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September 29, 1967

REVIEW of Opportunities for Programs
by the National Advisory Council

# REVIEW OF OPPORTUNITIES FOR REGIONAL MEDICAL PROGRAMS BY THE NATIONAL ADVISORY COUNCIL OF THE DIVISION OF REGIONAL MEDICAL PROGRAMS

During its August 28-29, 1967 meeting, the National Advisory Council of the Division of Regional Medical Programs received reports from the staff of the Division dealing with a number of major issues. Two reports were considered of sufficient importance to warrant special deliberation by sub-committees of the Council. One of these reports concerned the transition of individual Programs from planning to operational stages. The other involved the concern of Regional Medical Programs with metropolitan areas and the related urban health problems. The following summaries of the deliberations are for your consideration.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Transition Of Individual Programs
From Planning Into Operational Stages

The Council recognized that all Programs as they are developed will have to respond to the ever-changing needs of the Region, and agreed that fashioning the final form of a Regional Medical Program may actually never be achieved. However, it also recognized that an orderly and well-planned sequence is necessary to begin to move Programs from planning into operation stages, and thence to further development. This will permit all three elements--planning, operation and evaluation--to proceed in the most effective possible way.

As a result, the Council expressed its belief that each Program should be encouraged to move toward its operational phase at the earliest possible time consistent with its ability to define its goals and develop projects to achieve them. It was a general opinion that the submission of those selected initial projects which will appropriately permit a Region to begin its transition toward a full scale operative phase will act as a catalyst toward this end and should be encouraged.

Neither the total number of projects nor a dollar amount to implement them have been considered as criteria for determining the soundness of such initial proposals. Rather, their character, the order in which they will be undertaken, their promise for achieving the defined goals of the Programs and ability and readiness of that particular Region to implement them will be the deciding factors.

## The Relationship Of Regional Medical Programs To Other Agencies And Programs

During Council deliberations on the general topic of operational proposals, attention was given to the increased opportunities to relate substantive proposed projects in heart disease, cancer, and stroke to existing interests and activities of other organizations and agencies, both local and national. It was the Council's opinion that a Regional Medical Program may well benefit from the knowledge and experience of such established organizations and the best interests of both will be served by cooperative efforts.

Examples of activities already planned or established by other organizations cited as being of possible interest to individual Regional Medical Programs are:

- Those relating to research efforts. These would include such activities as those involved with clinical trials of chemotherapeutic agents sponsored by the National Cancer Institute; the studies designed to find more effective ways of screening populations for stroke susceptibility being encouraged by the National Institute of Neurological Diseases and Blindness; the myocardial infarction research program of the National Heart Institute; studies in the delivery of health care sponsored by the Bureau of Health Services; and the categorical disease programs of the Bureau of Disease Prevention and Environmental Control.

- Those relating to education and training programs. These would include such programs as those established by a number of components of the Public Health Service, especially those of the categorical Institutes, the National Institute of General Medical Sciences, the Bureau of Health Manpower, the National Library of Medicine, and the well-established training and educational programs such as those under the auspices of the American Heart Association, the American Cancer Society, the American Medical Association, the American Academy of General Practice, the American Hospital Association, and all of the other appropriate professional and allied health associations and national and local public, private, and voluntary health organizations, institutions and agencies.

- Those relating to the development of major community resources. Included would be such activities as the existing or proposed categorical and non-categorical research centers of the various Institutes of the National Institutes of Health, such as the Cancer Research Centers of the National Cancer Institute, the Cardiovascular Research and Training Centers of the National Heart Institute, the out-patient Stroke Research Units of the National Institute of Neurological Diseases and Blindness, and resources for radiation therapy of cancer.

An expanded list of similar possibilities could probably be generated within each Region from its local agencies and organizations.

Development Of Regional Medical Programs
In Metropolitan Areas And
Relationship To Urban Health Problems

The Council gave recognition to the current policy statements concerning the nature of Regional Medical Programs in the following terms:

"The ultimate objective of Regional Medical Programs is clear and unequivocal. The focus is on the patient. The object is to influence the present arrangements for health services in a manner that will permit the best in modern medical care for heart disease, cancer, stroke, and related diseases to be available to all. The scope of the program is nationwide encompassing the great cities, suburbia, and the rural areas. The Regional Medical Programs put into practice the principle that the essential responsibility and power for the improvement of health services should be exercised locally. The basic policy of the program is designed to encourage innovation, adaptation, and action at the regional level."

The Council acknowledged that the realization of the goal of Regional Medical Programs is most difficult and challenging in the metropolitan areas. Because of the inherent complexities of our large cities, the slowness of Program development and action there is understandable. However, the widespread demonstrations and riots in the inner-city of some metropolitan areas throughout the country point up the critical need for action to meet some of the basic problems of people living there. In this connection, it is

recognized that health is not an exclusive factor in the urban problem, but is interrelated with economic, social and political elements. Just as the spectrum of urban problems is broader than health, the spectrum of health is broader than the focus of the Regional Medical Programs. Nonetheless, Regional Medical Programs carry a significant relationship and a major responsibility to contribute to the efforts for solution of the urban problem. Failure to recognize this fact risks the conclusion by those involved that the Regional Medical Programs do not have significant relevance in metropolitan areas.

The Council, therefore, recognized that appropriate action by Regional Medical Programs in metropolitan areas is critical to their becoming a part of the total health system. The concept of local initiative, fundamental to the Regional Medical Programs from the beginning, requires each area to develop its own approach peculiarly suited to its needs and resources. Whether this be as a contributor to approaches in the development of systems for the delivery of high quality care in the authorized disease areas, or more limited prototype experiments in extending specialized services for heart disease, cancer or stroke, therefore, is dependent upon local determination in each instance. Since Regional Medical Programs now include virtually every major metropolitan area of the country, the Council expressed the belief that all Programs have a responsibility to contribute in their own way to this particular segment of their Region.

Therefore the Council suggested that Regional Medical Programs...

- Actively work with metropolitan planning agencies and programs,
- Undertake appropriate patient care demonstration or other projects in inner-city areas,

and that the Division of Regional Medical Programs of the National Institutes of Health...

- Encourage, develop, publish and promote a series of pertinent papers on subjects concerning relationships between Regional Medical Programs and urban problems,
- Name and call together appropriate national leaders to consider how the attention of Regional Medical Programs can best be focused on the urban health issues in metropolitan areas and their inner-cities.

Conclusion

As it reviewed the progress of Regional Medical Programs, the Council continued to express its conviction that the Programs will "encourage and assist...the medical profession and the medical institutions of the Nation... in making available to their patients the latest advances in the diagnosis and treatment of these diseases." The Council recognized that at this point in time it cannot be sure of the degree to which the opportunities offered by this program will be fully utilized by the Programs themselves. It also recognized that this potential cannot be achieved by a crash program, or