

AREA
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EXPECTATIONS MET AND UNMET

BY

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Each Area Coordinator in California has been asked to write for the Statewide Conference a brief paper on the directions in which he thinks his Area is heading and how it may be affected by new national priorities. Inasmuch as I am not sure what the national priorities are, I would like to raise some questions which I think are central to Regional Medical Programs at this time. No matter what happens to them in the future, these have to do with the rather familiar process that takes place when expectations are raised and then are not met. One might summarize this process by saying "Unmet expectations lead to frustration which, in turn, leads to anxiety which, in turn, leads to hostility and/or apathy and impotence." If Regional Medical Programs are to avoid either of these two unfortunate states of mind, expectations raised by the program must be met.

In a general way, the unique arrangements that Regional Medical Programs have with providers of care assembled together to discuss common problems must be continued and any alteration which would affect the support we now have would be bad. Regional Medical Programs, through the cooperative arrangements and through linkages between educational institutions and purveyors of care, offer a very real opportunity to demonstrate better ways to deliver care; to place better products in the delivery system; to define major health needs in communities; to determine possible solutions to these needs and to look into ways to implement them.

It is in this latter aspect of our activities that the process of "expectations unmet" is leading to trouble! Any Area Coordinator can give a long list of meetings, of hours spent, of thousands of dollars of staff time involved in the development of worthwhile projects, which somewhere along the line have been negated by one or another of the review bodies. These projects have been developed in a financial vacuum, with no idea about possible funding or attitudes of review bodies. This whole process should be reversed; there should be some form of block grants to regions, for general purposes; these regions might then notify various Area Coordinators and District Coordinators of the types of projects which will be looked upon favorably, of the constraints upon these projects, and of the very real potential for funding if a project is drawn up appropriately; then the expensive, time-consuming process of project development can be started. (All of this after local, particular community needs have been identified as the basis for such development.)

I do not think there should be a cessation of program-project activity in the various diseases states--this has a great deal to offer to many sick patients, however, along with this activity there should be ways in which other health needs can be met and worked with by Regional Medical Programs.

There should be authority, with suitable accountability, given to appropriately representative advisory groups to make decisions in respect to direct allocation of funds aimed at the detection and definition of major health needs and that can be used as seed money to start implementation processes toward the alleviation of these needs. There should be a mechanism developed within each Area or Region by which alternate sources of funding can be readily available to the Regional Medical Program apparatus; thus, there is needed a central clearing house which shows the most appropriate way to go for various types of funding, voluntary, private, governmental, etc.

Area V has developed a well balanced, decision-making apparatus and a good core administrative staff representing many of the major disciplines involved in health care. The utilization of this apparatus and of these staff members for community involvement and determination of community health needs is obvious and will be of great practical value in the future, however, this should be accompanied by a mechanism which will allow the Area a reasonable expectation of what funding will be available.

I would suggest, furthermore, that serious consideration be given to incorporation of advisory groups as non-profit bodies so that funds from other sources than Regional Medical Programs may be accepted and used through the very decision-making ability that these advisory groups represent.

STAFF MEETINGS ARE SUBJECT TO SUDDEN CHANGES--PLEASE CHECK WITH OFFICE FOR LATEST INFORMATION
ALL MEETINGS ARE IN CONFERENCE ROOM UNLESS OTHERWISE INDICATED

DEC.			
2	11:00 a.m.	AREA V Cardiac Co-Chairmen	
3	9:30 a.m.	AREA V Staff Meeting	
3	1:30 p.m.	CCRMP Data & Evaluation Committee Meeting	L. A. Airport
4	11:00 a.m.	CCRMP Categorical Committee on Related Diseases	Hilton Inn S. F. Airport
4	2:00 p.m.	CCRMP Staff Consultants Meeting	Hilton Inn
	to 5:00 p.m.		S. F. Airport
5	11:30 a.m.	AREA V Committee Chairmen	
9	7:30 p.m.	AREA V Chronic Disease Committee	
10	9:30 a.m.	AREA V Staff Meeting	
15	2:00 p.m.	CCRMP Categorical Committee on Heart Disease	San Francisco
	to 5:00 p.m.		

The Health Transportation Study will be presented to AREA V Committee Chairmen and Staff on December 5 by Miss Shirley Walders, ACSW (SOCIAL WORKERS ADVISORY COMMITTEE) and by Project Consultants Mrs. Florence Goldy, ACSW and Dr. Helen Olander, ACSW.

V-MINUTE NEWS was not yet in existence in November, 1968 so some readers may not be aware of the five-day course entitled "Dissemination and Utilization of New Knowledge and Skills in Cardiovascular, Stroke and Chronic Illness" which was presented at that time on a demonstration basis by the L. A. County Heart Association. It was attended by about eighty social workers, most of whom were employed in supervisory or consultant positions in social agencies that were not primarily medical or health care agencies. An in-depth evaluation, financed jointly by Area IV (UCLA and AREA V and conducted by the Division of Research in Medical Education, USC, found that this course did transmit needed new medical knowledge which has been utilized to provide improved social services to patients and their families. The postgraduate level course was highly successful and consideration is being given to the expansion and extension of the course to enable more social workers to participate. The course materials was subsequently published in a Social Work Course Guide, which, with the permission of the County Heart Association, has been reprinted by AREA V for distribution to the other Regional Medical Programs in the U. S. Seventy-four copies were mailed last week to RMP social work consultants, social workers advisory committee chairmen or to area coordinators with a covering letter over the signatures of BERNICE C. HARPER, ACSW, CHAIRMAN AREA V SOCIAL WORKERS ADVISORY COMMITTEE and by DONALD W. PETIT, MD, AREA COORDINATOR. An exchange of information about other RMP experiences and plans regarding continuing education programs for social workers has been invited.

GEORGE C. GRIFFITH, MD, (Chairman AREA V CARDIAC COMMITTEE) has been appointed a member of a special advisory group charged with advising HEW on conditions under which the use of cyclamates would be justified by medical need.

November 21 - The "Conference on Community Health Resources and the Consumer" presented by the Continuity of Care Committee of the San Fernando Valley drew a gathering of approximately 300, report AREA V representatives CLYDE E. MADDEN, ACSW and DOROTHY E. ANDERSON, MPH. This meeting was focused primarily on San Fernando Valley activities; KAY D. FULLER, RN, has been named Chairman of a Continuity of Care Committee which is studying ways to improve continuity of care for patients in the San Gabriel Valley community.

An exchange of information on an inter-regional level took place November 21 when a group from Inter-Mountain RMP (Salt Lake City) met with the CCRMP CCU Coordinating Committee and some members of RAND CORPORATION. The Inter-Mountain group consisted of the Regional Coordinator C. Hilman Castle, MD, Miss Marilyn Ford, RN, David Noonan, and Dietrich K. Gehmlich, Ph.D. Present from AREA V were MILFORD G. WYMAN, MD (Project Coordinator, CCU) and JOHN S. LLOYD, Ph.D. (Asst. Coordinator, Evaluation). The agenda included comparison of CCU data systems in the two regions and a discussion of the possibility of future information exchanges.

The Statewide CRMP Conference, conducted on November 24 at the Airport Marina, International Airport in Los Angeles was well attended by AREA V members. CHESTER A. RUDE, Chairman of the AREA ADVISORY GROUP; FRANK F. AGUILERA; DOROTHY E. ANDERSON, MPH; KAY D. FULLER, RN; JOHN S. LLOYD, Ph.D.; CLYDE E. MADDEN, ACSW; ELSIE MCGUFF; TONI MOORS; LEWIS W. GUISS, MD (Chairman of AREA V CANCER COMMITTEE). Report to follow.

Over 250 people were in attendance at the East Los Angeles Health Conference, report FRANK F. AGUILERA (Asst. Coordinator, Community Programs). This conference, held Nov. 22 at LAC-USC Medical Center, represents 8 months of work and the beginning of better things for the ELA Community. Details will be reported in a later issue.