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Urban Health Care: Solutions for the 1990s

In the first Urban Health Care Symposium sponsored by Henry Ford Hospital in 1989, we examined the problems of health care in urban settings, and the word "crisis" was appropriately used to refer to many of them. In the intervening two years, none of these problems has gone away, and some (related to the acquired immunodeficiency syndrome [AIDS], costs of health care, and access to care, for instance) have worsened. If urban health care was in a crisis state in 1989, it must certainly also be in a crisis state today.

The word "crisis" has been used so frequently in reference to health care that it has lost some of its force as a call to action. If we are in the midst of an AIDS crisis, a graduate medical education crisis, a health care cost crisis, a crack cocaine crisis, a homelessness crisis, a Medicaid crisis, an emergency room crisis, and an access crisis all at the same time, how can we muster the energy to attack even one of them seriously? Doesn't a crisis require immediate attention and the dropping, at least temporarily, of other concerns?

For the second Urban Health Care Symposium, held on June 2-4, 1991, we looked for speakers among those who had not lost their focus and ability to act in the midst of crisis. We looked for "success stories"—programs, organizations, and projects that had found a need, developed a plan, and worked diligently to make a positive difference. The collection of papers published in this section of the *Journal* summarize the experience of many of those organizations or programs. We hope that their experiences can provide both guidance and a basis for optimism among those who would take up similar challenges. The important lesson to learn from these experiences is that with innovation, hard work, and collaboration with others, solutions can be found to even the most pressing urban health dilemmas.

The papers in this collection reflect the multifaceted nature of urban health care. The role of government at local, state, and federal levels is highlighted in papers by Whiteis and Salmon; Levin; Clemente; and Davis Anthony. The role of the larger social/political environment is the theme of the keynote address by Dr. Geiger. The importance of coordination and collaboration among various medical and social services providers is the message of papers by Ferguson et al, Getzenberg and Lenihan, and Caplan et al. The relationship of physician training to urban health care is the topic addressed by Schindler and by Hedgecock and colleagues. Shen and Iversen discuss coordination of acute and long-term care for the elderly. Greenspan's and Chapman's papers address the role of the hospital in the broader context of urban health and social welfare. Taken together, the

papers combine a sense of urgent concern over the health care problems in urban America with a sense of optimism that successes can occur, given a good idea, resources, and a strong, lasting commitment to serve the needs of the cities.

The successful models that were presented at the Urban Health Care Symposium II have had two features in common: leadership with vision for change and constancy to continue their programs.

For the past four years, the Henry Ford Health System has been developing a framework for total quality management. One of W. Edwards Deming's guiding tenets which directly applies to the urban mission is "constancy of purpose." Constancy of purpose is difficult to maintain, but is essential when dealing with complex, deep-seated health problems.

While many urban health programs and projects have been successful and have made a positive impact on key problems, they have focused on specific populations or specific diseases. Often, when funding was withdrawn, they have had to retrench or discontinue operations. We have seen many creative ideas address specific problems successfully. Yet when the grant disappears, so does the program. Frequent changes in funding priorities at the national level have resulted in underserved populations becoming confused and even disenchanted with the system as it exists today. Obviously, the funding philosophy could take a lesson from Dr. Deming. Constancy of purpose is essential if we are to resolve our urban despair. There is no quick fix.

All of us, in our own way, are leaders. We must speak out and demonstrate, by our actions, the need for equitable social policy. As Dr. Geiger said in his keynote address, "We cannot transform the health delivery system unless we transform our social, political, and racial policies." This transformation must focus on the community and be of the people, meeting the needs of the people as defined by the people. Our focus must include a comprehensive approach to dealing with the root causes that result in poor health status. We must begin to focus more on partnering for improved education, for improved employment, for improved job training, for improved housing, for improved nutrition, and partnering to reduce crime, drug abuse, and urban violence. When combining these factors with access to quality, case-managed medical and social care, the result is an improved and vital community.

Since the health status of the community is a key indicator of the vitality of the city, it is incumbent upon all of us to take up this challenge. As we establish the connection to our community, as our successful models have demonstrated in this Sym-

posium, we will become part of a process of empowering the people of our communities.

We should remind ourselves that "urban" health care is not really about cities per se. Skyscrapers, eight-lane freeways, subways, and rush-hour traffic jams have little to do with the problems discussed in these papers. "Urban health care" is really about poverty, violence, drug abuse, homelessness, and the special problems of minority populations. Although these problems are found readily in urban settings, they are by no means unique to cities. Readers in suburbs, small towns, and rural areas may recognize many of the issues discussed in this collection of papers as their own.

We hope that the papers presented here will serve both as a reminder of the "call to action" sounded by the first Urban Health

Care Symposium and as a "guide to action" for those who would like to answer the call.

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