

The Public Health Service and Rural Health

□With this special issue devoted to health and health care in rural America, *Public Health Reports* focuses attention on this significant national problem and challenges us to find a solution for it.

□The Public Health Service has available a wide array of health programs and legislative authorities that can benefit rural citizens; several articles in this issue attest to this. These predominantly categorical programs have come into existence one at a time as public and congressional attention was drawn to one or another aspect of the rural health problem. An unfortunate and unforeseen result of this multiplicity of individual programs has been duplication of Federal resources in some local areas, and lack of any Federal resources in others. What is needed now is a Public Health Service strategy to coordinate the programmatic authorities of its concerned agencies and systematically bring these to bear in response to locally determined priorities and problems.

□Recognizing this need, the Health Services Administration (HSA) has already undertaken a rural health initiative in which the resources of four programs within our Bureau of Community Health Services—National Health Service Corps, Community Health Centers, Appalachian health program, and Migrant Health—have been coordinated at selected sites.

□By coordinating categorical resources administratively, we intend to encourage residents in natural medical trade areas, irrespective of geopolitical boundaries, to take an integrated and holistic view of their health care system requirements and priorities. We are encouraging countywide or multicounty approaches essentially for economic reasons; sparsely populated areas must join together to develop a sufficiently large population base to permit efficient utilization of resources (whether a physician specialist, expensive medical equipment, a community mental health clinic, a nutrition or sanitation specialist, or even a primary care provider if the area is very sparsely populated).

□The requirements and priorities for improving the health care services available in an area vary greatly from one region of the country to another, and even from one area to another within the same region. To facilitate local determination of

requirements and priorities, management of the rural health initiative has been highly decentralized with major responsibilities residing in the Regional Office of the Department of Health, Education, and Welfare.

□Where do we go from here? plans to expand its rural health initiative in 1976 by coordinating resources from additional programs, both within the Bureau of Community Health Services and from other Bureaus as well. Health Services Administration invites the cooperation of the Public Health Service Agency in concert with local public and private organizations so that in 1976—the Bicentennial Year—we see an expanded and concerted effort to solve the problems of health care for rural America.

Robert van Hoek, MD
Acting Administrator
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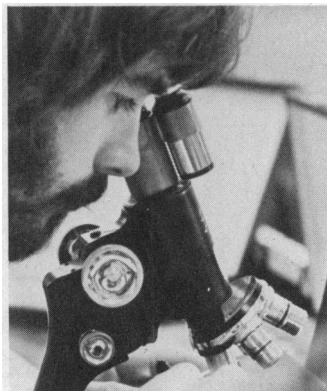
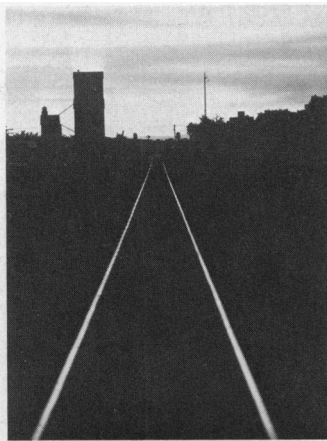
Cover—The man crossing the footbridge above Troublesome Creek, near Hindman, Ky., is one of 54 million rural Americans. Health services for those who live far from urban medical centers have often been inadequate, infrequent or nonexistent. The 13 papers in the rural health section of this issue of *Public Health Reports* examine what's happening and what needs to happen to solve the health care problems of rural Americans.



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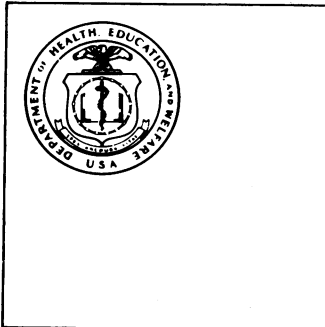
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Public Health Service
Health Resources Administration

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education notes

Announcements for publication should be forwarded to *Public Health Reports* 6 months in advance of the deadline date for application for admission or financial aid, whichever is earlier.

Canadian conference on medical devices in health protection. The First Canadian Conference on Medical Devices in Health Protection will be held in the Government Conference Centre, Ottawa, October 20-22, 1975. It will be jointly sponsored by the Health Protection Branch, Department of National Health and Welfare of Canada, and the Canadian Association of Manufacturers of Medical Devices. Presentations and panel discussions will be focused on the present and proposed Federal regulatory program and on medical devices and responsibility under that program. Major developments, trends, and problems in the health care field, especially in the two key areas of in-vitro diagnostics and sterilization, will be reviewed by national and international speakers.

Other subjects for discussion are professional, industry, and user viewpoints; device regulations and implications; compliance; notification; regulatory mechanisms; recalls; product development; quality control and good manufacturing practice; maintenance; and training.

Registration for the conference is limited to 400 persons. The registration fee of \$60 includes two luncheons and a banquet. There will be simultaneous translation for the official conference languages, English and French.

For further information write or call Dr. A. K. DasGupta, Director, Bureau of Medical Devices, Health Protection Branch, Department of National Health and Welfare, Ottawa, Ontario, K1A 0L2 (telephone 613-996-8983) or F. Fiksel, Director and Standards Committee Chairman, Canadian Association of Manufacturers of Medical Devices, c/o Centre de Recherche Industrielle du Quebec, 572 Ave. Orly, Dorval, Quebec (telephone 514-636-4401).

Institute of Human Nutrition. A 2-day Symposium on Nutritional Disorders of American Women, sponsored by the Institute of Human Nutrition of Columbia University, College of Physicians and

Surgeons, will be held November 20-21, 1975, in New York City, at the Commodore Hotel, Lexington Ave. at 42d St.

The purpose of this meeting, to be chaired by Dr. Myron Winick, the institute's director, is to review the important data pertaining to the most common and perplexing nutritional problems of American women; to explore the special nutritional requirements of adolescence, pregnancy, and old age; to examine in depth how nutrients interact with contraceptive pills; to discuss obesity in American women—how it starts and the best way to treat it. Among other topics to be considered will be the prevalence of iron deficiency anemia and why osteoporosis is primarily seen in women.

For further information write to Director, Institute of Human Nutrition, Columbia University, 511 West 166th St., New York, N.Y. 10032.

Nursing fellowships for graduate study in respiratory diseases. Training fellowships directed toward a career as a clinical specialist, teacher, or researcher in the care of patients with respiratory conditions are offered to graduates of accredited baccalaureate schools of nursing by the American Lung Association.

The fellowships are \$6,000 per year, with the possibility of one renewal for a maximum of 2 years' support. Awards are limited to citizens of the United States and Canada or holders of bona fide permanent visas for study in U.S. institutions.

Applications must be received by March 15, 1976. Address inquiries to Seigina M. Frik, Director, ALA Nursing Department at National League for Nursing, 10 Columbus Circle, New York, N.Y. 10019.

Coccidioidomycosis symposium. The Third International Coccidioidomycosis Symposium will be held December 3-5, 1975, at the Mountain Shadows Resort, Phoenix, Ariz. A laboratory workshop of diagnostic procedures is scheduled for December 1 and 2. Interested persons, including those who wish to present papers should contact Preston Smith, MD, St.

Luke's Hospital Medical Center, 525 N. 18th St., Phoenix, Ariz. 85006.

Institutes in the Care of Premature and Other High-Risk Infants. In the fall of 1975, the Institutes for Physicians and Nurses in the Care of Premature and Other High-Risk Infants, under the sponsorship of the New York State Department of Health and the Department of Health, Education, and Welfare, will begin their 27th year. The institutes are held at New York Hospital-Cornell Medical Center. They are designed to meet the needs of physicians and nurses who are in charge of hospital high-risk and premature nurseries and special centers or who are teaching in medical schools and schools of nursing, as well as the needs of medical and nursing directors and consultants in State and local programs for the care of such infants.

Attendance at each institute is limited. Participants pay no tuition fee, and stipends are provided to help cover expenses during attendance at the institute. Early application is essential since plans are contingent on the number of applications received. Institutes for fiscal year 1975-76 are scheduled as follows:

Physicians

Mar. 3, 10, 17, 24, and 31, 1976
May 17-28, 1976

Nurses

Sept. 29-Oct. 24, 1975
Jan. 5-Jan. 30, 1976
Mar. 1-12, 17, 24, and 31, 1976
May 3-28, 1976

The September-October 1975 institutes are of 4 weeks' duration and are offered nationwide to nurses from community hospitals or from hospitals without neonatal intensive care units. The March 1976 institute, intended for physicians and nurses who can commute daily to the New York Hospital-Cornell Medical Center, is aimed at persons in the metropolitan New York area. The May 1976 institute is offered on a nationwide basis to physician-nurse teams representing hospitals with neonatal intensive care units.

For additional information write to Institutes in the Care of Premature and Other High-Risk Infants, Box 143, New York Hospital, 525 East 68th St., New York, N.Y. 10021.