office of Economic Opportunity. This practice as related to equipment bought for the new building after August 1, 1972 has been changed and subsequent purchases are being capitalized.
Patient Encounters
1905—(December) 1972
## PATIENT POPULATION

<table>
<thead>
<tr>
<th>Patient Encounters By Team Member</th>
<th>1968-69</th>
<th>1969-70</th>
<th>1970-71</th>
<th>1971-72</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internist</td>
<td>6,224</td>
<td>9,208</td>
<td>9,424</td>
<td>8,083</td>
</tr>
<tr>
<td>Pediatrician</td>
<td>7,827</td>
<td>9,507</td>
<td>10,298</td>
<td>10,184</td>
</tr>
<tr>
<td>Obstetrician/gynecologist</td>
<td>2,393</td>
<td>2,863</td>
<td>3,318</td>
<td>3,436</td>
</tr>
<tr>
<td>Dentist</td>
<td>7,526</td>
<td>6,617</td>
<td>10,502</td>
<td>11,809</td>
</tr>
<tr>
<td>Nurse</td>
<td>3,050</td>
<td>8,863</td>
<td>11,128</td>
<td></td>
</tr>
<tr>
<td>FHA</td>
<td>4,539</td>
<td>11,432</td>
<td>16,007</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1,486</td>
<td>4,064</td>
<td>5,396</td>
<td></td>
</tr>
<tr>
<td>Total Encounters</td>
<td>23,970</td>
<td>37,270</td>
<td>57,901</td>
<td>66,043</td>
</tr>
<tr>
<td>TOTAL REGISTERED PATIENTS</td>
<td>1,721</td>
<td>3,982</td>
<td>10,008</td>
<td>15,122</td>
</tr>
</tbody>
</table>
Charney, E.; Mechaber, J. "Public Health Nurses: Professional Level of Performance in a Neighborhood Health Center Compared with a Health Department."


Hillman, B.; Plume, M.; Mechaber, J. "Sickle Cell Disease Awareness and Concern in an Inner City Community."


Mechaber, J.; Charney, E.; McNerny, H. "Analysis of Triage Nurse System at RNHC" (in press).


Nazarian, L.; Mechaber, J.; Charney, E. "Effect of a Mailed Appointment Reminder on Appointment Keeping."


Research & Evaluation. "Auditing of Health Care at the RNHC."

Research & Evaluation. "One View of What the Neighborhood Health Center Does With Particular Focus on Goals and Staffing."

Russo, L. "Participant Observation Research: The Health Team."


<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1901</td>
<td>Social Settlement of Rochester begins</td>
</tr>
<tr>
<td>1902</td>
<td>Settlement House purchased</td>
</tr>
<tr>
<td>1904</td>
<td>Health work first established at the Settlement</td>
</tr>
<tr>
<td>1908</td>
<td>Four Clinics in operation (one pediatric, one ear, nose, and throat, two general medical)</td>
</tr>
<tr>
<td>1910</td>
<td>Dispensary moved to 160 Baden Street</td>
</tr>
<tr>
<td>1918</td>
<td>Dispensary Building opened</td>
</tr>
<tr>
<td>1920</td>
<td>X-ray Department opens</td>
</tr>
<tr>
<td>1922</td>
<td>Social Settlement becomes Baden Street Settlement</td>
</tr>
<tr>
<td>1945</td>
<td>Clinic becomes Baden Street Health Center with change in focus</td>
</tr>
<tr>
<td>1946</td>
<td>Cancer Prevention Clinic begun</td>
</tr>
<tr>
<td></td>
<td>Students (medical, nursing and social work) at Baden Street Health Center</td>
</tr>
<tr>
<td></td>
<td>Frances Repsher—Director of Health Center</td>
</tr>
<tr>
<td>1952</td>
<td>Health Center moved to basement of 30 Vienna Street</td>
</tr>
<tr>
<td>1965-67</td>
<td>Comprehensive Health Center in planning stages</td>
</tr>
<tr>
<td>1967</td>
<td>Doctors Kenneth W. Woodward and Evan Charney submit proposal to OEO for a federally subsidized Health Center</td>
</tr>
<tr>
<td></td>
<td>Grant awarded to ABC for Comprehensive Health Center</td>
</tr>
<tr>
<td>August 8, 1967</td>
<td>First meeting of Health Center Advisory Board</td>
</tr>
<tr>
<td>May 15, 1968</td>
<td>OEO-University contract signed</td>
</tr>
<tr>
<td>July 1, 1968</td>
<td>Rochester Neighborhood Health Center officially opened</td>
</tr>
<tr>
<td>Jan.-Feb. 1969</td>
<td>Land earmarked for building</td>
</tr>
<tr>
<td></td>
<td>Walk in Clinic instituted</td>
</tr>
<tr>
<td></td>
<td>Transportation service available</td>
</tr>
<tr>
<td></td>
<td>Dental Center officially opened</td>
</tr>
</tbody>
</table>
September, 1969  School Health Program begun at #6 Public School
Research and Evaluation established

1970  People's Health Council acquired office space at 10 Vienna

1970  Dr. Molly Coulter hired as Medical Director

June, 1970  Open House and Workshops
Renovation of 25 Herman Street (summer 1970)
Project Outreach (fall, 1970)

April 5, 1971  Board's Incorporation as People's Health Council of Rochester, Inc.—Advisory Board

Summer 1971  Continued renovation of 25 Herman and 65 Hanover*
Permanent Mental Health Staff and facilities in Center

September, 1971  School Health Program in #9 Public School
Legalization of sliding fee scale
Board Coordinator hired
Model Neighborhood Council seated on Board

Summer 1971  Training of FHA's in mid-nursing
Training of Dental Assistants
Team Resources formed
HEC formed

July 2, 1971  Groundbreaking Ceremony

January, 1972  OEO mandates that Board must be governing
Center’s sliding fee scale accepted
Target area boundaries dropped

April 18, 1972  Board elects to name Center in memory of Dr. Anthony L. Jordan

June 12, 1972  Community Board elections held

August, 1972  Board votes to join the Rochester Health Network
Medical training of Board

November, 1972  First edition of ‘Your Health Center News’ (Center’s Newspaper)

December 1, 1972  Rochester Health Network assumes grantee rights for Center eplacing ABC

December, 1972  Beginning of movement of Center services to the new building

January 8, 1973  Anthony L. Jordan Health Center formally joins the Rochester Health Network

1973  Move to new building
Pharmacy instituted, Playroom service available, Laboratory, Emergency Treatment area, Vision and Hearing Rooms now added to the Center (January, 1973)
Patients being seen at the new Health Center building
Open House
Sliding fee scale in operation

June 22, 1973  Anthony L. Jordan Health Corporation's Incorporation as a Governing Body

September 30, 1973  Dedication Ceremonies for the Anthony L. Jordan Health Center

*25 Herman Street Annex housed PHN's and FHA's and the mental health area. In 65 Hanover were the Billing, Accounting, Purchasing, Research, Training and Team Resources Departments and the Project Director.