

Connecting People to Services in Neighborhood Living Rooms

Sponsor: Our Lady of Lourdes Medical Center

Location: Camden, NJ

Our Lady of Lourdes Medical Center is a 377-bed tertiary care teaching hospital in Camden, New Jersey, with services in acute pain management, cardiac care, and emergency care. As a Catholic institution, Lourdes has maintained a strong charitable tradition “serving the healthcare needs of the South Jersey community with compassion, integrity and a commitment to those who are in need.”

Economic depression, severe unemployment, substance abuse, violence, teen pregnancy, poor birth outcomes, and poor nutrition are a few of the problems that plague Camden, one of the poorest cities in the United States. Many of Camden’s key indicators of health status and quality of life rival economic depression comes a shortage of private practice physicians. And with few primary care outlets, over half of Camden’s emergency room visits are non-emergent and far exceed county and state rates in number of admissions that could have been prevented with adequate primary care.

The leaders of Lourdes believe that a healthier Camden can fuel greater economic development, and in turn, that improving the health of Camden requires a multidimensional approach, not just one that is medical or social service-oriented. Overshadowing the complex interconnections between Camden’s health and its social environment is a community that mistrusts providers, which is the historical aftermath of an influx of short-term grant dollars that made big promises but left the community before any real change was achieved.

In 1993, faced with a push for Medicaid managed care that threatened the hospital’s ability to adequately serve the people of Camden, over 60% of whom receive some form of public assistance, and propelled by a concern for the poor, Lourdes organized the Learning Collaborative for a Healthier Camden. The Collaborative began as an experiment in the application of total quality management techniques to improve community health care. It used the broad experiences of its partners to understand health and health care access in Camden and to create solutions for service coordination and delivery. The partners represent diverse public and private organizations such as the Board of Education, the Diocese of Camden, an academic medical center, the City of Camden, Area Health Education Centers, other local hospitals, and residents of Camden neighborhoods. Lourdes donates staff to projects, provides meeting space, and maintains communications among partners.

One of the Collaborative’s early lessons was that complicated financial, cultural, and structural barriers kept the community from using the high quality services that were available. One initiative that emerged from this lesson is the Neighborhood Living Rooms project in which community residents and providers work together to provide access to care for un- and underinsured residents through the reorganization of health care delivery.

The Collaborative identified residents’ pride in their multicultural neighborhoods and the availability of city homes in need of rehabilitation as community assets. Lourdes’ maintenance and engineering departments, churches, and community-based organizations worked to make the Living Rooms habitable. But instead of creating a one-

stop shop for services such as primary care, dental care, counseling, health education, and job training, the idea driving the Living Room project is to train community teams to assess families and link them with appropriate, existing services. Living Rooms serve as a point of entry into the health and human services system, offering a home-like, warm and nurturing environment with after-hours accessibility.

Today there are two Living Rooms in operation and two being renovated, each one tailored to the needs and wants of the community. They provide office space for other Collaborative programs such as the Healthy Mothers/Healthy Babies and Foster Grandparents programs and for local community-based organizations. Neighborhood residents also use the Living Rooms for meetings and recreational activities.

Future plans for the Living Rooms include seven-day-a-week operations staffed with local community residents. The biggest challenge is funding, as providers continue to seed efforts from a diminishing endowment. However, one lesson Lourdes has learned in working with the Camden community is to take baby steps. Both the hospital and the community are committed to making the model work. While health improvements are made through the targeted programs, the Collaborative's biggest success is providing services in communities where they would not have existed before and engaging their disenfranchised residents in the process. Since initiating the Collaborative, Lourdes has handed off much of the leadership to the community. The Collaborative is now in the final planning stages of incorporating as a 501(c)(3) organization, a major step toward ensuring the sustainability of its founders' vision.

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