



ALABAMA REGIONAL MEDICAL PROGRAM  
INSTITUTIONAL SELF STUDY PROGRAM  
1965-1973

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\*Arabic numerals in left hand column refer to report items listed in memorandum from Director, Institutional Study Program dated August 18, 1972.

## METHODOLOGY AND ACKNOWLEDGEMENTS

The primary source for this report was the Alabama Regional Medical Program files, including memoranda, correspondence, minutes, pertinent legislation and guidelines. The report was prepared and written by Mr. Frank O. Hinckley, Associate Director for Evaluation, under the direction of John M. Packard, M.D., Executive Director of the Alabama Regional Medical Program, with the cooperation and contribution of other staff members including: Mr. M. D. Plowden, Deputy Director; Dr. Laurene Gilmore, Associate Director, Manpower Development; Mr. Samuel R. Hernandez, Associate Director, Program Planning and Development; Mr. James L. Robertson, Associate Director, Program Management and Communications; and Dr. Charles M. Van Duyne, Associate Director, Health Care Services. Mr. John Kasberg, Evaluation Specialist, developed and prepared the illustrations.

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## INTRODUCTION

This report of the activities of the Alabama Regional Medical Program is part of an Institutional Study Program being conducted by the University of Alabama in Birmingham in preparation for an accreditation visit by the Southern Association of Colleges and Schools to be made in October 1973. It has resulted in a unique opportunity for the management and staff of the Alabama Regional Medical Program to review its progress in relation to a number of factors:

The original and extension Regional Medical Program legislation and guidelines.

The change in national priorities, especially the switch in program emphasis from categorical diseases to improved delivery systems dictated by the budget message for FY 71.

The health care needs of the State of Alabama as perceived by the Program's governing body, the Regional Advisory Council

The effectiveness of Program activities.

The impact of currently funded project activities.

A consideration of the cooperative relationships with other organizations.

## Recommendations of the Executive Director

1. No changes are felt necessary in the goal or objectives of ARMP. The Regional Advisory Council reviews and updates these at intervals. Current efforts to establish short term measurable sub-objectives should be continued.

2. Ideally, a clearer set of measurable objectives should be established at the national level and used for evaluation.

3. The Program would be easier to manage were it possible to have assured funding for intervals longer than one year.

4. "Earmarked" funds should be eliminated nationally. They are often disruptive of ongoing activities during the preparation of the request and in their administration if awarded. Occasionally the earmarked funds relate to national goals which have low priority in Alabama and have proved to be a hindrance to overall goals.

5. If health revenue sharing should become a reality, the Regional Advisory Council would be a natural mechanism for setting priorities and allocating funds, since it has had three years experience in this.

6. It is impractical to provide the requested outline of specific plans and directions for the future of ARMP over the next ten years in view of the Administration's plan to phase out Regional Medical Programs. This intention may be reversed by Congress prior to June 30, 1973.



7. Present relationships of ARMP to UAB are spelled out in the section on Grantee Institutions. With a second state medical school now operational at Mobile, and medical education activities underway at Tuscaloosa and Huntsville it is recommended that consideration again be given to establishing a non-profit corporation to be the grantee institution.

Comments of the Executive Director

#### Program Objectives

The goal of the Alabama Regional Medical Program relates mainly to service: to improve the health of the citizens of Alabama. Program objectives relating directly to this goal are:

To facilitate the delivery of health services so that (ideally) high quality medical services are available to, and utilized by, everyone in the Region.

To support the provision of education (as determined by delivery needs) that will increase the appropriate utilization, distribution, and number of health manpower throughout Alabama.

To encourage the prompt and effective incorporation of new knowledge and technology into the health care community.

To promote health educational programs conducted by responsible agencies and organizations for the general public.

To improve exchange of health care and health education information both among and between providers, consumers and government at all levels.

#### The Grantee Institution

Under RMPS guidelines the UAB, as grantee institution, is responsible for the fiscal and administrative integrity of the Program. In this regard, UAB is concerned with:

The initial selection of RAC membership, its

chairman, and the ARMP chief executive officer. Starting in 1973, it will also appoint the RAC chairman following RAC nomination.

The appointment of a Program staff upon nomination by the chief executive officer, and in accordance with UAB personnel policies.

Receiving, administering and accounting for funds. It reviews the operations and activities in light of their eligibility for funding in conformance with RMPS and federal funding requirements. It also assures that programs and projects are in conformity to state and UAB policies and directives. It assesses the affiliate's capabilities to manage funds. It also prescribes fiscal and administrative procedures to safeguard the grantee against audit liabilities.

Establishing indirect cost rates. The grantee institution negotiates indirect cost rates with the affiliate and provides those supportive services included in the grantee indirect cost rate.<sup>1</sup>

Because the UAB is the principal health science center in Alabama, it has served as a valuable resource in furthering the goals and objectives established by the Regional Advisory Council, which sets policy for ARMP. Many hours of faculty and administrative staff time have been devoted to meetings of RAC and its committees and with innumerable projects and studies. Much of this consultation is not reimbursable as with direct or indirect costs.

The ARMP has likewise made significant contributions to the UAB, especially in facilitating new educational programs and in supporting a wide variety of outreach programs.

Notable among the new educational programs are the development of the Regional Technical Institute with its 18 affiliated state junior colleges, and the impetus given to the surgeon's and physician's assistants programs. ARMP also

assisted in the adoption of the Problem Oriented Medical Record in the University and V.A. hospitals.

Ongoing educational programs have benefited by the presence of faculty recruited by ARMP, especially Drs. J. O. Finney, Harold Schnaper and John M. Packard in the Department of Medicine and J. J. Mason, M.D. Plowden and S. R. Hernandez in SCAHR. Cardiopulmonary resuscitation courses have been taught to second year students and incoming house staff using ARMP staff, equipment and audiovisual aids. ARMP audiovisual C.P.R. aids have been provided for a self-teaching room in University Hospital and in the School of Nursing.

ARMP has supported continuing education programs in the Schools of Medicine, Nursing and Optometry through direct salary support, staff assistance and equipment, and by underwriting certain travel and consultant expenses. The medical student elective and house staff training program at Montgomery was initiated and has been partially supported by ARMP.

The most notable among the outreach programs has been the Medical Information Service by Telephone (MIST), which has handled over 41,000 calls in its first three and a half years. The voluntary services donated by the faculty, plus the hardware, telephone lines and operating personnel provided by ARMP, VA and ARC have combined to produce a widely used and appreciated service to the health professionals in the state. In addition, ARMP has staffed and the Executive Director has chaired, the UAB Council of Community Health Services. The Executive Director also serves as Associate Dean for Community Health Affairs in the School of Medicine, providing an additional avenue for outreach.

A developing outreach program is the Radiation Dosimetry project which has extended the resources of the Radiation Therapy Department to a number of the larger cities in the state. The SAMA Clinic and the Central City Outreach Clinic of the School of Nursing have also received a small amount of support from ARMP.

Finally, it should be mentioned that UAB has received over the past six years \$553,763 in faculty salary support (exclusive of funded projects) and \$868,714 in indirect cost payments for a total of \$1,422,477.

Legal Basis and Operational Concept of the  
Alabama Regional Medical Program

Pertinent Legislation and Guidelines

Recognizing a historical thrust toward regionalization of health resources, and the need to put into practical use knowledge produced by the large and productive national biomedical research community, the Congress amended Title IX of the Public Health Service Act to authorize the establishment and maintenance of Regional Medical Programs. Public Law 89-239 was signed by the President on October 6, 1965.<sup>2</sup> The Public Health Service Act amendment provided a vehicle to combat heart disease, cancer, stroke, and related diseases. The original Regional Medical Program Guidelines stated RMP was to be a cooperative arrangement among a group of public or nonprofit institutions or agencies engaged in research, training, diagnosis, and treatment relating to heart disease, cancer, or stroke. Regional cooperative arrangements among

medical schools, research institutions and hospitals were to be encouraged and assisted through federal grants in order to disseminate the latest advances in the diagnosis and treatment of these diseases to the medical profession and medical institutions in the nation. These arrangements were to improve generally the health, manpower, and facilities available without interfering with the established structure of health care financing, patient care, professional practice, or administration of hospitals.<sup>3</sup>

On October 30, 1970, the Congress extended the Regional Medical Programs.\* In addition to increasing the amount of appropriations authorized, the Congress expanded the role of RMP beyond concern with categorical disease. The Act required promotion and fostering of regional linkages among health care institutions and providers as another means to improve the quality and enhance the capacity of the nation's health manpower and facilities.<sup>4</sup>

To facilitate interregional cooperation and develop improved national capability for delivery of health services, the Secretary was authorized to use funds for programs, services, and activities involving two or more Regional Medical Programs in development or demonstration of methods for control of categorical diseases, collection and study of epidemiologic data related to categorical diseases; and development of training specifically related to diagnosis, treatment and rehabilitation. This portion of the law has not been used to

\*As of February 1, 1973, there has been no further extension legislation. The present extension legislation, Public Law 91-515, expires June 30, 1973.

fund. Authorization was also provided for continuing programs where shortage of trained personnel would otherwise limit application of knowledge and skills important to the control of such diseases, as well as conducting cooperative clinical field trials.<sup>5</sup>

An important section in the original law which directed categorization of hospitals as to quality of facilities to care for patients with categorical diseases was carried forward to the new law. Little action was taken under this provision until September, 1972, when the joint commission on accreditation of hospitals started a survey.

#### Regionalization

The Regional Medical Program's goal to improve patient care is to be achieved through regional cooperative arrangements. These "arrangements" are better known as regionalization. In guidelines published by the Health Services and Mental Health Administration for Regional Medical Programs, regionalization was described as a continuous process rather than a plan which is totally developed and then implemented.<sup>6</sup>

Regionalization as a cooperative arrangement has the following characteristics: it is both functional and geographic; it provides a means for sharing limited health manpower and facilities; and it constitutes a mechanism for coordinating categorical programs with other health programs in the region.<sup>7</sup>

As a process, regionalization consists of the following elements:

Involvement and commitment of individuals, organizations and institutions within a geographic area (region);

Identification of needs and opportunities regarding categorical diseases within a region;

Assessment of resources in terms of function, size, number and quality;

Definition of objectives to meet identified operational needs and opportunities;

Setting of priorities consistent with limited manpower, facilities, financing and other resources;

Implementation of program objectives following from the base and imperative for action provided in the preceding steps;

Evaluation which should provide for a continuous, quantitative and qualitative consideration of each planning and operation activity of the region as well as the overall regional program.<sup>8</sup>

As will be noted below under a discussion of the Regional Advisory Council, the Alabama Regional Medical Program was early concerned with an effective mechanism for achieving regional cooperative arrangements. It provided for health planning regions and funded health planners for each. Health planners are active in the following areas: Birmingham, Mobile, Gadsden-Anniston, Tuscaloosa, Montgomery, and Dothan. Cooperative arrangements remain to be established in the Selma and Tennessee Valley areas. This arrangement is known as area-wide regionalization and provides the broadest base through which regional cooperation can be obtained.

#### Historical Development of the Alabama Program- Prior to Receipt of Planning Grant

Interest in a Regional Medical Program for Alabama developed early. In fact, it preceded passage of the law in October 1965. In June of 1965, in response to a request by the American Medical Association, the Medical Association of The State of Alabama appointed a special committee to make

recommendations concerning the Regional Medical Program as exemplified by Senate Bill No. S596. This distinguished committee was chaired by Dr. Tinsley R. Harrison. Other members were Drs. J. Garber Galbraith, Julius Michaelson, William Atkinson, Howard Walker, T. Joseph Reeves, and James G. McDonald, ex officio (President, Medical Association of the State of Alabama). Drs. Harrison, Galbraith and Reeves were full time at the Medical Center of the University of Alabama and the rest were physicians in active practice. In one meeting on August 16, 1965, the Committee agreed that there was a need in the state for improvement in teaching, research and patient care, not only in the field of heart disease, cancer and stroke, but in the broad field of medicine. In this respect, they anticipated developments that were to occur much later in RMP history. The Committee expressed grave doubt that the proposed legislation was a reasonable and adequate mechanism by which existing deficiencies could be met. The Committee was concerned about a proposed regional distribution of federal funds. It proposed that a more logical distribution would be along the lines of existing state boundaries.<sup>9</sup>

The Committee had a fundamental proposal which it felt was a major departure from the existing philosophy for administration and distribution of federal monies as follows:

Specifically, it is proposed that a more logical, workable, less wasteful mechanism could be devised by which a separate grant proposal is made by each state designed to meet its own peculiar and unique needs in the areas of health research, teaching and patient care....This precise mechanism by which



each state would derive its requirements would be a function of the individual state. In the State of Alabama, and perhaps in all, it is proposed that a State Commission comprised of membership from the state medical college or colleges of that state, representatives of the active medical profession of that state, state public health officers and medical associations be formed.<sup>10</sup>

The Committee felt that the national policies should be broad, aimed at implementing the intent of Congress; that the discrete policies and decisions would be determined by the individual state.<sup>11</sup>

Public Law 89-239, as signed by President Johnson in 1965, reflected the wisdom and concern of the Committee. The Act provided sufficient latitude for definition of a geographic area as a state, and for each geographic area to make its own grant proposal. This mechanism was instituted for the RMP's in 1970, when the National Advisory Council delegated final approval for individual projects to the Regional Advisory Groups of "mature" RMP's. The allocation of funds at the local level by a regional advisory group is different in operation from a proposed state commission, but essentially the same in concept. Local allocation of the funds is the key.

During 1966, a Regional Advisory Committee for Heart, Stroke and Cancer was formed through the joint efforts of the University of Alabama School of Medicine, the Medical Association of the State of Alabama, and Governor George C. Wallace. This Committee was charged with advising the University of Alabama School of Medicine in relation to the development of a regional program under the provisions of Public

Law 89-239.\*<sup>12</sup> The Committee held three critical meetings during 1966. As its first meeting on April 9, 1966, it agreed on the following general principles:

Consistent with the legal guidelines the State of Alabama was defined as a geographic unit representing cohesiveness in patterns of referrals of patients and professional interaction among a medical center, a research and training facility, and a network of cooperative hospitals and agencies concerned with the categorical diseases. The intent of the legislation was interpreted as an opportunity for cooperative arrangements to make available to the patients of physicians the latest advances in diagnosis and treatment of categorical diseases. Other aspects of the legislation would provide a more uniform standard of excellence of patient care. Education was recognized as the predominant characteristic of the Regional Programs. Finally, the Committee recommended that the University of Alabama be requested to prepare a grant application for planning regional research centers.\*\* It was unanimously agreed that the University's Medical Center was the logical institution to be designated as a responsible agent for planning.<sup>13</sup>

At the second meeting of the Committee, on May 26, 1966, the opportunities and dangers presented in the development of a Regional Medical Program were discussed at length. Although the Committee report is silent on the nature of the these dangers, it was decided to expand the Committee by the appointment of three additional laymen, to be nominated by the President of the Medical Association and appointed by Governor Wallace. The Governor indicated subsequent to this meeting that he believed his role was that of initiation of the Committee without further responsibility for its action or its continuity.<sup>14</sup>

\* See Appendix I for membership of this committee.

\*\*Research centers were authorized in the Senate bill, but not in the final law. Unfortunately, discussion of the Senate bill raised expectations.

The third meeting was held on September 13, 1966. Three additional lay members were appointed to the Committee. They were Mr. Earl M. McGowin, Mr. James H. Crow, Jr. and Mr. Winton M. Blount. During this meeting the Committee also adopted policies regarding the Advisory Committee for Regional Programs which were, in effect, by-laws for its efficient operation. Recognizing the need to expand the Committee by making it more broadly representative of the region, the Committee recommended to the University the appointment of six additional members as follows: Dr. Julian Giles; Dr. Lucius H. Pitts; Dr. Harold T. Dodge; Dr. S. Richardson Hill; Dr. Herschel Hamilton; and Dr. Charles A. McCallum.<sup>15</sup>

On December 21, 1966, Senator Lister Hill announced that a grant award had been made for the first year, and there would be a two and a half year program to support planning activities for the Regional Medical Program.<sup>16</sup> The Alabama Regional Medical Program became a legal entity and entered its first phase.

#### The Regional Advisory Council\*

##### Description and Composition of the Regional Advisory Council

From the seven member special committee of MASA, which met to make recommendations concerning Regional Medical Programs, the Alabama Regional Medical Program's governing body, now known as the Regional Advisory Council, has grown to a potential membership of 62. From the beginning of the program

\*The Regional Advisory Group redesignated itself as a Council in September 1972. Reference to RAG or RAC indicates a time before or after that date.

members of the Medical Association of Alabama, the University of Alabama in Birmingham Medical Center and other professional health associations have been active in providing guidance and leadership to the Council in its direction of the Alabama Regional Medical Program.

In recent years membership of the Regional Advisory Council has been appointed by the following groups:

Medical Association of the State of Alabama  
University of Alabama Medical Center  
Alabama Dental Association  
Alabama Hospital Association  
Alabama State Nurses Association  
Alabama Heart Association  
Alabama Division of the American Cancer Society  
State Department of Health  
State Department of Mental Health  
Vocational Rehabilitation Service  
Veterans Administration  
CHP 314(b) Agencies.

In addition, the grantee organization has appointed members at large.

The relative numbers of these organizations have tended to change over the years as illustrated by Figure 1. Successful areawide development by the Advisory Council accounts for most of the changes in trend. Membership in the Council had been relatively stable since 1967. Subregionalization efforts of the Council were effectively felt in 1971, with the addition of representation from the areawide advisory groups and an increase in the number of members at large.

#### Development of Program Goals

As discussed, the Regional Advisory Group was instrumental in the historical development of the Alabama Regional Medical Program. With the approval of a planning grant available from January 1, 1967, through June 30, 1969, the Group



turned its attention to the plans and possible mechanisms for implementation of the ARMP. During 1967, a series of meetings was held, during which time a constitution for the program was reviewed and approved. An annual statement of the evaluation and application for continuation of the original planning grant was approved and forwarded to the Division of Regional Medical Programs. <sup>17</sup>

Specific objectives were also delineated in the following priority order:

To provide retraining and continuing education for the entire health service team in relevant categories.

To stimulate and support the creation of new health service manpower and to improve distribution and utilization throughout the region.

To demonstrate in appropriate pilot projects the best and most recent developments in medical care as close to the patient's home and as close to the physician's practice as possible.

To increase and improve total community involvement in both the problems of modern health care and the potential solution.<sup>18</sup>

During 1968, the overall ARMP strategy was revised to provide eventual decentralization of ARMP activities from Birmingham to an area office in each of the seven hospital regions as defined by the Alabama Master Hospital Plan. The concept was furthered in 1969, when the RAG supported the objective of developing comprehensive health care and demonstration units.<sup>19</sup> A project to fund health planners in each of the regions was approved by the National Advisory Council and funded in the spring of 1970.<sup>20</sup> In the summer of 1970, the state was divided into eight multicounty planning districts

by Alabama Governor's Executive Order No. 23 and the RAG voted to follow this arrangement in September 1970.

Also during the first operational year, the RAG encouraged a survey of health needs and resources county by county throughout the state. The results of the county surveys conducted earlier, along with coordination and cooperation with other state agencies gave the RAG a broader perspective and insight into what was needed in the state.<sup>21</sup>

The period from January through October, 1970 was a critical one for ARMP. The first event was the resignation of the chief executive officer, Dr. Benjamin B. Wells, on January 3, 1970, to accept the position of Deputy Chief Medical Director of the Veterans Administration in Washington. Over the next nine months many of the key staff changed with resultant changes in its interests and capabilities.

In May 1970, the second critical event occurred: a site visit from RMPS which provided ARMP with the opportunity to review and categorize past activities into program areas. It became evident that the staff played a significant role in these programs and that feasibility studies and small grants were accomplishing many objectives, despite the manifest difficulties in having major projects receive approval at the Washington level.

The third event was the decision to develop the capabilities of the Regional Advisory Group. The first step in the planned process took place at a two-day retreat in June 1970, at which RAG members and staff jointly identified and

proposed solutions for many issues involving ARMP. RAG members contributed significantly to the preparation of the Triennial Application which formulated plans for the next three years.

The retreat was significant in that it contributed to improved understanding and better working relationships between the Advisory Group and the core staff and was a turning point in the development of ARMP. Consistent with the broader perspective, deeper insights and better working relationships, the RAG reaffirmed the Program's general goals, but modified the specific objectives as follows:

To increase and improve total community involvement in both the problems of modern health care and their potential solution.

To stimulate and support the creation of new health service manpower and to improve their distribution and utilization throughout the region.

To provide a remedial and continuing education for the entire health service team in relevant categories.

The goals and objectives which were developed during the June 1970, retreat continued in effect until September 1971. The present goal and objectives stated at the beginning of this paper were adopted at the Council's January 1973 meeting.

#### Development of Priorities

In the early years of the Alabama Regional Medical Program, objectives were generally stated in priority order. In 1968 and 1969, an effort was made to rank individual projects as well as objectives in accordance with a given set



of criteria. Decisions to recommend or reject proposals offered to the ARMP were based on the following considerations:

- Basic eligibility under the law.
- Basic administrative controls.
- Relevance to objectives of the Alabama RMP.
- Relevance to national objectives of RMP.
- Relevance to local needs.
- Community involvement.
- Provisions made for evaluation.
- Evidence of obtainability and viability.

Using the above criteria, a priority score was assigned to each project using a simple numerical scale ranging from 100 as "an outstanding project" to 500 as "deferred because of major reservations or incomplete information."<sup>22</sup> Each project proposal was reviewed by one or more professional groups--the appropriate county medical society and the Board of Censors of the Medical Association of the State of Alabama--before being processed by the ARMP staff. Under coordination of the core staff, project proposals were considered by a categorical committee for professional and scientific review and a development committee for technical review, feasibility determination and delineation of the evaluation mechanism. Each project was also reviewed and approved by the Coordinator of Research Grants and the Research Administration Office of the University of Alabama in Birmingham to assure conformance with University fiscal policy and procedures and coordination with the existing efforts of plans of the University in related fields. Favorably considered proposals were then presented to the Advisory Group for final review and approval or disapproval action. Having run this gauntlet of priority reviews,

the projects were then forwarded to the Division of Regional Medical Programs in Washington, D.C., for further processing and presentation to the National Advisory Council for final decision. Consistent with an assessment of the project's worth and funding availability, the project was approved and funded, returned for revision, or disapproved.<sup>23</sup>

Following the submission and approval of its Triennial Application, ARMP joined the ranks of "mature" regions and has been awarded bloc grants. Local decision making by RAC has sharpened the development of priority setting for individual projects. The project review process remains essentially the same, but more formalized, with appeal mechanisms available. Project relationship to appropriate county medical societies now involves more coordination than formal approval. Review of projects has been afforded to the appropriate 314(b) Agency prior to its requirement under HEW guidelines in 1971. Medical societies are involved in this process.<sup>24</sup>

Current health need priorities assigned by the Regional Advisory Council are as follows:

- Alleviate health personnel shortage.
- Coordinate health care agencies.
- Devise alternative health financing methods.
- Develop health educational facilities.
- Promote Emergency Medical Services.
- Aid health services to poor.
- Increase preventive care.
- Speed latest medical knowledge to practitioners.
- Increase consumer participation.
- Stabilize health care cost.
- Emphasize environmental health.<sup>25</sup>

Decisions to accept or reject proposals made to the ARMP are now based on the following considerations. The proposer should:

Present justification of the need for action.

Define specific objectives which are subject to subsequent evaluation.

Relate its objectives to one or more ARMP objectives.

Improve care of patients suffering from heart disease, cancer, stroke or related conditions.

Include precise methods of procedure and a reasonable time frame for their accomplishment.

Be practical.

Represent new or expanded activities relatively dependent upon some ARMP support.

Be a cooperative effort.

Activate a regional approach to health care problems.

Have evaluation which is directly related to project objectives with evaluation methodology clearly described.

Give due consideration to continuation support.

Be appropriate for funding under RMPS guidelines and be in line with national priorities.<sup>26</sup>

The current ARMP review process is located at Appendix

## II.

### Regional Advisory Council Committees

The Council uses a functional committee structure to do its work. Types of committees have not varied substantially during the years. Following is a current list of committees:

- Executive Board
- Committee on Cancer
- Developmental Component Committee
- Evaluation Committee
- Finance and Budget Committee
- Health Manpower Committee
- Committee on Heart Disease and Stroke
- Long Range Planning Committee
- Subcommittee on Educational Institutions
- Committee on Rehabilitation
- Renal Disease Committee
- Review Committee.

## The Alabama Regional Medical Program

### Early Efforts at Regionalization

During its first two planning years the Alabama Regional Medical Program concentrated on interests which would further the concept of regionalization through cooperative arrangements as required by Public Law 89-239. Three activities illustrate these efforts.

#### Health Planning Surveys

Each survey was initiated at the request and under the authorization of the county medical society. The first of 20 health planning surveys was initiated in November 1967, through the Bureau of Research and Community Services, School of Health Services Administration, U.A.B.<sup>27</sup> As originally planned, the surveys would tabulate demographic and health statistical data in each of Alabama's 67 counties. To be included were numbers and types of health professionals, and number of hospitals and other health institutions in each county. The project reached its high mark in the Spring of 1969, when 47 county studies had either been completed, were under way or planned. ARMP had provided funding support for 37 of these projects; the Appalachia Regional Commission, the Comprehensive Areawide Health Planning Agency, and the Office of Economic Opportunity. In recent years county studies have been provided by the Comprehensive Health Planning Agency (314(a)).<sup>27</sup>

#### The Comprehensive Health Care Demonstration Units

The Comprehensive Health Care Demonstration Units had been proposed as the major functional element for implementation by the Alabama Regional Medical Program. The units were proposed

as a multidisciplinary teaching and health care demonstration facility which would bring together into a single administrative element most of the ARMP efforts in the field of categorical disease. The units were also to serve as a channel of communication, bringing the most recent and effective methods of modern medicine as close as possible to the practicing physician and to the members of his allied health service team.<sup>28</sup> These proposed demonstration units were identical in concept to the Area Health Education Centers proposed by the Carnegie Commission in its report of October 1970. Mobile and Decatur were selected as initial sites because of available resources and evidence of interest. A proposal for a unit at Mobile was included in the first operational request grant. The project was withdrawn from consideration by the local sponsors when it was determined that necessary construction could not be funded. A related project provided the basic tools for a radioisotope service in the Decatur General Hospital. It was hoped that this single element could be expanded into a full comprehensive health care demonstration unit. After withdrawal of the Mobile unit project and in the absence of a full time medical educator, there was little hope for a demonstration unit.<sup>29</sup>

#### Regional Technical Institute for the Health Occupations

The Institute was designed to provide needed skilled health service workers for the state's hospitals and related health facilities at the sub-baccalaureate level, provide technical instructors for similar health manpower programs in the junior colleges and vocational technical schools of

the region, and provide a university demonstration model for new and experimental ways of training technical health personnel.<sup>30</sup> A request for almost \$580,000 for the Institute was denied by RMPS in Washington. The following year, a portion of the original project involving a statewide mechanism for training of allied health personnel was funded in the amount of \$39,365. Continual funding was obtained (for five years) from the Kellogg Foundation.

A number of other important and useful projects were funded during the first operational year. But none were as broad in scope or potential impact as the Comprehensive Health Care Demonstration Units or a Regional Technical Institute for health occupations.

#### Program Staff Activities

During the planning and first operational years, ARMP continued to concentrate on individual project activities. Later, program staff activities evolved to become a large regionalization activity within itself. With increased activity came a need for a more sophisticated approach to management of its affairs. Since 1970, this development has been along classic management process lines: that is, there is a planning activity, an organizing or "doing" activity, and a control activity. This type of organization may be noted in the Triennium Application where the relationship of ARMP core or program staff to projects is divided in terms of development, implementation and monitoring.<sup>31</sup> Cutting across these basic processes are three major program staff

activities:\*

Program direction and administration.

Project development review and management.

Professional consultation, community relations and management.\*\*

In 1971, the percentages of time spent in these areas respectively were 33, 27, and 40. In 1972, the percentages were 35, 38, and 27. In 1973, the percentages were 20, 12, and 68 (est.). The figures for 1973 were estimated during a period of non-project activity and are subject to modification. The figures also do not include activities of area-wide coordinators funded by ARMP. A system is being developed to more accurately reflect these activities. Some of the program staff activity carried on throughout the state is illustrated in Figure 2, depicting the visits made in 1972 by the program staff in support of the three program areas cited above.

#### Feasibility and Planning Studies

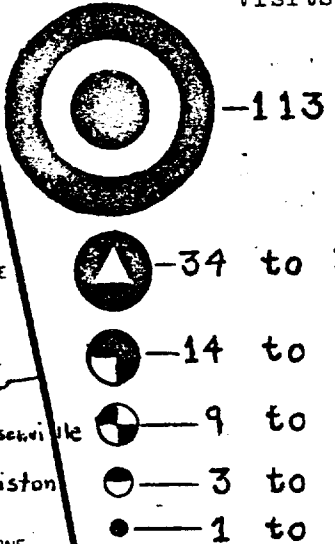
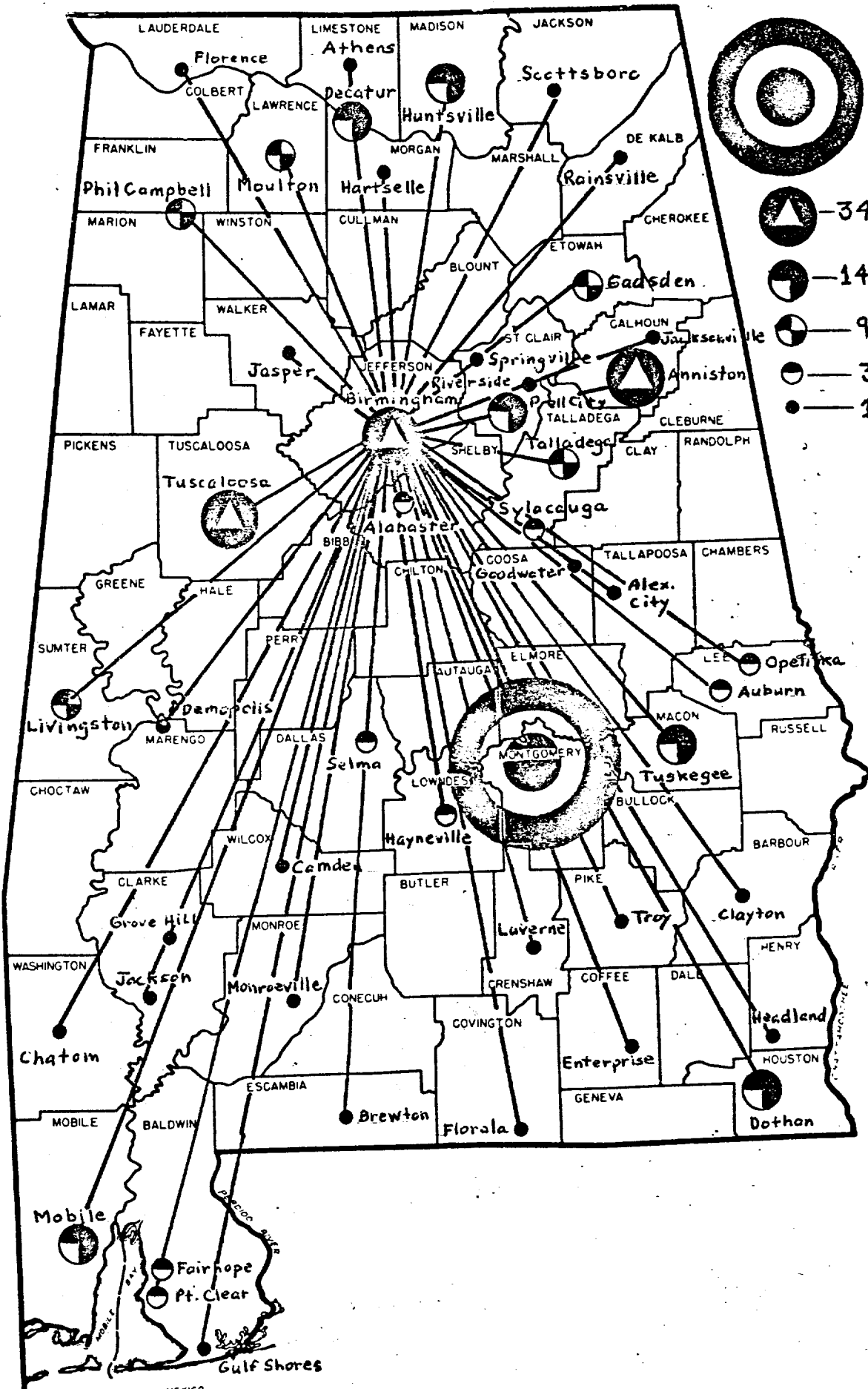
Some program staff funds are used to support feasibility and planning studies and certain activities which are not of sufficient size to warrant the full project status. Following are some of the activities.

\* As defined by the Regional Medical Program Service.

\*\* An outstanding example of this activity is a series of health manpower conferences sponsored by the program staff. As a result of these conferences health providers, citizens, and state officials have increased their insights into health manpower problems. Conferences were held in 1971, 1972 and one is planned for March, 1973.

ARMP Consultation Patterns For 1972

# of Visits





## Lawrence County Health Care Project Special Evaluation

Through use of time-share computer system and use-oriented programming, a data analysis methodology is to be developed as applicable to the evaluation of health care delivery systems. Project location is Lawrence County with Lamar County as a control unit.

The evaluation methodology is being applied to a project whose long range objectives are to cause and demonstrate a positive change in the health care status of residents of Lawrence County through implementation of an improved health care system. If the evaluation design warrants, it will be applied to other rural health care delivery systems.

## Comprehensive Study--Jefferson Tuberculosis Sanatorium

Study is designed to determine alternative uses of the Jefferson County Tuberculosis Sanatorium. The Jefferson facility is one of seven TB sanatoriums in the State of Alabama. The statewide requirements for TB facilities is now being considered by the Health Study Commission. Study money will not be used to determine the number of TB beds needed in Jefferson County, but will study alternative uses which will have statewide application.

~~Support~~The West Alabama Comprehensive Health Planning Agency is working to consolidate and regionalize the capabilities which exist in each of the region's seven county health departments. The Alabama Regional Medical Program has given impetus to the program through a \$3,500 grant.

The School of Community and Allied Health Resources, U.A.B., is studying the feasibility of an interdisciplinary approach to instruction among its programs. ARMP is assisting this effort with a \$2,400 grant.

## Supportive Activities for Health Care Education in the State of Alabama

\$10,000 supplied to the Alabama Commission on Higher Education to determine the number of health care personnel needed in the state.

~~\$15,000~~ \$17,500 provided (1969) to develop health curricula for grades K-12.

\$3,000 provided to assist in implementation of the health education curriculum guide.

\$3,000 provided for consultant fees used in an education program for medical students and other medical personnel at Montgomery.

\$2,400 provided for support of four nursing continuing education programs at the School of Nursing of the University of Alabama in Birmingham.

#### Supportive Activities in the Health Services

\$15,00 used to identify legal constraints in the development of health maintenance organizations within the state.

The study is a survey of existing Emergency Medical Service facilities in the State of Alabama and the development of a statewide plan to meet these needs. Survey and planning development are proceeding.

#### Office of Audio-visual Communications, Broadcasting of Medical Grand Rounds and Tumor Conferences

The Television Center of the UAB supports the broadcasting of Medical Grand Rounds and tumor conferences. The Center provides broadcast schedules for physicians and others in the UAB Medical Center. It also loans them to remote hospitals in the state out of broadcast range. Financial support purchased additional tape to maintain programs in inventory for longer use.

#### Health Careers Council, A Special Telephone System Consisting of a Toll Free In-coming WATS Line for Use by the Counselors for Information

The phone system has enabled the Health Careers Council to provide information concerning health careers to high school and junior college guidance counselors, students and hospital personnel. During the period June 1, 1972 to August 31, 1972, the phone system recorded over 745 different contacts.

As a result of these contacts, Council members have appeared on radio talk shows, given lectures to graduate students, enrolled in counselor education classes and participated in secondary and college level workshops.<sup>32</sup>

#### Current Approved and Proposed Project Activities

The largest share of ARMP funds is allocated to formal project activity.\* The historical relationship of requests, project and staff funding is found at Appendix III.











ARMP project activities are not uniformly distributed throughout Alabama (see Figure 3). The concentration of projects

\* Approved and proposed in this context refers to funded and unfunded.

# A.R.M.P. Projects in the Health Planning Areas of Alabama






Funded  Unfunded  314-b Agencies 

## Statewide Projects

## GOAL & OBJECTIVES

Goal:  
To improve the health of the citizens of Alabama.

- Objectives:
-  1. To facilitate the delivery of health services so that (ideally) high quality medical services are available to, and utilized by, everyone in the Region.
  -  2. To support the provision of appropriate education (as determined by delivery needs) that will increase the utilization and number of health manpower throughout Alabama.
  -  3. To encourage the effective incorporation of new knowledge and technology into the health care community.
  -  4. To promote health educational programs conducted by responsible agencies and organizations for the general public.
  -  5. To improve exchange of health care and health education information both among and between providers, consumers, and government at all levels.

Color-keys the project location on the map to the objective to which project relates. Some projects may involve more than one objective; in this case, the project is keyed to its primary objective.

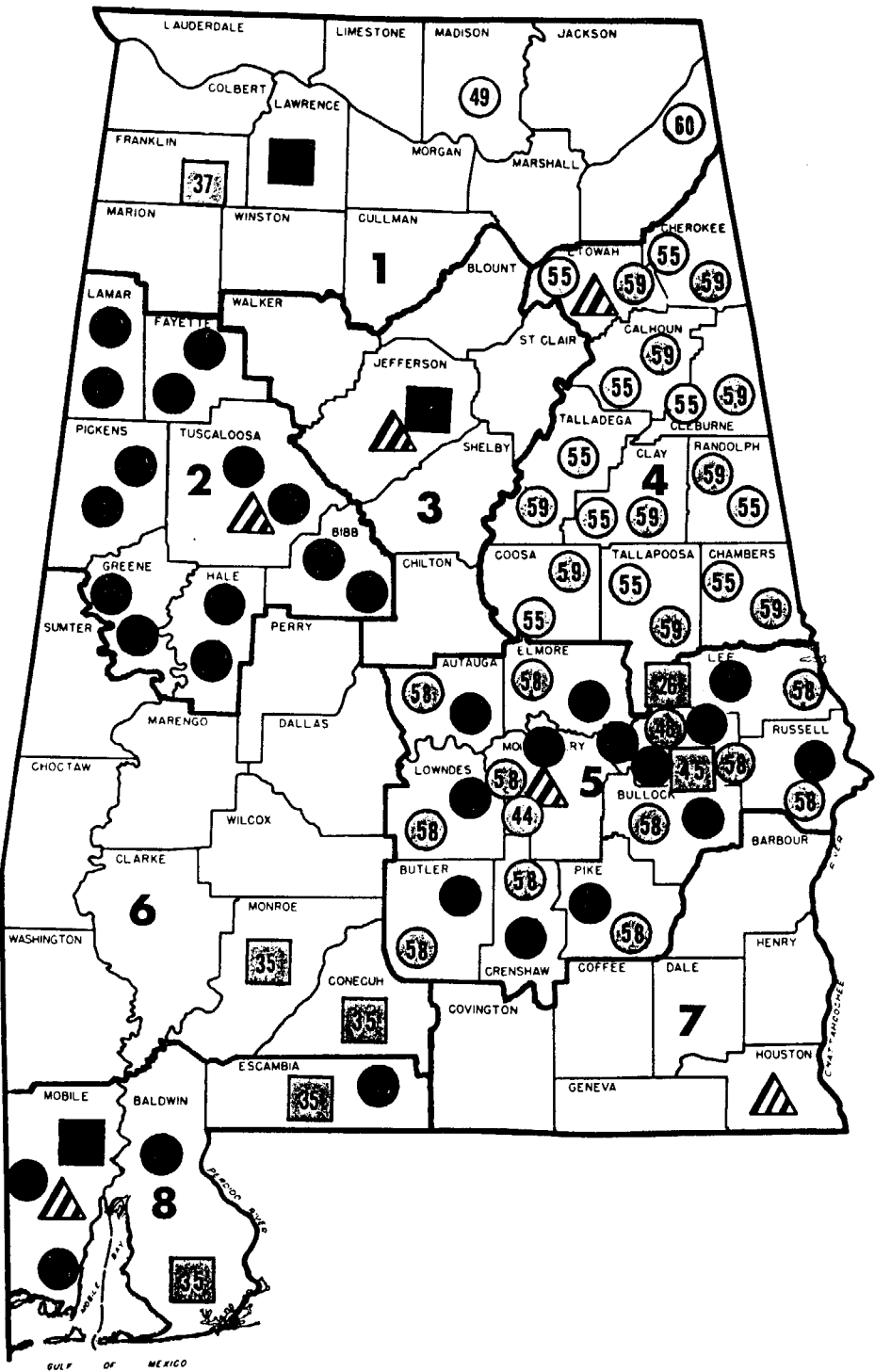


Fig. 3

are a rough measure of the effectiveness of ARMP's areawide regionalization efforts. Regions II, III, IV, V and VIII have very active Comprehensive Health Planning (314 (b)) Agencies which are supported from ARMP program funds.

Figure 3 also shows a location of funded and unfunded projects throughout the state. Figure 4 and its attachments represent the key to this impact map. The key is coded to the individual project and indicates the project's objectives, location, title, status, project director, purpose, impact, and status of ARMP funding.

#### The Developmental Component

In its Triennium Application (1970), ARMP requested \$100,000 annual funding of a Developmental Component. The request was subsequently approved and funded in 1972, at 10 per cent of the previous year's budget (\$81,000). The plan for use of developmental funds was based on two principles: close control and involvement of the RAC in seeking improvement in the quality of delivery of health services; and rapid implementation of worthy proposals.<sup>33</sup>

#### Cooperative Relationships With Other Organizations

One of the strengths of the Alabama Regional Medical Program is its cooperative relationships or linkages with other health care organizations. Figure 5 illustrates the location of organizations with which ARMP has currently or recently maintained cooperative working relationships. Following the figure are the corresponding data sheets for each location on the map. Data sheets are from Annual Report and Request: 05 Year.

## KEY TO OBJECTIVES FOR ARMP PROJECTS

### Objectives:

1. To facilitate the delivery of health services so that (ideally) high quality medical services are available to, and utilized by, everyone in the Region.
2. To support the provision of appropriate education (as determined by delivery needs) that will increase the utilization and number of health manpower throughout Alabama.
3. To encourage the effective incorporation of new knowledge and technology into the health care community.
4. To promote health educational programs conducted by responsible agencies and organizations for the general public.
5. To improve exchange of health care and health education information both among and between providers, consumers, and government at all levels.

No.	Location and Title and Status	Project Director	Purpose	Impact	ARMP Funding
15	Medical Information Service via Telephone Funded Objective: 3,1	Birmingham, Ala. Statewide project Project Director: Margaret Klapper, M.D.	To provide instantaneous medical information to health providers in Alabama via telephone.	More than 15,800 calls from more than 1,066 physicians recorded in less than three years of operation. Calls provide consultation on patient care from University of Alabama in Birmingham Medical Center. Approximately 90% of calls are from rural areas. To date 37,000 calls have been processed affecting more than 6,000 patients.	12-31-69 to 12-31-70 \$21,933 4-1-71 to 3-31-72 \$20,520 4-1-72 to 4-30-73 \$100,690
25	Audiovisual Materials for Reality Orientation Funded Objective: 3,1	Tuscaloosa, Ala. Statewide project Project Director: Dorothy Scarbrough	To enable much wider dissemination of reality orientation training throughout the state.	Furnishes audiovisual materials to train health care personnel who cannot attend resident course in RO techniques, thus increasing number available to deliver this specialized patient care.	5-1-72 to 4-30-73 \$47,783
26	Model Cities Nutrition Project Funded Objective: 2,3	Tuskegee, Ala. Macon County Project Director: Dr. Bernidine Tolbert	To provide a supportive health program with the capability of combining community health resources to meet the nutrition needs of the people in Macon County area.	In three years, only 2 nutritional assistant classes were held with 22 out of 43 enrollees graduating. Project has been recommended for termination.	1-1-71 to 3-31-71 \$26,104 4-1-71 to 3-31-72 \$94,196 4-1-72 to 4-30-73 \$90,000
27	Regional Radiation Therapy Cooperative Treatment Planning and Dosimetry Project Funded Objective: 1,3	Birmingham, Ala. Statewide project Project Directors: Robert Roth, M.D. & John R. Durant, M.D.	To improve care of cancer patients through computerized dosimetry systems and to educate the cancer treatment team.	About 1,700 cancer patients benefit annually from this program with 11 hospitals involved, 33 radiologists, and 8 radiation technicians.	7-1-71 to 3-31-72 \$26,000 4-1-72 to 4-30-73 \$99,478
28	Continuing Medical Education - MASA Funded Objective: 3,5	Montgomery, Ala. Statewide project Project Director: John Chenault, M.D.	To assist in the identification, communication, and translation of the continuing medical education needs of Alabama physicians for an effective educational program.	Office of Continuing Medical Education within MASA is providing a program responsive to CME needs of physicians.	9-1-72 to 8-31-73 \$25,000
35	Coordinated Service Program Funded Objective: 3,1	Pensacola, Fla., and Monroe, Conecuh, Escambia and Baldwin Counties, Ala. Project Director: John Schill	To increase efficiency and economy through shared purchasing and patient services among hospitals.	A savings of \$140,000 shared by 68,980 patients in 19 different hospitals. Also a life-long learning program has been instituted for employees of the hospitals.	7-1-71 to 4-30-72 \$10,623 4-30-72 to 4-30-73 \$27,107
37	Taking the Lid Off the LPN Funded Objective: 2	Phil Campbell, Ala. Northwest Alabama Project Director: James A. Glasgow	To alleviate RN shortage by qualifying LPN's to take licensure exams through a one-year program.	18 out of 23 students graduating from first class successfully passed the state RN examination, and 30 students are currently enrolled in another class.	7-1-71 to 3-31-72 \$35,000 4-1-72 to 4-30-73 \$59,563
38	Continuing Education in Blindness Prevention Funded Objective: 3,1	Birmingham, Ala. Statewide project Project Director: Henry Peters, O.D.	To upgrade through continuing education the knowledge and skills of the optometrists of Alabama in detection and identification of potentially blinding conditions of the human eye.	39 Optometrists completed 1-week residency program. 9 participants monitored 5 weeks before seminars reported 63 patients with potentially blinding conditions; in 5 weeks following program, 12 optometrists found 235 such conditions.	4-1-71 to 3-31-72 \$7,488 4-1-72 to 4-30-73 \$18,600

No.	Location and Title and Status	Project Director	Purpose	Impact	ARMP Funding
39	Lawrence County Health Care Project Funded Objective: 1	Moulton, Ala. Lawrence County Project Director: David Miles	To develop a comprehensive health care delivery system to improve health status of residents, to re-direct educational resources for production of more health manpower and demonstrate methodology for delivery of improved health care.	4 teams of 1 doctor and 1 medex have, since July 1971, reached 68.6% more patients in the county. 8 seminars and workshops for public health nurses and aides were also held.	4-1-72 to 4-30-73 \$16,000 Additional support Appalachia Region Comm.
40	Electrical Safety in Coronary Care Units Funded Objective: 5	Montgomery, Ala. Statewide project Project Director: Clay Dean	To research and develop recommendations combining and reconciling conflicting codes and opinions related to electrical engineering and patient safety in coronary care units.	Will produce recommendations for uniform specifications regarding the design and operation of electrical components for coronary care units and thus reduce electrical hazards for patients and technicians.	5-1-72 to 4-30-73 \$5,954
41	Mobile Infirmary Multi-sensory Media Funded Objective: 4,3	Mobile, Ala. Mobile County Project Director: L. H. Underwood	To demonstrate the need, production, use and implementation of multi-sensory media relating to specific health educational areas.	Makes independent learning available to health workers so that they can upgrade their skills and thus provide better patient care.	4-1-72 to 4-30-73 \$25,878
42	Emergency Medical Services Demonstration Project for Alabama Region III Funded Objective: 1,2	Birmingham, Ala. Health Area III Project Director: Alan Dimick, M.D.	To establish for Birmingham and Over-the-Mountain cities coordinated emergency medical services; to promote public awareness and use of EMS; and to provide public education in EMS. (Expand to full involvement of Regional III as project matures.)	Approximately 200 EMT's will be trained by late 1973; 12 area hospitals and 6 fire departments are involved. Approx. 4,200 heart and auto accident victims will be helped each year.	9-1-72 to 8-31-73 \$300,000
43	Alabama Emergency Medical Services Project Funded Objective: 2,1	Montgomery, Ala. Statewide project Project Director: Clay Dean	To improve state emergency medical services by establishing a sound statewide EMS system to plan, develop, coordinate, and train local EMS components to further reduce fatalities and facilitate public use of education in EMS.	About 20,000 various accident victims will be helped each year. Contracts in effect as of Jan. 1973 will train 164 EMT's. Other negotiations for contracts underway.	9-1-72 to 8-31-73 \$150,000
44	Montgomery Area Health Education System Objective: 2,3,5	Montgomery, Ala. Health Planning Area V Project Director: J. J. Kirschenfeld, M.D.	To provide additional and better trained health manpower for the Montgomery area through a cooperative arrangement among educational agencies and institutions.	Will develop a Health-Education Advisory Board for the area, develop contracts with area health centers to use community resources to provide manpower for lacking health areas, and provide continuing education for health personnel.	
45	Tuskegee Area Health Education Center--A Community Based Education Program Funded Objective: 2,3,5	Tuskegee, Ala. Macon County Project Director: C. L. Hopper, M.D.	To create an organized agency to foster an environment in which sound concepts of health care are promoted in all phases of education within the Tuskegee area.	1) 3 health programs are in progress: 1 in radiology, 1 in nutrition, and 1 in stipends for training social workers in health settings. 2) 16 students are presently enrolled in an undergraduate social worker program in conjunction with the Tuskegee Institute.	4-1-72 to 4-1-75 \$335,286

No.	Location and Title and Status	Project Director	Purpose	Impact	ARMP Funding
47	Speech Therapy Program in Macon County Objective: 4,1	Tuskegee, Ala. Macon County Project Director: C. L. Hopper, M.D.	To develop a speech therapy program in Macon County which will familiarize the professional community with modern speech therapy; educate consumers as to the frequency of such disorders; and inform parents of the importance of language in childhood development.	Provide therapy for the estimated 800 students in Macon County, who have speech problems.	
48	Medical Faculty-Rural Community Physician Exchange Program Objective: 3	Tuskegee, Ala. Macon County Project Director: C. L. Hopper, M.D.	To provide a mechanism for a rural practitioner to participate in post-graduate education while assuring a continuity of care for his patients, and provide practitioner experience for faculty staff.	Will enable rural physician to return to a Medical School to obtain training in new procedures while Medical School Faculty member replaces him in a patient care delivery situation. Professional growth achieved by both should improve quality of care to patient.	
49	North Alabama Community Based Educational Project Objectives: 2,3,5	Huntsville, Ala. Health Planning Area I Project Director: C. V. McCalister	To organize, develop, and implement a "Community Based Educational Project" that will assist in alleviating the lack of adequate manpower in the area.	Will inventory and assess the nature and productivity of existing and proposed health education and training programs in the area to determine the exact health manpower needs, and develop an implementation plan for a Community Based Educational Project that will be geared toward obtaining local commitment.	
50	American Management Association Course Funded Objective: 3	Montgomery, Ala. Statewide project Project Director: to be announced.	To make the American Management Association Assessment Center Program available to interested Alabama hospitals.	Program will help identify supervisory ability of hospital personnel and will upgrade management development.	10-24-72 to 4-30-73 \$5,000
51	Southwest Alabama Emergency Medical Service Project Objective: 1,2	Mobile, Ala. Escambia, Baldwin and Mobile counties. Project Director: Jeff Caskey	To coordinate a network of improved Emergency Medical Services, organize an areawide disaster system, and facilitate public entry into EMS by providing educational programs.	Plan to furnish 205 EMS vehicle stations, 42 EMS vehicles, and 32 EMS communication systems in the area by 1973. Plan to train 1552 EMT'S by 1973.	
52	Motivational Update for Pharmacists Objective: 3	Birmingham, Ala. Statewide project Project Director: to be announced.	To update and increase involvement of Alabama pharmacists in health care delivery through continuing education programs.	Will prepare community pharmacists for practice in nursing homes, hospitals, H.M.O.'s, etc., and provide a crash program for pharmacists, who serve as preceptors for pharmacy students under state law.	
53	East Central Alabama Emergency Medical Service Project Objective: 1,2	Montgomery, Ala. Autauga, Lee, Elmore, Lowndes, Pike, Butler, Montgomery, Macon, Russell, Bullock and Crenshaw counties. Project Director: David W. Carter	To develop an 11-county coordinated Emergency Medical Service system capable of adapting to changing demands and realistic evaluation necessary for public accountability.	Plan to train 500 people in First Aid, provide 8 EMT's for each of the 47 area EMS vehicle stations, and provide communications in each hospital emergency room.	



No.	Location and Title and Status	Project Director	Purpose	Impact	ARMP Funding
54	West Alabama Emergency Medical Service System Objective: 1,2	Tuscaloosa, Ala. Lamar, Green, Fayette, Pickens, Tuscaloosa, Hale and Bibb counties. Project Director: Elizabeth Cleino, Ph.D.	To improve, up-grade, and coordinate all aspects of existing Emergency Medical Services Systems in order to reduce fatalities and prevent further injuries.	Plan to train additional EMT's establish an EMS station in an area hospital, and acquire 3 EMS vehicles.	
55	Emergency Medical Service Program for District IV Objective: 2,1	Gadsden, Ala. Cherokee, Etowah, Calhoun, Cleburne, Talladega, Clay, Randolph, Tallapoosa and Chambers counties. Project Director: John A. Brown	To organize and establish a coordinated Emergency Medical Service program, increase EMS manpower and promote community and areawide involvement in the program.	Plan to hold EMT classes in 4 hospitals, organize EMS councils in all counties and train 150 EMT's for existing equipment and future vehicles.	
56	Reality Orientation Outreach Project Objective: 3,1	Tuscaloosa, Ala. Statewide project Project Director: to be announced.	To expand and continue to provide training for health personnel and to improve care of patients who are confused and disoriented from strokes and other causes.	Under previous ARMP funding, 334 trainees attended 36 sessions on reality orientation and special programs reached on additional 69 health care personnel.	
57	Public Education in Diabetes Mellitus Objective: 1,4	Birmingham, Ala. Statewide project Project Director: Dr. Buris R. Boshell	To coordinate public and private agencies to develop a better informed population on the subject of diabetes by setting up a coordinating committee employing a director, and developing programs.	Cooperative arrangements are expected from telephone and utility companies as well as the Auburn Univ. Agriculture extension divisions.	
58	Upgrading Primary Care for Rural and Urban Poor as it Relates to Midwifery Services Objective: 3,4	Montgomery, Ala. Montgomery County Project Director: to be announced.	To facilitate the upgrading of maternal, post-partum, and prenatal care and family planning services for the rural poor through a demonstration project.	Plan to teach new and improved maternal nursing skills to nurses, to train and council the indigent mothers of Montgomery County in family planning and maternal pre-natal care.	
59	Hospital Based Cardiac Outreach Program Objective: 3	Anniston, Ala. Health Planning District IV Project Director: Bill D. Stout, M.D.	To make high quality cardiac diagnostic care available in the area, and provide training in advanced cardiac care procedures.	Will make technologically advanced cardiac care and diagnosis available in area and reduce waiting time for such services.	
60	Nursing Career Mobility Program: LPN to RN Objective: 2	Rainsville, Ala. Northeast Alabama Project Director: to be announced.	To reduce the health manpower shortage in Northeast Alabama by providing for upward career mobility from Licensed Practicing Nurse to Registered Nurse.	Plan to enroll and train 30 students per year to become RNs.	

No.	Location and Title and Status	Project Director	Purpose	Impact	ARMP Funding
61	Elimination of Cancer in Macon County Objective: 1,4	Tuskegee, Ala. Macon County Project Director: Hugh Shingleton, M.D.	To conduct a demonstration project to prove that cooperative efforts of lay persons and paramedical personnel in a rural county can markedly reduce the mortality rate from cancer of the cervix and detect breast and other cancer in early potentially curable stages.	Estimated 200 cases per year to be detected in beginning stages.	
62	Study and Planning Project in Health Consumer Education Objective: 4	Auburn, Ala. Statewide project Project Director: Edward P. Wegener	To improve and maintain the health of Alabama citizens.	Will consult with health professionals to determine needs, devise TV broadcasts for presentation on Alabama Educational TV network. Auburn Univ. Educ. TV Dept. will participate.	
63	Screening Program: Cancer of the Cervix Objective: 1,4	Mobile, Ala. Mobile County Project Director: Gerald L. Lightsey	To provide educational and medical service concerning cervical and breast cancer to the entire female population of Mobile County.	Screen approximately 10,000 women and provide appropriate proposals.	
64	Pediatric Pulmonary Care Unit Objective: 1,3	Tuscaloosa, Ala. Health Planning Area II Project Director: Jerry A. Davis	To lower the neonatal and infant mortality rates throughout the West Alabama Region.	Will improve prenatal care for the area and reduce mortality rates.	

ARMP'S COOPERATIVE RELATIONSHIPS WITH OTHER CITIES  
IN 1972

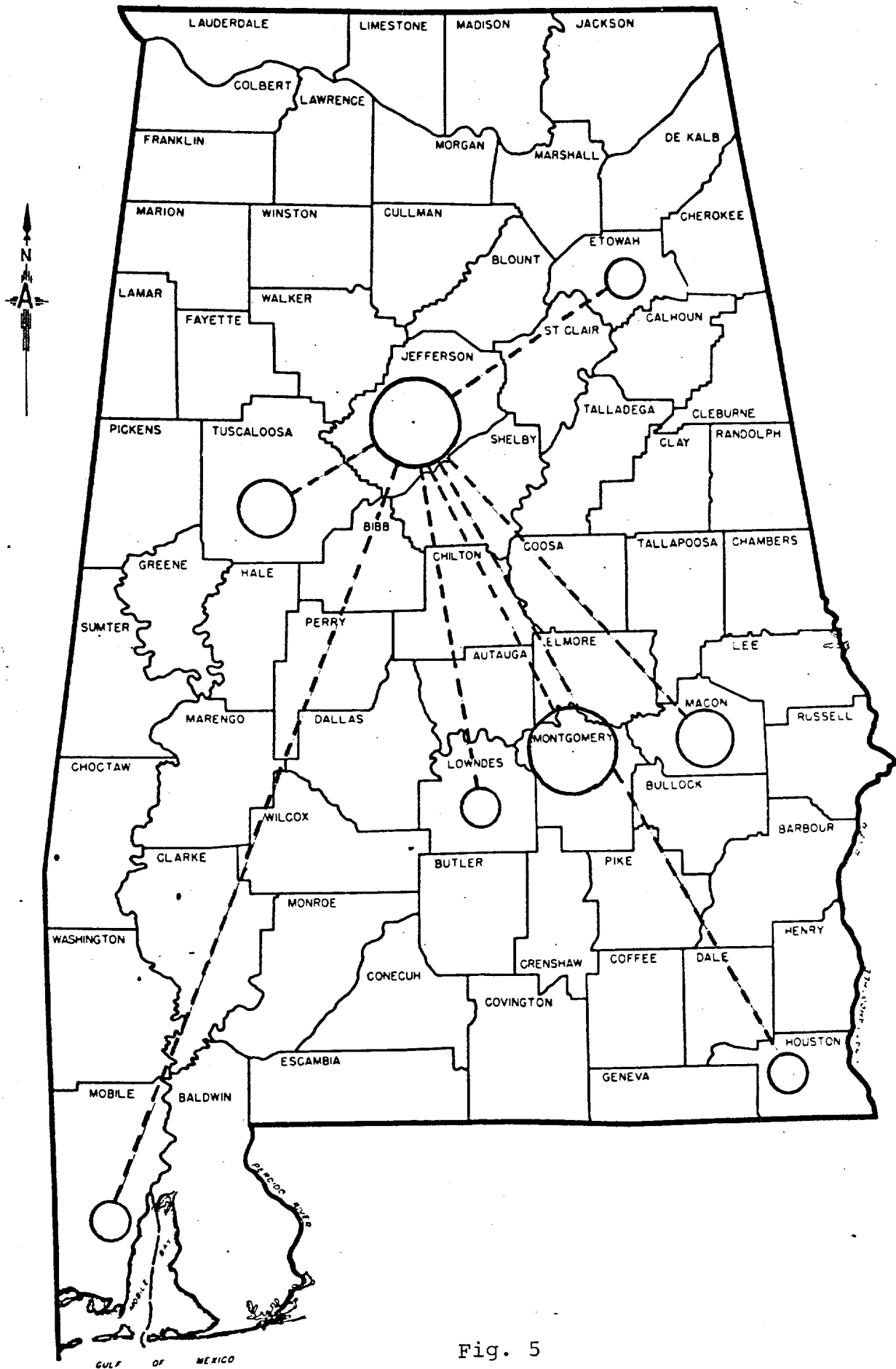


Fig. 5

Name of Organization Southwest Alabama Health Planning Council	Address Mr. Vernon D. Knight, Director P. O. Box 4533 Mobile, Alabama 36604
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Summary of Interlocking Board or Committee Memberships or Other Board Level Relationships  
CHP (b) Advisory Group serves as RMP Subregional Advisory Group.  
CHP (b) Advisory Group elects two consumer representatives to RAC.  
Members of Areawide Advisory Group serve on various ARMP categorical committees.  
Area Coordinator serves on ARMP Ad hoc Planning Committee for Manpower Conference.  
ARMP staff attends CHP (b) Council meetings when expedient.

Summary of Cooperative Efforts Relating to Data Collection, Processing or Analysis  
Areawide utilizes data collected by both ARMP and CHP. Project development reflects use of data mutually gathered.

Summary of Staff Sharing and Staff Contacts (Exclude Staff Sharing and Contacts With Grantee Organizations)  
(b) Agency staff and council members are regular participants in ARMP Conferences and Programs  
Chairman of Areawide CHP Council are invited to attend meetings of RAC.  
Staffs cooperate closely in local project development and program planning  
ARMP staff gives consultation in the region upon invitation.

Summary of Equipment and Facilities Sharing

Summary of Cooperative Mechanisms For Review of Grant Applications, Activity Proposals, Etc.  
All RMP grant submissions relative to this area are submitted to area-wide agency for review comment. Areawide shares their projects with ARMP for review and comment.

Summary of Other Joint or Cooperative Activities and Relationships  
ARMP's assignment of Areawide Coordinator within (b) Agency provides for continued close planning and cooperation between agencies.

CORE COOPERATIVE RELATIONSHIPS  
WITH OTHER ORGANIZATIONS

Alabama

(1-2)	(3-4)	(5-6)	(7-8)
218	11	712	013

Name of Organization

The Council for Comprehensive Area-wide Planning for Health Care in the Wiregrass Area, Inc. (CAPHWA)

Address

Mr. Tom McCaskey, Executive Director  
P. O. Drawer 2007  
Dothan, Alabama 36301

Summary of Interlocking Board or Committee Memberships or Other Board Level Relationships

During the year, Advisory Council serves as RMP Subregional Advisory Group. This perhaps will change in 1973. Advisory Council elects two consumer representatives to RAC. Chairman of CHP Council serves on ARMP Regional Advisory Council and the Executive Committee. Members of Areawide Council serve on various ARMP categorical committees.

Summary of Cooperative Efforts Relating to Data Collection, Processing or Analysis

Areawide Coordinator utilizes data collected by both CHP and ARMP. All data is mutually shared.

Summary of Staff Sharing and Staff Contacts (Exclude Staff Sharing and Contacts With Grantee Organizations)

Staff and CHP Council members have been regular participants in ARMP conferences and programs. Chairman of Areawide Advisory Group is invited to attend selected meetings of RAC.

Summary of Equipment and Facilities Sharing

An office for the ARMP coordinator is provided by the (b) Agency. ARMP materials resources made available to area staff. ARMP has placed ROCOM Software in this office for distribution.

Summary of Cooperative Mechanisms For Review of Grant Applications, Activity Proposals, Etc.

All grant submissions relative to this geographic area are shared for review and comment by both agencies.

Summary of Other Joint or Cooperative Activities and Relationships

ARMP's assignment of Areawide Coordinator to (b) Agency provides for continued close planning and cooperation. Cooperative efforts in manpower development are increasing and consultations to educational institutions are promoted.

CORE COOPERATIVE RELATIONSHIPS  
WITH OTHER ORGANIZATIONS

Alabama

NO.	MO.	YR.	PAGE
(1-2)	(3-4)	(5-6)	(7-8)
2	8	11	712013

Name of Organization

Community Service Council, Inc.  
Community Health Planning Commission  
(CHP (b) Agency)

Address

Mr. Albert Rohling, Executive Dir.  
3600 So. 8th Ave.  
Birmingham, Alabama

Summary of Interlocking Board or Committee Memberships or Other Board Level Relationships

ARMP Executive Director, Member of Advisory Council.  
ARMP Executive Director and Deputy Director members of Committee on Health Service to Poor of (b) Agency.  
One member ARMP staff is member of Health Research Committee of (b) Agency.  
One ARMP staff member of (b) Agency Home Health Care Committee.  
Areawide Advisory Council elects two consumer representatives to ARMP's RAC.  
Members of Advisory Council on ARMP categorical committees.

Summary of Cooperative Efforts Relating to Data Collection, Processing or Analysis

ARMP has assisted with distribution of "Directory of Community Services" compiled through joint efforts. There is mutual sharing of all data. ARMP selected staff members have participated in designing and conducting of local studies as members of (b) Agency committees.

Summary of Staff Sharing and Staff Contacts (Exclude Staff Sharing and Contacts With Grantee Organizations)

Executive Director frequent guest at RAC meetings. Staff has ARMP Area-wide Coordinator as liaison person within the (b) Agency office space. ARMP staff encouraged to attend (b) Advisory Council meetings. (b) Agency staff and council members have been regular participants in ARMP conferences and programs. ARMP staff members have contributed to planning toward Home Health Care Plan for area through committee participation.

Summary of Equipment and Facilities Sharing

Staffs have cooperated in development of printed materials such as stationary. ARMP materials resources are made available to the (b) Agency staff.

Summary of Cooperative Mechanisms For Review of Grant Applications, Activity Proposals, Etc.

Projects affecting area are shared for review and comment by both agencies. Staffs have cooperated extensively in local project development and program planning. ARMP has funded some efforts to give a preliminary survey to some projects such as the Family Health Center Project at Roosevelt City

Summary of Other Joint or Cooperative Activities and Relationships

ARMP Area Coordinator Membership within (b) Agency staff has resulted in closer planning, coordination, cooperation, and understanding.

<p>Name of Organization West Alabama Comprehensive Health Planning Council (a C.H.P. (b) Agency)</p>	<p>Address Dr. Elizabeth Cleino Director, Box 1488 Tuscaloosa, Ala. 35401</p>
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Summary of Interlocking Board or Committee Memberships or Other Board Level Relationships  
One member of the Executive Committee represents this agency  
Two members of CHP Council are members of ARMP's RAC (Council appoints two consumer representatives to RAC)  
Advisory Council serves as subregional Advisory Council member of Advisory Committee on A.R.M.P. Categorical Committees.

Summary of Cooperative Efforts Relating to Data Collection, Processing or Analysis

Utilize data from both CHP and ARMP. ARMP Staff has acted as consultants in designing data collection instruments and interpreting of data for local application. Basic data from the National Health Service Corps Questionnaire will enhance future actions.

Summary of Staff Sharing and Staff Contacts (Exclude Staff Sharing and Contacts With Grantee Organizations)

During the year Director and CHP Council Chairman are invited to attend RAC meetings  
Staff are frequent participants in ARMP Conferences and Programs  
Staff cooperate closely in local project development and program planning  
(b) Agency staff has ARMP Areawide Coordinator for liaison between agencies  
ARMP Area Coordinators are housed in CHP (b) Office facilities.

Summary of Equipment and Facilities Sharing

Alabama Regional Medical Program has placed ROCOM software in (b) Agency Office for distribution.  
Staffs have cooperated in design and reproduction of stationary simple supplies.  
A.R.M.P. materials resources are made available to (b) Agency staff for distribution.

Summary of Cooperative Mechanisms For Review of Grant Applications, Activity Proposals, Etc.

Both Agencies share all local projects for review and comment.

Summary of Other Joint or Cooperative Activities and Relationships

Jointly share activities in Emergency Medical Services, and the development of Manpower Systems or health services-education activities.  
Jointly share consultation services to selected educational institutions.

Name of Organization

Address

Montgomery Regional Medical Foundation, Inc.

Mr. David W. Carter, Director  
P. O. Box 11292  
Montgomery, Alabama 36111

Summary of Interlocking Board or Committee Memberships or Other Board Level Relationships

CHP (b) Advisory Council serves as RMP Subregional Advisory Group. Advisory Group elects two consumer representatives to RAC. Director serves as member of Ad hoc ARMP Committee to plan Manpower Conference.

Summary of Cooperative Efforts Relating to Data Collection, Processing or Analysis

Areawide utilizes data collected by both ARMP and CHP.

Summary of Staff Sharing and Staff Contacts (Exclude Staff Sharing and Contacts With Grantee Organizations)

Staffs cooperate closely in project development and program planning. Two meetings jointly sponsored by CHP-RMP for areawide planners. Members of (b) Agency Council on various ARMP categorical committees. Area Coordinator and Chairman of Areawide Council are invited to attend meetings of RAC. ARMP staff gives consultation in EMS and Manpower Development where indicated.

Summary of Equipment and Facilities Sharing

Area Coordinator is provided office space in the (b) Agency suite.

Summary of Cooperative Mechanisms For Review of Grant Applications, Activity Proposals, Etc.

All RMP grant submissions relative to this area are submitted to area-wide agency for comment. Areawide shares their projects with ARMP for review and comment.

Summary of Other Joint or Cooperative Activities and Relationships

ARMP's provision of Area Coordinator to areawide agency necessarily results in closer planning functions as well as better cooperation and understanding of each other's mission.



## Name of Organization

Alabama Division of the  
American Cancer Society

## Address

Mr. Jack Gurley, Exec. Vice-Pres.  
2160 Green Springs Highway  
Birmingham, Alabama 35205

## Summary of Interlocking Board or Committee Memberships or Other Board Level Relationships

ARMP's Associate Director for Cancer and the Chairman of ARMP's Cancer Committee serve on the Board of the Alabama Chapter as does the Director of ARMP project #27 in Dosimetry. Members of this organization serve on ARMP's Cancer Committee. Two representatives also serve on RAC.

## Summary of Cooperative Efforts Relating to Data Collection, Processing or Analysis

ARMP has assisted in dissemination of information as requested. Appropriate data is being compiled and analyzed in relation to Project #27-Dosimetry.

## Summary of Staff Sharing and Staff Contacts (Exclude Staff Sharing and Contacts With Grantee Organizations)

As described in committee activities. Worked cooperatively in continuing education efforts.

## Summary of Equipment and Facilities Sharing

ARMP is supporting the video-taping of U. A. B. "Cancer Conferences" for inclusion in information exchange. MIST project provides for consultation in care of cancer patients. Materials resources related to cancer are disseminated through ARMP.

## Summary of Cooperative Mechanisms For Review of Grant Applications, Activity Proposals, Etc.

Both groups share in implementation of ARMP Project #27 - Regional Radiation Treatment Planning Dosimetry. Representatives of both groups worked cooperatively in development of 2 projects in screening for cancer of the cervix. Representatives of the Alabama Chapter as members of ARMP Cancer Committee participate in technical review of ARMP projects related to cancer.

## Summary of Other Joint or Cooperative Activities and Relationships

Further development of hospital coordinators to improve knowledge of hospital and medical staff in care of cancer patients. ARMP has supported efforts toward development of the Lurleen B. Wallace Cancer Treatment Hospital.

CORE COOPERATIVE RELATIONSHIPS  
WITH OTHER ORGANIZATIONS

Alabama

NO.	MO.	YR.	
(1-2)	(3-6)	(5-6)	(7)
218	11	712	5

Name of Organization

Alabama Heart Association

Address

Miss Margaret Cotton, Executive Dir.  
P. O. Box 31085, 706½ So. 29th St.  
Birmingham, Alabama

Summary of Interlocking Board or Committee Memberships or Other Board Level Relationships

Executive Director is an active member and Chairman of the Cardio Pulmonary Resuscitation - Emergency Care Committee for Alabama Heart Association. Four representatives of this organization serve as members of RAC. One of these is the President of Alabama Heart Association. Mrs. Grooms, Nurse Consultant for Alabama, is an active member of ARMP's Health Manpower Committee. Several Program staff members are members of the Heart Association.

Summary of Cooperative Efforts Relating to Data Collection, Processing or Analysis

Cooperative efforts to disseminate information related to data as appropriate and requested. Referral of information as appropriate regarding training or continuing education programs.

Summary of Staff Sharing and Staff Contacts (Exclude Staff Sharing and Contacts With Grantee Organizations)

The Executive Director of ARMP has been a leader and active participant in development of emergency care plan for Legion Field Stadium through the Alabama Heart Association. The two agencies continue to cooperatively support the graduate program in "Cardiophysiological Nursing" as the U.A.B. School of Nursing. ARMP staff participate in Cardio Pulmonary Resuscitation Programs sponsored by Alabama Heart Association for physicians and nurses.

Summary of Equipment and Facilities Sharing

There has been continued sharing of materials resources, i. e. cardiac test set, Biomedical Field Probe, films, etc. Resusci-Ann both manual and electronic and other appropriate materials from ARMP utilized in C. P. R. courses.

Summary of Cooperative Mechanisms For Review of Grant Applications, Activity Proposals, Etc.

Members of the Heart Association have been involved in the stimulation and/or development of some ARMP projects.

Summary of Other Joint or Cooperative Activities and Relationships

The two agencies have cooperated in lending leadership to development of emergency medical personnel through the University Medical Center and elsewhere.

CORE COOPERATIVE RELATIONSHIPS  
WITH OTHER ORGANIZATIONS

Alabama

NO.	MO.	YR.	
(1-2)	(3-4)	(5-6)	(7-8)
2	8	1	17 12 68

Name of Organization

Northeast Alabama Health Planning  
Association

Address

Mr. John A. Brown, Exec: Dir.  
109 South 8th Street  
Gadsden, Alabama 35902

Summary of Interlocking Board or Committee Memberships or Other Board Level Relationships

CHP (b) Council serves as RMP Subregional Advisory Group  
Advisory Group elects two consumer representatives to RAC.  
Staff shared in development of meetings, etc.

Summary of Cooperative Efforts Relating to Data Collection, Processing or Analysis

Areawide utilizes data collected by both ARMP and CHP.

Summary of Staff Sharing and Staff Contacts (Exclude Staff Sharing and Contacts With Grantee Organizations)

Two meetings jointly sponsored by CHP-RMP for areawide planners.

Health Planner and Chairman of Areawide Advisory Group are invited  
to attend meetings of RAC.

Summary of Equipment and Facilities Sharing

Summary of Cooperative Mechanisms For Review of Grant Applications, Activity Proposals, Etc.

All RMP grant submissions relative to this area are submitted to  
areawide agency for comment. Areawide shares their projects with  
ARMP for review and comment.

Consultation on mutually developed projects especially Emergency  
Medical Service.

Health service activities are mutually shared.

Summary of Other Joint or Cooperative Activities and Relationships

ARMP's provision of Area Coordinator to areawide agency results in  
closer planning activities.

CORE COOPERATIVE RELATIONSHIPS  
WITH OTHER ORGANIZATIONS

Alabama

NO.	NO.	NO.	NO.
(1-2)	(3-4)	(5-6)	(7-8)
2	18	1117	2 013

Name of Organization

Address

Model Cities

Tuskegee, Alabama

Summary of Interlocking Board or Committee Memberships or Other Board Level Relationships

Herman Franklin, Model Cities Director, is a member of Central Alabama (Montgomery) Areawide Health Planning Council (ARMP Subregional Local Advisory Group). Model Cities and ARMP has membership on the Tuskegee Area Health Education Center.

Summary of Cooperative Efforts Relating to Data Collection, Processing or Analysis

ARMP Project #26, "Model Cities-RMP Nutrition Project, Tuskegee, Alabama," was based on community data drawn together by an ARMP staff member.

Summary of Staff Sharing and Staff Contacts (Exclude Staff Sharing and Contacts With Grantee Organizations)

Model Cities staff has contributed to the project development in Emergency Medical Services in certain areas.

Summary of Equipment and Facilities Sharing

Project #26 is an ARMP effort to participate in a part of the Tuskegee Model Cities total health plan.

Summary of Cooperative Mechanisms For Review of Grant Applications, Activity Proposals, Etc.

ARMP's subregional office and advisory group is the A-95 review agency for the Tuskegee Model Cities and, as such, reviews grant applications.

Summary of Other Joint or Cooperative Activities and Relationships

Besides ARMP and Model Cities, this project has the support of the VA Hospital, the Tuskegee Institute Hospital, the County Health Department, the County Medical Society, Auburn University, CHP (a) and (b) agencies, University of Alabama Division of Nutrition, and local government officials.

Other: Cooperation and sharing with the Model Cities Program has not been as extensive as desired.

CORE COOPERATIVE RELATIONSHIPS  
WITH OTHER ORGANIZATIONS

RMP

Alabama

RMP NO.	DATE			PAGE
(1-2)	(3-4)	(5-6)	(7-8)	(9-10)
2181	11	72	619	

Name of Organization

Alabama Comprehensive Health Planning

Address

Preston Blanks, Acting Director  
Comprehensive Health Planning  
State Office Bldg., Montg., Ala. 3610

Summary of Interlocking Board or Committee Memberships or Other Board Level Relationships

ARMP Executive Director is ex-officio member CHP (a) Agency Advisory Council  
CHP Acting Director ex-officio member RAC  
State Mental Health Commissioner is a member of both Advisory groups  
ARMP Executive Director member of CHP Manpower Committee  
Ex-officio chairman CHP (a) Agency Council is member of RAC  
(b) Agency Councils act as local RMP Advisory groups also  
CHP staff member on ARMP Long-range Planning Committee

Summary of Cooperative Efforts Relating to Data Collection, Processing or Analysis

By mutual agreement, data collection, processing and analysis is the responsibility of the CHP (a) Agency with ARMP acting in a cooperative or advisory capacity. There is mutual sharing of data and regular meetings and contact on this subject. Suggestions related to data needs are frequently transmitted to CHP. ARMP staff have been involved in planning a statewide data bank through CHP (a) Agency.

Summary of Staff Sharing and Staff Contacts (Exclude Staff Sharing and Contacts With Grantee Organizations)

All (b) agencies now have ARMP areawide coordinators separate and apart from the (b) agency staff and supported by ARMP to act as liaison between ARMP and CHP (b) Agency activities. The staffs of ARMP and the (b) agencies have cooperated in local project development consultation as well as program development. Both staff groups have representation at meetings.

Summary of Equipment and Facilities Sharing

N/A

Summary of Cooperative Mechanisms For Review of Grant Applications, Activity Proposals, Etc.

All project proposals are shared for review and comment prior to submission. A liaison staff member has historically been a member of the ARMP Project Review Committee.

Summary of Other Joint or Cooperative Activities and Relationships

ARMP subregionalization effort and support has 1) provided for extensive and comprehensive cooperation with the previously existing (b) agencies in B'ham, Mobile, and Montgomery, 2) been instrumental to the development of offices in Tuscaloosa, Gadsden, and Dothan as approved (b) agencies. Cooperative efforts continue toward the establishment of similar agencies in the two remaining areas of the state not served at present.

CORE COOPERATIVE RELATIONSHIPS  
WITH OTHER ORGANIZATIONS

Alabama

NO.	MO.	YR.	PAGE
(1-2)	(3-4)	(5-6)	(7-8)
2	8	11	712
			613

Name of Organization

The Medical Association of  
State of Alabama

Address

Mr. L. P. Patterson, Executive Dir.  
19 South Jackson Street  
Montgomery, Alabama 36104

Summary of Interlocking Board or Committee Memberships or Other Board Level Relationships

The Executive Director of ARMP serves on the Interspecialty Committee of MASA while the Chairman of the Board of Censors, members of the Board of Trustees, the Chairman of the Medical Education Committee and members of the Board of Censors serve on the Regional Advisory Council. Two physicians who are members of MASA serve on the ARMP Executive Committee. In addition, RAC members also serve as local (county) Censors and officers of County Societies.

Summary of Cooperative Efforts Relating to Data Collection, Processing or Analysis

Analysis of data related to the Medical Information via Telephone is a continuous part of that project funded by ARMP continuing education needs, number, nature and geographical distribution of information exchange through this service are documented and analyzed.

Summary of Staff Sharing and Staff Contacts (Exclude Staff Sharing and Contacts With Grantee Organizations)

The Executive Director and the Assistant Director for Audiovisuals have participated in the circuit courses for physician continuing education throughout the state. ARMP has assisted in support of some travel and materials production for these courses.

Summary of Equipment and Facilities Sharing

Educational software and hardware have been shared by ARMP for physician continuing education programs. ARMP is building additional collection of television and other non-book learning materials for distribution and utilization for physician continuing education. Assistant Director for Audiovisuals has assisted in taping programs, cancer conferences, and others for distribution.

Summary of Cooperative Mechanisms For Review of Grant Applications, Activity Proposals, Etc.

All ARMP projects must include approval by the appropriate medical societies.

Summary of Other Joint or Cooperative Activities and Relationships

ARMP project #28 will provide opportunity for the creation of an office of Director of Continuing Medical Education for MASA which will further enhance the identification of continuing education needs of physicians in Alabama and the translation of these needs into effective programs throughout the state.

CORE COOPERATIVE RELATIONSHIPS  
WITH OTHER ORGANIZATIONS

ARMP

Alabama

ARMP NO.	DATE MO.	DATE YR.	PAGE
(1-2)	(3-4)	(5-6)	(7-9)
218	11	712	619

Name of Organization  
OEO

Address  
Lowndes County, Alabama

Summary of Interlocking Board or Committee Memberships or Other Board Level Relationships

Lowndes County OEO Program Director H. H. Meadows, M.D. is a member of ARMP's Regional Advisory Council. Dr. Meadows also serves on the East Central Alabama Health Planning Council. (ARMP's subregion and potential (b) agency.)

Summary of Cooperative Efforts Relating to Data Collection, Processing or Analysis

The Developmental Component of this document describes proposed activity in conjunction with this agency which is largely based on data assimilated by the OEO project.

Summary of Staff Sharing and Staff Contacts (Exclude Staff Sharing and Contacts With Grantee Organizations)

Effort has been shared in relation to data collection and placement of physician personnel of the National Health Service Corps. Intercooperation with orientation of these National Health Service Corps physicians.

Summary of Equipment and Facilities Sharing

None

Summary of Cooperative Mechanisms For Review of Grant Applications, Activity Proposals, Etc.

In accordance with the A-95 directive, the Montgomery CHP (b) office reviews grant applications of the OEO project. These relationships in other areas need strengthening.

Summary of Other Joint or Cooperative Activities and Relationships

Informal relationships between the staff of the two agencies in certain geographic areas have been satisfactory. ARMP has contributed time to professional manpower recruitment for the OEO project, in strengthening communications between the project and the School of Medicine, UAB, and similar activities. The two agencies have worked together in the participation in the development of the Tuskegee Area Health Education Center.

Name of Organization

Address

Veterans Administration Hospital

Tuscaloosa, Tuskegee, Birmingham,  
Montgomery, Alabama

## Summary of Interlocking Board or Committee Memberships or Other Board Level Relationships

Mr. Joe Mason, Tuscaloosa V. A., member of RAC, and Project Review Comm.  
Mrs. Florrie Bruton, B'ham V.A., serves on ARMP Health Manpower Comm.  
Executive Director, ARMP, serves on Advisory Committee to the Tuskegee  
Area Health Manpower Education Center.

Dr. Thomas Sheehy, B'ham V. A. Chief of Medical Services, member of RAC.  
Mr. C. Cox, B'ham 7. Mr. C. Enquist, Coordinator of Comm., V.A. former  
member 8. Dr. C. Hopper-consultant to VA - very active with ARMP.

## Summary of Cooperative Efforts Relating to Data Collection, Processing or Analysis

Limited at this point, will probably increase through Tuskegee Area Health  
Education Center and shared consultation on data related to this.  
Tuskegee AHEC utilized ARMP data collected formerly.

## Summary of Staff Sharing and Staff Contacts (Exclude Staff Sharing and Contacts With Grantee Organizations)

Joint consultation and work in developing project #25 to produce audio-  
visuals for the reality orientation program. Joint efforts to expand  
library of Dial Access Tapes for physicians and nurses through Medical  
Information Service via Telephone and their utilization.

## Summary of Equipment and Facilities Sharing

Birmingham VA continues to provide space for ARMP continuing education  
programs and has utilized many audio-visuals and staff assistance from  
ARMP in their own continuing education programs. Both Tuskegee and  
Tuscaloosa VA have hosted RAC meetings.

## Summary of Cooperative Mechanisms For Review of Grant Applications, Activity Proposals, Etc.

ARMP Executive Director and Associate Director for Manpower Development  
have been active members of TAHEC Advisory Committee. ARMP review cycle  
has been utilized for review of projects coming to the TAHEC. Have con-  
sulted with Tuscaloosa VA in development of AHEC Proposal. RMPS funded  
\$325,000 for three year support of TAHEC-ARMP #45. Two additional pro-  
jects are in this cycle.

## Summary of Other Joint or Cooperative Activities and Relationships

Staff from VA Hospitals in Birmingham, Tuskegee, and Tuscaloosa have  
attended ARMP Conferences and Continuing Education Programs and have  
served as program planners and participants for ARMP programs.

Continued cooperation in regionalization of VA System in Alabama as  
described in Triennial Application April, 1971.



CORE COOPERATIVE RELATIONSHIPS  
WITH OTHER ORGANIZATIONS

ARMP

Alabama

ARMP NO.	DATE		PAGE
(1-2)	(3-4)	(5-6)	(7-8)
2	8	1	7
			12
			615

Name of Organization

Alabama State Nurses Association

Address

Mr. John H. Cox, Executive Director  
227 Professional Center  
Montgomery, Alabama 36104

Summary of Interlocking Board or Committee Memberships or Other Board Level Relationships

The President and one other representative of ASNA serve as members of RAC. Three members of program staff serve on appropriate ASNA Committees. ASNA is represented on all ARMP Committees except the Executive Council. Program staff serve on the Commission on Nursing, ASNA By-laws Committee, as Chairman and member of the State Convention Planning Committee and member of District #1 Legislative Committee. Chairman of Council of Directors of Nursing Services of ASNA is also Chairman, ARMP Health Manpower Committee.

Summary of Cooperative Efforts Relating to Data Collection, Processing or Analysis

Dissemination of information to institutions, educational programs and interested consumers. There have been interlacing efforts in consultation to educational programs and data related to this consultation (library resources, needs, clinical resources.)

Summary of Staff Sharing and Staff Contacts (Exclude Staff Sharing and Contacts With Grantee Organizations)

Sharing of efforts through Committees as described. Staff served as speaker at regional inservice council meeting. Information exchange program has been extensive. Have worked cooperatively in project development.

Summary of Equipment and Facilities Sharing

None as such. Information exchange (Weed Abstract; "Jumpy," Cardio-Pulmonary Resuscitation Manual, Convention brochure and materials) has been cooperatively developed and shared. Materials resources distribution through schools and nursing services.

Summary of Cooperative Mechanisms For Review of Grant Applications, Activity Proposals, Etc.

All projects developed with ARMP assistance related to nursing involve development of an Advisory Committee which includes board nursing representation.

Summary of Other Joint or Cooperative Activities and Relationships

Worked with councils of directors of schools of nursing and directors of nursing services. Have worked closely with In-service Council at state level.

REFERENCES

- <sup>1</sup>Annual Report and Request: 05 Year (5/1/73-4/30/74) (Birmingham: Alabama Regional Medical Program, Nov., 1972), p. 30.
- <sup>2</sup>Division of Regional Medical Program, HSNHA, Guidelines--Regional Medical Programs (Washington, D.C.: Government Printing Office: Revised May, 1968), p. 1.
- <sup>3</sup>Ibid., P. 26.
- <sup>4</sup>U.S. Code 42 Sec. 299, Heart Disease, Cancer, Stroke, and Kidney Disease Amendments of 1970, Secs. 900 (c), (d).
- <sup>5</sup>Ibid., Sec. 910.
- <sup>6</sup>Guidelines--Regional Medical Programs, op. cit., p. 5.
- <sup>7</sup>Ibid., p. 4.
- <sup>8</sup>Ibid., pp. 5-6.
- <sup>9</sup>Application for Planning Grant for Period January 1, 1967-June 30, 1967 contained in Alabama Regional Medical Program, Documents (Birmingham: unpublished, Vol. I, II, III, March, 1966-August, 1967).
- <sup>10</sup>Ibid.
- <sup>11</sup>Ibid.
- <sup>12</sup>Report of the Regional Advisory Committee Heart, Cancer, and Stroke Alabama Region, 1966, Vol. I contained in Alabama Regional Medical Program Documents (Birmingham: unpublished, Vol. I, II, III, March, 1966-August, 1967) p. 1.
- <sup>13</sup>Ibid.
- <sup>14</sup>Ibid., pp. 1-2.
- <sup>15</sup>Ibid., pp. 2-3.
- <sup>16</sup>Ibid., p. 5.
- <sup>17</sup>1968 Activities Report of the Alabama Regional Medical Program (Birmingham: Alabama Regional Medical Program, May, 1969), pp. 7-8.

<sup>18</sup>Anniversary Review: Progress Report and Triennial Application (4/1/71-3/31/74) (Birmingham: Alabama Regional Medical Program, November, 1970), Sec. II-III.

<sup>19</sup>Ibid., Sec. II-IV.

<sup>20</sup>Ibid.

<sup>21</sup>Ibid.

<sup>22</sup>1968 Activities Report of the Alabama Regional Medical Program, op. cit., pp. 10-11.

<sup>23</sup>Ibid., pp. 9-10. See also Guidelines--Regional Medical Program, op. cit., pp. 21-22.

<sup>24</sup>Bylaws of the ARMP Regional Advisory Council (Birmingham: Alabama Regional Medical Program, Sept., 1972).

<sup>25</sup>Annual Report and Request: 05 Year, op. cit., p. 30.

<sup>26</sup>ARMP Project Application Kit (Birmingham: Alabama Regional Medical Program, Aug., 1972), Project Review Criteria.

<sup>27</sup>Alabama Regional Medical Program: New Operational Grant: January 1, 1969 (Birmingham: Alabama Regional Medical Program, Nov. 1968), Part I, p. 43.

<sup>28</sup>Ibid., Part II, p. 66.

<sup>29</sup>1968 Activities Report of the Alabama Regional Medical Program., op. cit., p. 45.

<sup>30</sup>Alabama Regional Medical Program: New Operational Grant: January 1, 1969, op. cit., Part III, p. 33.

<sup>31</sup>Anniversary Review: Progress Report and Triennial Application, op. cit., Sec. III-b--42,43.

<sup>32</sup>Annual Report and Request: 05 Year, op. cit., pp. 104-106.

<sup>33</sup>Anniversary Review: Progress Report and Triennial Application, op. cit., Sec. IV.

APPENDIX I

T. Joseph Reeves, M.D. (Chairman)

John M. Chenault, M.D.

Charles Crump, M.D.

Walter B. Frommeyer, M.D.

William A. Maddox, M.D.

E. N. Moore, Jr., M.D.

John Day Peake, M.D.

S. Richardson Hill, Jr., M.D.

J. Garber Galbraith, M.D.

W. J. Atkinson, M.D.

Howard S. J. Walker, M.D.

James G. Donald, M.D.

Ira L. Myers, M.D.

Mr. Michael Pizitz

Mr. O. F. Wise

APPENDIX II

ARMP REVIEW PROCESS

SEQUENCE

The proposing agent, agency or institution should begin the proposal by submitting a letter of intent (not to exceed two pages) which provides, in general terms, the following information:

1. clear statement of the health problem
2. proposed method of solution
3. costs and scope of proposed tasks

Sequence

The letter of intent will be submitted to review in the following manner:

ARMP ACTIVITY NARRATIVE FOR REVIEW

---

- |  |   |
|--|---|
| Proposing agent                                      | 1. Submits letter of intent to ARMP staff member or directly to associate director planning and program development (ADP&PD). |
| ARMP staff member                                    | 2. Forwards letter of intent to ADP&PD with recommendations.  |
| Assoc. Director<br>Planning & Program<br>Development | 3. Reviews letter of intent and presents to staff with recommendations.   |
| Staff Review   | 4. Suggests alternate funding sources, rejects unapplicable requests, recommends appropriate category for request.            |
| Assoc. Director<br>Planning & Program<br>Development | 5. Informs applicant of actions, forwards necessary information and application kits.   |
| Proposing Agent                                      | 6. Submits formal request for financial support.  |

APPENDIX II, (Cont.)

- Assoc. Director  
Planning & Program  
Development
- 7a. Reviews request, schedules staff review meeting;
- 7b. Schedules proposal on schedule board.
- Staff Review
- 8a. Approve or disapprove proposal less than \$3500 (if approved, can be funded immediately based on availability of funds). Action reported to RAG through Executive Committee.
- 8b. Forward developmental component requests to Developmental Component Committee with recommendations.
- 8c. Forward proposals of more than \$3500 to Review Committee with recommendations.
- 8d. Forwards to appropriate agencies for their review (CHP, Medical Assoc., CDA, Appalachia).
- Developmental  
Component  
Committee
- 9a. Approve or disapprove developmental component request.
- 9b. Approved request can be funded immediately based on availability of funds.
- 9c. Report actions to RAG through Executive Committee.
- 9d. Establish task force for monitoring funded developmental component requests.
- Review Committee
10. Forward to Executive Committee with recommendation proposals requesting more than \$3500.
- Executive Committee
- 11a. Review actions of Developmental Component Committee on developmental component requests and actions of Staff Review of proposals less than \$3500.
- 11b. Forward proposals to Regional Advisory Group with recommendations.
- Regional Advisory  
Group
- 12a. Reviews the funding of proposals by Developmental Component Committee and Executive Committee.

## APPENDIX II, (Cont.)

- 12b. Approves or disapproves project proposals; establishes priorities; approves funding.

*At any point in the review process, a component of the review system (i.e., Staff Review, Developmental Component Committee, Review Committee, Executive Committee, Regional Advisory Group) may request that the applicant supply additional information concerning the proposal. Additionally, any component of the review system may refer proposals to appropriate categorical committees or outside reviewers for technical reviews.*

### Materials Reviewed

Staff review, Developmental Component Committee and Review Committee will review total applications submitted. The Executive Committee and Regional Advisory Group will review summaries and budgets on applications. The Executive Committee and Regional Advisory Group may request an entire application for review if they so desire.

### Appeal

Following the disapproval of a request by a component of the review system, the director of ARMP will notify the applicant that his request has been disapproved and state the reasons given by the review component. The director will also inform the applicant that he has 30 days from notification of disapproval to file a written appeal in answer to the objections raised. An appeal would go to the review component which disapproved the application. That review component will then either approve or disapprove the proposal based on the evidence presented in the appeal. If the application is still disapproved, the applicant could then appeal, in writing, to the next higher level in the review process. Appeals for disapprovals by the Regional Advisory Group would be directly to the Group.

### Responsibilities of Review Components

Staff Review - Core staff members, including the director, deputy and associate directors, complete this review. All proposals are reviewed within six weeks to assure relevance to program goal and objectives, completeness of proposal, and are either recommended for approval or disapproval with comments. (May ask for technical review by appropriate categorical committee.)

Review Committee - This committee, composed of 13 members representing a diversity of health professions, consumers, and

APPENDIX II, (Cont.)

state government representatives, reviews proposals to determine technical competence and relevance to the ARMP mission. The proposal will receive recommendation for approval or disapproval with additional comments from the committee. (May ask for technical review by appropriate categorical committee or outside reviewer.)

Developmental Component Committee - This committee, composed of the chairman of the Budget & Finance Committee, chairman of the Review Committee, chairman of RAG, one member of RAG appointed by the RAG chairman, and the director of ARMP, will review all requests for developmental component funds. This committee shall have the power to approve and authorize expenditure of funds from the developmental component based on the availability of said funds. All such actions will be reported to the Executive Committee.

Each operational activity approved by the Developmental Component Committee will be monitored by a separate task force appointed by the committee and consisting of two RAG members and a staff member whose expertise relates to the specific activity. Fiscal control will be exercised by the associate director for program management and will adhere to the same procedures used for all ARMP projects.

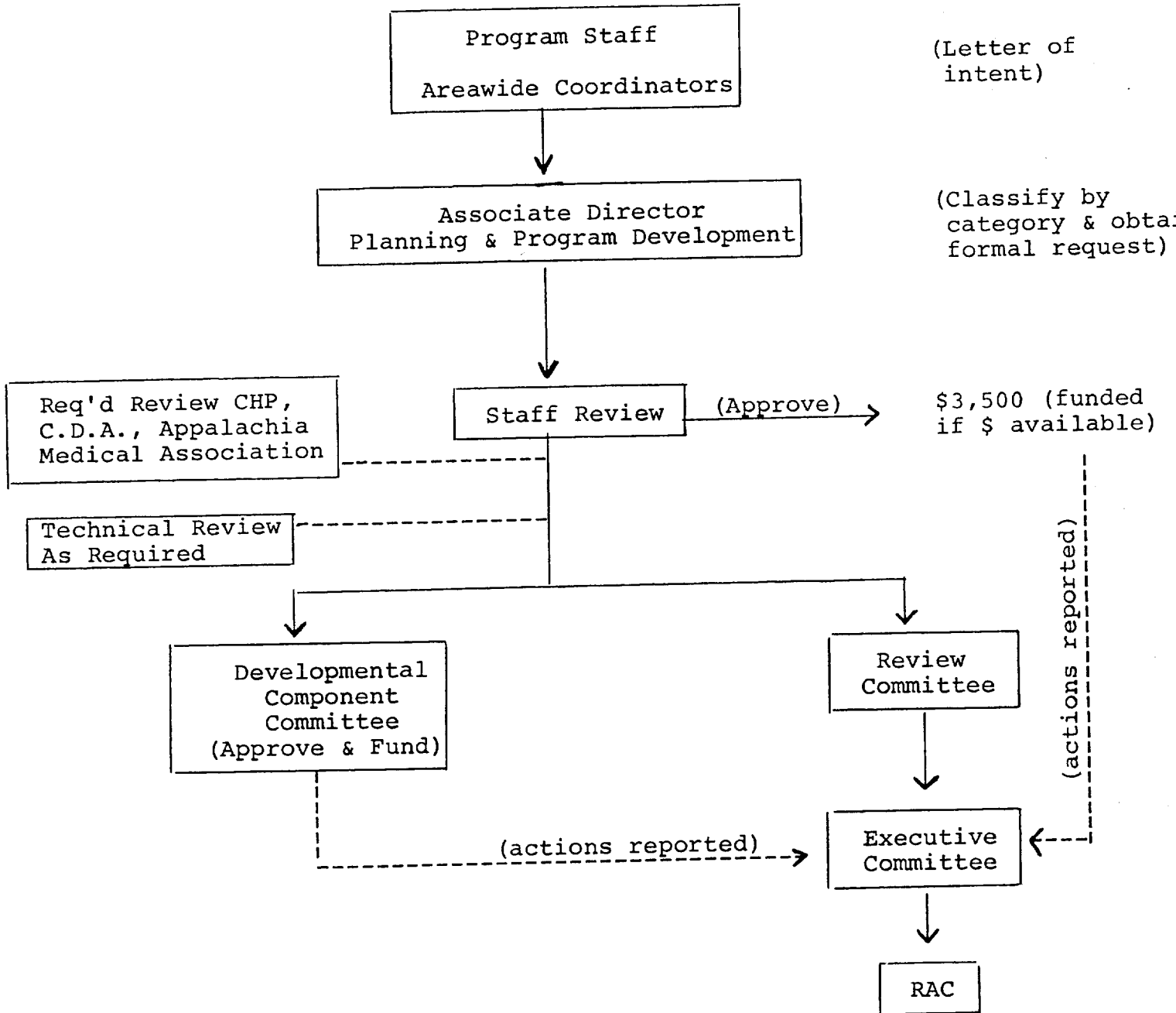
Executive Committee - This committee will review all project applications and make recommendations to the Regional Advisory Group concerning these applications. It shall be informed of the decisions reached by Staff Review on proposals less than \$3500. It shall also be informed of the decisions reached by the Developmental Component Committee.

Regional Advisory Group - The Regional Advisory Group, composed of representatives of various health professional associations, provider institutions and other interested citizens from throughout Alabama, make final decisions concerning project applications based on recommendations provided by the various components of the review process.

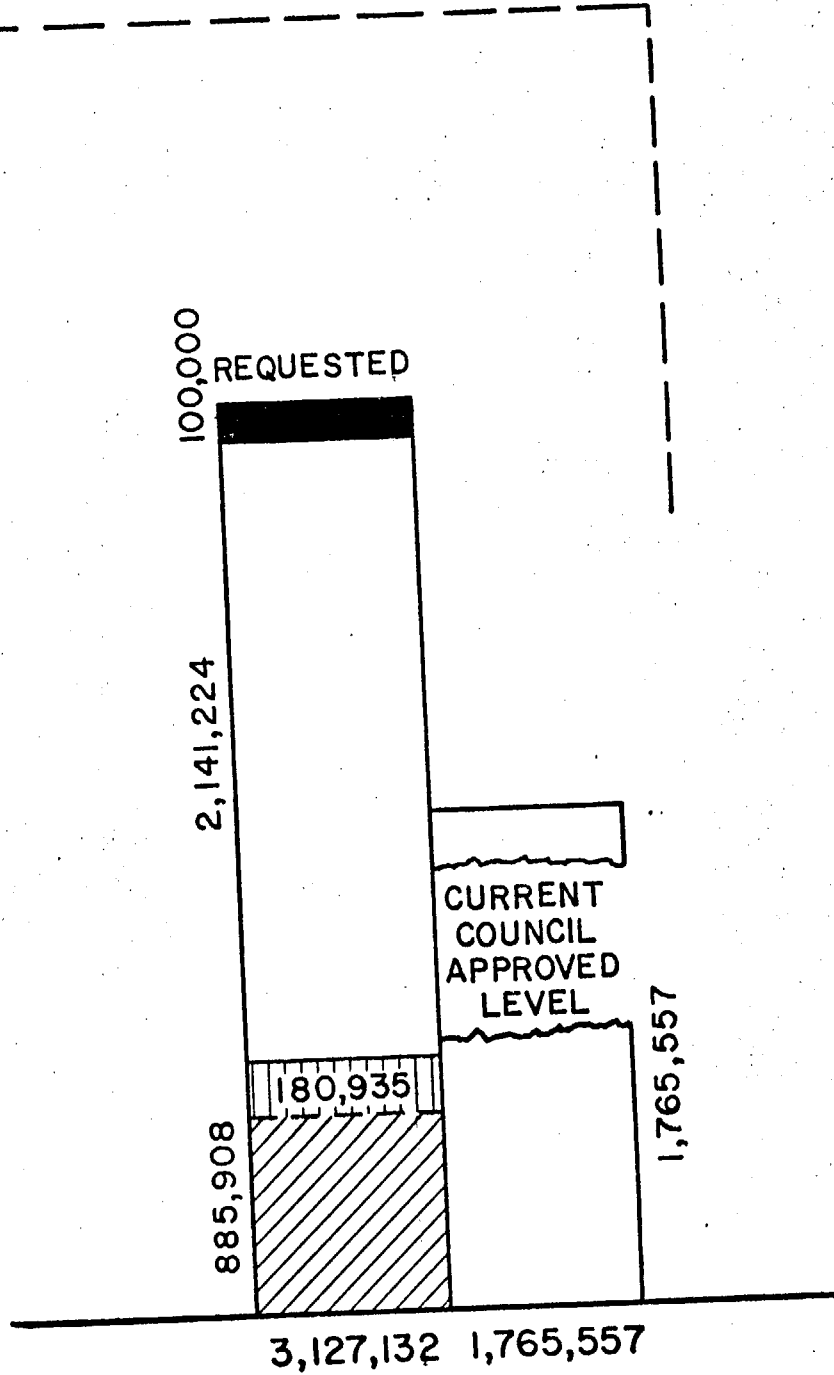


APPENDIX II, (Cont.)

REVIEW PROCEDURE FOR SUPPORT REQUESTS



# CURRENT YEAR RELATIONSHIP

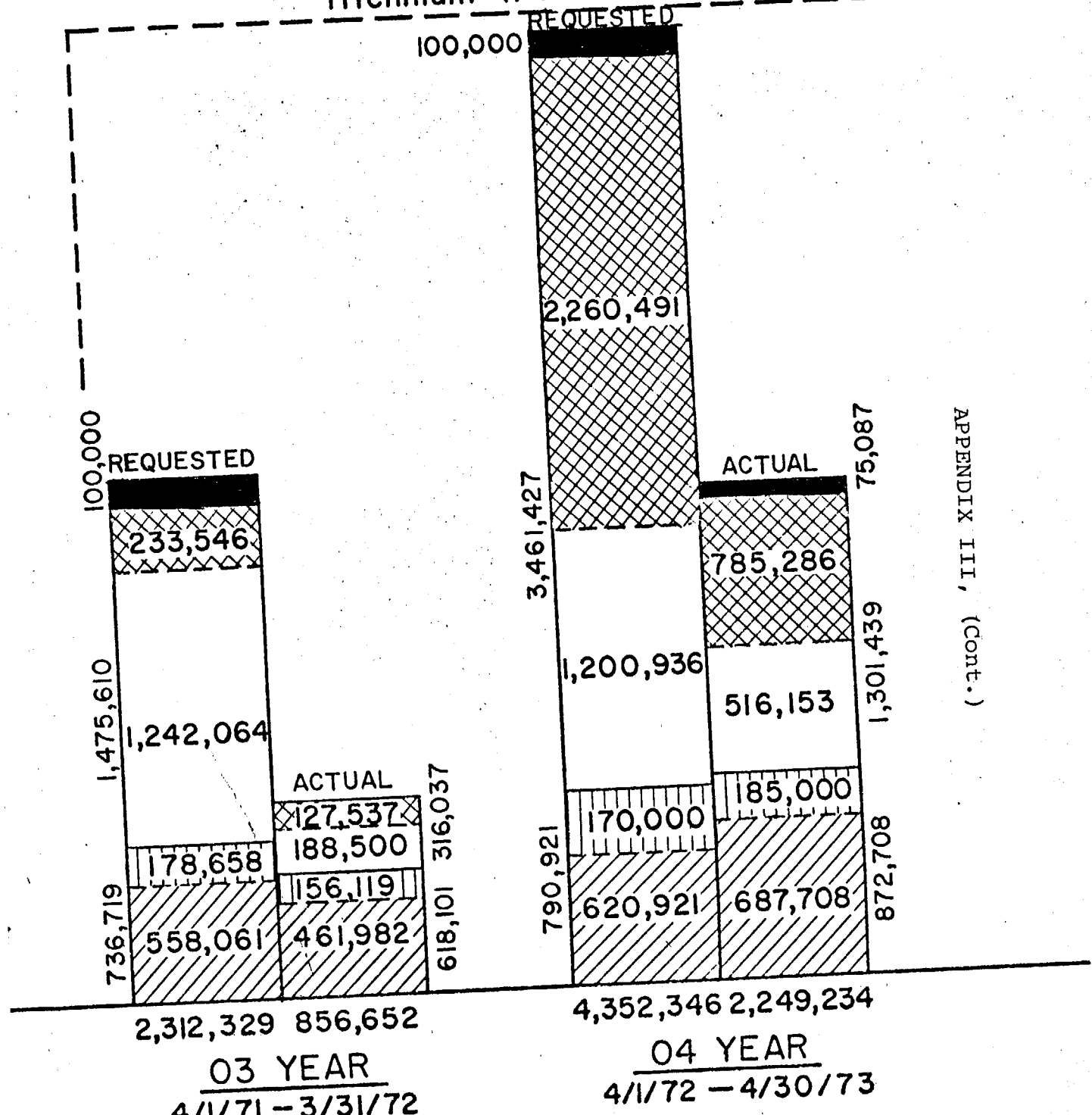


05 YEAR

5/1/73-4/30/74

# STS, PROJECTS AND STAFF FUNDING

Triennium 4/1/74 - 4/30/74



APPENDIX III, (Cont.)

STATISTICAL INFORMATION

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Source: Office of Systems Management, Regional Medical  
Programs Service

NOVEMBER 21, 1972

REGIONAL MEDICAL PROGRAMS SERVICE  
FUNDING HISTORY LIST  
OPERATIONAL GRANT (DIRECT COSTS ONLY)

RMPS OSM JTOFHL-20  
ALL REQUEST AND AWARDS AS OF SEP 30, 1972

REGION 28 ALABAMA

RMP SUPP YR 04

COMPONENT NO	TITLE	AWARDED	AWARDED	AWARDED	AWARDED	AWARDED	REQUESTED	REQUESTED	REQUESTED	REQUESTED	TOTAL
		01	02	03	04	TOTAL	05	06	07		
				04/72 04/73		05/73 04/74		05/74 04/75 05/75 04/76			
C000	PROGRAM STAFF	542400	686600	618100	863808	2710908	**	885908			885908
D000	DEVELOPMENTAL C				22939	22935	**	100000			100000
D001	SAWRENCE CG HLT				8732	8732	**				
D002	ALABAMA HEALTH				25000	25000	**				
D003	NEIGHBORHOOD YO				3000	3000	**				
D004	SPECIAL OUTPATI				15420	15420	**				
004	HEALTH MANPOWER	30500	41500			72000	**				
005	REALITY ORIENTA	44800	58700			103500	**				
007	EST N CC TRG BI	89600	88300			177900	**				
011	RADICISO DRRX S	27700				27700	**				
015	MEDICAL INFORMA		21900	20500	100690	143090	**	74640			74640
016	STWD COOP MECHA		39400	38100		77500	**				
020	CONT N ED CC MD		40100	15900		56000	**				
025	PRODUCTION AUDI				47783	47783	**				
026	MODEL CITIES RM		26100	94200	90000	210300	**				89548
027	REGICNAL RADIAT			26700	99478	126178	**	89548			33111
028	CONTINUING MEDI				25000	25000	**	33111			16080
035	COCRDINATED SER			10700	27107	37807	**	16080			70215
037	TAKING THE LID			25000	59563	84563	**	70215			42496
038	CONTINUING EDUC			7500	18600	26100	**	42496			
039	LAWRENCE CCUNTY				25000	25000	**				
040	ELECTRICAL SAFE				5954	5954	**				17259
041	IMPRCVING HEALT				25878	25878	**	17259			445904
042	EMS DEMONSTRATI				300000	300000	**	445904			358700
043	ALABAMA EMERGEN				150000	150000	**	358700			50236
044	MONT AREA HEALT						**	50236			
045	A COMMUNITY BAS				335286	335286	**				36622
047	SPEECH THERAPY						**	36622			10097
048	RURAL COMMUNITY						**	10097			34499
049	N ALA COMMUNITY						**	34499			125650
051	S W ALA E M S P						**	125650			31625
052	MOTIVATIONAL UP						**	31625			130434
053	E CENT ALA E M						**	130434			140053
054	W ALA E M S PRO						**	140053			24000
055	N E ALA EMS PRO						**	24000			36000
056	REALITY ORIENTA						**	36000			15000
057	PUBLIC EDUCATIO						**	15000			18450
058	UPGRADING MIDWI						**	18450			30180
059	HOSPITAL BASED						**	30180			62300
060	NURSING CAREER						**	62300			104024
061	ELIMINATION OF						**	104024			35704
062	STUDY AND PLANN						**	35704			75097
063	SCREENING PROGR						**	75097			33360
064	PECIATRIC PULMO						**	33360			
- TOTAL -		735000	1002600	856700	2249234	4843534	**	3127132			3127132

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NOVEMBER 14, 1972

BREAKOUT OF REQUEST  
05 - PROGRAM PERIODREGION - ALABAMA  
RH 00028 02/73

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RHPS-OSH-JTOGR2-1

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	CURRENT DIRECT COSTS	CURRENT INDIRECT COSTS	TOTAL
C000 PROGRAM STAFF	\$885,908				\$885,908	\$237,820	\$1,123,728
D000 DEVELOPMENTAL COMPONENT	\$100,000				\$100,000		\$100,000
015 MEDICAL INFO SERV VIA TEL LE HIST		\$74,640			\$74,640	\$9,628	\$84,268
027 RADIATION THERAPY COOP H X PLANNING DOSIMETRY		\$89,548			\$89,548	\$26,622	\$116,170
028 CONT MED EDUC IN OFFICE OF M A S A	\$33,111				\$33,111		\$33,111
035 COORDINATED SERVICES PROJ JECT	\$16,080				\$16,080		\$16,080
037 TAKING THE LID OFF THE L P N	\$70,215				\$70,215		\$70,215
038 CONT EDUC IN BLINDNESS P REVENTION	\$42,496				\$42,496	\$13,479	\$55,975
041 MULTI SENSORY MEDIA PROJ ECT	\$17,259				\$17,259		\$17,259
042 LES DEMO PROJECT FOR ALA REG 1	\$445,904				\$445,904	\$99,117	\$545,021
043 ALA EMS PROJECT	\$358,700				\$358,700		\$358,700
044 MONT AREA HEALTH EDUCATI ON SYSTEM			\$50,236		\$50,236		\$50,236
047 SPEECH THERAPY PROGRAM I N MACON CO			\$36,622		\$36,622	\$11,262	\$47,884
048 RURAL COMMUNITY PHYSICIA N EXCHANGE PROGRAM			\$10,037		\$10,037	\$2,836	\$12,873
049 N ALA COMMUNITY BASED ED UCATIONAL PROJECT			\$34,499		\$34,499	\$15,350	\$49,849
051 S W ALA E M S PROJECT				\$125,650	\$125,650		\$125,650
052 MOTIVATIONAL UPDATE FOR PHARMACISTS				\$31,625	\$31,625		\$31,625
053 E CENT ALA E M S PROJECT				\$130,434	\$130,434		\$130,434
054 W ALA E M S PROJECT				\$140,053	\$140,053		\$140,053
055 N E ALA EMS PROJECT				\$24,000	\$24,000		\$24,000
056 REALITY ORIENTATION OUTE REACH PROJECT				\$36,000	\$36,000		\$36,000
057 PUBLIC EDUCATION IN DIAB ETES MELLITUS				\$15,000	\$15,000	\$4,257	\$19,257
058 UPGRADING MIDWIFERY CARE RURAL AND URBAN FOUR				\$18,450	\$18,450		\$18,450
059 HOSPITAL BASED CARDIAC O UTREACH PROGRAM				\$30,180	\$30,180		\$30,180

NOVEMBER 14, 1972

BREAKOUT OF REQUEST  
05 PROGRAM PERIOD

REGION - ALABAMA  
RH 00028 02/73

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RHPS-OSH-JTOGR2-1

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	CURRENT DIRECT COSTS	CURRENT INDIRECT COSTS	TOTAL
060 NURSING CAREER MOBILITY L P N TO R N				\$62,300	\$62,300		\$62,300
061 ELIMINATION OF CANCER HA CON CO				\$104,024	\$104,024	\$22,820	\$126,844
062 STUDY AND PLANNING HEALT H CONSUMER EDUCATION				\$35,704	\$35,704	\$8,189	\$43,893
063 SCREENING PROGRAM CANCER OF THE CERVIX				\$75,097	\$75,097		\$75,097
064 PEDIATRIC PULMONARY NURS ERY				\$33,360	\$33,360		\$33,360
TOTAL	\$1,969,673	\$164,188	\$131,394	\$861,877	\$3,127,132	\$451,380	\$3,578,512

NOVEMBER 15, 1972

REGIONAL MEDICAL PROGRAMS SERVICE  
RMPF FUNDS REQUESTEDPAGE 4  
RMPF-OSH-LFKREQJ-C4

REGION 28 ALABAMA RMP SUPP YR 05 (PERCENT OF TOTAL FUNDS REQUESTED) REQUEST FEB. 1973 REVIEW CYCLE

COMPONENT NUMBER	TITLE	TOTAL RMPF FUNDS REQUESTED	OTHER SOURCES OF SUPPORT	TOTAL SUPPORT ALL SOURCES	RMPF % OF TOTAL
C000	PROGRAM STAFF	1,123,728	0	1,123,728	100
D000	DEVELOPMENTAL COMPONENT	100,000	0	100,000	100
015	MEDICAL INFO SERV VIA TELE MIST	84,268	40,000	124,268	68
027	RADIATION THERAPY COOP RX PLANNING DOSIMETRY	116,170	0	116,170	100
028	CENT MED EDUC IN OFFICE OF M A S A	33,111	11,037	44,148	75
035	COORDINATED SERVICES PROJECT	16,080	18,326	34,406	47
037	TAKING THE LID OFF THE L P N	70,215	0	70,215	100
038	CONT EDUC IN BLINDNESS PREVENTION	55,575	0	55,575	100
041	MULTI SENSORY MEDIA PROJECT	17,259	0	17,259	100
042	EMS DEMO PROJECT FOR ALA REG 3	545,021	0	545,021	100
043	ALA EMS PROJECT	358,700	0	358,700	100
044	MCNT AREA HEALTH EDUCATION SYSTEM	50,236	0	50,236	100
047	SPEECH THERAPY PROGRAM IN MACON CO	47,884	0	47,884	100
048	RURAL COMMUNITY PHYSICIAN EXCHANGE PROGRAM	12,873	0	12,873	100
049	N ALA COMMUNITY BASED EDUCATIONAL PROJECT	45,845	0	45,845	100
051	S W ALA E M S PROJECT	125,650	0	125,650	100
052	MOTIVATIONAL UPDATE FOR PHARMACISTS	31,625	0	31,625	100
053	E CENT ALA E M S PROJECT	130,434	0	130,434	100
054	W ALA E M S PROJECT	140,053	0	140,053	100
055	N E ALA EMS PROJECT	24,000	0	24,000	100
056	REALITY ORIENTATION OUTREACH PROJECT	36,000	83,564	119,564	30



NOVEMBER 15, 1972

REGIONAL MEDICAL PROGRAMS SERVICE  
RMPF FUNDS REQUESTED

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REGION 28 ALABAMA RMP SUPP YR 05 (PERCENT OF TOTAL FUNDS REQUESTED) REQUEST FEB. 1973 REVIEW CYCLE

COMPONENT NUMBER	TITLE	TOTAL RMPF FUNDS REQUESTED	OTHER SOURCES OF SUPPORT	TOTAL SUPPORT ALL SOURCES	RMPF % OF TOTAL
057	PUBLIC EDUCATION IN DIABETES MELLITUS	19,257	0	19,257	100
058	UPGRADING MIDWIFERY CARE RURAL AND URBAN PCCR	18,450	0	18,450	100
059	HOSPITAL BASED CARDIAC OUTREACH PROGRAM	30,180	220,450	250,630	12
060	NURSING CAREER MOBILITY L P N TO R N	62,300	46,000	108,300	58
061	ELIMINATION OF CANCER RACON CO	126,844	0	126,844	100
062	STUDY AND PLANNING HEALTH CONSUMER EDUCATION	42,693	8,526	52,419	84
063	SCREENING PROGRAM CANCER OF THE CERVIX	75,057	0	75,057	100
064	PEDIATRIC PULMONARY NURSERY	33,360	88,986	122,346	27
TOTAL OF 29 COMPONENTS		3,578,512	516,899	4,095,411	87

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NOVEMBER 14, 1972 REGIONAL MEDICAL PROGRAMS SERVICE PAGE 1  
 DESK SOUTH CENTRAL AREA DESCRIPTOR SUMMARIES BY REGION RMP-DSM-PEM002-58  
 REGION 28 ALABAMA REQUEST OPERATIONAL COMPONENTS (EXCLUDING STAFFING/DEV) REG REQUEST FEB 1973 REVIEW CYCLE  
 NO. OF COMPONENTS 27  
 TOTAL REQUEST 2,354,784

DESCRIPTOR	NO COMPS	DIF/INCR AMOUNT	% OF TOTAL	DESCRIPTOR	NO COMPS	DIF/INCR AMOUNT	% OF TOTAL
<b>I DISEASE</b>				<b>II DISEASE CATEGORY</b>			
MEDICAL SCHOOL	4	306,262	13	HYPERTENSION			
UNIV HEALTH SCH/CL				RHO FBV/CCNG HRT DIS	1	30,160	1
OTHR EDUC INST	3	176,408	7	HEART DISEASE			
UNIV AFFIL'D HCSP	4	206,858	9	CERV UTER/BREAST CAN			
OTHR HCSPITAL	4	116,799	5	CANCER	3	318,111	14
VOL HEALTH AGENCY				STROKE	1	36,000	2
PUBLIC (CCV) FLTP AGCY	8	922,620	39	KIDNEY DISEASE			
HEALTH PRO SOCIETY	2	64,736	3	PULMONARY DISEASE	1	33,360	1
OTHR (SPEC)	2	561,101	24	DIABETES	1	19,257	1
MULTIPLE (SPEC)				SICKLE CELL ANEMIA			
TOTAL	27	2,354,784	100	OTHR (SPECIFY)			
				MULTIPLE CATEG NCA SPEC	20	1,917,876	81
				TOTAL	27	2,354,784	100

**III HEALTH CARE PROCESS-PRIMARY**

SCREEN/EARLY DETECT	5	307,353	13
TREATMENT	8	615,514	26
REHABILITATION	1	36,000	2
COMPREHENSIVE CARE	1	33,360	1
NCT RELEVANT	12	1,362,557	58
TOTAL	27	2,354,784	100

**III HEALTH CARE PROCESS-SECONDARY**

SCREEN/EARLY DETECT	1	55,975	2
TREATMENT			
REHABILITATION			
COMPREHENSIVE CARE			
NCT RELEVANT			
TOTAL	1	55,975	2

**IV GEOGRAPHIC SCOPE**

REG/NETWRK CENS/SATEL			
REG NCA SATELLITE	5	753,556	32
SUBREGIONAL	18	1,601,228	68
INTERREGIONAL			
TOTAL	27	2,354,784	100

**V PRIMARY HEALTH PROVIDER TARGET GROUP**

MD'S & DR DO'S	3	162,154	7
NURSING PERSONNEL	3	168,515	7
ALLIED HLTH EX'G ALRSE			
DENTISTS			
PHYSICIANS & NURSES			
NURSING PER & ALLIED	2	145,294	6
OTHR (SPECIFY)	3	135,464	6
MULTIPROFESSIONAL	12	1,614,258	69
NOT RELEVANT	4	125,079	5
TOTAL	27	2,354,784	100

**VI PRIMARY ACTIVITY**

GENERAL CON'T EDUC	2	45,584	2
TRN EXISTING HLTH PERL	11	814,525	35
TRN'G NEW CAT PERS	1	50,236	2
PAT CARE DEL INCL PAT	5	211,598	9
CCMBC 1/2 TRN'G 1/2 PA	2	134,620	6
CCPD HEALTH SERVICES	4	1,004,065	43
RESEARCF & DEVEL			
DATA COLL/STATS	2	93,742	4
TOTAL	27	2,354,784	100

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NOVEMBER 14, 1972

REGIONAL MEDICAL PROGRAMS SERVICE

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DESK SOUTH CENTRAL AREA

DESCRIPTOR SUMMARIES BY REGION

RMP-OSM-PEMCO2-5A

REGION 28 ALABAMA REQUEST  
NO. OF COMPONENTS 27  
TOTAL REQUEST 2,354,784

OPERATIONAL COMPONENTS (EXCLUDING STAFFING/DEV)

REG REQUEST FEB 1973 REVIEW CYCLE

DESCRIPTOR	NO COMPS	DIR/INDIC AMOUNT	1 OF TOTAL
VII RACIAL/ETHNIC GROUP TARGET-PRIMARY			
BLACK			
AMERICAN INDIAN			
SPANISH SURNAMED			
ORIENTAL			
CAUCASIAN	1	50,236	2
OTHER			
NOT RELEVANT			
TOTAL	27	2,304,548	98
		2,354,784	100

DESCRIPTOR	NO COMPS	DIR/INDIC AMOUNT	1 OF TOTAL
VII RACIAL/ETHNIC GROUP TARGET-SECONDARY			
BLACK	1	50,236	2
AMERICAN INDIAN			
SPANISH SURNAMED			
ORIENTAL			
CAUCASIAN			
OTHER			
NOT RELEVANT			
TOTAL	1	50,236	2

VIII SPECIAL TARGET POPULATION AGE/SEX	NO COMPS	DIR/INDIC AMOUNT	1 OF TOTAL
CHILDREN 21 & UNDER	1	33,360	1
AGED OVER 65			
WOMEN	2	201,541	5
CCMEC ANY ABOVE	1	18,450	1
NOT RELEVANT	23	2,101,033	89
TOTAL	27	2,354,784	100

IX OTHER SPECIAL TARGET GROUPS	NO COMPS	DIR/INDIC AMOUNT	1 OF TOTAL
INNER CITY PCCR			
RURAL AREAS	1	12,873	1
PIGFRANTS			
OTHER RURAL PCCR			
OTHER PCCR			
CCMBC INNER CITY RURAL	2	68,686	3
NOT RELEVANT	24	2,273,225	97
TOTAL	27	2,354,784	100

X RELATIONSHIP WITH OTHER FEDERALLY SPONSORED PROGRAMS	NO COMPS	DIR/INDIC AMOUNT	1 OF TOTAL
MODEL CITIES			
CEC	1	50,236	2
VETERANS ADMIN	2	120,268	5
NCHSRE			
OTHER	11	1,011,468	43
CCMBO ANY ABOVE			
NCNE	13	1,172,812	50
TOTAL	27	2,354,784	100

XI SELECTED HEALTH CARE DELIVERY METHODS-PRIMARY	NO COMPS	DIR/INDIC AMOUNT	1 OF TOTAL
AMBULATORY CARE	7	253,829	12
EMERG. SERVICE	6	1,323,856	56
EXTENDED LONG TERM CAR			
GROUP PRACTICE			
HEALTH MAINTENANCE			
HOME HEALTH CARE			
IN-HOSPITAL CARE	2	133,425	6
INTENSIVE CARE	1	23,360	1
MOBILE UNITS	2	157,024	7
OTHER	1	55,975	2
NON-APPLICABLE	8	357,309	15
TOTAL	27	2,354,784	100

XI SELECTED HEALTH CARE DELIVERY METHODS-SECONDARY	NO COMPS	DIR/INDIC AMOUNT	1 OF TOTAL
AMBULATORY CARE			
EMERG. SERVICE			
EXTENDED LONG TERM CAR			
GROUP PRACTICE			
HEALTH MAINTENANCE			
HOME HEALTH CARE			
IN-HOSPITAL CARE			
INTENSIVE CARE			
MOBILE UNITS	1	545,021	23
OTHER			
NON-APPLICABLE			
TOTAL	1	545,021	23

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NOVEMBER 14, 1972

REGIONAL MEDICAL PROGRAMS SERVICE

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DESK SOUTH CENTRAL AREA  
 REGION 28 ALABAMA REQUEST  
 NO. OF COMPONENTS 27  
 TOTAL REQUEST 2,354,784

DESCRIPTOR SUMMARIES BY REGION  
 OPERATIONAL COMPONENTS (EXCLUDING STAFFING/DEV)

REG REQUEST FEB 1973 REVIEW CYCLE  
 RMF-CSM-FEM006-9A

DESCRIPTOR	NO CCMPs	DIR/INDIR AMOUNT	# OF TOTAL	DESCRIPTOR	NO CCMPs	DIR/INDIR AMOUNT	# OF TOTAL
<b>XII PROJECT ELEMENTS-PRIMARY</b>				<b>XII PROJECT ELEMENTS-SECONDARY</b>			
ACCESS IMPROVEMENT	8	1,077,962	46	ACCESS IMPROVEMENT	1	126,644	5
AREA HLTH EDUC CENTERS	2	58,120	4	AREA HLTH EDUC CENTERS			
CLIN, TECH PRCF CNSUL	1	116,170	5	CLIN, TECH PRCF CNSUL	1	84,268	4
DATA SYSTEMS				DATA SYSTEMS			
DIALYSIS				DIALYSIS			
DRUGS INFORMATION				DRUGS INFORMATION			
ELECTRONIC COMM	2	128,161	5	ELECTRONIC COMM	1	17,255	1
FAMILY PRACTICE				FAMILY PRACTICE			
HLTH TEAM APPROACH	2	157,024	7	HLTH TEAM APPROACH	2	103,859	4
HLTH COST FINAN				HLTH COST FINAN	1	16,000	1
JOINT SERVICES	1	16,000	1	JOINT SERVICES	2	661,191	28
LAB SERVICES				LAB SERVICES			
LIE & EDUC RESOURCES	2	50,370	2	LIE & EDUC RESOURCES			
NON-EMER TRANS SERV				NON-EMER TRANS SERV			
MANPOWER RECRUIT				MANPOWER RECRUIT	1	50,236	2
MANPOWER OTHER	3	188,450	6	MANPOWER OTHER	2	391,811	17
ORGAN/BLOOD BANKS				ORGAN/BLOOD BANKS			
PAT OF PUBLIC EDUC	1	36,000	2	PAT OF PUBLIC EDUC			
PAT MED RECORDS/AUDITS				PAT MED RECORDS/AUDITS			
PAT REFERRAL/FCL UP				PAT REFERRAL/FCL UP			
REGISTRIES				REGISTRIES			
SARTIES				SARTIES			
SMOKING AND HEALTH				SMOKING AND HEALTH			
STAND AND QUAL CARE				STAND AND QUAL CARE			
THIRD FACULTY				THIRD FACULTY			
OTHER	2	371,573	16	OTHER	1	70,215	3
NONE APPLICABLE	3	114,824	5	NONE APPLICABLE			
<b>TOTAL</b>	<b>27</b>	<b>2,354,784</b>	<b>100</b>	<b>TOTAL</b>	<b>12</b>	<b>1,521,763</b>	<b>65</b>

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NOVEMBER 14, 1972

REGIONAL MEDICAL PROGRAMS SERVICE  
 DESCRIPTOR SUMMARIES BY REGION  
 OPERATIONAL COMPONENTS (EXCLUDING STAFFING/DEV)

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RMP-OSM-PEN006-5A

REG REQUEST FEB 1973 REVIEW CYCLE

DESK SOUTH CENTRAL AREA  
 REGION 28 ALABAMA REQUEST  
 NO. OF COMPONENTS 27  
 TOTAL REQUEST 2,354,784

CATEGORY V SUPPLEMENT - HEALTH PROFESSIONAL TARGET GROUPS

CATEGORY V TYPE

NUMBER

CATEGORY V TYPE

NUMBER

ALLIED HEALTH PERSONNEL  
 DENTAL HYGIEN/ASSISTANT 1  
 DIETITIAN NUTRITIONIST 1  
 DIETETIC TECHNICIAN 1  
 DIETETIC ASSISTANT OR AIDE  
 HEALTH EDUCATOR  
 HCSP/NURSING/MEDICAL CARE ADM 2  
 INHALATION THERAPIST (TECH) 1  
 MEDICAL LIBRARIAN 1  
 MEDICAL LIBRARIAN ASSISTANT  
 MEDICAL RECORD LIBRARIAN 1  
 MEDICAL RECORD TECH/AIDE  
 MEDICAL TECHNOLOGIST 1  
 MEDICAL LABORATORY TECH 1  
 CYTOLOGIST 1  
 CERTIFIED LAB ASSISTANT  
 NUCLEAR MEDICINE TECHNOLOGIST  
 NUCLEAR MEDICINE TECHNICIAN  
 OCCUPATIONAL THERAPIST  
 OCCUPATIONAL THERAPY ASSISTANT  
 PHARMACIST 2  
 PHARMACY AIDE 1  
 PHYSICAL THERAPIST 1  
 PHYSICAL THERAPY ASSISTANT  
 PHYSICIAN ASSOCIATE/ASSISTANT  
 PHYSICIAN AIDE 1  
 RADIOLOGY TECHNOLOGIST 2  
 RADIOLOGIC TECHNICIAN (XRAY)  
 RADIATION THERAPY TECHNOLOGIST  
 SPEECH PATHOLOGIST  
 SOCIAL WORKER  
 SOCIAL WORKER ASST/AIDE  
 VOCATIONAL REPAIR COUNSELOR

DIRECTORS OF DISTRICTS 1  
 NURSING PERSONNEL  
 NURSE PRACTITIONER 2  
 REGISTERED NURSE 10  
 PRACTICAL OR VOCATIONAL NURSE 8  
 NURSING AIDE ORDERLY 3  
 OTHER ALLIED HEALTH WORKERS  
 COMMUNITY HEALTH AIDE 1  
 HOME HEALTH AIDE  
 MED MACHINE TECHNICIAN 2  
 MEDICAL EMERGENCY TECHNICIAN 6  
 SCREENING TECHNICIAN  
 TUMOR REGISTRY SECRETARY  
 OTHER 3  
 OTHER PERSONNEL  
 AMBULANCE PERSONNEL 6  
 FIREMEN 1  
 LIFE GUARDS  
 POLICE 1  
 RESCUE SQUAD 2  
 OTHER

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NOVEMBER 22, 1972

REGIONAL MEDICAL PROGRAMS SERVICE  
 LISTING OF STAFF, ADVISORY GROUP AND OTHER COMMITTEES MEMBERS  
 EQUAL EMPLOYMENT OPPORTUNITY TOTAL BY RMP REGION

RMPS--OSM--GJJEE451-11

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REGION 28 ALABAMA

FEBRUARY 1973 REVIEW CYCLE

	CORE STAFF		PROJECT STAFF		REGIONAL ADVISORY GROUP		OTHER COMMITTEES			
	PROFESSIONAL & TECHNICAL	SECRETARIAL AND CLERICAL	PROFESSIONAL AND TECHNICAL	SECRETARIAL AND CLERICAL	NO.	FTE	NO.	FTE		
	NO.	FTE	NO.	FTE	NO.	FTE	NO.	FTE		
MEMBERS	31.	25.80	8.	8.00	31.	25.00	10.	8.50	52.	532.
MALE	22.	17.60	0.	0.0	13.	11.00	4.	3.90	47.	426.
FEMALE	9.	8.20	8.	8.00	18.	14.00	6.	4.60	5.	106.
TOTAL MINORITY GROUPS	2.	2.00	1.	1.00	6.	2.00	2.	1.50	4.	66.
BLACKS	2.	2.00	1.	1.00	6.	2.00	2.	1.50	4.	66.
INDIANS	0.	0.0	0.	0.0	0.	0.0	0.	0.0	0.	0.
SPANISH	0.	0.0	0.	0.0	0.	0.0	0.	0.0	0.	0.
ORIENTAL	0.	0.0	0.	0.0	0.	0.0	0.	0.0	0.	0.
OTHER	0.	0.0	0.	0.0	0.	0.0	0.	0.0	0.	0.

JB 11/22/72

NOVEMBER 22, 1972

REGIONAL MEDICAL PROGRAMS SERVICE  
SUMMARY BUDGET CATEGORIES BY COMPONENT

PAGE 1  
RMPS-OSM-JTOGM2-14

REGION 28 ALABAMA

REQUEST JAN/FEB 1973 REVIEW CYCLE

	COMPONENT NO C000	COMPONENT NO D000	COMPONENT NO 015	COMPONENT NO 027	COMPONENT NO 028	COMPONENT NO 035	COMPONENT NO 037	COMPONENT NO 038	COMPONENT NO 041
<b>I PERSONAL SERVICES</b>									
SALARIES, WAGES	568,133		23,000	63,600	24,000	13,000	49,305	32,200	13,925
EMPLOYEE BENEFITS	102,263		4,140	11,448	2,400		6,410	5,796	1,811
TOTAL	670,396		27,140	75,048	26,400	13,000	55,715	37,996	15,736
<b>II PATIENT CARE</b>									
IN-PATIENT									
OUT-PATIENT									
TOTAL									
<b>III EQUIPMENT</b>									
BUILT-IN									
MOVABLE	18,600						3,000		
TOTAL	18,600						3,000		
<b>IV CONSTRUCTION</b>									
NEW									
MAJ ALT & REN									
TOTAL									
<b>V OTHER</b>									
CONSULTANTS	15,000				2,000		4,000		100
SUPPLIES	34,200		2,500	1,500		300	4,800	1,000	1,223
DMST TRAVEL	69,400		1,000	5,500	4,711	1,080	1,500	1,000	200
FRGN TRAVEL									
RENT SPACE									
RENT OTHER									
MIN ALT & REN									
PUBLICATIONS	10,000		2,000			500	200	1,500	
CONTRACTUAL	10,000								
COMMUNICATION	8,000		42,000						
COMPUTERS	4,000			6,000				1,000	
OTHER	46,312			1,500		1,200	1,000		
TOTAL	196,912		47,500	14,500	6,711	3,080	11,500	4,500	1,523
<b>VI TRAINEE COSTS</b>									
STIPENDS									
OTHER									
TOTAL									
TOTAL DIRECT COST	885,908	100,000	74,640	89,548	33,111	16,080	70,215	42,496	17,259
INDIRECT COST	237,820		9,628	26,622				13,479	
TOTAL DIR & IND	1,123,728	100,000	84,268	116,170	33,111	16,080	70,215	55,975	17,259

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	COMPONENT NO 042	COMPONENT NO 043	COMPONENT NO 044	COMPONENT NO 047	COMPONENT NO 048	COMPONENT NO 049	COMPONENT NO 051	COMPONENT NO 052	COMPONENT NO 053
<b>I PERSONAL SERVICES</b>									
SALARIES, WAGES	236,783	21,300	35,200	28,589	7,200	22,909		14,097	30,200
EMPLOYEE BENEFITS	42,621	2,800	6,336	3,431	744	2,750			5,436
TOTAL	279,404	24,100	41,536	32,020	7,944	25,659		14,097	35,636
<b>II PATIENT CARE</b>									
IN-PATIENT									
OUT-PATIENT									
TOTAL									
<b>III EQUIPMENT</b>									
BUILT-IN									
MOVABLE	44,500	181,000	500	2,718	110		116,800	418	78,518
TOTAL	44,500	181,000	500	2,718	110		116,800	418	78,518
<b>IV CONSTRUCTION</b>									
NEW									
MAJ ALT & REN									
TOTAL									
<b>V OTHER</b>									
CONSULTANTS	46,000	5,000	2,000	1,404	363	4,850	3,500	3,600	4,200
SUPPLIES	2,000	1,500	500	300	150	750	850	3,000	1,700
DMST TRAVEL	2,000	4,800	3,000	180	1,400	1,855	1,000	2,928	3,000
FRGN TRAVEL									2,400
RENT SPACE		6,000	1,800						
RENT OTHER									
MIN ALT & REN					70	250		4,682	
PUBLICATIONS		1,500					2,000		
CONTRACTUAL		133,000				700	500	2,500	1,100
COMMUNICATION			900			435			
COMPUTERS							1,000	400	
OTHER	72,000	1,800			1,983	8,840	8,850	17,110	12,400
TOTAL	122,000	153,600	8,200	1,884	1,983	8,840	8,850	17,110	12,400
<b>VI TRAINEE COSTS</b>									
STIPENDS									3,880
OTHER									3,880
TOTAL									3,880
TOTAL DIRECT COST	445,904	358,700	50,236	36,622	10,037	34,499	125,650	31,625	130,434
INDIRECT COST	99,117			11,262	2,836	15,350			
TOTAL DIR & IND	545,021	358,700	50,236	47,884	12,873	49,849	125,650	31,625	130,434

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	COMPONENT NO 054	COMPONENT NO 055	COMPONENT NO 056	COMPONENT NO 057	COMPONENT NO 058	COMPONENT NO 059	COMPONENT NO 060	COMPONENT NO 061	COMPONENT NO 062
<b>I PERSONAL SERVICES</b>									
SALARIES, WAGES	25,932	12,000	29,000	10,169	15,000	20,600	42,000	56,800	14,060
EMPLOYEE BENEFITS	4,668	1,800		1,831	2,250	1,980		10,224	1,044
TOTAL	30,600	13,800	29,000	12,000	17,250	22,580	42,000	67,024	15,104
<b>II PATIENT CARE</b>									
IN-PATIENT									
OUT-PATIENT									
TOTAL									
<b>III EQUIPMENT</b>									
BUILT-IN	8,952						3,600		
MOVABLE	95,201		2,500				5,000	2,200	
TOTAL	104,153		2,500				8,600	2,200	
<b>IV CONSTRUCTION</b>									
NEW									
MAJ ALT & REN									
TOTAL									
<b>V OTHER</b>									
CONSULTANTS	1,000						2,000		
SUPPLIES	600		500			600	7,500	4,800	15,600
DMST TRAVEL	1,200	2,400	2,000	3,000	1,200	7,000	1,000	2,700	3,000
FRGN TRAVEL									
RENT SPACE	1,200								
RENT OTHER									
MIN ALT & REN									
PUBLICATIONS							200		1,000
CONTRACTUAL		7,200							
COMMUNICATION	500						1,000		1,000
COMPUTERS									
OTHER	800	600	2,000	3,000	1,200	7,600	11,700	27,300	
TOTAL	5,300	10,200	4,500	3,000	1,200	7,600	11,700	34,800	20,600
<b>VI TRAINEE COSTS</b>									
STIPENDS									
OTHER									
TOTAL									
TOTAL DIRECT COST	140,053	24,000	36,000	15,000	18,450	30,180	62,300	104,024	35,704
INDIRECT COST				4,257				22,820	8,189
TOTAL DIR & IND	140,053	24,000	36,000	19,257	18,450	30,180	62,300	126,844	43,893

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	COMPONENT NO 063	COMPONENT NO 064	REGION TOTALS
<b>I PERSONAL SERVICES</b>			
SALARIES, WAGES	47,850	14,000	1,470,852
EMPLOYEE BENEFITS	5,917	1,680	229,780
TOTAL	53,767	15,680	1,700,632
<b>II PATIENT CARE</b>			
IN-PATIENT			
OUT-PATIENT			
TOTAL			
<b>III EQUIPMENT</b>			
BUILT-IN			12,552
MOVABLE	4,720	14,480	570,265
TOTAL	4,720	14,480	582,817
<b>IV CONSTRUCTION</b>			
NEW			
MAJ ALT & REN			
TOTAL			
<b>V OTHER</b>			
CONSULTANTS	1,100	1,000	97,117
SUPPLIES	5,150	200	91,223
DMST TRAVEL	2,000	1,000	131,054
FRGN TRAVEL			11,400
RENT SPACE			
RENT OTHER			
MIN ALT & REN			21,902
PUBLICATIONS			152,200
CONTRACTUAL			59,700
COMMUNICATION	1,000	500	12,995
COMPUTERS	1,560		162,212
OTHER	5,800	500	739,803
TOTAL	16,610	3,200	
<b>VI TRAINEE COSTS</b>			
STIPENDS			3,880
OTHER			3,880
TOTAL			
TOTAL DIRECT COST	75,097	33,360	3,127,132
INDIRECT COST			451,380
TOTAL DIR & IND	75,097	33,360	3,578,512

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