



VOL. 7, NO. 2

Marge - fye



WASHINGTON/ALASKA REGIONAL MEDICAL PROGRAM 500 UNIVERSITY DISTRICT BUILDING * SEATTLE, WASHINGTON 98105

511/1

R. L. PETERSON RMPR RMPS - PARKLAWN BLDG. 5600 FISHERS LANE ROCKVILLE, MD 20352

APRIL, 1974



A TLINGIT Indian bird and a handful of photographs are souvenirs of the year Linda Morris (19ft) and Pauline Werth spont living in < Sitka, Alaska, beach cabin on a nursing assignment arranged by W/ARMP.

TWO HURSES CAMP ON SITKA BEACH

Two young Seattle nurses, Linda Morris and Pauline Werth, are back on duty at Seattle's Virginia Mason Hospital after a year of duty in Sitka, Alaska.

They're happy to be back, and happiest of all to be among Mason's therapists, dietitians, housekeepers and other hospital helpers. In Sitka the nurse is all these, and more.

The year's experience for Pauline and Linda was arranged by W/ARMP to provide additional skilled nurses for Sitka Community Hospital which was experiencing a rapid staff turnover.

Pauline and Linda feel they benefited even more than they helped during their year up north. At first there were some shocks. Even though they were warned, they "couldn't believe" Sitka's prices, particularly apartment rents.

They solved this by signing up for an Old World War II coast artillery look-out cabin. Unheated, poorly wired and without water, it went for \$50 a month. With help from a new friend the girls re-wired the hut, built a narrow loft for sleeping, added a stove and settled in for a year of carrying their water from the hospital in jugs.

Housekeeping hardships were offset by spectacular views, the sound of surf and berries "as big as our *Continued on Page 2*

FUNDS RELEASED BY COURT ORDER

After a year of uncertainty, continuation of the Regional Medical Program nationally is now assured through June, 1975, Donal R. Sparkman, M.D., director of W/ARMP, has been informed.

RMP was one of 12 health agencies which the federal administration marked for termination after June, 1973. Although RMP was granted a year of grace by the Public Health Programs Extension Act signed last June, funds which Congress had appropriated for the program were not made available. The National Association of RMPs, a private organization of the agency's staff, volunteers and friends, subsequently filed suit for release of the impounded money.

On February 7 the U.S. District Court in Washington, D.C. ruled that \$126,000,000 in impounded federal funds be released and that RMP be permitted to carry out its Congressional mandate. The court order also removed restrictions which had limited RMP's activities to certain areas of health care.

This restored to RMP its mission as stated in 1971 with emphasis on increasing availability of care, enhancing its quality and moderating cost.

The exact amount of funds available for Washington and Alaska will depend upon HEW approval of projects. Requests to continue current major projects are now being reviewed by HEW. Requests for proposals for new projects have been circulated. Those selected for funding will be presented to HEW in July for approval.

WEINBERGER MEETS PRESS IN SEATTLE

Caspar Weinberger, secretary of Health, Education and Welfare, headlined a panel of his department's leaders at a full day's press seminar in Seattle February 7. This was part of the group's nationwide swing through the headquarters cities of the 10 federal districts.



Discussing the \$111 billion HEW budget for F. Y. '75, Weinberger explained that this figure is 94 per cent uncontrolable as that percentage goes toward social security and welfare payments. The

Weinberger

secretary spoke primarily about the proposed welfare reforms designed to provide direct cash assistance and encourage employment.

Henry E. Simmons, M.D., deputy assistant for health, said, "Clearly we have moved beyond the point at which concerns about a shortage of physicians is paramount." Warning that an increase in the number of physicians will result in an increase in health care costs, Dr. Simmons called for a manpower strategy aimed at geographic maldistribution, inappropriate oversupply of specialists and inadequate attention to physician productivity.

He recommended "defining the proper role of physician assistants and other allied health profesionals." Dr. Simmons said he would have favored a demonstration-type PSRO (Professional Standards Review Organization) rather than the national program authorized by Congress.

WENATCHEE HOME NURSES RECEIVE PORTABLE ECG

W/ARMP has loaned a portable ECG machine to the Home Health Services based at Central Washington Deaconess Hospital, Wenatchee for use in home visits to patients who have artificial pacemakers or are recovering from a heart attack. This will be a pilot project similar to the one conducted earlier by King County Visiting Nurses.

ULMER ELECTED TO RAB

Eldon Ulmer, Anchorage pharmacist, has been elected to the Regional Advisory Board of W/ARMP as the American Cancer Society representative to the group. He succeeds Elmer Gagnon of Anchorage who died before completing his term.



CANCER SCREENING was the topic when William Pomerance, M.D., (left) of the National Cancer Institute met with Milton Evans (center), executive vice president of the American Cancer Society's Washington Division, and Jess B. Spielholz, M.D., W/ARMP consultant in cancer control.

NATIONAL CANCER INSTITUTE FOCUS ON SCREENING FOR EARLY DETECTION

The National Cancer Institute is focusing on early detection of cancer of the lung, colon, uterus, breast, bladder and prostate, according to Dr. William Pomerance, chief of the Institute's diagnosis branch, who visited W/ARMP during February.

Dr. Pomerance said that 75 per cent of cancer deaths are caused by malignancies originating in these areas.

Continued from Page 1

thumbs" growing just outside the door.

Artistic Pauline painted landscapes, took "hundreds" of photos and explored the wilderness in mushroom hunts. Linda found it a special thrill to snowmobile and to skate on a real lake where she could look through the ice and see grass below.

On the job they learned how to clean and maintain their own equipment and acquired some specialized nursing skills such as how to soak devil's club thorns out of loggers' feet. Linda had her first experience gavaging (tube feeding) a two-pound 12-ounce preemie who spent his first two months of life in the hospital struggling to reach discharge weight of five pounds.

The two young women recommend Alaska for those who are resourceful. On only one point did they feel they failed. They planned to do without a car, but the perils of biking through Sitka's rain, pursued by packs of Huskies, defeated them, and they sent home for their car. Discussing ways in which W/ARMP might assist in cancer screening, he recommended use of self-administered pap tests or a mobile unit as the best means of reaching low income women who are unlikely to be tested otherwise.

HEALTH MANPOWER CLEARINGHOUSE OPEN

Need a doctor?

Perhaps you only think you do. Nobody is saying you aren't sick, it just may be that what you really need is not a doctor but a Medex, a nurse practitioner, a midwife or a psychiatrist.

W/ARMP's latest project, the Health Manpower Clearinghouse, will help match health providers with communities that need them. The Clearinghouse seeks applications from towns and neighborhoods that feel they are underserved. These areas will be helped to decide what sort of health care best suits their needs.

The Clearinghouse also will recruit health manpower at all levels and work with providers seeking to enter the field or to relocate.

The project will coordinate efforts already being carried on, and in some cases duplicated, by the state medical, nursing, and hospital associations, the National Health Service Corps, Medex, the federal loan forgiveness program and state and federal agencies.

BILLS TO MERGE RMP, CHP, Hill Burton are introduced



Paul D. Ward

Soon to come before Congress are three similar bills all proposing some sort of merger of RMP, Comprehensive Health Planning (CHP) and the Health Care Facilities Service (Hill Burton).

The measures are: the Roy-Hastings-Rogers Bill (HR12053); The Kennedy Bill (S2994) and the Administration's proposal (S3139).

At an open forum which W/ARMP sponsored at the University of Washington February 21, the advantages and disadvantages of such a merger were discussed.

Emphasizing that he was not discussing any specific piece of legislation, Paul D. Ward, executive director of California RMP, opposed the theory of combining planning, regulation and implementation under one agency. He predicted that the debate on these measures will be "very, very healthy and very, very lengthy."

Ward warned that planners, implementers and regulators are "a different mix of people" and should be separated.

Speaking for a merger of these



THE ALASKA AIRLINES ticket in Tommy Ongtooguk's pocket was a gift from W/ARMP. Ongtooguk, deputy director of the Norton Sound Health Corporation, was one of 60 Alaska natives whose transportation to the December Alaska Federation of Natives Health Planning Conference in Anchorage was paid by W/ARMP. functions, Robert W. Day, M.D., dean of the U. W. School of Public Health and Community Medicine, favored combining these responsibilities. The present system, he said, "lacks focus" with no organization responsible for personal health care services.

He credited Hill-Burton with achieving improvement in building safety and fostering development of centralized health care facilities. Both CHP and RMP, he said, suffer from a confusion of mission.

HEALTH EDUCATION GROUP FORMED

W/ARMP is funding a demonstration project to provide training for nurses, technicians and other staff people of 18 hospitals in North Central Washington and the Columbia Basin.

This will include paying salaries of a fulltime coordinator and part-time secretary, purchasing teaching materials and bringing in experts to offer classes in housekeeping, office procedure, maintenance, purchasing, medical records, laboratory techniques and nursing skills.

Participating hospitals are those in Brewster, Chelan, Leavenworth, Omak, Tonasket, Wentachee, Republic, Ephrata, Moses Lake, Odessa, Ritzville, Soap Lake, Quincy, Othello, Davenport and Grand Coulee.

This Central Washington Consortium for Health Education has been organized with the aid of the state Hospital Association and Big Bend and Wenatchee Valley Community Colleges.

RURAL HOSPITALS JOIN TO MEET PSRO RULES

The Health Care Review Center, supported in part by a \$19,000 grant from W/ARMP, sponsored a March conference for rural hospitals to discuss cooperative arrangements for complying with the Bennett Amendment to the Social Security Act establishing Professional Standards Review Organizations (PSRO).

The Center presently is helping eight hospitals develop programs that meet requirements of the Joint Commission on Accreditation of Hospitals as well as PSRO. These hospitals are: Providence and Doctors, Seattle; Vancouver Memorial; St. Luke's, Spokane; Whidbey General; Island, Anacortes and St. Luke's and St. Joseph's, Bellingham.

In addition to covering Patient Care Appraisal, the quality control audit developed with W/ARMP aid, Health Care Review also covers cost, utilization, nursing and pharmacy review.

NEW CHICANO STAFFER TOURING WASHINGTON

Francisco Tello has joined the W/ARMP staff as community representative to the Chicano population.



He is making a spring tour of Washington, meeting with Spanish speaking groups in Mount Vernon, Bellingham, Yakima, Toppenish, Walla Walla, Moses Lake and Wenatchee to discuss health needs

Tello

and assist them in working with agencies offering health care assistance. He also will assist with a health careers fair planned for May 5 in Woodburn, Oregon.

Born in Mexico, Tello is a graduate of Evergreen State College.

JANE JONES HONORED

Jane Jones, R.N., director of the W/ARMP stroke nurse clinician project, has been nominated for the American Nurses Association honorary nurse practitioner award. She is sponsored by both the Washington State and the King County Nurses Associations.

'PLUS YEARS' IS BEST SELLER

"The Plus Years," W/ARMP's latest publication for senior citizens, proved so popular that the first printing is now exhausted. For those who are still awaiting their free copy, a second printing is in process.

Also available is a bulletin explaining Certificate of Need laws.

W/ARMP AND BATTELLE STUDYING AMBULANCES

Ambulance systems serving 11 Washington communities will be analyzed in a study by W/ARMP in cooperation with the Battelle Human Affairs Research Center.

The report is intended to give other communities information on the many types of ambulance systems functioning in this state with their cost and levels of personnel training.

Tentatively selected for the study are three cities with Medic I type vehicles, Seattle, Bellevue and Wenatchee, and eight with ambulances operated by the community, hospitals, private firms or volunteer crews. These are Spokane, Everett, Tacoma, Walla Walla, Duval, Twisp, Mount Vernon and Sedro Woolley.

RMP RESULTS is published by the Washington/Alaska Regional Medical Program 500 University District Building Seattle, Washington 98105 543-8540 Donal R. Sparkman, M.D. – Director Dee Jones – Editor

~

IF YOU CAN'T HAVE SALT, TRY CINNAMON

"There is no resistant high blood pressure — only resistant patients."

With this premise, the Mason Clinic is teaching patients how to help monitor and control their own hypertension. For the past three years the clinic has been referring patients to a twoday class where they learn physical details of their condition, are warned of possible complications and are advised on following controlled sodium diets.

Patients also learn how to take their own blood pressure readings twice daily.

Dr. Richard R. Paton, director of the project, feels that the class helps the patient accept treatment and thus have better control. Around the state other physicians and institutions have introduced hypertensive patient teaching but usually on an individual basis rather than a classroom situation.

Nurse Clinician Pat McDonald opens the class by issuing each patient his own stethoscope and sphygmomanometer. By the time everyone has learned to pronounce these, the atmosphere is reasonably relaxed. The instructor cautions patients not to confuse hypertension with "tension," not to hold their breath while taking readings as this increases pressure, and not to be alarmed by occasional "spikes" in readings.

Systolic is the reading on the sphygmomanometer when the stethoscope picks up the first sound of blood rushing through the brachial (arm) artery. That is the highest reading and is written "on top." Diastolic is the point at which the last sound is heard. It is the baselne indicating pressure exerted on the artery wall when the heart is relaxed. In a recent class patients' readings ranged from 150/90 to 210/150.

Miss McDonald shies from terming anything "normal," but acknowledges that the old adage of normal systolic pressure readings being "100 plus your age" is fairly dependable.



CONCENTRATING on the sounds was Lawrence L. Brown of Seattle.



INSTRUCTION in taking blood pressure readings was given E. T. Ashworth (left) of Federal Way and John G. Fowler of Darrington by Pat McDonald, R.N.

Patients learn the possible complications of hypertension. Some sound frightening - congestive heart failure. Others are practical-higher insurance rates. And she dispels some myths. Headaches, feelings of "fullness" and other symptoms are not reliable signs of elevated pressure. Some 10 per cent of all adults (22-24 million persons) have hypertension. Only one- eighth of these are properly controlled. The condition affects more Blacks than Caucasians and frequently is found among those Orientals following a salty diet. Men encounter more cardiac complications, though women have more strokes before age 65. Equality is reached after 65!

Effective drug therapy for hypertension is relatively new, though ancient nostrums included watermelon and cucumber seed or mistletoe. Mason Clinic has found that those who follow a controlled sodium diet can be managed on lower dosages of medication.

Most in the classes are on a 40 mEq or 920 milligram sodium diet. Theoretically this would allow them three-eights of a teaspoon of salt daily. Since many foods contain some sodium, they must learn to shop and cook in a different way. Prior to the class each patient receives individual diet instruction. During class the dietitian conducts a general discussion on food selection with emphasis on what is forbidden. She gives tips on diet foods, shows packages and advises on where these foods are sold or how similar dishes may be prepared at home.

Emphasizing that salt-free foods need not be bland, she recommends other flavorings. The low sodium dieter may choose whether he wants his meal spiced with peppermint, chili, horseradish, cinnamon, rosemary, tarragon or some 50 other spices.

Hard liquor is limited to two ounces daily. Four ounces of wine may be substituted. Since cigarettes have not been proved to affect blood pressure, smoking is not forbidden, but also not condoned. Coffee is allowed in moderation.

Tips on dining out include carrying your own salt-free bread or crackers, selecting a fruit dessert, avoiding sauces and gravy, using lemon and vinegar on green salads.

At the close of each day's session a physician joins the group to answer questions, check BP readings and insure that patients are scheduled for return visits.

W/ARMP is interested in helping offer similar classes in other areas in Washington and Alaska.



WRAPPING the cuff demands three hands, Matthew Chen of Seattle discovered.