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minute news

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March 11, 1970

EYEBALLING THE CRYSTAL BALL

By Donald W. Petit, M.D.
Area Coordinator

Prophecy has a coterie of martyrs. From Cassandra to Nostradamus to Malthus to Commoner stretches a common thread of self-bestowed prescience accompanied by varying degrees of societal rejection. For me to attempt to forecast an area as restricted as RMP, opens me to the same problems as other forecasters; it is, however, time to take a look.

RMP is up for renewal by Congress in 1970; the guidelines for such renewal are being formulated by influences from "grass root" organizations, from health planners, from fiscal experts, from politicians, and to a very small extent by the unorganized citizenry. As things now stand, it looks as though RMP will continue its emphasis on patient care in certain category diseases. For instance, heart, cancer, stroke, emphysema, kidney and other major conditions; (three bills submitted to Congress by Senator Yarborough, Congressman Rogers and Staggers support this concept.) A bill submitted late in the year by HEW omitted category diseases and emphasized cooperation with Comprehensive Health Planning. This bill will probably not be accepted as the final version. What will come out will be retention of category emphasis; plus the spelling out of ways that CHP and RMP can relate at the local level. In Area V we have official recognition and representation on CHP committees of RMP staff.

The use of RMP as an agent for improved patient care by continuing education, cooperative arrangements and demonstration projects will continue. The focus of RMP on patients and medical care providers will remain. Issues of urban reorganization, social-political-economic effects on health will be the primary concern of other groups. There is no doubt that funding will be a major problem in the next 12 to 24 months. There will be greater emphasis on development of total program ideas and perhaps less on massive project development.

CHAIRS PROJEC.

Joy G. Cauffman, PhD, Director of CHAIRS, is pleased to announce the appointment of Mrs. Susan L. Breslin, as Project Social Worker. Mrs. Breslin brings to the project considerable experience with health care services in the LA area and with program planning and development in the health field. Her background includes experience as a Peace Corps volunteer in a Community Development-Health Education project in Colombia, as a worker on a Kibbutz in Israel, and as a member of the training staff for the Peace Corps training center in Puerto Rico. Mrs. Breslin majored in psychology at Stanford University and holds a Master's Degree in Social Work from New York University.

The Project has moved recently and is now headquartered in Rooms 205 and 205A of the Raulston Building on the Medical Campus of USC. The phone number remains 225-1511--247.

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HOSPITAL MEDICAL STAFF CONFERENCE

will feature, for its opening session on April 23, Andre L. Delbecq, Ph.D., Associate Professor in the Graduate School of Business and the Industrial Relations Research Institute, U. of Wisconsin, Madison. Dr. Delbecq, widely recognized for his research on top management decision-making, and the linkage between decision-making groups at the executive level and the general administrative system within complex organizations, serves as consultant for industry, government and higher education.

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INDIAN HEALTH

The necessary by-laws for incorporation of the American Indian Free Clinic have been drawn up, reported by DOROTHY E. ANDERSON and TONI MOORS, but the services of an attorney are required for some of the detail. Any volunteers?

Beginning Mar. 16, Mrs. Helene Boughton, of Welfare Information Service, will conduct training sessions for the referral process at the future site of the Clinic at 526 East Oaks St., in Compton. The first session will include a showing of a film "Tell Me Where to Turn." Welfare Information is also generously donating one of its directories for the use of the clinic.

Members of the Board acting on behalf of the Free Clinic have named Rev. Emmett Sarracino as Chairman; Ben Harjo as Treasurer; Ethel Bellas as Secretary. The Board includes Mary and Ted Boles; Bea Avila; Mr. and Mrs. Carl Freeman; Pat Moran; Georgia Addison, RN; Mr. and Mrs. Philip Walker; Mrs. Anona Hernandez; Phil Chopito.

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THE SECOND NATIONAL ALLIED HEALTH CONFERENCE OF RMP. . .

will be hosted by the Virginia RMP and will be held at Airlie House, Warrenton, Virginia, April 26-29, 1970. The delegate named for AREA V is FRANK F. AGUILERA. DONALD W. PETIT, MD, has been invited to chair a panel. DOROTHY E. ANDERSON has been requested to continue as a member of the Planning Committee which presented the first conference at Asilomar in April of 1969.

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AREA V REGIONAL MEDICAL PROGRAMS
CALENDAR
MARCH 1970

Tuesday, March 17

AREA V Area Advisory Group 7:30 p.m.
RMP Conference Room

Wednesday, March 18

AREA V Project Review Subcommittee 8:00 a.m.
of Social Workers Advisory RMP Conference Room

CCRMP Meeting 9:00 a.m. to 5:00 p.m.
Airport-Marina L. A.

Watts-Willowbrook District Meeting 7:30 p.m. Los Angeles

Thursday, March 19

AREA V Cardiac Co-Chairmen 6:30 p.m.
Mr. Markey's office

AREA V -- CCU Continuing Education 4:00 to 6:00 p.m.
for CCU Nurses Good Samaritan Hosp.
"Adrenergic Drugs" Willard Zinn, M.D.

AREA V Indian Planning Council 8:00 p.m.
RMP Conference Room

Friday, March 20

AREA V Committee Chairmen's 11:30 a.m.
Meeting RMP Conference Room

AREA ADVISORY GROUP MEETINGS FOR 1970

May 12 July 14 September 8 November 10

COMMITTEE CHAIRMEN'S MEETINGS FOR APRIL, MAY

April 3 April 17 May 1 May 15

STAFF MEETINGS SUBJECT TO CHANGES--CHECK WITH OFFICE FOR LATEST INFORMATION

Excerpts from a recent Statement by Paul F. Ward, Executive Director, CCRMP, to the Senate Subcommittee on Health, in support of S.3355 a bill by Senator Yarborough and others which would amend and extend RMP:

"...We support the broadening of the categorical approach as expressed in S.3355 and would emphasize that we believe any action to eliminate the categorical approach entirely would cause irreparable harm. . . Significant numbers of people now voluntarily involved would believe that the program no longer concerns them and would be inclined to adopt the attitude of 'let the other guy do it.' The program, thus far, has enjoyed broad support from the health-related professions, the leadership of health facilities, and the public. While pursuing its objectives, relatively little adverse reaction has been generated. Additionally, there has been a greater involvement of people on a voluntary basis than in any other program of recent vintage. . .

"We support the addition of language in S.3355 which would authorize construction in addition to the present authorization for alteration and renovation. Several of the programs in developing needed facilities for educational purposes, coronary care units and the like have experienced difficulty with the narrow interpretation placed upon alteration and renovation. It should be made clear, however, that construction in this sense could not mean the creation of entire new facilities and centers, since the level of authorization within the bill is not sufficient to contemplate this type of construction while at the same time supporting the many other planning and operational efforts now being contemplated by the regions. . .

"We concur with the proposal in S.3355 which would bring RMP into a closer relationship with Comprehensive Health Planning. We would hope, however, that this relationship could be structured at the B Agency level only and that it be constructive in nature . . .

"We support the proposed addition of language in S.3355 which would emphasize the need to improve primary care and to create a bond between it and specialized care. . .

"...The real limitation on the program has been the availability of dollars once the planning gained momentum, not the authority to engage in an unlimited pursuit of the problems of health care. We believe that the sums set forth in S.3355 as authorized amounts are realistic, although more conservative than the early planning and development efforts had been geared for. The plateauing of funds now in effect, and the enforced carry-over of funds, has been disastrous to some of our best planning, but our planning could be re-gearred appropriately to meet the levels set forth."

PACEMAKER REGISTRY PROJECT

If current negotiations are successful in getting the PACEMAKER REGISTRY PROJECT operational within the next month or so (as anticipated) one of the first persons that will have to be found is a Pacemaker Registrar. The Registrar will be responsible for controlling the patients in the registry; will collect all the clinical, electrocardiographic, and X-ray data necessary for the operation and evaluation of the registry; will work with the systems data programming personnel with respect to program setup, evaluation, and modification; will provide liaison with hospitals, physicians, coroners' offices, pathologists, and other groups concerned with the project. The Registrar will be recruited with a view to being qualified, at the end of the project period, to take over the function of a full-time director of an ongoing registry program.

Because of the unique qualifications necessary for this position, the academic requirements include a B. S. or B. A. degree and an R.N. Experience in CCU nursing is desirable. As an alternative, an individual with a Master's degree in one of the physical or biological sciences and two years experience working in the medical field would be a reasonable substitute.

Anyone interested in further information about this position should contact: MRS. KAY D. FULLER, RN, who is AREA V staff for this project. The telephone number is 576-1626.

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SOCIAL WORKERS ADVISORY
COMMITTEE & EAST LOS ANGELES

The in-depth review of ELA health problems recently undertaken by AREA V SOCIAL WORKERS has prompted the group, as a first step, to follow up on needed improvements in translation services for health care facilities and social agencies, and to urge and assist graduate schools of social work to admit more Mexican American and other minority group students, along with the provision of adequate scholarship and financial aid where necessary.

Some preliminary research on the need for improved communications, reports CLYDE E. MADDEN, revealed these facts: According to statistics provided by the Bureau of Medical Social Service, Dept. of Hospitals, of 44 medical social workers employed at LAC-USC Medical Center, only 5 speak Spanish, and of the 5, 3 are of Spanish descent. Of 95 medical case workers, 26 speak Spanish, 4 of the 26 are of Spanish descent. Recognition of the problem at LAC-USC Medical Center has resulted in Spanish classes for personnel. This in-service training, conducted by Mr. Ysidro Ibarra from the Mexican American Opportunity Foundation, will be given twice a week for 10 weeks for a total of 30 hours. Two classes of 20 students began this special training on March 2. Eighteen of the trainees are from the Bureau of Social Service.

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AREA V is saddened by the death of MARILANN W. BACKLAR, long-time member of SOCIAL WORKERS COMMITTEE.

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V minute news

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