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INNER CITY STRATEGIES

AND

PROBLEMS OF REGIONAL MEDICAL PROGRAMS

In fiscal year 1969 the leadership of the RMPS observed that Regional Medical Programs were not taking a uniform approach to medical care for inner city populations. Staff review of the subject resulted in a decision to examine its elements from the viewpoint of the behavioral scientist.

Under an RMPS contract with the Johns Hopkins University, Dr. Paul White began this examination. The project was entitled: Study of the Strategies and Problems of the Regional Medical Programs in Penetrating and Developing Programs to Meet the Problems of Disease of Residents of the Inner Cities. The contract period is from May 26, 1969 through May 25, 1971. Paul E. White, Ph.D is Associate Professor in the Department of Behavioral Sciences and the Department of Population and Family Health in the Johns Hopkins School of Hygiene and Public Health.

The basic study plan divided the work into three phases. First was unstructured interview investigation of about 10 Regions, to identify issues for intensive investigation and select five regions to be investigated in depth.

Second was development of a structured questionnaire study to be carried out in the five regions.

Third was completion of the study in the selected regions, and tabulation of the data obtained.

It was assumed that these three phases would develop most if not all of the information needed to illuminate the initial question, and much

information that would be useful for other RMPS purposes. Definitive analysis and completion of a scientific report were left open for a fourth phase to be determined, if needed, in a new contract.

At this time the study has progressed well into its third phase. The Survey data are in hand and are being prepared for processing.

The task has been approached on two levels. One is a study of the decision making processes in regional medical programs, where a diversity of local and national interests interact. The other studies the factors that affect response or non-response to national interests in health came for the urban poor. To get at these objectives it has been necessary to examine the means and modes of national attempts to influence local decision, as well as to study the local organizations, processes, and interests.

This project like many others of its kind was rather slow in getting underway. It cannot be completed before next May and summation and reporting of its findings may not be complete even then. A few isolated and uninterpretable but provocative perceptions have been noted already.

It has been observed that many regional medical programs equate themselves with State agencies. As a result their primary continuing contacts are with State level comprehensive health planning and public health agencies. Thus ideas about inner city medical care travel a zigzag path between the regional medical program and urban groups or agencies.

It has been noted in passing that larger amounts of funds have gone to regions that submitted larger numbers of project proposals.

It has been found that regional coordinators generally are perceived by others in their areas as very influential in regional medical program decision making.

The investigators perceive the regional advisory group as very important in decision making for the region. They have collected a quantity of data on the groups and are in the process of analyzing it. One interesting finding has been that as the proportion of physicians on the group increases, their attendance decreases.

Neither the investigators nor the RMPS staff can draw any conclusions from these kinds of isolated findings. However, as the processing of data proceeds, we expect patterns to appear that will suggest useful conclusions. The purpose of the project is not so much to evaluate what has happened as to find ways in which the unique mixtures of interests that meet in regional medical programs can interact with constructive results.

October 26, 1970/HD/jh