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Urban Excellence

Philip Langdon
with Robert G. Shibley and Polly Welch



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The Community Clinic as Urban Inspiration

Fairmount Health Center, Philadelphia

Block after block, row houses extend through the neighborhoods of North Philadelphia. To anyone seeing for the first time North Philadelphia's narrow streets, with their lines of red brick houses pressed tight against the sidewalks, it must seem amazing that so many row houses were built in one place in just a few decades. There seem to be, as Saul Bellow once said of the brick bungalows that make up Chicago, "a galactic number" of them. Almost endlessly, the row house blocks stretch on, forming a hard, repetitive, brick-walled grid. Here and there the crush of continuous buildings is broken, usually not in the planned and gracious way that William Penn would have envisioned but haphazardly, with randomly occurring empty lots where the most severely decayed buildings succumbed to fire or abandonment and demolition (fig. 6-1). Row house streets, when well cared for, can generate a pleasant atmosphere—a kind of outdoor room, with the housefronts as the outdoor room's walls. But in many of the areas north of Philadelphia's central business district a pervasive drabness makes the streets uncomfortable. After nightfall, merchants in neighborhood business areas defend their businesses by pulling metal security grates across the storefronts.

Three hundred thousand people live in a fourteen-square-mile portion of North Philadelphia that begins just north of Center City, as Philadelphia's downtown is called. Most of the residents are black or Hispanic, and poverty afflicts many of them. Forty-one percent of the population, or double the proportion in the rest of the city, is poor, according to the 1980 census. Recent statistics reveal that about a fifth of the people are unemployed, almost double the rate of the rest of Philadelphia. This is an area suffering some of the highest maternal risk and infant mortality rates in the nation. It is a place where health care facilities are sorely needed.

For several years a small nonprofit organization originally known as the Spring Garden Health Association and now called Philadelphia Health



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Fig. 6-1. Vacant lots and abandoned buildings are typical of some streets in North Philadelphia.

Services has been attempting to bring good medical and dental care to this area. In 1986 Philadelphia Health Services, or PHS, opened the Fairmount Health Center, occupying a former automobile parts warehouse that has been handsomely converted into a health center in a forlorn-looking section of Fairmount Avenue within walking distance of Center City (fig. 6-2).

The Fairmount Health Center and PHS address several urban issues:

- How a well-maintained high-quality building that serves community purposes can become a focal point for fostering community pride.
- How, by responding to the cultural and ethnic characteristics of its constituents, a health center (or a social agency) can enhance its effectiveness and become a catalyst for community change.
- How a health center and its leadership can act as public sector entrepreneurs, taking calculated risks that pay off with benefits for the community.
- How a health center can meet the needs of the poor in a businesslike way.

The Genesis of a Community Health Organization

The process by which Philadelphia Health Services arrived at the point of opening the Fairmount Health Center was long and complex. It involved intensive cultivation of local sources of support, careful consideration of whether to use or avoid government programs, attention to unusual opportunities in the real estate market, and flexible, determined leadership.

The president and chief executive officer of PHS is José S. Galura, a Filipino immigrant who followed a twisting course through a number of occupations on his way to becoming an organizer of community health care. He grew up in the town of Bacalor, about thirty miles north of Manila, and had completed most of a university undergraduate education and worked in the logging industry and other pursuits. When he was twenty-eight, his family decided he should be sent from the Philippines to check on an ill sister who was living in western Pennsylvania. After arriving in May 1960 in the small town of Bedford, he waited on tables at the Bedford Springs Hotel, a mountain resort. Later resuming his education, Galura taught Spanish in high schools in Bedford and Bradford, Pennsylvania, and in 1966 went to Philadelphia as a graduate student.

Galura worked so hard in a temporary job as a Philadelphia truant officer that after attending a conference at Philadelphia's Hahnemann University, he was made coordinator of community activities in the children and youth program of the Hahnemann University Hospital's Department of Pediatrics. At that time, many poor people distrusted Hahnemann Hospital. "They called it the slaughterhouse," Galura says. Galura devoted long hours to community work on Hahnemann's behalf, raising money from foundations, involving himself in housing and summer day camps, and producing a bilingual newspaper. "I developed all sorts of social, nutrition, and education programs," he says. Hahnemann's patient population expanded as a result.

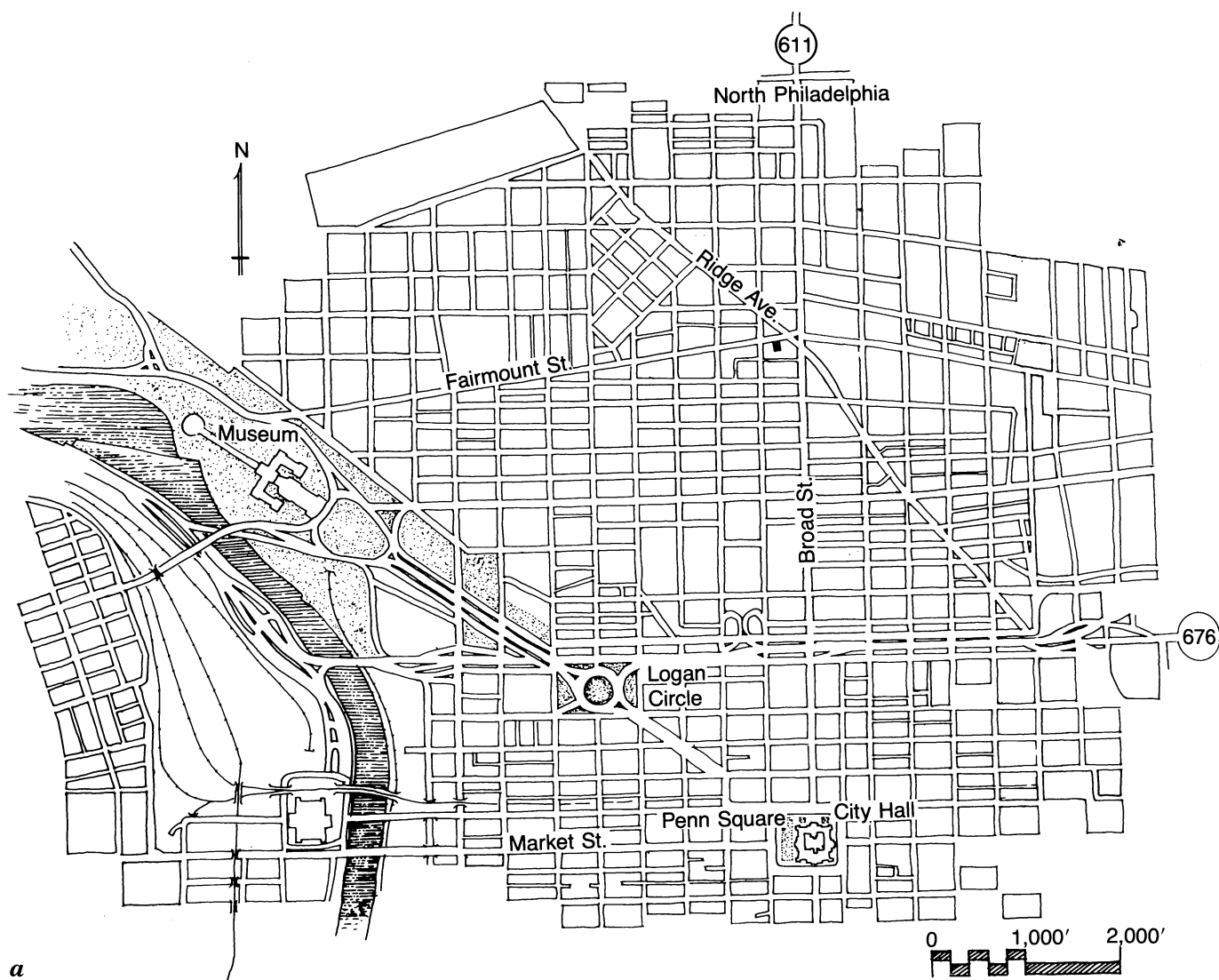
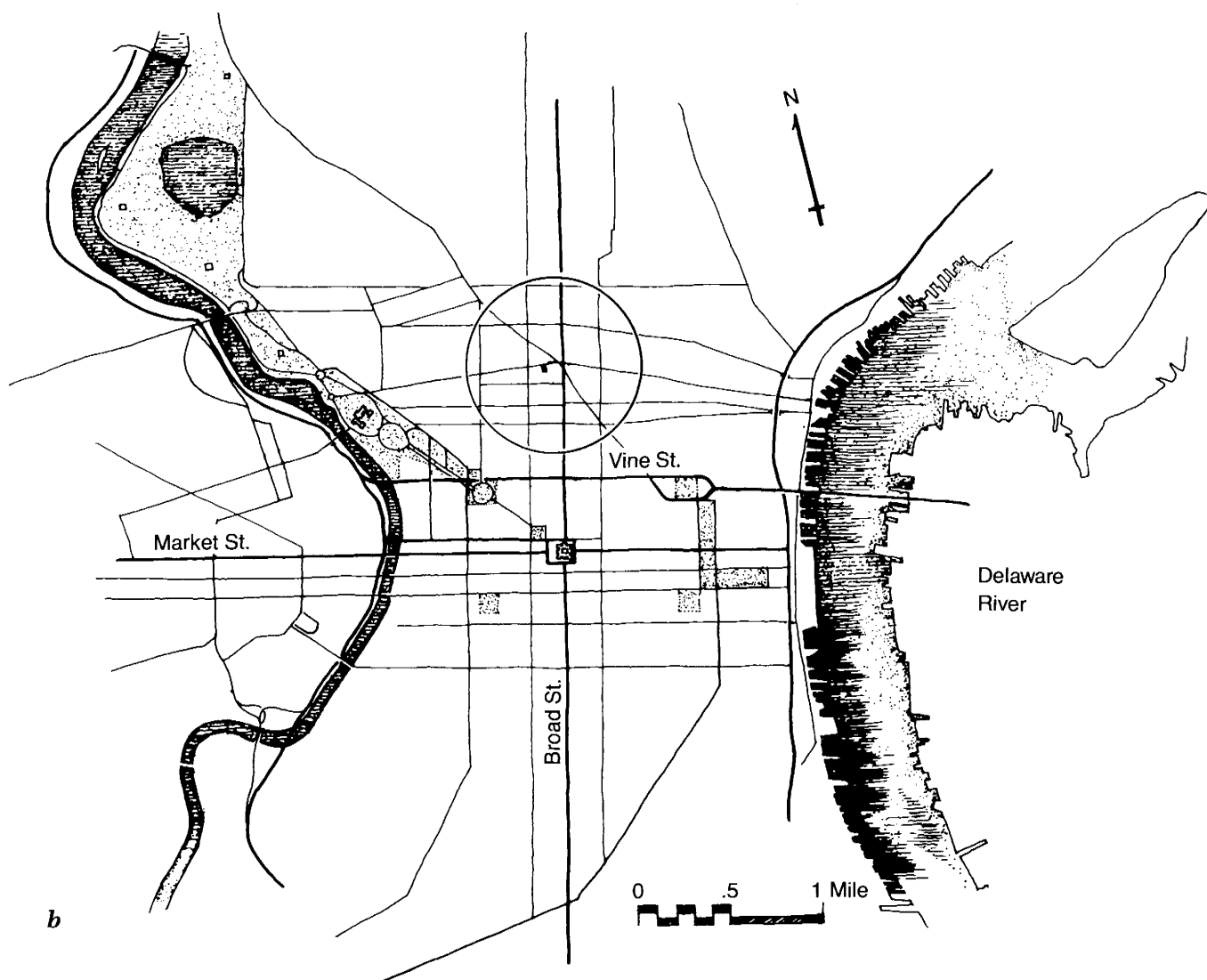


Fig. 6-2. Location of the Fairmount Health Center in North Philadelphia.

In the early 1970s, in an impoverished Hispanic neighborhood called Spring Garden, north of Center City, an ambulatory clinic supported by the soon-to-be-discontinued federal Model Cities program was floundering under the impact of poor management and an inactive community board. The clinic operated in a complex made up of three nineteenth-century row houses on Green Street that had been joined decades ago to serve as a hospital. The buildings were so dilapidated that the chances of their passing required inspections appeared minimal. Hahnemann persuaded Galura to try to put the clinic in order. While working to solve its problems, the organization ran out of money. Galura, using the influence he had acquired from years on Hahnemann's staff, persuaded the hospital to underwrite the costs of the center for at least three months. At the same time, he instituted new management and cost accounting techniques and applied for money from the Urban Health Initiatives Program of the U.S. Public Health Service. In 1979 Galura was able to break even and reimburse Hahnemann for its infusion of funds. The clinic was back on its feet.



As more and more hospitals came to recognize that providing comprehensive outpatient care would help keep their inpatient beds filled, Hahnemann considered taking the building back and incorporating the clinic into the hospital. But Galura had no intention either of surrendering the degree of independence he had earned or of leaving his black and Hispanic clientele dependent upon Hahnemann, which was, above all else, a teaching hospital, an institution with an academic mission rather than an organization focused solely on the needs of a poor section of the city. Galura decided instead to set up a new private, community-based nonprofit corporation, the Spring Garden Health Association. The hospital asked him to pay rent on the building, which had been erected in 1854 and needed major repairs. Architectural analysis indicated it would cost \$2 million to turn the building into a code-conforming health services facility. Galura would have greater leverage for improving the building if the Spring Garden Health Association owned it, so he persuaded the hospital to sell it to the Association for \$54,000 (fig. 6-3).



Fig. 6-3. The first building for the health center was purchased in 1979 for \$54,000. (Courtesy of Philadelphia Health Services.)

The Health Administrator as Entrepreneur

With the building under his control, Galura hired as chief financial officer Mary Duden, a capable, determined woman fresh out of business school. Galura and Duden started to investigate how this asset could provide him with the means to enhance health services for impoverished people in North Central Philadelphia. At the same time, Galura and his staff were watching the neighborhood become more affluent and seeing some of their Hispanic clientele move out.

One option, if the health organization was to continue with its mission, was to move northward to a Hispanic neighborhood where many of the people from Spring Glen were heading. A second option was to stay and rehabilitate the clinic's old buildings. To do that, Galura would need variances that would be difficult to get because of opposition from neighbors in what were becoming very expensive houses on Green Street. A third option was for Galura to accept an offer from the city, which wanted him to leave the building and take over a failing city-owned and -operated health center several blocks away. Galura and his advisers decided on the first option, at least for the initial stage of their organization's development; they left Green Street behind so that they could continue serving their poor Hispanic clientele at another location. The rise in property values was so great that in 1985 the health organization was able to sell its building to a condominium developer for \$650,000 (fig. 6-4).

"I wanted to move out, to have better visibility," he says. The old building had leaks, roaches, and plenty of other deficiencies. "I promised the Hispanic community, 'Someday we'll have a facility you will respect,

where you will see the American flag and the Puerto Rican flag out there.” After years of earning credibility with the community, Galura, with the aid of his staff, was not about to be sidetracked. “The Hispanics and blacks began to say, ‘We need you,’” Galura recalls. “They wanted someone who had worked with them.”

With the profit from the Green Street sale, the organization plunged into the planning and construction of new facilities, beginning with the Maria de los Santos Health Center, a couple of miles to the north at Fifth Street and Allegheny Avenue, in an area populated by many of the Puerto Rican families that had once lived in Spring Garden. The choice of location enabled Galura to hold onto some of the clientele he had already been serving.

A High-Quality Health Center and Its Impact

Maria de los Santos is a brick-faced one-story building with a pleasantly landscaped plaza, fountain, and garden at its corner entrance. The American and Puerto Rican flags fly out front, keeping the promise Galura made. Large expanses of glass line the front of the lobby—a welcome relief from the bars and grills that give other North Philadelphia buildings a worried expression. So well received has this building been since its opening in late 1985 that mothers promenade with baby carriages there, and grade school pupils gather to have graduation pictures taken in front of the

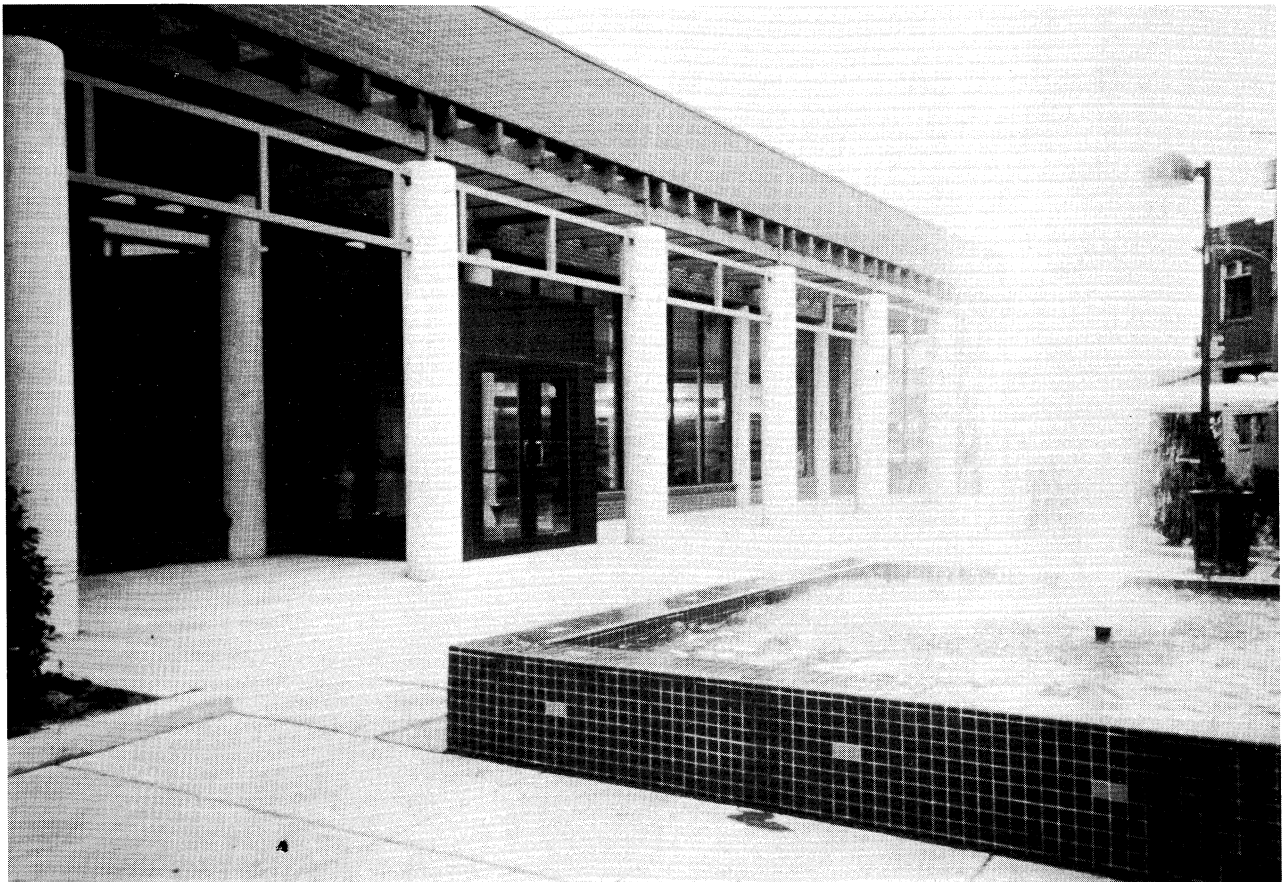
Fig. 6-4. The same building sold for \$650,000 in 1985 and was converted to an expensive condominium.



building. Maria de los Santos gives the neighborhood a cause for pride (fig. 6-5). Galura believes the clinic is causing little waves of improvement to ripple through the area. A pharmacy has opened nearby, catering to customers from the center. The city has helped by paving Allegheny Avenue and Fifth Street. “Patients become aware that things can be done,” Galura says. “They go back to their homes, and they see that they should try to do something in their own small way.” Though signs of decay are still common in the blocks close by, there is no graffiti on Maria de los Santos; the center has been a source of inspiration.

Close to the old Green Street location, Galura’s organization soon planned a second major project, the Fairmount Health Center, at 1412 Fairmount Avenue about a block west of Broad Street, one of the city’s major north-south thoroughfares (fig. 6-6). Before World War II, this section of the city had been a thriving area for automobile businesses—sales, services, parts. Some of the buildings were utilitarian, some more fancy; a wheel ornament is carved into the cornice of one of the buildings near the health center. Some of the buildings are empty now, their walls covered with messages in spray paint. Amid the prevailing dinginess are a few signs of pride and renewed effort. A decal on the door of a deceased business advertises the equally deceased *Evening and Sunday Bulletin*, but nearby, a large 1920s-era building has been meticulously rehabilitated, and pin-oaks now grow between its sidewalk and the curb (fig. 6-7).

Fig. 6-5. The civic design of Maria de Los Santos engenders pride among its users and neighbors.



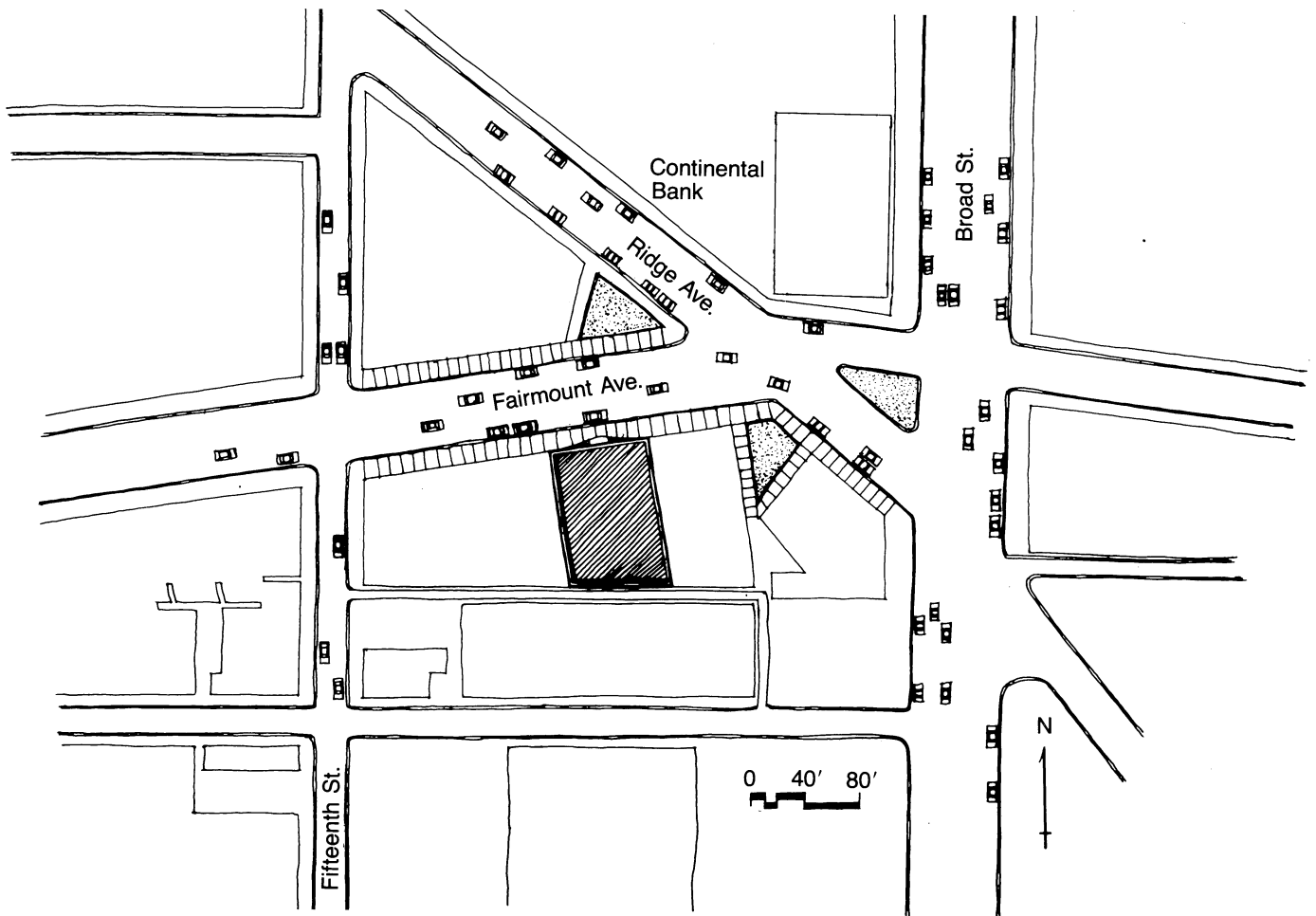


Fig. 6-6. Fairmount Health Center site plan.

The showpiece of this section of Fairmount is unquestionably the health center building, which also contains administrative offices for Galura's organization (fig. 6-8). From poles on its brick and glass facade, flags fly—those of the United States, the commonwealth of Pennsylvania, the city of Philadelphia, Philadelphia Health Services, and the medical profession. There is no Puerto Rican flag here because the neighborhood is more black than Puerto Rican and because Galura's organization pays close attention to the ethnic and racial sensitivities of its clientele. The Rudy Bruner Award evaluation team of Polly Welch and Robert G. Shibley note, for example, that the name "Spring Garden Health Services" was changed to "Philadelphia Health Services" partly because the original name was associated in many people's minds with Hispanics, and Galura's organization wanted to use a name that would be more acceptable to the potential black clientele at Fairmount. The Fairmount Health Center does have characteristics in common with Maria de los Santos: one of them is the absence of litter in front of the building or graffiti on the walls. The building is extraordinarily clean.

Galura wanted a state-of-the-art community health clinic and administrative offices for his organization, but he wanted more than that. He wanted a building that would "set an example of what is possible, thus raising neighborhood expectations." His organization declared that "pro-



Fig. 6-7. The car parts warehouse before conversion to the health center.
(Courtesy of Philadelphia Health Services.)



Fig. 6-8. The renovation completed.
(Courtesy of Dagit Saylor Architects.)

ducing a sterile and box-like community health center was not good enough if the building were to become a metaphor for its ideal of respect for the dignity of the individual and its goal of the delivery of first-quality care for all regardless of ability to pay." Fairmount Health Center was conceived of as "an oasis within a decaying cityscape."

How was this to be accomplished? Charles E. Dagit, Jr., of Dagit-Saylor Architects, a small Philadelphia firm, wanted "to take a hole in the neighborhood and do something of a civic nature; I didn't know how we were going to do it out of an old-parts warehouse." In the end, the architects accomplished this by saving the basic structure but giving it flair and making it inviting to outsiders. There are no bars over the windows and doors of the two-story building, which started out in the 1920s or early 1930s as an auto dealership, later becoming an auto parts warehouse. Glass abounds, allowing passersby to look in and enabling the staff to keep an eye on street activity. The facade is now painted an attractive combination of pink and blue, and a curving stainless steel canopy has been added to the front, giving the entrance more grandeur. Lettering that tastefully but prominently identifies the building as Fairmount Health Center was placed near the top of the facade. The flags flapping in the breeze give the building a lively, almost theatrical air.

Shibley and Welch noted that several elements of the building lent themselves to counteracting the classic hospital clinic image. High ceilings, which were common in buildings from before World War II, permit light and airy spaces. The showroom windows make what goes on in the clinic less of a scary mystery to neighborhood residents; they can see the lobby, receptionist, and waiting areas. The two-story structure allows abundant natural light to be brought in through strategically placed skylights (fig. 6-9). The interior has been carefully designed to keep costs low but with material and finish quality high.

Textures and colors inside avoid the institutional feeling of many health care facilities. Galura did not want white interiors or ceramic tile, for instance. The architects introduced ceramic tile in one prominent location—the main entrance, where the tile creates a Spanish motif for a fountain. Generally, colors are neutral or muted. Much of the architectural energy comes from the use of classical architectural elements in ground-floor components such as the main reception desk (fig. 6-10), the medical clerk's window, and a playhouse for children in the waiting room (fig. 6-11). The strong symmetry and pedimental cut-out at the main reception, which squarely faces the front door, present a classical image. This lends drama to the interior; on the other hand, it may also remind some first-time visitors of institutions whose imagery the health center is trying to avoid.

The building is arranged with public areas and clinical services on the first floor and with Philadelphia Health Services' administrative offices on the second. The Rudy Bruner Award Selection Committee was initially intrigued by the architect's description of the public spaces as "a neighborhood living room." Their attention was captured, too, by the description of the lobby as "a local gathering place" with its fountain "forming a courtyard to the 'café.'" It often happens that architects employ metaphors that float well above reality, and the selection committee was somewhat disappointed to find out that the "café" is actually a small area facing the street and

furnished with several vending machines and café-style tables and chairs (fig. 6-12). The waiting room is furnished with what William H. Whyte calls “airport-type seating,” lined up in rows that are not very conducive to conversation. Still, as Shibley and Welch note, “these public spaces are an added amenity that lets people gather at the center informally, symbolizing that the health center is more than a place to come for medical treatment.”

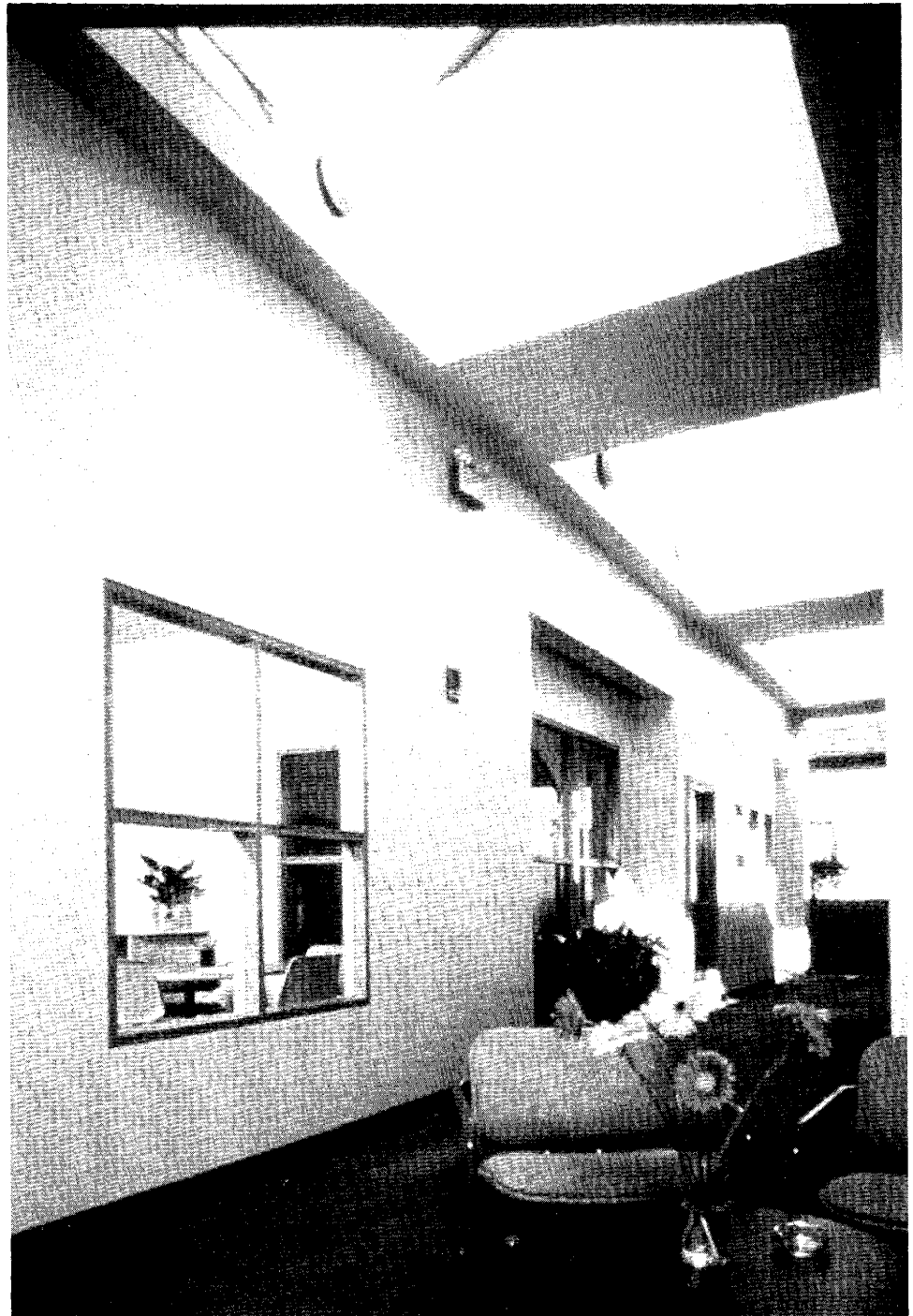


Fig. 6-9. Skylights bring natural light and sunshine deep into the building.
(Courtesy of Dagit Saylor Architects.)



Fig. 6-10. The reception area in the front lobby.
(Courtesy of Dagit Saylor Architects.)



Fig. 6-11. The waiting room and children's play area.
(Courtesy of Dagit Saylor Architects.)

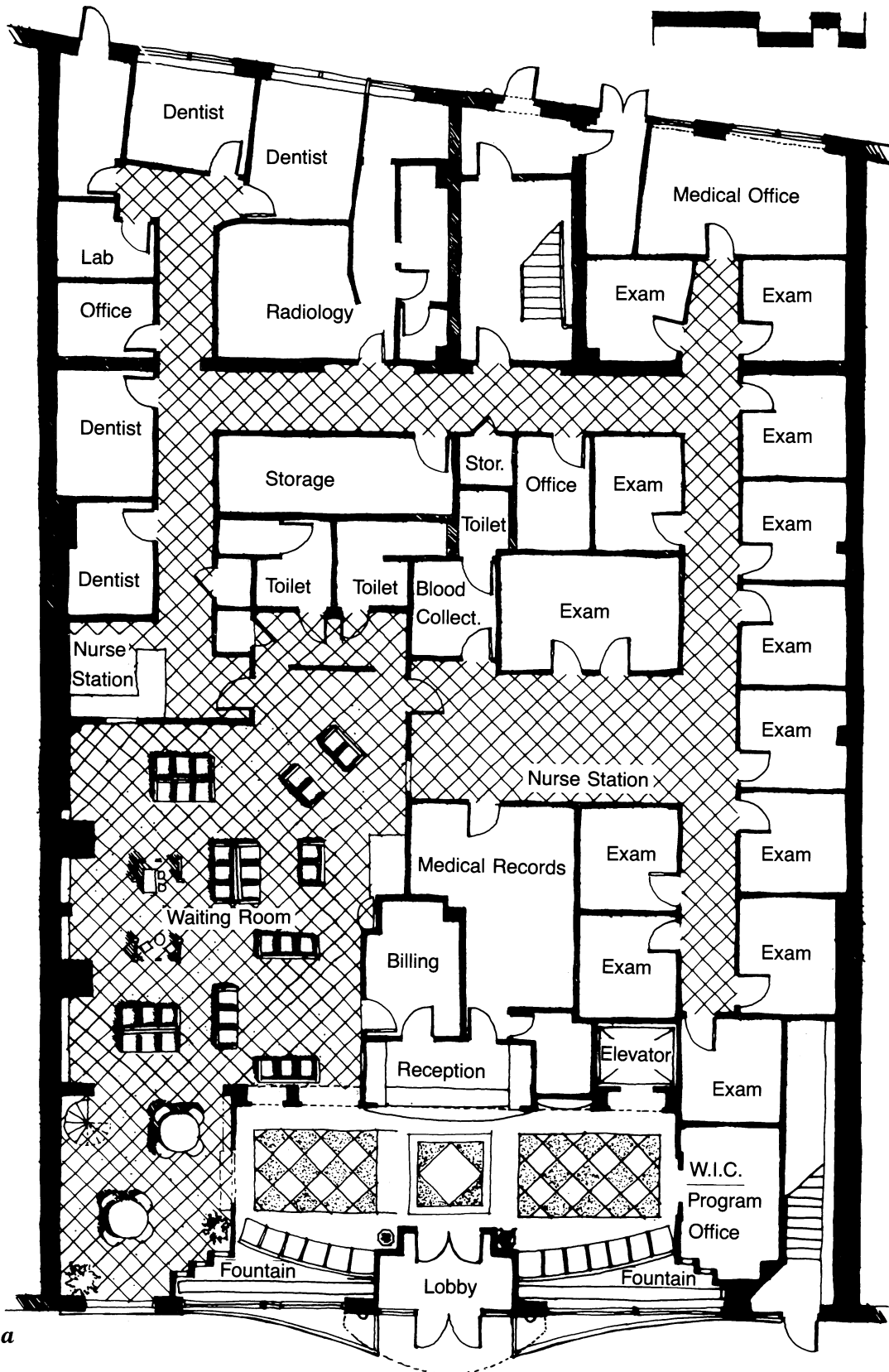


Fig. 6-12. Café tables adjacent to the front lobby provide a place to eat.
(Courtesy of Dagit Saylor Architects.)

Often family members will accompany an individual coming for an appointment, and this gives them a relaxed place to have something to eat or drink. Some families bring their own lunch and make a day of their visit to the clinic.

Medical and dental areas are located behind the waiting area (fig. 6-13). Administrative offices occupy much of the second floor. Tucked away are other rooms, including a small kitchen for the staff and a physicians' lounge, where doctors can relax and read medical literature.

The full cost of the 16,000-square-foot building, including all hard and soft costs, was \$1.5 million, or \$94 per square foot. Dagit-Saylor had to complete the commission on a fast-track schedule to qualify for tax advantages that were then available to old buildings but were soon to be reduced.



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Fig. 6-13. Fairmount Health Center floor plans (figure continues).

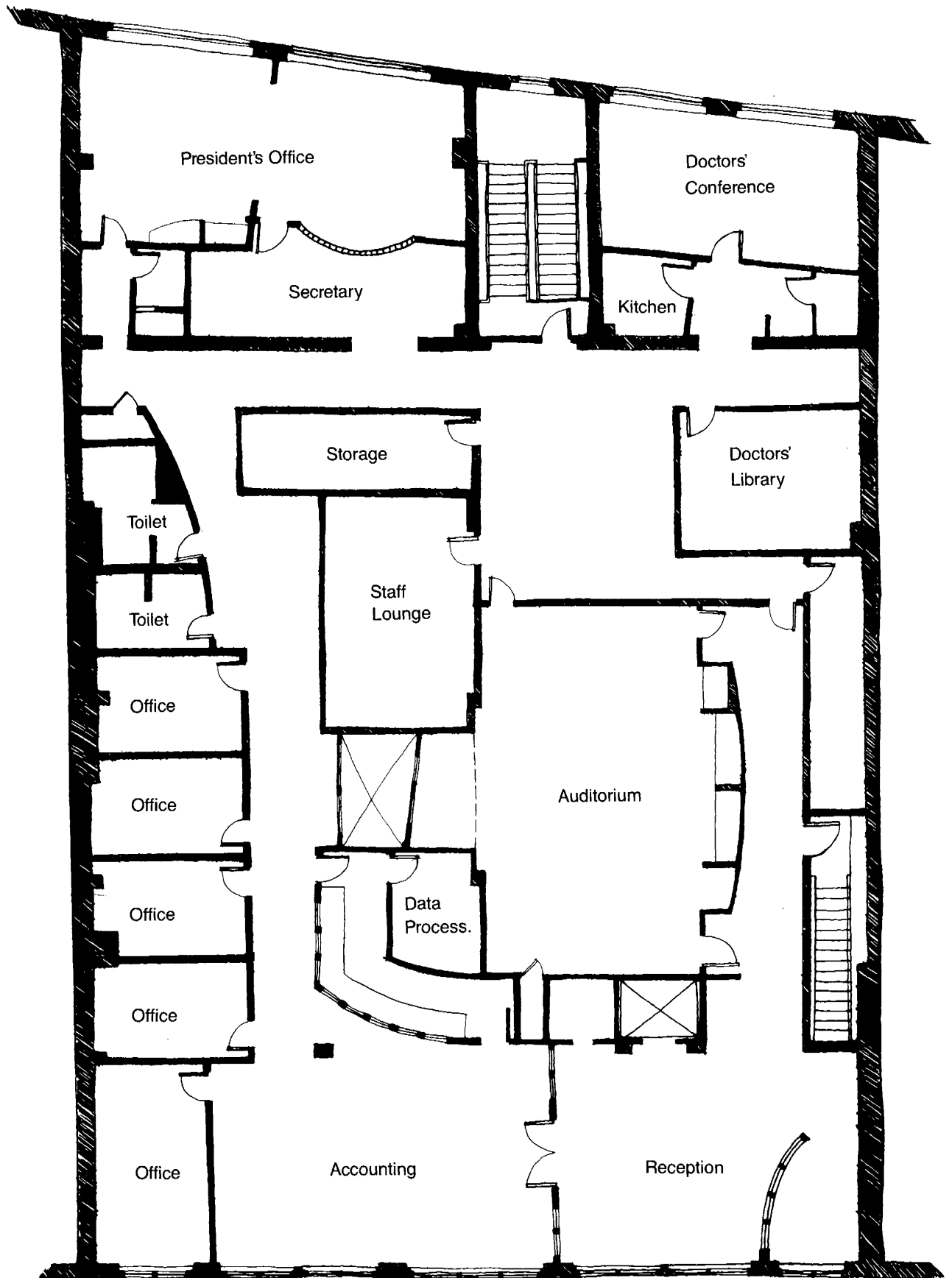


Fig. 6-13. (Continued)

The warehouse was purchased in October 1985, planning and design were carried out in October and November, construction started in December, and the building was finished in July 1986.

The architect developed a program based on interviews with staff members, an analysis of the organization's previous space utilization, and Galura's concept of the building as a neighborhood center. Elements expressive of the building's original character have been preserved. On the second floor, for example, heavy sliding doors from the building's years as a warehouse have been retained and painted plum for emphasis. An original elevator shaft at the rear has been converted into a fire stair, but the steel rails from the elevator have been saved and they remain visible in the stairwell.

One of the areas that demonstrates the center's concern for human needs is a small office just off the lobby; this is where the federally supported Women, Infants and Children (WIC) program is located, supplying nutritional supplements such as milk and orange juice for mothers and small children. The location, as Shibley and Welch note, is a good one for its purpose, since it must be easy to find if mothers are going to be bothered to use its services and since the WIC program in effect introduces the health center to neighborhood women who might otherwise be reluctant to come.

Among the facilities on the second floor is a large, carpeted health education room, furnished with forty upholstered seats and additional built-in seating at its rear (fig. 6-14). The room is used for educating Fairmount's clientele about good health practices, but its purposes also go beyond that. "There are not that many nice places in the community for

Fig. 6-14. A large conference room provides space for health, education, and community group meetings.
(Courtesy of Dagit Saylor Architects.)





Fig. 6-15. The president's office and boardroom.
(Courtesy of Dagit Saylor Architects.)

people to go where they feel safe, where the environment fosters what they need to do," says Duden. The center seeks out community groups that can also use the facility—a policy followed at Maria de los Santos as well, where one of the rooms is used by the Mayor's Commission on Literacy. At no charge, community organizations ranging from the Boy Scouts to *Aspira* (an education and job training program for Hispanic youths) to the Black Women's Health Project meet in Fairmount's health education room. This is one of the means by which Philadelphia Health Services has forged strong ties with the neighborhoods it serves. The room at Fairmount has two permanent pull-down screens for slide presentations and can be divided into two rooms by movable partitions. Hidden behind doors at the front are a sink and a changing area that are sometimes needed by groups learning about subjects such as caring for infants. The meeting room is situated so that when there is an overflow crowd, people can also gather in the waiting room adjacent to the administrative offices without disrupting the center's operations.

Also on the second floor are the chief executive officer's quarters. They are large and luxurious, containing within them the lacquered conference table at which the twelve-member governing board meets (fig. 6-15). Executives at PHS argue that high-quality quarters help account for the organization's success. Duden says,

We can't exist if we don't have good relationships with hospitals. The question is how we can get hospitals and big institutions to take us seriously. You can't do it just by delivering good services. It's important to be able to meet on your own turf and on equal terms. You can negotiate better under those conditions.

In the old building, plaster was falling off the walls. People were nice to us, but really on *their* terms. I think they don't view you as an established organization [if you occupy inferior quarters]. How do you tell them that you should be taken seriously? It has to do with the way you're perceived. It's important to have good facilities.

Good—and even impressive—facilities are likely to become increasingly important for community health centers as the medical system gradually evolves a new institutional arrangement. The trend seems to be for hospitals to avoid giving primary care themselves but to forge connections to community centers that offer primary care more economically and give referrals to the hospitals. This creates an incentive for community health centers to have facilities that attract patients. In Pennsylvania, for instance, health maintenance organizations are playing a greater role in the health field, with backing from the state. The HMOs need relationships with hospitals and with such places as community health centers. “The big HMOs have a corporate image,” Duden says, and they want to work with health facilities compatible with their image. The HMOs can be an important source of financial stability for community health centers, since HMOs provide income and patients. The greater the patient flow at a community health center, the larger the volume of patients across which to spread the overhead. Five large health maintenance organizations have designated PHS as a provider of health services.

As used by PHS, then, the renovated building on Fairmount Avenue makes an impact on a number of institutions and a great many individuals. It manages to forge needed links with other medical organizations. It provides a safe, attractive meeting ground for a variety of community organizations. It serves its patients well. And it generates pride within the neighborhood. Fairmount Health Center is an attractive place, not what is ordinarily found in downtrodden neighborhoods. The Continental Bank, which has a branch across the street and which provided a mortgage, hoped that the rehabilitation of this building might inspire other commercial property owners to invest in revitalization of the street (fig. 6-16).

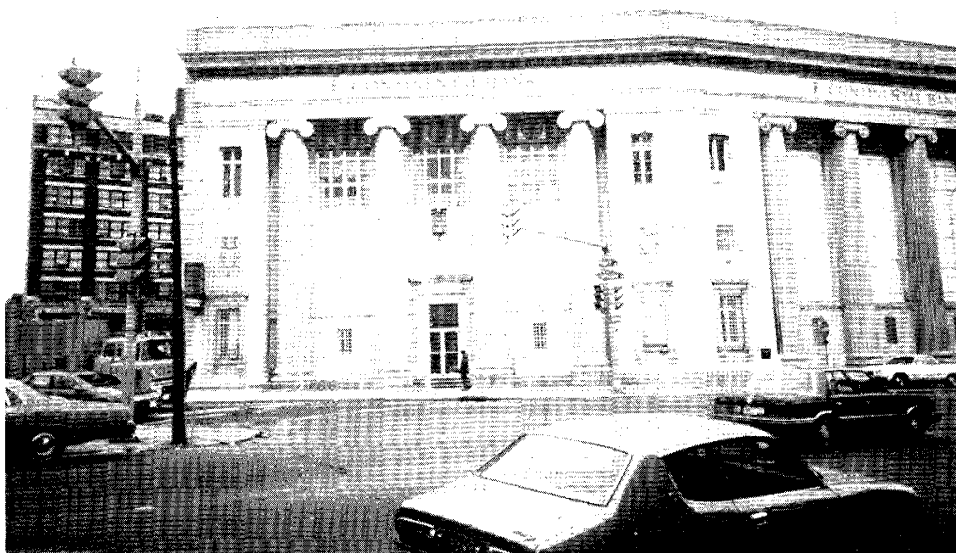


Fig. 6-16. The Continental Bank, one of the health center's lenders, is located across the street.

Although not a great deal of physical change has yet been accomplished, there are signs that improvements may be coming. Certainly the community has been given a dramatic demonstration of what is possible.

Financing a Project and Gaining Support for It

Finding financial support was a key to development of Fairmount Health Center. Being in the right place at the right time—in a reviving neighborhood when prices took off—gave Philadelphia Health Services a boost it needed. The profit from the sale of the Green Street row house amounted to less than half of Fairmount's cost, however, and in any event, Fairmount was not the only health center built after the departure from Green Street. Galura needed funds from sources other than his real estate windfall.

The federal government has played an important role in financing community health centers. In the 1960s legislation was enacted to support community health centers, which originally were thought of as a way to provide comprehensive health services in underserved areas while also providing employment opportunities. Initially the centers tried to offer a full array of health services. That turned out to be too costly, and they are now limited to basic medical services plus laboratory work and preventive dental care. Federal funds, which in one way or another cover 40 to 60 percent of the centers' costs, are provided by the Department of Health and Human Services through regional offices, based on recommendations made by local health planners. In Philadelphia, the Health Systems Agency, a nonprofit planning agency, developed a regional plan for health services in 1978 that identified the critical need for ambulatory care in low-income areas of Philadelphia. In spite of this, Galura had to fight to receive "strategic initiative" funds from Health and Human Services for his health centers because the agency was not convinced that North Philadelphia was underserved. Usually a shortage of doctors is cited as evidence that a community health center is needed; most community health centers are in rural areas where doctors are few. In North Philadelphia this indicator was meaningless; statistically, there was an adequate number of doctors, but too few of these doctors were available to thousands of poor people who needed them. Fortunately, Galura's arguments about the lack of adequate care were accepted.

Shibley and Welch attribute the development and continuing success of Fairmount to a "pyramid" of financing. It started when Galura and Duden were able to persuade the funding officials to acknowledge the value of the health center's assets. By researching the regulations on reimbursements, Duden was able to justify the center's reimbursement by the federal government for its assets and establish how the worth of those assets might be determined. By taking the difference between the building's book value and its appraised value, the center was shown to possess a sizable asset, qualifying it for larger reimbursements. Because the center had been operating for several years, it owned much of its equipment. This, too, counted as assets. Duden presented her case to the federal accountants, getting them to agree with her approach each step of the way.

The next opportunity for leveraging funds came when the Pew Memo-

rial Trust, based in the Philadelphia area, offered to provide a \$600,000 grant—\$300,000 outright and the remaining \$300,000 on the condition that it be matched dollar for dollar by contributions from others. Duden also approached the CIGNA Corporation about its nonstandard investment program, through which the company makes mortgage loans below market interest rates. CIGNA agreed to provide a \$350,000 mortgage. Duden was then able to use the difference between the market rate and the reduced rate as the match for the Pew grant. This brought the organization 75 percent of the amount needed to finance Maria de los Santos.

Galura at this point was prepared to take a calculated risk: to start construction of the new building in hopes that this would inspire additional contributions. The health care community was skeptical, but Galura knew he needed a visible demonstration that he was close to achieving his goal. He vigorously marketed the groundbreaking to the community, making it a newsworthy event at the citywide as well as the neighborhood level. He hired community members familiar with the center's services to go door to door with flyers announcing the health center's opening. He also rented space in a nearby commercial building so that two staff physicians could start seeing patients even before the new building was completed. The strategy succeeded.

Galura knew he was not going to be satisfied for long with a single health center, and he willingly sacrificed some short-term advantages for his larger goal of getting more health care services into the community. Galura and Duden developed Maria de los Santos, for example, without using federal money for property acquisition. This, they knew, would allow the property to be used as collateral for future development without the banks balking. At Fairmount, four major sources of funds made the renovation and the new health center possible: capital gains from the sale of the Green Street property, a Department of Health and Human Services grant specifically for renovating old buildings for health facilities, the mortgage from Continental Bank, and more than \$200,000 in the organization's own corporate funds, which became free for use at Fairmount when a Kresge Foundation Challenge Grant came through to help finish Maria de los Santos. The Kresge grant, a major national award, helped Galura's organization get an attentive hearing from local sources. A consortium of local foundations and corporations agreed to listen to a presentation about the health centers, and this stimulated additional grants and contributions. The presentation was successful in part because Galura and his staff had expended the effort to develop a long-range plan for his organization. "Community groups have a difficult time getting support from foundations and others," Galura says, "because they [the prospective donors] think it's a one-time thing, not a long-range plan."

Other contributions included a low-interest loan from the Local Initiatives Support Corporation, a New York-based organization that provides loans primarily to housing and community development groups, and contributions pledged by employees. Galura believes that employee contributions give a signal to outsiders that an entire organization is committed to its important goals. (See Table 6-1 for a summary of the project's funding.) Because Galura avoided taking money from the federal government to build Maria de los Santos, some of the funds that would have gone to his

Table 6-1. The Financing of the Fairmount Health Center, Illustrating the Broad Spectrum of Support for the Center and Its Programs.

23%	DHHS Modernization Grant	\$350,000
2%	Interest from DHHS grant	22,000
41%	Sale of Green Street clinic (profit)	612,000
13%	Continental Bank mortgage	200,000
3%	LISC low interest loan (8.5%)	48,000
2%	Corporate and foundation grants	23,500
2%	Employee pledges	21,000
—	United Way donor options	1,500
15%	SGHA corporate funds	223,500
	TOTAL	\$1,501,500

Source: 1987 RBA Selection Committee Briefing, Shibley and Welch.

organization went to other neighborhood health centers. It took two years to bring the federal funding level at Galura's organization back up to where it had been. Galura went to the funding agencies and pressed them to explain why they were not giving PHS funds equal to those of other community health centers. He was able to demonstrate that PHS could produce more benefit for the dollar.

Undertakings like those carried out by PHS demand tremendous dedication. "For a long time, you put in lots of energy, you work long hours," Duden says. "But if you succeed, it gets to a point where you can even out. That energy is transmitted to the environment and it begins to come back. People come to you with opportunities. People now come wanting to give us a contract as a consultant to another health center."

Galura himself has been appointed to the board of the Health Systems Agency and to the Statewide Health Coordinating Council. Shibley and Welch note that by astutely analyzing the medical and social needs of the community as well as the economic needs of the health care delivery system in Philadelphia, Galura has positioned Philadelphia Health Services to benefit from all of these. He is in a much-needed leadership role, keeping the social and health service communities of Philadelphia and Pennsylvania connected and informed.

Organizations familiar with Philadelphia Health Services now present it with ideas such as sharing the use of expensive medical machinery; this allows PHS and its partners to deliver services at a lower cost per person—an important accomplishment, especially when resources are scarce. As James E. Hartling of Urban Partners, a planning firm used by Philadelphia Health Services, points out, "The power of social good is not enough. A community-based organization must strive for excellence and incorporate truly serious standards of professional quality and cost-effectiveness."

Relations with the Staff and the Community

Because of constantly changing forms of government support and competition from other health care institutions, there is little room for resting on past accomplishments. One of the continuing concerns at a community health care center—and in many other organizations as well—is the maintenance of an effective, well-motivated staff. Philadelphia

Health Services has obtained many of the physicians on its staff through the National Health Services Corporation, a federal medical scholarship program that requires two years of public service upon graduation. That program is ending, and PHS must offer other incentives capable of attracting and retaining good doctors. "Patients have loyalty to their doctors," Galura says. "We have to have a stable staff of providers." Consequently, the organization continues searching for means of developing a good staff. These include better pay, provision for continuing education, subscriptions to medical journals, and admitting privileges at hospitals.

PHS, with nearly one hundred employees, draws four-fifths of its support personnel from North Philadelphia. This pumps a lot of money into the area and it helps people from poor neighborhoods start up the economic ladder; Philadelphia Health Services is an important new source of training and employment for those living nearby. The hiring of people from the area also benefits the center (fig. 6-17). Shibley and Welch note that staff members personally know many of the families who visit the center and can respond to their health problems in light of other issues the families are facing, such as unemployment, sick parents, and substandard housing. Philadelphia Health Services has even structured its medical system to recognize an important element of Hispanic culture, the extended family; patient records are filed by family. Of special benefit to Hispanics is the fact that PHS is one health care provider that does not make them uncomfortable if they cannot speak English; some members of the staff are bilingual. Another sign of Philadelphia Health Services' attention to the community's needs is its willingness to follow up with patients who miss appointments, even if this means sending staff members to the apartments of patients who have no telephone.

Factors such as these have bolstered Philadelphia Health Services' standing in the community, making the health centers stronger. Even so, maintenance of a high-quality staff remains a matter of concern. A non-profit agency has no guarantee that once employees have mastered their job skills, they will not leave for jobs elsewhere. "After a while, they're attracted by the good pay and the environment of hospitals," Galura says. "We need to promote them to better positions. We look at salaries to see if we are competitive. We provide some funds for school if they get good grades." In hiring, Galura often looks for potential employees who have struggled themselves and who, because of that, are more likely to commit themselves to the difficult mission that PHS is carrying out. PHS also tries to promote from within, moving one of its clerks up to clinic manager, for example. Galura exercises his expectations for the staff and pays close attention to detail, right down to the appearance of staff members. He distributes a code of conduct spelling out many of the specifics, such as the employee's responsibility to be on time and the need for male staff members to show up for work clean-shaven. In some organizations, a management style of tight control by a chief executive is known to generate dissatisfaction among some staff members and stifle contributions from employees below the executive level. Philadelphia Health Services, however, appears to function as a disciplined and effective work force, reflecting Galura's vision of what the health centers should accomplish. Certainly the range of effort devoted to staff and community satisfaction is great. Even housing is used

by PHS as an inducement to attract and maintain a good staff. In part of an old building on Frankford Avenue near Oxford Street, where PHS is developing a third clinic known as the Oxford Health Center, the organization is renovating apartments and will give employees preference as tenants. In an area where good apartments are hard to find, PHS realizes that housing can help recruit desirable workers.

Galura believes strongly that relationships with the staff and community are heavily affected by the condition of Philadelphia Health Services' buildings. "You cannot attract high-quality people if you have a bad facility," he says. "They are depressed every time they come to work. You've got to professionalize the building, so they feel good about coming to work." Keeping the health centers in good physical shape remains a high priority.

By federal statute, a community health center must have a community board to ensure its responsiveness to community needs. The board at PHS, for instance, is responsible for meeting monthly, hiring the president and chief executive officer, and reviewing and approving the annual budget. A majority of the board members must be users of the health center. The current board is highly diverse, including among its members blacks, whites, Hispanics, women, and representatives of such local organizations as the Department of Public Welfare, Episcopal Hospital, and the Parent-Child Center. The members are selected by an ad hoc nominating committee of the board with help from Galura. Because the board was so ineffective when Galura took over operation of the original health center in 1976, he recomposed it with people from the community who subscribed to his philosophy: to provide primary health care in a sympathetic and cost-efficient way. This process was watched closely by the city's Office of Housing and Community Development to make sure that the board did not become a rubber stamp. Rather than have the board operate its nominating committee autonomously, Galura continues to chair the nominating committee; he seeks suggestions for new board members from the board and the centers' staffs.

Fig. 6-17. Philadelphia Health Services hires much of its staff from the surrounding community.



In addition to hiring North Philadelphia residents, operating under the auspices of a community board, and welcoming community organizations to meet in its facilities, PHS has found other ways of reaching the people in its territory. The organization has conducted health fairs to attract people who otherwise might not have come to the centers. To combat high infant mortality, the city now pays a bonus to health centers for finding and enrolling pregnant girls under eighteen. Philadelphia Health Services realizes it can meet both its social and its financial objectives by finding creative ways to meet these women's needs, such as coordinating all the health services now available to low-income mothers.

Some of the health education sessions that Philadelphia Health Services offers for groups such as new parents help to combat serious health problems and at the same time enable PHS to demonstrate that it is reaching large numbers of people. When a small group of mothers and fathers attends a health session at a clinic, all of those attending are counted toward the clinic's total visits for the year. This helps to expand the number of people that the organization can report having served—in 1986, PHS recorded 110,000 patient or clinic visits. Not everyone is enthusiastic about such statistical measures, but the numerical performances do help to increase the organization's clout. Partly because PHS records such large numbers, it is able to have first-rate facilities available for the patients who need more individualized attention.

Health care for school children represents another opportunity. PHS sends a staff pediatrician and a nurse's aide on rounds of eleven city schools to screen students for a variety of ailments. Those who need additional medical attention are directed to visit Fairmount, Maria de los Santos, or the Oxford Health Center after school hours. This not only serves the schools' need to provide health services, but also introduces a new population to PHS health facilities. Already the attention to youths has been a successful marketing strategy; 75 percent of the patients seen by PHS are younger than twenty-five.

Issues and Values at Fairmount Health Center

PHS has accomplished a great deal through the power of persistence. After the Kresge Foundation rejected the organization's first application, Galura and his staff revised the proposal and won the funds the second time around. A dogged devotion to work has helped Philadelphia Health Services become an example of excellence in neighborhoods more accustomed to failure. While working for Hahnemann, Galura says, "I became known as a person you could trust. The things I promised, I did." This is the attitude that Fairmount and PHS's other health centers try to embody. One moral of the Philadelphia Health Services story is that success builds on success. Galura's own career has been a record of starting modestly, winning the backing of institutions, individuals, and the community, and gradually tackling increasingly important projects; PHS as an organization has done the same.

As a result, Fairmount and the other two health centers now have the confidence of many North Philadelphians. Besides going to Fairmount for medical and dental care, people go there for other reasons, whether it is to

get a child into day care or to iron out a problem involving a utility bill; people turn to Fairmount for answers to many of the difficulties of everyday life. They sense that Philadelphia Health Services is an institution that can be trusted, an institution whose people are helpful. In rundown inner-city neighborhoods, organizations of this kind are desperately needed.

Fairmount Health Center may be seen as something akin to a village church. The center cares not just about its acknowledged specialty—medical matters—but also about the overall well-being of the people and the ability of the community to surmount long-entrenched adversity. The center helps to lay the groundwork so that people can address critical problems and needs. Although PHS itself cannot reverse the economic hardship and urban decay of North Philadelphia, the organization does what it can to help people deal with such things as health insurance, housing, and nutrition. Like a church, the center provides a visible symbol of hope, it supplies a formal and informal meeting place, it responds to cultural heritage, and it has its own equivalent of a priest—Jose Galura—to offer leadership.

Philadelphia Health Services shows that well-maintained, smoothly functioning agencies can be focal points for pride within a tough urban terrain. People will notice and will treat this kind of organization and its buildings with respect. Change for the better must begin somewhere, and this is one place where it can take root.

Philadelphia Health Services demonstrates that services for the poor can be run on a businesslike basis, and that when they are, those services can expand and attract more and more backing from other organizations—inside the ghetto and well beyond it. PHS demonstrates, too, the potential rewards for those in the public sector who act in an entrepreneurial way, taking calculated risks in hopes of achieving more for themselves and their communities.

Galura and his team continue to act on the assumption that the success of his health care organization can breed success in the community as a whole.

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