



Lakes Area Regional Medical Program, Inc.



annual report
74/75

Theme

A Challenge — A Response

The theme of this Annual Report is "Challenge and Response". The Lakes Area Regional Medical Program, Inc., in common with its counterparts across the country, has faced a series of problems that have threatened the very existence of the program. Funds have been uncertain, instructions as to their application have been difficult to fulfill; the morale of staff and the large body of dedicated volunteers has been strained.

This unsettled environment has not, however, prevented the continuance of our program, despite the reduction in staff and the decrease in project development.

Arnold J. Toynbee pointed out that people and nations prove their mettle by the way they respond to a new challenge. Like Toynbee's nations or individuals, the Lakes Area Regional Medical Program, Inc. - its staff, its Board of Directors and its constituents have responded admirably to the challenge with confidence and forbearance. Witness to this are the projects outlined in the body of this report.

As we move into an era of reorganization, we have consolidated our capabilities to serve in the health care delivery system of our region.

Whatever the future holds for the Lakes Area Regional Medical Program, Inc., we can look with pride at our many achievements over the past several years. We have defined needs, documented them and developed programs to respond to them. Our ability to do this is proven - how this function can be continued is the challenge for the coming years.

Regional Advisory Group Officers

Chairman



FATHER COSMAS GIRARD, OFM, Ph.D.

Vice-Chairman



THEODORE BRONK, M.D.

Secretary



BERT KLEIN, DPM

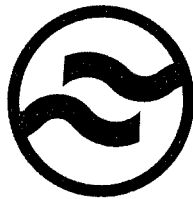
Treasurer



JOHN PATTERSON, M.D.

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April 1975

President's Message

The National Regional Medical Program was established by Congress in 1965 under Public Law 89-239. The over-all purpose was to close, insofar as possible, the gap - a large and disturbing gap - that exists between the knowledge and capability of medical science and the application or actual delivery of health care to the vast majority of the American public.

During the past eight years the Lakes Area Regional Medical Program's Board and Staff have devoted their time and talent unstintingly to the developmental function, producing practical and performance-tested projects that have supplied the nucleus for an effective health care delivery system for our entire region.

Now we have new legislation, Public Law 93-641. Many knowledgeable health professionals feel that a great deal of what has been achieved since the inception of the Regional Medical Programs may now be lost. Nevertheless, we are challenged to create out of this legislation the best possible health delivery system within our capability.

The utmost emphasis must be given to the fact that the over-all essential goal for all health professionals remains the same, namely, to bring into being a health care delivery system which will insure the "achievement of equal access to quality care (for all Americans) at a reasonable cost."

Therefore, our attitude and approach in facing up to the challenge of Public Law 93-641 must not be negative, but rather positive; it must not be pessimistic, but rather optimistic; it must not be biased or partisan, but rather truly non-partisan, collaborative and cooperative. With sincerity, honesty, and professional integrity, let us take up the task of creating the kind of health care system our American people deserve and have the right to expect from our richly endowed society.



Fr. Cosmas Girard, OFM

Fr. Cosmas Girard, O.F.M.

From the Executive Director

In 1967 when I first assumed the role of Executive Director of the Regional Medical Program, we used the slogan . . . "Communication, Cooperation, Science to Service." There has been little doubt in my mind that continued improvement, patient management, and quality of care depended heavily upon the transfer of information from the scientist to the provider of health care services. This led to our first two projects - the Telephone Lecture Network and the Coronary Care Training Program for nurses and physicians. Over the years, many of LARMP's projects have been designed to improve the quality of patient care through a variety of continuing education activities.

As a program originally designated under the categorical labels of heart disease, cancer and stroke, priority funding requirements were established. These included community need as determined by local review groups, technical quality and potential impact in relation to planned expenditures. These factors are still given primary consideration in the community-based decision making process.

We have been subjected to a number of site visits and examinations over the years. One of these resulted in our development of a private corporate structure and the saving of approximately \$500,000 a year in overheads. Change in our structure has occurred. Our program staff has been refined. Evaluation, fiscal management in all its aspects, data collection and processing, project development and quality assurance are preminent.

The new legislation creating the Health Systems Agencies (H.S.A.s) has absorbed much time during the last two years and has influenced the trend in the current pattern of the Lakes Area Regional Medical Program staff. We are confident of our ability to continue serving the Lakes Area, and contend that the roles we currently discharge will be required of us in the structure of a new agency. The experience and talent within the staff is unquestionable. The professional and support staff have weathered the difficult months of 1974 and it is my conviction that their capabilities should be to the benefit of the community in the years to come.



A handwritten signature in dark ink, appearing to read "John R.F. Ingall". The signature is stylized and cursive.

John R.F. Ingall, M.D.

LARMP Purpose

The Lakes Area Regional Medical Program, Inc. is designed through grants and contracts to encourage and assist in the establishment of regional cooperative arrangements among medical schools, research institutions, and hospitals for the promotion of research and training, medical data exchange and demonstrations of patient care in the fields of heart disease, cancer, stroke and kidney disease, and other related diseases.

It strives to improve the personal health care system in the nine-county region it represents in Western New York and Northwestern Pennsylvania. The program affords to the medical profession and medical institutions, through such cooperative arrangements, the opportunity of making available to their patients the latest advances in the prevention, diagnosis, treatment, and rehabilitation of persons suffering from these diseases. It also promotes and fosters regional linkages among health institutions and seeks to strengthen and improve primary care and the relationship between specialized and primary care.

By these means, the program attempts to improve the quality and enhance the capacity of the health manpower and facilities available to the region and to improve health services for persons residing in areas with limited resources.

The program attempts to accomplish these ends without interfering with the patterns or the methods of financing of patient care or professional practice, or with the administration of hospitals, and in cooperation with practicing physicians, medical center officials, hospital administrators, and representatives from appropriate voluntary health agencies.

Goals and Objectives

Goal No. 1 - To stimulate and promote preventive services in health maintenance.

Objectives

To continue defining the need for additional or new preventive services in each sub-regional area, based on a data profile of resources and services, an assessment of the community's characteristics and health problems, and on the acceptability of the service to the community.

To encourage delivery of preventive services through sources of primary care with emphasis on the role of allied health personnel.

To encourage coordination among government, voluntary, and private agencies to (a) maximize the impact of preventive services and (b) assist public health agencies in responding to community needs.

To encourage expanded programs in health education.

Goal No. 2 — To develop and improve primary care services.

Objectives

To continue defining the need for additional, altered or new primary care services in each sub-regional area, based on a data profile of resources and services, an assessment of community characteristics and health problems, and on the receptivity of the pattern of services to the community.

To maximize the role of existing health personnel in delivering primary health care by (a) improving distribution of health personnel, (b) encouraging the expansion of ambulatory care within or associated with community hospitals, (c) using an inter-disciplinary approach to the delivery of primary care, (d) encouraging the development and evaluation of innovative methods of health care delivery, and (e) promoting improved referral patterns to assure continuity of care.

To encourage general and family practice and other forms of primary health care.

To stimulate development of already defined new roles of health personnel.

To seek feasible solutions to the problems of distance and lack of transportation as barriers to utilization of primary care, preventive and rehabilitation services.

To promote consumer education regarding availability and utilization of existing health services.

Goal No. 3 — To encourage the development, expansion and integration of rehabilitation services to the continuum of medical services.

Objectives

To continue defining the need for additional, altered or new rehabilitation services in each sub-regional area, based on a data profile of resources and services, an assessment of the community's characteristics and health problems, and on the acceptability of the patterns of service to the community.

To promote the continued development of a variety of facilities and programs to assure placement of patients at the appropriate level of care.

People Directly Served

LARMP continues to have a major impact in serving personal health care needs of consumers. While LARMP does not ordinarily provide direct health services, there are instances where direct services are provided as part of a demonstration project.

More than 35,000 people received direct health care services in LARMP funded projects in 1974. An estimated 1 million additional persons benefitted as a direct result of the use of new skills acquired by local health professionals in LARMP training programs.

Table 1 provides a summary of the numbers of people directly served in the course of LARMP funded activities.

**Table 1:
People Receiving Direct Health Services
in LARMP Projects**

Type of Project	1974	1975 (est.)
Primary Care	2,700	2,400
Emergency Medical Services	22,000	11,000
Categorical Disease and Improvements in Secondary and Tertiary Care*	11,000	6,000
Total	35,700	19,400

*Includes Cancer, Stroke, Hypertension, Dentistry, Genetics, and Nutrition.

Expanded Manpower Capability

LARMP has worked with existing health manpower to provide opportunities to acquire specific new skills aimed at improving care. *New skills* is an RMP program category which includes organized efforts aimed at the acquisition of essentially new skills by persons already educated, licensed, or certified.

A summary of the numbers of local health care providers trained in new skills by LARMP is shown in Table 2.

Extensive continuing education activities are also carried out by the Telephone Lecture Network. An educational communications network, the TLN

Expanded Manpower Capability

broadcasts lectures to health professionals and others throughout Western New York and Pennsylvania via a closed circuit telephone line. During 1974, over 22,500 persons representing at least 14 health disciplines attended these programs. Over 13,718 continuing education contact hours were certified. Over 2,300 persons throughout the region attended 16 continuing education programs for health professionals arranged by the continuing education unit of the LARMP.

Increased access to primary care services has remained an important focus of activity. The development of new types of health care professionals specifically trained to provide primary health care as "mid-level practitioners" with close physician supervision or backup has proved to be an innovative, promising method of increasing access to needed health services. Several LARMP projects are specifically designed to train new types of health professionals. The Regional Hypertension Education Project has trained hypertension technicians who provide follow-up and patient education; the Emergency Medical Services Project has trained over 4,000 Emergency Medical Technicians; and the Primary Care Nurse Practitioner Faculty Training Program is aimed at implementing a faculty development program to prepare nurse faculty members on the expanded role of the nurse.

LARMP has also trained health care professionals in techniques to assure high levels of quality care available to patients in the community and local health care facilities, such as:

The Regional Laboratory Improvement Project designed to improve the performance of clinical laboratory personnel in rural and small hospitals, and

The Regional Tumor Service Registry which trains medical records personnel in new quality audit techniques.

**Table 2:
Members of Existing Health Professions
Trained in New Skills**

Types of Health Manpower	1/1 - 6/30 1975 (est.)				
	1970	1972	1973	1974	(est.)
Doctors	0	0	0	140	70
Nurses	244	250	411	1,929	950
Others Including Medical, Laboratory, and Other Technicians	9	336	622	370*	200*
				415**	200**
				348	150
Totals	253	586	1,033	3,202	1,570

*Technologists and Technicians

**Health Administrators

List of Members of the Regional Advisory Group and Steering (Executive) Committee

Name and Address	Institution and/or Occupation	Categories of Representation
Chairman:		
Father Cosmas Girard, OFM, Ph.D. ** Olean, New York	Sociologist-Anthropologist St. Bonaventure University	Cattaraugus County Committee
Vice-Chairman:		
Theodore T. Bronk, M.D. ** Mt. St. Mary's Hospital Lewiston, New York	Physician Director of Laboratories	Niagara County Medical Society
Secretary:		
Bert Klein, D.P.M. ** Jamestown, New York	Podiatrist	Chautauqua County Committee
Treasurer:		
John C. Patterson, M.D. ** Buffalo, New York	Physician	Roswell Park Memorial Institute
Other Members:		
Sister Bernadette Armiger, R.N., Ph.D. Niagara University Niagara Falls, New York	Dean, School of Nursing Niagara University	Member of the public
Bernard Asher, M.D. * Batavia, New York	Physician	Genesee County Committee
Virginia Barker, R.N., Ed.D. Alfred University Alfred, New York	Dean, School of Nursing and Health Care Alfred University	Member of the public
Norman Berg Jamestown, New York	Executive Director Lutheran Social Services	Member of the public
Lester H. Block Buffalo, New York	Attorney	Legal counsel
Mrs. Charlotte Bruner Basom, New York	Tonawanda Indian Reservation	Member of the public
LaVerne Campbell, M.D. Buffalo, New York	New York State Health Department - Regional Health Director	Official health agency New York State Health Department
Robert Caputi, M.D. * Buffalo, New York	Physician	Erie County, New York, Medical Society
Mrs. Ramona Charles Basom, New York	Tonawanda Indian Reservation	Member of the public
Francis Cole Buffalo, New York	Attorney	Erie County, New York, Committee
Mrs. Ann Confer * Bradford, Pennsylvania	McKean County Society for Crippled Children	McKean County Committee
Mrs. Carolyn Daughtry Buffalo, New York	Erie County Department of Mental Health	Member of the public

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List of Members

Name and Address	Institution and/or Occupation	Categories of Representation
Donald Ervin, M.D.* Jamestown, New York	Physician	Chautauqua County Medical Society
Irwin Felsen, M.D.** Wellsville, New York	Physician	Past President, RAG Allegany County Medical Society
Craig Fisher, M.D. Niagara Falls, New York	Physician	Niagara County Medical Society
John Foster Erie, Pennsylvania	Martin Luther King (Bayfront NATO) Center	Member of the public
C. Marshall Fuller* Erie, Pennsylvania	Executive Director American Cancer Society	Erie County, Pa., Committee
William Gaiter Buffalo, New York	Director BUILD Organization Buffalo, New York	Member of the public
Larry J. Green, D.D.S. Buffalo, New York	State University of New York at Buffalo - School of Dentistry	Upstate Medical Alliance
Herbert Joyce, M.D. Buffalo, New York	Physician	Member at large Past President, RAG
Eugene Lippschutz, M.D.* Buffalo, New York	Associate Vice-President for Health Sciences	State University of New York at Buffalo - School of Medicine
Murray S. Marsh Jamestown, New York	W.C.A. Hospital Administrator	Member of the public
C. Conrad Monroe Corry, Pennsylvania	Banker Marine National Bank	C.H.P./N.W. Pa.
Elizabeth Moore Batavia, New York	Director, American Red Cross Chapter, Genesee Unit	Member of the public
William E. Mosher, M.D. Buffalo, New York	Commissioner, Erie County Health Department	Erie County Health Department
Gerald P. Murphy, M.D., D.Sc. Buffalo, New York	Director, Roswell Park Memorial Institute	Roswell Park Memorial Institute
Joseph Paris Buffalo, New York	Director, Veterans Administration Hospital, Buffalo, New York	Veterans Administration
Robert S. Pepiot* Erie, Pennsylvania	Director Veterans Administration Hospital, Erie, Pennsylvania	Veterans Administration
J. Warren Perry, Ph.D. Buffalo, New York	Dean, School of Health Related Professions, State University of New York at Buffalo	Faculty of Health Sciences, State University of New York at Buffalo
Patricia Stopen, R.N. Warsaw, New York	Wyoming County Health Department	Wyoming County Committee
Professor Earl Stopfel Alfred, New York	Chairman, Medical Services Department, State University of New York, Agriculture and Technical College, Alfred	Member of the public
George E. Taylor, Jr., M.D. Cuba, New York	Physician	Allegany County Committee
Joseph F. Turner, Jr.* Buffalo, New York	Director, Western New York Hospital Association	Western New York Hospital Association

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List of Members

Name and Address	Institution and/or Occupation	Categories of Representation
Donald Watkins, M.D. Bradford, Pennsylvania	Physician	McKean County Medical Society
Paul Welsh, M.D. LeRoy, New York	Physician	Genesee County Medical Society
Richard T. Williams, M.D. Warsaw, New York	Physician Wyoming County Community Hospital	Wyoming County Medical Society
Eugene Wilczewski Buffalo, New York	Director, Comprehensive Health Planning Council of Western New York, Inc.	C.H.P./W.N.Y.
Duncan Wormer, M.D. Portville, New York	Physician	Cattaraugus County Medical Society

* indicates new member since May, 1974

** indicates member of Executive Committee

Regional Advisory Group Alternates

Gerald Farmer, Director Comprehensive Health Planning Erie, Pennsylvania	(Representing Conrad Monroe)
Dominic Falsetti, M.D. Niagara Falls, New York	(Representing Dr. Craig Fisher)
Patrick Flaherty Ass't Hospital Administrator V.A. Hospital Buffalo, New York	(Representing Joseph Paris)
Ms. Marilyn Gibbin, Director Cattaraugus County Nursing Homes Olean, New York	(Representing Dr. Duncan Wormer)
Gordon E. Graves, Exec. Director N.W. Penna. Lung Association Erie, Pennsylvania	(Representing Mr. C.M. Fuller)
Ms. Suzanne Grossman, R.D. Erie County Health Department Buffalo, New York	(Representing Mr. Francis Cole)
Mrs. Fleeta Hill BUILD Organization Buffalo, New York	(Representing William Gaiter)
Gerald Schofield Deputy Director for Administration Roswell Park Memorial Institute Buffalo, New York	(Representing Dr. Gerald Murphy)
Alex Thompson Martin Luther King Center Erie, Pennsylvania	(Representing John Foster)

Regional Advisory Group

The Regional Advisory Group, usually referred to as RAG, is a 42-member group broadly representative of the geographic areas and social groups served by LARMP, which guides the development, planning, and coordination of all projects supported by the Lakes Area Regional Medical Program.

The group includes physicians, medical representatives from medical societies, health and related professions, voluntary and public agencies, and representatives of other organizations, institutions, and agencies. Also included are members of the public who are concerned with the need for services provided under this program.

Members-at-large provide representation on the board for provider and general population groups such as labor leaders, businessmen, minority groups and women.

The group usually meets on the second Thursday of every month at 7:30 P.M. at the Lakes Area Regional Medical Program Offices, 2929 Main Street, Buffalo, New York.

In addition, LARMP makes use of numerous volunteer committees for program and project development and technical review. Together with these volunteers, LARMP program and project staff provide local communities with a wide range of skills, training, and experience necessary to develop and manage workable solutions to complex health problems. Tables 3 and 4 provide LARMP volunteer and staff profiles for 1974.

Table 3: Regional Advisory Group and Major Committees

	No. of Persons as of 7/1/74	
	R.A.G.	Committees
Doctors (e.g. MDs, DOs, DDs, DPMs)	19	105
RNs, Allied Health	4	75
Health Administrators	7	39
Elected Officials	0	5
Members of the Public & Others	12	145
Total	42	369

Table 4: Program and Project Staff

	No. of Persons as of 7/1/74	
	Program	Project/ Contract
Doctors (e.g. MDs, DOs, DDs)	1	1
RNs, Allied Health	2	15
Social & Behavioral Scientists	17	16
Support Staff (secretarial and clerical)	17	17
Total	37	49

Program Committee

A program committee composed of Regional Advisory Group (RAG) members provides continuous assessment of all LARMP operational projects and program staff activities. The committee examines these efforts in terms of their relationship to present goals, objectives and priorities of LARMP. The committee usually meets each month prior to the regular RAG meeting, or in special session if necessary. The committee serves as the RAG's principal sub-committee for program planning.

The Grantee Institution

A Board of Directors for the Lakes Area Regional Medical Program, Inc. was established in 1972. This board bears the responsibility for the management of program funds. It receives, administers and accounts for Federal Grant funds used in implementing programs to be supported by the Lakes Area Regional Medical Program according to federal regulations and policies.

The Board includes:

Chairman - Allan Korn, Associate Professor, Environmental Consumer Studies Department, State University College at Buffalo, Buffalo, New York

Herbert Bellamy, Businessman, Community Leader, Buffalo, New York

Irwin Felsen, M.D., Past president, Regional Advisory Group, Lakes Area Regional Medical Program, private physician, Wellsville, New York

Maynard Parker, Retired executive, previously with the Hooker Chemical Corporation, Niagara Falls, New York

Peter Zaleski, Senior Vice President, Buffalo Savings Bank, Buffalo, New York

Norman Slawinski, Branch Manager, Marine Midland Bank-Western, Buffalo, New York (resigned Jan., 1975)

Business Office

The Business Office deals with grants management, budgets and contracts. This office prepares and maintains all financial transaction records.

Its three main functions are finance, purchasing and payroll.

County Committee Chairpersons

Allegany	Irwin Felsen, M.D. - Physician
Cattaraugus	Ms. Marilyn Gibbin, Director Division of Nursing Homes
Chautauqua	Murray Marsh - Hospital Administrator
Erie, N.Y.	Francis Cole - Attorney
Erie, Pa.	C.M. Fuller, Unit Director American Cancer Society
Genesee	Sidney Sherwin - Insurance Broker
McKean, Pa.	Ray Curtis - County Commissioner
Niagara	Mrs. Joan Wolfgang - Housewife
Wyoming	Richard Williams, M.D. - Physician

Public Information

Activities and accomplishments of LARMP and its funded projects have received wide dissemination and visibility through the communications media.

News releases have been circulated to all newspapers, radio and television stations in the region. Feature stories about LARMP activities such as the Rural Externship Program and the Allegany County Mobile Health Unit and others have appeared in the newspapers of the region. Television and radio have been used effectively for special interviews, press conferences, and news coverage of LARMP sponsored teaching days and other events.

FORUM, the official newsletter of the LARMP is distributed to over 15,000 health professionals, institutions, legislators, media and others. In addition, brochures, pamphlets, special booklets, slingers and the Annual Report are prepared by the information unit. A well-maintained mailing list assures a continued flow of pertinent program information to the many target groups it serves.

Maintaining good working relationships with the mass media has proven to be of significant benefit in disseminating information about LARMP activities.

A new series of radio programs entitled, "Health - Where It's At", was produced by the information unit and is currently being broadcast over ten radio stations in the region. The media has provided good local coverage to our continuing education programs for health professionals throughout the region.

Field Staff

The field staff of the Lakes Area Regional Medical Program served as the liaison between the nine counties comprising the region and the LARMP headquarters.

Members of the field staff assisted in the development of proposals from the areas in which they worked, and kept good communication open between county committees, other constituents or organizations, and the LARMP Central Office. The field staff also worked toward the promotion of a regional approach in the development and implementation of health services. A continuing effort was made to involve the counties in a greater role in defining their own needs and priorities.

Keeping the individual county committees informed of LARMP activities and developing ideas that can improve the availability and quality of health care were among the prime functions of this staff. With the passage of new legislation, PL-93-641, a reorganization of the program necessitated the disbandment of the field staff.

Health Information Systems Unit

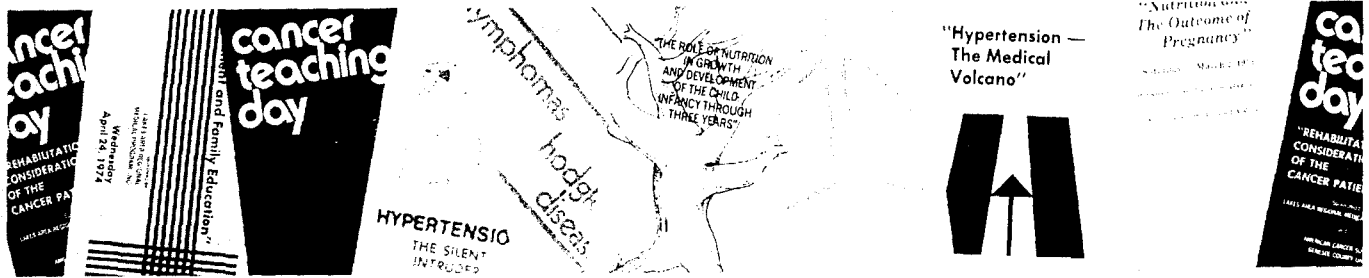
The Health Information Systems Unit is a derivative of the Community Health Information Profile (CHIP), a project which previously received financial support from the Lakes Area Regional Medical Program, Inc.

The unit provides assistance to projects and is the data analysis for the central Lakes Area Regional Medical Program administration; for program development, planning, project evaluation, and special purpose research and analysis for other community agencies and institutions. Computer based files of sociological, demographic, economic, and health related information available to Health Information System users provide important data for sound planning and evaluation. The information systems within the unit have been designed to meet both general and specific data collection, storage and analytic needs.

Since the inception of the CHIP project, computer programs have been developed to handle a variety of data processing functions for analysis of data provided by the user or with data available from the Health Information Systems Unit.

Continuing Education Programs 1974

Over 2310 persons attended these programs during the year.



Date	Program	Location	Registrants	Co-Sponsors
March 2	"Nutrition and the Outcome of Pregnancy"	Sheraton East Buffalo, New York	151	Western New York Dietetic Association
April 16	"The New Dimensions of Hypertensive Cardiovascular Disease"	Sheraton East Buffalo, New York	250	
April 18, 19	"Health Policies for the 1970s"	Holiday Inn Grand Island, New York	194*	Comprehensive Health Planning Council of Western New York
April 24	"Multidisciplinary Approaches to Patient and Family Education"	Villa Maria College Erie, Pennsylvania	145	
May 1	"Hypertension — The Medical Volcano"	Holiday Inn Batavia, New York	317	Heart Association of Western New York
May 29	"The Nurse Practitioner's Role in Health Care"	Executive Motor Inn Buffalo, New York	250	In conjunction with The Erie County Medical Society New York State Nurses Assoc. (District I) School of Nursing and Continuing Medical Education, SUNYAB
June 6	"Diagnosis and Treatment of Lung Cancer"	Wellsville Country Club Wellsville, New York	100*	American Cancer Society Allegany County Unit
June 8	"Hypertension — After Screening What?"	Sheraton East Buffalo, New York	65*	
June 18	"Current Trends in Health Services for Women"	Holiday Inn Olean, New York	143*	
June 19	"Hypertension — A Capsule Approach"	Gannon College Erie, Pennsylvania	20*	In conjunction with Erie Post Graduate Medical Institute and Northwest Pennsylvania Chapter of the American Heart Association
June 26	"Hypertension — A Challenge to the Health Professional and the Community"	Villa Maria College Erie, Pennsylvania	80*	
October 16, 17	"Health Team Services — Right of the Elderly"	Erie County Home and Infirmary, Alden, N.Y.	90**	Supported by a contract from HEW, Region II
October 24	"Current Concepts in the Treatment of Uterine Cancer"	Wellsville Country Club Wellsville, New York	100*	American Cancer Society Allegany County Unit
November 1	"Hypertension — The Silent Intruder"	Niagara University Niagara Falls, New York	195	
November 6	"Crisis: Death in the Hospital"	First United Methodist Church, Jamestown, New York	160	WCA Hospital, Jamestown, New York
November 14	"Rehabilitation Considerations of the Cancer Patient"	Holiday Inn Batavia, New York	150	American Cancer Society Genesee County Unit
*Approximately	**Limited Registration	Total Registrants	2310	

Evaluation Unit Activities

Evaluation of health programs is a basic need if their impact is to be determined and sound decisions are to be made for future action. Program management is made more effective through the feedback of regular evaluation. Careful definition of objectives, establishment of success criteria, and collection of necessary baseline data permits early determination of a program's weaknesses and strengths.

The Lakes Area Regional Medical Program's activities are reviewed regularly to assess their impact on the health care of the region. Information regarding program effectiveness is used periodically to reassess goals and objectives, to determine the level of support for on-going activities, and to seek out projects which address themselves to unmet health needs in the community.

Evaluation Activities—

Proposal Development

Staff members work closely with proposal authors to ensure well designed evaluation components. This includes:

- Documentation of the extent and degree of the problem;
- Identification of the target population;
- Statement of operational objectives;
- Establishment of success criteria;
- Development of appropriate techniques of data analysis;
- Selection of quantitative or objective measures of project outcomes.

Systematic Project Review

Funded projects are monitored on a regular basis. Quarterly activities are prepared by project directors and reviewed by the Program Committee which makes recommendations for action to the Regional Advisory Group. Recommendations approved by the R.A.G. are then forwarded to project directors for implementation.

In addition, yearly project site visits are conducted by R.A.G. members to review progress, identify problems, and suggest changes in policy direction. Following each site visit, a report is prepared by the site visit team and submitted to the Regional Advisory Group for action. The R.A.G. informs the project director of any suggestions or modifications. The primary intent of a site visit is to provide the basis for determining continued funding.



Support Services

The Evaluation Unit provides a variety of services to program staff, project directors, and community groups. This may involve questionnaire development, data analysis, or the provision of census information.

The *County Data Source Book* was developed and published in 1974 through the combined efforts of the Evaluation and Health Information Systems Units. The major purpose of the Source Book is to provide a sound data base which reflects the changing needs of the community. Population and socio-demographic characteristics of seven counties of New York State in the Lakes Area region are presented by township and census tract. In addition to the seven volumes of individual county data, a summary volume was developed which provides data from each LARMP county, New York State, Pennsylvania, and the United States for comparative purposes.

The County Data Source Book has been distributed to RMP county committee chairpersons and others in the region who are responsible for meeting the health education and health services needs of the community and who are developing plans that will be responsive to future needs.

In 1974, sixteen LARMP Teaching Days were evaluated to determine the extent to which they met their objectives. Written reports, based on evaluation forms completed by participants, were submitted to planning committees to aid them in the development of future workshops. Three conferences sponsored by other health-related groups were also evaluated in 1974.

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Project related evaluation activities included:

- A Telephone Lecture Network survey of member and non-member institutions within a 200-mile radius of Buffalo. The survey was designed to determine programming preferences of current and potential network participants. Survey results will be used in planning for the 1975-76 TLN programs.
- Coding of completed interview forms used in the Cattaraugus County Household Survey of the Elderly. Approximately 1,000 interviews were conducted.
- An analysis of records of patients treated at Rich Stadium medical aid stations in 1973-74. The study was done to aid in planning the first-aid needs of spectators at future stadium events. This activity was undertaken as part of an overall effort to evaluate emergency medical services at the stadium.
- A study of the change in attitudes of health science students participating in the 1974 Rural Externship Project towards rural health care delivery systems. Pre and post tests were used to determine, in addition to attitude changes, intentions of students towards practicing in a rural area.
- Tabulation and analysis of pre and post tests completed by participants in the Regional Hypertension Education Program. Brief tests were administered to church groups, senior citizens clubs, etc. before and after each educational program to determine the effectiveness of the program in increasing knowledge of hypertension. The programs were conducted by the Hypertension Nurse Coordinators in Erie County, New York; Erie County, Pennsylvania; and Niagara County, New York.

LARMP evaluation staff assisted in the organization of the Alfred Area Health Planning Committee, (AAHPC) formed to assess community health needs in the face of a critical physician shortage. With the assistance of LARMP staff, the AAHPC documented community health resources, received recognition as a legitimate health planning group, and implemented a plan to expand existing health services. As a result of these efforts, the AAHPC formalized arrangements with area provider groups to expand and improve existing health services. In addition, the Committee was instrumental in attracting at least one, and possibly two, full-time physicians to the Alfred area.

A survey was conducted of hospitals, nursing homes, and health departments in the Southern Tier region to determine the need for intensive and coronary care training for nurses. The results of the survey, which was sponsored by the Alfred University School of Nursing and Health Care, were analyzed by staff and presented to the Planning Committee for action.

Staff also assisted the Southwestern Tier Association for the Blind in conducting an analysis of staff activities in order to better allocate limited resources. In addition, an inventory of client needs was done to assist in the planning of future program activities.

Consultation was provided to the Chautauqua County Office for the Aging in its development of a demonstration program of in-home care for indigent elderly.

Buffalo General Hospital's Nursing Service plan to evaluate the operating room nurses' training program was similarly assisted.

Allocation of Resources

LARMP funds are allocated to priority areas of program effort:

- More effective use of health manpower
- Improved accessibility and availability of primary medical care, including emergency medical services
- Regionalization of secondary and tertiary care
- Quality of medical care assurance

Table 5 presents a breakdown of allocations as a percentage of the total award for program years 1970, 1972, 1973, 1974, and 1975. In response to a substantial reduction in the 1974 grant award, LARMP placed increased emphasis on regionalization of secondary and tertiary care and reduced program efforts in other areas. Of notable interest is LARMP's continuing effort to lower its administrative costs from 20% in 1970 to 5% in 1975.

Table 5: Allocation of Resources

Category	1970	%	1972	%	1973	%	1974	%	1975	%
1. More Effective Use of Manpower	\$ 679,500	41	\$ 748,500	36	\$ 794,500	35	\$ 388,702	25	\$ 189,932	19
2. Improved Accessibility and Availability of Primary Medical Care										
a. Primary	62,500	4	438,500	22	575,000	25	137,089	9	104,062	10
b. EMS	—0—		256,500	12	363,500	16	255,468	16	149,974	15
3. Regionalization of Secondary and Tertiary Care	515,500	31	218,000	11	90,500	4	471,405	30	372,292	36
4. Quality of Medical Care Assurance	63,000	4	205,000	10	272,000	12	176,387	11	155,117	15
5. Administrative Costs	321,000	20	194,500	9	200,000	8	116,933	8	53,697	5
Total	\$1,641,500	100	\$2,061,000	100	\$2,295,500	100	\$1,545,984	100	\$1,025,074	100

Lakes Area Regional Medical Program, Inc.
Balance Sheet
February 28, 1975
(unaudited)

Assets

	Federal Fund	Income Fund	Special Fund	Total
Cash	\$ 92,679	\$ 42,222	\$ 14,856	\$ 149,757
Federal grant receivable (Notes 1 and 2)	832,805	—	—	832,805
Accounts receivable	5,413	38,626	—	44,039
Due from income fund	<u>5,841</u>	<u>—</u>	<u>—</u>	<u>5,841</u>
Total assets	<u>\$936,738</u>	<u>\$ 80,848</u>	<u>\$ 14,856</u>	<u>\$1,032,442</u>

Liabilities, Reserves and Fund Balances

	Federal Fund	Income Fund	Special Fund	Total
Liabilities:				
Due to federal fund	\$ —	\$ 5,841	\$ —	\$ 5,841
Employee withholding deductions	720	—	—	720
Other accruals	13,533	—	—	13,533
Reserves:				
Reserve for encumbrances	75,138	—	—	75,138
Fund balances	<u>847,347</u>	<u>75,007</u>	<u>14,856</u>	<u>937,210</u>
Total liabilities, reserves and fund balances	<u>\$936,738</u>	<u>\$ 80,848</u>	<u>\$ 14,856</u>	<u>\$1,032,442</u>

Lakes Area Regional Medical Program, Inc.

Statement of Revenues, Expenditures,
Encumbrances and Fund Balances

Year ended February 28, 1975
(unaudited)

	Federal Fund	Income Fund	Special Fund	Total
Revenues:				
Grants awarded (Notes 1 and 2)	\$1,753,643	\$ —	\$ —	\$1,753,643
Service fees	—	120,113	777	120,890
Miscellaneous	—	5,375	54	5,429
Total Revenues	<u>1,753,643</u>	<u>125,488</u>	<u>831</u>	<u>1,879,962</u>
Expenditures and Encumbrances:				
Expenditures	1,468,153	134,358	2,676	1,605,187
Encumbrances	25,698	—	—	25,698
Total expenditures and encumbrances	<u>1,493,851</u>	<u>134,358</u>	<u>2,676</u>	<u>1,630,885</u>
Excess revenues (expenditures and encumbrances)	259,792	(8,870)	(1,845)	249,077
Fund balances at 2/28/74	587,555	83,877	16,701	688,133
Fund balances at 2/28/75	<u>\$ 847,347</u>	<u>\$ 75,007</u>	<u>\$ 14,856</u>	<u>\$ 937,210</u>

Note 1

Grants from the Department of Health, Education and Welfare for the period March 1, 1974 through June 30, 1975 amounted to \$1,645,681 allocated by components as follows:

Program Staff	\$ 685,525
Rural Extern Program	81,500
Telephone Lecture Network	75,000
Tumor Service Registry	82,120
Allegany County Mobile Health Unit	27,000
Emergency Medical Services System	172,000
Lake Area Health Education Center	29,985
Rural Laboratory Improvement	19,700
Two-County Nutrition Program	12,000
Regional Hypertension Education	159,400
Health Related Facility Staff Training	5,200
Ambulatory Care Service Planning	57,000
Household Survey of the Elderly	25,000
Regionwide Medical Genetics	55,000
Aging Relocation Service	34,608
Primary Care Nurse Practitioner	36,488
Domiciliary Staff Inservice Training	15,228
Rehabilitation for Aphasia Patients	31,545
Minority Health Education Delivery System	41,382
	<u>\$1,645,681</u>

Note 2

Additional grants were received from the Department of Health, Education and Welfare for Lakes Area Emergency Medical Services Project for the following components and periods:

Planning, July 1, 1974 to June 30, 1975	\$ 45,000
Training, October 1, 1974 to September 30, 1975	62,962
	<u>\$107,962</u>

Note 3

The National Health Planning and Resources Development Act of 1974 provides for transitional continuation of the Regional Medical Program through June 30, 1976, or until a Health System Agency (successor agency) has been established. Funds will be available to continue Program Staff functions, but the amount is unknown. The continuance of project funding is also unknown.

Status of Projects (Those active and completed)

The following projects received funding from the Lakes Area Regional Medical Program during 1974:

Current Projects	Status	Director
Telephone Lecture Network	Will be self-supporting by 6/30/75	Joseph Reynolds
Tumor Service Registry	Funded to 6/30/75	John Patterson, M.D.
Allegany County Mobile Health Unit	Funded to 6/30/75 (Alfred University thereafter)	Virginia Barker, R.N., Ed.D. Margaret Connolly, R.N., B.S.
Regional Hypertension Education	Funded to 6/30/75 (and thereafter if funds available)	Michael Miller
Emergency Medical Services	Funded to 6/30/75 (and thereafter if funds available)	James H. Cosgriff, Jr., M.D.
Lake Area Health Education Center	Funded to 7/31/74	Michael C.J. Carey
Ambulatory Care Services Model	Phase I - completed 12/31/73 Phase II - funded to 6/30/74	Richard Chalmers Gunter Schmitz
Ambulatory Care Study for Niagara County	Funded to 6/30/74 *completed)	Peter Forster
Rural Laboratory Improvement	Funded to 6/30/75 (to be completed)	Sara Marie Cicarelli
SHARECO—Genesee and Wyoming Counties	Funded to 6/30/74 (to be completed)	John Sifling
Two County Nutrition Program — Chautauqua and Cattaraugus Counties	Funded to 6/30/75 (may be continued by the 2 counties)	Kathryn Child
Rural Externship Project	Funded to 9/30/75	William D. Crage
Prevention and Treatment of Regression in Older Persons	Funded to 6/30/75 (to be completed)	Richard F. Hartnett
Household Survey of the Elderly	Funded to 6/30/75 (to be completed)	Marilyn Gibbin, M.S.S.
Ambulatory Care Services Planning	Funded to 6/30/75 (Buffalo General Hospital thereafter)	Robert L. Dickman, M.D.
Rehabilitation for Aphasia Patients	Funded to 6/30/75 (W.C.A. Hospital thereafter)	Robert J. Buck
*Faculty Development Program for the Enhancement of Expanded Role Skills	Funded to 6/30/75	Onalee Johnson, R.N., M.S.
*Regional Medical Genetics	Funded to 6/30/75	Robin M. Bannerman, M.D.
*Centralized Relocation Services	Funded to 6/30/75	Robert Illig
*Domiciliary Staff In-Service Training	Funded to 6/30/75	Barbara Boies
*Minority Health Education Delivery System	Funded to 6/30/75	Bruce Behringer

*These projects have no definite sources of funding beyond 6/30/75.

ProjectS

Allegany County Mobile Health Unit

One of the most visible projects funded by the Lakes Area Regional Medical Program, Inc. during the year has been the very popular Allegany County Mobile Health Unit based at Alfred University, Alfred, New York. The unit travels from community to community and provides health assessments and education.

The referral rate of patients serviced by the unit shows a dramatic increase since the unit first became operational in 1972.

During 1974 over 445 new adults sought the services of the unit. A 90.3% referral rate for further examinations and treatment was reported. The high referral rate was attributed to the fact that oral examinations produced many referrals to dentists for treatment of dental caries. A record number of electrocardiograms were taken by the unit.



Mobile Unit Personnel



Nurses doing a Health Assessment

Well Child Conference Clinics accounted for 113 new children being examined by unit personnel. Some 123 children revisited the unit for various reasons, i.e. shots, etc. The overall referral rate was 19%.

Currently some of the physicians in Allegany County are referring their patients to the unit for such tests as ECG, blood pressures, vital capacity breathing tests, etc.

The unit was funded by the Lakes Area Regional Medical Program, Inc. in 1972 at a cost of approximately \$52,000. It was provided in response to the county's documented health needs and serves a population of over 46,000 people. It provides access to medical care for many people who live in this rural county who otherwise would not have the opportunity to obtain good health care for themselves.

The unit is being operated by the Alfred University School of Nursing and the Allegany County Public Health Nursing Service.

Ambulatory Care Service Planning

This project's goal is to establish a comprehensive continuous Ambulatory Care service at the Buffalo General Hospital, Buffalo, New York, which will assume major responsibility for the health needs of the patients it serves.

A study was conducted by the School of Architecture and Environmental Design, State University of New York at Buffalo in 1972, which reviewed ambulatory care services with the intent of planning new hospital-based facilities. The project was divided into two phases.

Phase 1 involved developing a model of ambulatory care service delivery. The model in the first phase output of the two-phase project was designed to enhance the decision-making capabilities of professionals in the health care field. The model provides hospital administrators, architects, or health program supervisors with information about detailed workings of an ambulatory care facility so they can make sound decisions concerning such things as: ways to improve health care delivery, criteria for designing new ambulatory facilities, and ways to evaluate existing health care services. The model, operated by means of a computer program, stores and retrieves detailed information about the costs incurred, the time expended, the personnel utilized, and the space required for every task performed in the ambulatory care facility. The user of the program can employ this information to attain a better understanding of the way an ambulatory care facility works, and in order to make intelligent judgements concerning ways in which ambulatory care can be improved. Other objectives are to develop and assess the use of nurse practitioners and other allied health professionals in a comprehensive ambulatory care setting, and to stimulate the development of several innovations in delivering health services including problem-oriented medical records and computer-based information systems. Also, to develop a teaching model for training primary care physicians and allied medical professionals, including the possibility of establishing formal relationships with rural and other ambulatory services and to establish linked networks of comprehensive ambulatory care services including, sharing of services.

Phase 2 is working to improve a simulation model of ambulatory health care services developed by Phase 1.

Prize Winner

The Ambulatory Care Services Model — Phase 2 Project, developed by the project team from the State University of New York at Buffalo's School of Architecture and Environmental Design, was the recipient of a first prize award given by the Progressive Architecture Magazine.

The award was for creating a system for obtaining and using data to be used in designing outpatient medical care centers using Buffalo General Hospital as a site.

A project team leader said, "We believe in basing a design on the needs of people. We're not interested in building a building, we're interested in solving a problem."

Cattaraugus County Household Survey of the Elderly

This survey was designed to determine the health needs of Cattaraugus County's rural elderly as well as the constraining factors which prevent or discourage them from obtaining needed health care services. A data base consisting of a series of indicators of the elderly populations is under development. About 963 people were interviewed.

It is expected that the results of the survey will tie into the county planning process and assist county officials in developing a strategic plan to meet the needs of the elderly.

A "Registry of the Elderly" is being developed.

Centralized Relocation Services for the Aging

This project demonstrates the feasibility of providing centralized relocation services for elderly persons. It allows inappropriately placed elderly persons to move from their present living arrangement to a more appropriate setting without suffering from relocation trauma. This involves counseling of persons from hospital to nursing home or private home, or from private home to hospital or nursing home. The staff is also receiving training in Gerontological Counseling Techniques.

The project also seeks to increase the number of available beds through a better utilization of existing beds. The project is sponsored by the Erie County (N.Y.) Office for the Aging and funded by the LARMP.

Emergency Medical Services

The Emergency Medical Services project was inaugurated in the Spring of 1972 with funds provided by the Lakes Area Regional Medical Program, Inc. More involvement by the area's individual EMS County Councils and the Regional EMS Coordinating Council has strengthened the organization.

The project has initiated the responsibility of training Emergency Medical Technicians and registered nurses who work in emergency rooms. Each county has been provided with a "training kit" of equipment to be used in the EMT courses or other related training programs. The equipment includes resuscitation manikins, splints, stretchers, portable suction units and slide presentations. In addition to the kits maintained in each county, about \$10,000 worth of additional equipment and audio visual aids are available from the project's central store.

During 1974 about 1486 EMT's were trained thereby providing the region with over 4,000 certified Emergency Medical Technicians since the inception of the training programs. In addition 163 EMT students were recertified after taking a refresher course via the Telephone Lecture Network. The TLN refresher course consisted of seven major lessons, involving 21 hours of classroom training and practical experience. They were broadcast by the TLN to outlets in hospitals, nursing homes and health education facilities throughout the region.

Planning has been initiated for a 40 hour EMT Senior Instructors Training Program in anticipation of New York State EMT Instructor requirements.

The addition of a Research and Evaluation unit has strengthened the Project. The research staff is currently working on techniques to evaluate the Medical Emergency Radio System and EMT performance in addition to providing consultation to the staff regarding evaluation considerations in other activities.

The project has been involved in county surveys of EMS resources in hospitals and ambulances to help the counties in their own assessments. The completed surveys become a valuable planning tool for the counties to use in formulating system changes.



Ambulance attendant notifies a hospital emergency room he has a patient on the way. Radio equipment purchased by the Lakes Area Emergency Medical Services Project.



Emergency room physician and nurse receives radio message from ambulance.

Emergency Radio System

The Medical Emergency Radio System (MERS) was implemented at a cost of approximately \$160,000. This service ties in 47 ambulances, 10 hospitals and various service coordinators.

The Project is awaiting response from Department of Transportation on an application for funding of a Digital Data Communications Demonstration Project, and from the Appalachia Foundation for UHF radio systems for four counties of the region.



Additional funding for Project activities has been facilitated by the award of two grants.

A Title VII grant for \$67,000 is being used to develop and implement various professional and para-professional training programs.

A grant award under Section 1202 of the EMS Legislation in the amount of \$45,000 for EMS System Planning is being used to develop an application in April of 1975 for implementation of this proposed EMS System.

A great deal of planning and preparation for submission of the grant proposal for EMS Systems Implementation has taken place. The counties have worked to assess their needs and establish priorities on both an individual and a regional view.

A symposium was held in January of 1975 for hospital administrators and physicians of the region to discuss approaches to patient referral systems and groundwork for formation of committees to address these and other clinical components of the 1203 application.

Coordination of Inter-regional activities in the form of disaster preparedness and planning is a specific area which is being coordinated with the neighboring region. Staff from both the Lakes Area and the Rochester Region are exchanging information and implementing possible improvements in disaster planning. This awareness of neighboring project activities will hopefully be expanded and continued.

Public information is continually disseminated in an effort to educate the general public in the EMS provision.

Grant Shared By Two Libraries

Two Allegany County hospitals shared equally a \$5000 grant from the L.A.R.M.P. to help improve their respective libraries.

Jones Memorial Hospital in Wellsville, New York at Cuba Memorial Hospital in Cuba, New York received sets of journals and books for their libraries paid for with the LARMP grant.

Hypertension Project

In response to the 1973-1974 national focus on High School Blood Pressure, the Lakes Area Regional Medical Program Task Force accepted as one of its top priorities, the development and funding of the Regional Hypertension Education, Screening and Follow-up Project.

The project has three basic goals: (1) to inform the general public of the dangers of uncontrolled hypertension; (2) to identify and encourage hypertensives to seek medical care; and, (3) to follow up known hypertensives for purposes of encouraging their continued compliance with a treatment plan. The central purpose of the project is to assist the medical practitioner by establishing a mechanism for follow-up and retrieval of known hypertensives. Essential to the success of the project has been the follow-up mechanism consisting of "personalized counseling" and "education sessions" provided by trained paraprofessionals.

Although Phase I emphasized publicity and education, with support to potential screening agents, the project has provided service to over 17,956 persons during its operation. In spite of the paraprofessional training program conducted during Phase I, direct beneficiaries (persons attending both professional and lay education sessions; as well as those actually screened by staff) numbered 6,685. In addition, the provision of direct staff support to screening sessions conducted by the Heart Associations and/or Health Departments of the target areas, as well as support of data control and analysis has resulted in service to 11,271 persons.

Over 98,290 brochures, pamphlets, slingers, etc., on hypertension have been printed and distributed. More than 20,000 brochures have been obtained from drug companies for distribution. Thirty-five newspaper articles were published in regard to the program's activities in the region.

A great many organizations and individuals at many levels have been and are involved in the hypertension project. They include:

Medical Organizations

Upstate Medical Alliance, Inc., Medical Advisory Group to the United Organization of Neighborhood Facilities, Inc., The Health Association of Niagara County, Inc., Practical and Registered Nurses (Black Nurses) Club.



Community Organizations

Niagara Frontier Association for Sickle Cell Disease, BUILD of Buffalo, 1490 Jefferson Enterprises, Inc. (Community Center), Buffalo, New York, Urban League of Buffalo, Community Action Organization of Erie County, New York, Nia-Cap, Community Center of Niagara Falls, New York, Tract II Community Center of Niagara Falls, Planned Parenthood of Niagara Falls, Martin Luther King Community Center, Booker T. Washington Community Center, John F. Kennedy Community Center, Hamot Medical Center, St. Vincent Hospital, Doctor's Osteopathic Hospital (all of Erie, Pennsylvania).

Public and Voluntary Agencies

Erie County New York Health Department, Heart Association of Western New York, Erie County, Pennsylvania Health Department, Visiting Nurses Association, Erie County, Pennsylvania, Veterans Administration Hospital, Erie, Pennsylvania, Heart Association of Northwestern Pennsylvania, Mayor's Office of Community Affairs, Erie, Pennsylvania.

As part of the Public Education aspect of the project, Professional Education Teaching Days have been planned by physicians, nurses, and allied health professionals. Lay education sessions for community organizations, schools, churches, and block clubs have also been planned.

Publicity has been provided to support existing screening activities and public education.

In-Service Training Program For Domiciliary Facilities

The development of an in-service training program for domiciliary faculty staff in specific restorative techniques and therapies is the main focus of this project. A series of reality orientation, sensory remotivation, and team approach to care services are being coordinated in the region. A Trainer's Manual has been produced and made available to area agencies.

Audio-visual training materials for workshops and general communications were developed. The project hopes to improve the quality of care available to residents of intermediate care facilities. Facilities staffs providing these services are encouraged to become more aware of the problems of older people and their actual needs, and to develop skills to make their efforts more effective in dealing with the resocialization of the elderly.

This project is in conjunction with the Erie County (N.Y.) Office of the Aging.

Lake Area Health Education Center

The Lake Area Health Education Center, based in Erie, Pennsylvania, served as a community-based regional system of education and training programs (basic and continuing). It worked toward coordinating and developing area resources to meet needs in health care manpower.

LAHEC worked toward development of seminars, workshops, etc. and other educational programs for numerous health disciplines in order to help maintain the competence of many health professionals both within and outside the LAHEC area.

However, LARMP withdrew financial support for LAHEC in July, 1974 following a site visit.

One of the projects developed by LAHEC and still receiving LARMP funding is the Minority Health Education Delivery System which relates to the Spanish-speaking migrant and sedentary populations along the tri-state shores of Lake Erie.

Lakes Area Regional Tumor Service Registry

In its five years of development, the Regional Tumor Service Registry has progressed from a five-hospital pilot study to a viable program currently including twenty-four hospital participants. Each member hospital reports information on its cancer patients to the Registry where it is checked for quality and consistency before being included in the data base. This data base currently includes 13,500 cases, with more than 65 per cent of these requiring active followup.

This data collection system has been organized to provide lifetime followup of all registered cancer patients and to provide a tool with which the medical community can evaluate its efforts in the area of cancer control. Data are collected in a consistent manner by this registry and include such variables as primary site of disease, treatment, extent of disease and demographic information. Reports based on this information are periodically prepared for dissemination to the medical community, with requests for specialized studies being handled promptly. The immediate future planning for the registry includes end results and survival analyses, anticipating that these will be included as a part of its next annual report.

Dr. John C. Patterson, Project Director, oversees the daily clerical, statistical and data processing efforts of his staff. Modification and development of computer programs are carried out by the Health Information System Unit of the Lakes Area Regional Medical Program Inc., core staff.

Recognizing the need to work together, the central registry staff, the tumor registrars at participating hospitals and others within the region have organized the Lakes Area Regional Tumor Registrars Association.

With the primary intent being to provide a forum for the exchange of information and ideas regarding Tumor Registry work and to provide continuing education for existing and newly-employed personnel, this group meets quarterly for programs which include speakers knowledgeable in the area of the cancerous diseases and Tumor Registry activities.

Minority Health Education Delivery System

The Minority Health Education Delivery System program is a health education and advocacy project meant to improve the usage and delivery of primary and secondary care services to the Spanish-speaking minority residents and migrant workers in Chautauqua (New York), Erie (Pennsylvania) and Ashtabula (Ohio) Counties. More specifically, it brings health care to several groups of Spanish-speaking individuals living in the tri-county area. They can be identified as: migrants, settle migrants, and residents. MHEDS implements an intervention model including a health education plan and active referral to primary and secondary service providers. Group and individual health education sessions are given for specific disease conditions found within the case families. Case histories will be compiled for each family. A part of the total patient care plan, active referral and follow-up visits will be initiated. MHEDS cooperates with area health care providers to increase the utilization of health services by minorities and analyze the maintenance or improvements of the target groups "health status". Consultative relationships will be formed between MHEDS and community health education organizations in order to impact upon the community the minority population. MHEDS is a project of the St. Martin Center, Inc., Erie, Pennsylvania.

The three target groups for the MHEDS program are: the Spanish-speaking minority and migrant workers; the tri-county area primary and secondary health providers; and, community health education organizations servicing the area.

Primary Care Nurse Practitioner Faculty Training Program

This project aims to implement and evaluate a faculty development program to prepare nurse faculty members in the expanded role of the nurse with emphasis on the enhancement of assessment and intervention skills. The program plans to help faculty members to understand the basic principles and procedures of assessment and the logic of application to client-oriented settings. It integrates the components of bio-psychological assessment with appropriate nursing action and provides students, patients and families with the aspects of a health maintenance program. Faculty define this new role to students, other health professionals and the community.

Currently participating are nurse faculty members from Villa Maria College, State University of New York at Buffalo and Niagara University.

Niagara County Ambulatory Medical Care Study

A study concerning the ambulatory care needs of Niagara County was conducted by the Health Association of Niagara County, Inc., (HANCI) under a grant from the LARMP.

Under study were the ambulatory care needs in the county as they relate to physical debility, including pediatrics, general medicine, obstetrics, surgery (limited to out-patient surgery), family practice and geriatrics. The survey began November 1, 1974. Data utilized in the study was developed primarily through two procedures:

1. **Family Health Survey** — 359 families, comprising 1,195 individuals, were interviewed via telephone by senior nursing students at Niagara University.
2. **Physicians Survey** — 100 Niagara County Physicians responded to a questionnaire developed with the cooperation of the Medical Society of the County of Niagara.

Additional information regarding the utilization of emergency rooms and other sources of ambulatory care was provided from local hospital sources, the Niagara County Health Department, as well as regional information from CHPC/WNY and LARMP.

Part of the study showed a serious physician to population manpower shortage. However, it was found that consumers were able to obtain health care services with relative ease in the county.

Prevention and Treatment of Regression In Older Persons

This comprehensive training program is being conducted to help prevent and treat regression in older persons. It hopes to help the elderly enjoy a more happy and worthwhile time of life.

The training program, under the Cameron, Elk, McKean, Potter Counties Mental Health, Mental Retardation, Drug and Alcohol Abuse Program, enables those serving the elderly to become more effective in dealing with senility in older persons, and to acquaint them with some basic techniques in geriatric rehabilitation. The program directs itself to the staffs, administrators, board members and other local authorities serving both private and public nursing homes and health facilities. The program's objectives include an emphasis on the improvement of existing rehabilitation techniques and the development of new ones. Also, through the use of films, lectures, discussions and role playing, the program hopes to educate the personnel of other health related facilities about the needs of the elderly, improve communication among the agencies involved with older persons, and promote better utilization of existing facilities.

Regional Program for Aphasia Rehabilitation

Lakes Area Regional Medical Program, Inc. has provided funds to help develop a regional center at W.C.A. Hospital, Jamestown, New York, to treat aphasia patients from throughout the LARMP region. The center will have a language laboratory and a therapy program coordinated with family orientation for continued practice at home. The center's staff assists in speech therapy and problems related to the stroke victim. The center provides a physical setting to accommodate numerous patients for a wide variety of activities.



Video tape recording equipment is used as a patient takes the Porch Index of Communicative Abilities Test.

SHARECO

SHARECO is a plan that emphasizes the sharing, among cooperating members, of all types of educational resources for continuing and in-service education. Participants include Genesee Community College, Batavia, New York and Genesee Memorial and St. Jerome and Veterans Administration Hospitals in Batavia; Wyoming County Community Hospital, Warsaw, New York; Arnold Gregory Hospital, Albion, New York and Medina Memorial Hospital, Medina, New York.

The program began on December 12, 1973 with a \$25,000 grant from the LARMP. Objectives of the project are to increase the quality of programs offered by making available more educational resources to the hospitals involved through sharing of audio-visual equipment, media, and personnel expertise. The project also develops programs of general or special interests which can be presented in a central location such as Genesee Community College, in the hospitals, or video taped for distribution to the participating institutions.

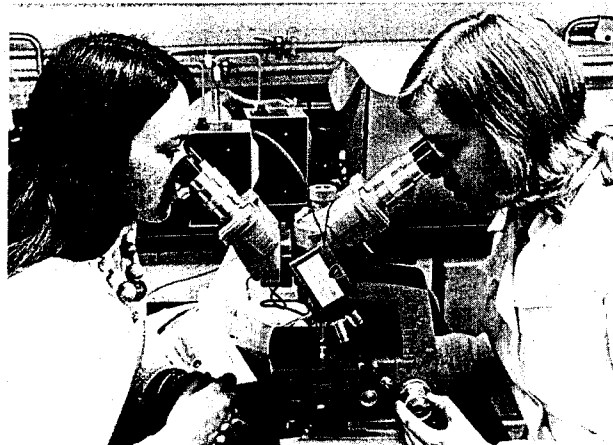
Sharing of educational software (films, tapes, etc.) continues to take place among the cooperating institutions on an informal basis.

Regional Laboratory Improvement Project

This project is designed to help improve health care in rural and small hospitals by improving the performance of clinical laboratory personnel.

One of the prime objectives of the program is to develop short-term courses in compensatory education such as workshops, covering the topics of bacteriology, hematology, clinical chemistry, and blood banking.

Materials for workshops such as preparation of manuals, hand-outs, slides and tapes were prepared to help improve educational workshops on the subject. National accreditation for these workshops is being applied for from the American Society for Medical Technology for Professional Education (P.A.C.E.). A redesign of the pre- and post-testing materials which should improve methods of evaluating the workshops was undertaken. A three-day workshop on Enzymology to include participation by small and rural hospital laboratory personnel was set up.



Testing new laboratory equipment.

Regional Medical Genetics Project

In order to facilitate the application of new medical genetics knowledge this project is providing education and special diagnostic and counseling facilities in the region.

The objectives are to enable community health providers to identify persons at risk, to educate community health providers in needs and potentialities in relation to heredity diseases, and provide services, metropolitan and regional, for diagnosis and counseling.

Genetic clinics are being set up and consolidated wherever appropriate in metropolitan areas.

Rural Externship Project



Physician preceptor examines a patient as medical student observes.

Fifty-seven health science students participated in the Rural Externship Program during the summer of 1974. Funded by the Lakes Area Regional Medical Program, Inc., the program was designed to help alleviate the problem of shortages of health care personnel in rural areas. Health science students were placed in rural areas under the supervision of a preceptor. During the eight-week session the student was exposed to rural health care delivery and life in a rural community. The program's structure permitted enough flexibility to allow the student to decide how to spend part of his/her time according to their own individually developed interests. Students participated in an interdisciplinary "team approach" to health care by working with other health professionals in a variety of health care settings.

Students experienced, first hand, the life style of rural community living and how health care is administered in these areas.

Externs were paid a stipend of \$75 per week. The approximate cost of the program for 1974 was \$50,300.

Some students expressed their opinion on the program with comments like "The experience, both clinical and patient contact, has been invaluable"; "I expected medical practice in the rural area to be somewhat 'backwards' and I found this not to be true at all"; "I feel this is beneficial for all students working toward a career in the medical profession — what could be better than working in your profession and being exposed to related health professionals".

Other students commented "I personally feel the first-hand experience makes the classwork more relevant" and "I think the program is good. It offers the student some practical experience in his aspired discipline and provides a little incentive along side. I would encourage that the program be continued in future years." One student emphatically stated "I will practice in a rural area with no



Physical therapy student works with a patient.

reservations". Many of the externs have asserted they plan on a rural practice following graduation. In an evaluation following the end of the session, 42.9% of the externs indicated they are definitely planning on rural health practice following graduation, and 97.1% are considering it.

Initially the program started in 1970 with nine health science students. In 1974, the enrollment of the program expanded to include 57 students.

Interpretation of the 1974 Rural Externship program to health professionals and the general public was excellent. Externs were well received by both the professional and the general community. Many newspaper articles appeared in a large number of local papers, and the project was carried on the news wire services. Articles included several feature stories of personal interviews with externs and preceptors. Letters were written to area legislators concerning the program. It received a great deal of favorable visibility and publicity.

Externs by Discipline

Medicine	21	36.8%
Pharmacy	10	17.5%
Nursing	6	10.5%
Dentistry	5	8.8%
Physical Therapy	5	8.8%
Medical Technology	2	3.5%
Podiatry	2	3.5%
Hospital Administration	1	1.8%
Medical Record Technology	1	1.8%
Nutrition	1	1.8%
Occupational Therapy	1	1.8%
Public Health	1	1.8%
Speech Pathology	1	1.8%
TOTAL	57	100.2%

Telephone Lecture Network

The Telephone Lecture Network of the Lakes Area Regional Medical Program, Inc., is a communications network that broadcasts continuing education programs to health professionals and others either related or interested in health care. The TLN continues to be the focus of continuing education involving many of the leading institutions and organizations in Western New York.

Basically a closed circuit private telephone line, the system covers seven counties in Western New York, two in Northwestern Pennsylvania and extends ten counties deep in both states. It reaches the remote area of the Lakes Area region and establishes the essential two-way dialogue between educational institutions and individuals in need of continuing education.

Programming is based upon a cooperative arrangement between the network and the voluntary contributions of health agencies, organizations, and institutions throughout the region. Lecture subject matter is based upon requests from the participating hospitals as well as the specialty expertise available from the local providing educational sources.

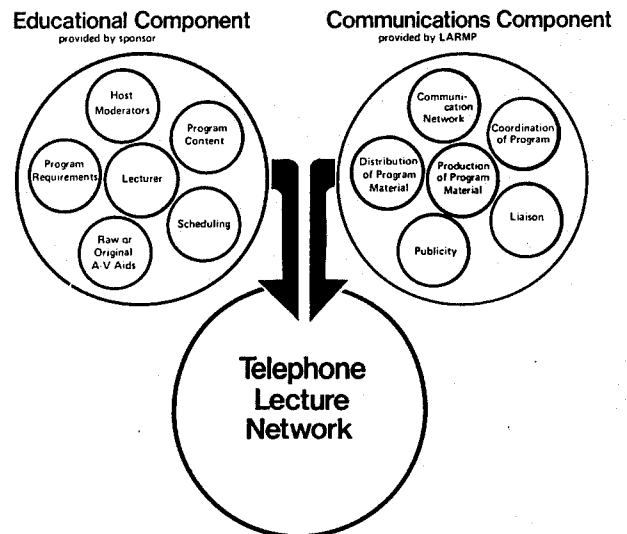
During the first half of 1974 (actually January 1-May 31), 130 one-hour lectures were offered. Total reported attendance by at least 14 health disciplines for this period was 11,210. For the whole year reported attendance exceeded 22,500. Thirteen thousand seven hundred eighteen continuing education contact hours were certified for the year. Programming was resumed in October with 35 participating locations. Sixty-five new programs were offered during the 2½ months up to the holiday break in mid-December. During this period attendance exceeded 5,800 contact hours with approximately 3,200 requests for certification.

Fourteen separate disciplines encompass the interdisciplinary educational needs of health care teams and of the multiple divisions within each discipline. Accreditation for 10,000 hours of continuing education reflects the Network's primary purpose — making continuing education that is relevant to the needs of all health professionals available on a continuing basis, at a time, place and cost convenient to the continued delivery of health care.



Participants follow TLN lecture with slide presentation.

Network Strategy



The following accrediting agencies and organizations have approved TLN programs in 1974.

- American Academy of Family Physicians
- American Medical Association
- American College of General Practitioners in Osteopathic Medicine & Surgery
- College of Family Physicians of Canada
- American Association of Nurse Anesthetists
- American Medical Records Association
- New York State Nurses Association
- American Dietetic Association
- New York State Board of Examiners of Nursing Home Administrators
- Florida State Board of Pharmacy
- New York State Board for Podiatry
- Ohio State Board of Pharmacy
- Pennsylvania Medical Society

(continued)

Two County Nutrition Project

Six components of the Lakes Area Regional Medical Program and two other related organizations conducted a total of 24 meetings over the Telephone Lecture Network in 1974. In the same period, over 650 hours were devoted to providing audio visual support services to the Lakes Area Regional Medical Program and eleven cooperating organizations.

A Spring and Fall Emergency Medical Technician refresher course was offered over the TLN this past year. One hundred thirty-eight individuals were recertified upon successfully completing either of the two courses.

By mid-1974, the entire library of network tapes was reviewed, abstracted, classified and cataloged according to the National Library of Medical standards for non-print material. Subsequently, the volume of tape sales increased from approximately 200 tapes per year to at least 2500 per year.

In cooperation with the State University of New York at Buffalo radio station, WBFO-FM, the Network developed and introduced a pilot SCA system (known as FM multiplexing) for expanding the continuing education activities currently being conducted. FM multiplexing is an electronic technique that places two or more separate signals onto a single channel assigned to an FM station. Thus multiplexing permits an FM radio station to send out several signals simultaneously. To receive the SCA or multiplex signal a specially manufactured crystal-controlled receiver is necessary.

In the calendar year 1974, the Telephone Lecture Network operated *exclusively* on income related funds.

Cattaraugus and Chautauqua Counties are participating in this project which deals with improving the nutritional status of high risk families in these counties through a broad and varied program of nutrition education and services. The sharing of the services of a nutritionist by both counties was demonstrated as working well. The nutrition component of public health services was expanded and strengthened by such services as home visits, consultations with nurses regarding therapeutic diets, providing information requested by lay persons, and distributing pamphlets to classroom teachers as part of a dental education program. Also presenting classes in pre-natal care, inservice programs for home health aides and participation in screening programs for the elderly.

Professional Staff (Current)

John R.F. Ingall, M.D. - *Executive Director*
John B. Clark - *Accountant*
William Crage - *Staff Associate*
Patricia Hoff - *Assistant Director*
Michael Miller - *Staff Associate*
Robert Miller - *Assistant Director,*
Management & Special Projects
Benjamin Morgan - *Assistant Director, Financial*
Management
Joan Philipps - *Staff Assistant*
Diane M. Pinchoff - *Assistant Director,*
Research & Evaluation
Frank Rens - *Director, Health Information Systems Unit*
Gary Smith - *Staff Assistant*
Anthony Zerbo, Jr. - *Assistant Director, Communications*

Support Staff (Current)

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Curt Cashmore	Donald McGreevy
Elizabeth Eberl	Marcia Moule
Lynn Goris	Rose Parker
Denise Jackson	Richard Raeihle
Charlene Kane	Diane Williams
Bonnie Kirisits	



a challenge / a response