



E000249

ISSUE: Criteria for activities in program areas
not specifically defined in Public Law 89-239

B. Projects targeted for specific population groups

The Division Staff offers the following background material on this issue and suggests that the Council restate its position in line with the suggested statement:

1. The attached copy of News, Information, and Data, September 29, 1967 contains a statement of the Council's position at that time (note especially page 7).
2. The principal recommendation of an Urban Health Workshop (held for representatives of the staffs of metropolitan Regional Medical Programs), December, 1968:

"It is recommended that the National Advisory Council issue a statement of the nature and extent of Regional Medical Programs' commitment to the solution of urban health problems. There is need to clarify the nature of the 'involvement' clearly stressed in the Guidelines and Division statements and to affirm the importance of the inclusion of consumers in the definition of 'the community-to-be-involved'. A National Advisory Council statement would support present and encourage future catalytic activities of RMP core staff in urban areas, especially activities concerned with other health agencies and programs."

3. From the proceedings of the Conference of Coordinators of Regional Medical Programs, October, 1968:

"There is no message going out to Coordinators from the Division that they must shift their funds into the urban poverty areas. Nonetheless, having said this, I would remind you that the urgent problem of the urban poor remains. Major needs must be resolved, and if the opportunity exists for Regions to solve these needs in their own way, they should do it. Ignored needs will not go away. This, I think is the only special signal that the Division is trying to make." --- Doctor Olson

"I believe that planning toward operational funding for programs in the ghetto is only one phase and may turn out to be the least important from the standpoint of Regional Medical Programs. It seems to me that Regional Medical Programs is the mechanism whereby one gears a community to set up cooperative arrangements for an attack on the ghetto health problems. In this sense, we in Cleveland are using the Regional Medical Programs mechanisms without the need for additional funds to approach some of these inner-city problems. Regional Medical Programs with its large body of expertise is helping to establish a new OEO center in our area without requesting additional funds. Regional Medical Program contributions to ghetto health problems need not be tied to money. When it is not tied to money, it is not tied to the limitations of the law." --- Dr. Barry Decker, Program Coordinator
Northeast Ohio

RECOMMENDATION:

- . The National Advisory Council recognizes that, as a matter of public policy, Division of Regional Medical Programs is committed to making available the latest medical advances to all people, including those who reside in urban areas;
- . The Council supports and encourages both the involvement of the Regions in solving urban health problems and their participation in cooperative interagency efforts to overcome the critical health deficiencies in urban centers; *both rural +*
- . The Council, recognizing the diverse problems of *recommended* urban, medically disadvantaged consumer groups, ~~directs~~ that specific planning to meet the health needs of such groups be a function of Regional Medical Programs; and
- . The creation and maintenance of liaison with all providers,

health agencies, institutions and local community and voluntary health groups are encouraged, with due regard for both the interest and the involvement of the urban health consumer.

February 1969