



E000620



Regional Medical Programs:

(b) Direct operations	1971 Estimate		1972 Estimate		Increase or Decrease	
	Pos.	Amount	Pos.	Amount	Pos.	Amount
Personnel compensation and benefits.....	91	\$1,345,000	91	\$1,444,000	--	+\$99,000
Other expenses.....	--	454,000	--	407,000	--	- 47,000
Total.....	91	\$1,799,000	91	\$1,851,000	--	+ 52,000

This activity supports staff for reviewing, processing, awarding and administration of grants; provides health data required by the 55 local Regional Medical Programs in the implementation of their activities; develops and maintains appropriate relationships with government and private agencies concerned with improving the organization and delivery of health services.



Technical Assistance and Disease Control

	<u>1971 Estimate</u>		<u>1972 Estimate</u>		<u>Increase or Decrease</u>	
	Pos.	Amount	Pos.	Amount	Pos.	Amount
Personnel compensation and benefits.....	117	\$2,303,000	117	\$2,441,000	--	+\$138,000
Other Expenses.....	--	6,508,000	--	6,442,000	--	- 66,000
Total.....	117	8,811,000	117	8,883,000	--	+ 72,000

Subactivities:

Regionalization activities.....	50	2,543,000	50	2,576,000	--	+ 33,000
Smoking and health.....	29	2,172,000	29	2,189,000	--	+ 17,000
Kidney disease.....	38	4,096,000	38	4,118,000	--	+ 22,000
Total.....	117	8,811,000	117	8,883,000	--	+ 72,000

Technical assistance and disease control activities provide assistance in planning, development and operation of the 55 Regional Medical Programs; develop, test, evaluate, and demonstrate improved methods in the prevention, control, and treatment of kidney disease; help reduce death and disability resulting from cigarette smoking through research and through educational, informational and community programs.

Regionalization Activities

The task of the Regionalization Activity is to provide local health planning and service agencies with means of resolving the issues and dilemmas of their complex task. The continuing growth of knowledge about concepts of health care problems creates many options and issues for providers and consumers of health care. Choices of medical procedures and processes, organization for delivery of service, and needs for priority determination surround every new opportunity to improve the effectiveness of health care. The Regional Medical Programs Service seeks to reduce the burden of assessing these problems for the individual regions.

Centrally developed assessments of the lowest common denominators of these problems are made available to all regional medical programs, so that it will not be necessary for each to repeat all the basic work. An outstanding current example is a statement of the requirements for up-to-date care of cancer, prepared with Regional Medical Programs Service staff consultation by an organization developed for that purpose in the American College of Surgeons. Another is a similar volume setting forth professional consensus on the care of diseases of the heart and circulatory system, prepared by an Inter-Society Commission for Heart Disease Resources, whose initial publication in scientific journals is well under way in the current fiscal year. A similar joint effort to articulate a professional consensus on stroke is in its early stages.

During the next 18 months each of these findings will be distributed to the regional medical programs, comprehensive health planning agencies and others. As their implementation begins, problems of utilization, deployment, professional acceptance, and public education will define themselves. The aspects of these problems that are common to all localities will then require the attention of the central Regional Medical Programs Service. At the same time new developments in medical knowledge and techniques will be gaining practice-readiness, and will have to be integrated into the basic statements of requirements.

During the coming year, new topics that are claiming important professional and public interest will come under similar scrutiny. Among these are the practice-readiness and the place in modern medical service for automated multi-phasic health testing, the predictable yields of several forms of emergency care for coronary heart disease, and the essential elements of the competing proposals for community programs to control early hypertension. Each problem selected for assessment is attached first at the level of conceptualization at which it is most troublesome to the local agencies. Each project is designed to support rather than direct the local agencies.

Smoking and Health

It is now seven years since the Committee appointed by the Surgeon General of the Public Health Service issued its Report on Smoking and Health, which associated cigarette smoking with high death rates and death at earlier ages. The Committee concluded that it was a health hazard of sufficient importance to warrant remedial action.

What was a grave problem in 1964 still exists today. Death and disease associated with cigarette smoking continue to constitute a substantial portion of the national burden of medical care. In 1964 there were nearly 46 thousand deaths from lung cancer; this year the figure is expected to be about 60 thousand. Five years ago emphysema and chronic bronchitis killed 20 thousand Americans; this year it is estimated that 25 thousand will die of these respiratory diseases. Cigarette smoking can contribute to coronary heart disease, and the incidence of this disease too, has risen. In 1964, there were 545 thousand deaths from this cause; in 1970 the number is expected to be about 600 thousand.

The effect of cigarette smoking on illness is no less reassuring. A Public Health Service survey has shown that the Nation's labor force who smoke cigarettes spend over one-third more time away from their jobs because of illness than those who do not smoke. This represents almost 20 percent of all work lost in the United States which results from illness, or the equivalent of an annual loss of the total productive efforts of over 300 thousand workers.

To reduce the death rate associated with cigarette smoking, we must encourage young people not to start and work towards a general reduction of the number of persons now smoking, including the use of less hazardous cigarettes and less hazardous ways of smoking.

The estimated number of adults who have given up cigarettes from 1966 to 1970 rose by 10.2 million. In other words, there were 18.9 million ex-smokers in 1966; today there are 29.1 million ex-smokers. Among males 21 years old and over 42.0 percent smoke cigarettes in 1970 as compared with 51.9 percent in 1966. Thus cigarette smoking is now clearly a minority habit. In women the decline is less dramatic falling from 33.7 percent in 1966 to 31.0 percent in 1970.

The influences which are believed to have affected the aforementioned changes were public education, the coverage given by the media to smoking and

increasing concern and activities of health professionals and health education in schools.

The work of the Clearinghouse will be carried out in the following areas of emphasis:

1. Community Program Development

A total community program with particular concentration on school children, is one method of bringing about awareness of the health problem of smoking as well as to promote non-smoking. A community laboratory program which attempts to involve an entire community in the simultaneous application of a variety of approaches is now in its fourth year of operation in San Diego. Evidence now being gathered should allow us to accurately predict the national cost of similar programs designed to reduce cigarette usage.

A teacher training project in Berkeley will bring teams of administrators and teachers together for training in innovative methods of health education which have been transplanted into eight other communities. Many other community school systems are interested in participating in this program.

2. Work with Health Professionals

The Clearinghouse is developing an intensified program to increase the activities of physicians and other health professionals. Seventy percent of adult cigarette smokers say they have never spoken with a physician about smoking, yet among those who have the rate at which they stop smoking is significantly higher. A particular effort will be made in the area of pregnancy where there is strong evidence to support the view that smoking mothers have a significantly greater number of unsuccessful pregnancies.

3. Program Research

Epidemiology in smoking behavior is necessary and will be continued. It is difficult for people to give up smoking and apparently very easy to begin.

Data for the Clearinghouse study indicate that awareness of the health threats posed by cigarettes is at a high level. The task ahead is the determination and utilization of other factors which influence giving up smoking.

An insight development test has been developed which helps the individual to understand his smoking and points out methods which might assist him in cessation.

With millions of people having changed their smoking habits during the past few years, it will be necessary to evaluate constantly the nature of the problem which remains.

4. Public Information and Education

With the end of broadcast cigarette advertising and the new concurrent decrease in anti-smoking spot announcements, new methods are being developed to effectively reach large segments of the population.

Efforts to conduct several campaigns in print and display media will be directed to the general public as well as special audiences such as elementary, secondary and college students, women, industrial groups and medical audiences.

5. In addition the Clearinghouse is required by the Public Health Cigarette Smoking Act of 1969 to report annually to the Congress on the current information on the health consequences of smoking. In fulfillment of this requirement the most recent report was submitted this past January.

Kidney Disease Control

The Kidney Disease Control Program plans, develops, field tests, coordinates, and supports programs to improve the quality and delivery of health care for kidney disease patients. The Program supports and carries out activities to improve the capacity of the health care system through coordinated efforts of health providers. It conducts and supports studies to develop new methods and improve existing methods of kidney disease prevention and control including the organization, delivery, financing, and cost reduction of services through efficient use of manpower, funds, and facilities.

The Program's principal objective is to develop the Nation's capacity to provide therapy to the 8,000 to 10,000 new terminal kidney disease victims each year who are medically considered to be good candidates for hemodialysis and transplantation therapy. Nearly 8,000,000 Americans annually fall victim to kidney disease and diseases of the urinary tract. Approximately 56,000 of these individuals progress to terminal uremia and die. Between 8,000 and 10,000 are considered medically to be good candidates for end-stage treatment, while an additional 10,000 could benefit from treatment.

In 1972, about 40 projects will be supported, directed toward improved methods of providing hemodialysis and transplantation services, the detection and diagnosis of infections and other kidney diseases, and the dissemination of data and guidelines to assist health planners to develop kidney disease prevention and control programs. This will be the final year of Program support planned for the 12 home dialysis training projects requiring an estimated \$2,000,000 as the Program's share of their operation. Also in 1972, a variation on the "limited care dialysis" will be developed through projects estimated at \$150,000 to study methods of providing hemodialysis services in low density population areas. Another project planned will investigate the efficacy of dialyzing small children and will require about \$50,000. Studies on the feasibility and development of kidney donor-recipient information and matching systems will require an estimated \$100,000. An estimated \$100,000 will permit the development of a broad program to reduce high rates of infections and death resulting from improper use of catheters. Two projects are planned at about \$1,000,000 to develop model regional integrated dialysis and transplantation patient care systems, utilizing information obtained through the 12 home dialysis training projects and the seven projects previously funded to develop methods to obtain and utilize adequate numbers of cadaver kidneys through coordinated metropolitan and regional programs. Other projects will focus on methods of improved kidney disease detection and diagnosis and techniques to reduce infections of the kidneys and the urinary tract.

March 24, 1971

ONGOING CONTRACTS

Smoking and Health

<u>Contractor</u>	<u>Title</u>	<u>Funds</u>
Research Foundation, State University of New York	Conduct survey of pertinent smoking knowledge, attitude and practice among school populations.	\$140,872
San Diego County Medical Society	Community Laboratory Project on Smoking and Health in San Diego County, California.	206,000
Modern Talking Pic- tures Service	Promotion and distribution of color and sound motion picture prints of "The Mark Waters Story."	25,000

Professional and Technical Development

American Neurological Association	Development of Guidelines for Facilities Providing Training in the Field of Stroke. (Organizational Liasion)	345,600
Medical Care Develop- ment Incorporated	Problem-Oriented Medical Records in Ambulatory Care Training Programs. (Continuing Education & Training)	80,467
Michigan State University	Training Education and Communica- tion Specialists for the Health Sciences. (Continuing Education & Training)	155,196
American Heart Association	Development of Guidelines and Criteria for Preventive Diagnostic and Therapeutic Services. (Organizational Liasion)	145,215
Montefiore Hospital	Conduct National Conference of Hospital House Staffs - Interns and Residents. (Funded jointly with CHS) (Planning & Evaluation)	15,937
Montgomery County Heart Association	Operation of Mobile Coronary Care Unit	90,000

March 24, 1971

ONGOING CONTRACTS

Professional and Technical Development

<u>Contractor</u>	<u>Title</u>	<u>Funds</u>
San Joaquin Medical Care Foundation	Plan and Conduct Training Orientation Seminars on Ways of Establishing Foundations for Medical Care. (Funded jointly with CHS)	12,825

Kidney Disease Control

Mayo Foundation	Home training Dialysis	224,805
PeterBrent Brigham Hospital	Home training Dialysis	179,279

March 24, 1971

STATUS OF CONTRACT FUNDS

FY '71 Contract Funds Available

\$6,098,0

Obligated to date:

Research Foundation, State University of New York	\$140,872	
San Diego County Medical Society	206,000	
Modern Talking Pictures Service	25,000	
American Neurological Association	345,600	
Medical Care Development Incorporated	80,467	
Michigan State University	155,196	
American Heart Association	145,215	
Montefiore Hospital	15,937	
San Joaquin Medical Care Foundation	12,825	
Mayo Foundation	224,805	
Peter Brent Brigham Hospital	179,279	
Montgomery County Heart Association	<u>90,000</u>	
Total Obligated		1,621,1

Contracts in Process:

Kidney Disease Control

Home training dialysis		
University of Texas Medical Branch	200,000	
University of Miami (Florida)	200,000	
Westchester County Department of Hospitals	600,000	
Dallas County Hospital District	295,000	
Colorado University Medical Center	150,000	
University of Missouri, School of Medicine	290,000	
Methodist Hospital of Indiana	475,000	
Other		
Albert Einstein College of Medicine - International Symposium on Radionucleides in Nephrology	6,000	
Case Western Reserve University - Study of Epidemic Chronic Nephritis in Yugoslavia	6,700	

Smoking and Health

National Medical Association - Assist National Medical Association to develop a nationwide smoking & health program.	50,000	
Chilton Research Services - Analysis of adult smoking habits	25,000	
American College of Radiology - Control of smoking in health care facilities.	98,764	
American Association for Health, Physical Education & Recreation - Education about smoking prevention for educators in schools & colleges.	48,000	

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STATUS OF CONTRACT FUNDS

Contracts in Process:

Smoking and Health (Continued)

National Congress of Parents & Teachers Association - Development on information/education program on smoking & health for parents & teachers. \$55,000

Professional & Technical Development
Continuing Education & Training Branch

University of Illinois, College of Medicine Graduate fellowships for a national resource in evaluation and education of the health professions. 136,000

Planning & Evaluation

University of Washington - Development of a reporting system for evaluation

	<u>80,000</u>	
Total in Process		2,715,46
Contracts to be Processed		1,761,34
Total Planned Obligations		<u>\$6,098,00</u>