

Profile

North Carolina Regional Medical Program

Grantee: Duke University
Durham, North Carolina

Program Coordinator: Marc J. Musser, M.D.

Prepared by: Dan Spain

Original Date: Oct. 8, 1969

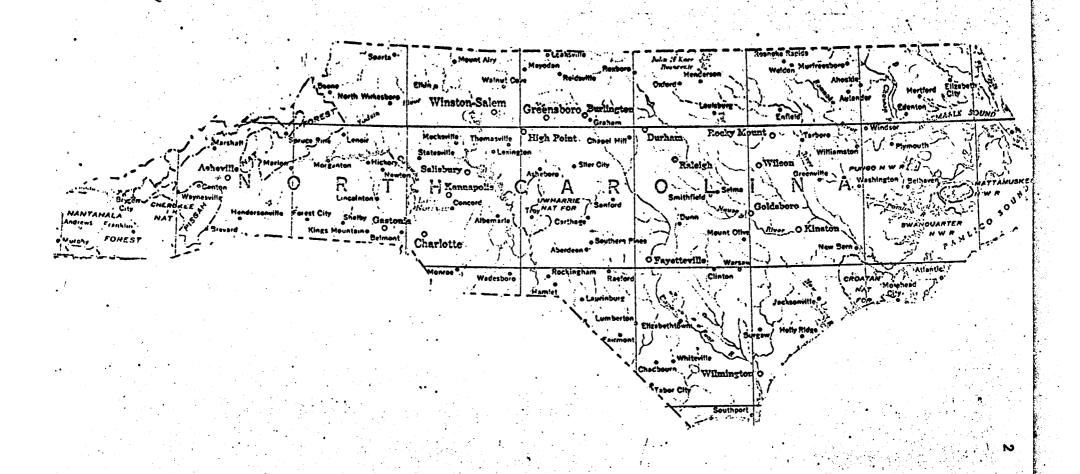
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I. GEOGRAPHY

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GEOGRAPHY

The area served by this Regional Medical Program is the state of North Carolina.

For health program development the State of North Carolina is an ideal regional unit. It is an important economic and political entity with a long history of developmental efforts focussed within its boundaries. Its health professionals, operating institutions and agencies have established mechanisms for collaborative efforts.

For planning purposes there are similarly strong advantages in having the State serve as the region. Needed statistical data can be secured from the State and its counties which would lack comparability, and therefore utility, if the region extended beyond the State borders.

II. DEMOGRAPHY

II. DEMOGRAPHY (1969)

Land Area: (Square Miles) 49,067

1. Population Statistics (in thousands) 1969

Total: 5,122,000

Metropolitan areas: ((1960) 1,164
(in thousands)	
Asheville, N.C.	13 0
Charlotte, N.C.	317
Durham, N.C.	112
Greensburo-High Point	, N.C. 247
Raleigh, N.C.	. 169
Winston-Salem, N.C.	189
Percent Urban: (1960)	3,915

Age of population: (1960) (in thousands:)

		Number	Percent
under 15		1,521	33
15-24	. *	726	16
2 5-44		1,192	26
45-64	-	805	18
65 and over		312	7
	Total	4,556	100

U.S. 29.5

N.C. 25.5

2. Health Statistics

Median Age

Vital Statistics: (1962)

Death Rates Per 100,000	U.S.	N.C.
All diseases	945	830
Diseases of the Heart	370	298
Malignant Neoplasms	1 50	106
Vascular Lesions, CNS	106	109
General Arteriosclerosis	20	15
Diabetes Mellitus	17	12
Other Diseases of Cir. Syst	.em 12	9

3. Facilities:

Medical Schools:			Enrollment
Bowman Gray School	of Medicine		207
Univ. of North Car	olina School	of Medicine	280
Duke Univ. School	of Medicine		3 38

Schools of Nursing:

34 of which 7 are Univ. and college affiliated.

Schools of Medical Technology:

12 of which 3 are affiliated with the 3 Medical Schools.

Other Types Paramedical Training:

Cytotechnology - 8 of which 3 are affiliated with the 3 Medical Schools.

Hospitals: (1964)

Number of Facilities

	Total	Short-term	Beds
Total	138		18,088
Federal	8		3,043

4. Personnel Statistics

Professional Categories	Number	
Physicians	3,850	•
O steopaths	30	•
Physical Therapists	210	•.
Medical Social Workers		(Estimate)
Dentists	1,570	(
Registered Nurses	13,025	
Occupational Therapists	65	

III. POLITICS

III. POLITICS

Governor:

Robert W. Scott (D), 1969-1973

Senators:

Sam J. Ervin, Jr. (D), 1954-1975

Armed Services Committee
Government Operations Committee
Judiciary Committee
Advisory Commission on Intergovernmental Relations
National Commission on Reform of Federal Criminal Laws

B. Everett Jordon (D), 1958-1973

Agriculture and Forestry Committee
Public Works Committee
Rules and Administration Committee
Joint Committee on the Library
Joint Committee on Printing
Commission on Art and Antiquities of U.S. Senate
The Interparliametary Union
Senate Office Building Commission

Congressmen:

Walter B. Jones (D)

Agriculture Committee Merchant Marine and Fisheries Committee

L. H. Fountain (D)

Foreign Affairs Committee Government Operations Committee Advisory Commission on Intergovernmental Relations

David Newton Henderson (D)

Post Office and Civil Service Committee Public Works Committee

Nick Galifianakis (D)

Banking and Currency Committee

Wilmer David Mizell

Agriculture Committee
National Memorial Stadium Commission

Lunsford Richardson Preyer (D)

Internal Security Committee
Interstate and Foreign Commerce Committee

Alton Asa Lennon (D)

Armed Services Committee
Merchant Marine and Fisheries Committee
Board of Visitors to the Coast Guard Academy

Earl B. Ruth (R)

Education and Labor Committee

Charles Raper Jonas (R)

Appropriations Committee

James Thomas Broyhill (R)

Interstate and Foreigh Commerce Committee Select Committee on Small Business

Roy A. Taylor

Interior and Insular Affairs Committee Public and Law Review Commission Science and Astronautics Committee

IV. HISTORICAL REVIEW

1965 - The Deans of the three medical schools in North Carolina had decided, prior to the passage of PL-239, to plan together for postgraduate education in the state.

With the concurrence of the State Medical Society these plans served as a basis for the development of the first planning application for support under PL-89-229.

June 1966 - 01 Planning Grant Approved Period: 7/1/66-6/30/67 Direct Costs - \$235.536

Recommendations

- I. Clarify the distinction between planning activities and feasibility studies.
- 2. Clarify the distinction between feasibility studies and operational projects.
- 3. Clarify the relationship between proposal projects and the interests of other NIH and PHS programs.
- 4. Ensure that the central planning staff will coordinate and integrate the efforts undertaken by the individual institutions.
- 5. Provide for a clearer statement of the goals of individual projects and ensure they are based on knowledge available from previous studies.
- 6. Review the details of each of the proposed projects to evaluate the need for requested funds.
- 2. Ensure that adequate attention and resources are devoted to developing the necessary network of cooperative arrangements.

<u>December, 1966</u> - Supplemental Application Approval Direct Cost: \$109,351

This award approved the following proposals:

- 1. Support of an executive director:
- 2. Planning for a region-wide program of training for and support of, intensive coronary care units in community hospitals;
- 3. Proposal for a state-wide consultation service and program; and
- 4. Planning for education and research in community medical care.

May, 1967 - Supplemental Planning Grant Request

Council recommended that this application be returned for further study and revision with the understanding that \$55,000 should be made available for immediate hiring of additional core administrative staff.

June, 1967 - 02 Planning Grant Approval

The total award of \$600,944 represented new funding of \$391,793 and estimated carry over of \$209,151 from the first year of the RMP planning grant.

August, 1967 - Revised Supplemental Planning Grant
Approved:
Direct Costs - \$150,730
Indirect Costs - \$22,000
Period: remaining 10 months of grant period ending June
30, 1968

This award enabled the Region to employ additional core staff.

February, 1968 - 01 Operational Grant Approval
Period 3/1/68-6/30/69
Direct Costs - \$1,280,050
Indirect Costs - \$200,291

This application requested support for combining all activities, administration, operations, and planning into a single grant effective July 1, 1968.

The reviewers agreed that this was a well conceived application. Although several of the proposals are not directly related to the categorical diseases, they reflect regionwide cooperation in meeting locally developed priorities for health care resources.

Projects approved were:

- #1 Education & Research in Community Care
- #2 Coronary Care Training & Development
- #3 Diabetic Consultation and Educational Services
- #4 Development of a Central Cancer Registry
- #5 Medical Library Extension Service
- #6 Career Information Center
- #7 Continuing Education in Internal Medicine
- #8 Continuing Education in Dentistry
- #9 Continuing Education for Physical Therapist
- #10 State of Franklin Coronary Care

Demonstration Project - this project was reviewed and approved by the Subcommittee on Earmarked Funds and Council recommended that it be included in the above cited award. April, 1968 - Supplemental Operational Grant Approval

This award provided requested funds to include the Cherokee Indian Hospital to the previously approved and funded State of Franklin Small Hospital Coronary Care Unit Project and for the Development of a Mobile Cardiac Intensive Care Capability in Haywood County (#11).

Direct Costs: \$25,455

This award increased total direct costs to \$3,854,563.

May, 1968 - Supplemental Operational Grant Approval
Direct Costs - \$261,696
Indirect Costs - \$27,162
Total Direct Costs increased to \$4,787,221

Included in this award were funds for the following projects:

#13 Closed Chest Cardiopulmonary Resuscitation Unit

#14 Heart Consultation and Education Program

#15 Comprehensive Stroke Program

#16 Hypertension Project

(Project #12, Regional Coronary Care Unit for Physician and Nurse Education was returned for revision)

- November, 1968 Council considered a new supplemental operational consisting of two projects, (#12) Regional Coronary

 Care Unit for Physician and Nurse Education, and

 (#17) Regional Center for Gestation Trophoblastic

 Neoplasms. Project #12 was later funded from unexpended funds carried over from the first year
 operational grant, and #17 was funded from new money.
- February, 1969 Council considered another operational supplement

 application which requested support to supplement

 Project #2 Coronary Care Training and Development

 and for a new project #18 Tumor Tissue Registry.

 Both requests were recommended for funding.
- May, 1969 Council considered another operational supplemental application consisting of the five following new projects:
- #19 Physicians Assistant Training Program recommended to be returned for revision.
- #20 Mammography Technologist's Regional Training Program approved as requested.
- #21 Innovations in Clinic Nursing approved as requested.
- #22 Coordinated Oncology Chemotherapy Program approved for three years, pending satisfactory technical review, in an amount not to exceed that requested.

#23 Pilot Study: Heart Sounds Screening of School Children - approved as requested.

June, 1969 - Continuation Operational Application Approval.
(5-G03RM-00006-02)

Period - 7/1/69-6/30/70

Direct Costs - \$1,683,722

Indirect Costs - \$394,674

Total \$2,078,396

During the second year of the operational grant period a total of \$1,883,722 (d.c.) has been made available for support of core staff and twenty-one projects.

August, 1969 - Revised Supplemental Operational Project - (#19)

Duke Universities Physician's Assistant Training

Program: Council approved this project in the time

and amount requested with the conditions recommended

by the Review Committee.

V. CORE STAFF

CORE STAFF

Location: 4019 North Roxboro Road, Durham, N.C.

Telephone: 919-477-0461

The staff of this Regional Medical Program consists of 30 fulltime core employees and 19 project directors, plus their supporting personnel. In addition, four coordinators, one from each medical School and one from the University of North Carolina School of Public Health, are involved in program activities part-time.

The administrative core, under the supervision of the Executive Director, lends professional guidance and support of program development, implementation, and direction. The major elements of this organization are:

Cancer Program - F. M. Simmons Patterson, M.D., Director

Stroke Program - B. Lionel Truscott, M.D., Director

Heart Disease Program - Robert N. Headley, M.D., Director

Education and Training Program - William DeMaria, M.D. Director

Division of Administrative Services - William J. McComb F.A.C.H.A., Director

Division of Communications & Information - Mrs. Virginia H. Benton, B.A., Director

Division of Hospitals - William W. Lowrance, F.A.C.H.A., Director

Division of Research & Evaluation - Harvey L. Smith, Ph.D., Director

CORE STAFF PERSONNEL

Name	<u>Title</u>	Inst.	_ %_
M J. Musser, M.D.	Exec. Dir.	Duke	100
W. J. McComb	Dir. Adm. Ser.	Duke	100
F.M.S. Patterson, M.D.	Dir. Cancer Div.	Duke	100
		• · • · • ·	
Wm. Lowrance	Dir. Hosp. Div.	Duke	100
Virginia Benton	Dir. Communications Div.		100
D.R. Howard, M.D.	Assoc. Dir. Prof. Prog.	Duke	50
David Lewis	Staff Asst. Prof. Prog.	Duke .	50
Wm. DeMaria, M.D.	Dir. Ed. & Training	Duke	50
Rachel Gay	Asst. Com. Dir.	Duke	100
Ottis P. George	Secretary	Duke	100
Ellen E. Bennett	Secretary	Duke	100
Judy Cannon	Secretary	Duke	100
Rita B. Beskie	-Secretary	Duke	100
Pat Connor	Secretary	Duke	100
Mary Hicks	Secretary	Duke	100
Hilda Parker	Secretary	Duke	100
Linda Newton	Clerk Typist	Duke	100
Betsy Johnson	Secretary	Duke	50
Audrey J. Booth	Assoc. Dir. Ed. & Tra.	UNC	•
Lydia Holley	Assoc. Dir. Ed. & Tra.	UNC	25
Lee Holder, Ph.D.	Com. Act. Consultant	UNC	50
R.N. Headley, M.D.	Dir. Heart Div.	BG	60
Raymond Sawyer	Arch. Consultant	NCMCC	100
Ben Weaver	Project Management	**	100
E.H. Estes, Jr. M.D.	Institutional Coord.	Duke	50
Linda Ford	Secretary	Duke	50
H.A. Tyroler, M.D.	Institutional Coord.	UNC	50
Robert Smith, M.D.	Institutional Coord.	UNC	50
Sarah Harrison	Secretary	UNC	100
Louis Shaffner, M.D.	Institutional Coord.	BG	50
Lois Hoots	Secretary .	BG	50
Minnie Ferrell	Secretary	BG	50
Harvey L. Smith, Ph.D.	Planning Dir.	•	60
R.O. Pickard	_	UNC	
S.P. Hallman	Planning Assoc.	UNC	100
Josef Perry	Planning Assoc.	UNC	100
T.R. Banks	Survey Research Spec.	UNC	100
	Planning Asst.	UNC	:100
Jane Webb	Planning Asst.	UNC	100
Sarah Kaufman	Planning Asst.	UNC	100
Bette F. Rose	Research Asst.	UNC	100
Maureen R. Avis	Secretary	UNC	100
Linda J. Charkins	Secretary	UNC	100
Katrina Davenport	Research Asst.	UNC	100
To be determined	Research Asst.	UNC	100
To be determined	Assoc. (Eval.)	UNC	100
To be determined	Asst. (Eval.)	UNC	100

MUSSER, Marc J., M.D.

Porn July 3, 1910, Terre Haute, Indiana

A.B. - University of Wisconsin, Madison, Wisconsin, 1930

M.D. - University of Wisconsin, Madison, Wisconsin, 1934

Intornship: Kansas City General Hospital, Missouri, 1934-35

Rosidency: Internal Medicine and Neuropsychiatry, Wisconsin General Hospital

Madison, Wisconsin, 1935-38

Cortified: American Board of Internal Medicine, 1948

Academic Appointments

University of Wisconsin Medical School, Madison, Wisconsin

Instructor, Neuropsychiatry	1938-40
Assistant Professor, Neuropsychiatry	1940-46
Assistant Professor, Internal Medicir	ie 1946-47
Associate Professor, Internal Medicin	ie 1947-53
Professor of Medicine -	1953-58

Baylor University College of Medicine, Houston, Texas

Professor of Medicine

1958-59

Duke University School of Medicine

Professor of Medicine

1966

Bowman Gray School of Medicine

Adjunct Professor of Public Health Administration - 1966-

Veterans Administration

Consultant, Internal Medicine
Director, Professional Services, VA Hospital, Houston, Texas
Director, Research Service, VA Central Office, Washington, D. C. 1959-62
Assistant Chief Medical Director for Research and Education
In Medicine, VA Central Office, Washington, D. C. 1962-64
Deputy Chief Medical Director, VA Central Office, Washington, D. C. 1964-66

North Carolina Regional Medical Program

Executive Director

1966-

F. M. Simmons Patrerson, M.D., F.A.C.S.

DATE AND PLACE OF BIRTH:

January 13, 1914, New Bern, N.C.

ADDRESS:

Office: Home:

1402 Rhem Avenue, New Bern, N.C. 28560 1507 Tryon Road, New Bern, N.C. 28560

MARRIED:

Ruth Adriel Read, Philadelphia, Penn. 1944

CHILDREN:

F. M. Simmons Patterson, Jr., age 22 years David Read Patterson, age 20 years John Stephen Patterson, age 18 years Isabelle Simmons Patterson, age 15 years

RELIGIOUS PREFERENCE:

Presbyterian

EDUCATION:

A.B., Univ of North Carolina, Chapel Hill, 1935 M.D., Univ of Penn Medical School, Phila, Pa. 1939

INTERNSHIP:

Abington Memorial Hospital, Abington, Penn. 1939 - 41

RESIDENCY IN SURGERY:

Abington Memorial Hospital, Abington, Penn. 1941-44

SPITAL & SURGICAL APPOINT-HENTS: Chief of Surgery, Scotland County Memorial Hospital,
Laurinburg, N.C. 1946-52
Craven County Hospital, New Bern, N.C. 1952-68 (Chief
of Staff, 1958-60, Chief of Surgery, 1960-62 & 1964-66
Local Surgeon, Southern Railway
Local Surgeon, Atlantic Seaboard Railroad
Medical Advisor, Craven County Selective Service Bd.
Surgical Staff at Lankenau Hospital & Abington
Memorial Hospitals, Philadelphia, Penn, 1944-46
Clinical Instructor in Surgery, Temple University
Medical School, 1944-46.

EDUCATIONAL QUALIFICATIONS RESUME"

William J. McComb

Born: Abbeville, S.C., August 18, 1909

B.A. Degree in English-Education, The Citadel, 1931.

Graduate, Army Command and General Staff School, 1944.

Nine semester hours credit in economics and business law, Tulane University, 1959-1963.

Approximately 15 short training courses and conferences during recent years.

Fellow, American College of Hospital Administrators.

William W. Lowrance

1946-50: Superintendent, The Tuomey Hospital, Sumter, South Carolina

1950-55: Administrator, Self Memorial Hospital, Greenwood, South Carolina

1955-69: Administrator, Memorial Mission Hospital, Asheville, North Carolina

Mr. Lowrance is currently President of the North Carolina Hospital Association.

William J.A. Demaria

AGE:

EDUCATION:

POST-GRADUATE EDUCATION AND POSITIONS:

B.S., University of Connecticut, 1944 M.D., Duke University School of Medicine, 1948.

I. U.S. Public Health Service Fellow (Post-Graduate) January 1948 - December 1949.

Intern, Assistant Resident and Resident in Pediatrics at Duke Hospital, January 1949 through 1951.

instructor in Pediatrics, July 1951 to June 1952.

Associate in Pediatrics, July 1952.

Assistant Professor in Pediatrics, 1953.

Associate Professor in Pediatrics, 1957. 7. Professor of Preventive Medicine, 1963.

Changed to Professor of Community Health Sciences, 1966. Chief, Division of Family Health.

Assistant Dean, Continuing Education, 1967.

Harvey L. Smith, Ph.D.

E AND PLACE OF BIRTH:

December 23, 1915, New York, New York

MARITAL STATUS:

Married, two children

EDUCATION:

University College, University of London (England) 1934-36 University of Chicago, B.A., 1939 University of Chicago, M.A., 1947 University of Chicago, Ph.D., 1949

POSITIONS:

University of Chicago, Department of Sociology, Instructor, 1947-1950.

Russell Sage Foundation, Staff, 1950-1952.

University of North Carolina at Chapel Hill: Department of Sociology and Anthropology, Associate Professor, 1952;
Department of Sociology, Professor, 1957 to present;
Department of Psychiatry, Professor, 1957 to present;
Department of Preventive Medicine, School of Medicine,
Lecturer, 1957 to present.

Mental Health Council, State of North Carolina, Mental Health Planning Staff, Executive Director, 1963-1965. North Carolina Regional Medical Program on Heart Disease

Cancer and Stroke, Director of Planning, 1966 to present.

Center for Community Research and Services, University of North Carolina at Chapel Hill, Director, 1966 to present. Social Research Section, University of North Carolina at Chapel Hill, Director, 1957 to present. Birth:

August l. 1916

Religion:

Methodist

Education:

(Biology) 1939, Drew University, N.J. B.A.

(Comparative Anat.) 1940, Syracuse University, Syracuse N y M.A.

(Exper. Embryology 1942) Yale University M.S.

Ph.D. Neuroanatomy

H.D. Yale University 1950

Internship in Surgery (1950-1951) Duke Univ., Durham, N.C. Residency in Neurology (1955-1957) Walter Reed Army Hospital. Washington, D.C.

Certification, American Board of Psychiatry and Neurology (Neurology), March 1959.

Teaching:

Instructor in Anatomy (1943-1945) Georgetown U. School of Medicine, Washington, D.C.

Instructor in Anatomy (1917-1919) Yale U. School of Medicine Ass't Professor in Anatomy (Neuroanatomy) Univ. of No. Carolina School of Medicine, Chapel Hill, No. Carolina:

Chief, Neurology, 2nd General Hospital (Army) - Germany 1958-1960 Consultant in Neurology, U.S. Army Europe 1958-1960

Chief, Neurology, Veterans Administration Hospital, Albany, N.Y. December 1960 -

Associate Professor of Neurology, Albany Medical College, Albany, N.Y., December 1960-1963.

Professor of Neurology, Albany Medical College, June 1963 -

Robert Nelson Headley Name: Robert Nelson, Jr., 1956; Theresa Ann, 1957; Kenneth Children: Barton, 1959; Rebecca Elizabeth, 1960. Education: Rockville, Maryland High School: 1949-52 - University of Maryland, B.S., Cum Laude College: 1952-56 - University of Maryland School of Medicine Medical: Alpha Omega Alpha Phi Beta Pi Class President - Junior and Senior Years Student Council - Junior and Senior Years Mosby Scholarship Award Student Council Key Postgraduate Training 1956-57 - Rotating Intern, University of Virginia and Activities: Hospital, Charlottesville, Virginia. 1957-58 - Fellow in Medicine (Cardiology), Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, N.C. 1958-60 - Captain USAF (MC) Aerospace Medical Naboratory, Wright-Patterson AFB, Ohio. Part-time assignment to Section on Physiology, Mayo Clinic, Rochester, Minnesota. 1960-61 - Postgraduate Cardiovascular Trainee, Rowman Gray School of Medicine of Wake Forest College, Winston-Salem, North Carolina. 1960-61 - Consultant to the United States Air Force (Wright Patterson AFB) on Biomedical Aspects of Aerospace Vehicle Landing Impact. 1961-62 - Assistant Resident in Medicine, North Carolina Raptist Hospital, Winston-Salem, North Carolina. 1961-62 - Flight Surgeon, 9305th USAF Reserve Recovery Sqdn., Smith-Reynolds Airport, Winston-Salem, N.C. 1961-63 - Assistant Resident in Medicine, Bowman Gray School of Medicine, Winston-Salem, N.C. 1962-63 - Major, U.S. Army Reserve, 312th Evacuation Hospital, Winston-Salem, N.C. 1962-63 - Resident in Medicine, North Carolina Baptist Hospital, Winston-Salem, North Carolina (Partially supported by Meade-Johnson Scholarship through American College of Physicians). 1962-63 - Attending in Internal Medicine, Veteran's Administration, Missen Building, Winston-Salem, North Carolina.

1963-64 - Instructor in Medicine, Bowman Gray School of

Room and Staff Physician, N.C. Baptist Hospital,

Director of Out-Patient Department and Emergenc

64- Assistant Professor in Internal Medicine, Bowman Gray School of Medicine, Winston-Salem, North

Medicine, Winston-Salem, North Carolina.

Winston-Salem, North Carolina.

1963-

Carolina.

HOLDER, LEE

1. Address:

Department of Community Health Services
University of Michigan School of Public Health
122 South First Street
Ann Arbor, Michigan
Telephone: 764-9494 (Office)
665-5982 (Home)

2. Birthplace & Date:

Upland, California January 19, 1932

3. Family data:

Married (Wife: Charlotte R. LaVars) Children: 3 boys, 2 girls

4. Education:

1966-present: University of Michigan School of Public Health -anticipate completion of Ph.D. in Public Health
Administration, 1968

1961-63: University of Wyoming, College of Education (part-time); Candidate for Ph.D. in Adult Education as of May, 1962.

1958: M.P.H. (Public Health Education) University of California, Berkeley

1953: B. S. (Public Health Sanitation) University of California, Berkeley

1968: _ All requirements except dissertation completed for Ph.D. at the University of Michigan. Research for dissertation now in process.

5. Employment record:

a. 1967-present:

Doctoral program in Public Health Administration, University of Michigan; Research Associate, University of Michigan.

b. May 1963-Sept. 1966:

National Commission on Community Health Services, Inc., Bethesda, Maryland, Director, Community Action Studies Project (Associate Director from May 1963 to December 1964)

5. Employment record: (Continued)

c. 1963-1966:

The Johns Hopkins University, School of Hygiene & Public Health, Baltimore, Associate in Public Health Administration (conducted P. H. Administration 8 "Group Approach to Public Health").

d. August 1959-May 1963

State of Wyoming Department of Public Health; Assistant Director, Division of Community Services and Health Education, State Office Building, Cheyenne, Wyoming.

e. Sept. 1958-August 1959:

County of Monterey, California, Department of Public Health; Director of Health Education; Salinas, California.

f. Sept. 1957-Sept. 1958:

University of California, School of Public Health, Berkeley, graduate student in health education.

g. Jan. 1956-Sept. 1957:

City of Oakland, California, Department of Public Health, Public Health Sanitarian, Oakland, California.

h. Sept. 1953-Oct. 1955:

U. S. Army, Quartermaster Supply Officer.

i. Since 1946:

Partially self-employed in farming, Woods County, Oklahoma.

J. Since 1965:

Consultant in Community Health Action-Planning (part-time).

EMPLOYMENT AND EDUCATIONAL BACKGROUND OF

(MRS.) VIRGINIA HALL BENTON 1000 Urlin Ave. Columbus, Ohio 43212

Mar. 7, 1966 to Present: Public Relations Director, United Appeal and United Community Council, Columbus, Ohio.

July 1962-Mar. 7, 1966: Public Relations Director, Ohio State Heart
Association.

November 1949-July, 1962: Assistant Executive Director, in charge of fund-raising and public relations, Tuberculosis
Society of Columbus and Franklin County, Inc.

PERSONAL

Age: 52.

Birthplace: Topsham, Maine

Race: White

Religion: Protestant

Marital status: Widowed; one son in graduate school

EDUCATION

Randolph-Macon Woman's College, Lynchburg, Va., 1934-1936 B.A., University of Maine, 1938, with honors; major, English; minor, French

Mary Ellen Chase Award for Creative Writing, 1937
Tri-State Award for Creative Writing, 1938
Phi Kappa Phi, national scholastic fraternity
Tau Kappa Alpha, national honorary debating fraternity
Gamma Phi Beta, national social sorority

VI. OVERALL ORGANIZATION

VI. ORGANIZATION

The Regional Medical Program in North Carolina is administered by the Association for North Carolina Regional Medical Program. Its membership consists of Wake Forest University, Duke University, the University of North Carolina, and the Medical Society of the State of North Carolina.

Duke University serves as the <u>fiscal agent</u> for the Association. Responsibility for program development rests with appointed representatives of the Associations Board of Directors and its multi-representative Advisory Council.

Board of Directors

1 30 E.

The Board of Directors of the NCRMP meets monthly, or as determined by the Board, and at least once annually in a joint session with the full Advisory Council. The Articles of the Association define the functions of the Board of Directors as:

- 1. Approval of all policies, programs, and activities of the Association;
- Consideration of the feasibility and desirability of all grant applications from individuals, institutions, or groups of individuals or institutions;
- 3. Initiation, review, and approval of applications for grants (Applications for operational grants, after approval by the Board, must be submitted to the Advisory Council for its review and approval.);
- 4. Employment of such personnel as it may deem advisable, determining and defining the duties and responsibilities of the Executive Director (Program Coordinator), and delegating to the Executive Director the authority to employ a supporting staff to carry out the program.

The membership of the Board of Directors is comprised of the following:

Medical Schools (6)
Medical Society of the State of North Carolina (6)
University of North Carolina School of Public Health (2)

North Carolina Hospital Association (1)
Medical Care Commission (1)
State Board of Health (1)
RMP Advisory Council (1); and
RMP Executive Director.

An Executive Committee of six members is authorized by the Articles to act for the Board during interim periods. The committee is composed of a representative of each medical school, the State Medical Society, the School of Public Health, and Dr. Musser. It meets monthly and more often, if necessary.

Advisory Council

The Advisory Council of the North Carolina RMP meets quarterly, including at least one joint meeting annually with the Association Board of Directors, and may hold additional meetings to fulfill its responsibility to the Program.

Members of The Advisory Council (RAG) are appointed either by the Board of Directors or governing body of a participating organization, institution, or agency, in accordance with the provisions in the Articles of Association.

The Articles of the Association designate the functions of the Advisory Council as:

- (1) Reviewing projects and programs with concern for their relevance to the objectives of the RMP and for the effectiveness of these objectives attaining improved patient care;
- (2) Advising as to the future directions and functions of the RMP:
- (3) Encouraging cooperation among participating institutions and interested organizations; and
- (4) Reviewing and recommending priorities in health needs and acting on specific proposals submitted by the Board of Directors.

Membership of the Advisory Council

Members of the Public (4)
Physicians at Large (4)
State Medical Society (1)
Voluntary Health Agencies (2)
Allied Health Professionals (5)
Official Health Agencies (4)
Community Hospitals (5)
N.C. Health Council (1)

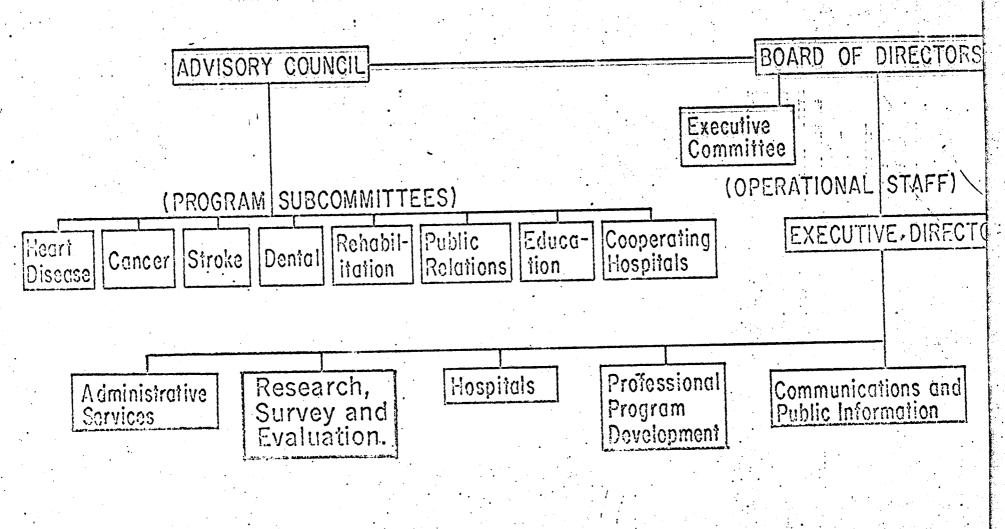
N.C. Health Insurance Council (1)

N.C. Blue Cross and Blue Shield (1)

N.C. Hospital Association (1) Educational Institutions (7)

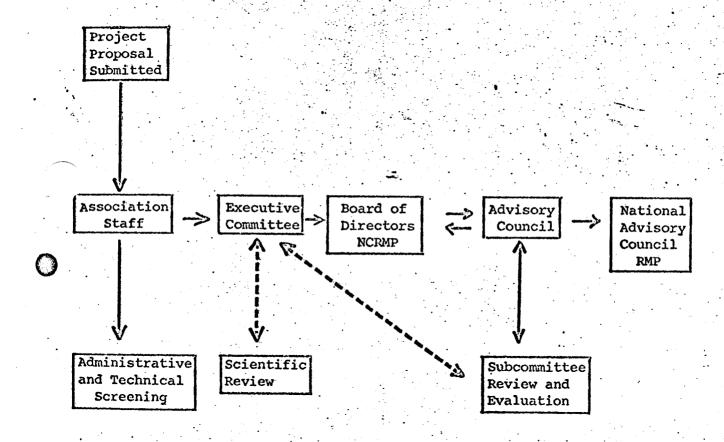
There are eight categorical committees in the Association. Members of the Committees are designated by various participating organizations, institutions, and agencies and are appointed by the Board of Directors. The eight committees are: Heart Disease, Cancer, Stroke, Dentistry, Rehabilitation, Education, Cooperating Hospitals and Public Relations.

Association for the North Carolina Regional Medical Program



PROJECT REVIEW

Flow Chart of Project Review Association for the North Carolina Regional Medical Program, Inc.



VII. GRAND DESIGN

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Cited below is an extract from the Sixth Operational Proposal submitted for the November-December Review cycle. This provides information relative to a "Grand Design" for this region.

"The ultimate objective of the Association for the NCRMP is the delivery to the people of the state the best possible health services in heart disease, cancer, stroke, and related diseases.

Immediate goals are:

To establish cooperation among public and private institutions and agencies for the development of regional medical programs;

To make medical services throughout the region more uniform in quality and more widely available by disseminating information to medical and allied health professions:

To survey the region's health needs and resources and establish priorities of action."

VIII. OPERATIONAL PROJECTS

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#1 -- EDUCATION AND RESEARCH IN COMMUNITY MEDICAL CARE

Objectives: To assign responsibility for developing cooperative arrangements between hospitals and communities and medical centers to the existing Division of Education and Research in Community Medical Care of the University of North Carolina. Specific projects in both rural and urban areas have been developed through support from other sources than RMP. This RMP project will complement and expand efforts to improve medical care administration, health service planning, and resource development.

RMP will support area-wide planning, transportation, continuing education through TV, etc.

#2 -- CORONARY CARE TRAINING AND DEVELOPMENT (E A R M A R K E D)

Objectives: To use the project as a medium for developing cooperative arrangements among the various elements in the health care community. Initial and continuing education will be provided to nurses and physicians, consultation will be available to hospitals in establishing Coronary Care Units and a computer-based system of medical record keeping will be developed.

#3 -- DIABETIC CONSULTATION AND EDUCATIONAL SERVICES

Objectives: To establish three medical teams to deliver services throughout the state; to assist in expansion of diabetic consultations and teaching clinics; to provide seminars for physicians and teaching sessions for nurses and patients to assist in organization of a state Diabetes association and local chapters; to test techniques of data collection.

#4 -- DEVELOPMENT OF A CENTRAL CANCER REGISTRY

Objectives: To devise a uniform region-wide cancer reporting system, integrated with the PAS, the computer-stored data from which can be retrieved to serve a broad range of educations, research, statistical, and other purposes.

#5 -- MEDICAL LIBRARY EXTENSION SERVICE

Objectives: To bring medical library facilities of the three medical schools into the daily work of those engaged in medical practice. Local hospital personnel will be trained to assist medical staff; libraries will be organized into a functional unit for responding to requests for services; a bibliographic request service will be established.

#6 -- CANCER INFORMATION CENTER

Objectives: To provide practicing physicians with immediate consultation by telephone and follow-up literature.

Each of the three medical schools will be responsible for providing service in its geographic locale.

#7 -- CONTINUING EDUCATION IN INTERNAL MEDICINE

Objectives: To bring practicing internists to the Medical Center for a month of up-to-date training in their subspecialities. They will share responsibilities with attending physicians and make ward rounds with students, staff, and together.

#8 -- CONTINUING EDUCATION IN DENTISTRY

Objectives: To provide physicians and dentists with the know-ledge of mutual concern which will enable them to be more effective members of the health team.

Courses will be given at the University of North Carolina and in communities. Studies will be made of facilities needed to provide dental care in hospitals.

#9 -- CONTINUATION EDUCATION FOR PHYSICAL THERAPISTS

Objectives: To develop and establish continuing education for physical therapists. Subregions will be delineated where needs and interests will be identified and committees will be organized to arrange local activities.

#10 -- STATE OF FRANKLIN CORONARY CARE DEMONSTRATION PROJECT (E A R M A R K E D)

Objectives: Will attempt to show the feasibility of establishing a network of coronary care units in small hospitals (50-154 beds) in the rural Appalachian area of North Carolina. The physician serving as unit director and the unit nurses will be intensively trained. An analytical study of unit effec-

tiveness will be conducted. A supplemental request included USPHS Indian Hospital, Cherokee, North Carolina in this project.

#11 -- MOBILE CARDIAC INTENSIVE CARE CAPABILITY IN APPALACHIA (Feasibility Study) (E A R M A R K E D)

Objectives: To evaluate the impact of Intensive Coronary care ambulances on immediate survival in acute myocardial infarction. Two ambulances, will be specially equipped and Rescue Squad drivers will be appropriately trained. Eight physicians will provide

#12 -- REGIONAL CORONARY CARE UNIT FOR PHYSICIAN AND NURSE EDUCATION

voluntary assistance.

Objectives: To augment teaching facilities for coronary care training of physicians and nurses by establishing and equipping an eight-bed coronary care unit at Bowman Gray. The CCU will be removed from its location in the intensive care unit and given space of its own. Demonstration, training, and continuing education will accordingly take place in an environment similar to CCU's being developed in other parts of the Region. Support requested is for one year and is for equipment and alterations only.

#13 -- CLOSED CHEST CARDIOPULMONARY RESUSCITATION UNIT

Objectives: The project is co-sponsored by the North Carolina Heart Association, which will assign staff members. It is proposed to initiate a Regional Cardiopulmonary Resuscitation Program to make this technique known and available throughout the Region. A survey will establish the present state of training and the need for further training. A regional training facility will be developed and the appointment of local CPR hospital coordinators will be encouraged.

#14 --- HEART CONSULTATION AND EDUCATION PROGRAM

Objectives:

In order to bring latest techniques and research findings to the developing network of coronary care units, a monthly consultation-education clinic will be initiated at the Memorial Mission Hospital in Asheville, The project represents a cooperative arrangement between the hospital and the Bowman Gray School of Medicine. It will provide a training base for the "State of Franklin" Coronary Care Unit project, funded in the initial operational award.

#15 -- COMPREHENSIVE STROKE PROGRAM

Objectives:

Community development of comprehensive stroke programs will be encouraged through a central coordinating unit at Bowman Gray School of Medicine. Activities will be: publication of guidelines for community stroke programs, arranging educational activities such as training programs for nurses, conducting an annual stroke workshop, and developing a family-patient education unit. The latter is a demonstration project to show the usefulness of modern teaching devices in helping patients and their families learn to cope with the long-term effects of stroke disability.

#16 -- HYPERTENSION (E A R M A R K E D)

Objectives:

This project will provide a regularly scheduled series of seminars and lectures concerning hypertension to be held in community hospitals in the Durham areas as well as at Duke University. Patients found to have secondary forms of hypertension will be referred by the local physician to the university for sophisticated laboratory determinations for this type of disease.

#17 -- REGIONAL CENTER FOR GESTATIONAL TROPHOBLASTIC NEOPLASMS

Objectives:

The Center at Duke University is now funded as part of a National Cancer Institute program for Choriocarcinoma Task Forces. RMP support will let the Center expand through the application of newer testing techniques involving radioinnumoassays of human chorionic gonadotropin (HCG). Funds would be used for initial equipment acquisition and some increase in staffing.

#18 -- NORTH CAROLINA TUMOR TISSUE REGISTRY

Objectives: The Moses H. Cone Memorial Hospital, Greensboro, N.C. proposes to establish a tumor tissue registry, directly tied to the NCRMP Central registry.

#19 -- DUKE UNIVERSITY'S PHYSICIAN'S ASSISTANT TRAINING PROGRAM

Objectives: Further develop and expand an ongoing Physician's
Assistant Program at Duke Univ. Provide a welltrained and educated assistant at the intermediate
professional level who, by working with the physicians, can compliment physician services and thereby
reduce the physician manpower shortage. Proposed
that an educational program leading to a baccalaureate
degree be estab.

#20 -- MAMMOGRAPHY TECHNOLOGISTS REGIONAL TRAINING PROGRAM

Objectives: Make available a qualified technologist to act as a technical consultant in mammography for the Region; assure the use of satisfactory equipment and properly trained personnel in the use of mammography as a diagnostic tool in breast disease; and provide this service to all medical instit. and commun. hosp. in this Region.

#21 -- "INNOVATIONS IN CLINIC NURSING: PATIENTS, PERSONNEL AND PRACTICES"

Objectives: Three-week course under the direction of the School of Nursing, Univ. of N.C. The course is aimed at up-dating and improving the knowledge and practical skills of those registered nurses, members of the health team, who are employed in the clinics (for ambulatory patients) of health depts. and hosps. in the State of N.C.

#22 -- COORDINATED ONCOLOGY CHEMOTHERAPY PROGRAM

Objectives: Submitted by the Oncology Center, Bowman Gray School of Med., proposes to develop a mechanism to inform physicians, particularly those remote from immediate consultation of well-designed patterns of primary and secondary treatment of cancer.

#23 -- PILOT STUDY: HEART-SOUNDS SCREENING OF SCHOOL CHILDREN

Objectives:

Submitted by the N.C. Heart Assn., in coop. with Bowman Gray School of Medicine, Charlotte-Mecklenburg Co. Heart Assn., Mecklenburg Co. Health Dept. Blue Ridge Health Council and the N.C. State Board of Health, proposes a pilot study of heart-sounds screening of school children using the PhonoCardio-Scan. Will allow systematic study of the estent of heart defects, evaluation of congenital and acquired heart defects, and considerations for organizing and managing like programs in other Regions.