

Fourth Street Clinic director steps down after 23 years

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Allan D. Ainsworth started up the Fourth Street Clinic 23 years ago with a single, part-time nurse operating out of a cleaned-out office in the St. Vincent de Paul Center.

Utah was just beginning to grapple with a homeless population that had, until then, remained largely invisible, sequestered mostly in single-room occupancy hotels that dotted downtown Salt Lake City. But as urban gentrification took root, low-income housing units were transformed into boutique hotels or replaced with new buildings — a phenomenon occurring across the country — and those at the edge of utter poverty landed, in increasing numbers, on the street.



(Paul Fraughton | The Salt Lake Tribune) . Allan Ainsworth, who founded Fourth Street Clinic is retiring. Thursday August 4, 2011

“In my estimation, the reason this was occurring nationwide and in Salt Lake City was we were taking out low-income housing stock and not replacing it,” Ainsworth said.

Utah responded by setting up a community shelter and, with a federal grant, began providing health care for the state’s most vulnerable population. As Ainsworth prepares to retire from his post as Fourth Street’s executive director Wednesday, he leaves an enterprise that encompasses a free-standing clinic with six full-time medical providers and some 40 other staff, 200 volunteer providers, more than 5,000 clients and a \$6.5 million annual budget.

“It’s been a long and hard 23 years, a grueling time,” said Ainsworth, 62. “It is very taxing energy-wise to think about having to get grants on a regular basis. ... I just got very, very weary of having to chase federal money and private money.”

John Lozier, executive director of the National Health Care for the Homeless Council, hailed Ainsworth’s efforts, both in Utah and nationally, on behalf of the homeless.

“He is a wonderful and important leader in our movement,” Lozier said. “One of the wonderful things Allan has done is work very closely with his board to ensure a continuity of leadership for that good strong program he has built in Salt Lake City.”

In honor of his years of service, officials on Wednesday will name the clinic’s administrative building after Ainsworth, which happens to be National Health Care for the Homeless Day.

Ainsworth, who trained as a medical anthropologist, spent a decade working on a federal land case for the Hopi tribe in Arizona before he was hired by Salt Lake Community Health Centers to launch the Fourth Street Clinic. Compared to the land case, Ainsworth expected to engineer a swifter resolution of Utah’s homelessness.

“I felt like if we did something rapidly enough, we could reverse the trend,” Ainsworth said, a fix he expected to take five years or so. “I wasn’t very accurate in that.”

By the end of its first year, the clinic’s staff had grown to five and it relocated to a larger space at the new Salt Lake Community Homeless Shelter, operated by The Road Home. The tiny staff was on the front lines as a tuberculosis outbreak spread through Salt Lake City’s homeless ranks. Initially, the clinic experienced a 100 percent turnover of staff in every position but his own every year, Ainsworth said — a reality that made partnerships with volunteer physicians a must.

In 1991, backed with a grant from Intermountain Healthcare, the clinic moved into a renovated building at 404 S. 400 West that became its permanent home; with expanded space, it began offering a wider array of services.

“We could be much larger if we had funding,” he said. “It is an almost inexhaustible flow. As long as we’re not willing to provide housing or other support services, we’re going to have the problem and we’re going to pay for it with our tax dollars.”

From the start, Ainsworth recognized that good health and housing were intertwined, which led him to partner with other homeless service providers focused on addressing homelessness. “That’s one of the successes in Utah, that we recognized that role and continued it,” Ainsworth said.

The clinic has a vested interest in permanent housing, given the physical and emotional toll that comes with years spent on the streets. Many chronically homeless Utahns ignore their health problems for decades; many also are alcoholics which, coupled with street living, leaves their bodies compromised. Simple problems often turn into health crises and “easily cost \$20,000 to \$30,000 if they have a specific health issue.”

Two decades ago, the community was actively interested in wanting to solve homelessness, Ainsworth said, but “they wanted to keep the homeless as invisible as

possible out of fear it could hurt tourism. Once the shelter was built, the community thought the homeless problem was solved.”

But a shelter was never more than a stopgap measure, Ainsworth said. What was needed: Replacement of the low-income housing units lost years earlier.

In all, Utah lost 800 low-income housing units between the mid-1980s and early 1990s, Ainsworth said, a gap the state finally began to address in 2005 with the launch of a 10-year plan to end chronic homelessness. So far, the initiative has resulted in a 68 percent decrease in the chronically homeless population, according to the state Division of Housing and Community Development. The Fourth Street Clinic’s contribution has been keeping those people healthy so they can maintain their housing, Ainsworth said.

“It’s taken 20-odd years to really pull the community together to gain financial support and community interest to build permanent housing stock,” he said. Paralleling that effort, Ainsworth has been able to garner support from the state’s health care providers and facilities, who have extended the clinic’s care network by volunteering their services. There’s also a respite care network in place today that ensures a homeless person who needs continued care after a hospitalization has someplace to go to recover from surgery or illness.

“We’ve built a continuity of care,” Ainsworth said.

Ainsworth stayed on the job long enough to see firsthand how poverty and homelessness can turn into multigenerational traps; to experience a protracted economic downturn that has exacerbated homelessness; to see how community interest waxed, waned and then rebounded with the state’s success in moving people from the street to permanent housing.

“The success we have had in getting people back into housing, and the ability to show it is more cost-effective to keep them housed than homeless, has had some effect on the community,” he said. “As long as we don’t lose sight of what we’re trying to do, and get financial and emotional support from the community, we’re going to continue to be successful.”

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<http://www.sltrib.com/sltrib/news/52347505-78/ainsworth-clinic-homeless-housing.html.csp?page=1>

