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SCHOOL of PUBLIC HEALTH

Pholela and the Origins of Community-Oriented Primary Care

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Origins of the Pholela Health Center

- First implementation of community-oriented primary health care
- Emerging ideas of social medicine were combined into a comprehensive practice at the community level
- Drs. Sidney and Emily Kark were recruited by Dr. Eustace Cluver, Director of South African National Department of Health (and others) upon graduation from University of Witwatersrand in 1939

Pholela, South Africa

- Remote rural area of “Native Reserve” of Bantu
- Focus was to provide basic clinical services to remote area
- Blended community, family, and personal practice with community-based population health care

Community-Oriented Primary Care (COPC)

- Define the community in all its aspects
- "Community-side" activity to improve health, working with the community to address its priority issues
- Multi-disciplinary health care team
  - Doctors
  - Nurses
  - Health educators
  - Community members as active members
  - Social workers
  - Laboratory technicians
  - Others
- Monitor, evaluate, and perform continual research about health priorities of the community being served

Pholela Health Centre

- Became the model for a nationwide system of primary health care
- After 1940: 44 health centers were started, with over 400 planned
- In 1948: after the election of the Nationalist Party in South Africa, support dwindled under apartheid
- New building opened 21 April 2001 as part of a revitalization
- http://www.kznhealth.gov.za/pholela/history.htm

Extension in and from South Africa

- Established Center for Family Health Care at the University of Natal
- Began developing a network of teaching health centers
- The Parliamentary Commission reported on "The Provision of National Health Services for All"
  - Included an assessment of all primary through tertiary resources (from 1942–1944)
- 1949: 44 had been established with a total of 400 planned
- Leaving South Africa in the late 1950s, Sidney Kark became the inaugural chair of the Department of Epidemiology at the School of Public Health, University of North Carolina, Chapel Hill
- Others from their original team—Guy Steuart, John Cassel, Cessil Sloam, Harry Philips, and Eva Salber—applied the Pholela experience in North Carolina
- The Karks spent most of their later career in Israel, continuing to teach and practice COPC

Pioneering COPC (Susser, 1999)

- Assessment of morbidity and mortality
  - Infant mortality
  - Malnutrition
  - Syphilis
- Social dynamics of the migratory labor system of the mining industry contributed to high rates of syphilis
  - Screening decreased these rates

Pioneering COPC (Susser 1999)

- Working with community health workers, the Karks improved home gardens with significant change over five years
  - Attendance at prenatal nutrition classes increased
  - Kwashiorkor was reduced 50-fold
- Crude mortality dropped from 38.3 per 1,000 to 14.6 per 1,000
  - Infant mortality dropped 63%
  - Innovative way to separate extent of exposure to community care system

Infant Mortality Reduction in Pholela

Effect of CPOC on Infant Mortality, Pholela: 1942–43 versus 1950–51

	Number of live births	Number of deaths	Infant mortality rate (IMR) per 1,000	Percent decline in IMR[a]	Relative risk
New families[b] (1942 or 1943)	121	34	281	Baseline	Baseline
New families[b] (1950 or 1951)	53	10	189	32.7	0.67 (0.36–1.26)
Old families[b] (1950 or 1951)	584	58	99	64.8	0.35 (0.24–0.51)

[a] Decline: 1942–1943 to 1950–1951: new versus old, $P<0.001$.

[b] New: enrolled in calendar year. Old: enrolled ≥ 1 year.

Source: *Bulletin of the World Health Organization,* 1999, 77(5).

Collapse of the South African Experience—Apartheid

- The South African Parliamentary Commission recognized the innovation and wanted to expand nationwide, however …
  - With the rise of the Nationalist Party, “pass laws” were implemented which segregated the Black African and Colored Asian populations from the White populations

H. Jack Geiger and the Office of Economic Opportunity

- A student at Case Western Reserve in Ohio, H. Jack Geiger went to Pholela as a fourth-year medical student for six months in 1957
- With Count Gibson, he developed a model health center at Columbia Point, Boston, in association with Tufts Medical Center in 1966
- This was an extension of President Lyndon Johnson's "War on Poverty"
  - The Office of Economic Opportunity funded four model health centers
- With John Hatch in Mississippi, they applied the community health center model, including the use of community health workers, in developing the Tufts Delta Health Center in Mound Bayou

Dr. Robert S. Lawrence's Early Contact with COPC

- In 1970, he participated in the development of the first multiracial comprehensive community-based primary health care system in Carboro, North Carolina, serving as director of professional services
- Partnership
  - Local community action program
  - University of North Carolina
- University had traditionally exploited the community, without integrating community members
- Community action had pressured the university to share resources
- The public schools in Chapel Hill had only desegregated two years earlier
- Prejudice and suspicion impacted health center operations
- The community's view of the role of the health center differed significantly from the University's intention

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Community-Oriented Primary Care in the United States

- Early initiatives of the Office of Economic Opportunity were reversed by the Nixon Administration, which proceeded to dismantle the agency after the election of 1972
- The Community Health Center program was transferred to its current base in the Health Resources Services Administration
- Approximately 800 community health centers currently provide care in underserved areas of the United States, an extension of the early work by Jack Geiger, Count Gibson, John Hatch, and others