
THE DILEMMA OF NATIONAL VERSUS LOCAL PRIORITIES

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

In many RMP meetings, discussions arise about the relation of various programs to our national, regional and area goals. Of interest in this connection is the set of long-range goals issued to HEW program managers as a guide in determining specific objectives for fiscal year 1971 and published in the background material distributed for the Coordinators and Directors Conference at Airlie House, May 6-8, 1970 (see below). RMP is a locally generated program dealing with needs that have been defined by local committees. Suppose priorities developed locally do not coincide with those developed nationally--which should take precedence? The validity of health priorities for the spending of public funds by one branch of the government without full concurrence and participation in such development by the elected representatives of the people provides an interesting speculation in political philosophy; in other words, if goals and objectives are to be implemented, fully accepted, and enthusiastically striven for, should they not also represent priorities established by the representatives of the people? If a serious conflict does arise between what might be considered objectives developed by staff and those perceived by elected representatives, one might see some interesting power plays. Inasmuch as the validity and viability of RMP depends upon its credibility to the people, it is to be hoped that somewhere along the line, the goals of HEW receive comment--and perhaps input--from appropriate committees of the Congress.

1. To intensify HEW efforts and improve coordination of efforts at the Federal, State, local and private levels to benefit children during the first five years of life.
2. To intensify HEW efforts and improve the coordination of the Federal, State, and local levels of efforts to benefit migrant farmworkers and their families.
3. To intensify efforts to improve the effectiveness of HEW's services and programs for Indians.
4. To stimulate efforts to improve consumer protection with emphasis in setting standards, developing sanctions, and certifying safe products.
5. To strengthen the capacity of the HEW regional offices and state agencies to identify, deliver and evaluate needed services more effectively and efficiently.

(continued next page)

6. Through the Model Cities process and similar coordinating mechanisms, reduce fragmentation of HEW-funded projects at State and local levels while increasing community and client participation in the planning and monitoring of the Department's programs.
7. To enforce the applicable laws and to otherwise assure that all persons regardless of their social, educational or economic background, race, color, national origin, religion or sex, have an equal opportunity to participate in financially assisted programs, activities and contracts, and HEW employment.
8. To provide adequate family planning services by 1975 to 5 million women of child-bearing age who cannot presently obtain such services or do not have knowledge of such services.
9. To exert Federal leadership in producing a cooperative, systematic, and balanced attack on the problems relating to environmental quality--air and water pollutants, solid wastes, noise, etc.--and their determinants, particularly land use and population density.
10. To stimulate changes in organization and delivery of health services, particularly for the poor, with priority to: preventive measures, prepaid group practice, use of sub-professional and para-professional personnel, ambulatory care services, and neighborhood care delivery units.
11. To stimulate efforts to improve and increase the health manpower pool, focusing on professional, sub-professional, and para-professional personnel.
12. To increase substantially the effectiveness of education provided for disadvantaged children.
13. To increase the degree of concentration of Federal higher education student aid going to disadvantaged students.
14. To stimulate and support teacher development programs which focus on more effective teaching with priority to teaching of the disadvantaged, and to utilize such programs to promote institutional change.
15. To develop a comprehensive and coordinated program to improve the availability of post secondary career education programs of less than four years duration.
16. To improve rehabilitation and employability services to the disabled and the disadvantaged, with particular emphasis on those who are potentially dependent.
17. To develop new and improve existing service delivery systems which present a unified approach to assist individuals to function more independently.
18. To strengthen HEW services and support to the aging to promote increased independence, less isolation and increased use of talents, thus enhancing the dignity and participation of older citizens in our society.

ALL PROCEEDS TO THE AMERICAN
INDIAN FREE CLINIC & UNA

DINNER
6-8 PM

POW • WOW
8-11:30 PM

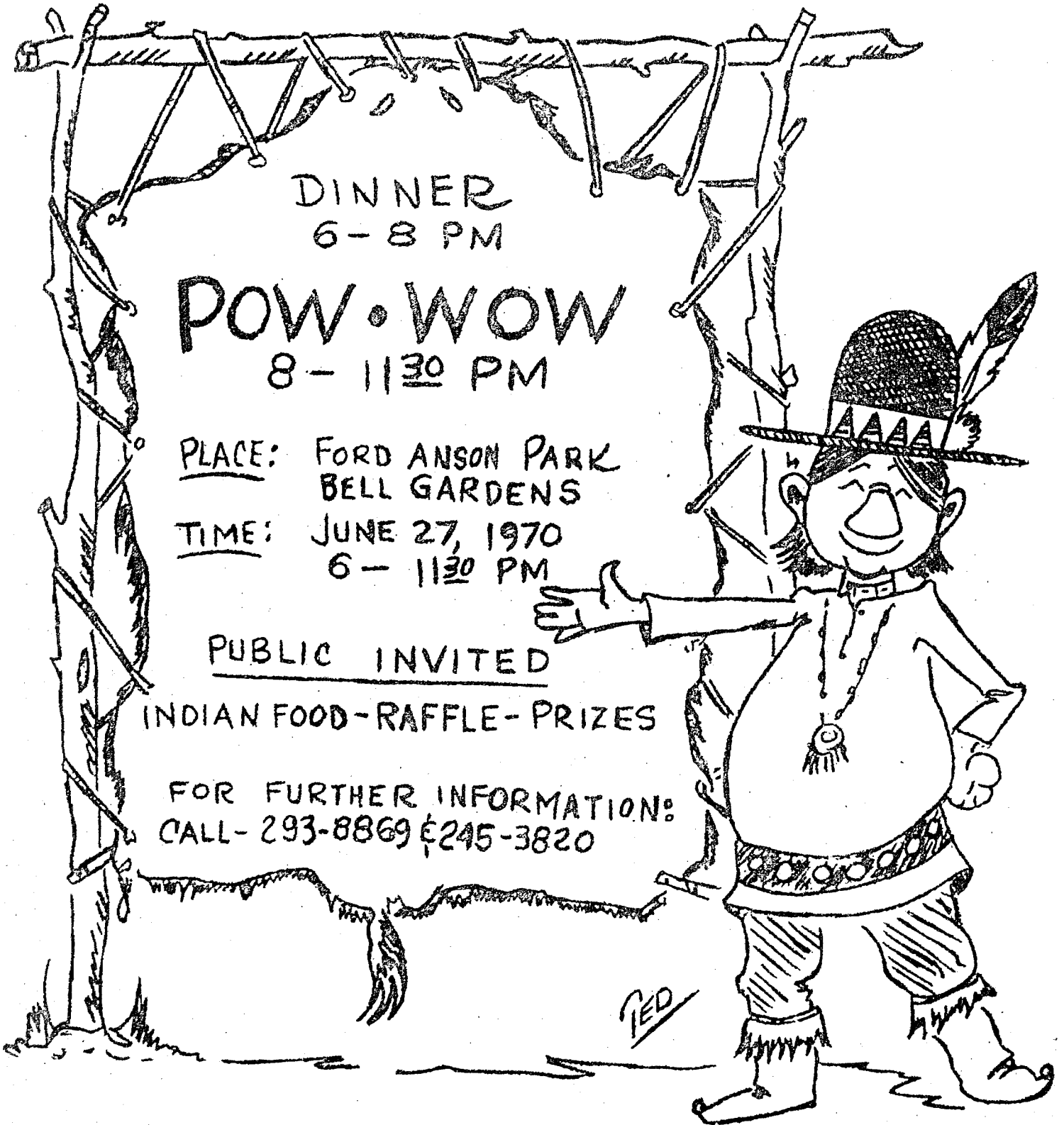
PLACE: FORD ANSON PARK
BELL GARDENS

TIME: JUNE 27, 1970
6-11:30 PM

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*THE BENEFIT DINNER AND POWWOW BEING HELD BY

◦ UNITED NATIVE AMERICANS ◦

AREA V REGIONAL MEDICAL PROGRAMS
CALENDAR
June 1970

Friday, June 12

AREA V

Committee Chairmen's
Meeting

11:30 a.m.
RMP Conference Room

CCRMP

Stroke

2 to 5 p.m. Airport Marina
Hotel - Los Angeles

Tuesday, June 16

AREA V

Cardiac Co-Chairmen

11:30 a.m.
RMP Conference Room

Wednesday, June 17

AREA V

Staff Meeting

9:30 a.m. Conference Room

CCRMP

Date & Evaluation

2 to 5 p.m. Hilton Inn
San Francisco Airport

Thursday, June 18

CCRMP

Related Diseases

11 a.m. to 2 p.m.
San Francisco

Friday, June 19

AREA V

Steering Committee
Medical Staff Conference

11:45 a.m.
RMP Conference Room

AREA ADVISORY GROUP MEETINGS FOR 1970

July 14 September 8 November 10

COMMITTEE CHAIRMEN'S MEETINGS FOR JUNE AND JULY

June 12

June 26

July 10

July 24

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

V minute news

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