MRS. SARAH POLK ...Bake-Off Advisor

Ms. Polk To Attend **Pillsbury Contest**

By Sidney Moore Jr.
Post Staff Writer

Pillsbury "Bake-Off" Advisor Sarah Polk of 2826 Botany Street will depart for the Boston, Mass. contest site Saturday, August 28.

Mrs. Polk, a winner in the 1975 "Bake-Off", is an advisor this year. She will be accompanied on her trip by her friend Mrs. Almeda Rippy.

They will arrive in Boston in time for a clambake party and tour of outstanding New England Aquarium at historic Central Wharf, according to the official "Bake-Off" sche-

Other preliminary activities are scheduled for Sunday. Following an orientation brunch and church for those who choose to go, guests of the "Bake-Off" will tour the historic city. The tour ends at Boston's Museum of Fine Arts, where a dinner party

Myopia Or Nearsightness?

By Dr. Raleigh W. Bynum Optometrist

Myopia, or as it is more commonly called nearsight-edness, is a visual result of man's frend in daily activity. The myopic individual is usually very efficient with close work and, due to blurred vision, very inefficient with distant tasks. This set of conditions correlates very highly with man's increase in close work tasks.

To remove a general misception, the myope does NOT have "weak" eyes. The myopic eye is strong to a fault. dent on total relaxation of the focusing system, and since the myopic eye is over powered to allow for constant close work, that relaxation of the eye for good distance seeing is impossible. The glasses are given in order to neutralize the eye's excess power.

Nearsightedness is usually found in a binocular (both eves) form. As with any other visual condition, it has different classifications with the more prevalent being the progressive or malignant type. The term malignant myopia has no connection with cancer, but simply indicates a type of error that starts at age 7 or 8. and gets progressivley worse

to age 25 or 28. This type usually has some hereditary influence and is characterized by a lengthening of the eye. of spectacle lenses or contact

Monday's activities start with breakfast followed im-

mediately by the actual con-

test, said the schedule. Win-

ners will be announced Tues-

day, August 31, on a nationally

televised awards program.

The program will be carried

on WBTV in Charlotte at 11

Mrs. Polk has been chosen

advisor for "an outstanding job promoting the Bake-Off in

Charlotte-area stores, exten-

sion clubs, churches, newspapers and as a guest on a local television talk show,"

said a Phillisbury spokesper-

Company officials also not-

ed that Mrs. Polk has been

chosen as a teacher by a local

daily newspaper for a course

entitled, "Southern Cooking of

the Carolinas'.'

The second classification is termed functional or school myopia. This type can begin at; any age and is not necessarily involved with hereditary influences. The functional myope is a victim of his environment and has made an appropriate adjustment in his visual system. With an increase in close work activity, the visual syswork activity, the visual system also increases in close work efficiency. If this arrangement persists for a period of time the system will become very efficient at near with total disregard for the far point or distant vision. This condition is highly responsive to treatment in its early stages with possible total elimination of the myopia. This treatment consists of temporary reading lenses combined with office or home visual training. The success of this approach is directly related to how early the nearsightedness is detected.

Myopia is no longer a fate which must be accepted without protest.

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Medicaid Program Is An Expensive Pill To Swallow

RALEIGH -- North Carolina's present financial crisis regarding its Medicaid program is nothing new. Since its very beginning on January 1, 1976, the state's attempt to provide quality health care for its low income citizens under the Medicaid program has been a financial

nightmare. Prior to the enactment of Medicaid, states, including North Carolina, had some type medical assistance program for the poor with federal matching funds being used. In most cases, these were very limited programs providing only minimum health services to public assistance recipients. Some of the states, including North Carolina, also providedtheseservices for certain persons who were only "medically needy" and did not need a monthly public assistance chank

In 1965, Congress apparently was deeply concerned about the amount and quality of health services being provided for the nation's poor. Therefore, it adopted Title XIX of the Docial Security Act which is also known as the Medicaid program. States were given until January 1, 1970 to imple-

ing to do so by that date would lose all federal matching for medical assistance

The 1969 Session of the N.C. General Assembly adopted one of the most comprehensive Medicaid programs in the country. It included all the optional, as well as, the mandatory services. It also provided these services to the "medically needy" which was optional, and public assistance recipients. Payments for these services are made directly to doctors, nursing homes, hospitals, dentists, drug stores and others who provide the services.

The state was faced with its

first financial crisis the first month of the program. Nursing homes across the state were dissatisfied with the method of payment even though they were to begin receiving possibly twice as much per patient as they had previously been receiving. They objected to an audit and to being paid for services after they were delivered as required by the federal government. They threatened to evict all welfare recipients. The state advanced the nursing homes \$1.3 million interest free until

their first regular payments began to be paid.
As soon as the dust from the

nursing home crisis began to settle, another windstorm began to blow for the infant Medicaid program. Counties who were required by state law to match the state's nonfederal share of the program (at that time federal 73.96 percent, state 13.02 percent and counties 13.02 percent) began to find that they had not budgeted enough money for this comprehensive health car program. Several counties had insufficient funds to cover their share of the payments during the first six months. Payments to providers in those counties had to be held up until the counties finally were able to pay their share. If these problems did not create enough anxiety in trying to provide health services for the poor, the fact that several counties in adopting their 1970-71 budgets deliberately cut the amount requested for the Medicaid program -added to

the strain. Counties during the tirscrew years complained so much about the rising costs of the program, the General Assembly reduced their share to only 15 percent of the non-federal share and the state began paying 85 percent. Currently, the federal government pays 68.03 percent, state 27.17 percent and counties only 4.8

Many other financial prob-lems have occurred during the relatively few years the program has been in existence

Very few if any or use legislators who adopted the program in 1969, could have visualized a total expenditure of \$218.9 million for fiscal year 1975-76 or an estimated expenditure of \$240.7 million for the , current 1976-77 fiscal year. Nationally, the program grew from a cost of less than \$2 billion in 1966 to \$14 billion in

The limited medical assistance program that the state was providing the year prior to the beginning of Medicaid cost only approximatedly \$30 million. Estimated expenditures for 1976-77 represent an 800 percent increase over that amount.

since the program began, several cost-cutting measures have been adopted and some are still in existence. Payments for professional services were reduced to 90 percent of usual and customary

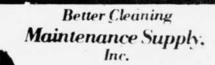
where recipients are required to pay a small amount for some services and Medicaid pays the remainder. Several limits were placed on services but one of these did not prove too wise. At on time, the program would pay to have all the teeth pulled, but would not pay for dentures to replace them. This limitation was soon

rescinded. North Carolina was one of the leaders in the area of "peer review". The N.C. Peer Review Foundation under contract reviews each hospital, nursing home and Intermed ate Care Facility admission to determine if the amount of care and type of care is adequate and necessary for each recipient

Despite the cost-cutting efforts expentitures have continued to escalate. A part of the increase is due to rising costs of health care. These cost are up 25.3 percent nationally over the past two years, compared with a consumer price index increase of

only about 16.4 percent. The state's latest and boldest move to curtail Medi-caid costs was in 1975 when it contracted with Health Application Systems, a private company, to administer the program for a 26-month period at a cost of \$405 million. The contract supposedly put a ceiling on the costs to the state until July 1, 1977

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