

THE "COMMUNITY" IN COMMUNITY HEALTH

BY

DR. FAYE G. ABDELLAH

DEPUTY SURGEON GENERAL AND

CHIEF NURSE OFFICER

U.S. PUBLIC HEALTH SERVICE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRESENTED AT THE DEDICATION OF THE HEADQUARTERS

OF THE

COMMUNITY HEALTH ASSOCIATION

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(GREETINGS TO HOSTS, SPECIAL GUESTS)

I AM DELIGHTED TO BE HERE AT THE DEDICATION OF YOUR NEW QUARTERS AND TO BRING YOU GREETINGS FROM SECRETARY RICHARD SCHWEIKER, FROM ASSISTANT SECRETARY FOR HEALTH EDWARD N. BRANDT, JR., AND FROM A "FAVORITE SON" OF PENNSYLVANIA, DR. C. EVERETT KOOP, SURGEON GENERAL OF THE U.S. PUBLIC HEALTH SERVICE.

OF COURSE, THAT'S THE RIGHT THING TO SAY AT THE BEGINNING OF A KEYNOTE ADDRESS. BUT IN THIS CASE, IT IS MORE THAN THAT. THE THREE TOP CIVILIAN HEALTH OFFICIALS OF THE FEDERAL GOVERNMENT FIRMLY BELIEVE THAT THE ESSENTIAL AMERICAN QUALITIES OF DECENCY, OF COMMUNITY RESPONSIBILITY, AND OF PROFESSIONAL CAPABILITY ARE VERY MUCH ALIVE IN OUR SOCIETY. ALL THOSE QUALITIES HAVE CERTAINLY BEEN PART OF THE 96-YEAR HISTORY OF THE COMMUNITY HEALTH ASSOCIATION. AND YOU GIVE EVERY EVIDENCE OF CONTINUING THAT RECORD IN THE YEARS AHEAD. IT IS VITAL THAT YOU DO, FOR THE SAKE OF ARDMORE AND THE SURROUNDING COMMUNITIES AND FOR THE NATION'S SAKE AS WELL. THAT IS THE ESSENTIAL MESSAGE I CARRY HERE TODAY FOR MY COLLEAGUES IN WASHINGTON AND, OF COURSE, FOR MYSELF AS WELL.

IN JUST FOUR SHORT YEARS THE COMMUNITY HEALTH ASSOCIATION WILL CELEBRATE ITS CENTENNIAL OF COMMUNITY SERVICE IN THESE HANDSOME NEW QUARTERS. BY THEN, I SUPPOSE, THERE WILL BE LOTS OF SCUFF MARKS ON THE FLOORS AND THE DOOR HANDLES WILL ALL BE SHINY WITH USE. IT WILL LOOK THE WAY IT'S SUPPOSED TO LOOK -- WELL USED...FRIENDLY...CAPABLE... AND CONCERNED MORE WITH WHAT IS HAPPENING TO PEOPLE OUTSIDE THE BUILDING WALLS THAN WHAT'S GOING ON INSIDE. THIS IS MY PREDICTION, BASED ON JUST A QUICK READING OF YOUR HISTORY OF SERVICE.

PEOPLE IN WASHINGTON DO KNOW ABOUT YOU, AS WE KNOW ABOUT THE MANY THOUSANDS OF PRIVATE PROFESSIONAL AND VOLUNTARY ORGANIZATIONS ACROSS AMERICA, ALL OF THEM ROOTED DEEP WITHIN THEIR OWN COMMUNITIES AND ALL CONCERNED, AS YOU ARE, NOT ONLY WITH STRENGTHENING INDIVIDUAL AND FAMILY HEALTH BUT COMMUNITY HEALTH AND WELL-BEING ALSO.

THERE IS SO MUCH DISCUSSION THESE DAYS ABOUT THE "CHANGING NATURE" OF HEALTH CARE, THAT WE TEND TO FORGET THOSE SERVICES AND PHILOSOPHIES OF COMMUNITY HEALTH THAT HAVE NOT CHANGED AND, I WOULD HOPE, NEVER WILL. I'M SPEAKING OF THE SERVICES AND THE ORGANIZATIONS THAT SUPPORT BOTH PHYSICAL AND MENTAL HEALTH, SINGLE PEOPLE AND EXTENDED FAMILIES, PERSONAL HYGIENE AND COMMUNITY-WIDE SANITATION. AND I AM SPEAKING OF

THOSE PHILOSOPHIES OF CARE THAT USE CATEGORICAL SERVICES BUT WILL NEVER CATEGORIZE THE PEOPLE RECEIVING THEM. IF I'M NOT MISTAKEN, THAT SEEMS TO BE THE GENERAL PROFILE OF THE C.H.A. AND WE HONOR YOU FOR IT.

BUT LIFE ISN'T THAT SMOOTH AND WELL-DEFINED. THERE ARE STILL A FEW SPECIFIC ISSUES OF CONTEMPORARY HEALTH CARE THAT WE ALL FACE -- ISSUES THAT WILL REMAIN WITH US WELL INTO THE NEXT CENTURY. ON THIS OCCASION OF EVALUATION AND RENEWAL, I'D LIKE TO EXPLORE SOME OF THEM WITH YOU.

TO BEGIN WITH, THE STRUCTURE OF OUR POPULATION IS CHANGING QUITE DRAMATICALLY AND, AS A RESULT, OUR COMMUNITIES WILL BE CHANGING AS WELL. THIS IS A MAJOR CHALLENGE TO ANYONE IN HEALTH CARE. THE OLD WAYS OF DOING THINGS -- NO MATTER HOW SUCCESSFUL THEY'VE BEEN -- MAY NOT BE ADEQUATE FOR THE FUTURE.

WE'VE ALL READ POPULAR MAGAZINE ARTICLES ABOUT THE "GRAYING OF AMERICA." AND THEY'RE ALL TRUE. THE POST-WORLD WAR II "BABY BOOM" GENERATION IS NOW OUR ADULT WORK-FORCE. IT RUNS OUR FACTORIES AND FARMS, DOMINATES OUR POLITICAL LIFE, AND IS AT THE CORE OF OUR NATIONAL VITALITY. DURING THE 1980s THIS AGE GROUP WILL EXPAND BY 40 PERCENT.

THEY ARE LIVING BETTER AND WILL BE LIVING LONGER AS THE BENEFICIARIES OF ABOUT 30 YEARS OF RESEARCH ON THE DETECTION AND TREATMENT OF SOCIETY'S MAJOR KILLERS:

FIRST ON ANYONE'S LIST IS HEART DISEASE...SINCE 1950 WE'VE BEEN ABLE TO REDUCE THE MORTALITY RATE FROM THIS DISEASE BY OVER 30 PERCENT, WHICH MEANS REDUCING THE NUMBER OF PREMATURE DEATHS AMONG THAT "BABY BOOM" GENERATION.

NEXT IS CANCER...MANKIND'S MOST PERSISTENT SCOURGE, PRODUCING THE SECOND HIGHEST NUMBER OF PREMATURE DEATHS IN OUR SOCIETY. WE HAVEN'T SOLVED THE PUZZLE OF CANCER, BUT WE HAVE NEVERTHELESS BEEN ABLE TO DROP THE DEATH RATE FROM CANCER BY 33 PERCENT AMONG PERSONS UNDER THE AGE OF 45 -- THE "BABY BOOM" GENERATION AGAIN.

AND THEN THERE IS STROKE...A COMPLEX DISEASE THAT IS SO CLOSELY COUPLED TO AN INDIVIDUAL'S PHYSICAL, MENTAL, AND EMOTIONAL HEALTH. BUT IN THE PAST 30 YEARS, WE WERE ABLE TO REDUCE THE DEATH RATE FROM STROKE BY 49 PERCENT. THE FIRST GROUP OF AMERICANS TO BENEFIT FROM THIS EXTRAORDINARY ADVANCE IN MEDICINE HAS BEEN THAT SAME "BABY BOOM" GENERATION.

ONE RESULT OF ALL THIS PROGRESS APPEARS TO BE A FEW MORE YEARS OF LIFE FOR THE PEOPLE IN THIS GENERATION. SHORTLY AFTER THE TURN OF THE CENTURY -- AROUND THE YEAR 2010 -- APPROXIMATELY 1 IN EVERY 5 AMERICANS WILL BE A SENIOR CITIZEN. THERE WILL BE SOMETHING LIKE 50 MILLION PERSONS OVER THE AGE OF 65, COMPARED TO ABOUT 25 MILLION IN THAT AGE GROUP TODAY. THE MEDIAN AGE IN AMERICA TODAY IS 28 YEARS AND 10 MONTHS. IN THE YEAR 2010 THE MEDIAN AGE WILL BE 35 YEARS AND 7 MONTHS.

I WOULD GUESS THAT THE C.H.A. HAS SEEN THIS KIND OF NUMBER-WRITING ON THE WALL. YOU HAVE ADJUSTED YOUR MIX OF SERVICES TO ACCOMMODATE THE GROWTH IN OUR AGED POPULATION. YOU SENSE THE LIMITATIONS OF INSTITUTIONALIZATION FOR THE ELDERLY. AND YOU HAVE REINFORCED YOUR EMPHASIS ON HOME HEALTH CARE FOR INDIVIDUALS AND FAMILIES. ARDMORE AND SURROUNDING COMMUNITIES HAVE BEEN THE BENEFICIARIES OF YOUR FORESIGHT.

WOULD THAT I COULD STOP THERE. BUT I CAN'T, SINCE THIS DISCUSSION OF THE "GRAYING OF AMERICA" IS REALLY JUST HALF THE STORY.

THIS AGING "BABY BOOM" GENERATION HAS HAD BABIES OF ITS OWN. IN FACT, OUR SOCIETY IS EXPERIENCING WHAT IS CALLED AN "ECHO EFFECT."

WHILE THE BIRTH RATE AMONG "BABY BOOM" WOMEN MAY NOT BE HIGH, THERE ARE SO MANY MORE OF THEM THAT THE TOTAL NUMBER OF LIVE BIRTHS REMAINS VERY IMPRESSIVE. FOR EXAMPLE, IN 1957, THE PEAK YEAR OF THE "BABY BOOM," THERE WERE 4.3 MILLION LIVE BIRTHS AND A FERTILITY RATE OF 3.5 CHILDREN PER WOMAN. IN 1980, THERE WERE 3.5 MILLION LIVE BIRTHS BUT A FERTILITY RATE OF ONLY 1.9, ABOUT HALF THE RATE OF A GENERATION AGO. JUST IMAGINE IF TODAY'S YOUNG WOMEN ALL WANTED LARGE FAMILIES!

AND MORE OF THEIR BABIES ARE SURVIVING. THE INFANT MORTALITY RATE IN 1957 WAS JUST OVER 26. THE LATEST ESTIMATE WE HAVE TODAY IS 11.6 INFANT DEATHS FOR EVERY 1,000 LIVE BIRTHS. SO IN JUST ONE GENERATION, WE REDUCED THE INFANT MORTALITY RATE BY MORE THAN HALF. EQUALLY SIGNIFICANT, DURING THIS SAME PERIOD WE CUT THE DEATH RATE FOR CHILDREN AGES 1 THROUGH 14 BY NEARLY HALF. THERE IS ONLY ONE CONCLUSION TO DRAW FROM ALL THIS: WE MAY HAVE ANOTHER "BABY BOOM" ON THE WAY.

BUT WHAT DOES ALL THIS HAVE TO DO WITH THE COMMUNITY HEALTH ASSOCIATION OF ARDMORE OR WITH MANY SIMILAR INSTITUTIONS AROUND THE COUNTRY? THIS WOULD BE MY GUESS. OVER THE NEXT 25 YEARS OR SO WE ARE GOING TO HAVE THE UNUSUAL TASK OF PROVIDING -- AT THE SAME TIME -- QUALITY GERIATRIC AND QUALITY PEDIATRIC AND YOUNG ADULT HEALTH AND MEDICAL CARE.

I AM SURE WE WILL. BUT I AM NOT AT ALL SURE HOW WE WILL. WE HAVE NO EXPERIENCE FOR THAT KIND OF CIRCUMSTANCE. NO OTHER COUNTRY HAS HAD SUCH EXPERIENCE EITHER. LET'S FACE IT: WE'RE ON OUR OWN.

AS I SAY, I HAVE NO DOUBT THAT WE WILL ADJUST AND THAT SOCIETY WILL BENEFIT FROM THE ABILITY OF PROFESSIONAL PERSONNEL TO MAKE THOSE ADJUSTMENTS. WE AMERICANS DO HAVE AN EXCEPTIONAL ABILITY TO CHANGE AND TO MAKE OUR NATION STRONGER IN THE PROCESS. IN THE PAST, OF COURSE, WE'VE HAD MANY YEARS TO MAKE THOSE ADJUSTMENTS. BUT WE MAY NOT HAVE THE LUXURY OF TIME ANYMORE. WE PROBABLY HAVE A DECADE OR TWO AT MOST TO PREPARE OUR PHYSICIANS AND NURSES, OUR DENTISTS AND THERAPISTS, OUR TECHNICIANS, ADMINISTRATORS, TRUSTEES, AND SOCIAL SERVICE WORKERS TO DEAL WITH A NATION WITH MANY MILLIONS OF ELDERLY AND MANY MILLIONS OF YOUNGSTERS AND A LOT OF THE OTHER PEOPLE SCATTERED IN BETWEEN.

WHAT MIGHT THIS SUGGEST AS TO THE SPECIFICS OF HEALTH CARE WE SHOULD FOCUS UPON, PARTICULARLY REGARDING OUR ELDERLY? I THINK ONE THING WE WILL NEED TO DO IS TO ADJUST OUR TRADITIONAL ORIENTATION OF CURATIVE AND REPARATIVE MEDICINE. WE WILL HAVE TO PAY MORE ATTENTION TO THE PROMOTION OF GOOD HEALTH AND THE PREVENTION OF DISEASE AND DISABILITY. AND LET ME OFFER THREE EXAMPLES:

ONE OF THE GREAT RESEARCH ACHIEVEMENTS OF THE PAST 20 YEARS HAS BEEN THE EXHAUSTIVE WORK ON THE EFFECTS OF SMOKING ON HEALTH. THE CAUSAL RELATIONSHIP BETWEEN SMOKING AND CANCER AND CARDIOVASCULAR AND RESPIRATORY DISEASES HAS BEEN WELL DOCUMENTED. WE ALSO KNOW THAT, ONCE A PERSON STOPS SMOKING, HE OR SHE CAN SLOWLY REGAIN CARDIORESPIRATORY HEALTH. IT MAY TAKE 5, 10, OR 20 YEARS, DEPENDING ON THE INDIVIDUAL AND THE DEGREE OF DAMAGE DONE. BUT WE KNOW THAT THE BODY WILL RESPOND AND TRY TO REPAIR ITSELF.

BUT WHAT OF THE PERSON WHO IS, SAY, 65 YEARS OLD AND HAS SMOKED FOR THE PAST 40 YEARS? SHOULD A PHYSICIAN ADVISE THAT PERSON TO STOP SMOKING? I WOULD HOPE SO. BUT WE HAVE VERY LITTLE EVIDENCE THAT PHYSICIANS AND OTHER HEALTH WORKERS TAKE THAT ATTITUDE TOWARD OLDER PATIENTS. THEY DON'T SEEM AWARE THAT, BY THE END OF THIS CENTURY, ABOUT 10 PERCENT OF OUR POPULATION WILL BE 75 YEARS OLD OR OLDER. IN OTHER WORDS, THE SIMPLE PREVENTIVE COUNSEL -- "STOP SMOKING" -- OUGHT TO BE PROVIDED TO PERSONS OF ALL AGES. WE MUST ELIMINATE ANY FEELINGS THAT, FOR SOME OLDER PERSONS, A CHANGE OF HABIT MAY BE "TOO LATE." FOR THOSE ELDERLY PATIENTS -- AND FOR THEIR FRIENDS AND FAMILY -- THE ADVICE MUST BE OFFERED VIGOROUSLY AND REPEATEDLY: DON'T SMOKE.

MY SECOND EXAMPLE INVOLVES PHYSICAL FITNESS AND EXERCISE. I THINK IT'S WONDERFUL THAT SO MANY YOUNG NURSES AND PHYSICIANS PLAY HANDBALL AND SQUASH AND JOG AND HIKE. GOOD FOR THEM. BUT I WONDER IF THEY ADVISE THEIR OLDER PATIENTS TO KEEP PHYSICALLY FIT, ALSO. OF COURSE, WE CAN RULE OUT HANDBALL AND SQUASH AND EVEN JOGGING, SINCE SO MANY OLDER PERSONS HAVE ORTHOPEDIC PROBLEMS OF SOME KIND. NEVERTHELESS, ELDERLY PEOPLE NEED TO MAINTAIN THEIR MUSCLE STRENGTH IN ORDER TO LIVE FULL AND ACTIVE LIVES. THERE IS A REAL DANGER THAT, THROUGH INACTIVITY, THEY WILL CONVERT GOOD MUSCLE TISSUE TO FAT.

GOOD POSTURE IS ALSO IMPORTANT FOR THE MAINTENANCE OF MUSCULO-SKELETAL HEALTH. THERE'S AN OLD SAYING...YOU'VE PROBABLY HEARD IT..."YOU DON'T STOOP BECAUSE YOU'RE OLD, YOU'RE OLD BECAUSE YOU STOOP." AND HOW MANY YOUNGER PEOPLE HAVE WE SEEN -- PERSONS IN THEIR THIRTIES AND FORTIES -- WHO HAVE BAD POSTURE AND LOOK SO MUCH OLDER THAN THEY REALLY ARE. WELL, THE REVERSE IS ALSO TRUE. OLDER PEOPLE WHO HAVE BEEN COUNSELED ON WAYS TO KEEP GOOD POSTURE WILL LOOK YOUNGER AND ACT YOUNGER THAN THEIR CHRONOLOGICAL AGE.

THE PRESIDENT'S COUNCIL ON PHYSICAL FITNESS AND SPORTS, WHICH IS PART OF THE PUBLIC HEALTH SERVICE, HAS DEVELOPED SEVERAL EXCELLENT GUIDES ON EXERCISE FOR PERSONS AGE 65 AND OLDER. THE COUNCIL HAD

BEEN ORIGINALLY CALLED THE "PRESIDENT'S COUNCIL ON YOUTH FITNESS." BUT IT SOON DAWNED ON PEOPLE THAT SUCH A TITLE WAS TOO LIMITING... WORKING ADULTS AND SENIOR CITIZENS NEEDED A LOT OF HELP IN THIS AREA, TOO.

MY THIRD AND LAST EXAMPLE IS NUTRITION. WE KNOW THAT OLDER PEOPLE DO NOT METABOLIZE FAT AND CARBOHYDRATE AS WELL AS YOUNGER PEOPLE DO. SO THEY MUST ADJUST THEIR DIET TO REDUCE THE INTAKE OF FATS, IN ORDER TO MAINTAIN HEALTHY BODY WEIGHT AND AVOID OBESITY, FOR EXAMPLE. THIS GOES RIGHT ALONG WITH THE COMMENTS I JUST MADE ABOUT EXERCISE. BUT GOOD NUTRITION IS ALSO A PREVENTIVE MEASURE AGAINST HEART DISEASE AND STROKE...IT CAN FURTHER ASSURE BASIC DENTAL HEALTH...AND IT MAY EVEN HELP PREVENT THE OCCURRENCE OF SOME CANCERS, SUCH AS COLONIC CANCER.

I'M SURE THAT NUTRITION COUNSELING IS AN ESSENTIAL PART OF THE HOME HEALTH SERVICE PROVIDED BY THE C.H.A. I ENCOURAGE YOU TO STRENGTHEN THIS PART OF YOUR PROGRAM, IF YOU CAN, AND TO SHARE YOUR UNDERSTANDING OF THIS ASPECT OF HEALTH PROMOTION WITH YOUR COLLEAGUES THROUGHOUT MEDICINE AND HEALTH CARE.

I MIGHT POINT OUT THAT THE "BABY BOOM" GENERATION, AS THEY BEGIN TO AGE AT THE TURN OF THE CENTURY, WILL BE MORE KNOWLEDGEABLE ABOUT HEALTH THAN YESTERDAY'S OR TODAY'S SENIORS ARE. TODAY THE MEMBERS OF THAT GENERATION ARE IN THEIR PRIME. THEY ARE LIVING THEIR MOST PRODUCTIVE, ACTIVE, AND INQUISITIVE YEARS. AND BECAUSE THEY ARE A BETTER EDUCATED GENERATION, I THINK WE WILL SEE MANY CHANGES IN THEIR HEALTH BEHAVIOR -- THE SO-CALLED "LIFESTYLE" CHANGES THAT CAN BE AN IMPORTANT DEFENSE AGAINST DISEASE, DISABILITY, AND PREMATURE DEATH. I SINCERELY HOPE THOSE CHANGES WILL ALSO OCCUR AMONG NURSES, PHYSICIANS, AND OTHER PROFESSIONALS IN MEDICINE AND HEALTH CARE.

OF COURSE, WE MUST DO BETTER THAN OPERATE ON GOOD INSTINCTS IN THIS MATTER OF HEALTH PROMOTION AND DISEASE PREVENTION. IF WE WANT TO BE EFFECTIVE IN KEEPING PEOPLE OUT OF INSTITUTIONS AND IN HELPING THEM ADOPT HEALTHFUL LIFESTYLES, WE NEED TO WORK FROM A GOOD KNOWLEDGE BASE. MUCH INFORMATION STILL NEEDS TO BE GENERATED BY THE HEALTH SERVICES COMMUNITY SO THAT WE MAY APPLY IT TO PATIENT CARE IN THE YEARS AHEAD.

THE PUBLIC HEALTH SERVICE HAS BEEN SUPPORTING A NUMBER OF RESEARCH PROJECTS THAT OUGHT TO YIELD THAT KIND OF INFORMATION. LET ME SHARE SOME EXAMPLES WITH YOU:

- THERE IS SO MUCH DISCUSSION OF THE PHYSICIAN'S ROLE IN PREVENTION THAT WE THOUGHT IT WORTHWHILE TO GET SOME BASELINE DATA IN TWO AREAS OF PREVENTION: SMOKING CESSATION AND COLORECTAL CANCER SCREENING. WE HOPE TO UNDERSTAND A LITTLE BETTER WHICH KINDS OF PHYSICIAN INTERVENTIONS WORK WITH PATIENTS COMING IN FOR ROUTINE CARE.
- IN ANOTHER PROJECT, A REVIEW OF HEALTH PROMOTION AND DISEASE PREVENTION ACTIVITIES IN THE WORKPLACE, WE FOUND THAT THE MOST COMMON PROGRAMS FOCUS ON NUTRITION AND DIET CONTROL, ALCOHOLISM COUNSELING, SMOKING CESSATION, STRESS MANAGEMENT, AND PHYSICAL FITNESS. AGAIN, PLEASE REMEMBER THAT THE EMPLOYEES INVOLVED IN THESE PROGRAMS ARE TOMORROW'S SENIOR CITIZENS.
- BECAUSE HYPERTENSION IS SUCH A MAJOR HEALTH PROBLEM IN THE BLACK COMMUNITY -- AND BECAUSE THE PATIENT CAN BRING IT UNDER CONTROL -- WE ARE TESTING THE LONG-TERM EFFECTIVENESS OF SPECIAL PACKAGING OF ANTI-HYPERTENSION MEDICATIONS USED BY A MIDDLE-AGED, BLACK, LOW-INCOME POPULATION.

● THE LAST ONE I WANT TO MENTION IS A PROJECT TO RESEARCH THE ETHICAL AND SOCIAL QUESTIONS RAISED BY A POLICY OF HEALTH PROMOTION AND DISEASE PREVENTION. ONE OF THE GREAT STRENGTHS OF OUR DEMOCRACY IS THAT NO INDIVIDUAL IS FULLY AT THE MERCY OF PEOPLE WHO "KNOW WHAT'S GOOD FOR HIM." GRANTED, WE DO HAVE CERTAIN LAWS REGARDING IMMUNIZATION, DRUNK DRIVING, AND THE USE OF HELMETS BY MOTORCYCLE RIDERS. BUT EVEN THEY HAVE BEEN CHALLENGED AND, IN ANY CASE, THERE ARE REALLY VERY FEW SUCH LAWS ON THE BOOKS. WILL THE GOVERNMENT'S HEALTH POLICY TURN PREVENTION INTO A FORM OF BENEVOLENT DESPOTISM? I HARDLY THINK SO. BUT THERE ARE GRADATIONS OF THE ISSUE AND I THINK WE HAVE A RESPONSIBILITY TO BE SENSITIZED TO THEM. THAT, ALSO, IS A FIT SUBJECT FOR PUBLIC HEALTH RESEARCH.

THESE ARE JUST A FEW PROJECTS FROM AMONG MANY IN THE WORKS. THEY ARE NOT MEANT TO INDICATE ANY RANK-ORDERING. BUT I THINK YOU CAN GATHER FROM THEM THAT THERE ARE SEVERAL DIMENSIONS TO THE CHALLENGES FACING PEOPLE WHO PROVIDE HEALTH AND MEDICAL CARE IN AMERICA:

* WE MUST ADJUST OUR WAYS OF PRACTICE SO THAT WE PROVIDE THE BEST HEALTH AND MEDICAL SERVICES FOR A POPULATION WITH GROWTH AT BOTH ENDS OF THE AGE SCALE.

- * WE NEED TO ADD THE CONCEPT OF PREVENTION TO THE TRADITIONAL MODES OF CURATIVE AND REPARATIVE MEDICAL PRACTICE. THE PUBLIC IS READY FOR IT. THE PROFESSIONALS NEED TO BE, ALSO.

- * AND FINALLY, WE NEED TO DO THESE THINGS WITHIN THE FRAMEWORK OF FAMILY- AND COMMUNITY-BASED MEDICINE. THAT'S WHERE THE PEOPLE ARE. THAT'S WHERE OUR NATIONAL STRENGTH LIES. THAT'S WHERE THE JOB HAS TO BE DONE.

I HAVE EVERY CONFIDENCE THAT THESE WILL REMAIN THE HALLMARKS OF THE CARE PROVIDED BY THE COMMUNITY HEALTH ASSOCIATION. YOUR NEW HEAD-QUARTERS WILL BE PUT TO EXCELLENT USE, IF IT HOUSES THE PHILOSOPHY AND SERVICES THAT HAVE MADE THE C.H.A. AN HONORED MEMBER OF THE HEALTH COMMUNITY FOR NEARLY A CENTURY.

ONCE AGAIN, BEST WISHES AND THANK YOU.

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