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AREA

V minute news

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CALIFORNIA REGIONAL MEDICAL PROGRAMS • AREA V

SUPPORT PROVIDED MEXICAN AMERICAN NURSING STUDENTS

Three-year funding of \$177,811 has been awarded AREA V of California Regional Medical Programs for implementation by contract with the East Los Angeles Health Task Force, a program aimed at retaining Mexican American nursing students currently enrolled at California State College, and at East Los Angeles College. The retention program, authorized to commence Sept. 1, 1972, is designed to provide the supportive services necessary to retain a high percentage of 167 nursing students originally recruited through a demonstration grant from the Division of Nursing, Public Health Service Bureau of Health Professions Education and Manpower Training. The project will also endeavor to place at least 50% of these graduates in health facilities located within the East or Northeast Los Angeles Health Districts, and will attempt to retrieve any dropouts for careers in other health related employment in the area.

A nurse-director will be responsible for establishing relationships with the faculties of the schools of nursing, counseling departments, educational opportunity programs, financial aid departments, on-campus student services, and hospital and clinical facility administrators. Two community college coordinators will arrange supplemental tutoring services, and will provide group and individual counseling services for Mexican American students who are insecure about their ability to function as a minority in an Anglo environment, or about their role as a nursing student. Seminars on cultural awareness and knowledge of the Chicano ethnic heritage will be coordinated by the project staff for the students, and for the nursing faculties of the colleges. The project is innovative, in that it was planned and will be implemented by a community group to meet a community-expressed need for culturally representative health professionals.

Elias Chico of AREA V staff coordinated development of the proposal, assisted by Areta Crowell, PhD and Miss Ruth Haugen (both of L.A. County Mental Health Dept. of Research and Evaluation), and by Norma de La Hoya, RN, (ELA Child & Youth Clinic), and Pauline Rodriguez, RN (teacher at Lincoln High School).

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The free clinic movement, once thought to be a passing fad in delivery systems, continues to become stronger, broader, and more extensive. The number of free clinics in Southern California has doubled. The Southern California Council of Free Clinics has made contact with 49 free clinics located in six different counties and in six Regional Medical Programs Areas.

The tremendous increase in clinics has resulted in a regionalization of the Council, including formation of five county councils which meet on a monthly basis; representatives from each county council come together on a bi-monthly basis for meetings of a coordinating council; representatives from all clinics meet quarterly. This has resulted in much closer communication among clinics and more identification with the process and goals of coordination.

Concurrently, initial movements are being made toward the formation of a National Free Clinic Council. As the first council in the country, the Southern California Council of Free Clinics has made invaluable contributions to the design and development of the broader body. Members of the Southern California Council have been named as consultants to the national body and have helped develop much of its policy.

Another interesting change has taken place on the local level. The free clinic concept, once restricted to youth and drug related services, has been greatly expanded. Today, over one-third of all Council members are specifically minority and/or family oriented clinics. Moreover, there has been a movement among the majority of all clinics to change their focus to include a broader age and ethnic range.

In January, 1972, California Committee on Regional Medical Programs awarded a developmental component grant to the Southern California Council of Free Clinics to assist in coordinating activities and in assessing the quality of care provided by its constituency. Thus far, these activities have been highly successful. A Quality Standards Committee of Council members has been formed. Uniform data collection forms have been designed and implemented, resulting in collection of standardized information on a monthly basis. Five methods for assessing quality in individual clinics are in the early stages of implementation. The Council plans to continue activities in this area and will use the information collected to help clinics improve services.

(Mrs. Cohen, an Assistant Coordinator on AREA V staff, is also Chairman of the Advisory Board of the Southern California Council of Free Clinics).

A Conference of the Western Region of the National Consumer Health Council, which convened in Denver in late June, drew over 200 representatives of poor and disadvantaged consumers of health care. The thrust of the Conference was to acquaint consumers with the medical care system, and to interest disadvantaged people in pursuing health careers. There were workshop discussions on alcoholism and drug abuse, sickle cell anemia, hypertension in minorities, health maintenance organizations, government health services, Hill-Burton funding, migrant and rural health concerns, and recruitment and retention of medical personnel. Attending from AREA V were Fred M. Hubbard of AREA V staff, Reverend Emmett Sarracino, Administrator of the American Indian Free Clinic, and Mrs. Rose Thompson, Community Aide for Duarte. Here are some of their comments:

Fred M. Hubbard: "One workshop focused on the problem of low utilization of existing hospital beds while community groups are looking to the Federal Government for expansion of hospital space and extended care facilities, and recommended that site teams of knowledgeable consumers should investigate which institutions have received Hill-Burton funding, and then notify the surrounding community of the responsibility of these facilities to the community. Another recommendation urged a series of training programs designed to eliminate 'poverty pimps' who use the black community and its impoverished condition to further their own interests. The creation of local site teams of providers and consumers was suggested, to discuss mutual problems and try to remove some of the hard feelings and distrust that exists. Another idea was that each hospital hire a minority community worker (or workers, depending on the size of the institution) to deal with the problems and misunderstandings. Health education, especially in the case of the expectant mother, it was decided, must begin in the home and community health aides were suggested, to go into homes with an attitude acceptable to the cultural atmosphere of the community."

Reverend Sarracino comments: "We were able to explain the difficulty of trying to conform to such HEW questions as 'describe the geographic boundaries served' when American Indians are scattered all over So. California. This also makes it difficult for us to work together as a group and when we do submit a proposal, we don't have the political force to push these things through." At the request of Reverend Sarracino, a letter was sent to Secretary Richardson deploring the health care of the American urban Indian and requesting creation of an office of Urban Indian Health Affairs, with direct ties to HEW at the national level.

The conference also helped consolidate planning for the newly formed California Urban Indian Health Council, of which Reverend Sarracino is now Vice-Chairman. This statewide group hopes to provide the strength of numbers and coordinate health planning for urban American Indians in California.

AREA V PEOPLE

Liston A. Witherill, Chairman of AREA V Advisory Council, will become Director of the County's new Health Services Department on September 1. Jose F. Carlos, Chairman of AREA V's Consulting Panel on Health Needs of the Under Served, will move with Mr. Witherill as Special Assistant to the Director.

Mrs. Bunny Stone, RN, has been appointed member-at-large from the American Indian community to the AREA V Advisory Council. Mrs. Stone, a native of Oklahoma, of Chickasaw and Choctaw descent, is a graduate of the Ganado School of Nursing, and of Sage Memorial Hospital, Arizona. She is a resident of Baldwin Park, is employed as a nurse in West Covina, and is a member of the Board of the American Indian Free Clinic in Compton.

AREA V is providing a field placement which is part of a summer course "Field Studies in Public Health" for Josephine Munoz, a current student in the MPH program in Health Administration at UCLA. Under the guidance of Teresita P. Moreno, Ms. Munoz is working with numerous health agencies and with the free clinics.

Elias Chico, who joined AREA V in January of 1970, as Assistant Coordinator, community programs, is now on assignment to East Los Angeles Health Systems, Inc. The latter organization is officially recognized by HSMHA as lead agency for coordinating health activities within the NE and ELA Health Districts. Mr. Chico assumed his new responsibilities as Deputy Director on July 1. He will also act as staff for a Liaison Group which is being formed to act as a resource, and to exchange information and data between the agencies involved--RMP, Comprehensive Health Planning of L.A., and the Experimental Health Service Delivery project. Representing AREA V will be Dale C. Garell, MD, Chairman of Consulting Panel on Health Care Delivery and David Odell, Advisor, Health Care Administration.

Jane Z. Cohen and Teresita P. Moreno of AREA V staff will replace Kay D. Fuller as AREA V representatives to the Personal Health Services Committee of COMP-LA.

Dorothy E. Anderson, MPH, has been invited to represent AREA V on a new, permanent committee on Education and Training, convened by Medical Center Administration of LAC/USC Medical Center. The committee will review all new training and education proposals and will recommend policy regarding education and training programs at the Medical Center.

Kay D. Fuller, RN, is serving on an Advisory Committee which will assist the Center for Training and Development, USC School of Public Administration in development of a multi-year nursing continuing education and training program.

LOS ANGELES EAST HEALTH MANPOWER CONSORTIUM, INC.
AN EQUAL OPPORTUNITY EMPLOYER

JOB DESCRIPTION

Position Title: EXECUTIVE DIRECTOR

General Responsibilities and Qualifications:

- 1) The Director should be knowledgeable in the health needs of the community to be served within the target area. He must be emotionally aware and sensitive to these needs in order to recruit personnel who will be carrying out the various goals of the East Los Angeles Health Manpower Consortium.
- 2) The Director should be knowledgeable in the mechanisms necessary to develop an interdisciplinary health occupation core, and to aid in the revision of health training curricula in order to meet the current health needs of the community.
- 3) The Director should possess sufficient experience and ability to be able to recruit qualified tutors to assist in retaining minority students undergoing training in a health related occupation.
- 4) The Director should be familiar with the various aspects of health career counseling. This qualification presumes knowledge of health careers, as separate from academic scientific planning and the scientific background needed by students to qualify for such programs. It also presumes psychological training in motivational goals, cultural differences, etc.
- 5) The Director needs to be an individual with sufficient scientific training and who has successfully undertaken administrative responsibility involving employment of personnel, a school or department budget, and fund raising.
- 6) The Director should be knowledgeable in computer usage.
- 7) The Director should have sufficient experience and knowledge to determine the availability of health occupation training programs and the legislative processes pertinent to the establishment of such programs.
- 8) The Director should be knowledgeable in the development of job opportunities which can be funded by voluntary health organizations, city or county offices, and state or federal agencies.

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Additional Qualifications and Experience:

- 1) Preference will be given to the person who is employed, resides, or is in training in the target area.
- 2) Preference will be given to a person with an educational background. A Master's degree or higher is desirable but not necessary in Administration, Public Health, Community Medicine, Education or related areas.
- 3) Preference will be given to a bilingual (Spanish and English) speaking person.
- 4) An awareness of minority health and education problems similar to the Los Angeles East area.
- 5) Knowledge of managerial and political expertise, working with national, state and local funding resources.
- 6) Good personal relations with staff, board members, advisory committee, and the community.

Salary: Beginning salary will be between \$20,000 and \$22,000, commensurate with applicant's qualifications and experience. There will be a 90-day probation period for evaluation prior to permanent employment status.

Application Deadline: Telephone inquiries or resumes are requested immediately so this position can be filled by October 1, 1972.

The proposal is available for study prior to application.

Send Resume or Application to: Dorothy E. Anderson, R.N., M.P.H.
Associate Coordinator
California Regional Medical Programs - Area V
P. O. Box 1390
Alhambra, California 91802
(Telephone Collect: Area Code 213 - 576-1626)

AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION POLICY FOR AREA V...

was adopted by the AREA V Advisory Council at its regular July meeting. The statement recommends development of a strategy for recruitment, training and upgrading of minority group employees, and utilization of women, minority groups, and disadvantaged persons as members of advisory groups at all levels, with representation roughly equivalent to the ethnic and geographic mix of the population served. Some suggested steps of implementation include appointment of an affirmative action task force charged with the responsibility for developing recruitment, training, and upgrading strategies, with submission of regular reports by program and project directors regarding progress with the equal opportunity-affirmative action program. The statement was drafted by a parity policy committee, composed of Louis R. Baker (Chairman) AAC members Ms. Grace Martinez, Ms. Rose Schlichter, Mr. Joe Hori, Mr. Dan Grindell, Mr. Jose Carlos and AREA V staff members Clyde E. Madden, Teresita P. Moreno, and Elsie McGuff.

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CANCER SEMINAR

One hundred and forty-eight health professionals attended the June 24 "Coordinated Cancer Therapy" seminar, co-sponsored by AREA V and the American Cancer Society of Los Angeles County, and held at St. Mary's Hospital, Long Beach. The conference was intended for those actively treating cancer, to keep them current on newer drugs and to compare experiences with drugs now in use. Breast carcinoma and Hodgkin's Disease and Non-Hodgkin's Lymphoma were discussed at the meeting. Papers were given by several specialists in the Los Angeles area, as well as by Doctors Vincent DeVita and Ralph Johnson of the National Cancer Institute. According to Mrs. Gail White, AREA V staff, the enthusiastic response from the medical community confirms the need for additional chemotherapy seminars. Quarterly meetings are planned, with the next to take place in October.

Mrs. Gail White represented AREA V at the first National Conference on Human Values and Cancer sponsored by the American Cancer Society. Seven hundred participants attended the 3-day conference which was held in Atlanta from June 22-24. Presentations were made by various professional members of the health team, patients and family. The conference emphasized problems of cancer patients, both those with good prognoses and those with advanced cancer. Major areas of discussion were emotional aspects during onset, diagnoses, treatment, convalescence, quality of life, rehabilitation, grieving and dying, roles, priorities, problems of team members, and continuity of patient care.

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