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IV. A. Senate Labor and Public Welfare Committee

Subcommittee on Health

Democrats

Edward M. Kennedy, Chairman Boston, Massachusetts	Tri-State RMP
Harrison A. Williams, Jr. Westfield, New Jersey	New Jersey RMP
Gaylord A. Nelson Madison, Wisconsin	Wisconsin RMP
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Maryland RMP

Robert A. Taft, Jr.  
Cincinnati, Ohio

Ohio RMP  
Northeast Ohio RMP  
Ohio Valley RMP

TRI-STATE RMP: Edward M. Kennedy (D)  
Boston, Massachusetts

I. BACKGROUND

- A. Grantee or Sponsor: Medical Care and Education Foundation
- B. Coordinator: Robert W. Murphy
- C. Boundaries: Covers the states of Massachusetts, New Hampshire and Rhode Island. (Overlaps in western Massachusetts with Albany RMP.)
- D. Population: 7,100,000
- E. History:
  - 1. Initial Planning Grant: December 1967
  - 2. Operational Status Achieved: February 1969

II. FUNDING

- A. Support through FY 72: \$11,009,071
- B. Estimated Award through FY 73: \$2,500,000 (annualized)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Louis A. Leone, M.D., Director, Department of Oncology, Providence, R. I.
  - 2. Number on RAG: 63
- B. Program Staff: 43 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region currently has 11 ongoing operational activities with funding of \$3,521,785. Fifteen percent of the projects are directed towards cancer and stroke activities and 73% toward multi-categorical disease programs. The primary focus of activities are directed to training activities, patient care demonstrations and coordination of health services. The region has a strong focus for activities oriented toward emergency medical services.

V. ILLUSTRATIONS OF ACTIVITY

A good example of a program designed to help meet this crisis is the Emergency Medical Services System in the Tri-State areas. The general objective of this project is to plan and develop a Coordinated Emergency Medical Services System in the states of Massachusetts, New Hampshire, and Rhode Island. The purpose of the EMSS will be to assure accessible, adequate, appropriate, and complete emergency care to all persons in these three states. The RMP is working closely with the Areawide Comprehensive Health Planning agencies in this effort.

NEW JERSEY RMP: Harrison A. Williams, Jr. (D)  
Westfield, New Jersey

I. BACKGROUND

- A. Grantee or Sponsor: New Jersey Joint Committee for Implementation of P.L. 89-239
- B. Coordinator: Alvin A. Florin, M.D., M.P.H.
- C. Boundaries: Covers the State of New Jersey. (Overlaps in seven southern counties with Greater Delaware Valley RMP.)
- D. Population: 6,291,000
- E. History:
  - 1. Initial Planning Grant: July 1967
  - 2. Operational Status Achieved: April 1969

II. FUNDING

- A. Support through FY72: \$ 7,381,645
- B. Estimated award for FY73: 2,100,000 (annualized)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Richard J. Cross, M.D., Acting Chairman, Department of Preventive Medicine, Rutgers Medical School, New Brunswick, New Jersey
  - 2. Number on RAG: 27
- B. Program Staff: 20.5 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region currently has 14 ongoing operational activities with funding of \$1,734,867. One-half of the projects are directed towards categorical diseases (heart, cancer and stroke) and the other half are multi-categorical disease programs. In terms of primary focus, 52% of operational monies support patient care delivery and 35% support coordination of health services. The program is heavily directed towards the minority and poverty level populations, with 80% (\$1.4 million) of operational funds directed towards the inner city poor. Over 2/3 of project funds go for the support of ambulatory care programs for blacks and spanish surnamed populations.

V. ILLUSTRATIONS OF ACTIVITY

A \$67,445 "Regional Radiation Automated Dosimetry Project" sponsored by the New Jersey Regional Medical Program will upgrade the treatment of 8,000 of New Jersey's 25,000 new cancer patients annually. These patients require radiation therapy which, when properly applied, can cure a patient's cancer or at least reduce his suffering by destroying certain cancer cells.

To assure safe, precise and effective radiation doses for their patients, 21 hospitals in New Jersey have formed the first state-wide network linked by teletype to the Dose Distribution Computation Service at New York's Memorial Hospital for Cancer and Allied Diseases.

Data on patients is forwarded by teletype to Memorial Hospital's computer which analyzes the information and relays a treatment plan back to the originating hospital. This plan assures the best distribution of radiation during treatment so that the cancer site receives the maximum dose while adjacent healthy tissues receive only a minimum amount of radiation. Using the prescribed treatment plan, radiation therapy is then administered by the hospitals' supervoltage radiation units.

This unique network will alleviate some of the problems caused by a shortage of radiation therapists in New Jersey by providing a system for direct transmission and analysis of treatment plan data to hospitals without full-time radiation therapy personnel. In addition, the system will make it possible to calculate the treatment plans in one-fourth to one-tenth the time it previously took, which means a significant saving in man-hours.

Wisconsin RMP: Gaylord A. Nelson (D)  
Madison, Wisconsin

I. BACKGROUND

- A. Grantee or Sponsor: Wisconsin Regional Medical Program, Inc.  
Milwaukee
- B. Coordinator: John S. Hirschboeck, M.D.
- C. Boundaries: Coterminous with State of Wisconsin
- D. Population: 4,418,000
- E. History:
  - 1. Initial Planning Grant: September 1966
  - 2. Operational Status Achieved: September 1967

II. FUNDING

- A. Support through FY72: \$8,890,790
- B. FY73 award: 1,021,152 (six-month award)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Rodney Lee Young, M.D.  
County Judge, Rusk County
  - 2. Number on RAG: 51
- B. Core Staff: 19.3 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region is currently engaged in ten discreet project components at a cost of \$2,885,523. Approximately three-fourths of the funds expended are targeted on activities of a comprehensive health care nature. Approximately one-half of the activities also involve relationships with other federally sponsored programs.

V. ILLUSTRATIONS OF ACTIVITY

The WRMP project "HOPE Incorporated" was developed in response to the need for assistance in health care delivery by the indigent population of south side Milwaukee. It operates on a basis somewhat different from most such efforts by using nurses as focal points for the coordination of health services for individuals and families. In the process it utilizes dentists, part-time physicians, educational resources, etc.



MISSOURI RMP: Thomas F. Eagleton (D)  
St. Louis, Missouri

I. BACKGROUND

- A. Grantee or Sponsor: University of Missouri
- B. Coordinator: Arthur E. Rikli, M.D.
- C. Boundaries: Covers the state of Missouri, exclusive of the Metropolitan St. Louis area
- D. Population: 3,200,000
- E. History:
  - 1. Initial Planning Grant: July 1966
  - 2. Operational Status Achieved: April 1967

II. FUNDING

- A. Support through FY 72: \$21,424,680
- B. FY 73 Award: \$2,056,510

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Wyeth Hamil, M.D.  
Private Practice - Representing  
Medical Society  
Hannibal, Missouri
  - 2. Number on RAG: 12
- B. Program Staff: 23.84 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region currently has 17 ongoing operational activities with funding of \$985,322. Thirty-three percent of the projects are directed towards Rheumatic Fever and Congenital Heart Disease, 17% to Hypertension and 33% toward multi-categorical disease programs. The Missouri RMP focuses 33% of their primary activities on training activities and 46% toward patient care demonstration and coordination of health services. The Missouri RMP special target groups are the inner-city poor and rural areas.

V. ILLUSTRATIONS OF ACTIVITY

The Missouri RMP Project Hi Blood is a good example of a program assisting the inner-city population. The Hi-Blood project finds - and then treats - high blood pressure among the predominantly black population of the inner city. Project Hi-Blood is primarily a field operation, doing whatever necessary to identify hypertensive people and bring them in.

Specifically trained medical assistants (MA's) canvass specific sections of the Kansas City neighborhood. They take brief patient histories, record blood pressure, answer

questions and discuss the comprehensive services at the Wayne Miner Neighborhood Health Center. They make appointments for people needing them, and then follow-up to make sure action has been taken.

The initial project last year examined more than 6,500 persons all of whom had their blood pressures determined at least three times. The project promoted early identification and detection of pre-hypertensive people using known risk factors by screening in homes and clinics, and identification of victims of hypertension -- known or unknown to patients -- to insure evaluation and treatment thereby reducing morbidity, mortality, and disability resulting from the disease.

Bi-State RMP: Thomas F. Eagleton (D)  
St. Louis, Missouri

I. BACKGROUND

- A. Grantee or Sponsor: Washington University, St. Louis, Missouri
- B. Coordinator: William Stoneman III, M.D.
- C. Boundaries: Includes southern Illinois and eastern Missouri counties centered around the St. Louis metropolitan area. (overlaps Illinois RMP.)
- D. Population: 3,700,000
- E. History:
  - 1. Initial Planning Grant: April 1967
  - 2. Operational Status Achieved: July 1969

II. FUNDING

- A. Support through FY72: \$ 4,668,677
- B. FY73 award: 676,113 (six-month award)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Mr. G. Duncan Bauman, Publisher, St. Louis Globe-Democrat, St. Louis, Missouri
  - 2. Number on RAG: 74
- B. Program Staff: 27.0 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region currently has 28 ongoing operational activities with funding of \$961,667. Nineteen (68%) of the projects are directed towards multi-categorical disease programs and eight (29%) are categorical diseases (heart, cancer and stroke). In terms of primary focus, the Bi-State Program is directed rather evenly in two areas--combination half training, half patient services and coordination of health services. Sixteen percent of Bi-State's operational monies support inner city programs for blacks. Eighteen percent of the operational monies support ambulatory care programs, 22 percent support emergency services and 16 percent support intensive care.

V. ILLUSTRATIONS OF ACTIVITY

One of the most active areas of planning involvement in the region is heart disease. Several conferences on coronary care facilities and administration have been held in the region and three years ago the program conducted a survey of needs for coronary care units and nurses. The survey showed that hospitals had 189 nurses

they wanted to train. But this, according to the survey, was less than half the nurses that should be trained to meet manpower demands estimated from the region's coronary occlusion incidence.

The project, designed to present training courses to help meet this need, is based in St. Louis University. The Coronary Care Project is presently engaged in teaching its eight five-week course. Seventy-one nurses representing 35 hospitals in the Bi-State RMP region will have completed this specialized education at completion of the present course.

California RMP: Alan Cranston (D)  
Los Angeles, California

I. BACKGROUND

- A. Grantee or Sponsor: California Medical Education and Research Foundation
- B. Coordinator: Paul D. Ward
- C. Boundaries: Covering the entire State of California and interface with Reno-Sparks and Clark County (Las Vegas)
- D. Population: 20,000,000
- E. History:
  - 1. Initial Planning Grant: November 1966
  - 2. Operational Status Achieved: July 1968

II. FUNDING

- A. Support through FY 72: \$39,323,104
- B. FY 73 Award: \$5,278,590 (six-month award)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: James C. MacLaggan, M.D., California Medical Assn., San Diego, California 92101
  - 2. Number on RAG: 35 on Central Staff and 367 on Sub-regions
- B. Program Staff: 176.82 full-time equivalents (includes Central Staff and 9 Sub-regions)

IV. OPERATIONAL ACTIVITIES

The region currently has 72 ongoing operational activities with funding of \$7,774,023. Approximately 21% of the projects are directed towards categorical diseases (heart, cancer and stroke) and 63% to multi-categorical disease programs. California RMP focuses 62% of their primary activities on training activities and coordination of health services. A number of projects support programs for Blacks, American Indians and Spanish Surnamed populations.

V. ILLUSTRATION OF ACTIVITY

The California RMP places strong emphasis on programs for minorities. A particularly good example is the Mobile Clinic for Minorities-Area VI, Riverside County. Approximately 1,400 persons from underserved communities received care whose medical needs would have otherwise remained unmet. In this group approximately 10% were identified as having chronic diseases which had previously been undetected. These persons were referred to appropriate sources for health care.

The mobile clinic visited eight different communities for a total of 50 days. Staying about seven days in each community, it provided primary care (physical exams, lab tests), referral and follow-up activities, and health education and counselling in areas of family planning, child health, crisis care, nutrition, accident prevention, venereal disease, and drug abuse.

The objective is to provide access to health care services to 2,400 persons living in communities where geographic and/or economic factors have barred them from receiving adequate medical care.

Increased cooperation and involvement from voluntary health agencies in responding to the needs of the target population has been observed. RMP funds will be used to pay the salaries of two primary care technicians as well as part of the director's salary. Recruitment for these positions will be from the Black and Brown communities. The end result is to provide necessary health care services, to identify undetected morbidity; to make available family planning and child health care, to establish a patient referral system; and to alert the population to the existence of different health services.

IOWA RMP: Harold E. Hughes (D)  
Ida Grove, Iowa

I. BACKGROUND

- A. Grantee or Sponsor: University of Iowa
- B. Coordinator: Charles W. Caldwell
- C. Boundaries: Covers the State of Iowa
- D. Population: 2,825,000
- E. History:
  - 1. Initial Planning Grant: December 1966
  - 2. Operational Status Achieved: July 1968

II. FUNDING

- A. Support through FY 72: \$4,214,683
- B. Estimated Award for FY 73: \$841,065 (annualized)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Kenneth Barrows, Ins. Exec.  
Bankers Life Company, Des Moines, Iowa
  - 2. Number on RAG: 47
- B. Program Staff: 17 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region currently has 20 ongoing operational activities with funding of \$674,662. Twenty-seven percent of the projects are directed towards heart and stroke activities and 50% toward multi-categorical disease programs. The primary focus of activities for Iowa RMP is directed to training activities with 13% to coordination of health services and the remainder of activities to Patient Care Demonstrations and Research and Development. The Iowa RMP has a strong focus on ambulatory care.

V. ILLUSTRATIONS OF ACTIVITY

The Mobile Coronary Care Unit Project will offer better emergency care in rural areas to the patient with acute Myocardial Infraction. Thus reducing the need for CCU's in many rural hospitals.

The mobile unit will be maintained and operated by Snell's Ambulance Service, which will also provide a qualified driver and attendant. Nursing staff will be provided by St. Joseph's Mercy Hospital. The project will be based at St. Joseph Hospital in Mason City under the direction of Dr. Swanson and a local Advisory Committee.

TRI-STATE RMP: Claiborne Pell (D)  
Newport, Rhode Island

I. BACKGROUND

- A. Grantee or Sponsor: Medical Care and Education Foundation
- B. Coordinator: Robert W. Murphy
- C. Boundaries: Covers the states of Massachusetts, New Hampshire and Rhode Island. (Overlaps in western Massachusetts with Albany RMP.)
- D. Population: 7,100,000
- E. History:
  - 1. Initial Planning Grant: December 1967
  - 2. Operational Status Achieved: February 1969

II. FUNDING

- A. Support through FY 72: \$11,009,071
- B. Estimated Award through FY 73: \$2,500,000 (annualized)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Louis A. Leone, M.D., Director, Department of Oncology, Providence, R. I.
  - 2. Number on RAG: 63
- B. Program Staff: 43 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region currently has 11 ongoing operational activities with funding of \$3,521,785. Fifteen percent of the projects are directed towards cancer and stroke activities and 73% toward multi-categorical disease programs. The primary focus of activities are directed to training activities, patient care demonstrations and coordination of health services. The region has a strong focus for activities oriented toward emergency medical services.

V. ILLUSTRATIONS OF ACTIVITY

A good example of a program designed to help meet this crisis is the Emergency Medical Services System in the Tri-State areas. The general objective of this project is to plan and develop a Coordinated Emergency Medical Services System in the states of Massachusetts, New Hampshire, and Rhode Island. The purpose of the EMSS will be to assure accessible, adequate, appropriate, and complete emergency care to all persons in these three states. The RMP is working closely with the Areawide Comprehensive Health Planning agencies in this effort.



NORTHLANDS RMP: Walter F. Mondale (D-F-L)  
Minneapolis, Minnesota

I. BACKGROUND

- A. Grantee or Sponsor: Northlands Regional Medical Program, Inc.
- B. Coordinator: Winston R. Miller
- C. Boundaries: Covers the State of Minnesota
- D. Population: 3,805,000
- E. History:
  - 1. Initial Planning Grant: January 1967
  - 2. Operational Status Achieved: March 1969

II. FUNDING

- A. Support through FY 72: \$6,532,311
- B. Estimated Award for FY 73: \$1,511,600 (annualized)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Mr. Gene S. Bakke, Executive Vice-President,  
St. Cloud Hospital, St. Cloud, Minnesota
  - 2. Number on RAG: 32
- B. Program Staff: 29.10 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region has 39 ongoing operational activities with funding of \$972,632. Fourteen percent of the projects are directed towards rheumatic fever and congenital heart disease, heart disease, and cancer, and 83% to multi-categorical disease programs. The Northlands RMP primary focus of activities is directed to training activities and patient care demonstration with 33% to research and development. A number of the projects support rural areas and the Indian population.

V. ILLUSTRATIONS OF ACTIVITY

The Indian Health Care Services is designed to describe and analyze the existing health care services available to, and unmet needs of urban and rural American Indians residing in Minnesota. Available services vary in different areas of the State with little similarity concerning availability, accessibility, quality and quantity. Infant mortality rates, average life expectancy, suicide rates, average income, educational levels, etc., suggest that Minnesota Indians suffer more severe physical and mental problems and die younger than the State average.

The results of this study will be used to develop recommendations for the better coordination and use of existing services and the development of new services.

Colorado-Wyoming RMP: Peter H. Dominick (R)  
Englewood, Colorado

I. BACKGROUND

- A. Grantee or Sponsor: University of Colorado
- B. Coordinator: Thomas A. Nicholas, M.D.
- C. Boundaries: Covers the States of Colorado and Wyoming.  
(Overlaps Mountain States and Intermountain RMPs.)
- D. Population: 2,150,000
- E. History:
  - 1. Initial Planning Grant: January 1967
  - 2. Operational Status Achieved: January 1969

II. FUNDING

- A. Support through FY 72: \$5,486,246
- B. FY 73 Award: \$619,137 (six-month award)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Thomas K. Younge, Attorney, Grand Junction, Colorado
  - 2. Number on RAG: 40
- B. Program Staff: 19.05 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region currently has twelve ongoing operational activities with funding of \$650,059. Twenty five percent of the projects are directed to cancer activities and more than half to multi-categorical disease programs. The primary focus of activities for Colorado-Wyoming RMP is directed to training activities, with 41% to Patient Care Demonstrations. A number of projects support programs for health care in rural areas.

V. ILLUSTRATIONS OF ACTIVITY

Forty percent of the Region's population is in isolated rural areas where health personnel are scarce, hospitals small or non-existent, and transportation difficult many months of the year. The need for improved self-sufficiency in health care and additional health personnel in the rural communities is crucial.

The overall goal of Colorado-Wyoming RMP is to improve the quality, quantity, and accessibility of health care services in Colorado and Wyoming. The objectives to meet the goal includes distribution and utilization of health care manpower; provision of continuing professional education for health care manpower, improved

dissemination of health information for the general public with emphasis on prevention and early detection of diseases; improved utilization and development of health care services, and the formulation of improved systems of primary health care delivery.

The Rural and Urban Genetic Counseling and Screening Program is a project which relates to the goals and objectives and is also a primary focus of the Colorado-Wyoming RMP. This program is designed to educate the medical and paramedical personnel at the community level and to provide knowledge of genetic defects. The program will emphasize the study of families with coronary disease for evidence of hyperlipidemia, the study of families with pulmonary emphysema and the study of families with a high incidence of cancer. A mobile genetic counseling clinic which will provide genetic counseling and consultation in rural areas was developed which provides knowledge of genetic defects utilizing various media and the development of a computerized genetic registry which will provide for patient follow-up and program evaluation.

ALBANY RMP: Jacob K. Javits (R)  
New York, New York

I. BACKGROUND

- A. Grantee or Sponsor: Albany Medical College of Union University
- B. Coordinator: Girard Craft, M.D.
- C. Boundaries: Includes 21 northeastern New York counties centered around Albany and contiguous portions of southern Vermont and Berkshire County in Western Massachusetts. (Overlaps Tri-State and Northern New England RMPs.)
- D. Population: 1,950,000
- E. History:
  - 1. Initial Planning Grant: July 1966
  - 2. Operational Status Achieved: April 1967

II. FUNDING

- A. Support through FY72: \$ 6,762,765
- B. FY73 award: 747,137 (six-month award)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: James Bordley III, M.D., Physician and Hospital Administrator (Retired), Cooperstown, New York
  - 2. Number on RAG: 42
- B. Program Staff: 37.2 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region currently has 12 ongoing operational activities with funding of \$393,896. Eleven (92%) of the projects are directed towards multi-categorical disease programs and one (8%) is categorical disease (heart). The primary activities of the Albany Program are as follows: 28% of the operational funds support combination half training, half patient services, 20% support training activities and 20% support patient care delivery programs. Twenty-six percent of the operational funds support inner city programs for blacks. Forty percent of the operational funds support ambulatory care programs.

V. ILLUSTRATIONS OF ACTIVITY

Since February 1968, twenty-two courses have been provided to 218 nurses from 34 hospitals. The last nine courses were extended from four to five weeks in order to include intensive respiratory care in the curriculum. Sixty-five individuals from twelve institutions and agencies served as faculty.

Evaluation procedures have included 14 different instruments. Whereas 60% remained involved in coronary care during the first two years, this group increased to 80% during the last two years.

The Albany Medical Center Coronary Care Unit has been utilized as a teaching and demonstration facility.

Supplementary subregional programs have evolved in nine areas with supervision provided by 28 nurses specifically trained for this purpose.

Continuation has been made possible through funds obtained from the Heart Association of Eastern New York, tuition fees provided by sponsoring hospitals, facilities made available by the Albany Medical Center and faculty provided by the Albany Medical College and other cooperating institutions.

CENTRAL NEW YORK RMP: Jacob K. Javits (R)  
New York, New York

I. BACKGROUND

- A. Grantee or Sponsor: The Research Foundation of SUNY, Albany, New York (for and in conjunction with) SUNY Upstate Medical Center, Syracuse, New York
- B. Coordinator: John J. Murray
- C. Boundaries: Includes 15 Central New York counties centered around Syracuse, and the Pennsylvania counties of Bradford and Susquehanna
- D. Population: 1,700,000
- E. History
  - 1. Initial Planning Grant: January 1967
  - 2. Operational Status Achieved: July 1968

II. FUNDING

- A. \*Support through FY72: \$ 4,172,074
- B. FY73 award: 436,776 (six-month award)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Clarke T. Case, M.D., Physician (Surgeon) Private Practice, Utica, New York
  - 2. Number on RAG: 49
- B. Program Staff: 12.0 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region currently has 21 ongoing operational activities with funding of \$788,877. Approximately one-half of the projects are directed towards categorical diseases (kidney and other) and the other half are multicategorical disease programs. The primary focus of activities for Central New York RMP is directed to training activities and coordination of health services. Ten percent of Central New York's operational funds support programs for American Indians, while 33% is directed toward rural areas. Forty-five percent of the operational funds support ambulatory care programs, and 17% support emergency service programs.

V. ILLUSTRATIONS OF ACTIVITY

The Home Dialysis Training Program funded by the Central New York Regional Medical Program, annually trains 15-20 patients and their families to conduct hemodialysis in a home setting. It also serves as a training center for physicians, nurses, allied health professionals and technicians from hospitals and public health agencies throughout a 17-county area.

Hemodialysis is the treatment in which an artificial kidney "cleans" a patient's blood when his own kidneys have failed.

A major impact of the program is to moderate the cost of care, and to free hospital beds. While a hemodialysis machine represents a substantial investment - about \$3,000 - it proves less costly to use at home than in the hospital. Figured into the cost of in-hospital use must be the services of nurses, technicians, and other health personnel, plus linens, supplies and normal overhead. These costs may add up to over \$15,000 annually. Home dialysis expenses are less than one-third this amount. In addition, when dialysis can be done at home on a flexible time schedule, kidney disease victims may be able to hold down a job or go to school.

Prior to the RMP-sponsored unit, several Central New York kidney patients had gone to New York City for similar training.

While the patient and his family are being trained, health care personnel from his area are trained also. These people are then able to serve this particular patient in the home environment. But, perhaps more important, by updating the knowledge of health people throughout the region, the basis for a coordinated regional dialysis program is being developed.

There are approximately 75 patients in the 17-county area on hemodialysis.

LAKES AREA RMP: Jacob K. Javits (R)  
New York, New York

I. BACKGROUND

- A. Grantee or Sponsor: Lakes Area Regional Medical Program, Inc., Buffalo, New York
- B. Coordinator: John R. F. Ingall, M.D.
- C. Boundaries: Includes seven western New York counties centered around Buffalo and the Pennsylvania counties of Erie and McKean.
- D. Population: 1,900,000
- E. History
  - 1. Initial Planning Grant: December 1966
  - 2. Operational Status Achieved: March 1968

II. FUNDING

- A. Support through FY72: \$ 6,887,193
- B. Estimated award for FY73: 1,521,100 (annualized)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Irwin Felsen, M.D., Physician  
Wellsville, New York
  - 2. Number on RAG: 29
- B. Program Staff: 21.5 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region currently has 19 ongoing operational activities with funding of \$1,365,039. Seventeen (89%) of the projects are directed towards multicategorical disease programs and two (11%) are categorical disease (cancer and pulmonary). The primary focus of activities for Lakes Area RMP is directed to training activities, which make up 27% of operational funds, and combination half training, half patient services - 58% of operational funds. Twenty-one percent of operational funds support programs for blacks with an emphasis on inner-city programs. Twenty-one percent of the operational funds support ambulatory care programs and 20% support emergency service programs.

V. ILLUSTRATIONS OF ACTIVITY

A tumor registry has been established as a tool for improving the quality of care for cancer patients. Tumor Registry activity has been initiated in eleven hospitals where none had existed. The efforts of all member hospitals have been coordinated, with continuous training of hospital tumor registrars. This assures improved uniformity and quality



of data abstracted, since each registrar follows mutually agreed upon procedures. A follow-up procedure has been established which encouraged continuing periodic monitoring of the patient's condition.

Statistical reports which reflect regional experience and that of the individual hospitals have been prepared and distributed. An Advisory Committee has been formed to provide the professional guidance required for routine Registry operations.

NASSAU-SUFFOLK RMP: Jacob K. Javits (R)  
New York, New York

I. BACKGROUND

- A. Grantee or Sponsor: Nassau-Suffolk Regional Medical Program, Inc., Centereach, New York
- B. Coordinator: Glen E. Hastings, M.D.
- C. Boundaries: Includes the counties of Nassau and Suffolk (Long Island) of the State of New York
- D. Population: 2,500,000
- E. History:
  - 1. Initial Planning Grant: January 1969
  - 2. Operational Status Achieved: July 1971

II. FUNDING

- A. Support through FY72: \$ 1,572,128
- B. FY73 award: 950,000

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Edmund D. Pellegrino, M.D., Director, Health Science Center, State University of New York, Stony Brook, New York
  - 2. Number on RAG: 84
- B. Program Staff: 14.5 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region currently has 10 ongoing operational activities with funding of \$573,292. Forty percent of the projects are directed towards categorical diseases (cancer, stroke and kidney) and 60% is directed towards multi-categorical disease programs. The primary focus of activities for Nassau-Suffolk RMP is directed to coordination of health services. Thirteen percent of the operational funds support programs for blacks, and 16% support home health care programs.

V. ILLUSTRATIONS OF ACTIVITY

It is apparent that many people in need of health care could be cared for at home if necessary services were available. For these people, home care would prove a more humane, less costly procedure and would prevent unnecessary overcrowding of hospitals and nursing homes. In July 1971, the Comprehensive Home Health Care Project was established to develop a coordinated comprehensive home health service system for Nassau and Suffolk counties.

During the first year, the study will examine various situations which might benefit from home care, including mental as well as physical conditions. It will consider all types of home services needed such as nursing, homemaker, home health aide, physical therapy, occupational therapy, speech therapy, psychiatric, dental, optometric, "meals on wheels" and friendly visiting. The project will initiate contacts with related organizations such as planning and coordinating agencies, professional associations and volunteer citizen and consumer groups. During the third year, the final plan for a program of coordinated comprehensive home care services for the residents of Nassau and Suffolk Counties will be implemented.

NEW YORK METROPOLITAN RMP: Jacob K. Javits (R)  
New York, New York

I. BACKGROUND

- A. Grantee or Sponsor: Associated Medical Schools of Greater  
New York, New York, New York
- B. Coordinator: Jesse B. Aronson, M.D.
- C. Boundaries: Includes New York City and Westchester, Rockland,  
Orange and Putnam Counties
- D. Population: 9,200,000
- E. History:
  - 1. Initial Planning Grant: June 1967
  - 2. Operational Status Achieved: February 1970

II. FUNDING

- A. Support through FY72: \$ 9,924,877
- B. Estimated award for FY73: 2,335,101 (annualized)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Mr. Robert Popper, White Plains, New York
  - 2. Number on RAG: 93
- B. Program Staff: 28

IV. OPERATIONAL ACTIVITIES

The region currently has 12 ongoing operational activities with funding of \$1,677,678. Seven (58%) of the projects are directed towards multi-categorical disease programs and five (42%) are categorical disease (cancer, stroke, kidney and pulmonary). The primary focus of activities for New York Metropolitan RMP is directed to patient care delivery including patient and public information, which make up 48% of operational funds. Forty-four percent of operational funds support programs for blacks while 56% is directed toward inner city programs. Forty-two percent of operational funds support ambulatory care programs.

V. ILLUSTRATIONS OF ACTIVITY

The educational activities for physicians will be expanded to include advanced training in management of patients with end-stage renal disease for those interested and suitable. Training patients for home dialysis will be started July 1, in the new 14-bed unit at New York Hospital (four beds for home dialysis training) and will be expanded progressively to reach a total of 24 per year. St. Luke's will train 24 and Brooklyn-Cumberland will train 12, for a total of 60 per year.

The first technician training course was held with six students. They have all returned to work as dialysis technicians in their respective sponsoring hospitals, where they previously worked on different jobs.

Twenty-one lectures have been presented to community physicians, so far. Invitations have been sent to community physicians in cooperation with the American Academy of General Practice, to a series of educational programs on kidney disease, for which 75 physicians have signed up, so far.

ROCHESTER RMP: Jacob K. Javits (R)  
New York, New York

I. BACKGROUND

- A. Grantee or Sponsor: University of Rochester
- B. Coordinator: Peter D. Mott, M.D.
- C. Boundaries: Ten counties centered around Rochester, New York
- D. Population: 1,250,000
- E. History:
  - 1. Initial Planning Grant: October 1966
  - 2. Operational Status Achieved: March 1968

II. FUNDING

- A. Support through FY 72: \$5,123,862
- B. FY 73 Award: \$546,032 (six-month award)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Peter J. Warter, Ph.D., Xerox Corp., Webster, New York
  - 2. Number on RAG: 36
- B. Program Staff: 11.3 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The Rochester RMP has 32 ongoing operational activities funded at a level of \$1,210,200. Approximately one-third of their projects are directed towards categorical diseases; the majority of their projects and funds are directed in multi-categorical areas. In terms of primary activity, the projects are focused rather evenly in three areas - continuing education, patient care delivery and coordination of health services.

V. ILLUSTRATIONS OF ACTIVITY

"Rural Family Medicine" - This project is located in Southern Livingston - Northern Steuben Counties - an area characterized by a significant number of migrants in the summer, low per capita income and a low physician ratio (8,500 people per general practitioner compared to a ten county average of 3,600). The Dansville Memorial Hospital, Project REACH (migrant project) and Cohocton Area Medical Center have formed a coalition to create a Family Medicine Group Practice for the area, modeled on and partially supported by the Family Medicine Program at Highland Hospital.

"Rural Nurse Practitioner Demonstration" - Wayne County has witnessed a steady decline in the physician to population ratio over the last 70 years. Since the turn of the century when there were 135 physicians to 100,000 population, the ratio has decreased to 51 per 100,000. In response to this shortage, the University of Rochester will train medical and pediatric nurse practitioners who will then develop their role with the physician counterparts in the Wayne County Rural Comprehensive Health Program.

GREATER DELAWARE VALLEY RMP: Richard S. Schweiker (R)  
Worcester, Pennsylvania

I. BACKGROUND

- A. Grantee or Sponsor: University City Science Center
- B. Coordinator: Martin Wollmann, M.D.
- C. Boundaries: Southeastern Pennsylvania (Philadelphia - Camden),  
Northeastern Pennsylvania (Wilkes Barre- Scranton)  
and southern New Jersey counties.
- D. Population: 5,552,000
- E. History:
  - 1. Initial Planning Grant: April 1967
  - 2. Operational Status Achieved: April 1969

II. FUNDING

- A. Support through FY 72: \$9,866,870
- B. FY 73 Award: \$2,263,563

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Leonard N. Wolf, Ph.D, Vice President for  
Planning, University of Scranton
  - 2. Number on RAG: 61
- B. Program Staff: 47.8 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The Greater Delaware Valley RMP has 24 ongoing operational projects funded at a level of \$925,000. Approximately two-thirds of this effort is directed towards categorical diseases (heart, cancer, stroke, and kidney), whereas the other third is multi-categorical in focus. In terms of special target populations, five projects (at a level of \$250,000) are concerned with the health problems of children and youth.

V. ILLUSTRATIONS OF ACTIVITY

"Pediatric Tumor Registry" - Eleven institutions in Eastern Pennsylvania, Southern New Jersey, and Delaware are participating in the development of a Regional Pediatric Tumor Registry. It is desirable to have a regionalized registry separate from an adult registry because of the low incidence of cases in any one hospital. Information in the registry will include the recorded diagnosis, stage of disease, treatment and results. Such information will provide a means of assessing and comparing the efficacy of various treatment programs which are especially important in pediatric oncology where cure rather than palliation is the goal.

"Regional Council on Continuing Education" - The aim of this project is to provide an administrative framework enabling medical institutions to work cooperatively rather than competitively toward the attainment of quality patient care. Toward this end a Regional Council of the



Hahnemann Medical College and its affiliated hospitals has been established. There are presently ten hospitals participating; it is proposed that this number will increase to 17 in one year. The strength of the Regional Council lies in its potential to tap the resources in community hospitals and to develop an integrated community hospital-medical center network which will enhance patient services by evaluating care and employing the most effective use of the resources, talents, facilities, and funds available.

SUSQUEHANNA VALLEY RMP: Richard S. Schweiker (R)  
Worcester, Pennsylvania

I. BACKGROUND

- A. Grantee or Sponsor: Pennsylvania Medical Society
- B. Coordinator: Joseph T. Ichter, M.D.
- C. Boundaries: Twenty-seven counties in central Pennsylvania centered around the Harrisburg-Hershey area
- D. Population: 2,140,000
- E. History:
  - 1. Initial Planning Grant: June 1967
  - 2. Operational Status Achieved: April 1969

II. FUNDING

- A. Support through FY 72: \$2,622,828
- B. FY 73 Award: \$871,662

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: George C. Williams, Esq., Attorney, Wellsboro, Pennsylvania
  - 2. Number on RAG: 34
- B. Program Staff: 17.0 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The Susquehanna Valley RMP has five ongoing operational projects funded at a level of \$170,000. Approximately one-fourth of this activity is directed towards continuing education; three-fourths has as its primary emphasis patient care delivery. In terms of disease emphasis, three projects and one-fourth of their funds are concerned with categorical diseases, while two projects and three-fourths of their funds are directed in multi-categorical areas. The majority of their effort is focused on improving access to health care.

V. ILLUSTRATIONS OF ACTIVITY

"Columbia-Montour Home Health Service" - This project has trained 20 homemaker-home health aides, educated R.N.'s in public health nursing techniques and conducted over 6,000 home service visits. The visits are conducted for the purposes of providing home-nursing care, disease prevention through education, and therapeutic services to patients as prescribed by physicians.

"Family and Community Health Service" - The objective of this project is to deliver comprehensive, family-oriented primary health care to the medically indigent of Lancaster County who now receive fragmented, episodic care. The Lancaster General Hospital will reorganize and redirect the delivery of health care, which has traditionally been administered by numerous clinics. Personalized comprehensive health care will be insured by assigning physicians and dentists to specific families. Other components include a newly instituted Family Practice Residency Program, Nurse Practitioners providing well-baby care under the supervision of a pediatrician and the training of outreach workers to bridge the cultural gap which hinders accessibility. Residents will serve on the committee which reviews and evaluates the program as it develops.

WESTERN PENNSYLVANIA RMP: Richard S. Schweiker (R)  
Worcester, Pennsylvania

I. BACKGROUND

- A. Grantee or Sponsor: University Health Center of Pittsburg,  
University of Pittsburg
- B. Coordinator: Francis S. Cheever, M.D.
- C. Boundaries: Region includes 28 counties in the western part of  
the state centered around Pittsburg
- D. Population: 4,140,000
- E. History:
  - 1. Initial Planning Grant: January 1967
  - 2. Operational Status Achieved: July 1969

II. FUNDING

- A. Support through FY72: \$4,568,035
- B. FY73 award: 1,794,916

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Henry K. Wilcox  
Administrator, Westmoreland Hospital  
Greensburg
  - 2. Number on RAG: 49
- B. Core Staff: 36.7 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region currently supports ten ongoing project activities at a cost of \$508,418. Slightly more than one-half (52%) of these activities are aimed at a variety of diseases rather than focusing on a specific disease (i.e. cancer); and by the same proportion are aimed at health care needs in rural rather than urban areas. Of all project funds budgeted, 76% is devoted to ambulatory care activities.

V. ILLUSTRATIONS OF ACTIVITY

In a three county area centered around Johnstown a home health care program has been developed with emphasis on cost reduction (per home health care service rendered) by shifting the work load from professional nurses to properly trained home health aides. Present emphasis is on evaluation of the effort to determine lasting impacts on the health care delivery system.

OREGON RMP: Robert W. Packwood (R)  
Portland, Oregon

I. BACKGROUND

- A. Grantee or Sponsor: University of Oregon Medical School
- B. Coordinator: J.S. Reinschmidt, M.D.
- C. Boundaries: Coterminous with State
- D. Population: 2,091,000
- E. History:
  - 1. Initial Planning Grant: April 1967
  - 2. Operational Status Achieved: April 1968

II. FUNDING

- A. Support through FY 72: \$3,710,191
- B. FY 73 Award: \$1,072,710

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Alfred C. Hutchison, M.D., Practicing Physician  
Portland, Oregon
  - 2. Number of RAG: 39
- B. Program Staff: 11.0 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The Oregon RMP has eight ongoing operational projects funded at a level of \$366,400. Approximately three fourths of this effort is directed towards categorical diseases (heart, cancer, stroke, and kidney disease) and the remainder are multi-categorical disease programs. In terms of primary health system focus, two thirds of their effort is centered around patient care delivery and improving access to health care.

V. ILLUSTRATIONS OF ACTIVITY

"Emergency Medical Technician Training Course for Rural Areas" - This project is directed towards the training of ambulance attendants whose skills can make the difference between life and death, especially in isolated rural areas. Less than 20% of the 2,000 ambulance personnel in the state have received the 72-hour course prescribed by the Oregon State Health Division. Due to a paucity of physician instructors this program will utilize skilled lay instructors and video-taped physician presentations developed by the University of Kentucky Medical School. This training mode will accommodate approximately 500 attendants annually.

"Mobile Cancer Detection Unit" - This project is intended to offer the advantages of early cancer detection to the low-income residents of Portland and the rural areas of the State. A mobile van will be manned by physicians, nurses and volunteers organized through the Oregon Cancer Society, and all services will be provided at no cost to the recipient. Although the mobile unit will be used primarily for cancer detection,

it is recognized that there are a number of organizations and agencies who can utilize the unit to carry out objectives of their programs, i.e., a classroom for educational programs geared to nursing home personnel, a facility for individual genetic counseling, or general well-baby care to name a few.

MARYLAND RMP: J. Glenn Beall (R)  
Frostburg, Maryland

I. BACKGROUND

- A. Grantee or Sponsor: Johns Hopkins University
- B. Coordinator: Edward Davens, M.D.
- C. Boundaries: Covers the State of Maryland and York County, Pennsylvania (Overlaps in south-central Maryland with the Metropolitan Washington, D.C., RMP)
- D. Population: 3,222,000
- E. History:
  - 1. Initial Planning Grant: January 1967
  - 2. Operational Status Achieved: March 1969

II. FUNDING

- A. Support through FY 72: \$8,523,508
- B. Estimated Award for FY 73: \$1,294,960 (annualized)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: M. Shakman Katz  
Civic Leader  
Baltimore, Maryland
  - 2. Number on RAG: 32
- B. Program Staff: 32 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region currently has 12 ongoing Operational Activities with funding of \$761,861. Thirteen percent of the projects are directed to cancer and stroke activities and 71% to multi-categorical disease programs. In terms of primary focus, the Maryland Program is directed evenly in three areas -- training activities, patient care delivery, and data collection and statistics. Twenty-four percent of Maryland RMP projects support inner city poor or rural areas.

V. ILLUSTRATIONS OF ACTIVITY

The Community Health Center in West Baltimore will provide comprehensive health services based on family units, and will try to coordinate all the available health facilities in the area for the benefit of the community.

This Center will be a mechanism to implement the Home Care Program. It is estimated that the Bon Secours Community Health Center will make an average of 104 nurse visits per month for reasons of chronic and acute illnesses. Also, the Center will utilize as much as possible residents of the area to create new para-nursing skills and to promote their upward mobility in the health field.

OHIO RMP: Robert Taft, Jr. (R)  
Cincinnati, Ohio

I. BACKGROUND

- A. Grantee or Sponsor: Ohio State University Research Foundation
- B. Coordinator: Wallace B. Dorain, M.D.
- C. Boundaries: The central corridor of the State from the northwest to the southeast
- D. Population: 5,100,000
- E. History: (The NW Ohio and Ohio State RMPs were combined in September 1972, to form the new Ohio RMP.)
  - 1. Initial Planning Grant: NW Ohio - January 1968  
Ohio State - April 1967
  - 2. Operational Status Achieved: NW Ohio - July 1969  
Ohio State - May 1969

II. FUNDING

- A. Support through FY 72: NW Ohio - \$2,958,757  
Ohio State - 4,108,371
- B. FY 73 Award: Ohio - \$1,323,520

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Brian K. Bradford, M.D., Practicing Physician, Toledo, Ohio
  - 2. Number on RAG: 29
- B. Program Staff: 22.0 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The Ohio RMP has only two ongoing operational projects funded at a level of \$190,000. These two projects were initiated by the NW Ohio and Ohio State RMPs and have been continued by the new Ohio RMP. New proposals will be developed by the Ohio RMP subsequent to their present efforts of combining Regional Advisory Groups and program staffs and their further delineation of goals and objectives.

V. ILLUSTRATIONS OF ACTIVITY

"Ottawa Valley Council for Continuing Education" - Located in the Northwest corner of the State, this eight county consortium of representatives of various health care professions is designed to serve as the mechanism for providing continuing medical education/increased skills to health care providers at all levels. Approximately 15 educational programs have been conducted at the full spectrum of health activities, e.g., toxicology workshop, emphysema



and heart saving (CPR). Approximately 600 health care professionals have taken advantage of these courses. Additionally, staff has prepared video tape productions on arthritis and immunization for both professional and public education. The Council is planning on securing non-RMP support after June of this year in line with the RMP policy of supporting demonstration activities for a limited time period only.

NORTHEAST OHIO RMP: Robert Taft, Jr. (R)  
Cincinnati, Ohio

I. BACKGROUND

- A. Grantee or Sponsor: Case Western Reserve University
- B. Coordinator: Donald M. Glover, M.D.
- C. Boundaries: Twelve counties in Northeast Ohio centered around Cleveland
- D. Population: 4,100,000
- E. History:
  - 1. Initial Planning Grant: January 1968
  - 2. Operational Status Achieved: July 1969

II. FUNDING

- A. Support through FY 72: \$2,576,497
- B. FY 73 Award: \$636,793

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Charles L. Hudson, M.D.  
Cleveland Clinic
  - 2. Number on RAG: 55
- B. Program Staff: 17.0 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The Northeast Ohio RMP has four ongoing operational projects funded at a level of approximately \$150,000. These activities are divided rather evenly in three areas - training existing health professionals, patient care delivery and coordinating health services. In terms of the health care process, their activities cover the gamut of screening/early detection, treatment and rehabilitation. Approximately one-third of their funds are directed towards improving access for the black urban poor.

V. ILLUSTRATIONS OF ACTIVITY

"Rheumatic Fever Prevention - Streptococcal Culture Program" - Because physicians and other health agencies did not provide streptococcal surveillance through the throat culture service in many areas of the Cleveland inner city, the RMP introduced this project into 40 elementary schools. Approximately 175,000 throat cultures were processed and nearly 2,300 positive cultures were detected. The cooperation of family and other local physicians resulted in an effective treatment regimen for over 90% of the identified cases.

"A Comprehensive Outpatient Stroke Rehabilitation Demonstration Project" - This comprehensive ambulatory care program, which emphasizes early rehabilitation and continuity of care, has incorporated speech,

physical and occupational therapies in such a way as to decrease the length of hospital stay, and, more importantly, shorten the rehabilitation phase. Approximately 100 patients have been treated from 15 different hospitals and over 40 physicians have been involved. Requests for information about the project have been received from across the country.

OHIO VALLEY RMP: Robert Taft, Jr. (R)  
Cincinnati, Ohio

I. BACKGROUND

- A. Grantee or Sponsor: University of Kentucky Research Foundation
- B. Coordinator: William H. McBeath, M.D.
- C. Boundaries: Includes most of Kentucky (101 of 120 counties), southwest Ohio (Cincinnati-Dayton and adjacent areas), contiguous parts of Indiana (21 counties) and West Virginia (2 counties).
- D. Population: 5,300,000
- E. History:
  - 1. Initial Planning Grant: January 1967
  - 2. Operational Status Achieved: January 1969

II. FUNDING

- A. Support through FY 72: \$6,342,163
- B. Estimated Award for FY 73: \$1,639,096 (annualized)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Victor A. Sholis, President, WHAS (Radio/TV)  
Louisville, Kentucky
  - 2. Number on RAG: 41
- B. Program Staff: 18.0 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The Ohio Valley RMP has 36 ongoing operational projects funded at a level of \$1,914,200. Approximately 15% of these funds are expended in categorical diseases (heart, cancer, stroke and kidney); the primary emphasis, however, is multi-categorical in nature. In terms of primary focus, approximately 40% of their activity is directed towards continuing education, 30% towards patient care delivery and 30% towards the coordination of health services. Regarding aspects of the health care process, their activities cover the spectrum of screening/early detection, treatment and rehabilitation.

V. ILLUSTRATIONS OF ACTIVITY

"Home Care - Brown County" - This project is based in the 120-bed Brown County Hospital (Georgetown, Ohio), which is the major medical resource of the three surrounding and predominantly rural counties. With approximately one-half of the patients at the

hospital over the age of 65, the need for home health services was self-evident. Within the first seven months of the project the length of stay in the hospital has decreased appreciably. The program initially provided physical therapy to patients in their homes; it will be expanded to provide inhalation and speech therapy in the future.

"Continuing Education Resources" - This project is directed by a consortium composed of five community hospitals and the University of Cincinnati Academy of Medicine. The program is directed at the varied and multifaceted continuing education needs of health professionals in the Cincinnati Metropolitan Area. During the period August 1971-August 1972, over 30 different courses were offered to almost 3,000 health care providers. Examples include programs in the area of stroke rehabilitation, workshops on Problem-Oriented Medical Records and lectures on reducing the cost of health care. Another continuing education mode is the "mini-residency" - under this program a practicing physician functions under the guidance of medical center faculty for one-two weeks in an area of interest specified by the physician. Additionally, the director initiated a pilot program in which several female physicians were counseled in relation to returning to the practice of medicine after 10-25 year absences.



IV. B. Interstate and Foreign Commerce

Subcommittee on Public Health and Environment

Democrats

Harley O. Staggers, Chairman, Full Committee Keyser, Mineral County, West Virginia	West Virginia RMP
Paul G. Rogers, Chairman, Subcommittee West Palm Beach, Florida	Florida RMP
David E. Satterfield III Richmond, Virginia	Virginia RMP
Peter N. Kyros Portland, Maine	Maine RMP
L. Richardson Preyer Greensboro, North Carolina	North Carolina RMP
James W. Symington Clayton, Missouri	Bi-State RMP
William R. Roy Topeka, Kansas	Kansas RMP

Republicans

Ancher Nelsen Hutchinson, Minnesota	Northlands RMP
Tim Lee Carter Tompkinsville, Kentucky	Ohio Valley RMP
James F. Hastings Allegany, New York	Lakes Area RMP
H. John Heinz Allegheny County, Pennsylvania	Western Pa. RMP
William H. Hudnut III Marion County, Indiana	Indiana RMP

WEST VIRGINIA RMP: Harley O. Staggers (D)  
Keyser, Mineral County, West Virginia (District 2)

I. BACKGROUND

- A. Grantee or Sponsor: West Virginia University
- B. Coordinator: Charles D. Holland
- C. Boundaries: Covers the State of West Virginia (overlaps in two counties with Ohio Valley RMP)
- D. Population: 1,744,000
- E. History:
  - 1. Initial Planning Grant: January 1967
  - 2. Operational Status Achieved: January 1970

II. FUNDING

- A. Support through FY 72: \$2,630,644
- B. FY 73 Award: \$607,380 (six-month award)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Jimmie L. Mangus, M.D., West Virginia Department of Public Welfare
  - 2. Number on RAG: 37
- B. Core Staff: 26.3 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region currently has seven ongoing operational activities with funding of \$294,954. Approximately half the projects are directed toward training activities, while a secondary focus is patient care demonstrations. The projects have a strong emphasis on ambulatory care and emergency medical services as health care delivery methods in rural areas.

V. ILLUSTRATIONS OF ACTIVITY

The West Virginia RMP, in conjunction with the Stonewall Jackson Memorial Hospital, is starting work to establish a subregional, comprehensive emergency medical service system for four rural counties in North Central West Virginia (Doddridge, Gilmer, Lewis and Harrison Counties). The project will coordinate the various components of an emergency system such as transportation, training, treatment, communications, and health care facilities, and will introduce the use of a new type of health manpower, the emergency room physician assistant. Emergency squads will be linked to the emergency room of the rural Stonewall Jackson Hospital by means of a two-way radio system. The rural hospital will be linked with a larger hospital approximately 60 minutes away. Emergency squad



members will be trained by local physicians and two physician assistants will be hired to man the rural emergency facility at the Stonewall Jackson Hospital. Resources involving a total community effort will be mobilized and it is intended that emergency services will be more available, accessible, and efficient in the four-county area.

FLORIDA RMP: Paul G. Rogers (D)  
West Palm Beach, Florida (District 9)

I. BACKGROUND

- A. Grantee or Sponsor: Florida Regional Medical Program, Inc.  
Tampa, Florida
- B. State Director: Granville W. Larimore, M.D.
- C. Boundaries: Coterminous with State of Florida
- D. Population: 6,789,000
- E. History:
  - 1. Initial Planning Grant - November 1967
  - 2. Operational Status Achieved - March 1969

II. FUNDING

- A. Support through FY72: \$ 7,178,437
- B. Estimated award for FY73: 2,248,706 (annualized)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Coyle E. Moore, Ph.D.  
Florida State University School of Social Welfare  
Tallahassee
  - 2. Number on RAG: 30
- B. Core Staff: 18

IV. OPERATIONAL ACTIVITIES:

The Florida RMP currently supports 33 project components at a cost of \$2,204,365. Approximately 25% of funds support activities related to control of kidney disease and 41% (\$911,000) is devoted to coordination activities between health care interests. Significantly 60% of funds (\$1,351,835) is devoted to RMP activities coordinated with those of official public health agencies. Slightly more than one-third of funds support comprehensive care activities as opposed to those related to a specific disease.

V. ILLUSTRATIONS OF ACTIVITY

Through a contract with the Florida State Department of Health and Rehabilitation Services, FRMP underwrites the salaries of community health guides in low income areas of Jacksonville and Palm Beach. Aimed at blacks and Spanish-speaking populations the project will increase availability and accessibility of health services and open channels of communication between area residents and services.

VIRGINIA RMP: David E. Satterfield III (D)  
Richmond, Virginia (District 3)

I. BACKGROUND

- A. Grantee or Sponsor: Virginia Regional Medical Program, Inc.  
Richmond
- B. Coordinator: Eugene R. Perez, M.D.
- C. Boundaries: Coterminous with State of Virginia  
(Metropolitan Washington D.C. RMP overlaps in  
northern section)
- D. Population: 4,300,000
- E. History:
  - 1. Initial Planning Grant: January 1967
  - 2. Operational Status Achieved: Not yet operational

II. FUNDING

- A. Support through FY72: \$ 3,594,490
- B. FY73 award: 642,572 (six-month award)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Anthony J. Munoz, M.D.  
Surgeon in private practice, Farmville, Virginia
  - 2. Number on RAG: 34
- B. Core Staff: 21 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The Virginia RMP has an operational component budget of \$666,110 which supports ten discreet project activities. Of that total \$535,114 (80%) is targeted on subregional activities spread throughout the State rather than in the headquarters locale. Approximately one-third of the expended funds support training activities including training of new personnel, upgrading skills of existing personnel and on-the-job experiences.

V. ILLUSTRATIONS OF ACTIVITY

The Virginia RMP has instituted a program linking the services of a small medical center and two nursing homes in a rural area with the medical college in Richmond. Thrust of the program is aimed at rehabilitation of stroke victims through a team approach involving care providers, patients and their families, nurses, etc. Various resources of the medical college such as speech therapy equipment and personnel are available to the project in order to complete the rehabilitation cycle.

Maine RMP: Peter N. Kyros (D)  
Portland (District 1)

I. BACKGROUND

- A. Grantee or Sponsor: Medical Care Development, Inc.  
Augusts
- B. Coordinator: Manu Chatterjee, M.D.
- C. Boundaries: Coterminous with State of Maine
- D. Population: 995,000
- E. History:
  - 1. Initial Planning Grant: May 1967
  - 2. Operational Status Achieved: July 1968

II. FUNDING

- A. Support through FY72: \$ 5,812,517
- B. FY73 award: 482,386 (six-month award)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: H. Douglas Collins, M.D.  
Physician in private practice, Caribou
  - 2. Number on RAG: 32
- B. Core Staff: 30.5 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The Maine RMP currently supports 38 discreet operational components at a cost of \$2,104,858. A large majority of funds expended in these projects (87%) is targeted toward multicategorical diseases rather than specific diseases such as cancer. Approximately 41% of funds is targeted on ambulatory core activities and 77% (\$1,624,538) is devoted to rural health care activities.

V. ILLUSTRATIONS OF ACTIVITY

The Maine RMP has joined the Maine CHP agency and the New England Regional Commission in funding a pilot project in the Auburn and Yarmouth school systems. Its purpose is to develop a model curriculum for health education. When results of the pilot test are known the stronger points of the program will be incorporated into schools throughout the State.

NORTH CAROLINA RMP: L. Richardson Preyer (D)  
Greensboro, North Carolina (District 3)

I. BACKGROUND

- A. Grantee: Duke University for the North Carolina Regional Medical Program
- B. Coordinator: F. Simmons Patterson, M.D.  
Duke University, Durham
- C. Boundaries: Coterminous with State of North Carolina
- D. Population: 5,082,000
- E. History:
  - 1. Initial Planning Grant: July 1966
  - 2. Operational Status Achieved: March 1968

II. FUNDING

- A. Support through FY72: \$ 9,821,097
- B. FY73 award: 2,307,236

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Harvey E. Estes, Jr., M.D.  
Department of Community Medicine  
Duke University, Durham, N.C.
  - 2. Number on RAG: 51
- B. Core Staff: 32.8 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The North Carolina RMP currently has 10 operational components in progress at a cost of \$1,416,464. Approximately one-half of the funds expended support in-hospital care activities; another 28%, home health care. Cancer stroke and kidney disease activities account for 36% of total expenditures while 50% (\$703,580) is targeted on multi-categorical diseases.

V. ILLUSTRATIONS OF ACTIVITY

A new category of health care personnel recently became a reality as Duke University instituted a Bachelor of Health Science degree for training of physicians' associates. As a result of recent developmental effort by the NCRMP, state legislation was amended to accommodate the new health profession. In the fall of 1971, 29 physician associates were graduated. The effort is aimed at alleviating the physician manpower shortage by shifting delegated functions to the physician associate.

Bi-State RMP: James W. Symington (D)  
Clayton, Missouri (District 2)

I. BACKGROUND

- A. Grantee or Sponsor: Washington University, St. Louis, Missouri
- B. Coordinator: William Stoneman III, M.D.
- C. Boundaries: Includes southern Illinois and eastern Missouri counties centered around the St. Louis metropolitan area. (overlaps Illinois RMP.)
- D. Population: 3,700,000
- E. History:
  - 1. Initial Planning Grant: April 1967
  - 2. Operational Status Achieved: July 1969

II. FUNDING

- A. Support through FY72: \$ 4,668,677
- B. FY73 award: 676,113 (six-month award)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Mr. G. Duncan Bauman, Publisher, St. Louis Globe-Democrat, St. Louis, Missouri
  - 2. Number on RAG: 74
- B. Program Staff: 27.0 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region currently has 28 ongoing operational activities with funding of \$961,667. Nineteen (68%) of the projects are directed towards multi-categorical disease programs and eight (29%) are categorical diseases (heart, cancer and stroke). In terms of primary focus, the Bi-State Program is directed rather evenly in two areas--combination half training, half patient services and coordination of health services. Sixteen percent of Bi-State's operational monies support inner city programs for blacks. Eighteen percent of the operational monies support ambulatory care programs, 22 percent support emergency services and 16 percent support intensive care.

V. ILLUSTRATIONS OF ACTIVITY

One of the most active areas of planning involvement in the region is heart disease. Several conferences on coronary care facilities and administration have been held in the region and three years ago the program conducted a survey of needs for coronary care units and nurses. The survey showed that hospitals had 139 nurses

they wanted to train. But this, according to the survey, was less than half the nurses that should be trained to meet manpower demands estimated from the region's coronary occlusion incidence.

The project, designed to present training courses to help meet this need, is based in St. Louis University. The Coronary Care Project is presently engaged in teaching its eight five-week course. Seventy-one nurses representing 35 hospitals in the Bi-State RMP region will have completed this specialized education at completion of the present course.

KANSAS RMP: William R. Roy (D)  
Topeka, Kansas (District 2)

I. BACKGROUND

- A. Grantee or Sponsor: University of Kansas Medical Center  
Kansas City
- B. Coordinator: R.W. Brown, M.D., University of Kansas  
School of Medicine
- C. Boundaries: Coterminous with State of Kansas
- D. Population: 2,249,000
- E. History:
  - 1. Initial Planning Grant: July 1966
  - 2. Operational Status Achieved: June 1967

II. FUNDING

- A. Support through FY72: \$ 7,975,372
- B. FY73 award: 1,842,756

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Robert C. Polson, M.D.  
Physician in Private Practice
  - 2. Number on RAG: 24
- B. Core Staff: 52.4 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The Kansas RMP supports 9 discreet project components. Of the \$652,102 budgeted the larger proportion (55%) are sponsored by medical schools and contain elements of improvement in standards and quality of care. Approximately 45% (\$294,000) of activities are in various subregions of the state. There is a relatively even spread between activities related to home health care, in-hospital care and group practice delivery.

V. ILLUSTRATIONS OF ACTIVITY

In January 1972 KRMP instituted a program of training for licensed professional registered nurses to qualify them as physicians' assistants. Each trainee is sponsored by a practicing physician and will be qualified to perform certain functions which the physician now performs. A major purpose of the project is to alleviate the physician's workload with each patient in order to increase his productivity.



NORTHLANDS RMP: Ancher Nelsen (R)  
Hutchinson, Minnesota (District 2)

I. BACKGROUND

- A. Grantee or Sponsor: Northlands Regional Medical Program, Inc.
- B. Coordinator: Winston R. Miller
- C. Boundaries: Covers the State of Minnesota
- D. Population: 3,805,000
- E. History:
  - 1. Initial Planning Grant: January 1967
  - 2. Operational Status Achieved: March 1969

II. FUNDING

- A. Support through FY 72: \$6,532,311
- B. Estimated Award for FY 73: \$1,511,600 (annualized)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Mr. Gene S. Bakke, Executive Vice-President, St. Cloud Hospital, St. Cloud, Minnesota
  - 2. Number on RAG: 32
- B. Program Staff: 29.10 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region has 39 ongoing operational activities with funding of \$972,632. Fourteen percent of the projects are directed towards rheumatic fever and congenital heart disease, heart disease, and cancer, and 83% to multi-categorical disease programs. The Northlands RMP primary focus of activities is directed to training activities and patient care demonstration with 33% to research and development. A number of the projects support rural areas and the Indian population.

V. ILLUSTRATIONS OF ACTIVITY

The Indian Health Care Services is designed to describe and analyze the existing health care services available to, and unmet needs of urban and rural American Indians residing in Minnesota. Available services vary in different areas of the State with little similarity concerning availability, accessibility, quality and quantity. Infant mortality rates, average life expectancy, suicide rates, average income, educational levels, etc., suggest that Minnesota Indians suffer more severe physical and mental problems and die younger than the State average.

The results of this study will be used to develop recommendations for the better coordination and use of existing services and the development of new services.

OHIO VALLEY RMP: Tim Lee Carter (R)  
Tompkinsville, Kentucky

I. BACKGROUND

- A. Grantee or Sponsor: University of Kentucky Research Foundation
- B. Coordinator: William H. McBeath, M.D.
- C. Boundaries: Includes most of Kentucky (101 of 120 counties), southwest Ohio (Cincinnati-Dayton and adjacent areas), contiguous parts of Indiana (21 counties) and West Virginia (2 counties).
- D. Population: 5,300,000
- E. History:
  - 1. Initial Planning Grant: January 1967
  - 2. Operational Status Achieved: January 1969

II. FUNDING

- A. Support through FY 72: \$6,342,163
- B. Estimated Award for FY 73: \$1,639,096 (annualized)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Victor A. Sholis, President, WHAS (Radio/TV)  
Louisville, Kentucky
  - 2. Number on RAG: 41
- B. Program Staff: 18.0 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The Ohio Valley RMP has 36 ongoing operational projects funded at a level of \$1,914,200. Approximately 15% of these funds are expended in categorical diseases (heart, cancer, stroke and kidney); the primary emphasis, however, is multi-categorical in nature. In terms of primary focus, approximately 40% of their activity is directed towards continuing education, 30% towards patient care delivery and 30% towards the coordination of health services. Regarding aspects of the health care process, their activities cover the spectrum of screening/early detection, treatment and rehabilitation.

V. ILLUSTRATIONS OF ACTIVITY

"Home Care - Somerset" - This project, now in its third year, originally proposed to develop home health service capability for a population of approximately 75,000 in a five county area of Southern Kentucky. Using the Somerset City Hospital, Pulaski County, Kentucky (the major medical resource in the area) as the administrative base, the program was to expand its service capability through phased development of satellite service units in four contiguous counties. By the end of the second year the project had surpassed its original goal and was providing services to a seven county area from the central base and four satellite

sub-units. During the first seven months of 1972 this agency provided nursing, laboratory, physical therapy, and inhalation therapy services in the home to 515 patients. 456 of this total were over age 65 with major diagnostic classifications being in order of frequency: heart disease, cancer, fractures, and diabetes. The personnel traveled 118,446 miles over rugged terrain in making a total of 9,959 visits during this period.

LAKES AREA RMP: James F. Hastings (R)  
Allegany, New York (District 38)

I. BACKGROUND

- A. Grantee or Sponsor: Lakes Area Regional Medical Program, Inc., Buffalo, New York
- B. Coordinator: John R. F. Ingall, M.D.
- C. Boundaries: Includes seven western New York counties centered around Buffalo and the Pennsylvania counties of Erie and McKean.
- D. Population: 1,900,000
- E. History
  - 1. Initial Planning Grant: December 1966
  - 2. Operational Status Achieved: March 1968

II. FUNDING

- A. Support through FY72: \$ 6,887,193
- B. Estimated award for FY73: 1,521,100 (annualized)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Irwin Felsen, M.D., Physician  
Wellsville, New York
  - 2. Number on RAG: 29
- B. Program Staff: 21.5 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region currently has 19 ongoing operational activities with funding of \$1,365,039. Seventeen (89%) of the projects are directed towards multicategorical disease programs and two (11%) are categorical disease (cancer and pulmonary). The primary focus of activities for Lakes Area RMP is directed to training activities, which make up 27% of operational funds, and combination half training, half patient services - 58% of operational funds. Twenty-one percent of operational funds support programs for blacks with an emphasis on inner-city programs. Twenty-one percent of the operational funds support ambulatory care programs and 20% support emergency service programs.

V. ILLUSTRATIONS OF ACTIVITY

A tumor registry has been established as a tool for improving the quality of care for cancer patients. Tumor Registry activity has been initiated in eleven hospitals where none had existed. The efforts of all member hospitals have been coordinated, with continuous training of hospital tumor registrars. This assures improved uniformity and quality

of data abstracted, since each registrar follows mutually agreed upon procedures. A follow-up procedure has been established which encouraged continuing periodic monitoring of the patient's condition.

Statistical reports which reflect regional experience and that of the individual hospitals have been prepared and distributed. An Advisory Committee has been formed to provide the professional guidance required for routine Registry operations.

Western Pennsylvania RMP: H. John Heinz III (R)  
Allegheny County, Pennsylvania (District 18)

I. BACKGROUND

- A. Grantee or Sponsor: University Health Center of Pittsburg,  
University of Pittsburg
- B. Coordinator: Francis S. Cheever, M.D.
- C. Boundaries: Region includes 28 counties in the western part of  
the state centered around Pittsburg
- D. Population: 4,140,000
- E. History:
  - 1. Initial Planning Grant: January 1967
  - 2. Operational Status Achieved: July 1969

II. FUNDING

- A. Support through FY72: \$4,568,035
- B. FY73 award: 1,794,916

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Henry K. Wilcox  
Administrator, Westmoreland Hospital  
Greensburg
  - 2. Number on RAG: 49
- B. Core Staff: 36.7 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region currently supports ten ongoing project activities at a cost of \$508,418. Slightly more than one-half (52%) of these activities are aimed at a variety of diseases rather than focusing on a specific disease (i.e. cancer); and by the same proportion are aimed at health care needs in rural rather than urban areas. Of all project funds budgeted, 76% is devoted to ambulatory care activities.

V. ILLUSTRATIONS OF ACTIVITY

In a three county area centered around Johnstown a home health care program has been developed with emphasis on cost reduction (per home health care service rendered) by shifting the work load from professional nurses to properly trained home health aides. Present emphasis is on evaluation of the effort to determine lasting impacts on the health care delivery system.

Indiana RMP: William H. Hudnut, III (R)  
Marion County (Parts of Indianapolis) (District II)

I. BACKGROUND

- A. Grantee or Sponsor: Indiana University Foundation,  
Bloomington, Indiana
- B. Coordinator: Steven C. Beering, M.D.
- C. Boundaries: Covers the State of Indiana (Overlaps Ohio Valley RMP)
- D. Population: 9,100,000
- E. History:
  - 1. Initial Planning Grant: January 1967
  - 2. Operational Status Achieved: January 1969

II. FUNDING

- A. Support through FY 72: \$6,443,985
- B. FY 73 Award: \$606,182 (six-month award)

III. ORGANIZATION

- A. Regional Advisory Group
  - 1. Chairman: Joseph B. Davis, M.D., The Davis Clinic,  
Marion, Indiana
  - 2. Number on RAG: 59
- B. Program Staff: 20.0 full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region currently has thirteen ongoing operational activities with funding of \$653,399. Six of the projects (46%) are directed towards categorical diseases (heart, cancer, stroke, kidney and pulmonary) and seven are multicategorical disease programs (54%). The primary focus of the Indiana Program is directed to training existing health personnel and patient care demonstrations. Twenty-seven percent of the operational funds support ambulatory care and thirty-four percent support intensive care programs.

V. ILLUSTRATIONS OF ACTIVITY

In conjunction with the Metropolitan Health Council of Indianapolis, the Indiana RMP is working on the development and support of neighborhood health centers for the medically underserved in the Martindale, Central Avenue, and Southeast areas of Indianapolis. RMP funds were concentrated in support of the activities of the Southeast Health Center, which moved to a newly renovated facility during 1972. The emphasis is on changing the approach in delivery of health services from crisis medicine to one of health maintenance. An expanded health education program, based on the program developed at another center will be implemented.