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**1972/73**

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**LAKES AREA**

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**REGIONAL**

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**MEDICAL**

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**PROGRAM**

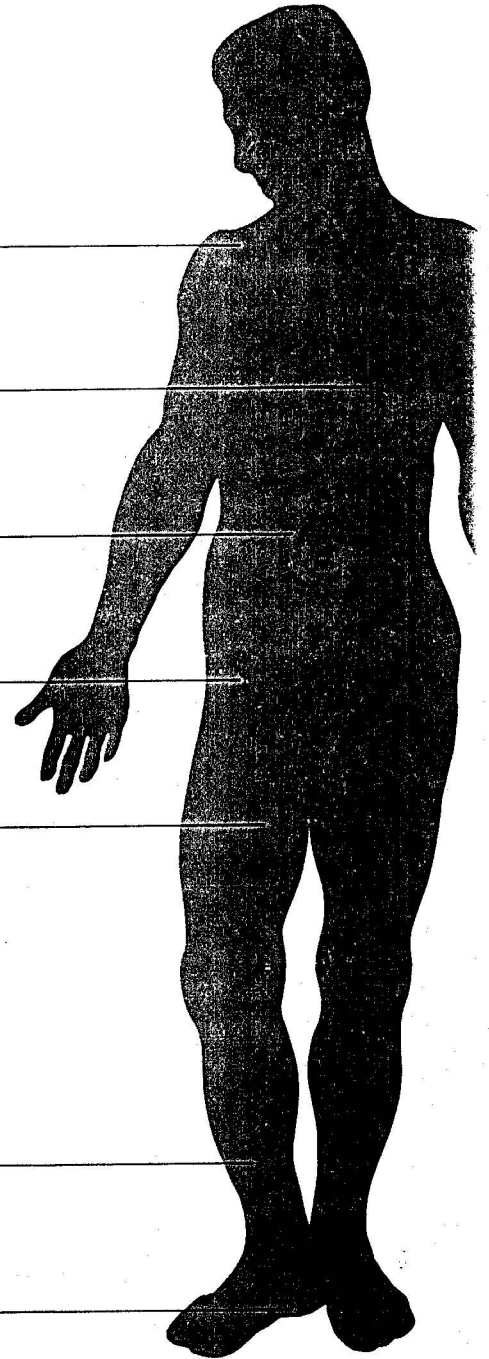
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**ANNUAL**

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**REPORT**

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# THEME

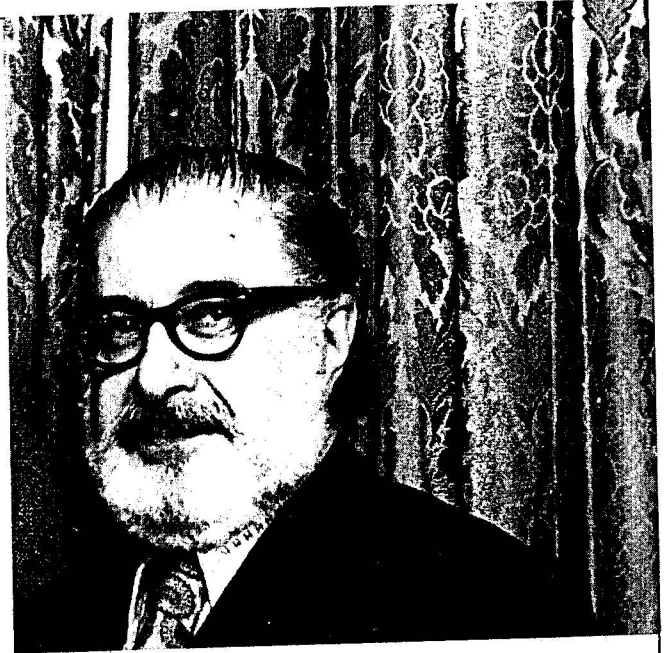
The theme of this year's Annual Report is best reflected by the word *CHANGE*.

By nature, Regional Medical Programs are constantly changing to meet the challenges of new goals, directions and new ideas.

The year of 1972 has seen some of the most dramatic changes in the history of the Lakes Area Regional Medical Program, Inc.

The *CHANGES* have strengthened the structure and operation of the program. It has meant "quick response" in dealing with recommendations suggested by a federal site visit team as well as changing the emphasis from heart disease, cancer and stroke activities to a more inclusive area of activity and interests as they relate to improving the quality and availability of health care to all residents in the region.

The ability and attitude toward meeting the responsibilities of these changes is a fine example of the dedication and efforts put forth by the volunteers and staff who make up the Lakes Area Regional Medical Program, Inc.



Among the many letters of protest sent to legislators and the President by those associated with the Lakes Area Regional Medical Program, Inc. concerning the Administrations order to phase out Regional Medical Programs, is a communication from Dr. Irwin Felsen, President of the Lakes Area Regional Advisory Group, Inc.

Part of the letter follows:

Dear Mr. President:

Unfortunately the results of the endeavors of health programs cannot simply or clearly be evaluated in terms of "output" measurements.

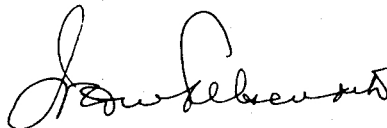
In regard to Regional Medical Programs, much confusion has surrounded its evaluated success. Unfortunately, the old metaphor of "comparing apples and oranges" emerges. It would be impossible to evaluate each R.M.P. program and its projects through a rigid field study design.

The fact remains that R.M.P.'s have focused on changing "process". Few would disagree that the health advances of the "ivory tower" were not finding their way to remote communities. Few would disagree that health care delivery was duplicative, fragmented, and inefficient. Few would disagree that most health providers jealously protected their domains. Few would disagree that many communities were without many basic health services. Health power figures had no political force to serve as an incentive for communication, cooperation, and action. R.M.P. provided this force. With its meager budget, it could not singlehandedly erase a generation of inefficient and ineffective health delivery. It could not simply provide direct services for those communities without them. It had no authority to force "power figure" to do anything.

However, it was an incentive, a monetary-social force that stirred health political figures into action. The medical schools listened to the consumer from the remote community. The practicing surgeon listened to the social scientist from the university. "Ivory tower" virologists instructed practical nurses in the rural areas. Top internists consulted with generalists. It was a force for social change. It was not the ultimate answer, but certainly a force more responsive than the hackneyed state and local political institutions that have proven their impotence in regard to bringing about social change in the health field. To dismantle this force appears unconscionable. What will take its place? Traditional political institutions? Doubtful, such institutions have proven their ineptness in bringing about such change. They are plagued with more pressing problems—housing, welfare, schooling. Even with new revenues, the basic political structures and institutions do not change.

There is no way to "prove" that R.M.P.'s efforts in promoting coordination, cooperation and actions by health power forces has resulted in any "output gains". One can show progress in reducing fragmentation, duplication and inefficiency. One can show input by consumers in the decision-making progress. Do these actions result in "output gains", e.g., has health status been improved? However, it appears that such actions and cooperation is organizationally logical. Perhaps, we should be compelled to use the least used of all senses to answer this question—common sense.

Sincerely yours,



President  
Lakes Area Regional Advisory Group, Inc.

*a word from the...EXECUTIVE DIRECTOR*



*The future of the Lakes Area Regional Medical Program, Inc. is threatened by the current crisis in health care legislation. Caught in a struggle between the Legislative and Executive branches of our government, regional medical programs have come under scrutiny by our lawmakers. This scrutiny has revealed what we have known all along—that regional medical programs have created an effective process which enables those mandated and professionally competent to develop and implement health care services—to do this and disseminate their product to the profit of the public.*

A handwritten signature in black ink, appearing to read "J.R.F. Ingall." The signature is fluid and cursive, with a period at the end.

**John R. F. Ingall, M.D.  
Executive Director  
Lakes Area Regional Medical  
Program, Inc.**

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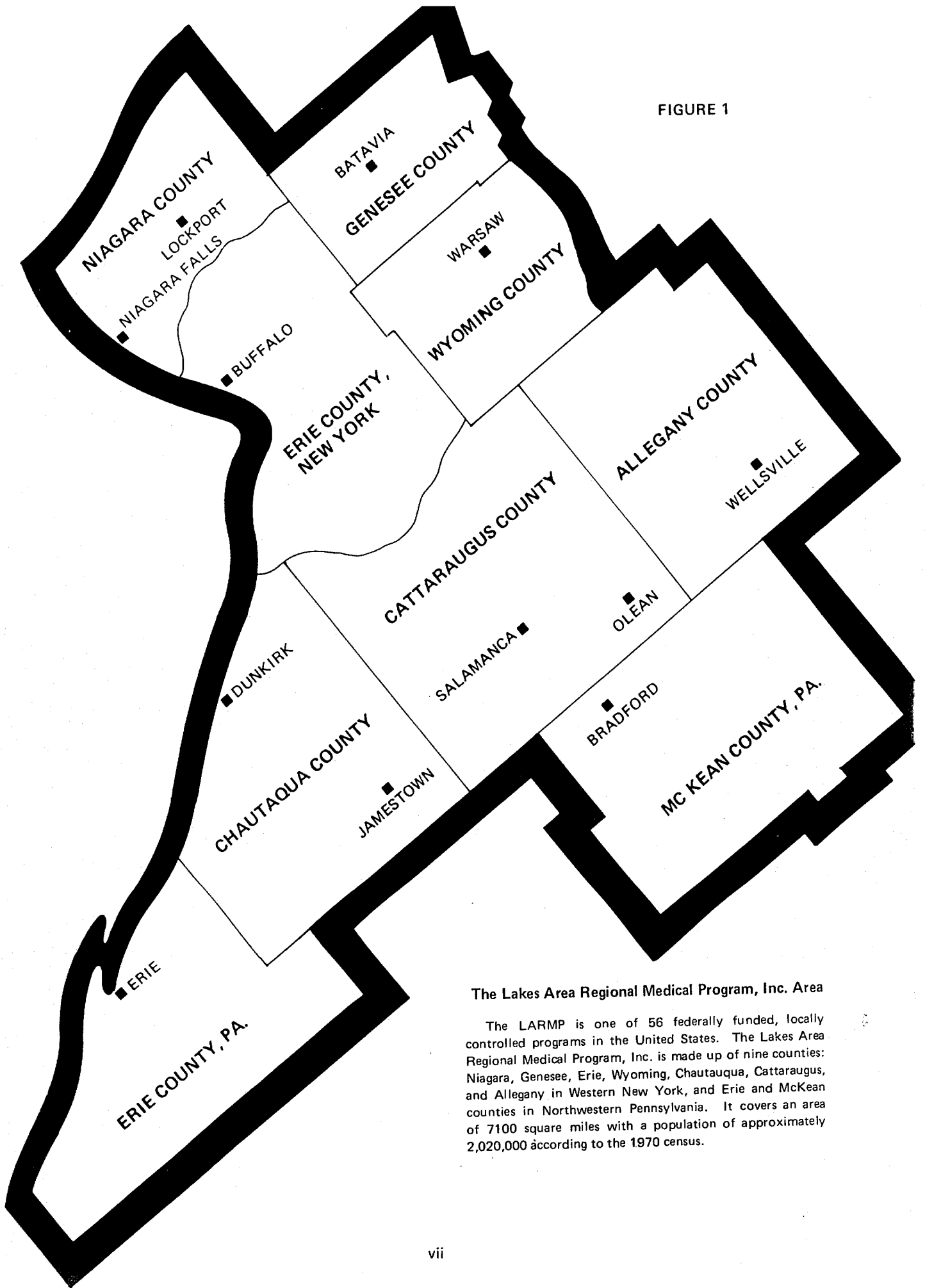
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FIGURE 1



**The Lakes Area Regional Medical Program, Inc. Area**

The LARMP is one of 56 federally funded, locally controlled programs in the United States. The Lakes Area Regional Medical Program, Inc. is made up of nine counties: Niagara, Genesee, Erie, Wyoming, Chautauqua, Cattaraugus, and Allegany in Western New York, and Erie and McKean counties in Northwestern Pennsylvania. It covers an area of 7100 square miles with a population of approximately 2,020,000 according to the 1970 census.

## HISTORY OF RMP'S

### Legislation

Regional Medical Programs began in October 1965 under Public Law 89-239. Originally the legislation was concerned almost entirely with specific diseases - heart disease, cancer and stroke. Kidney disease was later added by legislation in October, 1970 under Public Law 91-515. RMP's were urged to speed application of research to the patient's bedside.

Since signing of the law, 56 Regional Medical Programs have emerged as autonomous regions covering the United States, Puerto Rico and the Trust Territories. The 56 programs vary in population and size - 33 programs cover entire states, four encompass two or more states, 11 are parts of single states, and eight are parts of two or more states.

### Regional Medical Program Purposes

Regional Medical Programs seek to strengthen and improve the nation's health care system and making quality health care more easily accessible to all persons.

Unlike many federal programs, the RMP's operate primarily under local direction. Their strength lies in the "grassroots" participation by the many devoted volunteers who make up their regional advisory groups. Each Regional Medical Program works locally to stimulate cooperation and innovation among health service providers.

The parent organization is the Regional Medical Programs Service, which is part of the Health Services and Mental Health Administration, a unit of the U.S. Department of Health, Education and Welfare. Each RMP is funded by HEW to help meet regional health needs.

### Focus Changes

During 1972 the emphasis of RMP's has expanded from projects dealing with specific diseases to regional programs benefiting entire health systems.

Noting the importance of close coordination of activities with other groups, RMP's have worked in concert with areawide Comprehensive Health Planning agencies as well as other local, state, and regional groups in planning activities that achieve RMP goals and avoid duplication of efforts.

### The Grantee Institution

The Board of Directors of the Lakes Area Regional Medical Program, Inc. was established in February, 1972 to assume functions previously performed by the Research Foundation of the State University of New York.

As the grantee institution, the LARMP Board of Directors receives, administers, and accounts for Federal grant funds in a manner which implements the program established by the Lakes Area Regional Advisory Group V and in accordance with Federal regulations and policies.

Under the able leadership of Chairman Allan Korn, Professor, State University College at Buffalo and the valuable efforts of his four colleagues: Herbert Bellamy, Inner City Businessman and Community leader; Norman Slawinski, Branch Manager, Marine Midland Bank; Irwin Felsen, M.D., President, Lakes Area Regional Advisory Group, Inc.; and Richard A. DiVita, Certified Public Accountant, the Board of Directors stimulated significant reductions in the administrative (overhead) costs of managing the multi-million dollar LARMP Grant Award. Administrative costs dropped to less than 10% in 1972 as compared to over 25% in previous years. This figure is well below prevailing indirect cost rates experienced locally and nationally by institutions performing similar functions.

With regret, Mr. DiVita announced his resignation from the Board of Directors at the close of the 1972 fiscal year. Mr. Maynard Parker, recently retired executive with the Hooker Chemical Corporation of Niagara Falls, New York was selected as Mr. DiVita's successor.



#### **A Name Change Lakes Area Regional Medical Program, Inc.**

On March 1, 1972 the new name Lakes Area Regional Medical Program, Inc. came into being. This change reflects the program's intent to clarify the relationship of the two Pennsylvania counties of Erie and McKean, that are part of the region. These counties have become quite active in the program and the new name was chosen, in part, to acknowledge their membership.

#### **The Enabling Role**

Over the years the Lakes Area Regional Medical Program has taken particular pride in its designation as an "enabler."

The LARMP staff emphasizes its brokerage role whereby help is given where it is required. If LARMP cannot help, other appropriate organizations are contacted. The LARMP staff continues to keep up to date on other funding sources and agencies that can be of help in solving a particular health problem.

Another aspect of the enabling role has been insistence that projects have a viable marketing strategy. LARMP resources are invested as seed monies for activities that can be integrated into the health-care pattern of the region.

LARMP has been successful in attracting additional monies to RMP - supported activities: voluntary agencies and other groups have committed monetary investment to what otherwise would have been exclusively RMP operations; county medical societies and hospitals contribute funds to the LARMP advisory group to meet expenses that cannot be paid by federal funds; RMP's investment in the Lake Area Health Education Center led investment in the center by the Boards of Trustees of two Erie, Pennsylvania hospitals and the Veteran's Administration; and the Rural Externship project, which attracted private contributions from hospitals, physicians and local governments.

#### **Regional Advisory Group**

The Regional Advisory Group, Inc. consists of a group of over 350 persons from throughout the nine-county Lakes Area Regional Medical Program region. This includes all those who serve on each of the county committees, usually meeting on a monthly basis.

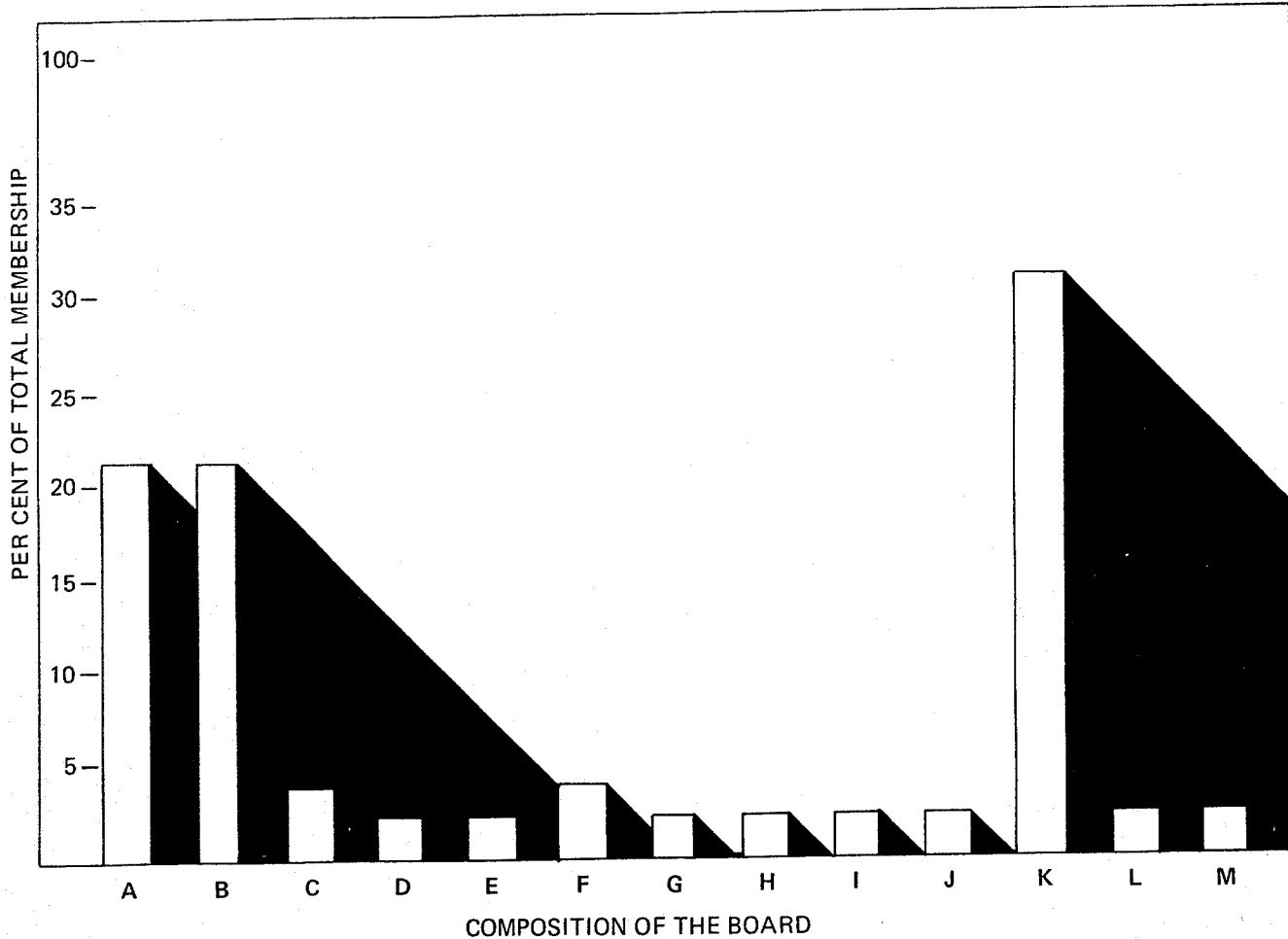
The Regional Advisory Group's Board of Directors is a group of 43 members who meet monthly to direct the program's operation and development. Within the past year, the RAG revised its by-laws and made some changes in provisions for both delegate and at-large membership.

The Upstate Medical Alliance, a group of black health professionals including physicians, dentists, and others was added to the list of institutions and groups with permanent representation on the RAG. Also added was the Comprehensive Health Planning "b" agency in Pennsylvania, increasing the membership in this area of representation to two.

An expanded number of public health members-at-large have been appointed to form a RAG which will represent all elements of the provider and general population with attention given to involving minority group members, labor leaders, businessmen and women.

FIGURE 2

Composition of the Board of Directors of the  
Lakes Area Regional Advisory Group, Inc.



- A. 9 M.D.'s representing the nine county medical societies
- B. 9 members representing the nine county committees
- C. 2 members representing the Faculty of Health Sciences, State University of New York at Buffalo
- D. 1 member representing Roswell Park Memorial Institute
- E. 1 member representing Western New York Hospital Association
- F. 2 members representing Comprehensive Health Planning Council of Western New York, Inc.; Comprehensive Health Planning Council of Northwestern Pennsylvania, Inc.
- G. 1 member representing the Upstate Medical Alliance
- H. 1 member representing the Regional Health Director, New York State Health Department
- I. 1 member representing Erie County, New York, Health Commissioner
- J. 1 member representing the Veterans Administration
- K. 13 community members – at large
- L. 1 legal counsel
- M. 1 to be named

43 TOTAL MEMBERSHIP

**FIGURE 3**  
**LIST OF MEMBERS OF THE REGIONAL ADVISORY GROUP**  
**AND STEERING OR EXECUTIVE COMMITTEE**

Name and Address	Institution and/or Occupation	Categories of Representation
<b>CHAIRMAN:</b>		
** Irwin Felsen, M.D. Wellsville, New York	private practice	private physician/ Allegany County Medical Society
<b>VICE-CHAIRMAN:</b>		
** Father Cosmas Girard, OFM, Ph.D. St. Bonaventure, New York	Sociologist-Anthropologist St. Bonaventure University	member of the public/ Cattaraugus County Committee
<b>SECRETARY:</b>		
** Theodore T. Bronk, M.D. Mt. St. Mary's Hospital Lewiston, New York	physician Director of Laboratories	Niagara County Medical Society
<b>TREASURER:</b>		
** John C. Patterson, M.D. Buffalo, New York	Roswell Park Memorial Institute	Roswell Park Memorial Institute
<b>OTHER MEMBERS:</b>		
* Hugh Allen, M.D. Erie, Pennsylvania	physician Hamot Medical Center	Erie County County Medical Society
* Sister Bernadette Armiger, R.N., Ph.D. Niagara University Niagara Falls, New York	Dean, School of Nursing Niagara University	Niagara County Committee
* Virginia Barker, R.N., Ed.D. Alfred University Alfred, New York	Dean, School of Nursing Alfred University	member of the public/ Allegany County Committee
Lester H. Block Buffalo, New York	Attorney	legal counsel
LaVerne Campbell, M.D. Buffalo, New York	New York State Health Department - Regional Health Director	official health agency New York State Health Department
* - Indicates new member since May 1, 1972 submission		
** - Indicates member of Executive Committee		

Name and Address	Institution and/or Occupation	Categories of Representation
Max Cheplove, M.D. Buffalo, New York	physician	Erie County, New York Medical Society
*Mrs. Ramona Charles Basom, New York	Tonawanda Indian Reservation	Tonawanda Seneca Indian Reservation and Community House
*Mrs. Carolyn Daughtry Buffalo, New York	Erie County Department of Mental Health	Erie County, N.Y. Health Department
*William H. Ennis Erie, Pennsylvania	Hamot Medical Center Executive Director	Erie County, Pa. Committee
*Dominic Falsetti, M.D. Niagara Falls, New York	physician	Niagara County Medical Society
*John Foster Erie, Pennsylvania	Family Planning Director Martin Luther King Center Erie, Pennsylvania	Erie County, Pa. Committee
William Gaiter Buffalo, New York	Director BUILD Organization Buffalo, New York	member of the public
*Larry J. Green, D.D.S. Buffalo, New York	State University of New York at Buffalo, School of Dentistry	Upstate Medical Alliance
*Robert Haith, Jr. Erie, Pennsylvania	Director Veterans Administration Hospital, Erie, Pennsylvania	Veterans Administration
*William Hilger Lockport, New York	United Auto Workers	member of the public
Herbert Joyce, M.D. Buffalo, New York	physician	member-at-large Past President, RAG
Bert Klein, D.P.M. Jamestown, New York	podiatrist	Chautauqua County Committee
*Edward F. Marra, M.D., MPH Buffalo, New York	physician	State University of New York at Buffalo, School of Medicine
*Murray S. Marsh Jamestown, New York	W.C.A. Hospital Administrator	Chautauqua County Committee
* - Indicates new member since May 1, 1972 submission		
** - Indicates member of Executive Committee		

Name and Address	Institution and/or Occupation	Categories of Representation
*C. Conrad Monroe Corry, Pennsylvania	Banker Vice-President, Marine Midland Bank	member of the public/ C.H.P./N.W.Pa.
*Elizabeth Moore Batavia, New York	Director, American Red Cross Chapter Genesee Unit	member of the public
William E. Mosher, M.D. Buffalo, New York	Commissioner, Erie County Health Department	Erie County Health Department
F. James Murphy Batavia, New York	Administrator - Genesee Memorial Hospital	President - Western New York Hospital Association
Gerald P. Murphy, M.D., D.Sc. Buffalo, New York	Director, Roswell Park Memorial Institute	Chairman - LARMP Cancer Committee
*Robert Harris Kenmore, New York	Director, Western New York Hospital Association	Western New York Hospital Association
*Joseph Paris Buffalo, New York	Director, Veterans Administration Hospital, Buffalo, New York	Veterans Administration
*J. Warren Perry, Ph.D. Buffalo, New York	Dean, School of Health Related Professions, State University of New York at Buffalo	Faculty of Health Sciences, State University of New York at Buffalo
Edward Roche, Jr., M.D. Bradford, Pennsylvania	physician	McKean County Medical Society
Harry A. Sultz, D.D.S. Buffalo, New York	Professor, School of Medicine State University of New York at Buffalo	Erie County, N.Y. Committee
Patricia Stopen, R.N. Warsaw, New York	Wyoming County Health Department	Wyoming County Committee
George E. Taylor, Jr., M.D. Cuba, New York	physician	Allegheny County Medical Society
Paul Welsh, M.D. LeRoy, New York	physician	Genesee County Medical Society
Richard T. Williams, M.D. Warsaw, New York	physician Wyoming County Community Hospital	Wyoming County Medical Society
* - Indicates new member since May 1, 1972 submission ** - Indicates member of Executive Committee		

Name and Address	Institution and/or Occupation	Categories of Representation
*Gene Wilczewsky Buffalo, New York	Director, Comprehensive Health Planning Council of Western New York, Inc.	C.H.P./W.N.Y.
Duncan C. Wormer, M.D. Portville, New York	physician	Cattaraugus County Health Organization
Professor Earl N. Stopfel and Mr. Norman C. Berg were elected as at-large members to the RAG in March, 1973.		
* - Indicates new member since May 1, 1972 submission		
** - Indicates member of Executive Committee		



## REGIONAL ADVISORY GROUP ALTERNATES

Mr. Gerald Farmer, Director  
Comprehensive Health Planning  
Erie, Pennsylvania

(Representing Mr. Conrad Monroe)

Craig Fisher, M.D.  
Niagara Falls, New York

(Representing Dr. Dominic Falsetti)

Mrs. Fleeta Hill  
BUILD Organization  
Buffalo, New York

(Representing Mr. William Gaiter)

Robert A. Jackson  
Chief of Prof. Services  
Veterans Administration Hospital  
Erie, Pennsylvania

(Representing Mr. Robert Haith, Jr.)

Dana Lundquist, Associate Director  
Hamot Medical Center  
Erie, Pennsylvania

(Representing Mr. William Ennis)

Roland Miller, M.D.  
Chief of Ambulatory Care  
Hamot Medical Center  
Erie, Pennsylvania

(Representing Dr. Hugh Allen)

Ms. Marguerite Nolan  
N.W. Pa. TB and Respiratory  
Disease Society  
Bradford, Pennsylvania

(Representing Dr. Edward Roche)

Rev. David Pettit  
Associate Director  
Martin Luther King Center  
Erie, Pennsylvania

(Representing Mr. John Foster)

Mr. Gerald Schofield  
Deputy Director for Administration  
Roswell Park Memorial Institute  
Buffalo, New York

(Representing Dr. Gerald Murphy)

### Cancer Related Activities

During the twenty-four month period of January 1, 1971 to December 31, 1972, the Lakes Area Regional Medical Program, Inc. expanded \$118,250 for cancer activities. Of this total approximately 90% represents project activities and 10% core staff activities.

Lakes Area Regional Medical Program is directly involved in education, training and service programs (demonstration projects). The primary thrust of cancer related activities has featured support for efforts in prevention, manpower training and specific research activities. During 1972 13,120 persons were served by individuals trained in projects sponsored by the Lakes Area Regional Medical Program. This shows an increase over the 1971 total of 11,860 persons served.

### Tumor Registry

The Tumor Services Registry project which began in 1971 continued operation throughout 1972. Its primary objective is to improve cancer control by promoting improved patient care through regular periodic follow-up. This aids physicians in determining the efficiency of treatment modalities, and provides a valuable resource for continuing cancer education. The Tumor Registry presently has twenty participating hospitals. In 1972 there were 2,819 cancer cases diagnosed by the service as compared to 1,293 in 1971.

Registry activity within the central office and member hospitals has resulted in specific training of fifty-five registry personnel. This has been accomplished through workshops, hospital visits, telephone conferences, and direct supervision.

In addition the LARMP previously provided initial funding and support for "Topical Chemotherapy for Precancerous Lesions and Cancer of the Skin." This project introduced practicing physicians in the Western New York region to 5-FU (5-Fluorouracil), a highly effective topical anti-cancer agent.

### Cancer Teaching Days

Seven Cancer Teaching Days were conducted during 1972. These were usually co-sponsored with a local American Cancer Society unit and held in conjunction with Roswell Park Memorial Institute.

Program topics included "Current Advances in the Treatment of Leukemia," "Cancer and the Psychology of Adolescent Smoking," "Diagnosis and Management of Head and Neck Cancer," "Oral Pathology - Detection, Diagnosis and Treatment," "Cancer of the Colon," "Cancer of the Uterus" and "Carcinoma of the Colon, Changes and Status in 1972."

A total of 1,054 registrants including nurses, physicians, therapists and other health professionals attended these programs.

**FIGURE 4**  
**LAKES AREA REGIONAL MEDICAL PROGRAM, INC.'S GOALS AND OBJECTIVES**

**Goal No. 1. To stimulate and promote preventive services in health maintenance.**

**OBJECTIVES**

1. To continue defining the need for additional or new preventive services in each sub-regional area, based on a data profile of resources and services, an assessment of the community's characteristics and health problems, and on the acceptability of the service to the community.
2. To encourage delivery of preventive services through sources of primary care with emphasis on the role of allied health personnel.
3. To encourage coordination among government, voluntary, and private agencies to (a) maximize the impact of preventive services and (b) assist public health agencies in responding to community needs.
4. To encourage expanded programs in health education.

**Goal No. 2. To develop and improve primary care services.**

**OBJECTIVES**

1. To continue defining the need for additional altered or new primary care services in each sub-regional area, based on a data profile of resources and services, an assessment of community characteristics and health problems, and on the receptability of the pattern of services to the community.
2. To maximize the role of existing health personnel in delivering primary health care by (a) improving distribution of health personnel, (b) encouraging the expansion of ambulatory care within or associated with community hospitals, (c) using inter-disciplinary approach to the delivery of primary care, (d) encouraging the development and evaluation of innovative methods of health care delivery, and (e) promoting improved referral patterns to assure continuity of care.
3. To encourage general and family practice and other forms of primary health care.
4. To stimulate development of already defined new roles of health personnel.
5. To seek feasible solutions to the problems of distance and lack of transportation as barriers to utilization of primary care, preventive and rehabilitation services.
6. To promote consumer education regarding availability and utilization of existing health services.

**Goal No. 3. To encourage the development, expansion and integration of rehabilitation services to the continuum of medical services.**

**OBJECTIVES**

1. To continue defining the need for additional altered or new rehabilitation services in each sub-regional area, based on a data profile of resources and services, an assessment of the community's characteristics and health problems, and on the acceptability of the patterns of service to the community.
2. To promote the continued development of a variety of facilities and programs to assure placement of patients at the appropriate level of care.

**FIGURE 5**  
**LAKES AREA REGIONAL MEDICAL PROGRAM, INC.**  
**STATEMENT OF REVENUES, EXPENDITURES**  
**ENCUMBRANCES AND FUND BALANCES**  
**FOR THE YEAR ENDED FEBRUARY 28, 1973**  
(unaudited)

	<u>Federal Funds</u>	<u>TLN Funds</u>	<u>Special Funds</u>	<u>Total All Funds</u>
Fund Balances at March 1, 1972	\$ --	\$ --	\$ --	\$ --
Revenues:				
Grants Awarded	2,435,567			2,435,567
Service Fees	--	87,084	--	87,084
Contributions	--	--	12,106	12,106
Miscellaneous	<u>1,148</u>	<u>335</u>	<u>7</u>	<u>1,490</u>
Total Revenues	<u>2,436,715</u>	<u>87,419</u>	<u>12,113</u>	<u>2,536,247</u>
Expenditures	1,303,843	14,614	3,682	1,322,139
Encumbrances	<u>22,565</u>	<u>--</u>	<u>--</u>	<u>22,565</u>
Total Expenditures, Encumbrances	<u>1,326,408</u>	<u>14,614</u>	<u>3,682</u>	<u>1,344,704</u>
Excess of Revenues over Expenditures and Encumbrances and Fund Balances at February 28, 1973	<u>\$1,110,307</u>	<u>\$72,805</u>	<u>\$ 8,431</u>	<u>\$1,191,543</u>

**GRANTS AWARDED**

Grants from the Department of Health Education and Welfare for the period March 1, 1972 through April 30, 1973 amounted to \$2,435,567 allocated by components as follows:

Core Program	\$ 906,452
Rural Extern	30,950
Comprehensive Health Information Profile	133,126
Telephone Lecture Network	132,384
Chronic Respiratory Disease Program	69,709
Tumor Service Registry	85,783
Information Dissemination Service	58,848
Model Program for Comprehensive Family Health	63,747
Allegany County Mobile Health Clinic	88,007
Master Plan for Planning & Articulation of Allied Health Education	18,857
Comprehensive Continuing Care for Chronic Illness	217,704
Emergency Medical Services System	275,000
Lake Area Health Education Center	<u>355,000</u>
	<u>\$2,435,567</u>

At February 28, 1973, \$1,434,900 of the grant funds had been received. In April 1973 a revised grant of \$3,156,103 was awarded to L.A.R.M.P., Inc. for the period March 1, 1972 through February 14, 1974 in connection with the phase-out of the Regional Medical Program as directed by the Executive Branch of the United States Government.

LAKES AREA REGIONAL MEDICAL PROGRAM, INC.

BALANCE SHEET

AT FEBRUARY 28, 1973  
(unaudited)

ASSETS	Federal Funds	TLN Funds	Special Funds	Total All Funds
Cash	\$ 131,132	\$45,777	\$8,431	\$ 185,340
Federal Grants Receivable	1,000,667	--	--	1,000,667
Accounts Receivable	527	27,028	--	27,555
Deferred Charges	<u>1,066</u>	<u>--</u>	<u>--</u>	<u>1,066</u>
<b>TOTAL ASSETS</b>	<u><b>\$1,133,392</b></u>	<u><b>\$72,805</b></u>	<u><b>\$8,431</b></u>	<u><b>\$1,214,628</b></u>
<b>LIABILITIES, RESERVES, AND SURPLUS</b>				
Withholding Taxes & Insurance	\$ 520	\$ --	\$ --	\$ 520
Reserves for Encumbrances	22,565	--	--	22,565
Unappropriated Surplus	<u>1,110,307 (1)</u>	<u>72,805</u>	<u>8,431</u>	<u>1,191,543</u>
<b>TOTAL LIABILITIES, RESERVES AND SURPLUS</b>	<u><b>\$1,133,392</b></u>	<u><b>\$72,805</b></u>	<u><b>\$8,431</b></u>	<u><b>\$1,214,628</b></u>

(1) Unused grant awards allocated to projects listed on page 12 of this report. Regional Medical Program Services has advised that these funds will remain available through August 31, 1973.

### **Program Committee**

A program committee composed of Regional Advisory Group (RAG) members was organized in 1972 for the purpose of providing continuous assessment of all operational projects and program staff activities. The committee examines these efforts in terms of their relationship to present goals, objectives, and priorities of LARMP. The group usually meets each month, prior to the regular RAG meeting. The formal charge to the committee is: (a) assesses goals, objectives, and priorities of LARMP and make recommendations regarding these matters to the RAG, (b) in the context of objectives and priorities, review and evaluate on-going projects and activities to determine effectiveness and make recommendations to the RAG.

It is expected that this group will be the principal RAG sub-committee for short-term, intermediate, and long-range program planning.

## OPERATIONAL PROJECTS

During the period of March 1, 1972 to February 28, 1973, eleven projects were supported by the LARMP.

### Project No. 1 - Telephone Lecture Network (TLN)

Primary Purpose: General Continuing Education

Health Care Focus: All types of health care

Target Groups: All health professionals, special groups, i.e. parents of diabetic children, asthma chapter, other chronic illness groups, health educators (ASHET)

Area Served: Western New York and Northwestern Pennsylvania

Objectives: To meet the educational and training needs of health care personnel and enable them to provide better patient management in the hospital as well as in the home

### PROGRESS REPORT:

There are currently 35 hospitals on the network. During the past year, project activities have been expanded to include general continuing education for anesthetists, medical librarians and mental health therapists. A monthly Family Practice Conference and a Pediatric Journal Club, as well as a Pharmacy Journal Club were also introduced during this period. The network offered a total of 20 different lecture series in cooperation with 29 educational institutions, government health agencies and professional associations. Attendance exceeded 20,000 and certification of 8,042 continuing education hours provided.

Three college level courses for students preparing for entry into health related professions were offered.

On April 18, 1972, the network was instrumental in helping a Meadville City, Pennsylvania physician save the life and restore complete physical and mental health of a moribund patient with herpes encephalitis. Well over one-third of patients with herpes encephalitis die. Fortunately, a week earlier, the network had tied into the Drug Information Center operated by the School of Pharmacy (SUNY) and was vigorously promoting the service. With the information obtained over the network the physician was able to obtain an antiviral drug that was undergoing clinical tests in California. The lapsed time from the initial call for help and when the drug was received from California by the physician - 12 hours.

This project, designed to foster information exchange by providing an easily accessible communication system, was cited in the September 19, 1972 issue of the Congressional Record for its role in providing communications for the Veterans Administration Hospital in Bath, New York during the tropical storm "Agnes" which struck on June 21, 1972. The subsequent flooding disrupted local telephone service and the network was pressed into service, thereby supplying the only means of communication for that hospital until June 29, 1972.

The system provided direct access to such services as the Drug Information Service, Information Dissemination Service and Laboratory Information Service. These average 2 to 3 calls a day via the network when scheduled programs are not in progress.

Six programs for those who live with and care for relatives with a chronic disease were presented. These programs not only dealt with the medical programs associated with chronic disease, but also the psychological impact it has on the family.

Approximately \$75,000 in non-federal funds have been generated to help support this project during the past 12 months.

#### **Project No. 2 - Information Dissemination Service**

Primary Purpose: Provide library service to health professionals and health institutions

Health Care Focus: All types of health care

Target Groups: Health Institutions, health professionals

Area Served: Western New York and Northwestern Pennsylvania

Objectives: Provide library services to health professionals; encourage hospital libraries to develop their own services; provide consultation service to hospital library personnel

#### **PROGRESS REPORT:**

The Information Dissemination Service began providing service in June 1970. During the first year of operation a total of 12,393 requests were received and processed.

During the period of December 1, 1971 to November 30, 1972 the IDS provided health professionals with the following library services.

- Photocopy requests for Journal Articles - 27,800
- Loan of bound journals - 495
- Books loaned - 2,557
- Bibliographic searches - 769
- Reference requests - 245

Consultation services in relation to library management included responses via telephone, Telephone Lecture Network, and personal visits by the component director to the hospital libraries.

#### **Workshop Held**

A workshop was held on August 31, 1972 which included discussions on acquisitions, cataloging, reference, periodicals and inter-library loans. The discussions emphasized basic procedures and problems involved in library management.

A librarian was appointed to the program staff of LARMP. One of her functions is to acquaint people in the region with the services available and assist them in the operation and development of their libraries.



**Project No. 3 - Chronic Respiratory Disease Program**

Primary Purpose: Education and health care facilities development

Disease Category: Pulmonary

Health Care Focus: Treatment, rehabilitation, comprehensive care

Target Groups: nurses, allied health professionals, physicians, families of patients

Area Served: Western New York and Northwestern Pennsylvania

Objectives: Provide home care and rehabilitation programs for patients; provide educational programs for nurses, patients and families of patients in chronic respiratory disease.

The following components of the program were previously instituted: (not necessarily in 1972)

- |                                       |                               |
|---------------------------------------|-------------------------------|
| - Screening Program                   | Pulmonary Function Laboratory |
| - School of Respiratory Therapy       | Respiratory Therapy Service   |
| - Pulmonary Physical Therapy          | Home Care Program             |
| - Continuing Education for Nurses     | Rehabilitation Program        |
| - Continuing Education for Physicians |                               |
| - Model Pulmonary Care Facility       |                               |
| - Respiratory Intensive Care Unit     |                               |

**PROGRESS REPORT:**

In 1972, 50 new patients were enrolled in the rehabilitation program, 34 of whom were able to complete the 8-week program. All but two of these patients experienced substantial symptomatic improvement as well as objective evidence of improvement of exercise capability. Thirty-eight patients completed the rehabilitation program and were invited to enroll in a rehabilitation clinic in 1972. These patients are seen every three months and are encouraged to continue their activities following the formal program.

Nine hundred sixty-two nurses participated in 35 teaching programs during 1972. The educational programs were an important aspect of the program.

A pamphlet that deals with chronic respiratory disease was developed and published for the purpose of assisting in teaching patients and families more about the disease and how to handle it on a day to day basis. Over 3,000 of these pamphlets have been distributed and have received enthusiastic acceptance.

**Project No. 4 - Emergency Medical Services System**

Primary Purpose: Part Training and Part Patient Services

Disease Category: Multicategorical

Health Care Focus: Diagnosis and Treatment

Target Groups: Multiprofessional; Patients

Area Served: Erie County

Objectives: To document emergency medical needs and to develop an appropriate emergency medical services system throughout the nine county region.

**PROGRESS REPORT:**

Researchers have surveyed 18 Erie County Hospitals and 4 in Niagara and Cattaraugus Counties; 53 volunteer fire ambulance/rescue and 3 emergency first aid squads. Survey data on commercial and hospital based ambulances has been obtained from the New York State Department of Health.

Based on data collected, recommendations were made to the Communications Sub-committee as to placement of radio equipment. This sub-committee, comprised of several communications experts, designed and developed bid specifications for the Emergency Medical Communication Network.

**Training Courses Held**

Medical Emergency Technician training began in October with two courses completed, thirteen in process, three beginning in March, 1973, and five more beginning in April, 1973. Educational materials, equipment, supplies and training aids are secured. The Erie County Medical Society has assisted in recruiting physician instructors. Several area hospitals are providing the emergency room observation sessions.

In depth research on emergency cardiac care projects was completed. Based on the accrued data, a cardiac care project was developed with a Buffalo hospital and ambulance service.

Emergency Medical Care Committees have been formed in Niagara, Cattaraugus, and Chautauqua counties. Committees are anticipated in the remaining five counties of the Lakes Area Regional Medical Program, Inc.

**Project No. 5 - Tumor Service Registry**

Primary Purpose: Part Training and Part Patient Services

Disease Category: Cancer

Health Care Focus: Comprehensive Care

Target Groups: Medical Records personnel, physicians, cancer patients

Area Served: Western New York and Northwestern Pennsylvania

Objectives: To provide better care to cancer patients by improving (1) quality of care by hospital and physician and (2) access to care through follow-up procedures.

**PROGRESS REPORT:**

Continuous operation of the registry was maintained with processing of input data, publication and distribution of periodic reports and further expansion of the follow-up program.

Hospitals participating increased from 18 to 20, with a hospital bed increase from 3,017 to 3,817. Five workshops were held for continued training of hospital registry secretaries. All participating hospitals were visited during this period for purposes of individualized instruction and actual assistance in abstracting hospital records. The basic abstract, the hospital follow-up and the physician follow-up forms were revised with several improvements; adequate supplies of each were obtained.

New computer programs have been written to retrieve stored data in a well organized and meaningful form.

**Project No. 6 - Lake Area Health Education Center**

Primary Purpose: Coordinate area-wide health care education

Target Groups: Health care providers, consumer groups with emphasis on Spanish-speaking and Black migrant workers.

Area Served: Pennsylvania Counties of Erie, Crawford and Warren; Chautauqua in New York and Ashtabula in Ohio.

Objectives: To provide area-wide education and training programs for providers and consumers.

**PROGRESS REPORT:**

Programs are being conducted in the areas of - continuing education in medicine, pharmacy, dentistry, clinical pharmacy, clinical pastoral education, medical program development and medical education coordination, therapeutic drug information service, training of nursing personnel in geriatric care, training of activity leaders for long-term care facilities, basic health care education for underserved migrants, Sickle Cell disease education program, planning, evaluation and analyses of health manpower needs.

Other programs under consideration deal with: nursing institute (coordination and development of all area programs in nursing, at all training and academic levels); nutrition education (a similar program for dietitians, nutritionists and most food workers with perhaps an out-reach touching the education of specific lay groups in nutrition and career opportunities through health education for regional employment - COHERE, a program designed to recruit, education and place manpower in health services.)

**Project No. 7 - Allegany County Mobile Health Unit**

Primary Purpose: Part Training and Part Patient Services

Disease Category: Multi-categorical

Health Care Focus: Prevention and Screening

Target Groups: Rural Population; Health Professionals

Area Served: Rural Allegany County

Objectives: To make health education classes available to citizens of Allegany County; and to provide health assessment programs for all ages.

**PROGRESS REPORT:**

A custom designed self-contained multi-purpose mobile health unit was purchased in June 1972. During the summer months an extensive orientation program was conducted for both health professionals and consumers concerning the purpose of the unit. A driver-secretary was employed as of May 1, 1972.

The unit has been operating on a three-day, two-day alternate week operation covering five sites. A total of 54 individuals have received health assessments as of November 30, 1972. So far, 24 persons, or 44% have been referred to a physician for follow-up of a suspected deviation from health. Two of these people have been hospitalized. The age of clients has ranged from 15 to 78 years. The list of problems has reflected the health problems of the general public (cancer warning signals, circulatory disturbances, elevated blood pressure, etc.). As of March, 1973 over 145 persons have visited the unit for service.

**Project No. 8 - Comprehensive Continuing Care for Chronic Illness**

Primary Purpose: Research and Development

Disease Category: All Chronic Diseases

Health Care Focus: Prevention, screening, diagnosis, treatment, rehabilitation

Target Groups: Health Care Team, Inner-city Poor

Area Served: Buffalo Inner-city Area

Objectives: To develop a model demonstration program which would implement and evaluate a comprehensive continuing approach to the care of patients with chronic illness.

**PROGRESS REPORT:**

1. Recruitment of full staff
2. Completion of research instrument
3. Development of research instrument
4. Creation of problem oriented clinic charts for experimental patients
5. Graduation of Home Health Aides from training course.
6. Several site visits made to locations at which programs similar to ours are being developed
7. Development and implementation of pilot study
8. Completion of data collection for retrospective chart review of 100 chronically ill E. J. Meyer Hospital patients

Data from the pilot and retrospective studies are being analyzed to achieve a good estimate of patient behavior to pretest methodology and data gathering instruments, and to refine clinical practices.

**Project No. 9 - Model Program for Comprehensive Family Health**

Primary Purpose: Part Training and Part Patient Services

Disease Category: Multicategorical

Health Care Focus: Prevention, screening, diagnosis, treatment and rehabilitation

Target Groups: Multi-professional

Area Served: Buffalo Metropolitan Area

Objectives: To identify community health needs and meet these needs through the team approach; to develop a model to demonstrate the effectiveness of family physicians.

**PROGRESS REPORT:**

A computer terminal facility has been developed and is now in operation. Record systems have been modified to provide the basis for adequate data. Encounter forms have been created to provide a reasonable basis for making this data computer adaptable. The necessary personnel to achieve this have been engaged.

Alternate sources of support for the program at the Family Practice Center have been generated to support the educational aspects. These funds are being derived from the federal government under the Health Manpower Act of 1971 and from the development of a new Department of Family Medicine at the School of Medicine, State University of New York at Buffalo. The project, in its entirety, was initiated and is being subsidized by Deaconess Hospital.

**Project No. 10 - Master Plan for Planning and Articulation of Allied Health Education**

Primary Purpose: Coordination of Health (training) Services

Disease Category: Multicategorical

Health Care Focus: Comprehensive Care

Target Groups: Allied Health Professions

Area Served: Western New York and Northwestern Pennsylvania

Objectives: To identify manpower needs, training programs presently in operation, roles and responsibility of RMP-CHP; to develop advantages of and mechanisms for cooperative regional planning; and to construct a master-plan

**PROGRESS REPORT:**

An Advisory Committee was appointed to provide necessary leadership. The initial meeting of the Council was called to discuss coordinated regional planning. An analysis of the region with respect to current manpower needs and educational programs was accomplished.

It was determined that the region is currently oversubscribed with allied health programs with respect to health manpower needs. Coordinated regional planning should prevent unnecessary duplication of educational programs and overproduction of manpower.

**Project No. 11 - Community Health Information Profile**

Primary Purpose: To identify problem areas for the Lakes Area Regional Medical Program, Inc. and other health agencies.

Disease Category: Multi-categorical

Health Care Focus: Data Collection and analysis

Target Groups: Allied Health Professions

Area Served: Western New York and Northwestern Pennsylvania

Objectives: To provide a data base covering the health care systems of Western New York and Northwestern Pennsylvania.

**PROGRESS REPORT:**

Profiles have been completed for Cattaraugus and Allegany counties, New York; for the aging in Erie County, New York; and ambulatory care services for the inner city of Buffalo. A profile of Family Planning in the seven counties of Western New York will be completed in February, 1973. Data collection has begun on the profile of Chautauqua County.

These reports have had wide distribution nationally and have become the model for similar studies elsewhere.

## DEVELOPING A GRANT PROPOSAL

### Letter of Intent

A letter of intent is the first step in developing a proposal for submission to LARMP, Inc. It is a brief summary of the project concept. RMP program staff and county committee chairmen use the letter of intent to determine if the idea is pertinent to the goals and objectives of LARMP, Inc. Results of this review are communicated to the author. He then decides if the proposal warrants further development.

The letter of intent should be a one or two-page, single-spaced, typed letter addressed to:

Executive Director  
Lakes Area Regional Medical Program, Inc.  
2929 Main Street  
Buffalo, New York 14214

It must include:

- a brief statement of what is proposed and by whom
- documentation of the need
- what is to be accomplished—the objectives
- how it is to be accomplished—the methodology
- anticipated cost over requested funding period
- plans for measuring the effect of the project-evaluation component.

### Review Criteria

The letter of intent is reviewed by the county committee chairmen to determine if an idea is pertinent to the goals and objectives of the Lakes Area RMP, Inc. The Comprehensive Health Planning Councils are provided copies of the letters of intent for their staff's review and comment. Special forms are used by the county committee chairmen, LARMP, Inc. staff, and CHP staff, to review letters of intent.

### Regional Advisory Group Review

Comments of the county committees, the Proposal Committee, and the Comprehensive Health Planning Councils are forwarded to the Lakes Area Regional Medical Program Regional Advisory Group (RAG). The RAG is the final review and the decision-making body. It considers the recommendations provided by all other review groups, and makes the final decision on approval of projects. The author is specifically requested to attend the RAG meeting at which his proposal is being considered.

The actual funding is dependent upon RAG's priority ranking of approved projects within LARMP, Inc. goals and objectives, subject to the availability of funds.

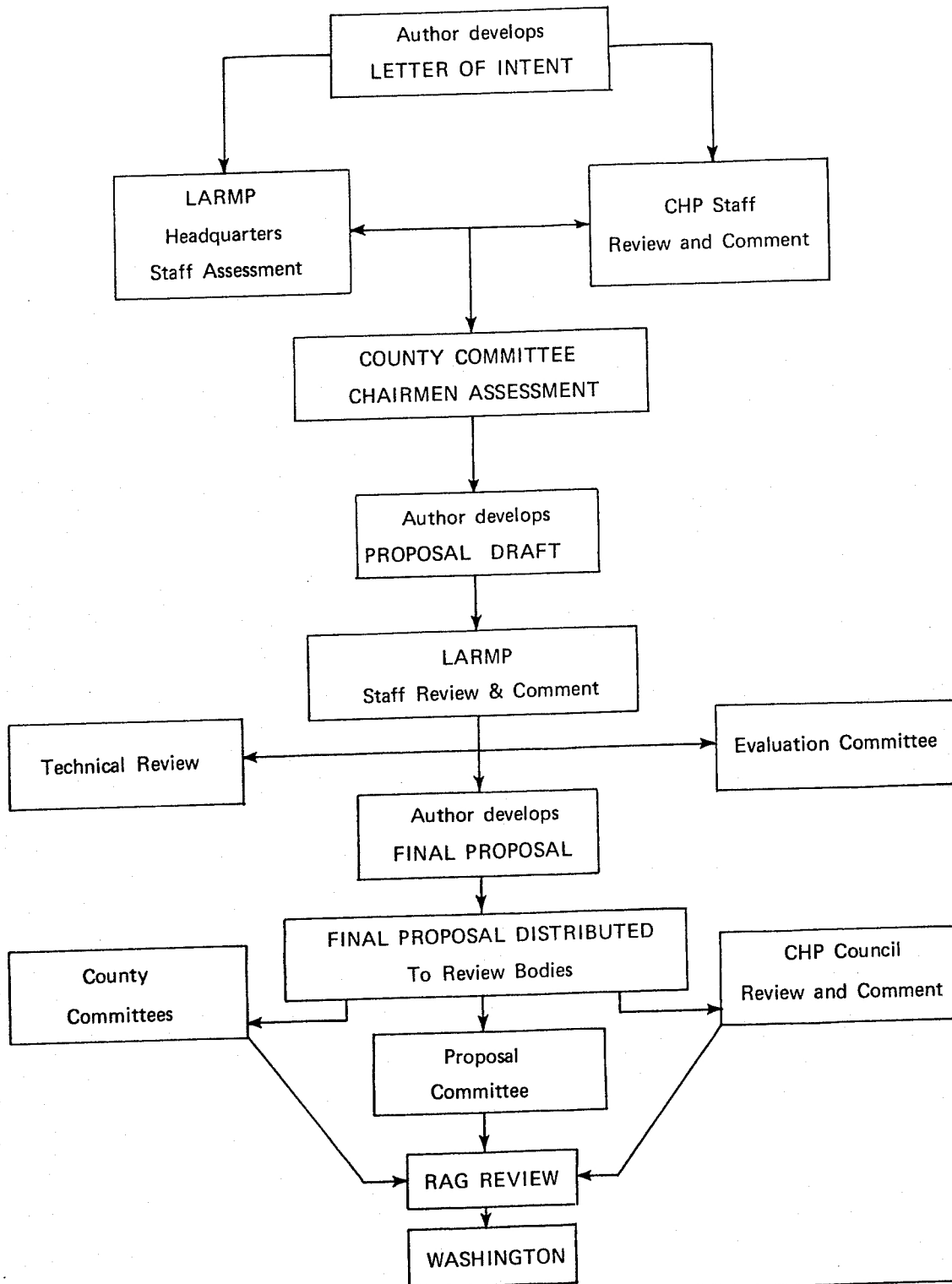
### The LARMP review mechanism promotes

involvement of the sub-regional groups  
education of author and reviewers  
equity of review.

The proposal author is in personal contact with the series of groups who review his proposal. In particular, he must be prepared to explain to the county committees his concept and its applicability to their particular situation. The Regional Advisory Group has final authority for both approval and funding decisions.

FIGURE 6

PROPOSAL REVIEW PROCESS





## EVALUATION

Evaluation tools have been developed to assure that health activities goals and objectives remain flexible and respond to the documented needs of the region. These tools also measure the contributions of activities to the programs goals and objectives and the activities themselves to see if they are well-conceived and well carried out.

Information derived from measures of program effectiveness is used periodically to reassess goals and objectives, determine the level of support for ongoing activities, and seek out projects and activities which address themselves to as yet unmet objectives.

During 1972 an attitudinal survey of a sample of consumers in Allegany County was conducted to determine attitudes towards health, health care and perceived health needs as reported by residents of this rural county.

Interviews of the same sample population will be conducted this summer to determine any changes in attitudes and whether or not the recently installed Allegany County Mobile Health Unit has had any effect on these changes.

An Evaluation was conducted on the Rural Externship project to determine changes in attitudes of health science students towards rural health care delivery systems. Revision of the Telephone Lecture Network evaluation methods resulted in a change of programming more suited to the needs of the participants.

A study is currently underway to determine the usage patterns of the Information Dissemination Service. A site visit of the Tumor Registry took place in April, 1972.

A survey of the LARMP's official newsletter, Forum, was carried out to determine the visibility of the program throughout the region as well as attitudes toward the newsletter. A number of LARMP sponsored workshops and continuing education programs for health professionals were evaluated to determine their effect on participants and to assist in planning for future programs.

All proposals submitted to LARMP for possible funding, are screened to insure the presence of an effective evaluation component. All operational projects are monitored by a newly developed quarterly reporting system which includes site visits and informal visits by LARMP staff members.



## EVALUATION WORKSHOP

### Process of Program Evaluation

An evaluation workshop sponsored by the Lakes Area Regional Medical Program, Inc. and featuring talks by Dr. John Cassel, Chairman, Department of Epidemiology, School of Public Health, University of North Carolina and the Honorable Elliot Richardson, Secretary of U.S. Department of Health, Education and Welfare, was held November 2, 1972 at the Treadway Inn, Niagara Falls, New York.

The purpose of the workshop was to acquaint those persons associated with the Lakes Area Regional Medical Program, Inc. with the evaluation mechanism, its complexity, and the need for overt commitment to its implementation. Evaluation is considered to be an essential component in all of the Lakes Area Regional Medical Program's projects and program activities. It is a mechanism that promotes sound planning, productive operation, and innovative replanning. Evaluation efforts depend upon the cooperation of project sponsors and administrators; and cooperation depends upon understanding. The workshop proved to be a workable way to accomplish that understanding, for both project and program people.

It was generally agreed that the workshop brought about a positive attitudinal change toward

evaluation. Those who participated realized the importance of evaluation, and demonstrated an increased appreciation of its relevance to program goals and objectives. The workshop produced rationales for 'why' evaluation is necessary in terms of planning and outcome. It forced people to ask basic and direct questions about the need, motive, and direction behind projects. It led to the clarification of individual goals, demonstrating the need for relevant, workable, and specific objectives.

In an attempt to evaluate particular projects of LARMP, participants were confronted with evaluation problems. They found that as they shaped evaluation, they reshaped the project. Evaluation began as an idea and emerged as a functional process that required work, understanding, and unqualified commitment from every facet of every program.



FIGURE 7

STATUS OF PROPOSALS

The following proposals went through the Lakes Area Regional Medical Program review process during 1972.

<b>Title</b>	<b>Author</b>	<b>Results of RAG Review</b>	<b>Period</b>
A Public Health Nutrition Program for Chautauqua and Cattaraugus Counties	Ruth E. Kocher	Approved	3 years
Continuation Proposal for Development of a Master Plan for the Planning and Articulation of Allied Health Education in the Western New York Region	Phyllis F. Higley, Ph.D.	Not Approved	2 years
Improving Medical Laboratory Services in Rural and Small Hospitals	Sara Marie Cicarelli	Approved	2 years
Development of a Homemaker Service in Niagara County	Health Association of Niagara County, Inc.	Not Approved	3 years
Dial Access for Cancer Information Service	Edwin A. Mirand, Ph.D., D.Sc.	Tabled	3 years
Emergency Medical Services System	Erie County Department of Health	Approved	1 year

**FIGURE 8**

**Proposals Submitted to Washington as part of Lakes Area Regional Medical Program, Inc.  
Triennial Grant Application for September 1, 1973-August 31, 1974.**

<b>Title</b>	<b>Coordinator</b>
Telephone Lecture Network	Joseph Reynolds
Chronic Respiratory Disease Program	John Vance, M.D.
Tumor Service Registry	John Patterson, M.D.
Model Program for Comprehensive Family Health	Ernest Haynes, M.D.
Allegany County Mobile Health Unit	Virginia Barker, R.N., Ed.D.
Comprehensive Continuing Care for Chronic Illness	Evan Calkins, M.D.
Improving Medical Laboratory Services in Rural and Small Hospitals	Sara Marie Cicarelli
Public Health Nutrition Program for Cattaraugus and Chautauqua Counties	Ruth E. Kocher
Emergency Medical Services System	James H. Cosgriff, Jr., M.D.
Lake Area Health Education Center	Michael Carey

FIGURE 9

PROGRAMS IN CONTINUING EDUCATION, 1972

DATE	PROGRAM	LOCATION	REGISTRANTS	CO-SPONSORS
February 24	Cancer Teaching Day "Current Advances in the Treatment of Leukemia"	Wyoming County Community Hospital Warsaw, New York	110	American Cancer Society Wyoming County Unit
March 11	Cancer Teaching Day "Cancer and the Psychology of Adolescent Smoking"	Niagara Falls Memorial Center	152	American Cancer Society Niagara County Unit  Lakeside Laboratories
April 6	Cancer Teaching Day "Diagnosis and Management of Head and Neck Cancer"	David A. Howe Memorial Library Wellsville, New York	90	American Cancer Society Allegany County Unit
May 3	Cancer Teaching Day "Oral Pathology - Detection, Diagnosis and Treatment"	Holiday Inn Downtown Erie, Pennsylvania	175	American Cancer Society Pennsylvania Division, Inc. Erie County, Pa. Unit  Pennsylvania Department of Health Cancer Control Division
June 1	Cancer Teaching Day "Cancer of the Colon"	Castle Restaurant Olean, New York	210	American Cancer Society Cattaraugus County Unit
June 15	Aging Seminar "Understanding the Aging Process"	Jamestown Community College	300	Study Commission, Problems of the Aging Jamestown, New York
October 11	Health Guides Workshop "Communication - Process and Problems"	Parkway Ramada Inn Niagara Falls, New York	70	Lakes Area Regional Medical Program, Inc.

(continued)

DATE	PROGRAM	LOCATION	REGISTRANTS	CO-SPONSORS
October 19	Cancer Teaching Day "Cancer of the Uterus"	Holiday Inn Batavia, New York	213	American Cancer Society Genesee County Unit
November 2	Evaluation Workshop "A Workshop - The Process of Evaluation"	Treadway Inn Niagara Falls, New York	120	Lakes Area Regional Medical Program, Inc.
November 8	Heart Teaching Day "Live Longer Electrically, with a Pacemaker"	Holiday Inn Batavia, New York	335	Heart Association of Western New York Genesee and Wyoming Counties Units
November 15	Aging Seminar "Understanding the Aging Process - Part II"	Hotel Jamestown Jamestown, New York	366	Study Commission, Problems of the Aging Jamestown, New York
November 16	Cancer Teaching Day "Carcinoma of the Colon, Changes and Status in 1972"	Cameo Restaurant Wellsville, New York	104	American Cancer Society Allegany County Unit
November 29	Sickle Cell Seminar "Community Involvement in Combating Sickle Cell Disease"	1490 Jefferson Avenue 585 Michigan Avenue Buffalo, New York	70	Niagara Frontier Association for Sickle Cell Disease Lakes Area Regional Medical Program, Inc.
			1,054	

### Emergency Medical Services System

Emergency Medical Services on the Niagara Frontier got a big boost in 1972 when the Lakes Area Regional Medical Program, Inc. working with the Erie County Emergency Medical Care "Blue Ribbon Committee" (this group serves as the advisory body to the Erie County (N.Y.) Health Commissioner) developed an Emergency Medical Services project for the area.

The project received \$250,000 from the Lakes Area Regional Medical Program, Inc. on June 28, 1972. The EMS system provides a radio communications network that links all police and fire departments, fire base stations, hospitals and transit authorities for emergency services in the county. The project also includes a Medical Emergency Technician Training program for 5,000 ambulance and rescue squad attendants over a 3-year period.

### Emergency Medical Services Workshop

The First Annual Regional Conference on Emergency Medical Services held February 1 - 3, 1973 in cooperation with the Emergency Medical Care Committee, Erie County Health Department, was highly successful and brought together a number of persons interested in EMS such as physicians,

nurses, public health personnel, volunteer firemen, Civil Defense, Red Cross, ambulance and emergency squad members, hospital administrators and others.

One thing the participants had in common was their interest in solving the problems associated with the delivery of safe, efficient and effective emergency health services.

### Inner City Health Problems

Inner city problems in Niagara Falls, and Buffalo, New York as well as Erie, Pennsylvania have received continued attention and surveillance by LARMP.

During 1972 a LARMP staff member worked closely with many action agencies such as Model Cities, Community Action Organization, Niagara Community Action Program (NIA-CAP), Family Service Reach Out, etc. In addition he provided consultation, technical writing and information gathering skills to small groups and government agencies operating in these areas. The community groups include the Family Life Consortium, Niagara Frontier Association for Sickle Cell Disease, Perry Valley Community Health Center, Lackawanna Health Center and the Erie, Pennsylvania Sickle Cell Society.



The LARMP's continued emphasis on combating the categorical disease, Heart, Cancer and Stroke resulted in further cooperative efforts with medical and lay groups in a community-wide effort to develop a program for screening, education, referral and treatment of persons with hypertension. Involved in this effort were representatives of the Upstate Medical Alliance, an organization of black physicians, dentists and podiatrists; as well as members of the National Medical Association, a similar national black group.

Community leaders representing the Bayfront Community Center, Booker T. Washington - Erie I Center, and the John F. Kennedy Center, all of Erie, Pennsylvania have participated and provided their support in dealing with problems related to their areas.

The BUILD organization (BUILD, Unity, Independence, Liberty and Dignity) has sought assistance from the LARMP in developing a proposal for hospitals to use community health aides/patient advocates as a means of changing existing utilization patterns of hospital facilities within the community.

#### **Lake Area Health Education Center - Erie, Pennsylvania**

The Lakes Area Regional Medical Program, Inc. has pioneered a precedent-setting activity supporting it fiscally and philosophically along with the Erie (Pa.) Veterans Administration Hospital. Some 60 health or health-related organizations in the LAHEC area also supported the LAHEC concept and have contributed funds and in-kind service.

The concept of the "area health education center" was introduced nationally in October 1970 in the Carnegie Commission report on "Higher Education & The Nation's Health: Policies for Medical & Dental Education" (McGraw Hill). LAHEC, however, is a pioneering "community" variant of the "university" model proposed by the Carnegie report.

LAHEC is a non-profit community corporation, whose goal is to serve as a community-based and operated regional system of education and training for health manpower, providing them with "basic," "continuing," and "innovative" programs. LAHEC coordinates and develops area resources and potential in order to meet area needs in health-care manpower. The area served is primarily Erie County, Pennsylvania, with its quarter-million population along with a second quarter-million from four contiguous counties in a tri-state distribution: Crawford and Warren in Pennsylvania; Chautauqua in New York; and Ashtabula in Ohio. Additionally, as specific need arises, other counties may and do participate.

LAHEC's board of directors, their panel of consultants, and their numerous program committees, who represent a comprehensive cross-section of the area's health-care manpower and their clinical and educational settings are currently directing a wide range of activities that not only maintain the competence of but also introduce break-throughs in knowledge and new techniques to the area's health-care professionals; furthermore, they offer certain groups of lay persons the opportunity to become more pragmatically informed about health and health care.

This fiscal year, LAHEC's activities are funded (cash) 61% by the Lakes Area Regional Medical Program, Inc. 37% by the Veterans Administration, and 2% by local contributions. If in-kind services are translated into dollars, then the proportions are as follows: 54% LARMP, 32% VA, and 14% local. Twelve programs are the core of LAHEC's activities since July 1, 1972. The programs are:

1. Continuing Education in Pharmacy
2. Clinical Pharmacy
3. Drug Information Service
4. Continuing Education in Medicine
5. Medical Program Development & Medical Education Coordination
6. Continuing Education in Dentistry



7. Clinical-Pastoral Education
8. Training of Nursing Personnel in Geriatric Care
9. Training of Activity Leaders for Long-Term-Care Facilities
10. Basic Health-Care Education for Under-served Migrants
11. Sickle Cell Disease Education Program
12. Planning, Evaluation, & Analysis of Health-Care-Manpower Needs

Three other programs are under consideration:

13. Nursing Institute (coordination and development of all area programs in nursing - at all training and academic levels).

14. Nutrition Education (a similar program for dietitians, nutritionists, and most food-workers - with perhaps an outreach touching the education of specific laygroups in nutrition).

15. COHERE--Career Opportunities through Health Education for Regional Employment - an ambitious program to recruit, educate, and place manpower in health services within the LAHEC area.

The total cash budget for this year's twelve programs was well over half a million dollars (and close to two-thirds of a million if in-kinds are added).

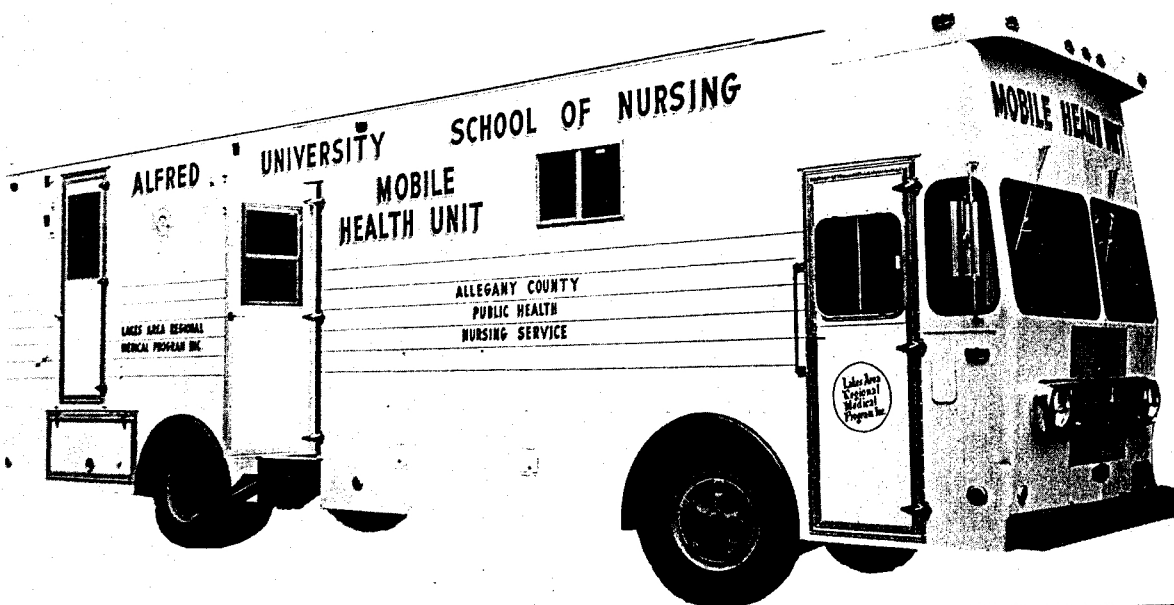
### Allegany County Mobile Health Unit

A mobile health unit, designed to provide health assessments and health education to Allegany County residents, was purchased with LARMP funds in mid 1972. It was fully equipped and put into service on October 4, 1972.

During the first five months of operation the unit made regular weekly stops at Angelica, Alfred Station, Caneadea, Richburg and Whitesville seeing 141 persons at an average visit of one each hour. The maximum number of persons that can be seen in one day, ten, has been achieved. Of the 141 persons seen, who range between the ages of 15 - 85, 55 are males and 86 are females. Seventy-nine of the 141 persons seen were referred to family physicians or to the two hospitals in the county for further examination. Five were hospitalized including one person who underwent surgery for a precancerous condition.

Of the 141 persons seen, 19 had no family physician. Twelve of these were referred to a physician of their choice.

Types of referrals included persistent sore tongue, chest discomfort, shortness of breath, edema of extremities, flaking mole, long period of hoarseness, frequent indigestion, abnormal blood pressure and increase in blood glucose.



### Rural Externship Program

First hand living experience and exposure to rural health delivery services in small communities are the essence of the Rural Externship Program. This project has begun to demonstrate its effectiveness in directing more health manpower toward underserved rural areas. Besides the participation of thirty-four health science students in the 1972 summer, program, working in thirteen small communities in the region, the project has resulted in a substantial change in attitude among these participants. Before beginning their externship, the students indicated that 20.8% of them were planning a rural health career following graduation. At the end of their 1972 experience, the number planning such a career increased to 38.1%, or almost double the earlier figure.

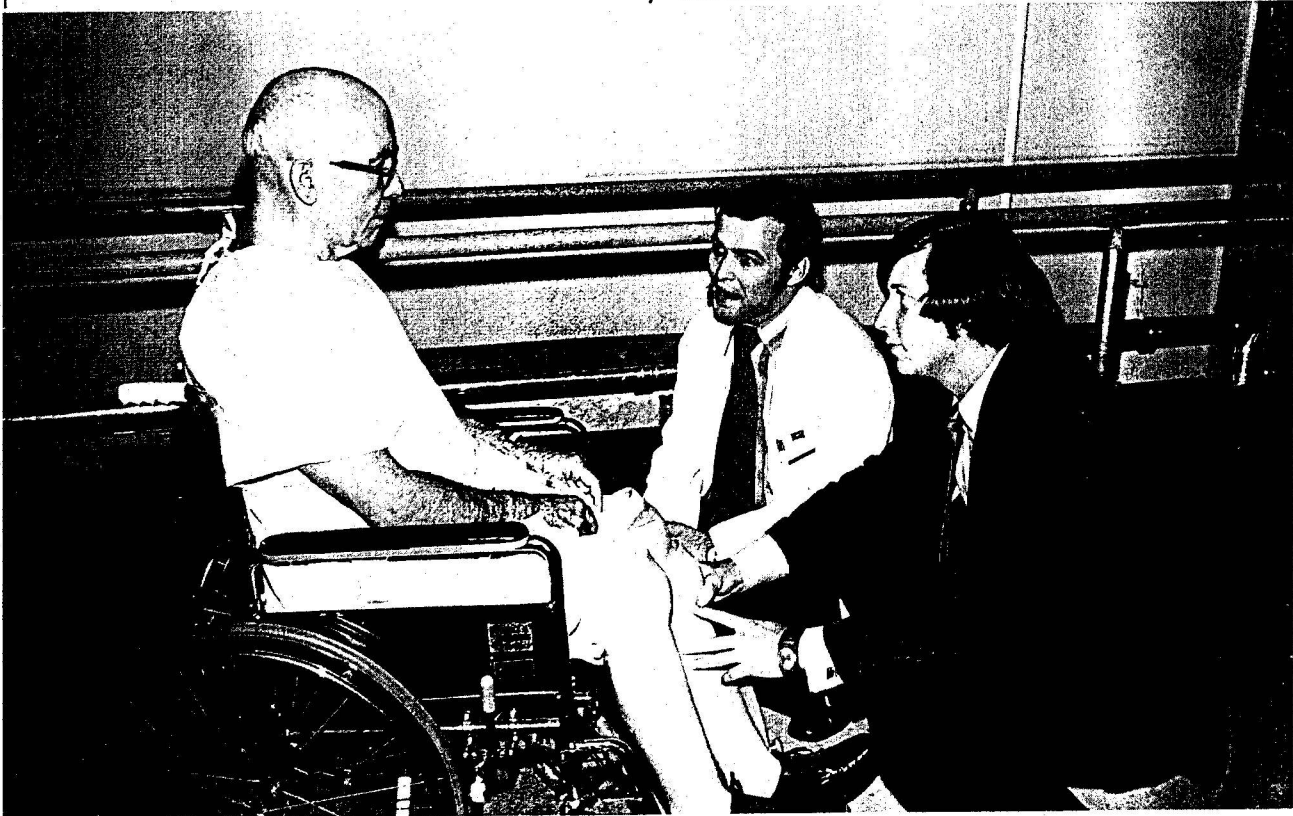
Direct exposure to primary care and to health care settings not currently a part of their formal clinical curriculum occurred for students in the following disciplines and number in each:

Medicine	12
Physical Therapy	7
Pharmacy	5

Nursing	4
Dentistry	2
Hospital Administration	1
Medical Technology	1
Podiatry	1
Social Work	1
Total	34

While each student was assigned to one principal preceptor, in actual practice he received the benefit of working with a number of other health professionals, so that over sixty preceptors were involved in the program. Since there were several sites where students representing a variety of health disciplines were located, they had the opportunity to share experiences with one another and participate in a "team" approach.

The 1972 program lasted for eight weeks. It is expected that the 1973 operation will also be eight weeks and will include forty students. Externs receive a stipend of \$100.00 per week. The Rural Externship Program has been sponsored by the Lakes Area Regional Medical Program, Inc. since 1970 and funded by the Appalachian Regional Commission and voluntary contributions from the various communities as well as by the Lakes Area Regional Medical Program, Inc. itself.



## **Library Program**

The total Lakes Area Regional Medical Program Library program since September, 1972, has operated in two phases: the in-house informational system and the hospital library consultation service.

A newly appointed librarian for the LARMP began her duties by developing a collection of monographs, journals and pamphlets for program staff use. The monographs are being cataloged with the National Library of Medicine scheme. Current awareness needs of program staff are served by circulation of journal title pages and lists of new library materials.

Photocopy and bibliographic service of the LARMP funded Information Dissemination Service have been used extensively.

Basically the hospital library consultation service is designed to help health care facilities establish and manage a library for professional health personnel.

Among the services provided are: assist hospitals in building and maintaining an effective library service for a viable collection; consultations with hospital administrators concerning the establishment of a library service in their hospital; use of the Telephone Lecture Network to communicate with library personnel for training program purposes; conduct workshops for the library personnel; provide assistance in completing forms to obtain federal funds (resource grants) for library collections.

### **Hospital Library Consultation Service**

Eighteen institutions have requested consultation services. Many community hospitals were found to have minimal collections and expressed interest in submitting NLM improvement grant

applications. A series of four Telephone Lecture Network programs for hospital library personnel is now underway and have been well received. A packet of library management reprints has been sent to ten institutions. Plans are being made for a one-day workshop for librarians late in 1973.

Local consultation efforts are coordinated with the educational programs of the Medical Library Association and the Regional Medical Library.

### **Communications**

The variety of activities conducted by the Lakes Area Regional Medical Program, Inc. are brought to the attention of special target groups and the general public through effective use of the news media, exhibits displayed at conferences and meetings, brochures for special programs and published articles in the many health-related journals.

Television and radio have been used often to cover program activities. The "Forum," the LARMP newsletter, brings news of important LARMP events, to over 13,500 on the LARMP mailing list.

Maintaining a flow of reliable information to the news media has resulted in extended coverage of our activities. Feature stories about some of our operational projects have appeared in almost all of the daily newspapers in the region.

The media has provided good local coverage to our continuing education programs for health professionals in the various communities where the programs were held.

The LARMP subscribes to almost every daily and weekly newspaper in the region.

News clippings from these newspapers are clipped, and copies circulated to area legislators, RMPS, and appropriate LARMP staff for informational exchange.

FIGURE 10.

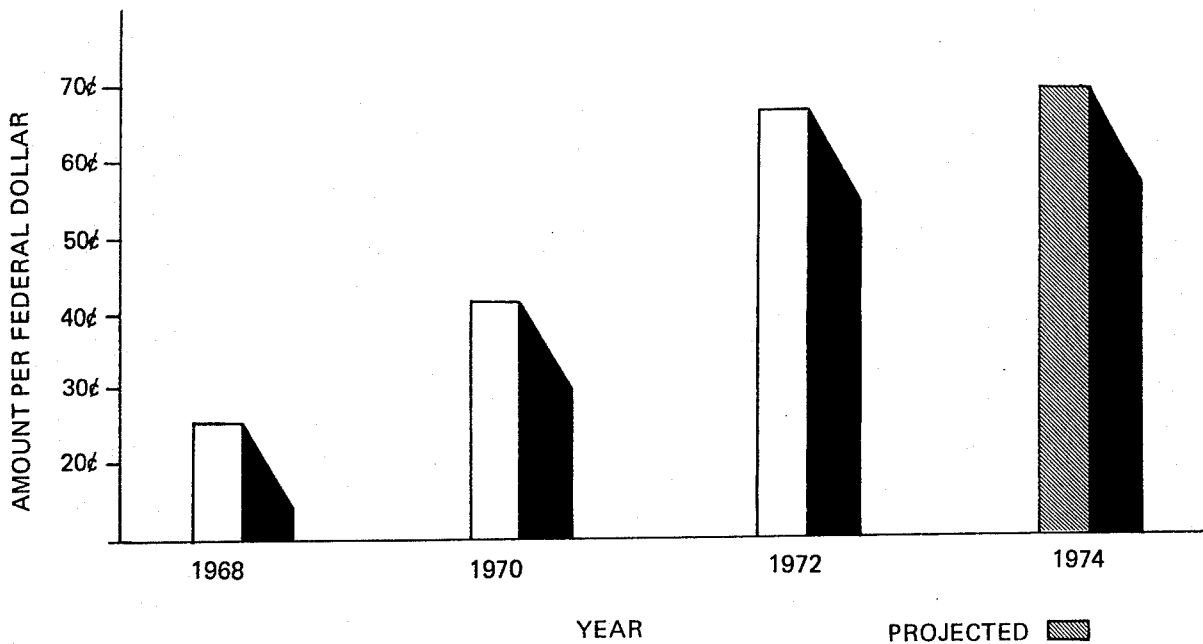
**Volunteer's Contribution**

A study was conducted in 1968 by the Lakes Area Regional Medical Program, Inc. to find out what was being contributed to the LARMP operation in terms of money by the many dedicated volunteers who take part in its activities.

This included the use of such resources as meeting rooms, services, workshops, and time spent in meetings on RMP business along with other such factors.

In 1968, community time volunteered to LARMP showed that for every federal dollar received, 23 cents was provided by the volunteer's contributions of time, efforts and other resources. In 1971 this figure rose to 40 cents for every federal dollar.

In 1973 the figure is 66 cents for every federal dollar. By 1974, it is projected that local participation will increase to about 68 cents/federal dollar.



COOPERATIVE CONTRIBUTIONS TO LARMP  
PER FEDERAL DOLLAR EXPENDITURE 1968-1974

## LAKES AREA REGIONAL MEDICAL PROGRAM, INC.

### PROGRAM STAFF:

#### Professional -

John R.F. Ingall, M.D. - Executive Director  
James J. McCormack, Ph.D. - Associate Director  
Robert J. Miller, M.B.A. - Executive Assistant to Director  
Patricia Shine Hoff, R.N., M.A. - Assistant Director - Nursing & Allied Health  
Benjamin Morgan, B.S. - Comptroller  
Marion Sumner, M.B.A. - Consultant  
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Helen Brown, M.A. - Staff Associate  
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Rosemary Meyers  
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Urban Batt  
Richard Raeihle

## PROJECT PERSONNEL

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Bob Mathiebe  
Doris Unger  
Marge Witkop  
Robyn Atkinson

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Joy Greenwood  
Alice Pfonner  
Angelika Saxer  
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Ruth Hyman  
Thomas Garvin  
Geoffrey Stearns

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