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REGIONAL MEDICAL PROGRAMS CORE STAFF ACTIVITIES
IN HEALTH MANPOWER

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REGIONAL MEDICAL PROGRAMS CORE STAFF ACTIVITIES
IN HEALTH MANPOWER *

BACKGROUND

It is currently estimated that approximately one-third of the RMP funds for operational projects are supporting over 200 manpower-related activities -- including training programs to improve the utilization of existing health manpower, such as physician assistants and nurse practitioners. It may be assumed that a comparable proportion of core funds are supporting manpower-related activities. However, there has been little quantitative or anecdotal information available to the RMPS to date on the character and extent of these core activities. Given the increasing national emphasis on health manpower problems and the evolving role of Regional Medical Programs in these problems, it seemed appropriate to document the current extent of core activities in this area.

DESIGN

The study was conducted by the Office of Program Planning and Evaluation staff who surveyed by telephone each RMP coordinator during the past five months. The questionnaire instrument used was designed to elicit pertinent information which would identify

*This report concentrates on core staff activities; occasionally an operational project is noted as an output of core staff efforts.

core staff activities with respect to health manpower. The response by coordinators was generally very good, in that they seemed very willing to discuss the subject. However, the methodology employed left much to be desired in terms of comprehensiveness and comparability. Further examination using a structured format is warranted, given the present emphasis on health manpower and the beginning of intensive regional activities by core staff as reflected by this survey.

SUMMARY OF FINDINGS

The level of manpower development activities of RMPs varied from virtually no activity to what appears to be a highly active and integrated program approach in a few regions. The great majority of regions had at least a few manpower activities which were generally unrelated to program objectives and rather pedestrian. Nearly all regions expressed concern about manpower development and indicated that there would be increasing emphasis on it in the future, but there seemed to be few cases where the coordinator had a clear strategy in mind.

Where activity exists, it is manifested primarily in core staff activity. This is particularly true with activity which seems to depart from traditional approaches. Activities by RAGS and their committees, as reflected by policy, priorities or accomplishments were rather minimal.

Several regions had considered the problems along with other local agencies, and jointly decided that one or the other would assume major responsibility for the area of manpower development. This was encouraging from the viewpoint of avoiding duplication of effort.

Data collection on manpower distribution is a common activity. Much of the data collection done by most regions appears not to be used for planning purposes, since little strategy was evidenced. It would seem that this is a rather costly exercise and should be discouraged if it is being done in lieu of planning rather than in support of planning.

A fair amount of duplication appears in exploratory planning and operational activity, and there seems to be little awareness of or concern with what other regions are doing which might be applicable. It appears that there is no established mechanism for exchange of manpower development experience, either among RMP's or among RMP's and other federal programs. The foregoing practice is obviously self-limiting and certainly does not enhance the concept of cooperative sharing to reverse the present trend of a growing health manpower crisis.

It is further noted that present manpower committee structures are all but ineffective in the area of manpower development.

Methods for exploiting this expertise deserve a closer look; RMPs are accomplishing virtually nothing by maintaining such window-dressing committees.

Twenty percent of the coordinators indicated that RMPS legislation and guidelines are restrictive in regard to stipends and basic training and therefore inhibit manpower development in critical areas. Others stated that the legislation neither thwarted nor encouraged them to become involved in manpower.

A number of regions noted problems in developing manpower proposals which were subsequently turned down by the National Advisory Council as being inappropriate for support. A strong plea for project brokerage at the federal level was made by several regions who felt that an interagency "funneling" committee for projects could well make local groups more responsive. Along this same line, several coordinators called for explicit priorities in the manpower area from the NAC and one suggested that a directory be developed to identify which federal agencies fund manpower development projects.

Generally the survey proved to be heartening in that it uncovered some examples of real movement in an area not specifically mandated by legislation or RMPS policy. It was discouraging, however to see how isolated are the examples, how little

they are related to programmatic emphasis, and to sense the confusion felt by many coordinators over lack of an explicit policy or guidelines.

The current period may prove to be a critical turning point for RMP. It is essential that Regional Medical Programs Service develop a coordinated policy with other appropriate federal manpower agencies to jointly explore opportunities and develop strategy to overcome the present health manpower crisis.

I. ORGANIZATIONAL ASPECTS OF REGIONS INFLUENCING MANPOWER DEVELOPMENT ACTIVITIES *

A. REGIONAL ADVISORY GROUP ACTIVITIES

Approximately one-fourth of the regions stated that the Regional Advisory Group had adopted formal policy, priorities, or objectives concerning health manpower development. Many others said the Regional Advisory Group recognized the issue as being important, but had taken no formal action to deal with it.

1. The ALABAMA Regional Advisory Group for example, has identified health manpower as a priority area. During the early phase of the program, the RAG in reviewing a range of health related problems recognized an acute shortage of skilled health personnel in most health care facilities. This was being compounded by a growing number of new health institutions and expanding existing facilities, thereby increasing the demand

* See Table 1

for additional health personnel. As a result of the RAG declaration, core staff has undertaken a wide range of specific activities designed to improve the manpower situation in the region. Activities have ranged from serving as a resource on curricula development and health manpower legislation, to planning for manpower development in a cooperative relationship with official and voluntary community health agencies.

The involvement of ARMP staff with the office of Mayor, Model Cities, the Veterans Administration Hospital and two community hospitals in Tuskegee has led to the development of a program to train neighborhood health workers whose prime function will be nutrition consultation to families with identified health needs. In addition, core staff also provided advice and counsel to Lawson Junior College, a predominantly Black institution to develop a \$230,000 proposal for a nurse training program. Serving in a role of facilitator, staff arranged for faculty assistance from nearby Jefferson Junior College. Another significant contribution of core staff has been the involvement

With the Board of Censors of the Alabama State Medical Association in drafting legislation to recognize new categories of supportive health workers.

2. OHIO VALLEY'S RAG has declared the main "thrust" to be improved health manpower for the delivery of ambulatory care.

One example of the OVRMP operational activities stemming from the establishment of ambulatory care as a priority area has been the development of a cooperative home care program involving Clinton County Hospital, Somerset City Hospital and the County Health Departments in Whitley City, Jamestown and Monticello, Kentucky.

The particular focus of this project is on facilitating coordination among the various institutions and health care personnel at the local level to insure that the quality and wuanity of patient care are adequate.

The program is of significant importance because it offers a means of expanding the rather limited capacity of the health delivery system through improving efficiency in use of health workers and institutional resources. Among the primary shared resources to be developed are a centralized record and reporting system; a single agency for recruitment and training of health personnel for all affiliated agencies and an areawide program of continuing education for physicians focusing various aspects of home care. The service area involved

covers a five county area in extreme South Central Kentucky with a population of approximately 75,000.

3. In ARKANSAS, as a result of the RAG's priority setting, RMP's director of education is heavily involved in assisting the development of a School of Health Related Professions to be located at the University of Arkansas Medical Center at Little Rock. ARMP is playing a major role in this effort which would bring together the thirteen schools and departments in allied health education at the University under one umbrella. At the present time an ad hoc committee representative of allied health professionals, of which the director of education is a member is in the process of seeking a dean for this activity.

Two other examples of RAG priority setting are Metropolitan D.C., whose second priority is health manpower following outpatient care, and New York Metropolitan whose first priority is manpower development through broad recruitment and continuing education.

B. HEALTH MANPOWER COMMITTEES

Roughly one-fourth of the regions have manpower committees within their structure. Many more, of course, have committees concerned with continuing education or allied health, but these were not included since their primary focus was

judged to be other than manpower development as defined for this study. Several regions noted that manpower committees have been dissolved because members felt the issue could be handled better through categorical disease or continuing education committees.

The impression left by coordinators was that manpower committees, where they exist, were generally ineffective in influencing Regional Medical Programs' direction in manpower program planning.

C. CORE STAFF MANPOWER FOCUS

Approximately one-third of the regions indicated that their core staff included a person whose primary responsibility was health manpower. General continuing education specialists are not included in this number.

1. OHIO STATE, for example, has designated a staff person "to assist with further development and improvement of the present health manpower and health careers programs by creating a coordinating mechanism designed to increase the supply of health manpower and achieve effective utilization of existing resources." Activities have ranged from consultation services for the organization of local groups and assistance to existing groups concerned with health careers and manpower to

the establishment of the OS-RMP as the information center for health careers and health manpower in the region. The Director of the OS-RMP Health Manpower Services has been instrumental in developing cooperative arrangements with the Ohio Office of Comprehensive Health Planning ("A" agency) to determine the best methods of increasing the supply and effective utilization of health manpower

2. WESTERN PENNSYLVANIA RMP's manpower designee has initiated a training project for nursing home personnel to improve the quality of nursing and administrative services. An intensive 8-month course, planned and implemented with the support of specialists in hospital management and nursing education, has trained 137 nurses and administrators. Nursing practices in the participating homes have been significantly improved as have the social services provided by the homes. Various administrative procedures have been improved through the development of such practices as prospective budgeting and personnel management.

D. CHIP AND OTHER STATE AGENCIES OR COMMISSIONS

Twelve regions indicated that a core staff member sat on the State CHIP agency or comparable manpower commission. (Other examples are cited in legislation section and other parts of study.)

1. For example, ARKANSAS RMP core staff have been involved with the Arkansas Medical Society and the CIP state agency to assess the current health manpower situation and to plan a course of action necessary to provide better health care in the State. This is an ongoing activity.
2. In CONNECTICUT, a part-time core staff member works with the State Board of Education, charting a comprehensive design for both physician and allied health manpower.
3. In GREATER DELAWARE VALLEY, an institutionally affiliated core member was appointed by the Governor to the State health manpower commission.

II. MANPOWER ACTIVITIES BY AREA OR EMPHASIS*

A. MANPOWER SURVEYS

Most of the manpower surveys mentioned by coordinators were concerned with distribution of physicians and allied health personnel and most included data on only one or two other professional categories of personnel. Several exceptions should be noted: PUERTO RICO's distribution study included data on 51 categories of personnel; WESTERN NEW YORK's included 22 categories. Only two regions (NORTHWEST OHIO AND NORTHLANDS) indicated that distribution data is computerized and is updated periodically.

* See Table II

The KANSAS RMP has facilitated the implementation of of a health manpower inventory shared with the Kansas Comprehensive Health Planning Agency and the Kansas Health Careers Council. Activities to date include the collection of data pertaining to professional and health-related personnel of the State and surveying the educational programs of the institutions of higher learning to determine how future programs may improve the pool of health manpower.

Three regions have studied physician and nursing activities to determine time spent on non-medical matters.

For example, in ALABAMA a task analysis of nursing services at Huntsville Hospital, covering RN's, LPNs, aides, ward secretaries and attendants in nine categories of activities was conducted. Results of the study prompted a restructuring of nursing service at the hospital and the RMP feels that findings can be generalized to other health institutions in the State and perhaps other parts of the country.

Four regions reported compiling (and several published) data on educational programs for health personnel in the region.

Note: Several rather serious questions are raised by what coordinators did not report:

There was little, if any, mention of utilization of existing data on manpower distribution of utilization.

Among those who had conducted surveys, there were notably few comments on either why the data was collected or how it has been used.

Two regions noted physician mobility studies; two others studied the distribution of physicians as part of layer patient flow pattern studies.

For example, the WESTERN NEW YORK RMP in a cooperative venture with the Department of Preventive Medicine, School of Medicine at Buffalo, conducted a survey to determine the current resources and distribution of physicians including 21 allied health categories. A particular focus of the study was to identify areas of present manpower needs due to maldistribution or inadequate supply and to obtain baseline information which could be related to manpower requirements of future projects.

B. LEGISLATION

Ten regions described core staff activity in the area of legislation influencing manpower development. In most cases, efforts were related to loosening of legislative barriers to use of new health personnel and recognition or certification of new categories of manpower.

1. In MINNESOTA, the Northlands RMP and the State CHIP agency have established a study group to review current proposed legislation to loosen legal barriers for utilization of medical assistants, i.e., physician assistants in the region. In the current session of the State Legislature, the State Medical Society has introduced a bill which would recognize the practice of these new health workers under direct supervision of practicing physicians. The bill also calls for the certification of these assistants to be placed under the State Board of Medical Examiners. In this connection, Northlands RMP and CHIP have recommended that registration be set up apart from the medical examining board and instead be placed under the aegis of a proposed new state board, Health Manpower Coordinating Commission. The proposed Commission would include public accountability which is presently absent in other comparable Commissions or Boards.
2. In CALIFORNIA Area IV, a district coordinator succeeded in getting legislation passed for the training of firemen in coronary care techniques which will allow them to be utilized as ambulance personnel.
3. In HAWAII, RMP and CHIP are working jointly to change licensure laws regarding health professionals trained out-of State.

4. BI-STATE succeeded in obtaining a waiver from the Council on Higher Education to allow non-high school graduates to enter junior colleges for training as aide-level neighborhood health workers.

C. COMMITTEES/CONSORTIA

There is certainly an abundance of talk about manpower development in the regions. There were six regions where RMP seems to have stimulated regionwide, high level committees which have great potential for influencing manpower development and utilization.

1. Bi-State core staff facilitated formation of, provides staff support for, and chairs a permanent committee of representatives with planning level responsibility from all allied health education institutions in the greater St. Louis Metropolitan area. This committee acts in an advisory capacity to effect coordinated centralized planning and implementation of manpower development.
2. CONNECTICUT has stimulated a State Coordinating Council for manpower, a coalition of the State Medical Society, Hospital Association, Committee on Higher Education, Blue Cross and several voluntary health agencies. It will function as a sort of "super health careers council,"

to deal with the questions of manpower needs, recruitment placement and function. The committee is chaired by the Secretary of State. Also, in Connecticut, each health service area has developed a working consortia of hospitals and local high, technical and vocational education schools for the training of allied health personnel and, more generally, to encourage hospitals to function as change agents.

5. ILLINOIS has formed an Inter-agency Task Force on Education and Manpower, with representatives from CIP, State Education Commission, the Governor's office, Health Careers Council, and the nursing and dental association.
4. ROCHESTER is forming a consortia of colleges in the region for health care training.
5. SUSQUEHANNA VALLEY is planning a conference of all pertinent agencies, organizations and hospitals in the region to develop health manpower priorities and decide who will do what. The focus will be on "physician expanders."
6. The OHIO STATE RMP convened a meeting of other Ohio RMPs and 65 other organizations and groups interested in health careers and health manpower to form a permanent, statewide coordinating agency for health careers planning,

improvement, education and promotion. An ad hoc committee of ten members, nominated by the group, will form the working committee, with the RMP providing coordinative and staff functions.

D. PHYSICIAN'S ASSISTANTS

Nearly all coordinators expressed interest in physician assistants (MEDEX, MEDIHC) and had given it prime consideration. Outlined below are activities which reflect RMP discussion and/or action.

1. BI-STATE, HAWAII and KANSAS regions are surveying need for, desire for, and feasibility of utilizing physician assistants.
2. The BI-STATE RMP, in an effort to decide on an approach to broaden the scope and practice of doctors to enhance the delivery of health care, is cooperating with the American Medical Association to examine attitudes of physicians toward utilization of physician assistants. It is expected that this study will yield information which will enable the investigators to more clearly identify factors which can serve as a basis to effect changes in the provision of health care where the need is ever increasing. One major benefit of the study has been the development of a cooperative relationship with the American Medical Association.

Thirteen regions have physician assistant projects in development or in operation. Most will utilize the assistants in rural areas, though several are designed for implementation in urban areas having few physicians.

NORTH CAROLINA, for example, has assisted Bowman Gray to develop a program to produce well-trained and educated health assistants at the intermediate professional level who, by working with a physician, can supplement his services and thereby increase his productivity. The physician assistants program is designed especially for ex medical corpsmen or persons with two or more years of college

Three regions have helped other institutions develop curriculum for physician assistants. For example:

CALIFORNIA RMP core staff has been actively involved in curriculum development for a physician assistant program with Northern California Junior College and Drew Medical School.

E. NURSE CLINICIAN/PRACTITIONER

Additional training given nurses to qualify them as nurse practitioners was noted by nine regions as receiving attention. It is interesting that actual implementation of programs in this area seems to have been accomplished with greater ease than with physicians assistants. With a few

exceptions, nurses are being trained to work in pediatrics. Several examples of activity are described below.

1. MAINE last year sponsored as a feasibility study the training of six RNs in an 18 week pediatric nurse practitioners course. They were granted certificates by the University of Maine and are currently at work in private physicians or in home health agencies. Licensure has not been a problem. Six more are currently in training.
2. In CALIFORNIA Area IV an informal group of pediatricians and pediatric nurses were concerned with developing a curriculum for training nurses to practice in pediatrics care settings such as OPD's, Kaiser plan centers and Head Start, but were unsuccessful in negotiating with the School of Nursing in the establishment of such a course. An RMP core staff member who also sits on the pertinent school of nursing committee was able to convene the two groups and convince the school to take action in expanding the nurses role. At this time, the curriculum is in final stages of development and the course will begin this spring.
3. TRI-STATE RMP has assisted the development of a geriatric nurse practitioner program involving Cambridge Hospital (a municipal hospital) and the Boston University School

of Nursing, the Commonwealth Fund and the City of Cambridge. The program will teach nurses to take over much of the care of older persons, particularly in nursing homes and in extended care facilities.

F. SPECIFIC NEW CAREERS

Seventeen regions noted 26 discrete activities relating to development of specific new career categories. Many of these are closely related to the concept of physician assistants, but were separated because the scope of work is narrower than those categorized as physician assistants. Most of the new career activities are manifested in operational projects or proposals.

Five regions, WESTERN NEW YORK, GEORGIA, METROPOLITAN D. C., MISSISSIPPI, and SUSQUEHANNA VALLEY, have implemented training activities for pulmonary technicians, mostly inhalation therapists.

For example, WESTERN NEW YORK RMP, in cooperation with a local community college and three area hospitals, has developed a program for the training of inhalation therapists in the region. The didactic portion of the training takes place at the college with the clinical experience shared by the participating hospitals.

Thirty students have been accepted for the two year program from within the region. Following the initial

funding of the project by WNYRMP, the total financial support will be supplied by the college.

The regions of COLORADO-WYOMING, OHIO VALLEY, WASHINGTON-ALASKA, and SUSQUEHANNA VALLEY have focused on training of radiation/nuclear medicine technicians.

For example in the COLORADO-WYOMING region there has been a concerted effort by the RMP to reduce the acute shortage of well-trained radiation therapy and nuclear medicine technologists through training established in conjunction with the Denver Community College and nine surrounding hospitals. It is expected that at least seventy students will be graduated from the program in the immediate future and be eligible for examination and certification in radiation therapy or nuclear medicine technology by the American Registry of Radiologic Technologies.

The SOUTH CAROLINA and NEW MEXICO RMPs have developed projects concerned with the training of emergency medical personnel.

In an effort to meet the needs of cardiopulmonary resuscitation training for all levels of health personnel, the SOUTH CAROLINA RMP has provided assistance for over 300 courses across the State. Approximately 300 physicians, 4800 nurses and over 3000 allied health workers such as ambulance and rescue squad personnel

have received training to date. A cooperative arrangement among the South Carolina RMP, South Carolina Heart Association and numerous other health related agencies and institutions has proved to be a major strength of the program.

ARKANSAS and MISSISSIPPI focused on training equipment/instrumentation technicians.

METROPOLITAN D. C. and WASHINGTON have developed training projects for cardio-pulmonary technicians.

The remaining activities are a mixed bag of training projects, including that for orthopedic assistants, a new type of dental technician, electronic screening technicians, hospital unit managers, mammography technicians, ophthalmology assistants, urologic assistants, dialysis technologists, and enterostomal therapists.

G. TRAINING OF LAY PERSONNEL/COMMUNITY HEALTH WORKERS

Thirteen coordinators reported activities related to the training and/or utilization of lay persons as community health workers or home health aides. Most of the persons are drawn from among the disadvantaged and many of these activities were in cooperation with OEO or Model Cities programs.

Illustrative of this kind of activities are the following few examples.

1. A multiphasic screening program developed by the INDIANA RMP has shown that relatively uneducated, indigenous persons from the poverty area can be effectively trained to conduct the testing accurately. To date, 35 technicians, many of whom did not have a high school education, have been trained. The project also has shown that it can detect diseases. Sampling of screenees indicate that approximately 50% of these patients had a significant test abnormality of which they had no previous knowledge. The multiphasic screening programs have been moved recently into neighborhood health centers, which has resulted in an excellent follow-up on screened patients.
2. The COLORADO-WYOMING RMP is working with the Migrant Council of Colorado to recruit and train migrants in Colorado as home health aides who will be knowledgeable about health services available, sanitation, nutrition, and record keeping for the migrant population.
3. A Wisconsin RMP core Staff member, as follow-up to a Milwaukee inner city student health project had developed a proposal for submission to O.H.O. to train community health workers.

4. In NORTH CAROLINA a Black hospital was about to close and their proposal to OEO for a neighborhood health center was turned down. The North Carolina RMP staff helped rewrite the proposal, including training of community persons as home health aides, and as a result the project received one million dollars in OEO funding.
5. The NEW JERSEY RMP developed a screening project in the Model Cities area involving training of ghetto residents to refer people for screening and to constitute a follow-up team to ensure that persons with positive findings would receive re-examination and if necessary treatment.

H. CURRICULUM DEVELOPMENT

Thirteen coordinators reported core activity in curriculum development, much of it directed at aiding junior colleges in establishing health training programs facilitating the tie-in of junior colleges and hospitals.

1. For example, in SOUTH DAKOTA, a core staff member who is supported in part by CHIP is working with small colleges in the State to plan core curriculum in the health fields.
2. In HAWAII, a core staff member has developed and submitted to NIH a proposal for allied health core curriculum at five community colleges under the University

of Hawaii. Students would select a specialty area during the clinical phase of the training.

3. In ALABAMA, The Regional Technical Institute in Birmingham provides the clinical situation for junior college health students. RMP funds a cooperative network of seventeen rural junior college deans who use the Institute. Much of the operation is directed at encouraging the health workers to remain in rural areas.

Other core activities in curriculum development vary widely, ranging from development of curriculum for comprehensive health planning for a major university to evaluation of health graduates' performance to determine curriculum revision.

It is interesting that in only one instance did a coordinator note that a committee of the RAG and core were working together.

I. RECRUITMENT

Seventeen coordinators noted recruitment to health careers as a program activity. Roughly half of these activities were in the form of support to Health Careers Councils, little enthusiasm was expressed about their overall effectiveness.

Nine regions were making specific efforts to recruit members of minority groups and disadvantaged or unemployed persons.

For example, in ALBANY the RMP working closely with the State University of New York at Albany had led to the admission of approximately 600 disadvantaged students this past academic year. Core staff together with personnel from the University and medical college will provide intense counseling to insure continuation or maintenance of the students. Their involvement with the University's open-door policy has resulted in the RMP taking a new look at the area of recruitment for the allied health professions. Staff are presently developing a registry of health related education and training programs in the regions to be distributed to counselors and other persons concerned with counseling and recruitment.

J. REACTIVATION/REFRESHER COURSES

Six regions noted core and project activity directed toward reactivating nurses by providing refresher courses; one was similarly planning training for dieticians.

K. CAREER MOBILITY

Eleven regions are involved in activities related to developing lateral or vertical mobility for health workers, with emphasis on those in nursing services. In some cases

efforts are directed at expanding the role of aides and LPNs; in others, at more formal mechanisms such as curriculum changes and equivalency testing.

1. In CALIFORNIA Area IV, core staff has helped UCLA develop career mobility into its curriculum, which allows students completing necessary requirements to qualify as hospital aides, nursing home aides, home health aides, etc.
2. The NEW YORK Metro RMP is working with the Urban Coalition in an attempt to get the labor unions to develop both lateral and vertical career ladders for their members and facilitating discussion between unions and other agencies concerning training to implement the above. These activities focus on LPNs, RNs and X-ray technicians.
3. The NEW JERSEY RMP in planning training for "family health" personnel, a new allied health field, has proposed a strategy which provides a "lattice mobility" for these workers. The RMP has been successful in eliciting cooperation from area hospital administrators to provide "release time" for the individual to attend courses of study at a nearby university or

community college. Education coupled with work experience will provide a basis from which the individual can move vertically or horizontally within the framework of the employing health facility.

I. MISCELLANEOUS

A broad range of rather interesting, if unrelated, activities exist, which is best illustrated by several examples.

1. MISSOURI uses a Heart Association "detail man" to call on MDs outside the metropolitan areas to provide information about, and enlist involvement in, the primary and secondary rheumatic heart disease prevention programs of the State Division of Health.
2. WESTERN NEW YORK provides English language lessons to foreign medical graduates in the area.
3. The ALABAMA coordinator is working with the vice presidents and deans of the University of Alabama in Tuscaloosa on the planning of a two year medical school.
4. The MAINE RMP has provided major planning and stimulation for a new medical school to train four-year graduates to practice family medicine. The plan, which would use existing facilities, available expertise and TV has gained support from key officials and institutions both within and outside the State.

III. REGIONAL MODELS

After looking at manpower activities by category of activity, it may be helpful to review the approaches used by selected regions which seem to have substantial activity in their region. The descriptors are not intended to be comprehensive, but rather to illustrate varying approaches.

- A. CONVENOR OF FORMAL COMMITTEES OF KEY INTEREST (BI-STATE)
- B. FACILITATOR/STIMULATOR THROUGH INFORMAL CORE CONSULTATION (ALABAMA)
- C. PROJECT ORIENTATION (IOWA)

A. BI-STATE

A main thrust of the Bi-State core staff, in accordance with the Regional Advisory Group priority on manpower, has been as a convenor of a formal committee of key interests.

With Bi-State RMP staff support, a permanent Inter-Institutional Committee on Allied Health Programs, representing all interested educational institutions in metropolitan St. Louis, has been established. It was organized to exchange information, coordinate activities, and develop a variety of exchange programs. It has capability to respond to community needs and provide direct coordination among all educational components from junior colleges to the medical schools.

According to the coordinator, "formation of this committee represents a major triumph in cooperation, bringing together in a common effort institutions which in the past have preferred to operate independently." While initiative for this new spirit of cooperation cannot all be attributed to Bi-State RMP, there can be no question that if Bi-State RMP had not been in existence to lend encouragement and set examples, this committee would not be a reality at this time.

The committee, in addition to the RMP's coordinator and associate director for allied health manpower, consists of representatives from educational institutions in the greater metropolitan St. Louis area who positions in the area of health planning.

The RMP core staff performs the following functions for the committee:

Development and maintenance of continuing survey information on health manpower needs in the region.

Development and maintenance of a current registry on allied health education programs.

Information on standards and requirement for approval of allied health manpower programs and data on funding services available.

The readiness of key institutional personnel coupled with Bi-State's ability to act as a convening and support resource, has led to a strong cooperative effort for planning and implementing central coordination, recruiting, and allocation of clinical facilities with existing and proposed training programs.

B. ALABAMA

Efforts by the Alabama RMP core staff to improve the health manpower situation there appears to take the form of informal consultation provided to other agencies and institutions. This is perhaps best illustrated by enumerating the activities in brief form.

The coordinator, Associate Dean for Community Health Services at the Medical School has played an active role in the planning and implementation of a new division of family practice. Because of above role, coordinator has aided the State Association of General Practice in planning a physician's assistant program.

RMP core staff developed the program and curriculum for medical assistant training at John C. Calhoun Junior College (Medical Assistant is somewhat more clerical than physician's assistant, with training in accounting and the like.)

The RMP coordinator has helped the Board of Censors of the State Medical Association draft legislation that would recognize new paramedical fields.

The coordinator is working with the heads of the Model City, Veterans Administration, 2 hospitals, the mayor, several key dieticians, and the Alabama Nutrition Council on a plan to train neighborhood health workers whose primary focus will be nutrition.

A core staff member helped Hines Junior College develop equivalency testing for LPNs wishing to enter the associate degree nursing program.

RMP core staff has helped five hospitals in Montgomery set up a coordinated residency/intern program outside of the medical school setting.

Core staff helped Lawson Junior College write a proposal for submission to the Division of Nursing and facilitated faculty arrangements and assistance from a nearby junior college.

The coordinator is working with the vice president and dean of the University of Alabama in Tuscaloosa on plans for a two-year medical school which has been recommended.

C. IOWA

The Iowa RMP is one of several regions whose interest in manpower development is manifested primarily in operational projects. Projects in Iowa illustrate two distinct approaches to manpower development; projects that deal exclusively with innovative training or utilization of health workers and others which build manpower development into projects of somewhat broader scope.

Illustrative of a project focusing exclusively on manpower development through use of a new teaching technique is Iowa's program to teach cardiac auscultation and cardiovascular examination in children, utilizing new electronic aids, to assist physicians not familiar with the equipment.

The project titled, "Diagnosis and Follow-up Care of Children With Heart Disease" has two foci. The first is described by project title. The second, and that which probably has the greatest potential for impact on the health care system is designed to alleviate the critical manpower shortage by training RNs and LPNs to provide initial, general, and follow-up medical interrogation, limited examination, and counsel for children and their families. Training will prepare the nurses for expanded roles in

private practitioners' offices and areas with inadequate health services. Preliminary evaluation showed the training to result in clinical judgement as good as physicians making the same judgements.

The Iowa RMP Multiphasic Health Screening Project includes a component to train and utilize disadvantaged residents of the Model City area to help operate the project and encourage residents to take part in the screening program. The project helps to alleviate the critical physician manpower shortage by using lesser-trained professionals to conduct the screening.

DISTRIBUTION OF REGIONAL MEDICAL PROGRAMS AS RELATED TO ORGANIZATIONAL FRAMEWORK INFLUENCING MANPOWER ACTIVITY

SUMMARY OF DATA

	Declaration of Health Manpower As a Priority - Formal RAG Policy	Established RMP Health Manpower Committee	RMP Staff Member Designated for The Area of Health Manpower	Core Staff Involved With CHP or State Commissions for Health Manpower
Alabama				
Albany				
Arizona				
Arkansas		X		X
Bi-State		X	X	X
California			X	
Central New York		X		
Colorado-Wyoming				
Connecticut			X	X
Florida				X
Georgia		X	X	
Greater Del. Valley	X			
Hawaii			X	
Illinois				
Indiana				
Intermountain		X	X	
Iowa				
Kansas			X	
Louisiana		X	X	X
Maine				
Maryland				
Memphis		X	X	
Metro. Wash., D.C.			X	X
Michigan			X	X
Mississippi				
Missouri				
Mountain States				
Nassau-Suffolk				
Nebraska-S. Dakota	X	X		
New Jersey		X		
New Mexico				
New York Metro.				X
North Carolina				
North Dakota				
Northeast Ohio	X			X
North New England				X
Northlands				
Northwest Ohio				X
Ohio State				
Ohio Valley	X			
Oklahoma	X			
Oregon	X		X	
Puerto Rico			X	
Rochester				
South Carolina	X	X		
Susquehanna Valley				
Tennessee Mid-South	X	X	X	
Texas	X	X	X	
Tri-State	X			X
Virginia				
Washington-Alaska	X			
West Virginia	X			
Western New York				
West. Pennsylvania		X	X	
Wisconsin			X	
TOTAL	12	13	17	12

TABLE II

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DISTRIBUTION OF REGIONAL MEDICAL PROGRAMS BY
MANPOWER ACTIVITY AREA OR EMPHASIS

	Dist./Utilization	Legislation	Committees/Consortia	Physicians Assts.- NEMEX/MEDHC	Nurse Clinician/ Practitioner	Defined new Careers	Training of Lay Pers.- Comm. Health Workers	Curriculum Development	Recruitment	Reactivation/Ref. Courses	Career Mobility	Miscellaneous
	A	B	C	D	E	F	G	H	I	J	K	L
Alabama	X	X		X			X	X	X		X	X
Albany	X						X		X			
Arizona				X	X						X	X
Arkansas				X		X						
Bi-State		X	X	X		X		X			X	
California		X				X						
Central New York	X			X		X	X		X			
Colorado-Wyoming						X						
Connecticut	X		X			X		X			X	
Florida		X				X			X			
Georgia						X	X	X	X			X
Greater Delaware Valley		X		X		X	X	X				
Hawaii			X									
Illinois	X								X			
Indiana				X		X						
Intermountain					X		X	X			X	X
Iowa		X		X						X	X	X
Kansas									X			
Louisiana	X				X							X
Maine	X			X	X							X
Maryland	X								X			
Memphis						X						
Metropolitan Washington, D.C.				X								
Michigan						X						
Mississippi							X					X
Missouri				X				X		X	X	X
Mountain States				X				X				
Nassau-Suffolk	X							X				
Nebraska-South Dakota					X		X			X	X	
New Jersey					X	X				X		
New Mexico								X			X	
New York Metropolitan	X					X	X	X				
North Carolina				X				X				
North Dakota				X				X				
Northeast Ohio				X								
Northern New England				X		X		X		X		
Northlands	X	X										
Northwest Ohio	X											
Ohio State			X			X			X			X
Ohio Valley	X							X	X			
Oklahoma												
Oregon								X				
Puerto Rico	X											
Rochester			X			X		X	X		X	
South Carolina			X	X		X						
Susquehanna Valley												
Tennessee Mid-South								X	X			
Texas												
Tri-State												
Virginia	X					X	X					
Washington-Alaska		X			X							
West Virginia				X	X	X			X			X
Western New York	X				X							
Western Pennsylvania	X						X			X	X	
Wisconsin		X			X				X			
California Area IV		X										
Total	17	10	6	20	9	17	13	16	17	6	11	12