Preliminary Findings on the Establishment of a Community Health Centre for Urban Renewal Area II

by Eugene F. Gerbasi 1971

The Institute of Urban Studies







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PRELIMINARY FINDINGS ON THE ESTABLISHMENT OF A COMMUNITY HEALTH CENTRE FOR URBAN RENEWAL AREA II

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The Institute of Urban Studies is an independent research arm of the University of Winnipeg. Since 1969, the IUS has been both an academic and an applied research centre, committed to examining urban development issues in a broad, non-partisan manner. The Institute examines inner city, environmental, Aboriginal and community development issues. In addition to its ongoing involvement in research, IUS brings in visiting scholars, hosts workshops, seminars and conferences, and acts in partnership with other organizations in the community to effect positive change.

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PRELIMINARY FINDINGS ON THE ESTABLISHMENT OF A COMMUNITY HEALTH CENTRE FOR URBAN RENEWAL AREA II

Prepared by

Eugene F. Gerbasi
For The Institute of Urban Studies
University of Winnipeg

August 1971

Health care, according to the World Health Organization is, "a state of physical, mental, and social well-being and not merely the absence of disease or infirmity."

The Royal Commission's Report on Health Services of 1964 and 1965, pointed out many deficiencies, problems and suggestions pertaining to health care and services offered in Canada. From these recommendations, and experiences in both Canada and the United States, it has been recommended, by the Provincial Government, that Community Health Centres, "based upon prepaid group practice has a most important potential to achieve a high degree of comprehensiveness, availability, acceptability, quality, and cost restraint in our health service system in the 1970's and beyond," be set up in the province. This return to a family orientation in medicine could alleviate the problems which have become apparent with the specialization and fragmentation of services offered by the medical profession. A Health Centre, organized and operated with community participation, would become a strong catalyst for a general self-help program in the community.

Community Health Centres set up under the United States office of Economic Opportunity (see Appendix A), have proven to be very successful.

Although the community and professional people involved in these centres admit that the centres are not cures for all the problems of the areas they serve, they do say that they are of tremendous help and a step in the right direction.

The Provincial Government, taking the concept a step further, (in a paper by T.H. Tulchinsky, seen in Appendix B), proposed that community health centres be set up focusing on three key components of consumer participation, integrated professional function and payment systems promoting preventive care.

The Provincial Government, on July 1, 1971, commissioned The Institute of Urban Studies (IUS) of the University of Winnipeg, to initiate the establishment of such a centre in the area known as Urban Renewal Area II.

The IUS was to begin a process of education and organization within the community, aiming at the creation of a community group who would be in a position to negotiate for a Health Centre for their area.

In the first stage, IUS asked the Company of Young Canadians (CYC), Alcohol Family Services (AFS), and a group of medical students who had been working on a Health Centre concept, to join in preparing a plan of action. Discussions relating to the problems of the area, the concept of a Health Centre, the specific needs of the area and case histories were undertaken in June.

The group's discussion led to many problems such as:

- -- How to enter the area and get community participation?
- -- How to explain the concept of a community health centre to the people of the area?
- -- How many more agencies shall be involved in the planning stages?
- -- How do you avoid clashes with other agencies?
- -- How do you start the self-education program for the community?
- -- How do the people feel about the idea of a Community Health Centre?

To answer these questions and many more, the group first reviewed the resources which it had available, (see Appendix C) amd then designated tasks to be done. It was also decided to explore a larger area than was originally considered to investigate, because anything done in a small portion of the larger area would affect the areas immediately surrounding it. The initial boundaries set were from the Red River to McPhillips Ingersol and from the Assiniboine River to Redwood Avenue. Initial probes were made to individuals in the community and other agencies to see how they felt about the ideas of health care and the concept of a Health Care Centre.

Data was then collected from many sources. The data included, comparisons of the number of professionals in the large area to Urban Renewal Area II (see Appendix D), a list of all groups, agencies, churches, and meeting places in the area (Appendix E), statistics on medical and social characteristics for both areas from the Social Service Audit, (see Appendix F), population, birth and death figures from The City of Winnipeg Health Department Annual Reports, (Appendix G), and a description of the people of the area from the Neighbourhood Service Centres Project Report (Appendix H). All available information was put on a large map of the area with ethnic boundaries included. A literature search was made to find all available research on Health Centres in Canada and the United States. (This research was summarized and can be seen in Appendix I). All the information collected was used to specify the area of greatest need, the target area.

The discussions, the research of the literature and data, and the initial probe into the community and to the other agencies, brought forth three main questions.

The first question was: Why set up a Community Health Centre instead of other alternatives? Four other alternatives were set forth and each will be briefly dealt with.

- 1. The possible strengthening of existing services such as the Out Patient Department. These services could be strengthened by the addition of more and better doctors, the involvement of other medical and paramedical personnel, and the involvement of other ancillary agencies. This would undoubtedly lead to better care being offered by these services. This alternative did not seem logical for the same problems would be in existence that are apparent right now. There would still be a fragmented and specialized delivery system and the impersonal approach that is used right now. Out Patient Departments were designed to function in emergency conditions. They function extremely efficiently under these conditions and not under any others.
- 2. Finding doctors to go back out to the community and to act as general practioners and family physicians. Here one can see the family health view being taken, offering personal service in a friendly atmosphere. This approach has proved to work, as shown by Dr. Loh, a doctor brought in by the People's Committee for a Better Neighbourhood Inc. His approach to health care has attracted many clients for him. The main problem here is with the approach to specialization which doctors are taking. It would never be possible to find enough doctors interested in going back out to the community.

- 3. The roles of other medical personnel could be increased. These personnel could partake in a home-visiting program to try to alleviate the people's problems. The people would have a better service by the other professions taking over some of the doctors' duties. This, although a good idea, seems to be only one aim of the problem. Other things have to happen. These other professionals are entrenched in the subordinate roles they now play. There would have to be a tremendous change in ideas if this was the only thing to happen.
- 4. Interdisciplinary Clinics could be set up offering services such as those of dentists, doctors, oculists, physiotherapists, optometrists and other medical personnel. However, clinics such as these are already in existence in Winnipeg, with such clinics as The Winnipeg Clinic, Medical Arts Building and the Manitoba Clinic. Again, there would be the same problems as now exist with doctors specializing, offering fragmented services and poor doctor-patient communication.
- 5. The last alternative, but the first mentioned, was the idea of a combined Medical Health and Social Service Centre. The idea of a Community Health Centre offering a full range of facilities, having a family orientation, a friendly environment, full range of services; medical and social, and dealing with man as a whole entity in his environment. The services offered would be 24 hour service; medical care, dental care, pharmaceutical care, social and welfare care, home care, nutrition advice, mental health care, education and prevention.

The data which has been collected suggests that this is the best possible alternative. However, in the setting up of the centre the most important aspect is community involvement. Without community involvement the centre would be identified with existing services, and would be labelled a poor people's clinic, which would lead to it not being successful.

Ultimately Anne Sommers stated that "the welfare of the community is not best served when either providers or consumers exercise exclusive control."

The second question was: Why Urban Renewal Area II for a Health Centre?

The answer was found in the statistical data and research that was collected. It was found that there were only three doctors in the area who were not affiliated with an existing clinic. (Appendix D). The Social Service Audit brought forth the facts that the area had the highest illegitimacy rate, veneral disease rate, child neglect rate, adult and juvenile offender rate, child welfare rate, income maintenance and the lowest family income (Appendix F). The description of the people of the area, in the Neighbourhood Service Centre Project Report, (Appendix H) shows that the housing is of poor quality, there are many multiple family dwellings and that the area is generally a poverty area. Discussions with social workers from the Selkirk Mental Hospital showed the area to have a high incidence of mental illness. Discussions with Alcohol Family Services showed that there was a large alcoholic problem in the area. The large number of agencies working in the area demonstrate that there is a need for services by people in this area.

Research showed that general problems exist with the care offered to people who live in areas such as this. The care facilities are characterized by long waiting lines, few seats and little privacy. The dignity of the patient is often bartered for his health and there are poor physician-patient relationships. The ignorance of the people to their own problems and to good health care lead them to Out Patient Departments where inexperienced interns and physicians care for their needs.

Finally with Mount Carmel Clinic and the City of Winnipeg Clinic on Aitkins servicing the areas in which they are located, the area not covered by a good service is narrowed down to Urban Renewal Area II.

The third and final question raised-was: What can be learned from other experiences?

The review of the literature on other centres in Canada and the United States, (summarized in Appendix I), showed many aspects of organization, structure, problems encountered and good qualities of other centres.

The main themes which became apparent were that there should be:

I. Good community involvement from the start. The community should be involved in organization, design and the running of the centre. The board running the centre should be composed of both professional and community people. This allows for community control while also integrating the developments of medicine and health.

- A team approach to the services offered. The families coming to the centre should be treated by a team which would be responsible for the medical, mental and social health of each family.
- 3. A good home-care program. Here indigenous people working closely with medical and paramedical personnel would visit homes and check the families' conditions.
- 4. A strong emphasis on mental and dental services offered to the populace.

 Many health problems are based on these two aspects of health care.
- 5. Good lines of communication between the centre and the hospital services.
 Patients with acute problems could be referred quickly to hospital care when such care was needed.
- 6. A location which is readily accessible to the populace of the area.

 There would have to be good transportation facilities to expedite easy access.
- 7. A good training program for indigent and professional workers. Making it easier to communicate with the people as to their needs or problems.
- A good educational program to make the community aware of its needs and problems.

Based on these findings the IUS feels that certain basic elements to organizing are required. Firstly, the people of the community have to become interested in the Health Centre. They will have to want the service in their area.

Secondly, there will have to be a community basis to the health centre; the people will have to be involved.

Thirdly, there will have to be an extensive self-education process which will help the people become aware of their needs, problems and possible solutions.

Fourthly, to successfully complete this self-educational process, an advisory board of professionals will have to be involved.

Finally, there will have to be a large amount of support from the agencies working in the area.

Several alternative methods of approaching the organizing of the community have been put forth. (These can be seen in diagramatical format in Appendix I).

In the process of organizing and educating the community, it was felt that there were basic steps which would have to be taken. The basic steps were:

1. Contact all other agencies, groups and organizations working in the area. This was initiated through informal conversations and is being done more formally through a letter which will be posted August 18th.

The letter will inform the agencies of the IUS's involvement and asking each agency to contact IUS to inform the IUS of the role each agency sees itself playing and help it will contribute in the setting up of the Health Centre.

- 2. Individuals who are members of special health groups and others who have exhibited interest in the community's welfare in the past, are being contacted. These people, with students who will be available when university convenes in the fall, will be used to blitz the area, holding discussions and talking to individuals about the problems and needs of the area and the Health Centre concept.
- 3. Larger meetings are to be held where the community, with IUS support, will learn more about the health centre concepts and problems which might be apparent in their community.
- 4. Prior to these meetings, there will be initiated a self-education process within the community.
- 5. From these larger meetings, the community will select a board to represent it. IUS will work with the board to prepare it to negotiate with the Provincial Government.
- 6. Paralleling the organization and education of the community, IUS will help set up an advisory board which will help in the community's self-education process and will give advice to the negotiating group.

In approaching the community, IUS will use all the resources and facilities which it has at its immediate disposal. Facilities such as Video Tape Recording, community television and video theatre, along with all other forms of media, will be of invaluable help. A store front information centre is being set up at 155 Isabel and should be in operation shortly. Person to person contact will be initiated through the use of student volunteers who will canvass the area.

Through the use of the literature and data collected, the resources and facilities available and the organizational and self-education process, the goal of IUS is to have a group of interested community people who will be able, by December 31, 1971, to negotiate with the Provincial Government for their area health centre.

FOOTNOTES

- 1. The U.S. and the WHO Teamwork for Mankind's Well Being, Senator Herbert H. Humphrey, U.S. Government Printing Office, Washington, D.C., 1959.
- 2. The Community Health Centre: A Model of Ambulatory Health Services T.H. Tulchinsky, Presentation to Canadian Hospital Association, Montreal, June, 1971.
- 3. Community Expectations from Comprehensive Health Care Planning Anne R. Somers, Paper presented to American Medical Colleges Council of Teaching Hospitals, New York City, October, 1967.

APPENDIX A

OEO Guidelines for Neighbourhood Health Centers*

- 1. The program must focus on, "the needs of the persons residing in urban or rural areas having high concentrations of poverty and a marked inadequacy of health services."
- The centre must, "make possible with maximum feasible utilization of existing agencies and resources, the provision of comprehensive health services, including, but not limited to, preventive, diagnostic treatment, rehabilitation, mental health, dental and follow-up services."
- 3. The program must, "assure that such services are made available to the residents of such areas, are furnished
- in a manner most responsive to their needs and with their participation, and wherever possible, are combined with or included within arrangements for providing employment, education, social, or other assistance needed by the families and rindividuals served.
- *Battitoni, K. J.; Cranshaw, T.H., Miller, E.L.: Oathout, F.A.;
 Yanni, F.F. Neighbourhood Health Centres: Preliminary
 Analysis, Working paper No. 6., Urban Studies, Cornell
 University, Ithaca, New York, May, 1968.

APPENDIX B

The Community Health Centre A Model of Ambulatory Health Services

I would like to take this opportunity to attempt to define a model of Community Health Centre which I felt is relevant to the provision of comprehensive health and social services, as these evolve within our publicly administered universal hospital and medical insurance programs. Now that we have achieved these universal insurance plans, we must face the question - what lies beyond the Hall Commission concept of Health care. In my view, the Community Health Centre model based upon prepaid group practice has a most important potential to achieve a high degree of comprehensiveness, availability, acceptability, quality and cost restraint in our health service system in the 1970's and beyond.

The key three components in this concept are:

- Consumer sponsorship and/or participation;
- Integrated professional function or group practice of medical and allied health and social services.
- 3. Payment systems for these that promote preventive care.

 and the most rational use of various resources in the

 total health and social service spectrum.

Consumer Sponsorship

Consumer groups have historically acted to fill perceived gaps in their health and social services. Through voluntary agencies they have initiated many public health and community hospital services.

Board from becoming excessively parochial in its interests but a board heavily loaded with persons who are not directly users of the program may have a tendency toward a paternalistic "noblesse oblige" attitude which may effectively alienate the users from the program. Local control with broad community participation represents a mixture of interests which is most likely to serve the ongoing interests of the program, and its users, as well as the community at large.

Integrated Professional Service

There is now very compelling evidence that an integrated pattern of health service is best delivered by a "health team" approach involving a multi-disciplinary group of physicians, and allied health professionals, sharing facilities, patient records, administration, and professional income. This has clearly been accepted on the social service side where the pattern of individual professional practice never became established.

Over the last 30 and more years, a pattern of integrated medical, and allied health professional service coupled with prepayment, has developed in many areas of the United States, and more recently in Canada. The prepaid group practice model has attracted wide public interest among consumers as well as government because of a demonstrated ability to assure easily accessible, high quality, personalized comprehensive health care, eith some economics due to more rational use of expensive and often wasteful acute hospital care.

Payment Systems

Systems of payment for designated services clearly affect the way in which services are provided, not only because of incentives to the provider, but by disincentives for the consumer. Thus if a patient is covered for acute hospital care, but not for extended care hospital treatment, his stay in the acute hospital bed will often be prolonged beyond real need, adding to the burden the taxpayer must bear for the health system. Or if a health professional is paid on a basis other than fee for service, he may ethically call a patient back for as many services as he feels to be necessary without any possible personal financial gain from the number of services.

The accumulated experience from the prepaid group practice programs substantiates this, by showing relatively high ambulatory and investigative visit rates with lower elective surgical and acute hospital usage rates for equivalent population groups as compared with general community experience. The savings from reduced hospital and unnecessary surgical experience. The savings from reduced hospital and unnecessary surgical procedures, go into more extensive ambulatory services providing more preventive and early treatment programs which can benefit the patient's health status.

The capitation payment system has been under experimentation in the two Ontario Community Health Centres in Sault Ste. Marie, and St. Catherines. To date this method of payment has been for designated medical and hospital care, but there is no fundamental reason why this same per capita system could not

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be worked out for public health services, and social development services.

Proposed Model for Community Health Centres

Governmental support for the development of such community health centres will be essential to see more innovative ambulatory care programs come into existence and to permit their proper assessment. I would like to outline some of the specific criteria that I feel are important in such developments.

- 1. Consumer Sponsorship Characterized by:
 - (a) A non profit foundation
 - (b) A board of directors representing both the membership, and the community at large
 - (c) Operated by an executive director, on behalf of the Board, with senior staff who are approved by the Board, including
 - -a medical director
 - -a community organizer
 - -a business manager or comptroller and a
 - -social service director
 - (d) Contracting for services with outside agencies
 .
 including
 - -hospitals or medical school
 - -medical groups
 - -specialized social agencies
- 2. Service Program should include the following;
 - (a) Medical Services

- -l physician per/1200 population, including l family physician per 2000 to 2200 population, with the remainder specialists in various categories.
- -a medical staff organization responsible for standards of services, medical recruitment and discipline, and medical audit to be reported to the Board at regular intervals.

(b) Allied Health Services

- -full diagnostic services provided at or through
 the Health Centre including laboratory and X-ray services.
- -nursing including nurse practitioners, public health nurses, health counselling and health educational services
- -counselling services by clinical psychologist and medical social worker personnel.
- -dental services for specified groups in the population without charge, and available on a fee basis for others pending broader dental prepayment plan funding
- -pharmaceuticals (prescription drug) for specified groups based on generic formulary.
- -optometric unit
- -prosthetic devices
- -podiatry

(c) Social and Mental Health Services

- -Counselling and social services integrated with a mental health program including
 - -family life education
 - -housing
 - -vocational counselling and job placement
 - -services for the elderly
 - · -transient youth services
 - -community development, urban environment and housing standards audit programs, and
 - -legal counselling

3. Payment System

Operational

(a) Medical and Related Services

Payment on a per capita basis for members of the program from the provincial medical and hospital insurance commission based on regional or provincial per capita cost for medical and hospital care.

(b) Other Services

Per capita payments for designated other services including

- -public health services
- -mental health services
- -social services

These would be negociated with the provincial

Departments, where feasible for cost sharing with

the federal Department of National Health and Welfare.

4. Capital

The federal government should be asked to share in the capital costs of such programs, perhaps in the ratio of 40%-40% with the province. The remaining 20% of the funding to be arranged by the health centre board on long term loans to be amortized from the operational program.

5. Other Problems

Such programs hould provide where feasible and necessary additional services such as

- -Day care facilities for children and the elderly
- -24 hour observation units
- -custodial care facilities
- -home care programs

Linkages wit hospitals and the medical school, as well as other educational programs should be established so that community health care may be taught and studied in actual community delivery programs.

Summary

Health care in terms of the World Health Organization definition implies an integrated health and social service delivery system. The community health centre model outline is based upon the experience of various programs in Canada and the United States. The stress on consumer participation, integrated practice of professional services, and bulk payment for designated services is based on the prepaid group practice model. The

development of our health service system in the 1970's will,

I believe, encompass such innovative programs. The challenge
to professionals in the health field is to take part in this
innovation.

Presentation by T.H. Tulchinsky
M.D. MPH
Associate Deputy Minister
Department of Health & Social
Development
Manitoba to Canadian Hospital Assoc.
Queen Elizabeth Hotel
Montreal Quebec
3 June 1971

APPENDIX C

RESOURCES AVAILABLE TO INSTITUTE OF URBAN STUDIES

IUS STAFF

Fred Saunders

Full Time

Eugene Gerbasi Don Cardinell 'Full Time (summer)
Full Time (summer)

CYC

Carolyn Lecher

Full Time (summer)

Ken Murdoch

Part Time (voluntary time)

2 others

Full Time

AFS

Howard Furguson Mickey Pound Part Time)
Part Time)

(voluntary time)

IUS RESOURCES

Wally Kubiski
D. Henderson
Communications Staff
Lloyd Axworthy
Lawrie Cherniack

OTHER RESOURCES

Eric Barker

Other Afencies Medical Students Advisory Technical Committee People from Area (volunteers) Volunteers

Clubs and Groups

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New Democratic Party	612 Broadway	786-4857
North American Baptist Immigration & Colonization Society	610-504 Main Street	943-6279
Progressive Conservative Party	23 Kennedy	942-8283
St. John Ambulance	535 Doreen .	774-1695
Syrian Lebonese Assoc. of Canada	834 St. Matthews	783-4823 ~
Ukrainian Canadian Committee	456 Main	942-4627 ~
Liberal Party in Manitoba	667 Ellice	786-7481
Manitoba Association of Registered Nurses	647 Broadway	774-3477
Manitoba Association of Social Workers	457 Bedson	889-1731
Manitoba Buddist Assoc.	825 Winnipeg	774-9267
Manitoba Institute of Registered Social Workers	672 Ingersoll	786-2394
Manitoba Pharmacutical Association	10th Floor - 457 Main	943-0584
Y.A.P.	Logan- Mrs. S. Smith	943-5295
Notre Dame Day Centre	590 Notre Dame	774-5463
Big Brother Association	301 Vaughan	943-3497
Canadian Brotherhood of Railway Transport & General Workers	562 Portage	774-4523
Canadian Chamber of Commerce	705 - 177 Lombard	943-2641

Canadian Italian Business & Professional Men's Assoc. of Manitoba, Inc.	309 - 228 Notre Dame	942-2316	
Canadian Labour Congress	570 Portage	774-3495	
Child Evangelism Fellowship of Manitoba	54 Isabel	786-6651	
Community Planning Association of Canada	201 - 75 Albert	942-1391	Filoson.
Good Neighbours Club'	185 King .	942-4707	3
Club 376	73 Princess	942-4813	
Kiwanis Club of Winnipeg	1014 Fort Garry Hotel	942-2727	
Rotary Club	7th Floor - Fort Garry Htl.	942-2058	
Orioles Community Club	SE Burnell & St. Matthews	783-6941	
Kinsmen Club of Winnipeg	222 Sherbrook	786-1113	
People's Committee	155 Isabel	475-6825	`
Citizens Steering Committee	Mr. G. Anderson 252 Sherman St	942-2640	
Senior Citizens	600 Main	943-3511	>
Italian's Social Action	CYC - Joe Bova-	985-2373	*****
Citizenship Council International Centre	Mrs. S. Roeder 280 William	942-2640	÷
Council of Self-Help Groups	Mrs. M. Wilson 202-456 Main	943-2473	`
B.R.I.D.G.E.	NSC - 294 Ellen (C. Richen 774-8488)		-304
Shaky Streets	NSC - 294 Ellen		
Housing Group	(non operational) NSC - 294 Ellen		^
Dufferin Park Mothers	(Kaý Harder - 566 Ross		

Chinese Rehabilitation Chinese Benevolent Dr. Yeh 1451 Somerville

Main Street Project

Bud Boyce Provincial Legislature

Buyers Club

1) NSC - 294 Ellen Sue Krhnn-772-3177

2) McLean House - 760 Alexander

Glue Sniffers Group

NSC - 295 Ellen

943-2465

Mothers Allowance

POS - 600 Main St. .

943-3511

Manitoba Association for Native Youth

Mr. G. Munroe 73 Princess

943-1501

Traffic Control Group

Mrs. R. Richen 522 Alexander

774-8488

Muscular Dystrophy Assoc.

1067 Garfield N.

783-7928

Professionals Pseudo Professionals in Area

Dentists

There are 92 dentists in the area, 41 of which are in three buildings: Medical Arts Building (11), 225 Vaughan (16) and Boyd Building (14). The Dental Arts Building has 3 and the rest are listed below.

Allen Boideri & Allens, Drs.	606 Ellice	774 - 3527
Bannerman, Dr. J.A.	304-428 Portage	942-8732
Black, Dr. Donald	315 McIntyre Bldg.	942-4102
Bloom, Dr. W.M.	542 Main	943-8921
Cherewan, Dr. George	107-388 Portage	942-5034
Cottick, Dr. A.H.	Broadway Medical Bldg.	942-5821
Danzinger, Dr. F. Gordon	540 Mountain	589-4397
Danzinger, Dr. George W.	540 Mountain	5 86-7484
Fast, Helgason, & Fast, Drs.	871 Ellice	783-0591
Burrows, Dr. B.J.	1205 - 411 Cumberland	942-3277
Gale, Dr. H.A.	305 Confederation Bldg.	943-0229
Gelley, Dr. T.F.	904-388 Portage	943-4848
Goldberg, Dr. Ben	1370 McPhillips	338-2040
Goldberg, Dr. Percy	80- Portage	786-4771
Greenfeld, Dr. R.	807 Portage	786-4771
Holden, Dr. A.W.	215-416 Main	942-8906
Hyman, Dr. Gary	807 Portage	786-4771
Kahanovitch, Dr. 귀.	201-809 Hargrave	943-8002
Kanchier, Dr. M.	413 Selkirk	582-7044
Kasloff, Dr. Z	785 McDermot	786-3608

Katz, Dr. S.A.	807 Portage	786-4771
Kennet, Dr. Stanely	785 McDermot	786-3633
Konyk, Dr. L.	1370 McPhillips	338-3717
Krawchuk, Dr. T.	2nd Floor - 1138 Main	586-1559
Laba, Dr. & Associates	1029 McPhillips	589-4363
Laske, Dr. M.A.	Mountain	589-3190
Ludwig, Dr. J.A.	313-384 Portage	943-1746
Malkin, Dr. Chas.	857 Sargent	772-0401
Manitoba Dental Association	308 Kennedy	942-5680
Manitoba Dental Service	3-0 - 213 Notre Dame	947-1875
Manitoba Denture Clinic	514 Boyd Bldg.	943-8894
McCarthy, Dr. Thomas G.	804 - 283 Portage	943-8606
Metropolitan Dental Group	364 Portage	942-8531
Miller, Dr. Walter	22 Casa Loma Bldg.	783~5993
Mitchell, Dr. Harold	412 Power Bldg.	9 42-8659
Mallat & Thompson, Dr.	156 Sherbrook	775-4270
Murdoch, Dr. R.H.	301 Arlington	772-1957
Passalis, Dr. James	313-404 Graham	943-6525
Rosenstack, Dr. Robert G.	1370 McPhillips	338-2040
Rosooe, Dr. J.	1 - 408½ Selkirk	582-5043
Sarbit, Dr. S.W.	364 Portage	942-8531
Shuchett, Dr. M.R.	656 Salter	589-4400
Snihurowycz, Dr. Taras G.	785 McDermot	786-3608
Stefanson, Dr. G.A.	364 Portage	942-8531
Towe, Dr. A.	857 Notre Dame	774-7047

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University of Manitoba Faculty of Dentistry	777 McDermot	7 86-3505
Winnipeg Dental Group	301 Boyd Bldg.	942-2411
Wolch, Dr. I.	203 Edmonton	942-6872
Zakus, Dr. P.	592 Selkirk	582-5103

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Pharmacies

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Arlington Pharmacy	796 Sargent	783-5550
Empire Drug Company Ltd.	801 Selkirk	586-2212
Harmans Drug Store Ltd.	Portage and Sherbrook	774-7444
Meyers Drug Store	483 William	943-7 939
Normans Pharmacy	542 Selkirk	586-2074
Roberts and Whyte Ltd.	587 Sargent	774-3353
Rypps Pharmacy	495 Portage	775-4054
Storr's Drug Store	893 Portage	783-1070
Tadman's Drug Store	S.W Salter and Redwood	589-6701
Towers Drugs Ltd.	406 McGregor	582-2355
Astra Building Dispensary Ltd.	208 Edmonton	943-1727
Berinstein M.	587 Selkirk	589-5741
Black Drug Company	579 William	775-3851
Boyd Dispensary	501 Boyd Building	942-3567
Central Park Pharmacy	428 Edmonton	943-5361
Charles Drug	291 Selkird	582-4 898
Cohen, M.A.	567 Broadway	772-5719
Coopers Pharmacy	540 Broadway	783-6234
Crosstown Drugs	415 Selkirk	5 82 - 5888
Donald Drugs	304 Broadway	942-88 22
Economy Drug Store	, 1112 Main	586-8041
Ellerby and Hall Chemists Ltd.	419 Graham	943-5431

Ellice Pharmacy	Ellice and Sherbrook	783-0120
Gurvey's and Rudy's Ellice Pharm	acy . Ellice and Sherbrook	783-0120
	• .	•
Hollrey Pharmacy	St. Mary and Edmonton	943-2281
Ideal Drug Store	733 McPhillips	582-5086
Karrs Drug Store	615 Portage	783- 5858
Lane Dispensary	396 Graham	947-1853
Lipton Pharmacy	Sargent and Lipton	7 83-3110
Main Drug Store	842 Main	582-5437
Mall Pharmacy Ltd.	263 Portage	942-2003
Manitoba Drug Store	587 Selkirk	589-5741
McMillans Pharmacy	Medical Arts Building	942-3139
Medical Pharmacy	280 Memorial	783- 7487
Migies Beverley Drugs	789 Portage	783-7772
Millers Medical Pharmacy	377 Graham	943-8865
Mountain	Mountain and Garlies	582-5504
Muirs Drug Store	Home and Ellice	774-4422
Notre Dame Pharmacy	890 Notre Dame	774-2367
Parliament Pharmacy	534 Broadway	783-4124
Pay-N-Save Drug LEd.	318 Donald	942-8840
Richmonds Pharmacy Drugs	485 Sargent	774-3777
Roberts Drug Sherbrook Store	952 Sherbrook	774-3161
Roberts and Whyte Ltd.	587 Sargent	774-3353
Rudy's Pharmacy	Ellice and Sherbrook	783-4403
Safety Drugs	Portage and Notre Dame	942-3355
Sairs Pharmacy	790 Notre Dame	7 74-7567
Sargent Pharmacy	709 Sargent	774-9165

Tadmans Drug Store	Salter and Redwood	589-6701
Tower Drug Ltd.	406 McGregor	582-2355
Waldmans Dispensary	406 Selkirk	589-5591
Westminster Pharmacy	871 Westminster	783-5311

	·		
Clinics	Address	Phone	No. of Doctors
Manitoba Clinic	.790 Sherbrook	774-6541	46
Medical Arts Bldg.	•	942-8701	183
Winnipeg Clinic	St. Mary & Vaughan	942-0551	60
Mall Medical Group	280 Osbourne N.	774-2411	25
Graham Medical Group	304-414 Graham	942-2431	4
Boyd Building	Portage		21
· · · · · · · · · · · · · · · · · · ·	394 Graham	943-5230	9
,	419 Graham	943-8102	2
	377 Graham	942-5647	4
	404 Graham	943-5265	8
	284 1/2 Salter	582-5786	. 1
	388 Portage	942-5337	9
	219 Kennedy	943-4070	3
	95 Sherbrook	775-4471	2
•	291 Burrows	586-4631	1
	540 Mountain	589-4397	1
	222 Sherbrook	783-7123	1
	203 Edmonton	942-1420	3
	668 Bannatyne	786-6621	4
	309 Hargrave	942-0897	3
	616 Broadway	775-3588	1:
	537 Ellice	772- 5597	. 1
	225 Vaughan	942-1067	4
	233 Portage	942-7012	1
·	956 Main	582-6163	1
	413 Selkirk	582-6855	2 .
•	72 Hargrave	943-7681	1
	481 1/2 William	943-5762	1
•	208 Edmonton	942-6391	1
	408 Selkirk	586-1069	1
•	384 Portage	.943-1746	1
	807 Portage	772-9777	1
	419 Graham	943-6855	1
(773 Selkirk	582-5509	2
	1027 McPhillips	589-8369	2

	293	Selkirk	589-7141	1
	291	Selkirk	589-6264	1
	703	Wolseley	774-9716	1
	.149	Isabael	942-7917	1
	857	Notre Dame	774-7047	1
Abbot Clinic E	Bldg.		786-5481	1
	171	Donald	943-7519	3
	598	Selkirk	589-4897	1
	735	Notre Dame	774-7540	1
·	346	Selkirk	582-6804	1
V	530	Broadway	783-7214	1
	72	Donald	957-1329	1

(

Physiotherapy

Amsden Clinic of Naturopathy & Physical Therapy	2 - 393 Graham	943-1826
Association of Physiotherapists of Manitoba	24 Springside Dr.	233-1531
Gustav Uhmann	CPR Station Bldg	942-3635
YMCA Health Department	301 Vaughan	942-8157
<u> Nu</u>	rsing Homes	
Baron Nursing Home	, 66 Smith	942-5628
Beacon Hill Lodges of Canada Ltd	. NE Fort & St. Mary	942-7541
Birch Senior Citizens Home	730 Broadway	774-0219
Central Pork Lodges of Canada Ltd.	440 Edmonton	947-1491
Convalescent Home of Wpg.	276 Hugo	475-1987
Easton Nursing Home	530 Stradbrook	453-3556
Erickson Nursing Home	92 Maryland	774-5356
Frederickson Nursing Home	165 Maryland	783- 6653
Maple Leaf Nursing Home	107 Balmoral	783- 5626
Neufeld Guest Home	212 Colony	786-3922
Nicholson Guest Home	478 Balmoral	775-2101
Stradbrook Nursing Home	499 Stradbrook	453-4276
Lyons Manor	Sherbrook & Portage	

Veterans Hospitals

35

Deer Lodge Hospital

Herbs

Main & Mountain 1198 Main .	589-1104 (res) 589-6445 (ofc)
414 Graham	943-7457
2 - 393 Graham	943-1826
285 Edmonton	942-4047
296 Kennedy	942-6767
102 Osborne	284-3739
	1198 Main 414 Graham 2 - 393 Graham 285 Edmonton 296 Kennedy

Chiropractors

There are (19) chiropractors in the core area seven of which are in two buildings. These are (4) in the Somerset Building and (3) at 225 Vaughan. The rest are as follows:

Baizley, Dr. C.G.	237-233 Portage	943-3868
Bloomer, Dr. J.K.	121 Phoenix Bldg.	943-3955
Chiropractic X-Ray Centre	394 Graham	942-7659
Collett, Dr. R.H.	394 Graham	942-8206
Homes, Dr. R.M.	615 Portage	772-7245
Isaacs, Dr. A.P.	305 Avenue Bldg.	943-9644
Kremer, Dr. G.F.	394 Graham	943-7309
Lanoway Chiropractic Clinic	831 Sargent	774-6485
Mowat, Dr. John D.	204 - 309 McGregor	586-1630
Savickey, Dr. W.J.	306 Power Bldg.	942-8666
Seier, Dr. G.H.	296 Kennedy	943-4675

Hotels

4		
Bell Hotel	SW Main & Henry	943-7 949
Brunswick Hotel	571 Main	942-2331
Cabinet Hotel	289 Pacific	942-5924
City Centre Motor Hotel	NW Carlton & Ellice	943-8673
Stock Exchange	910 Logan	774-4692
Corona Hotel	189 Pioneer	943-
Criterion Hotel	214 McDermot	943-3015
Drake Hotel	146 Princess	942-9592
Empress Hotel	684 Main	942-8653
Gordon Downtowner Motor Hotel	SW Ellice & Kennedy	943-5581
Jack's Hotel	652 Main	942-9464
King George Hotel	242 King	942-9415
Kings Motor Hotel	114 Higgins	943-7232
Leland Hotel	SE William & Albert	943-5441
Mall Hotel	469 Portage	783-7244
Manor Hotel	692 Main	942-1343
Marlborough Hotel	331 Smith	942-6411
Maryland Hotel	690 Notre Dame	786-5981
McLaren Hotel	SE Main & Rupert	943-8518
National Hotel	655 Main	943-6915
Mont Royal Hotel	186 Higgins	943-6491
New Occidental Hotel	631 Main	943-0635

Oxford Hotel	216 Notre Dame	942-6712
Roblin Hotel	115' Adelaide	942-9587
Royal Albert Arms	48 Albert	943-3431 942-2551
St. Charles Hotel	NW Notre Dame & Albert	942-5155
Savoy Hotel	686 Main	943-4323
Woodbine Hotel	466 Main	942-918 ¹
Balmoral Hotel	SE Balmoral & Notre Dame	943-154

Agencies, Groups, Organizations, Churches in Area

Manitoba Penitentiary	Stoney Mountain		
Manitoba Goal-Men	Headingly, Manitoba	837-1351	
Manitoba Goal-Women	Portage la Prairie		
Care Services	- Guy St.		No.
Mount Carmel Clinic	120 Selkirk .	586-8086	investion
Manitoba Home for Girls	290 Drury	339-1934	
St. Boniface Hospital Social Service Department	409 Tache	943-0311	
Winnipeg General Hospital Social Service Department	William Avenue	774-6511	-5@date-
Young Men's Christian Assoc.	Central Branch 301 Vaughan	942-8157	
Young Women's Christian Assoc A	447 Webb	943-0381	
Yougn Men's Hebrew Assoc.	370 Hargrave	943-6551	hágysten
Family Bureau of Greater Wpg.	264 Edmonton	947-1401	· 🗫
Family Planning Association of Manitoba	501-177 Lombard	943-5946	and The Contract of the Contra
Fortune Society of Canada	10 - 111 Scott	284-5004	**************************************
Home Welfare Assoc.	296 William	942-2269	es Comments
Manitoba Hospital Assoc.	377 Colony	942-6591	
Juvenile Relation Services			\jide-
Canadian National Institute for the Blind	1031 Portage	774-5421	· Name
Canadian Association for Retarded Children	825 Sherbrook	786-4819	sta ne

38

Canadian Red Cross	226 Osborne N.	772-2551	
Child Guidance Clinic of Greater Winnipeg	2nd Floor - 700 Elgin	786-7841	
City of Winnipeg Nursing Service	City Hall - Main & William	946-1100	
Municipal Hospital Social Service Department	Morley	452-3411	
DVA Veterans Welfare Service		942-6381	
Deer Lodge Hospital	Portage Avenue W	837-1301	
Jewish Child & Family Service	3rd Floor956 Main 🖣	5896343	D.
John Howard & Elizabeth Fry Society of Manitoba	161 Doncaster	489-4501	***************************************
Selkirk Hospital Mental Home	Selkirk		
Provincial Welfare Dept.	430 Edmonton	943-5561	in
Local Health Services	300 Norquay Building	946-7932	
Maternal and Child Health	300 Norquay Bldg.	946-7760	
Preventative Medical Services - Biologic Orders - Veneral Disease Control	311 Norquay Bldg	946-7721 946-7795 946-7746	
Public Health Nursing Services - Miss M.E. Wilson - Licenced Practical Nurses	415 Norquay Bldg.	946-7777 946-7717	
Mental Health Division Dr. R.H. Tavener	(no address given)	489-4541	°88
Child Development Services Dr. J.L. Asselstine		489-4541	
Psychiatric Institute Dr. J. Varamis	75 Emily	774-6511	-silteness
Salvation Army Harbour Light Alch. Rehabilitation Centre	221 -Rupert	943-6573	

Clubs and Groups

	·	
New Democratic Party	612 Broadway	786-4857
North American Baptist Immigration & Colonization Society	610-504 Main Street	943-6279
Progressive Conservative Party	23 Kennedy	942-8283
St. John Ambulance	535 Doreen	774-1695
Syrian Lebonese Assoc. of Canada	834 St. Matthews	783-4823
Ukrainian Canadian Committee	456 Main .	942-4627
Liberal Party in Manitoba	667 Ellice	786-7481
Manitoba Association of Registered Nurses	647 Broadway	774-3477
Manitoba Association of Social Workers	457 Bedson	889-1731
Manitoba Buddist Assoc.	825 Winnipeg	774-9267
Manitoba Institute of Registered Social Workers	672 Ingersoll	786-2394
Manitoba Pharmacutical Association	10th Floor - 457 Main	943-0584
Y.A.P.	Logan- Mrs. S. Smith	943-5295
Notre Dame Day Centre	590 Notre Dame	774-5463
Big Brother Association	301 Vaughan	943-3497
Canadian Brotherhood of Railway Transport & General Workers	562 Portage	774-4523
Canadian Chamber of Commerce '	705 - 177 Lombard	943-2641

Churches

St. Mary's Cathedral	358 St. Mary	947-0294
Salvation Army Winnipeg Citadel Ellice	400 Colony 794 Ellice	774-6116 775-3467
Christ the King Ukrainian Catholic Church	263 Fountain	943-0217
Holy Ghost (Ukrainian Catholic) Church	1954 Logan	774-4951
St. Nicholas Auditorium	612 Flora Avenue	5 86 - 665 6
Ukrainian Catholic Parish of St. Josaphat	590 Alverstone	775-7815
Ukrainian St. Nicholas Church	737 Bannerman	582-6695
Home Street United Church	318 Home	774-9372
Hungarian United Church	732 Ellice	772-5008
Japanese United Church	400 Edmonton	942-4701
Knox United Church	400 Edmonton	942-4701
St. Paul's United Church	NE Notre Dame & Pearl	774-3653
Salem Mennonite Church	691 Alexander	772-0606
Winnipeg Central Mennonite	William & Juno	775-0637
Sacred Heart RC	597 Bannatyne	774-5863
Christ the King Ukrainian RC	263 Fountain	943-0217
St. Andrews Elgin United Church	NW Elgin & Ellen	943-3012
St. Andrews- Maclean United	730 Alexander	786-6671

Indian & Metis Rescue Mission	333 Alexander	943-8867
Lighthouse Evangelistic Centre	221 Alexander	943-9669
Union Gospel Mission	645 Main	942-1293
Good News Centre	158 Aikins	586-7.790
Glad Tidings Tabernacle	N.E. Juno & McDermot	783-4857
Presbyterian Inner-City Mission	768 Flora Avenue	586-5494
St. Casimirs Luthuanian	432 Elgin	
McDermot Avenue Baptist	829 McDermot	
Logan Presbyterian (Indian)	Logan & Ellen	
Chinese United	281 Pacific	943-3052
Baptist Bretheren Church	3455 Simcoe	783-8494
German Baptist Mission Church	771 Sargent	775 - 7402
Tabernacle Baptist Church	155 Bannerman	586-1860
Arlington Street Gospel Chapel	603 Arlington	774-1012
St. Demetrias Greek Orthodox Church	103 Furby St	775- 695 7
Jehovah's Witnesses Arlington Unit	963 Portage	775-1282
First Lutheran Church	580 Victor	772-7444
Lutheran Church of the Cross	560 Arlington	774-2062
First Mennonite Church	SE Notre Dame & Alverstone	783-0108
Berean Pentecostal Church	600 Burnell	774-9185
Calvary Temple	NW Hargrave & Cumberland	943-2439
Evangelistic Tabernacle	SW Ellice & Burnell	786-1336

Faith Temple

St. Edward's Rectory

968 Notre Dame

818 Arlington

775-2759

774-6951

Legions

Monte Casino Branch	605 Notre Dame	772-0123
Winnipeg Branch	626 Sargent	772-7151
Manitoba & Northwestern Ontario Command	346 Main	942-23 28
Winnipeg Branch	626 Sargent	772-2751

The following is a list of the Health care facilities which exist in areas $\underline{108}$, $\underline{109}$, and $\underline{111}$ (area numbers taken from Social Service Audit map).

Doctors

Name	Address	Telephone
Dr. H. Matas	. 857 Notre Dame .	774-7047
Dr. C. Loh	149 Isabael	942-7917
Dr. A. Klors	481 1/2 William	943-5762
Pharmacies	· · · · · · · · · · · · · · · · · · ·	
Harmans Drug Store	Portage and Sherbrook	774-7444
Meyers Drug Store	483 William	943-7989
Black Drug Co.	579 William	775-3851
Ellice Pharmacy	Ellice and Sherbrook	783-0120
Lipton Pharmacy	Lipton and Sargent	783-31 10
Main Drug Store	842 Main	582-5437
Notre Dame Pharmacy	890 Notre Dame	774-2367
Roberts Drug Store	952 Sherbrook	774-3161
Dentists		
Dr. A. Towe	857 Notre Dame	774-7047
Dr. R.H. Murdock	301 Arlington	772-1957
Physiotherapy	Ψ'.	
Y.M.C.A.	Health Department	
	301 Vaughan	942-8157

Name	Address	Telephone
	•	
Central Park Lodges	440 Edmonton	947-1491
Maple Leaf Nursing Home	107 Balmoral	783-5626
Nicholson Guest Home	478 Balmoral	775-2101
Lyons Manor	Sherbrook and Portage	
Chiropractors .		
Lanoway Chiropractic	·	
Clinic	831 Sargent	774-6485

It should be noted that the Winnipeg General Hospital Complex and the Winnipeg Clinic also supply health services to this area.

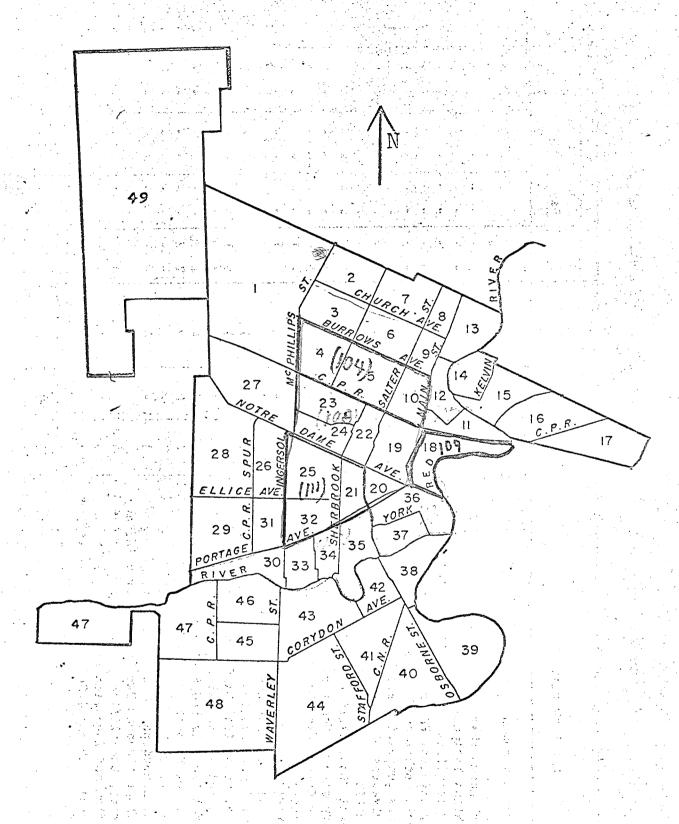
Appendix F

Statistics from Social Service Audit

Police Association	Rm. 609 Confederation Life Building	
Medical School	U of M Fort Garry	
Canadian Council of the Blind - Wpg & District	290 Green, E.K.	33 9-5983
Canadian Diabetic Assoc.	303 Marjorie	888-6541
Canadian Medical Assoc, Manitoba Division	2nd Floor - 201 Kennedy	947-0421
Canadian Mental Health Assoc.	330 Edmonton	942-7919
Canadian Paraplegic Assoc.	825 Sherbrook	7 86 - 4753
Children's Aid Society of Wpg.	114 Garry _	942-0511
Age & Opportunity Bureau	204-322 Donald	947-1276
Alcohol Education Service (Manitoba)	10T-249½ Notre Dame	942-2907
Citizenship Council of Manitoba	280 William	942-2640
College of Pysicians & Surgeons of Manitoba	201 Kennedy	942-2443
Child Guidance Clinic of Greater Winnipeg	200 Elgin	786-7841
Manitoba Housing and Renewal Corporation Manager - Neil Osler	139 Tuxedo Blvd.	888-7760
Company of Young Canadians	203-290 Vaughan	985-2373
ALCAP D. Marinelli	294 Ellen	943-2465
Clarence Epp Bergthaler Church	658 Ross	783-1721

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City of Winnipeg - Statistical Districts

Areas 104, 108, 109, 111, 112.

Social Services Audit - 1961 - 66.

		Cases in Area	% of total Wpg. Cases
Highest Male Wage and Salary Income under \$2000	Area 109		47.5%
Highest Illegitimate Births (highest and second) highest)	Area 111 Area 108	121 102	12.1% 10.2%
Highest Venereal Disease (both 1st and 2nd)	Area 108 Area 111	302 164	25.2% 13.7%
Highest Desertion Dis- ease (both 1st and 2nd)	Area 104 Area 108	49 38	12.0% 9.3%
Highest Child Neglect (both 1st and 2nd)	Area 108 Area 104	72 67	8.5% 7.9%
Highest Income Mainten- ance Cases (both 1st and 2nd)	Area 108 Area 111	1,874 1,529	10.9% 8.9%
Highest Adult Offenders (both 1st and 2nd)	Area 108 Area 104	102 81	12.7% 10.1%
Highest Juvenile Delinquency	Area 104 Area 103	63 61	9.5% 9.3%
Highest Child Welfare Family and Individual Counselling (both 1st and 2nd)	Area 108 Area 104	780 716	9.3% 8.5%
Highest Income Maintenance (both 1st and 2nd)	Area 108 Area 104	2,117 2,054	10.1%
Highest Health and Re- habilitation (both 1st and 2nd)	Area 111 Area 104	1,087 948	7.7% 6.7%
2nd Highest Area with No. of families (as compared to 1st)	Area lll	6,604 (6,828)	
2nd Highest population Non-British; Non-French	Amon 700		79.9%
(as compared to 1st)	Area 104		77.8%
2nd Highest Family Income Under\$3000 (as comparéd to 1st)	'Area 104 (105)		36.6% (38.1%

There were 410 cases of desertion. About 3/4 or 76.6% occured in Winnipeg. About 1/4 or 23.4% occured in the municipalities

There were 1,151 children affected by desertions.

Income Maintenance - 1966

There are 8 areas which have a very high number of cases on public welfare per 1000 population in an area. These are the core area neighbourhoods. C.P.R. - Notre Dame, W.C. Winnipeg, S.C. Winnipeg, Downtown Winnipeg, and the immediate surrounding areas of 103 North East Winnipeg. 104 North Central Winnipeg, and the North' Point Douglas and 109 South Point Douglas.

These 8 areas contain 8,529 or 49.8% of all public welfare cases. These 8 areas contain 18% of the population.

The number of Case for

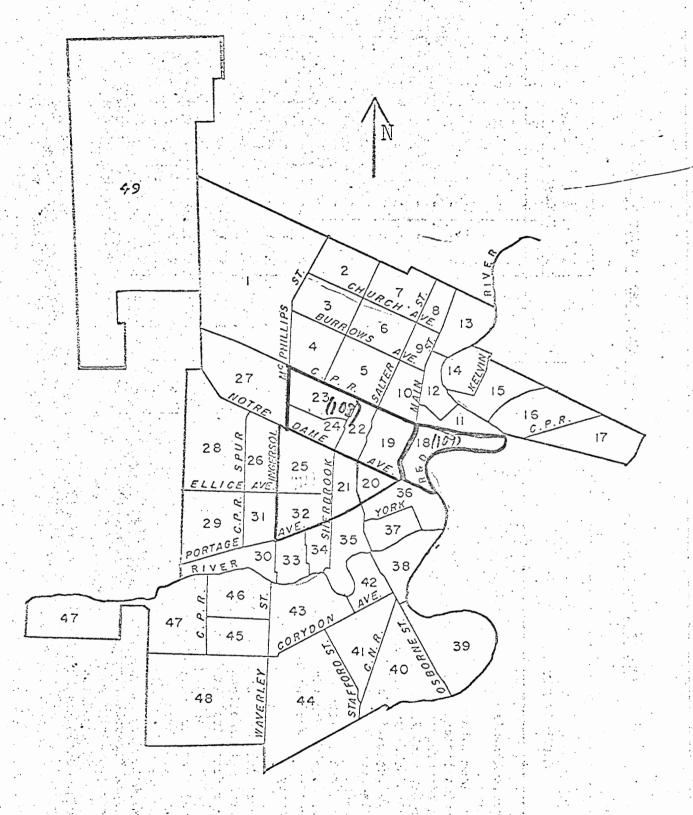
C.P.R. - Notre Dame - 1,874

West Central Winnipeg - 1,529

South Point Douglas - 328

Total 3,731

Crude Case Rate per 1000 = 128.7



City of Winnipeg - Statistical Districts

Small area - A

Area	Population 1966	%Change 1961-66	% Population under 15 yrs.	% Population over 65 yrs. 1966	No. of Households 1966	No. of Families	% of Families with Children
108 109 111	14,554 1,355 27,607	-13.7 -12.8 -44.6	26.0 13.8 22.7	12.3 20.6 12.8	3,506 214 8,512	2,879 164 6,604	65.0 53.0 59.3
Metro Wpg.	.508 ,7 59	6.9.	29.4	9.1	143,710	122,422	68.2
		· · · · · · · · · · · · · · · · · · ·		Highest Grade A Population not School "66"		Occupation 1961	•
(<u>)</u>	Fertility Ratio	% Single Person Household 1966	% Pop. Non- British & Non-French	Elementary %	University	% Managerial & Primary Crafts	Profes- ional Men, Labour- ers
108 109 111	593.5 687.5 509.9	18.4 23.8 20.9	57.5 66.3 50.3	50.5 51.5 35.7	2.8 2.2 4.3	14.8 4.0 9.7	41.5 48.1 35.8
Metro Wpg.	586 .7	12.8	46.6	29.9	8.4	19.3	30.3

			Und	er 200	0	3 0000	over		Under 300	0 ,	0,000	and over	•	
Area		n in "61" ur Force		%		%			%			%		•
3.0.0	1.0	-	0	0. 0		. 0.0			0h F *		0. 1			
108	49.5			8.3		2.0			34.5		2.4	•		
109	41.3			7.5		2.7								
111	48.5	5	1	8.9		3.7			12.5		2.6	•		
Metro			•					ø				,	•	
Winnipeg	38.1	_	1	4.8		13.3	•		16.1		8.5			
						ı					,	4		
·														•
				'			,							
•	Illi Birt	lgitimate ths		eral ease	Des Cas	ertion es	Chi Neg	ld lect	Income l tenance		Adu Off	lt enders	Juver Delir	nile nquency
	No.	8	No.	%	No.	%	No.	%	No.	%	No.	% .	No.	%
108	102	10.2	302	25.2	38	9.3	, 72	8.5	1874	10.9	102	12.7	61	9.3
109	9	0.9	18`	1.5	1	0.2	14	1.7	328	1.9	25	3.1	2	.3
111	121	12.1	164	13.7	25	6.1	53	6.3	1529	8.9	75	.9.3	59	9.3
Metro														٧
Winnipeg	1,001	100,0	1200	100.0	410	100.0	856	100.0	17,124	100.0	804	100.0	631	100.0

Area	ea Total Services			Child Welfare & Family Counselling		enance		th & bilitation	on Infor	Recreation & Informal Ed- ucation	
	No.	%	No.	%	No.	%	No.	8	No.	%	
108	4,441	5.7%	780	9.3	2,117	10.1	. 906	6.4	8,454	Novel etcory downs where	
109	462	0.6%	41	0.5	357	1.7	30	0.2	9	1.4	
111	4,359	5.6%	569	6.8	1,703	8.1	1,807	.7.7	. 844	2.6	
	·.		•								
Metro											
Winn-		,		1							
ipeg	78,163	100.0	8,379	100.0	21,028	100.0	14,163	100.0	32,075	100.0	

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APPENDIX G

Births, Deaths, Population in Areas *

Large Area

 Births
 2,040

 Deaths
 1,383

 Population
 121,117

In Small Area

Births 1,007
Deaths 613
Population 51,297

In Total City

Births 4,508 Deaths 2,590

^{*} From City of Winnipeg Health Department Annual Report 1968

Description of the people of the area*

The clientele discussed in these papers are inner city people. They are the poor and alienated; some unemployed all underemployed and underpaid. Low education and lack of trades or skills is also a common denomination. broad social problem common to all is poverty, and its resulting restriction of social and economic opportunity available to these people. The specific forms of deviant behaviour prevalent in this group are alcoholism, mental disease, child neglect, and marital discord, promiscuity and unmarried motherhood, crime and juvenile delinquency. The person cannot be categorized in terms of a specific deviancy. Rather, the role impairment seemed to be pervasive, the individual experiencing a whole gamut of syndromes. For example, several people had drinking problems, engaged in delinquent behaviour, experienced marital difficulty, etc. Much of this behaviour can be explained and understood as a direct response to an environment of poverty. Poverty, however, is more than squalid living quarters, sick babies, unemployment, violence, dead rats etc. It is a way of life that has evolved in order to cope with the reality of unequal social and restricted economic opportunity. The clientele, then, can be thought of as being part of the culture of poverty. However, each individual and family has their own unique problems by virtue of their individuality, and it is these problems that recieved attention from the

*Neighbourhood Service Centres Project Report by Adeline Wirth University of Manitoba, School of Social Work. 1964-:66

case workers.

Summaries: American Health Centres

Rural Health Project

Monterey California

The Centre was set up with a grant in 1967 from OEO. The centre was a local group practice clinic. Set up to offer good care to Mexican Americans who couldn't get to services that were offered before because of transportation problems, and poor care offered because they were classed as second class citizens, had to wait long periods of time for appointments and they suffered liens on their property. The center offers them care equal to the care of private patients. The center uses interpreters has a social service referral system, has family planning, health education, and nutrition programs and offers home nursing care.

Columbia Point

Boston

The Centre was set up by a group from Tufts University Medical School; with the help of a grant from OEO, in co-operation with a strong community based group. The Centre was set up in a public housing area. It offers 24 hour service with a full range of preventive and curative ambulatory services, including, emergency, sick adult, adult health, home medical care, home nursing, health education, psychiatric services, social workers, community organizers, specially consultation and prenatal care. Health care units organized composed of two internists, two pediatricians, a community health nurse and social workers. Each team is responsible for the core of a substantial number of families. Uses indigenous personnel as family health workers, nurses aides, laboratory technicians, X-ray technicians and pharmacy helpers.

The center was set up to give services to an area of people of whom 35% are on some form of public assistance. Funds are 50% 0EO, 50% New York City. Center was by professionals. It offers 24 hour service and uses a team approach to delivery of services. Community participation is limited with bilingual indigenous workers and community co-ordinators who act as go-betweens for patients and doctors offers full range of services with good lines of communication to hospitals in the area. Health council of community people however they seem to be a rubber stamp advisory committee for the director handles personnel, and services offered.

Mile Square Health Center

Chicago

Set up by an OEO grant to Presbyterian St. Luke's Hospital.

Set up to relieve pressure on the hospital's OPD and to serve an area with a large public housing project and people who are largely on welfare assistance. Offers a full range of services and its staff works with the team approach including indigenous community workers. Developed a neighbourhood health council which is responsible for communicating the needs of the neighbourhood. Center has good lines of Communication with the hospital for referrals of severe cases.

Hill Child Health Project

New Haven Conneticut

Presently in the planning stage. Offer a high quality

comprehensive care to approximately 8,000 people aged 0-21. Program is being designed to meet the needs of the people and the patient will be treated as an individual in a total environment. Centre is to serve an area with high physical mobility and which has an urban renewal area at its fringes. A 24 hour service will be offered using the team approach to family care. Good community participation with the community involved in the decision making, conception, structure and operation of the centre.

Upstate Medical Center

Syracuse

Set up by an OEO grant to the health department and the medical centre. The center serves 14,000 people, primarily Negro classified in the poverty as very low subsistance level.

Center offers a full range of services and its board is made up of 16 community members and 8 professionats. The center is easily accessable to the residents of the area and has minibuses available for transportation. The center itself has a bright cheery atmosphere.

Mound Bayou Centre

Bolivar County, Mississippi

The Center was set up by the Tufts Medical School from an OEO grant. Center serves 14,000 people with a full range of services. The Board of Directors is composed of both community and professional people. Uses a team approach to offering services and includes indigenous personnel. Assists people in social and environmental problems besides its medical functions.

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Set up by professionals from an OEO grant. Offers a full range of medical services to 45,000 people predominately Negro and Puerto Rican. The area serviced has run down factories, idle men, empty tenemants, garbage on the streets, abandoned cars and theft everywhere. Community board was organized however they lack any real power in running the Center. The Center takes the team approach to offering services and trains its own indigenous workers. The program advocates community health and offers pleasant surroundings, bilingual workers, no waiting for visits and family centered care. Each team is composed of a pediatrician, adult physician, two public health nurses, and four to six family workers. Each team has a 12 room unit.

East Palo Alto - East Menlo Park

California

Professionally conceived and developed through funds from county Health and Welfare Department. The board is composed mainly of community people but Health Department controls fiscal policy and co-ordinates health care. The center serves a black community and takes the team approach to offering services. All the family members visit the same area and are looked after by the same team. Policy decisions are made by the board. There are demonstration rooms for nutrition and housekeeping and an auditorium for social functions and meetings.

The center serves a population of low income families which is 82% Negro. Center offers a full range of services and stresses a partnership between health care providers and the community. Board is composed mainly of community people the majority of whom were eligible for free care.

SUMMARIES: Canadian Community Health Centres

Pointe Sainte Charles Clinic, Montreal

Credit must go to McGill students for stimulating the activities of other student health programmes in Canada. After two years of operation their project emphasizes student initiative in establishing a health clinic in a shamefully under-serviced area of Montreal. The university provides supervisory staff and administers funds for student organizers. A board designed to give more influence to community groups is weak and most decisions are made by the student executive. However, several imaginative programmes are attempting to generate community awareness in the aims of the clinic. Liason with city agencies in the area is poor although co-operation with services such as the Y's Youth Clinic is significant. The need for services has been demonstrated. 450 patients are seen monthly by two half-time doctors and students. Reports from field workers would indicate that unmet needs exceed this figure by several factors. Future studies will verify the situation. Major problems are the inadequate clinic facilities and the lack of long-term financial stability based on sound administrative knowledge. Solutions may involve activating more resources in the medical schools, the city and the province. Until they are found much energy will go to the yearly struggle for funds and professional recognition. The loss of such energy will subtract from that needed to improve services, generate community interest and make a high standard teaching experience in the medical

curriculum. Here the future of the programme will be challenged.

Student Health Organization, University of Toronto

The SHOUT programme gives high priority to the "Team" approach in the delivery of health care services. During the last year students from the Health sciences have worked in numerous projects emphasizing interprofessional interaction. The Alexandra Park Clinic attempts to mobilize a health team to provide care to a low-income group. The problems in intergrating professional roles have occupied much of the students time and the service output is low. Fifty patients are seen per month during evening clinic. Few programmes exist outside the clinic in the housing project served. A definition of needs are required for future work. However the dental needs are known and the Dental Faculty through its Dean has embarked on a unique programme which will see students providing basic service and education to local residents.

This experimentation with interprofessionalism has potential to significantly alter the present medical school curriculum in Toronto. A clinic on the scale of Pt. St. Charles does not seem likely.

University of Manitoba

Students in Winnipeg do not have formal community
projects such as those in Montreal or Toronto. However they

are actively planning their involvement. Unlike other centers they aim to involve most students in their school the faculty, city agencies, and other groups interested in health care delivery before committing themselves to any area of the city. The resulting programme is likely to be intergrated into the curriculum and could potentially reflect a unique approach to problems in Southern Manitoba.

The St. Catherines and District Community Group Health Center

The Community Group Health Center in St. Catherines, like the clinic in Sault St. Marie, is-an example of private enterprise applied to the delivery of health services. Neither student groups nor the university are affiliated although medical students will be able to undertake electives in the clinic this summer. The Center as a health facility introduces several concepts. It recognizes that the patient as a consumer has a voice in determining what form his health care takes. It endorses the right of unions as representatives of consumers to initiate new health systems. It demonstrates an alternative to the fee for service system. It shows that a capitation system can reorientate delivery to prevention of disease and disability rather than their cure alone. Its incentive scheme indicates that the cost of hospitalization can be reduced. Finally the interest shown by the Ontario government of the support for the funding method and research grants would imply that legislators are aware of the need to reduce health costs by developing modifications in the present delivery pattern. University educators

in community medicine might be well advised to examine what has happened in St. Catherines and encourage students to debate its merits. Also students who are moved to initiate community programmes should study how careful administration and sound financial structure make a successful programme that can give superior health care and challenges the existing care systems.

The Mount Carmel Clinic

Winnipeg

For the last fifty years Mount Carmel has been providing low-income or destitute Winnipegers with comprehensive medical services. The programme has developed a unique relationship with doctors who donate most of their time with nurses who step far outside their conventional roles to provide the bulk of services. Until recently funds were raised locally. However during the last decade new support has come from the city, the provincial government and the federal government. In addition the Medical School, University of Manitoba is looking at ways of introducing students to the programme. The Executive Director must be given full credit for the present activity. Her energies extend into every part of the clinic's programmes.

Reach Center

Vancouver

Reach (Research and Educational Attack on Community Health)

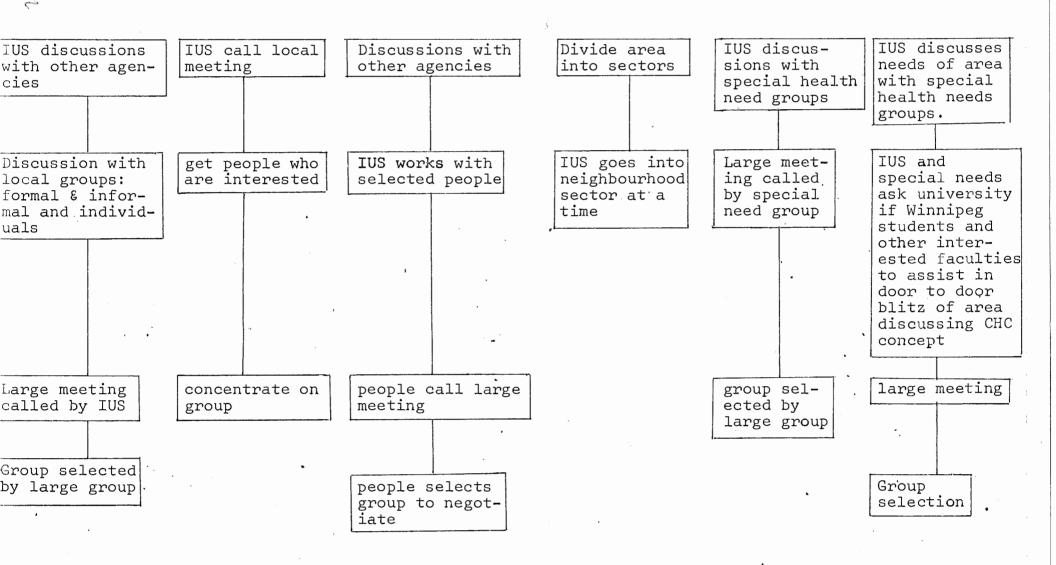
is a model for teaching community pediatrics developed by the Department of Pediatrics, U.B.C. Its founding is in response to student and faculty demands for more relevant training experiences than those obtained from conventional out-patient departments. It is directed by a full-time pediatrician and supervision of students is by family physicians from practices in the city. Close co-operation has been developed with local agencies and community groups. Their professionals or volunteers work from the center and their resources combined with the doctors' forms an effective approach to the care of the many multi-problem families using the Center. Several research projects will serve to demonstrate the benefits of this type of facility for teaching and delivery of services. Administration is through a non-profit association whose board effectively represents physicians, citizens, city agencies, the Faculty of Medicine and students. The main problems are the lack of guaranteed financial support and general acceptance by the medical profession inside and outside the Medical School. With their solution the potential for this center making significant contributions to medical

education is great.

Klinic, now in operation for 2 months is a Youth Health Clinic with a "different sort of community feeling". In reality it responds to people of all ages - "2 months to 87 years old" have visited to date, but particularly a youth milieu is prevalent. Klinic is in operation 24 hours a day. A switchboard open 24 hours is an emergency phone service offering help whenever it is needed. There is a controlled medical centre with a professional doctor daily with medical students assisting. There is a dental service with the most modern dental equipment staffed with a professional dentist and dental students, 3 evenings weekly. As drugs pose a severe problem with today's youth cult, the Clinic is well equipped with staff-aides who are knowledgeable about drug consumptions, emotional problems directly resulting from drugs and just general counsellors for troubled minds. This counselling is a 24-hour service. Various rooms are equipped with beds, lounges, and chairs for fatigued upset, or "coming down from bad trips" youth. There is an open lounge facing the medical rooms for people to sit down and perhaps play cards, etc. to relax before the visit to a doctor or dentist. There is a clothing service and some free medication to aid the financially unstable who visit.

The whole atmosphere of Klinic, a colourful but comfortable get together feeling rather than a sterile overpowering professional service which most youth would find inconducive to visit for "fixing themselves up".

Plans in the offing for this Youth Health Clinic include satellite centres with YAP and possibly the Neighbourhood Service Centres of Winnipeg.



Schematic of proposed ways to enter community

Appendix J

I. Proposed Questionnaire for Health Centre

Do you have your own doctor?

Is there any regular hospital you go to?

Have you ever been to Mount Carmel Clinic or any other clinic?

If so:

Why did you go there?

What did you like (dislike about it?

Do you know what Medicare is?

Do you know that you are eligible for it?

Do you have a dentist?

Are you aware of the School of Dentistry?

Faculty of Medicine?

School of Social Work?

Would you like a Health Service Centre in your Neighbourhood?

What would you like to see in it?

Have you ever used a home visiting nurse?

Do you know about: Family Bureau of Greater Winnipeg - Homemaker

Service?

Home Welfare Association - Medical Delivery

Service?

Victorian Order of Nurses Home Help Service?

Children's Aid Society of Winnipeg?

Chisdren's Aid Society of East Manitoba

Jewish Child and Family Service

Public Welfare Department?

Would you like to participate in planning your Neighbourhood

Health Centre?

Would you like to be on a committee or regular staff for your Neighbourhood Health Centre?

Would you and/or your family be able to travel
(1 block) (5 blocks) (1/2 mile) (1 mile) to your NHC?

Would you like to help your community be aware of the use and their help needed for your and their Neighbourhood Health Centre?

Present Medical Situation:

Problems? family, neighbours, community, your major illnesses? physical problems or handicaps?

If your are not:

Why are you not receiving medical care?

- 1. don't feel your condition is serious enough
- 2. too costly
- you feel the care given is non professional, too professional fear of consequences.
- 4. frightened of treatments result of treatments
- 5. too far, nottransportation, confined to house
- 6. no service available, hours too inconvenient.