

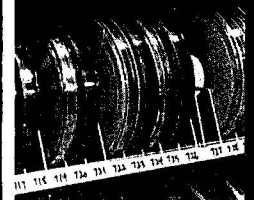
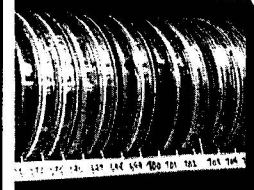


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Lakes Area Regional Medical Program, Inc.



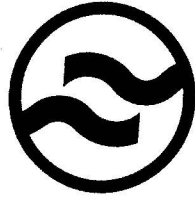
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Theme

An appropriate theme for the Lakes Area Regional Medical Program, Inc. in 1973 can best be described by the word *dedication*.

The National scene in 1973 was eventful and traumatic. Regional Medical Programs across the country were threatened by peremptory exclusion from the President's budget followed by phase-out orders from the Administration.

Instructions were given to terminate staff and project support without Congressional authority to do so. The Regional Medical Program process had, however, become stable. The results of its efforts were measurable, and searching hearings by Congress culminated in the passage of extension legislation. The bill, introduced by Congressman James Hastings, was passed by a resounding 372-1 in the House of Representatives. A similar bill passed by a vote of 94-0 in the Senate.

Our efforts had been favorably identified and received constituency support.

The National Association of Regional Medical Programs, Inc. came into its own and sought legal assistance in the release of appropriated but impounded funds. Meanwhile, the Lakes Area Regional Medical Program continued with assigned tasks and funded 13 projects at a sum exceeding \$1 million.

Acknowledging the uncertainties but carrying out regular business required a great deal of *dedication* on the part of RMP staff, Advisory Groups and RMP constituents.

A civil suit filed by the Lakes Area Regional Medical Program, Inc. along with the Medical Care Development Inc., fiscal agent for the Maine Regional Medical Program on behalf of all RMPs, sought to release funds both authorized and appropriated by Congress, but impounded by the Administration. As a result of this civil action, funds were released by the Administration for RMPs.

We are proud of our achievements, our staff, the Regional Advisory Group and its Board of Directors and all those who stood by us in this period of crisis.

Faith and Fortitude Meet The Challenge!

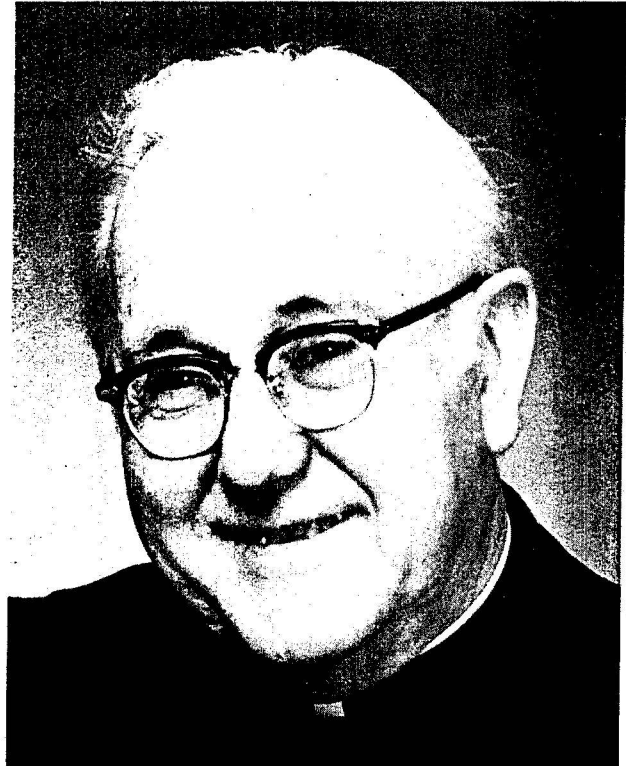
The year 1973 was filled with tension, pressure and spirited challenges for all the Regional Medical Programs throughout the nation. Our own Lakes Area Regional Medical Program, Inc. faced the multi-phased challenge of dissolution with faith and fortitude.

All of those involved in our organization especially the officers and members of the Regional Advisory Group, which represents every sector of our nine-county region, gave unstintingly of their time and talents in determined efforts to keep RMPs alive.

Keeping faith in our essential purposes and basic objectives, our dedicated county committee members and our competent professional staff met the challenge with a collaborative and cooperative action on a united front.

One of the weapons employed by the Administration was its morale destroying maneuvers which consisted of piecemeal, short-term allocation of minimum funds. It demanded faith and genuine fortitude to remain steadfast and confident that our cause would prevail. At the end of the calendar year 1973 we won the victory in the courts. This assured us of receiving the full funding intended by the U.S. Congress for the development of an equitable national health delivery system on a regional basis.

Throughout our nation today there is a new and dominating interest in the health care of the American People. In our own geographical area there is a common and consuming interest in the kind of health care actually available to our citizens. What abilities and facilities can be brought to bear on our health problems? The challenge of the immediate future appears to be the role we are willing to play in cooperation with our lawmakers to supply the in-put which will create the delivery system our communities are demanding. This means that the *Lakes Area Regional Medical Program* must accept a large share of the responsibility for the development of a community life which is alert and active in solving our health problems. It means we must utilize to the utmost the riches, the humanities, the sciences, and especially the health sciences which have been made available to modern man.



Father Girard

Fr. Cosmas Girard, OFM

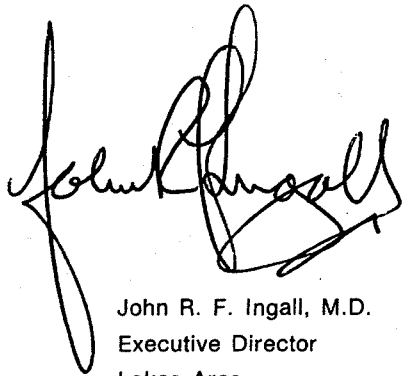
Father Cosmas Girard, OFM, Ph.D.
President, Regional Advisory Group
Lakes Area Regional Medical Program, Inc.

a word from the . . . Executive Director

The events of last year have presented many moments of anguish for regional medical programs across the country. The Administration's directives to phase-out our programs, followed by congressional action to the contrary, namely to continue our work, taxed our staff and credibility almost to the limit. A large group of dedicated persons who are interested in continuing the regional medical program process provided strong constituency support.

Your National Association of Regional Medical Programs, Inc., won a civil action in the courts which released funds appropriated by Congress but impounded by the Administration.

We look forward to a new and exciting future. We will continue striving to make quality health care delivery systems in our region effective and available to everyone.



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



Dr. Ingall

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 receptivity 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 an 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.

Origin of RMPs

Legislation

Regional Medical Programs were established by Congressional action in 1965 under Public Law 89-239. Under this legislation categorical emphasis was placed on the three major killers—heart disease, cancer and stroke.

In 1970 this legislation was amended to include kidney disease and other related diseases as Public Law 91-515. The legislation promotes through grants the development of regional cooperative arrangements among the nation's health professions and institutions in order to improve regional organization of health resources and services and to enhance health care by supporting the providers at the community level.

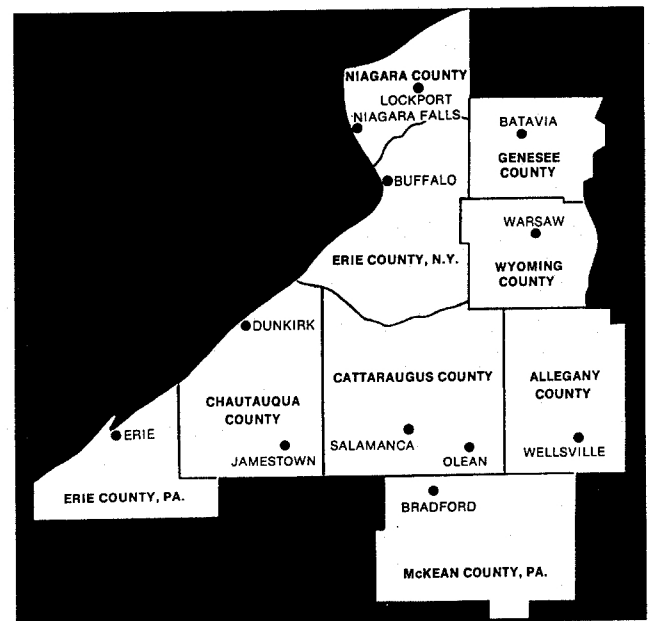
There are currently 53 Regional Medical Programs covering the United States and its trust territories. The programs vary considerably in their size and characteristics. However, each program has been organized through local initiative and cooperative arrangements. Unlike many federal programs, the RMPs operate primarily under local direction. Their strength lies in the "grass roots" participation by the many devoted volunteers who make up their regional advisory groups.

LARMP Purpose

The Lakes Area Regional Medical Program, Inc. is designed through grants and contracts to encourage and assist in the establishment of regional cooperative arrangements among medical schools, research institutions, and hospitals for the promotion of research and training, medical data exchange and demonstrations of patient care in the fields of heart disease, cancer, stroke and kidney disease, and other related diseases. It strives to improve the personal health care system in the nine-county region it represents in Western New York and Northwestern, Pennsylvania. The program affords to the medical profession and medical institutions, through such cooperative arrangements, the opportunity of making available to their patients the latest advances in the prevention, diagnosis, treatment and rehabilitation of persons suffering from these diseases. It also promotes and fosters regional linkages among health institutions and seeks to strengthen and improve primary care and the relationship between specialized and primary care.

By these means, the program attempts to improve the quality and enhance the capacity of the health manpower and facilities available to the region and to improve health services for persons residing in areas with limited health services.

The program attempts to accomplish these ends without interfering with the patterns or the methods of financing of patient care or professional practice, or with the administration of hospitals, and in cooperation with practicing physicians, medical center officials, hospital administrators, and representatives from appropriate voluntary health agencies.



The Region

The LARMP is one of 53 federally funded, locally controlled regional medical programs in the United States.

Nine counties comprise the region, seven in Western New York and two in Northwestern Pennsylvania. The counties are: Allegany, Cattaraugus, Chautauque, Erie, Genesee, Wyoming and Niagara in Western New York, and Erie and McKean in Pennsylvania.

The region covers an area of 7100 square miles with a population well over two million people.

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 provide direct assistance, 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 to investment in the center by the Boards of Trustees of two Erie, Pennsylvania hospitals and the Veteran's Administration; and the Rural Externship project attracted private contributions from hospitals, physicians and local governments.

Talking Together

One of the strengths of the LARMP has been its ability to encourage health professionals at all levels to **talk together**.

Very often more than just money is necessary if patients are to receive the care they need and deserve.

In order for a system of care to work there must be a cooperative effort on the part of all concerned to see that health care needs of people are identified and ways to solve related problems are carried out. By cooperating together in clarifying health needs and the resources available to meet these needs the LARMP has helped to foster a bond of cooperation among health care providers.

Often the solution to a health problem lies within the community itself and LARMP acts as a catalyst to help the community realize its own powerful resources.

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.

This board receives, administers and accounts for Federal Grant funds used in implementing programs to be supported by the Lakes Area Regional Medical Program according to federal regulation and policies.

The Board's membership includes—

Chairman— **Allan Korn**, Associate Professor, Environmental - Consumer Studies Department, State University College at Buffalo.

Herbert Bellamy, Buffalo, New York
Businessman and Community Leader.

Irwin Felsen, M.D., Past President Lakes Area Regional Advisory Group, and a private physician from Wellsville, New York.

Maynard Parker, Retired executive previously with the Hooker Chemical Corporation of Niagara Falls, New York.

Norman Slawinski, Branch Manager, Marine Midland Bank - Western, Buffalo, New York.

Regional Advisory Group

The Regional Advisory Group assists in planning, development, and coordination of all projects in the area supported by the Lakes Area Regional Medical Program.

This 43-member group is broadly representative of the geographic areas and social groups served by LARMP. It includes practicing physicians, medical center officials, hospital administrators, representatives from medical societies, health and related professions, voluntary and public agencies, and representatives of other organizations, institutions, and agencies as well as members of the public concerned with the need for services provided under this program.

The expanded membership-at-large was undertaken to represent all elements of the provider and general population with attention given to involving minority group members, labor leaders, businessmen and women.

The group usually meets on the second Thursday of every month at 7:30 p.m. at the LARMP offices, 2929 Main Street, Buffalo, N.Y.

The Health Services Development Unit

The Health Services Development Unit of the Lakes Area Regional Medical Program serves in a liaison capacity with all of the nine counties that comprise the LARMP region. In addition, members of the unit help with the development of proposals that may arise from the individual counties. Keeping good communication lines open between county committees, other constituents or interested organizations and the LARMP central office is one of the unit's main functions. Helping to develop ideas for proposals that are aimed at improving the availability and quality of health care in these areas is another prime function.

The HSDU is also working toward promoting a regional approach in the development and implementation of health services with special regard to specific diseases such as heart disease, cancer, stroke, kidney and related diseases.

Members of the HSDU and their assigned counties are:

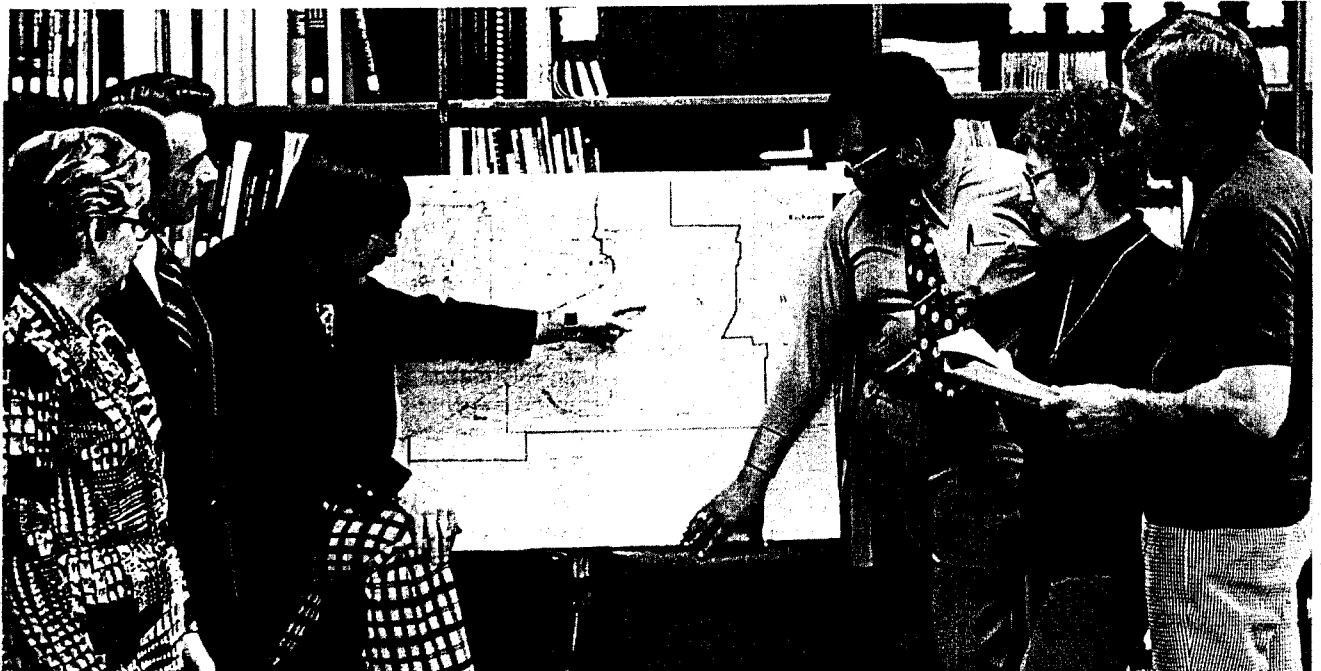
- Robert Beebee, Niagara and Genesee
- William Crage, Erie, New York
- Patrick Egan, Cattaraugus; southern part of Chautauqua County; and McKean, Pennsylvania (except EMS project).
- Suzanne Manson, Allegany and Wyoming
- Jean Hanna, Northern Chautauqua and Erie, Pennsylvania
- Michael Miller, Inner City Representative

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 LARMP 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) assess 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.

This group has been the principal RAG sub-committee for program planning.

Health Services Development Unit



Central Management Services

Organizationally, the LARMP, Inc. is divided into two inter-related yet distinct functional areas. The principal function consists of program staff activities. The second functional area is Central Management Services. This provides direct support to program staff activities.

CMS is divided into five categories — Comptroller, Personnel, Purchasing, Communications and Printing. This arrangement offers a mechanism to provide direct administrative support to program staff activities and funded projects.

CMS serves both LARMP program staff and all funded project activities. It has contributed significantly to the reduction in administrative overhead costs from over 48 percent in early 1972 to the current administrative cost rate of approximately 8 percent. Taking note of this accomplishment, other Regional Medical Programs have begun to establish central management services within their own organizations patterned after LARMP.

Comptroller

The Comptroller's office deals with grants management, budgets, and contracts. This office also prepares and maintains all financial transaction records formerly undertaken by the Research Foundation.

Personnel

Personnel administration is concerned with recruitment and placement, salary administration and payroll, employee relations and support staff training.

Purchasing

Purchasing undertakes such functions as inventory control, supply acquisition, and pricing. The purchasing department has significantly contributed to the overall lowering of the administrative expenses required to operate LARMP program activities and funded projects. All equipment and supplies are properly inventoried and accounted for. Likewise, termination of RMP funding of a project requires that ownership of project equipment either remains with LARMP or is transferred upon suitable request and justification to the institution continuing the project after RMP support is terminated.

Printing

Contributing to the lowering of administrative costs is the LARMP Printing Department, which prints and assembles nearly 90 percent of all LARMP publications. Formerly contracted to private commercial organizations at considerable expense, this "in-house" service has generated about \$20,000 in annual publication cost savings.

Communications

Keeping key target groups and the public informed on the activities and accomplishments of the Lakes Area Regional Medical Program is achieved with extensive use of the mass media.

Television and radio have been utilized effectively for special interviews, press conferences and news coverage of LARMP activities. News releases, and newsletters are also used as vehicles for dissemination of LARMP related information. Feature stories as well as day to day program activities have appeared in almost all of the daily newspapers in the region. The communications department prepares a monthly newsletter, FORUM, for distribution to approximately 15,000 health professionals, other individuals and institutions. In addition, brochures, pamphlets, booklets and the Annual Report are prepared by this unit. A well maintained mailing list assures the continual flow of pertinent program information.

The media has provided good local coverage to our continuing education programs for health professionals throughout the region. Additionally, items of significant community interests such as the Telephone Lecture Network's role in providing needed telephone communications during Hurricane Agnes and the Allegany County Mobile Health Unit, which played a significant part in saving a life in Allegany County, are brought to public notice.

Health Information Systems Unit

The Health Information Systems Unit is a derivative of the Community Health Information Profile (CHIP) a project which previously received financial support from the Lakes Area Regional Medical Program, Inc.

The Unit provides assistance to projects and is the data analysis for the central Lakes Area Regional Medical Program administration; for program development, planning, project evaluation; and special purpose research and analysis for other community agencies and institutions. Computer based files of sociological, demographic, economic and health related information available to Health Information Systems users provide important data for sound planning and evaluation. The information systems within the unit have been designed to meet both general and specific data collection, storage and analytic needs.

Since the inception of the CHIP project, computer programs have been developed to handle a variety of data processing functions for analysis of data provided by the user or with data available from the Health Information Systems Unit.

Library Services

Since 1972 the Lakes Area Regional Medical Program's Library Program has continued to operate in two phases: in-house informational system and the hospital library consultation service. The staff professional librarian divides her time equally between that of general staff Information Specialist, Librarian for the in-house library, and Library Consultant to the 56 health care institutions, other health agencies and colleges in the LARMP nine county area.

Visits have been made to most of the institutions in the region. In many cases there have been repeated visits to meet with library committees, assist in National Library of Medicine (NLM) grant applications and to assess library collections. Three institutions in the region are presently considering Project Grant Applications.

At initial visits with administrators or library managers the consultant reviews a packet of reprint material compiled to encourage and assist library development. The concept of shared library development has been promoted on a geographic basis both with individual administrators and the librarian.

The library program staff is assisting in the formation of a Western New York Health Sciences Librarians Association.

In 1973 the Telephone Lecture Network programs for librarians were planned by the Information Dissemination Service - State University of New York at Buffalo and LARMP. A new series for 1974 will feature nationally known personalities in Medical Librarianship made available through the TLN teleconference capabilities. For these monthly lectures, groups of students and librarians will meet at LARMP headquarters. The lecture will be followed by professional organization meetings.

A two-day workshop was held in Buffalo, New York in August, 1973. It was well received and attended by 60 librarians from around New York State and Southern Canada. In 1974 the Regional Medical Library and the new steering committee will assist in planning for another workshop.

LARMP through its consultant receives directional input and program assistance from NLM; Medical Library Association, Office of Education; Regional Medical Library, New York Academy of Medicine; and SUNYAB Health Sciences Library.

By action of the Regional Advisory Group of LARMP, \$5,000 in developmental funds were allocated to two Allegany county hospitals to share equally in the improvement of their respective libraries. The hospitals will adhere closely to NLM grant guidelines and the library managers will each receive "mini-courses" in basic library skills.

Development of the staff library has proceeded with acquisition of a Health Care basic collection and current informational materials. The library receives 50 current periodicals, 47 newsletters, and all other RMP newsletters. The library is now open to area students and health professionals.

Information services utilize a variety of networks and resources to answer staff questions concerning drug information, biographical, legislative, and manpower data as well as other information. The expanding Emergency Medical Services and Hypertension Projects place increasing demands on the in-house system. The staff of LARMP and others rely heavily on the excellent services of IDS in photocopy, book loan and computer searches of the MEDLARS data base. The Information Dissemination Service searches are edited and reprinted for distribution at LARMP teaching days.

Current awareness services consist of circulation of journal title pages, compilation of selective bibliographies and servicing informational needs.

Evaluation

A major function of the Evaluation Section is to assist proposal authors in the selection and design of an appropriate methodology for their projects. Such a methodology includes: identification of the target population, documentation of the extent and degree of the problem, statement of project objectives in operational terms, description of project activities corresponding to each objective, establishment of success criteria before commencement of project activities, and quantitative or objective measurement of project results.

A well conceived evaluation design is related to each phase of project activity. It consists of a measuring device or instrument which assesses the effect of project activities on the target population in such a way that results can be compared with some previously established standard or criterion of success.

Evaluative effort aims to study change, specifically the change effected by a project on either the health status of a group of people or the effectiveness and efficiency of the health care delivery system. The evaluation process provides a greater understanding and documentation of LARMP's impact on the region, thus enabling the program to continue responding to the changing health needs of the community.

Part of this evaluation effort is the Quarterly Activities Reporting system. Reporting forms summarizing activities and progress during the quarterly reporting period are completed by each project director. Summary reports on the progress and problems of each project are prepared by the Evaluation Section and provided to the Program Committee for review and program planning.

Evaluation of Teaching Days and Workshops

The many teaching days and workshops sponsored by LARMP are systematically evaluated through the use of evaluation forms completed by program participants. These forms are analyzed to determine the impact of each program in meeting the needs of participants. A report is submitted to the program planning committee to aid them in the planning of future teaching days and workshops.

Evaluation of Operational Projects

Information Dissemination Service

In February 1973, the Information Dissemination Service, in conjunction with LARMP, initiated a detailed evaluation and analysis of IDS utilization. This study was undertaken to assess the resource needs of the SUNYAB Health Sciences Library and participating health care facilities in the region. It will provide the basis for improving the State University of New York at Buffalo's Health Sciences Library as it functions as a resource library. It will also provide the basis for improving the journal holdings of hospital libraries throughout the region.

Emergency Medical Services — NFL Stadium Survey

A survey of all NFL stadia, conducted in the fall of 1973, grew out of the EMS project's involvement in planning emergency medical services at Erie County's Rich Stadium. This survey was conducted to collect data on the facilities, services and medical personnel available to persons requiring medical treatment while attending a sporting event at stadia used by National Football League teams. Survey data are now being tabulated.

Rural Externship Project

An evaluation of the 1973 Rural Externship Project was conducted to determine changes in attitudes of health science students towards rural health care delivery systems and their intentions towards practicing in a rural setting.

Sickle Cell Information and Education Project

Under the sponsorship of the Niagara Frontier Association for Sickle Cell Disease, Inc., numerous sickle cell education meetings took place in the inner-city of Buffalo during the latter part of 1973. The purpose of these meetings was to provide members of the community with basic information about sickle cell disease and to answer questions which the public might have had regarding the disease. Tests were administered to meeting participants prior to the educational presentation and following each program to determine the effectiveness of the program in increasing knowledge of sickle cell disease. Staff support was requested for tabulation and analysis of the results of these pre and post tests.

Lakes Area Regional Medical Program, Inc.
Balance Sheet
February 28, 1974
(unaudited)

Assets

	Federal Fund	Income Fund	Special Fund	Total
Cash	\$ 90,647	\$ 93,746	\$ 10,306	\$ 194,699
Federal grant receivable (Note 1)	844,420	—	—	844,420
Accounts receivable	8,481	7,929	—	16,410
Due from Income Fund	11,403	—	6,395	17,798
Total assets	\$954,951	\$101,675	\$ 16,701	\$1,073,327

Liabilities, Reserves and Fund Balances

	Federal Fund	Income Fund	Special Fund	Total
Liabilities:				
Due to Federal Fund	\$ —	\$ 11,403	\$ —	\$ 11,403
Due to Special Fund	—	6,395	—	6,395
Employee withholding deductions	1,305	—	—	1,305
Other accruals	20,522	—	—	20,522
Total liabilities	21,827	17,798	—	39,625
Reserves:				
Reserve for encumbrances	345,569	—	—	345,569
Fund Balances	587,555	83,877	16,701	688,133
Total liabilities, reserves and fund balances	\$954,951	\$101,675	\$16,701	\$1,073,327

Lakes Area Regional Medical Program, Inc.
Statement of Revenues, Expenditures,
Encumbrances and Fund Balances
Year ended February 28, 1974
(unaudited)

	Federal Fund	Income Fund	Special Fund	Total
Fund Balances at February 28, 1973	\$1,110,307	\$76,765	\$ 9,731	\$1,196,803
Revenues:				
Grants awarded	1,535,036	—	—	1,535,036
Service fees	—	56,393	—	56,393
Contributions	—	—	8,405	8,405
Miscellaneous	—	953	59	1,012
Total Revenues	1,535,036	57,346	8,464	1,600,846
Expenditures	1,712,219	50,234	1,494	1,763,947
Encumbrances	345,569	—	—	345,569
Total expenditures and encumbrances	2,057,788	50,234	1,494	2,109,516
Fund Balances at February 28, 1974	\$ 587,555	\$83,877	\$16,701	\$ 688,133

Note 1

Grants from the Department of Health, Education, and Welfare for the period March 1, 1973 through June 30, 1974 amounted to \$1,535,036 allocated by components as follows:

Program Staff	\$607,537
Rural Extern Program	72,204
Comprehensive Health Information Profile	19,425
Telephone Lecture Network	95,042
Chronic Respiratory Disease Program	10,787
Tumor Service Registry	76,292
Model Program for Comprehensive Family Health	38,047
Allegany County Mobile Health Unit	941
Emergency Medical Services System	216,111
Lake Area Health Education Center	149,021
Ambulatory Care Facilities Study	99,726
Rural Laboratory Improvement	25,000
Two-County Nutrition Program	10,000
SHARECO	25,000
Ambulatory Care Study (Niagara County)	25,000
Regional Hypertension Education	64,903
	<u>\$1,535,036</u>

Note 2

Effective March 6, 1974 an additional award of \$133,403 was received. Simultaneously, the grand period was extended from June 30, 1974 to June 30, 1975.

Note 3

A substantial grant award is expected for the period July 1, 1974 through June 30, 1975. This is the result of a suit filed in Federal Court by the National Association of Regional Medical Programs, Inc. The court directed the Executive Branch of the United States Government to release impounded 1973 and 1974 funds appropriated by the Congress.

Developing a Grant Proposal

Letter of Intent

A letter of intent is the first step in developing a proposal for submission to LARMP. It is a brief summary of the project concept. A copy of this letter must go to the LARMP Executive Director. RMP program staff and county committees use the letter of intent to determine if the idea is pertinent to the goals and objectives of LARMP. The author may receive consultation and assistance in preparation of the letter from the RMP staff. The letter 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 committees to determine if an idea is pertinent to the goals and objectives of the Lakes Area RMP. The two Comprehensive Health Planning Councils in the region, are provided copies of the letters of intent for their staff's review and comment. Special forms are used by the county committees, LARMP 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.

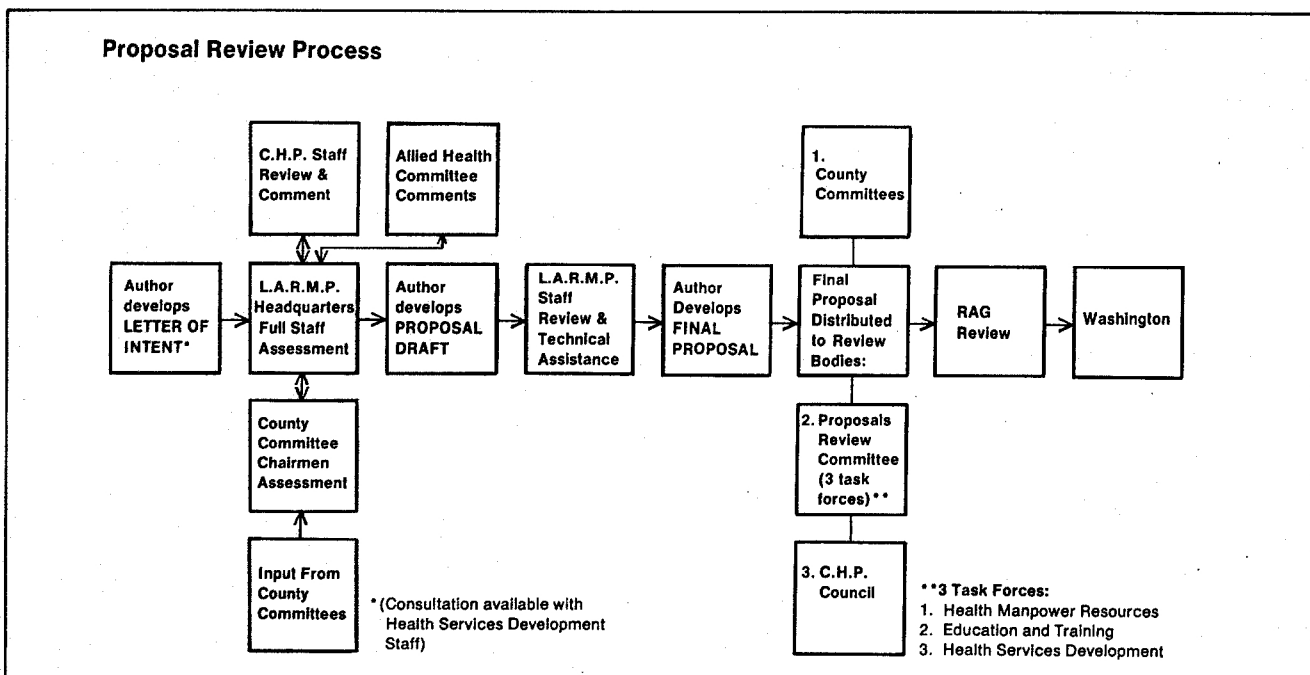
The actual funding is dependent upon RAG's priority ranking of approved projects within LARMP goals and objectives, subject to the availability of funds.

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.

The proposal, if approved here, then goes to Washington for their approval and confirmation and eventual funding.



Programs in Continuing Education 1973

Date	Program	Location	Registrants	Co-Sponsors
January 31 February 1,2,3	EMS Conference "First Annual Conference on Emergency Medical Services"	Statler Hilton Hotel Buffalo, New York	206	New York State Department of Health
January 25	Cancer Teaching Day "Changing Evaluation and Treatment of Lymphomas"	Kenwell Auditorium Millard Fillmore Hospital Buffalo, New York	120	Millard Fillmore Hospital American Cancer Society Erie County Unit
February 15,16	Communications Workshop "Interpersonal Relations Pathway to Improved Communications"	Executive Motor Inn Buffalo, New York	90	Continuing Education Committee School of Health Related Professions State University of New York at Buffalo
March 15	Cancer Teaching Day "Oral Cancer from the Dental Practitioner's Viewpoint"	Buffalo General Hospital Buffalo, New York	55 Approx.	Continuing Dental Education School of Dentistry State University of New York at Buffalo Buffalo General Hospital American Cancer Society Erie County Unit
March 24	Cancer Teaching Day "Carcinoma of the Breast"	Memorial Medical Center Niagara Falls, New York	211	Niagara Falls Academy of Medicine American Cancer Society Niagara County Unit
March 28	Health Guides Workshop Part II "Communications - Process and Problems"	Parkway Ramada Inn Niagara Falls, New York	79	
April 4	Cancer Teaching Day "Viral Factors in Cancer"	Gannon College Erie, Pennsylvania	180	American Cancer Society Erie County-Pennsylvania Unit
May 3	Cancer Teaching Day "Current Management of Gynecologic Malignancies"	W.C.A. Hospital Jamestown, New York	114	American Cancer Society Chautauqua County Unit
May 5	Nutrition Workshop "Coffee, Herb Tea & Vitamin E"	Campus School Buffalo, New York	134	Center of Disease Control U.S. Public Health Service
May 17	Aging Workshop "Meeting the Needs of the Elderly through County Organization"	Rusch's Restaurant Dunkirk, New York	177	Comprehensive Health Planning Council of Western New York, Inc.
June 8,9	Dialysis Workshop "Human Aspects of Renal Disease"	Treadway Inn Niagara Falls, New York	200	Kidney Foundation of Western New York Inc. American Association of Nephrology Nurses & Technicians

(continued)

Programs in Continuing Education, 1973

Date	Program	Location	Registrants	Co-Sponsors
June 13	Aging Workshop "Death and Dying"	Jamestown Community College	350	Study Commission on the Problems of the Aging
June 14	Aging Workshop "Alternatives to Institutional Living"	St. Bonaventure U. Olean, New York	165	
June 21	Cancer Teaching Day "Skin Cancer & Malignant Melanoma"	Castle Inn Olean, New York	131	American Cancer Society Cattaraugus County Unit
June 28	Cancer Teaching Day "Current Concepts in the Management & Treatment of Hodgkins Disease"	Moonwinks Cuba Lake, New York	102	American Cancer Society Allegany County Unit
August 15,16	Hospital Library Workshop	Lord Amherst Amherst, New York	60	Information Dissemination Service Health Sciences Library State University of New York at Buffalo
September 19	Stroke Workshop "The Three R's of Stroke Care: Referral, Restoration and Rehabilitation"	Sheraton Motor Inn Lockport, New York	270	In cooperation with the staff of Mount View Hospital Lockport, New York
October 3,4	Nursing Home Personnel Program "Rehabilitative and Restorative Nursing Skills"	Erie County Home and Infirmary Alden, New York	173-(Oct. 3) 170-(Oct. 4)	Supported by a contract with the Department of Health, Education and Welfare, Region II, Health Services and Mental Health Administration, New York, New York
October 12	First Annual Neonatal Workshop "The Critically Ill Newborn"	Sheraton-East Buffalo, New York	170	Department of Pediatrics State University of New York at Buffalo and Regional Intensive Care Nursery of WNY
October 25	Heart Teaching Day "Live Longer Electrically, with a Pacemaker"	Holiday Inn Bradford, Pennsylvania	101	Heart Association of Western New York, Inc. Genesee and Wyoming County Units
October 26	Aging Program "Mental Status of the Elderly"	Jamestown Community College Jamestown, New York	392	Study Commission on the Problems of the Aging Jamestown, New York
November 1	Cancer Teaching Day "Diagnosis and Treatment of Genitourinary Malignancy 1973"	Cameo Restaurant Wellsville, New York	92	American Cancer Society Allegany County Unit
November 8	Cancer Teaching Day "New Concepts in Earlier Diagnosis of Malignancy-1973"	Holiday Inn Batavia, New York	164	American Cancer Society Genesee County Unit Batavia, New York
November 29	Health Care Delivery System Program "Current Status of the Health Care Delivery System . . . Expectations for the Future"	Rusch's Restaurant Dunkirk, New York	164	Western New York Public Health Association - An Affiliate of the New York State Public Health Association
16			Total Registrants	4070

Cancer Teaching Days

Nine Cancer Teaching Days were conducted during 1973. These are usually held in co-sponsorship with the local American Cancer Society Unit in the county where the program is being held, and Roswell Park Memorial Institute.

Program topics included "Changing Evaluation and Treatment of Lymphomas", "Oral Cancer from the Dental Practitioner's Viewpoint", "Carcinoma of the Breast", "Viral Factors In Cancer", "Current Management of Gynecologic Malignancies", "Skin Cancer and Malignant Melanoma", "Current Concepts In The Management and Treatment of Hodgkins Disease", and "Diagnosis and Treatment of Genitourinary Malignancy-1973".

Over 1,169 nurses, physicians, therapists and other health professionals attended these programs.

Dr. Gerald P. Murphy, Director, Roswell Park Memorial Institute, serves as chairman of the LARMP Cancer Committee which schedules all Cancer Teaching Days.



Cancer Task Force

Chairman:

Gerald P. Murphy, M.D. - Director
Roswell Park Memorial Institute
Buffalo, New York

Charles Barranco, M.D.
Salamanca, New York

Theodore T. Bronk, M.D.
Director of Laboratories
Mount St. Mary's Hospital
Lewiston, New York

Gerald J. Diesfeld, M.D.
O'Dell Medical Center
Arcade, New York

Giles Hamlin, M.D.
Olean, New York

E. Douglas Holyoke, M.D.
Chief, General Surgery
Roswell Park Memorial Institute
Buffalo, New York

Leo D. Moss, M.D.
Olean General Hospital
Olean, New York

Thomas Petrick, M.D.
Genesee Memorial Hospital
Batavia, New York

Steven Piver, M.D.
Roswell Park Memorial Institute
Buffalo, New York

John P. Shutt, M.D.
Brooks Memorial Hospital
Dunkirk, New York

Alfred Stein, M.D.
Buffalo, New York

Paul Welsh, M.D.
LeRoy, New York

Richard T. Williams, M.D.
Wyoming Community Hospital
Warsaw, New York

LARMP Staff:

Mrs. Patricia Shine Hoff, R.N.

Inner City Health Activities

Hypertension

Particular attention has recently been focused on hypertension - high blood pressure, both nationally and locally. Studies show a high incidence of deaths, strokes and heart attacks within black communities due to the disease.

To help combat the problem in this region, LARMP, through its Hypertension Task Force, has undertaken a massive Public Information/Education program to make persons more aware of the dangers of the disease. These efforts are designed to support already established or proposed screening efforts by other groups such as the Heart Association and the Health Departments. No actual screening is done by LARMP. The emphasis by LARMP is to alert the public to the dangers of uncontrolled high blood pressure and encourage them to have their blood pressure checked regularly.

Coordinators of public information and education efforts have been appointed in Erie County, New York and Erie County, Pennsylvania. Eventually the hypertension project will develop into a totally regional endeavor.

A great number of organizations and individuals at many levels are involved in the public information/education aspect of the hypertension project. They include:

Medical Organizations:

Upstate Medical Alliance, Inc., Medical Advisory Group to the United Organization of Neighborhood Facilities, Inc., The Health Association of Niagara County, Inc., Practical and Registered Nurses (Black Nurses) Club.

Community Organizations:

Niagara Frontier Association for Sickle Cell Disease, BUILD of Buffalo, Inc., 1490 Jefferson Enterprises, Inc. (Community Center), Buffalo, New York, Urban League of Buffalo, Community Action Organization of Erie County New York, Tract II Community Center of Niagara Falls, New York, Nia-CAP, Community Center of Niagara Falls, Planned Parenthood of Niagara Falls, Martin Luther King Community Center, Booker T. Washington Community Center, John F. Kennedy Community Center, Hamot Medical Center, St. Vincent Hospital, Doctor's Osteopathic Hospital (all of Erie, Pennsylvania).

Public and Voluntary Agencies:

Erie County New York Health Department, Heart Association of Western New York, The Kidney Foundation of Western New York, Erie County, Pennsylvania Health Department, Visiting Nurses Association, Erie County, Pennsylvania, Veterans Administration Hospital, Erie, Pennsylvania, Heart Association of Northwestern Pennsylvania, Mayor's Office of Community Affairs, Erie, Pennsylvania.



As part of the Public Education aspect of the project, Professional Education Teaching Days have been planned for physicians, nurses, and allied health professionals. Lay Education sessions for community organizations, schools, churches, and block clubs have also been planned.

Publicity has been provided to support existing screening activities and public education.

Also under development is a Regional Hypertension Screening, Follow-up and Treatment proposal, which will include curriculum development for training hypertension technicians, patient evaluation and treatment and program evaluation models.

Other areas of LARMP involvement have been the Family Life Consortium; Perry Valley Health Center (a community planning group); BUILD of Buffalo; Erie County Health Guide Program of the Erie County Health Department; United Organization of Neighborhood Facilities, Inc. which includes the Booker T. Washington Erie I Center; Martin Luther King - Bayfront Center; and the John F. Kennedy Community Center, NATO 1; all of Erie, Pennsylvania; and the Model Cities Transportation Committee.

LARMP also has worked closely with the Erie County Health Department, the Lackawanna Health Center, State University of New York at Buffalo, Department of Medical Sociology, Niagara Frontier Association for Sickle Cell Disease and the Consortium for Allied Health, which includes Buffalo area colleges, who are all working toward the inclusion of Blacks, Spanish surname, American Indians, and poor whites in the allied health professions in Western New York.

Status of Projects (Those active and completed)

The following projects received funding from the Lakes Area Regional Medical Program during 1973:

Project	Status	Coordinator
Telephone Lecture Network	self-sustaining after 12/31/73 (LARMP will fund on deficit basis)	Joseph Reynolds
Chronic Respiratory Disease Program	Completed 8/31/73	John Vance, M.D.
Tumor Service Registry	Funded to 6/30/74	John Patterson, M.D.
Information Dissemination Service	Funded to 6/30/73 (grants from hospitals, etc. now)	Jean Miller, R.N.
Model Program for Comprehensive Family Health	Funded to 12/31/73 (continuing with other funds)	Ernest Haynes, M.D.*
Allegany County Mobile Health Unit	Funded to 6/30/74 (Alfred University thereafter)	Virginia Barker, R.N., Ed.D. Margaret Connelly, R.N., B.S.
Planning and Articulation for Allied Health	Completed 5/31/73	Phyllis Higley, Ph.D.
Comprehensive Continuing Care for Chronic Illness	Completed 4/30/73	Evan Calkins, M.D.
Regional Hypertension	Funded to 6/30/74 (and thereafter if funds available)	Michael Miller
Emergency Medical Services	Funded to 6/30/74 (and thereafter if funds available)	James H. Cosgriff, Jr., M.D.
Lake Area Health Education Center	Funded to 6/30/74 (and thereafter if funds available)	Michael Carey
Ambulatory Care Services Model	Phase I - completed 12/31/73 Phase II - funded to 6/30/74	Richard Chalmers Gunter Schmitz
Ambulatory Care Study for Niagara County	Funded to 6/30/74	Peter Forster
Nine County Medical Laboratory Improvement	Funded to 6/30/74 (to be completed)	Sara Marie Cicarelli
SHARECO - Genesee and Wyoming Counties	Funded to 6/30/74 (to be completed)	John Sifling
Two County Nutrition Program - Cattaraugus and Chautauqua Counties	Funded to 6/30/74 (to be completed)	Ruth Kocher, R.D.
Comprehensive Health Information Profile	Funded to 6/30/73	Harry Sultz, D.D.S.
Health Services Information Unit - successor to Community Health Information Profile and part of Core Program		Frank Rens
Rural Externship Program	Will be continued if funds are available after 7/1/74	William Crage

*Dr. Haynes resigned 8/31/73.
Current acting director is John Robinson, M.D.

List of Members of the Regional Advisory Group and Steering (Executive) Committee



Father Girard Chairman



Dr. Bronk Vice Chairman



Dr. Klein Secretary



Dr. Patterson Treasurer

Name and Address	Institution and/or Occupation	Categories of Representation
Chairman: Father Cosmas Girard, OFM, Ph.D.** Olean, New York	Sociologist-Anthropologist St. Bonaventure University	Cattaraugus County Committee
Vice-Chairman: Theodore T. Bronk, M.D.** Mt. St. Mary's Hospital Lewiston, New York	Physician Director of Laboratories	Niagara County Medical Society
Secretary: Bert Klein, D.P.M.** Jamestown, New York	Podiatrist	Chautauqua County Committee
Treasurer: John C. Patterson, M.D.** Buffalo, New York	Physician	Roswell Park Memorial Institute
Other Members: Hugh Allen, M.D. Erie, Pennsylvania	Physician Hamot Medical Center	Erie County Pa. Medical Society Member of the public
Sister Bernadette Armiger, R.N., Ph.D. Niagara University Niagara Falls, New York	Dean, School of Nursing Niagara University	Member of the public
Virginia Barker, R.N., Ed.D. Alfred University Alfred, New York	Dean, School of Nursing and Health Care Alfred University	Member of the public
Norman Berg* Jamestown, New York	Executive Director Lutheran Social Services	Legal counsel
Lester H. Block Buffalo, New York	Attorney	
Mrs. Charlotte Bruner* Basom, New York	Tonawanda Indian Reservation	Member of the public
LaVerne Campbell, M.D. Buffalo, New York	New York State Health Department - Regional Health Director	Official health agency New York State Health Department
Max Cheplove, M.D. Buffalo, New York	Physician	Erie County, New York Medical Society
Mrs. Ramona Charles Basom, New York	Tonawanda Indian Reservation	Member of the public
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

* Indicates new member since May 1, 1973
** Indicates member of Executive Committee

List of Members

Name and Address	Institution and/or Occupation	Categories of Representation
Irwin Felsen, M.D.** Wellsville, New York	Physician	Past President, RAG Allegany County Medical Society
Dominic Falsetti, M.D. Niagara Falls, New York	Physician	Niagara County Medical Society
John Foster Erie, Pennsylvania	Martin Luther King (Bayfront NATO) Center	Member of the public
William Gaiter Buffalo	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
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	Member of the public
C. Conrad Monroe Corry, Pennsylvania	Banker Marine National Bank	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
Gerald P. Murphy, M.D., D.Sc. Buffalo, New York	Director, Roswell Park Memorial Institute	Roswell Park Memorial Institute
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
Professor Earl Stopfel* Alfred, New York	Chairman, Medical Services Department State University New York, Agriculture and Technical College	Member of the public

(continued)

List of Members

Name and Address	Institution and/or Occupation	Categories of Representation
Harry A. Sultz, D.D.S. Buffalo, New York	Professor, School of Medicine State University of New York at Buffalo	Erie County, New York 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	Allegany County Committee
Donald Watkins, M.D. Bradford, Pa.	Physician	McKean 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
Eugene Wilczewski 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 Medical Society

Regional Advisory Group Alternates

Gerald Farmer, Director Comprehensive Health Planning Erie, Pennsylvania	(Representing Conrad Monroe)
Craig Fisher, M.D. Niagara Falls, New York	(Representing Dr. Dominic Falsetti)
Mrs. Fleeta Hill BUILD Organization Buffalo, New York	(Representing William Galter)
Robert A. Jackson Chief of Professional Services Veterans Administration Hospital Erie, Pennsylvania	(Representing Robert Haith, Jr.)
Dana Lundquist, Associate Director Hamot Medical Center Erie, Pennsylvania	(Representing William Ennis)
Roland Miller, M.D. Chief of Ambulatory Care Hamot Medical Center Erie, Pennsylvania	(Representing Dr. Hugh Allen)
Mrs. Ray Crumbley Martin Luther King Center Erie, Pennsylvania	(Representing John Foster)
Gerald Schofield Deputy Director for Administration Roswell Park Memorial Institute Buffalo, New York	(Representing Dr. Gerald Murphy)

Projects

Emergency Medical Services System

A Blue Ribbon committee, comprised of providers of health services, private and volunteer agencies involved in health and safety, community leaders and general health consumers was appointed in April, 1971 by Erie County (N.Y.) Health Commissioner Dr. William Mosher. Dr. James A. Cosgriff, Jr., a Buffalo, N.Y. surgeon, was named chairman of this Erie County (N.Y.) committee. The committee works toward recommendations for improvement in four basic areas of emergency service: communications, trained emergency personnel, emergency vehicles and emergency facilities. Its broadly based membership assures community-wide participation in the decision making process.

The Emergency Medical Services Project was inaugurated with Lakes Area Regional Medical Program, Inc. funding in the Spring of 1972. Its purpose is to improve emergency health care in the nine-county LARMP region by re-researching the existent system, establishing an Emergency Medical Radio Communication Network, and training ambulance and rescue squad attendants.

The project was originally developed in Erie County, New York, so as to better determine the feasibility of extending it throughout the entire region, and ultimately New York State. However, when the possibility of funding termination arose in May, 1973, the project immediately expanded its efforts regionally. In an attempt to solidify this expansion, an Emergency Medical Care Committee was established in each of the counties. They are responsible for planning and coordinating local Emergency Medical Services. A Regional Emergency Medical Services Coordinating Council was also developed.

The Regional Council consists of two representatives from each of the nine counties in the LARMP region, and one each from the New York State Health Department, Comprehensive Health Planning Councils of Western New York and Comprehensive Health Planning Council of North-western Pennsylvania.

Subcommittees include: **Training** - all nine training coordinators from the LARMP region; **Communication** - one advisor from each of the nine LARMP counties; **Bylaws** - five members. The Coordinating Council is responsible for planning, developing and coordinating the emergency medical services activities in all nine counties.



(continued)

Emergency Medical Services System

The Blue Ribbon Committee that developed the EMS proposal and submitted it to LARMP for funding lists four major objectives. They are:

1. Education

EMT Training - a major element of EMS is properly trained emergency medical personnel. Article 31 of the New York State Public Health Law mandates EMT training for all commercial ambulance attendants; however, this does not apply to members of volunteer agencies. To date the program has conducted training courses for 800 Emergency Medical Technicians of volunteer and commercial units throughout the region. This is equivalent to 20% of the total certified in New York State. About 800 more technicians are expected to be trained by June 30, 1974, bringing the total number trained to about 1600. Development of EMT Instructor program is also underway. Special EMT refresher courses have also been conducted over the Telephone Lecture Network. A standardized training kit including basic supplies needed to conduct a course have been made available to EMT Instructors. These supplies are provided to the counties by the Project.

2. Research

The research and evaluation component of this project is being conducted by a qualified staff. This component is directing regional surveys intended to provide baseline data for the region and local areas to help bring about changes necessary to establish a fully integrated and more responsive emergency care system. The Erie County (NY) survey is now in the hands of appropriate subcommittees who together with hospital administrators are developing recommendations. The county committees throughout the region will similarly process their own surveys in the interests of determining recommendations and activity areas.

3. Communication

The Medical Emergency Radio System (MERS) will soon be installed in Erie County, New York. This system will tie 10 hospitals, 50 ambulance units and 11 service coordinators into a functional communications system. Cost of the equipment is \$160,000. Communication coordinators outside Erie County, New York are meeting with the New York State Communications Coordinator to confer on a regional EMS communications network.



The project is also developing a demonstration project dealing with a digital ambulance-to-base data transfer. This is a method of transmitting patient information by means of an electronic code to reduce radio transmission air time in dealing with accident victims. This application is being addressed directly to the Department of Transportation in Washington.

4. Public Information

There has been significant publicity of the LAEMS Project throughout the LARMP region and beyond. Newspaper coverage has taken place in all municipalities in the area. "Emergency Lifelines", the project's official newsletter, is distributed to over 4,500 persons and the mailing list will be expanded in 1974. In addition, Public Service Television spots are in final form to provide public information in various elementary aspects of EMS access and utilization. Also under development are an EMS brochure and a regional EMS access directory.

The EMS project is receiving support from many concerned political and professional health interests of the region, thereby greatly enhancing its chance for successful implementation.

(continued)

Emergency Medical Services System

First Annual Regional Conference on Emergency Medical Services

The First Annual Regional conference on Emergency Medical Services was held February 1-3, 1973 at the Statler Hilton Hotel in Buffalo, New York.

Sponsored by the Lakes Area Regional Medical Program, the New York State Department of Health, and the Erie County Department of Health's Emergency Medical Care Committee, its objectives were to motivate individuals to develop greater concern about Emergency Medical Services; to promote the establishment of well coordinated county committees; and to develop interest in and support for Emergency Medical Services

The conference brought together nurses, physicians, public health personnel, volunteer firemen, Civil Defense and Red Cross representatives, ambulance and emergency squad members, hospital administrators, police officers and other interested persons, who exchanged their ideas and expertise in a combined effort to establish ways to improve the emergency health care system.

Officials were pleased with the 'good mix' of interested participants who opened up timely and important avenues of dialogue in trying to find ways to improve Emergency Medical Services.

Dr. James H. Cosgriff, Jr., Director of the Emergency Medical Services Project, called for a sweeping change in philosophy on the part of all concerned in emergency health care delivery. "To be operational, appropriate legislative changes and training programs are needed along with reassessment of the roles for each member of the emergency care team. The responsibility for solutions cannot rest alone with isolated groups - it must be multi-disciplined", Dr. Cosgriff noted.

A long list of national, state, county, State University of New York at Buffalo officials as well as local ambulance, medical and agency officials participated as speakers.

A complete report on the conference is available in the publication "Emergency Medical Services Regional Conference" - February, 1973. For copies contact the Director of Communications, Lakes Area Regional Medical Program, Inc.

Staff

James H. Cosgriff, Jr., M.D.	Project Director
Gerald J. Surette	Deputy Director
Ronald Roche	Staff Supervisor
Gary Canfield	Staff Associate & Regional EMT Coordinator
Geoffrey Gibson	Research Consultant
Roger Fenlon	Public Information Consultant
Michael Walters	EMT Consultant
Robert Barnes	Ass't. Research Director
Gregory Photiadis	Research Associate
Cathy Rohrer	Research Associate
Steve Ramspacher	Staff Aide
Connie Heineman	Staff Secretary

□

Nine County Medical Laboratory Improvement

Improving health care in rural or small hospitals by improving the performance of clinical laboratory personnel is the main focus of this LARMP supported project. It is also designed to provide accurate data for diagnosis, treatment and health maintenance of patients.

One of the major objectives is to develop short term courses in compensatory education such as workshops covering the topics of bacteriology, hematology, clinical chemistry and blood banking.

Remedial courses of four days duration have been offered on autoanalyzer techniques used in clinical chemistry, blood banking techniques followed by a three-five day course in instrumentation.

The educational programs will eventually include all clinical laboratory personnel in the LARMP's nine counties. Priorities have been established according to need. The first programs are in compensatory education. The participants have been identified as personnel in rural or small hospital clinical laboratories whose performance has barely met standards and whose needs are most urgent.

Project Director

Sara M. Cicarelli, Associate Professor, Associate Chairman Medical Technology - School of Health Related Professions State University of New York at Buffalo

□ 25

Telephone Lecture Network

The Telephone Lecture Network is a closed circuit system that broadcasts, via a telephone line, continuing education programs to members of the professional community and allied health occupations scattered to its 39 regional network locations.

The primary purpose of TLN is to make first rate, non-commercial, hospital wide continuing education programs available to all hospitals and other health related institutions.

During 1973 thirty-five institutions actively participated in the hospital-wide education service provided by the TLN. A new weekly series of lectures for Food Service Personnel was introduced in the Fall of 1973. The School of Nursing at Niagara University, the District 1, New York State Nurses Association, the W.N.Y. Diabetes Teaching Association, and the Nursing Inservice Department of the Millard Fillmore Hospital joined with the School of Nursing, State University New York at Buffalo, in developing the year's lecture series for nurses. Twenty-eight other sponsoring institutions, agencies, and organizations cooperated in program development during the year.

The regular lecture schedule included 187 programs offered in a wide variety of lecture series attended by members of over 28 disciplines providing health care or health care support.

Reported attendance (approximately 75% of actual attendance) was 16,743. Requests for continuing education certification totaled 10,359.

In the last 24 months, 74 guest lecturers from outside the Lakes Area region have been conferenced from 24 states in the U.S.A. and Canada.

Twelve components of the Lakes Area Regional Medical Program, the Lakes Area Regional Advisory Group, and other cooperating agencies conducted a total of 31 conferences/meetings on the Telephone Lecture Network in 1973. During this period, the TLN provided audio/visual support at thirty-three (33) seminars (43 days) conducted by the LARMP and cooperating organizations.

Beginning in September 1973, the network broadcast schedule was expanded to provide regular rebroadcasts on Friday of any lecture given during the week.



In cooperation with the State University of New York, Agricultural and Technical College (Alfred, N.Y.), a three (3) quarter, credit bearing, college level course covering an Introduction to Anatomy and Physiology I, II, and III was conducted. Total enrollment for all three courses exceeded 120 students.

Thirty Emergency Medical Technicians were recertified following a refresher training course offered over the network by the Lakes Area Emergency Medical Services project. An estimated 35 persons audited this course at various locations.

The Buffalo State Hospital Staff conducted a special series of 12 hour-long sessions for physicians at several network locations in Preparation for Certification by the American Board of Psychiatry and Neurology.

On six occasions the Parents of Diabetic Children and the Niagara Frontier Asthma Chapter of the American Allergy Foundation, conducted community health information and education programs for their membership and other interested persons over the TLN.

Approximately \$58,000 in non-federal funds was generated in this period toward project support.

Staff

Joseph L. Reynolds, Coordinator

Robert Mathiebe

Doris Unger

Marjorie Witkop

Susanne Fimiani

Leslie Solomon



Rural Externship Program



Rural Externship Program-Summer, 1973

Externs by Discipline

Medical	16	29%
Dental	4	7%
Pharmacy	13	24%
Nursing	8	15%
Physical Therapy	6	11%
Medical Technology	3	5%
Dietetics	1	2%
Hospital Administration	3	5%
Podiatry	1	2%
	<u>55</u>	<u>100%</u>

William D. Crage, Project Director

The eight-week Summer Rural Externship project (June 18 - August 10, 1973) provided health sciences students with first hand living and working experiences which were designed to expose them to the delivery of health care in rural areas of the Lakes Area Regional Medical Program region. Close working relationships were developed between the principal preceptors and their students. For some, the experience pointed to a future career away from large cities. The program's structure permitted a great deal of flexibility which allowed the student to decide how to spend part of his time according to his own individually developed interests. Externs were paid a stipend of \$100 per week.

A modest beginning in the summer of 1970 saw nine health sciences students participate in the project. The number jumped to 55 in 1973.

The project enabled students to participate in an interdisciplinary "team" approach to health care, based in many cases on a rural or semi-rural hospital setting. It provided exposure to rural health care delivery and the life style of a rural community. Students also became aware of the characteristics and problems of rural health practice.

The diversity of experience afforded the externs was most extensive. In addition to having contacts with all hospital departments, most of them went out into the community under supervision of various preceptors and enjoyed enriching experiences in many aspects of health care delivery and delivery of health related services. This occurred in rural, semi-rural, and small urban areas and included patients from each of these areas. The approximate cost of this project in 1973 was \$53,190 which was funded by the LARMP.

As a result of the 8-week summer experience, three of the 55 externs accepted positions in rural or semi-rural areas after completion of their studies. Others, 32.7%, definitely planned on rural health practice following graduation.

This project received good publicity and visibility. A large number of feature stories regarding the program's activities appeared in the local newspapers of the region. The project also was carried on the wire services. Articles included several feature stories of personal interviews with externs and preceptors. Accounts of the project were also heard on radio broadcasts. Letters were written to area legislators concerning the project. One local congressman delivered a commendation statement on the floor of Congress and placed this and samples of the newspaper accounts in the Congressional Record. □

Allegany County Mobile Health Unit

A mobile health unit, designed to provide health assessments and health education to Allegany County residents was funded by the Lakes Area Regional Medical Program, Inc. in mid 1972. The unit is sponsored by the Alfred University School of Nursing and Health Care and the Allegany County Board of Legislators through the County Public Health Nursing Service.

During 1973 the Allegany County Public Health Nursing Service, which is operating the unit, assessed 329 adults. Of this number 203 were referred to family physicians or a physician of the client's choice for one or multiple problems. This is a referral rate of 62% compared to the initial assumption that there would be a 40% referral rate. Each person referred was also provided with follow-up by agency nurses to insure that all recommendations were followed and to lend assistance whenever needed.

The educational effort in connection with the Mobile Health Unit actually consisted of two phases. One is client education conducted by the Public Health Nurses and the student nurses on the Unit. The second phase is the education of the health professionals themselves, whether it be the nurse practitioner or the student in the baccalaureate program. At present group education of the clientele in the county is met in the area of the expectant parents classes. Additional education classes were planned to begin in the spring of 1974.

Officials note that one of the real strengths of the Mobile Health Unit has been the one-to-one health counseling and health education carried on within the Unit by the Public Health Nurses and the student nurses with the individual members of the society as they come through the Mobile Health Assessment Program. This has been attested to by letters of support received from county residents who have availed themselves of the services of the Unit.

The introduction of the Mobile Health Unit in Allegany County has opened up learning experiences for students in Alfred University's baccalaureate nursing program. As of September 1973 all seniors in the nursing program were required to serve on the unit. Beginning in February 1974 all sophomore students received rotation assignments on the unit. This is a reflection of the trend of the University's nursing curriculum toward the development of the Family Nurse Practitioner Program at the undergraduate level.

The project received honors from the New York State Nurses Association as an innovative development in nursing practice which is changing the health care delivery pattern in a particular area. The Association saw it as a means of demonstrating an effective role for the professional nurse in meeting today's health needs.



Well Child Conference Project

The Allegany County Public Health Nursing Service also operates a Well Child Conference Project. This is funded by the Appalachian Child Development Commission. Three of these conferences per month are held in the Mobile Health Unit. Children clients are assessed by a team of nurses from the Allegany County Public Health Nursing Service, headed by a Pediatric Nurse Practitioner, who is also employed by the nursing agency. Since the well child project began on August 27, 1973, a total of 87 children were assessed in the unit. The referral rate is 18%. There is also follow-up by nurses for these referrals.

Beyond The Call Of Duty

On January 31, 1974 the mobile unit during a regularly scheduled visit in Bolivar, New York, became involved in providing first aid and oxygen to three victims of a major fire that destroyed four buildings. Nurses aboard the unit, which was parked across the street, administered the service to the victims during the height of the blaze, whose flames were fanned by 40 mile per hour winds. No injuries were reported. An account of the unit's participation in the fire appeared in local area newspapers.

Co-Project Directors

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Reynard Meachum, Driver Secretary,
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Lake Area Health Education Center

The Lake Area Health Education Center is a non-profit corporation based in Erie, Pennsylvania. As a community-based regional system of educational and training programs (basic and continuing) it coordinates and develops area resources in order to meet area needs in health-care manpower. Presently LAHEC relates to the five contiguous counties of Astabula (Ohio); Chautauqua (New York); Crawford, Erie and Warren in Pennsylvania. The consortium's activity has no strict geographical boundaries and accepts all responsibilities and affiliations, all working and formal relationships that further its aim of regional self-sufficiency in health care manpower.

Funds to support LAHEC's regional activities come from three sources: (a) Lakes Area Regional Medical Program (b) Veteran's Administration, through the VA hospital in Erie, Pennsylvania and (c) diverse local contributions, both in cash but chiefly in kind, from the health care and educational facilities and institutions from all five counties, and the professional health manpower societies within the same region.

These funds vary from year to year. It is LAHEC's intent to become generally free from federal support by 1980. Since June 1971, when the first LAHEC staff person was employed, the consortium has received over one million dollars of support, with approximately 75% derived from federal sources and the remaining 25% from local sources. LARMP awards are about 80% of the federal contribution. Erie's St. Vincent Hospital and Hamot Medical Center are the chief cash contributors among the local donors.

First Two Years

In its first two operational years, LAHEC has sponsored, promoted and/or administered twenty-five programs for numerous health disciplines, thereby helping to maintain the competence of thousands of health professionals, both within and outside the LAHEC area. At least two dozen counties in the tri-state area previously mentioned are represented among the participants in programs offered by LAHEC.

Over 1200 professionals have registered at LAHEC seminars, workshops, etc. There is no way of determining the number of professionals reached through LAHEC's local library program, or LAHEC's speaking and consultative efforts on state and national levels. There is no practical way of taking a census of those who now listen to the instructional LARMP Telephone Lecture Network

because of LAHEC staff's promotion of its use, or how many persons have benefited from the LARMP-funded Information Dissemination Service, the Drug Information Service and the VA-funded Medline. It would be difficult to attain accurate statistics concerning the numbers of laypersons who have been reached through LAHEC's educational programs in health for the non-health-professional community (reached via face-to-face contacts, and pamphlets as well). Each person within the region's half-million-and-more population is receiving better care because of the updated professionalism of its health-care-man-and-woman-power at a cost of about a penny per person.

Minority Health Education

The Minority Health Education Delivery System (NHEDS) relates to the Spanish-speaking migrant and sedentary populations along the tri-state shores of Lake Erie. Bilingual health advocates visit migrant camps and inner-city areas in order to reach their Spanish communities with educational and testing programs. The needs of people of all ages are identified. The health advocates themselves, through Villa Maria College of Erie, are given paramedical training. A 30-hour course touches upon a medley of subjects including nutritional practices, water supplies, childhood diseases, care of infants at home, first aid techniques, methods of assessing health needs, etc. Health advocates teach migrants and residents how to obtain proper medical treatment by using available community families and teach them preventive health. Ladies from the Erie Council of Churches make up first-aid kits, which are distributed to Spanish homes with instructions in their use. St. Martin's Center in Erie is serving as a hub for multimedia programs which have been provided for Spanish teenagers on topics such as alcohol, drugs, and sex education. Adults attend sessions on first-aid - all conducted in Spanish. As MHEDS develops, classes will expand to provide instruction in nutrition, pre-natal care, and caring for babies at home. Pamphlets and films in Spanish have been distributed and shown. A glossary of common health terms is in preparation. Three college seniors joined MHEDS during the winter semester for their practicum: one is a community-development student in health planning; the other two are nursing students.

(continued)

Lake Area Health Education Center

New programs are envisaged to help solve needs in the LAHEC area. New funding sources for programs barely underway are also needed. LAHEC is investigating the health-educational potential of supra-regional cable TV, a nurse-practitioner program and a yet to be developed nursing institute.

LAHEC continues to develop its two-dozen-plus programs throughout the area. It is now looking to other problems to solve - again, on a voluntary basis. There is a need —

- to produce more managers and administrators
- to develop health professionals at all levels
- to nurture mutual understanding among institutional members of the LAHEC consortium (there are close to 150 of them)
- to re-educate health professionals
- to catalyze community participation
- to describe career mobility opportunities
- to produce innovative educational processes and curricula
- to evaluate and gather current data necessary for sound planning
- to promote interinstitutional and interdisciplinary education
- to be the ferment for total collaboration



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Lakes Area Regional Tumor Service Registry

The Lakes Area Regional Tumor Service Registry has completed its fourth year of operation and has during that time experienced a steady and healthy growth. As time and experience have indicated, modifications to basic systems and procedures have been implemented so that the registry, nearing maturity, will soon achieve its statistical goal of producing "end-results" and "survival" analyses.

The Tumor Service Registry was designed to serve the hospitals, physicians and cancer patients of the nine county region of the Lakes Area Regional Medical Program. This service is presently shared by 21 hospitals now participating in the program, representing 40% of all hospitals within the region. The data bases include approximately 8500 cancer cases and are being expanded at an increasing rate with the continual enrollment of new member hospitals. The data, which is coded from source documents prepared by hospital tumor registrars, is maintained at a high level of accuracy through a rigorous system of quality control, including multiple case reviews, telephone consultation and periodic training programs. Recently made program revisions have enabled diverse analytical reporting of these data reflecting incidence by primary site of disease, sex, age, stage of disease and first course of treatment for an individual year or any number of consecutive years. Many such reports have been prepared in response to specific requests from physicians or institutions as well as for general distribution and educational programs.

To keep pace with this increasing caseload, cancer patient follow-up, and expanded scope of activities it has been necessary to employ additional registry personnel. Dr. John C. Patterson, Project Director, oversees the daily clerical, statistical, and data processing efforts of his staff. Modification and development of computer programs are also carried out.

The ultimate goal of this tumor registry continues to be **service** - service to the cancer patient by promoting continuity of care through yearly requests for follow-up data, service to the physician by enabling evaluation of all forms of cancer therapy on the basis of survival and end-results analyses, and service to the community by collecting data which may assist in cancer epidemiology and development of improved methods of cancer detection and prevention.

□



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(part time consultant, data processing)

Ambulatory Care Services Model

Niagara County Ambulatory Medical Care Study

Phase I

In December of 1972 the School of Architecture and Environmental Design, State University of New York at Buffalo, began an analysis of ambulatory care services with the intent of planning new hospital based facilities. The project was conducted in conjunction with Deaconess Hospital of Buffalo, which hopes to use the results of the study in planning its new ambulatory care facility. The project was divided into two phases.

Under a five month grant from the Lakes Area Regional Medical Program a model of ambulatory care service delivery was developed. The model in the first phase output of a two-phase project aimed at enhancing the decision-making capabilities of professionals in the health care field. The model provides hospital administrators, architects, or health program supervisors with information about detailed workings of an ambulatory care facility so they can make sound decisions concerning such things as: (1) ways to improve health care delivery, (2) criteria for designing new ambulatory care facilities, (3) ways to evaluate existing health care services. The model, operated by means of a computer program, stores and retrieves detailed information about the costs incurred, the time expended, the personnel utilized, and the space required for every task performed in an ambulatory care facility. The user of the program can employ this information in order to attain a better understanding of the way an AC facility works, and in order to make intelligent judgments concerning ways in which ambulatory care can be improved.

Structure of the Model: the value of the Ambulatory care Services Model is derived directly from the level of detail of the data it stores: the more detailed the information a decision-maker has to work with, the better his ability to make sound decisions. The data stored by the model describing the internal workings of an AC facility is much less aggregate, much more detailed than is the data which hospital administrators and hospital architects presently have to work with.

Phase 2

Intends to improve a simulation model of ambulatory health care services developed by Phase I.

ACMS—Phase 1—John P. Eberhard, Dean, Principal Investigator; Gunter Schmitz, Associate Professor, Project Director

ACMS—Phase 2—Gunter Schmitz, Associate Professor, Principal Investigator; Scott Danford, Project Director

□

This project is concerned with conducting a study of ambulatory care needs in Niagara County.

The Health Association of Niagara County, Inc. is gathering the pertinent existing data relating to the ambulatory care needs in Niagara County.

Under study are the ambulatory care needs in the county as they relate to physical debility, including: pediatrics, general medicine, obstetrics, surgery (limited to out-patient surgery), family practice and geriatrics.

The results of this study (a first for Niagara County) is necessary in assessing the ambulatory care needs and the delivery and scope of present and projected services, both quantitatively and qualitatively, in Niagara County.

The project was launched on July 1, 1973 and scheduled for completion by June 30, 1974.

Peter L. Forster is director of this project. □

SHARECO

SHARECO is a plan designed to facilitate the continuing and in-service education efforts of its cooperating members particularly through the sharing of all types of educational resources. Participants include Genesee Community College, Batavia, New York and the following hospitals: Genesee Memorial, St. Jerome, Veteran's Administration, all of Batavia; Wyoming County Community, Warsaw, New York; Arnold Gregory, Albion, New York; and Medina Memorial, Medina, New York.

A \$25,000 grant from the LARMP launched the project on December 12, 1973. SHARECO has completed an educational needs inventory in the area upon which it has based its program planning. A consolidated listing of educational resources slated for distribution to participating institutions, has been compiled.

In an effort to expand educational programs, video tapes are being made to supplement certain programs and a distribution system is being set up. Also available is assistance in arranging, upon request, instructors, lecturers and guest speakers.

The project is aimed at increasing the quality of programs already offered by making available more educational resources to participating institutions. This includes sharing of audio visual equipment, media and personnel expertise. The project also calls for developing programs of general or special interests which can be presented in a central location, such as Genesee Community College, in the hospitals or video taped for distribution to the participating institutions.

John P. Sifling is coordinator of the project. □

Information Dissemination Service

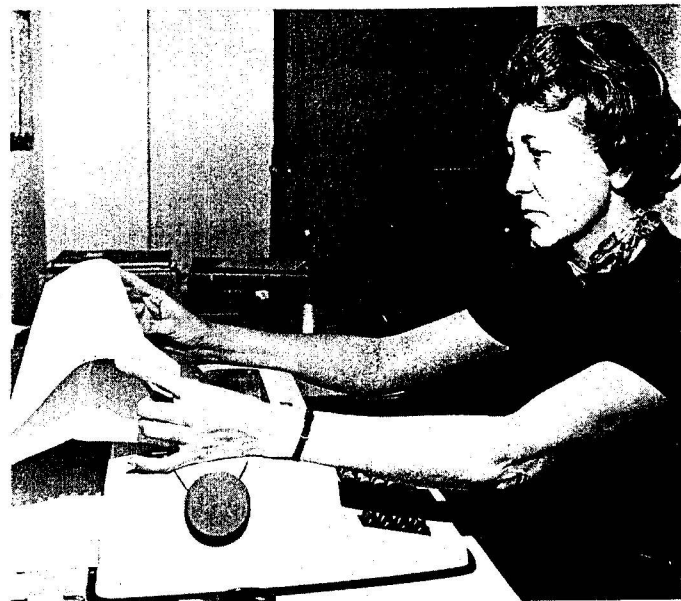
The Information Dissemination Service is designed to improve library services in the nine county area of LARMP by distributing health related information quickly and directly to all members of the health professions, including physicians, nurses, physiotherapists, occupational therapists, podiatrists, dieticians, medical record librarians, aids, and other allied health professionals.

The Health Sciences Library at the State University of New York at Buffalo is the medical resources library. The resources of medical libraries across the state and nation are available to the users of IDS through established avenues for inter-library loans. Means of communication for receipt and transmission of requests include the LARMP Telephone Lecture Network, U.S. Mail, telephone, teletypewriter (TWX), and the SUNY Biomedical Communications Network. Xerox 2400 and 7000 high speed duplicating machines provide copies of journal articles. The computer facilities of the SUNY Biomedical Communications Network provides users with subject bibliographies and a current awareness service. Conventional medical reference service and consultation regarding library management is also provided.

A Medical Librarian is assigned responsibility for operation of the Information Dissemination Service and is assisted by a library technician and clerk-typist. The Librarian of the Health Sciences Library supervises the project.

The IDS offers the following library services to all health professionals in the region: photocopy and mailing of journal articles and mailing of books, preparation of subject bibliographies in the areas of interest designated by users, medical reference service and library consultation service to hospital libraries.

During the period of January 1973 to June 1973, the IDS has provided health professionals in the LARMP area with the following services:



Services

Photocopy requests	9,331
Pages provided	81,279
Journals loaned	96
Books loaned	699
Bibliographic searches	525
References requests	119

In addition, the IDS has kept detailed records of hospital utilization over its period of funding.

As of July 1, 1973 the IDS became self-supporting. The budget for the program receives support from the SUNYAB Library Service (60%) and a fee-for-service contribution from participating hospitals in the region to approximate 90% of present costs.

STAFF

Miss Jean Miller, Project Director
Ruth Opler
Joanne Nichter

□

Community Health Information Profiles (CHIP)

Community Health Information Profiles (CHIP), which has been supported by the Lakes Area Regional Medical Program since 1970, has continued in its efforts to develop a health-related data base. This has involved obtaining and integrating vast amounts of data from a wide variety of sources and developing and testing computer technologies and presentation formats. Such a data base is considered to be a prerequisite to reliable health-planning decisions. The range of activities required to produce this body of information for a county is characterized as a small area profile and for special groups within communities or regions as categorical profiles. CHIP of LARMP produced several of each type of profile in 1973.

Small Area Profiles

Profiles for Allegany County and Chautauqua County were completed in 1973. Both of these reports detail the population, demographic, and economic characteristics as well as vital statistics for the county. Also part of each profile is a comprehensive description of the county's health resources which include institutions, manpower, and services and a measure of their utilization. The profiles identify the gaps in service, the projected needs for service, and the overlapping of services. County committees are now at work developing solutions to some of the problems.

Categorical Profiles

A Community Health Profile, *Family Planning Needs and Services in Western New York*, completed in February, 1973, documented the population at risk to the need for organized family planning services, the services currently available, and the knowledge and attitudes around family planning of a specified group of disadvantaged women by means of a home interview. A second categorical profile, *Factors Affecting the Utilization of Maternal and Infant Care Services of the Department of Health, Erie County, New York*, identified populations at risk to the need for maternal and infant care services, the populations served, and the attitudes toward and knowledge of services from a home interview of a sample of users and controls.

A definitive statement on community health information profiling was the subject of a technical paper entitled *Pertinent Concepts, Content and Output Formats of Community Health Profiles*, published and distributed by the Community Profile Data Center, HSMHA.

A paper entitled "Community Health Information Profile: Prerequisite to Planning or Exercise in Futility?" was presented before the 101st Annual Meeting of the American Public Health Association in San Francisco, California, November 7, 1973.

The support provided by LARMP has given the CHIP program of this area recognized national leadership in this health planning technology. In addition to the LARMP, CHIP provides data and services on an ad hoc basis to the U.S. Department of Health, Education, and Welfare, Comprehensive Health Planning Council of Western New York, Inc., Erie County Department of Health, Niagara County Department of Health, New York Urban Development Corporation, as well as to hospitals, universities, and professional societies in the region.

Project Director

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Chronic Respiratory Disease Program

This many-faceted, comprehensive project featured screening for evidence of chronic respiratory disease, continuing education for nurses and physicians, a model pulmonary care facility, a respiratory Intensive Care Unit, an Associate Arts degree program in Inhalation Therapy and a Home Care Program. The project became operational in March 1972.

Each year approximately 16,000 people have been screened for chronic respiratory disease in the region in cooperation with the American Lung Association of Western New York's mobile unit operation. This program became totally self-supporting in March 1972.

The School of Respiratory Therapy at Erie Community College, which trained inhalation therapists, also became totally self-supporting in March 1972, receiving funding from Erie County (NY).

All elements of the Model Pulmonary Care Facility, except the Home Care and Rehabilitation programs, are now self supporting.

The Millard Fillmore Hospital of Buffalo, N.Y. has assumed the major financial support of the Chronic Respiratory Disease Program.

Project Director

John Vance, M.D.
Millard Fillmore Hospital

□

Planning and Articulation for Allied Health

This project was concerned with developing a voluntary coordinating council for allied health education.

The project sought to identify present and projected allied health manpower needs, and current and projected enrollments in present vocational - technical allied health programs in the region. It also involved the comparison of the pros and cons of regional planning and articulation for allied health vocational technical education and the construction of a master plan for this special education in the region.

A major accomplishment of the project was the establishment of a viable communication network among persons responsible for planning and developing allied health education programs. Persons responsible for institutional planning with respect to the need to develop interinstitutional cooperative efforts in meeting regional manpower needs were made more aware of their responsibilities through this interaction.

Institutional representatives have reported a number of instances where their planning has been influenced by the information which was shared at coordinating council meetings. Two participating institutions reached a mutual conclusion of who should initiate long range planning for a program to prepare therapeutic radiologic technicians. Another institution began a feasibility study on a program to prepare clinical dietitians.

This project has also resulted in making available accurate data on existing programs in allied health education, current and projected enrollments and a survey of those programs which are now in the planning stage.

This study has also highlighted the need for some agency to assume responsibility for providing reliable data in manpower trends.

Project Director

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□

Model Program for Comprehensive Family Health

This program, designed to identify community health needs and meet these needs using the "health care team approach," became operational in 1972. This involves the well-trained family physician, family practice nurse and the modern social worker, all working in concert to "expand the arms of the physician", thereby providing more time for his main role of diagnosis and treatment. It also allows more people to obtain better medical care more efficiently, effectively and economically.

The Health Care Team has been developed to provide service to the patients registered with the Family Practice Center. It has also developed a system of census tract filing, morbidity coding and general assessment.

The Lakes Area RMP provided funding to underwrite the costs of research, assessment and evaluation of the program as it relates to the practice of family medicine and the development of the health care team approach.

Deaconess Hospital of Buffalo, New York initiated the program in 1969 and subsidizes it to a major degree.

The motto of the family practice center is "To Create Family Physicians By Intent and Not By Default."

Project Director

Ernest R. Haynes, M.D. (resigned)

□

Two County Nutrition Program Cattaraugus and Chautauqua Counties

This project involved joint funding from the LARMP and the Appalachian Regional Commission to support a nutritionist position to be shared between Cattaraugus and Chautauqua counties. This extends nutrition services to all age groups in both counties, and greatly enhances the opportunity to study feasibility and cost/effectiveness of this new service. It would also develop a program of nutrition education for the public.

Evaluation of the program will be based on utilization of nutrition services, costs of services (both direct and indirect), and changes in nutritional status of selected patients receiving services. The ultimate success of the program would be establishment of a permanent nutritionist position in the county budgets.

Project Director

Miss Ruth E. Kocher, R.D.
Regional Public Health Nutritionist
New York State Department of Health

Miss Kathy Child (as of January 15, 1974)

□

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