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P R O F I L E

TEXAS REGIONAL MEDICAL PROGRAM

Grantee: University of Texas System

Coordinator: Charles B. McCall, M.D.

**Originally Prepared by: Ray Maddox
Operations Officer**

Original Date: December, 1969

Updated: _____

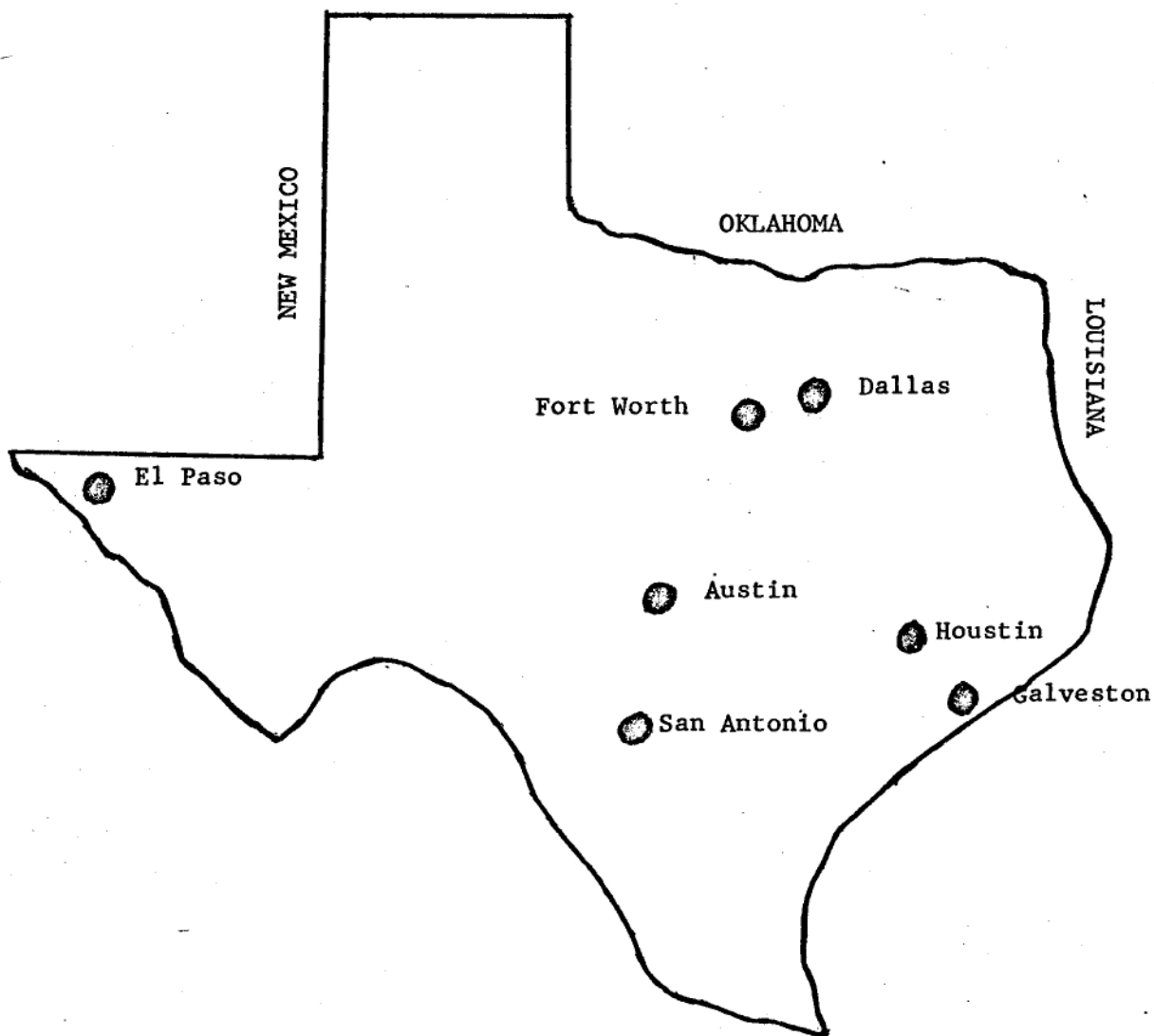
TEXAS REGIONAL MEDICAL PROGRAM
PROFILE

Table of Contents

- I. Geography
- II. Demography
- III. Politics
- IV. Historical Review
- V. Core Staff
- VI. Organization
- VII. Operational Projects History
- Appendix

I. GEOGRAPHY

The boundaries of the Texas Regional Medical Program are the same as those for the State of Texas. The Region draws some patients from adjoining States, especially around El Paso, Dallas, and Houston.



The rationale for making the Region coterminous with the State was that most Texans were cared for in Texas, and that existing State health organizations and agencies could be most easily adapted to RMP working within traditional jurisdictions.

II. DEMOGRAPHY

A. Population: approximately 10.9 million

1. Roughly 65% urban
2. Roughly 88% white
3. Median Age: 27 (U.S. average 29.5)

B. Land Area: 263,000 square miles

C. Health Statistics

1. Mortality rate for Heart Disease - 273/100,000 (U.S. 366.2)
2. Rate for Cancer - 121/100,000 (U.S. 159.0)
3. Rate for CNS Vascular Lesions - 94/100,000 (U.S. 102.6)

D. Facilities Statistics

1. Baylor University College of Medicine, Houston - enrollment 344.
2. University of Texas Medical Branch, Galveston - enrollment 591.
3. University of Texas Southwestern Medical School, Dallas - enrollment - 401.
4. University of Texas, San Antonio
5. There are 41 Schools of Nursing (RN) in the Region with approximately 4,000 students.
6. There are 2 dental schools, 3 Schools of Pharmacy, and 2 schools offering hospital administration programs.
7. There are schools of medical technology (41), occupational therapy (2); physical therapy (2); radiology technology (47); dietetic internships (6) and cytotechnology (6).
8. There are approximately 565 hospitals in the Region containing about 66,000 beds of which 226 are accredited and 22 are medical school affiliated. Almost 60% of the hospitals are less than 50 beds.
9. The Region contains two categorical research centers - M. D. Anderson (Cancer), Houston and Cardiovascular Research Center (Heart), Baylor - Houston.

E. Personnel Statistics

1. As of 1967, there were approximately 11,000 medical doctors and 700 osteopaths in the Region. This is a total rate about 120/100,000.
2. As of 1966, there were approximately 30,000 nurses in the State of which about 18,000 are active. (177/100,000)

III. POLITICS

Governor:

Honorable Preston Smith (D) Two-year term expires Jan. 1971

Senators:

Ralph Webster Yarborough (D) Elected to U. S. Senate in special election April 2, 1957, to fill vacancy. Reelected Nov. 4, 1958, and Nov. 3, 1964

Committees: Labor and Public Welfare, Chairman
Appropriations
Post Office and Civil Service
Select Committee on Nutrition and Human Needs
Special Committee on Aging

John Goodwin Tower (R) Elected to U. S. Senate in special election in May 1961, to fill vacancy. Reelected in 1966

Representatives:

Wright Patman (D) Elected in 1928 to the 71st Congress, and reelected to each succeeding Congress

Committees: Banking and Currency, Chairman
Joint Committee on Defense Production
Joint Economic Committee, Chairman
Select Committee on Small Business

John Dowdy (D) Elected September 1952, to fill vacancy, and reelected to each succeeding Congress

Committees: District of Columbia
Judiciary

James M. Collins (R) Elected in August 1968, in special election, and reelected to 91st Congress

Committees: Education and Labor

· POLITICS (Continued)

Representatives: (Continued)

Ray Roberts (D) Elected in special election Jan. 1962 to fill
unexpired term of Speaker Sam Rayburn;
reelected to each succeeding Congress

Committees: Public Works
Veterans Affairs

Earle Cabell (D) Elected Nov. 1964, to 89th Congress; reelected
thru 91st Congress

Committees: District of Columbia
Science and Astronautics

IV. HISTORICAL REVIEW

- December, 1965 - Meeting of various academic, state, and private health representatives to discuss RMP.
- January, 1966 - From their ranks, a State Coordinating Committee was formed, which later became the RAG.
- February, 1966 - First planning request
 - 1) After first trying to establish three separate regions, the grantee then established three sub-Regions:
 - a. North Texas (UTSW in Dallas)
 - b. South Texas (UT San Antonio)
 - c. Gulf Coast (UT Galveston; Baylor, Houston; UT Graduate School of Biomedical Sciences; UT Dental Branch; MD Anderson; Cardiovascular Research Center; Baylor-Methodist Hospital)
 - 2) University of Texas was designated the applicant organization;
 - 3) Texas Medical Center in Houston was designated the fiscal agent;
 - 4) The Vice Chancellor for Health Affairs was named Planning Coordinator (Dr. C. LeMaistre)
 - 5) Planning offices would be opened in each of the associated institutions.

Criticism of the planning proposal included these points

- 1) Many operational "feasibility" studies were regarded as premature, and not funded
- 2) Concern about dominance by large medical centers
- 3) State-wide coverage not assured

- July, 1966 - 01 Planning Award \$969,541 DC
- August, 1966 - Planning supplement for a Stroke Registry and a Cancer Study disapproved.
- Spring, 1967 - Progress, including staff recruitment, was slow.
 - 1) Baylor reported some progress in planning for an Allied Health training program and in beginning a Cancer Registry.

- 3) Southwestern reported "good" progress in surveying resources and personnel needs in the categorical diseases.
- 4) Galveston reported early planning on a School for Allied Health Sciences.

June, 1967

- 02 Planning Award
 \$396,181 plus
 \$864,000 Unexpended balance
 \$1,039,295 DC

July, 1967

- Dr. Spencer Thompson appointed full-time Associate Coordinator, stationed in Galveston (Coordinator LeMaistre in Austin)

July, 1967

- DRMP Staff visit to discuss planning

Fall & Winter, 1967

- - 1) Planning staffs from various institutions begin regular joint meetings
 - 2) Task forces created in categorical diseases
 - 3) RAG begins developing review process
 - 4) Texas Council of Health Science Libraries created.

Spring, 1968

- Submit first operational application, plus continued planning request.

May, 1968

- Council approves elements of proposal pending site visit recommendations.

June, 1968

- Site Visit (Dr. A. Popma, Dr. G. James, Dr. M. Musser, Dr. J. Nickson, Dr. P. Ellwood, Dr. L. Gerber, Miss Conrath, Mrs. Phillips)

Main comments:

- 1) Lack of central direction and coordination --
 Note: The Coordinator declared he would establish a Core office in Austin to unify the Region.
- 2) Institutionally oriented
- 3) RAG needs broadening
- 4) Strengths lay in abundant resources, and in demonstrated cooperative efforts in several projects, including rehab projects, respiratory care project, cervical cancer project, and allied health training.

June, 1968

- 01 Operational Award - \$1,615,000 DC

Includes planning at eight affiliated institutions (six in Houston), plus the Associate Coordinator's office in Galveston and the Coordinator's office in Austin.

The Region elected to spend 50% of this award on planning, and 50% on the 13 approved (of 20 submitted) projects.

September, 1968

- Dr. Thompson leaves as full-time Associate Coordinator, with Dr. LeMaistre remaining as part-time Coordinator.

September, 1968

- Mr. Art Dilly appointed assistant to Dr. LeMaistre, working part-time with no RMP salary to coordinate RMP.

October, 1968

- RAC expanded by ten members.

December, 1968

- Region submits application for funds to initiate eight new activities (seven operational projects and one planning study). Review of application was delayed until a site visit team could review the total Texas program.

February, 1969

- Dr. Charles McCall, now with Memphis RMP, appointed full-time Coordinator as of June, 1969.

February, 1969

- Application for renewal of planning program central administration, and operational projects received at DRMP. Application also includes several new operational projects.

April, 1969

- A site visit is made to the Region with a dual purpose: 1) To review the Region's progress during its first operational year, and 2) to assess the proposals for renewal of the operational programs (administration and planning activities as well as projects) and for several new projects. Site Visitors included: George James, M.D. - Dean, Mt. Sina: School of Medicine, New York, Executive Director, American Rehabilitation Foundation, Minneapolis, Minnesota, Marc J. Musser, M.D. Program Coordinator, North Carolina RMP, Martha Phillips - DRMP, Anthony Komaroff, M.D. - DRMP.

The site visit team was pleased to discover that the major conditions of the initial award had been met. These had included: 1) Expansion of RAG to include broader representation from other health professions; from minority groups, particularly as they represent the health interest of these groups; from Consumers, and 2) Establishment of a strong central coordinating

office to be under the direction of a full-time Coordinator. Except for certain restriction on individual project the site visit team recommended approval of the total program.

April-May, 1969

- The 02 year application is reviewed by Review Committee and National Advisory Council. Both concurred with the site visit team and recommend approval of the application.

June, 1969

- Dr. Charles B. McCall became full-time Program Coordinator of the Texas RMP.

June, 1969

- Negotiation meeting with Texas RMP representatives to discuss recommendations of site visitors, committee and Council. Representatives of the Texas RMP included Dr. Charles McCall, Coordinator, Mr. Arthur Dilly, Acting Coordinator and Miss Louise Miller, Director of Administrative Services.

June, 1969

- The program period and the 01 year budget period of the Texas RMP operational grant is extended for three months from June 30, 1969 to September 30, 1969. New budget period will be October 1, 1969 to September 30, 1970.

October, 1969

- The Regions began its new operational period (10/1/69 - 9/30/70)

December, 1969

- Dr. McCall, Coordinator, and Dr. Ross McLean, Deputy Coordinator attended Coordinators Seminar in Bethesda.

V. CORE STAFF

- A. Core Staff address: Regional Medical Program of Texas
P.O. Box 2, University Station
2608 Whitis Avenue
Austin, Texas 78712
- Phone: 512/471-1811
- B. During the first year of the operational program the Central Core Staff was practically non-existent. This was due primarily because to lack of a full-time program coordinator. However, since the appointment of Dr. Charles McCall in June, 1969. Many of the major staff positions have been filled with highly qualified persons.
- C. Prior to January, 1970, planning staffs were located at participating institutions around the State. This included: 1) University of Texas Medical School, San Antonio; 2) University of Texas Medical Branch, Galveston; 3) University of Texas Dental Branch, Houston; 4) University of Texas Graduate School Biomedical Sciences, Houston; 5) University of Texas Southwestern Medical School, Dallas; 6) Baylor College of Medicine, Houston; 7) M.D. Anderson Hospital, Houston and 8) Methodist Hospital, Houston.
- D. The present Central Core budget consists of a total 36 full-time and 4 part-time positions (23 administrative and 17 secretarial). These include 4 full-time sub-Regional office Directors and 4 full-time secretaries in North, South, East, and West Texas. (See attached chart)
- E. The present budget sheet (1/70) shows that 15 of the administrative positions are filled.
- F. The next page diagrams the key members of the Texas Regional Medical Program Core Staff and their percent of time with RMP.

REGIONAL MEDICAL

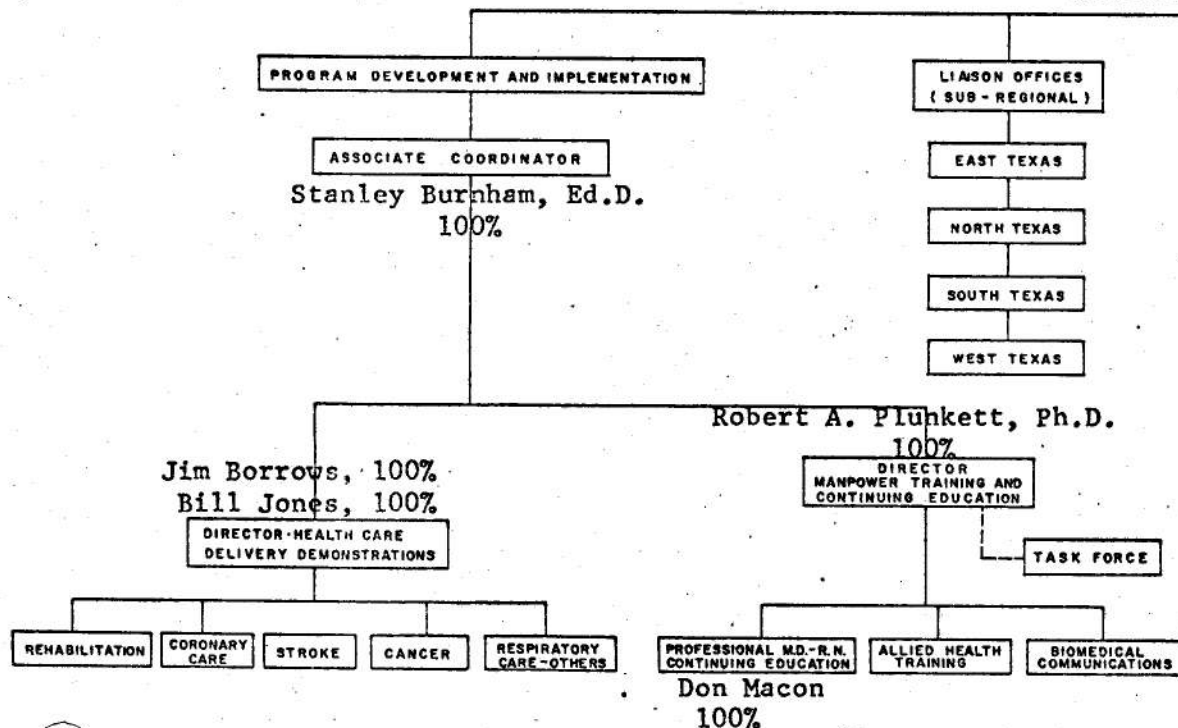
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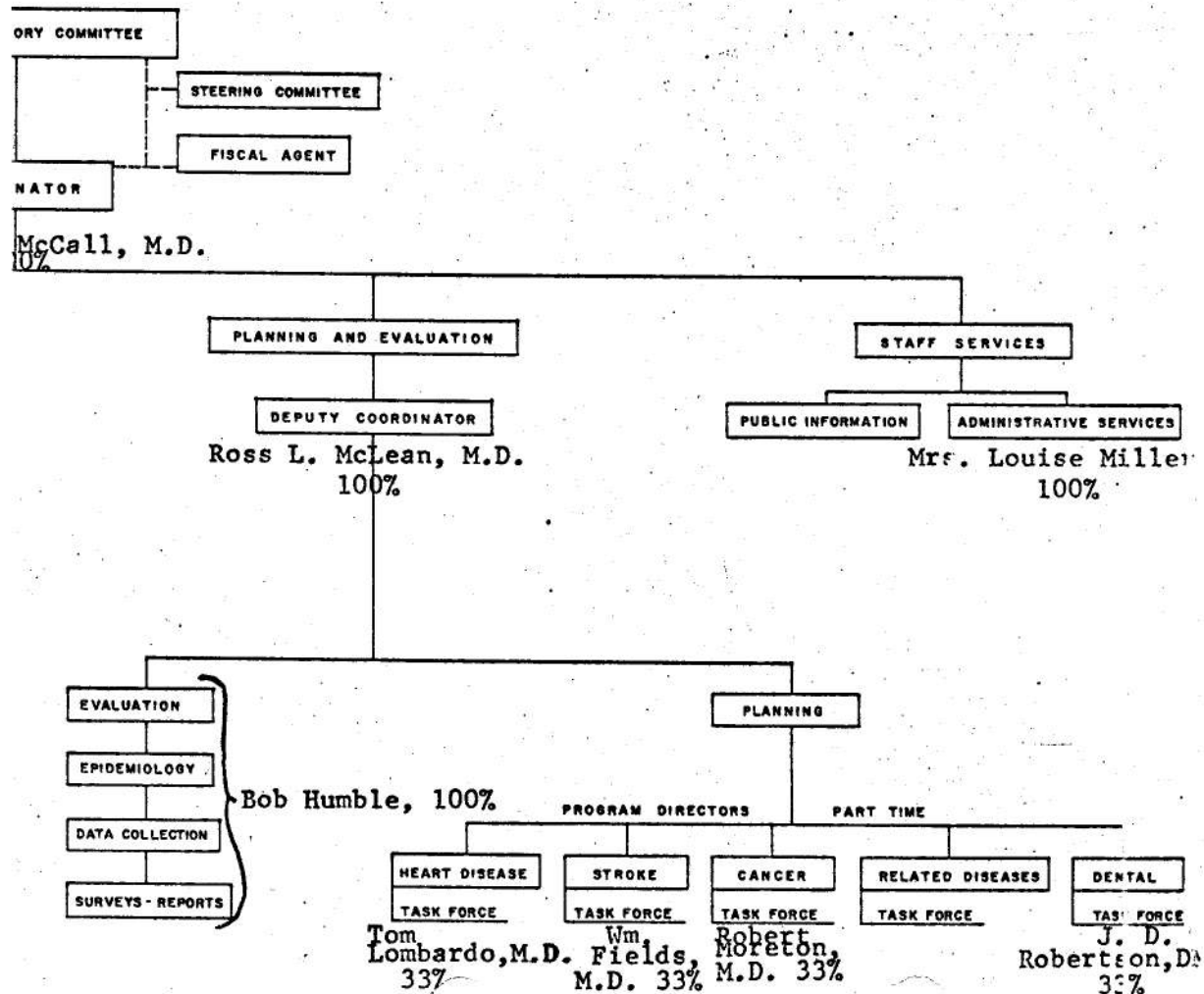
Charles B. ₁₀



PROGRAM OF TEXAS

COORDINATOR

ORGANIZATIONAL CHART



BIOGRAPHICAL INFORMATION

1) Program Coordinator - Charles B, McCall, M.D.

- a. Date of Birth - November 2, 1928
- b. Place of Birth -
- c. College - B.A. Vanderbilt University
- d. Medical School - Vanderbilt University (1st in class and received Founders Medal)
- e. Medical Internship - Vanderbilt University Hospital 1953-1954
- f. Clinical Associate, NIH, Clinical Center, Pulmonary Function Lab. 1954-56
- g. Senior Assistant Resident in Medicine, University of Alabama 1956-57
- h. Fellow - Chest Diseases, National Academy of Sciences, National Research Council 1957-58
- i. Chief Resident in Medicine - University of Alabama 1958-59.

VI. ORGANIZATION

Regional Advisory Committee

- A. RAC members are now appointed by the University of Texas System, based upon the recommendation of the RAC.
- B. The current RAC is made up of 48 members including the following: 31 physicians; 2 nurses; 4 hospital administrators; 3 other health representatives (dentist, etc.); 2 other professional (lawyers, teachers, etc.) representatives; 4 business or managerial persons; 1 labor official, 1 other lay representative.
- C. The chairman is Dr. N. C. Hightower, Director of Research and Education Division, Scott and White Clinic, Temple, Texas.
- D. The chairman is elected by the RAC.
- E. The term of office is three years and the terms are staggered.
- F. Officers of the RAC include a chairman, vice-chairman, and a secretary. Term of office is one year.
- G. Meet when necessary.
- H. Functions:
 - 1. Approve goals and priorities
 - 2. Evaluate and guide on-going programs
 - 3. Approve applications

Steering Committee

- A. Essentially an executive committee of the RAC, with one member from:
 - 1. Texas Medical Association
 - 2. University of Texas Medical Branch
 - 3. University of Texas - Houston
 - 4. University of Texas Southwestern - Dallas
 - 5. University of Texas - San Antonio
 - 6. Texas State Board of Health
 - 7. Baylor University
 - 8. 2 members selected by RAC
 - 9. Coordinator and Chairman of the RAC are ex-officio
- B. Meets quarterly - before RAC meeting
- C. Functions:
 - 1. Reviews all proposals and recommends action to RAC;

2. Recommends policy to the Coordinator;
3. Receives and reviews task force reports before recommending action to the Coordinator who in turn consults the RAC;
4. Reviews on-going programs and recommends continuing support to Coordinator;
5. Assists Coordinator in creating task forces.

Task Forces

A. Chosen by Grantee

B. Meet about every two months

C. Functions:

1. Identify needs in their categorical areas
2. Stimulate project proposals
3. Beginning to assist the RAC in project evaluation

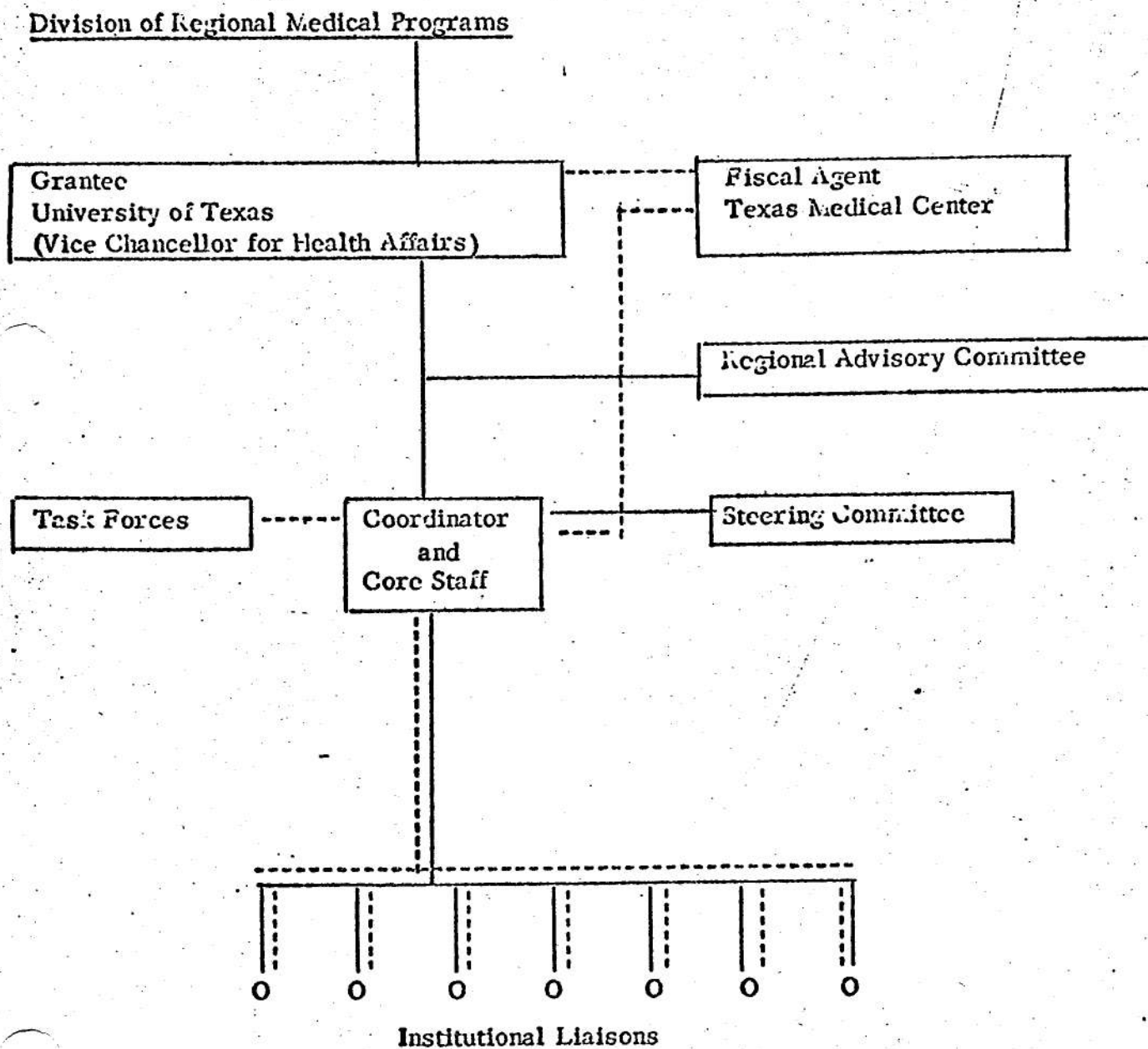
D. At the present time there are six task forces.

1. Task Force on Communications
2. Technical Advisory Committee to the Task Force on Communications
3. Task Force on Heart Disease
4. Task Force on Cancer
5. Task Force on Stroke
6. Task Force on Allied Health Manpower

Pattern of Flow for Project Proposals

- A. Projects proposed thus far have been stimulated primarily by the local medical center planning staffs, usually involving that medical center as an "action base" (though other "action bases" may be included);
- B. All project proposals go through the Coordinator to the Steering Committee;
- C. The Steering Committee reviews all project proposals, calling in the project developer during the review;
- D. The Steering Committee may recommend approval, revision, further evaluation (e.g., by task force or other specialist group), or disapproval. The project developer may then either follow Steering Committee's recommendation, or insist that the proposal be seen by the full RAC. In other words, the Steering Committee has no absolute veto.
- E. After action by the RAC, the project developer is informed by the Coordinator.

ORGANIZATIONAL STRUCTURE AND ADMINISTRATIVE RELATIONSHIPS
FOR
THE REGIONAL MEDICAL PROGRAM OF TEXAS



VII. OPERATIONAL PROJECTS

#1 -- MEDICAL GENETICS

Objectives: This is a project to increase understanding by general practitioners of the important role that genetic factors may play in certain cancers and the relation of applying genetic knowledge of early cancer detection. Lectures, presentations of exhibits at county medical societies, referrals of patients to the M.D. Anderson Genetic Clinic, and field consultation and examination trips by medical genetics teams to community locales are procedures planned. The M.D. Anderson Hospital has been providing limited service in this area.

#4 -- HELPING HOSPITALS ORGANIZE AND STRENGTHEN INHALATION THERAPY PATIENT CARE PROGRAMS

Objectives: To develop or improve inhalation therapy programs in community hospitals for the care of patients with cardiorespiratory diseases. Four 2-day inhalation therapy institutes will be held in different geographic areas, to acquaint approximately 200 administrators, nursing directors and potential inhalation therapy employees with the principles, organization and clinical application of an organized inhalation therapy program. Then a concentrated 1-month clinical experience will be provided for two employees selected by each of the hospitals in that particular area, interested and able to develop a program. Forty students will receive the 1-month training, ten per session. Three months after the clinical experience, visits will be made to the hospitals to plan any follow-up education and training that is indicated.

#5 -- REGIONAL CONSULTATION IN RADIOTHERAPY

Objectives: To raise the level of radiotherapeutic treatment in Texas by strengthening the consultation ties between practical radiologists and M.D. Anderson Hospital radiation therapists and by making available Anderson's highly specialized equipment and gamma ray sources to selected closely affiliated hospitals; and to advance knowledge of the most efficient and progressive treatments for cancer sites, through development of uniform treatment data and pooling of data from cancer patients throughout Texas.

#6 -- REGIONAL PROFESSIONAL CONSULTATION SERVICE IN MEDICAL PHYSICS

Objectives: Aims to improve the quality of medical physics in Texas which is required for quality radiotherapy. The program consists of two phases: 1) the extension of full services and responsibility by M.D. Anderson to the Houston hospitals affiliated for clinical service will be accomplished by stationing physicists at the collaborating institutions and centralizing computing by graphical transmission of data via telephone lines; 2) providing consultation in physics at com-

munity hospitals and physicians' offices relating to radiotherapy, nuclear medicine and diagnostic radiology together with a system for mailing radiation dosimeter readings for verifying machine output. It is planned to organize a Texas Regional Medical Physics Unit.

#8 -- STATE-WIDE CANCER REGISTRY SYSTEM

Objectives: A central repository and origin of dissemination for a pre-determined amount and type of cancer patient information is to be established at the School of Public Health, which is being developed in Houston as part of the University of Texas. Registry systems already operative in the Texas State Department of Health, the M.D. Anderson Hospital and other smaller units will be channeled into the central repository system. Additional hospitals and other health data collection stations will be encouraged to participate on a voluntary basis. Forty-six cancer registries now exist in Texas,

#15 -- AREA-WIDE TOTAL RESPIRATORY CARE

Objectives: This is a project under direction of Baylor University to render total respiratory care in an area of 12 counties, utilizing the organizational structure of the San Jacinto Tuberculosis and Respiratory Disease Association and a State Health Department Region. Public and professional education, area-wide screening for tuberculosis and respiratory network of respiratory care facilities are parts of the approach to total care. Model programs of respiratory care will be assisted to serve as teaching and training centers. The first center to be assisted will be the Jefferson Davis Hospital which serves an urban indigent population basis in Houston. The VA Hospital and the Methodist Hospital will also be utilized to provide a broad base for education, training, and patient care.

#16 -- REGIONAL REHABILITATION PROGRAM - PART A: BAYLOR UNIVERSITY

Objectives: Baylor has selected the community of Wharton, which has two hospitals, the Caney Valley Memorial Hospital, and the Gulf Coast Medical Center, which need rehabilitation services for their patients. This project will develop a shared core rehabilitation staff for both hospitals and a program for home health care.

#17 -- REGIONAL REHABILITATION PROGRAM - PART B: UNIVERSITY OF TEXAS MEDICAL SCHOOL AT SAN ANTONIO

Objectives: The San Antonio Medical School will work in the New Braunfels Community which has a new rehabilitation center under construction adjacent to a home for the aged. The School will provide professional guidance in the initiation and development of a rehabilitation program for the community.

#18 -- REGIONAL REHABILITATION PROGRAM - PART C: UNIVERSITY OF TEXAS
SCHOOL OF MEDICINE AT DALLAS

Objectives: The Dallas School of Medicine will assist the community of Kilgore which has an on-going East Texas Rehabilitation Center interested in refining and improving rehabilitation techniques. In addition, the School of Medicine will assist the Caruth Rehabilitation Center in Dallas in training home rehabilitation aides and in establishing a program to assess and evaluate the potential and capacity of the stroke patient for vocational endeavor.

#20 -- ERADICATION OF CERVICAL CANCER IN SOUTH TEXAS

Objectives: To extend and improve a mass cytologic screening program developed in Bexar County to other areas around San Antonio; to develop a school of cytotechnology and support training of cytotechnologists; to provide training in exfoliative cytology for pathologists and colposcopy training for gynecologists; to expand the central screening laboratory and reference laboratory to the Bexar County Hospital District; and to design an information system for automatic data processing. A screening program for indigent women has been supported by a PHS community cancer demonstration grant since 1962. Information is being gathered regarding nature and level of present support. The goal is to include 70% of the women in a routine screening system and eventually to create a self-supporting, self-perpetuating detection and follow-up system.

#21 -- CORE STAFF FOR COORDINATION OF PLANNING OPERATIONS AND FISCAL
MANAGEMENT

Objectives: The core staff of the Texas RMP will be greatly augmented in line with RAG recommendations. In addition to the program coordinator, positions are requested to coordinate public relations, evaluation, manpower training, health data systems and hospital liaison.

#31 -- LONG DISTANCE TELEPHONIC CONSULTATIONS

Objectives: A consultation system will be established whereby practicing physicians, mainly general practitioners, within a 100-mile radius of the University of Texas Southwestern Medical School at Dallas will be able to obtain free telephone assistance from full-time and clinical faculty of the school. Teams of five or six faculty members will be available to take calls for two hours each weekday evening. It is estimated that the service will reach over 1,000 physicians during the initial two-year period. A simple punch card information system will be set up to define areas in which practicing physicians lack knowledge.

#33 -- EXTENDING CORONARY CARE NURSING TRAINING TO COMMUNITY HOSPITALS

Objectives: This project is designed to provide coronary care training to nurses in community hospitals who cannot be spared from the hospital for the four weeks usually required for such training. St. Joseph's Hospital, with the cooperation of Riverside General Hospital, will conduct extension courses in which modern communication techniques are utilized to reduce to no more than five days the time participants need spend away from the community hospital. In the first year 20 nurses will be trained in four classes of five trainees. It is planned to extend the training program to another community in the second year.

#35 -- REDUCED COMPLICATIONS FOLLOWING RADIOTHERAPY

Objectives: The University of Texas Dental Branch at Houston has designed a project to promote the use of new findings for reducing the number of complications following radiotherapy treatment of head and neck cancer and to demonstrate the need for cooperation between dentists and radiotherapists. An activity to demonstrate proper patient care and to provide an unspecified number of five-day courses is planned at the University of Texas Dental Branch in cooperation with M.D. Anderson Hospital. Information activities will include sub-regional seminars, mailings, publications, and appearances at Radiological Society meetings. Personnel costs account for the major portion of requested funds. Fourth and fifth year funds not requested in consolidated budget.

#36 -- DEVELOPMENT AND DISTRIBUTION OF AN INTER-REGIONAL COOPERATIVE SERIAL CONTROL SYSTEM IN THE SOUTH CENTRAL LIBRARY REGION

Objectives: A medical information system will be established by the University of Texas Medical Branch Library for the use of medical libraries and health facilities in the five-state area of Texas, Arkansas, Louisiana, Oklahoma, and New Mexico. Listings of all journal titles and the libraries in which they can be located will be produced and distributed without charge to approximately 600 libraries. Supplements containing new listings will be prepared and distributed periodically.

#37 -- HEALTH CAREERS PERSONNEL PROGRAM

Objectives: The Texas Hospital Education and Research Foundation plans a program for recruiting applicants to the health care field. Their approaches will include promotional activities in high schools, junior colleges, and other youth groups; various public education and information programs; aid to paramedical schools in the form of helping recruit faculty members; preparing and distributing monthly lists of interested prospective students, and providing information on new educational techniques; and a scholarship program. The program is trying to reach groups of underprivileged and minority students for which special approaches will be designed and implemented.

#38 -- DIAL ACCESS TELEPHONIC ANALYSIS MEDICAL CONSULTATION SERVICE

Objectives: The University of Texas, M.D. Anderson Hospital and Tumor Institute plans a telephone cancer information service - "DATA" Dial Access Telephonic Analysis. Five-minute recordings of medical lectures geared toward non-specialist physicians will be prepared by members of the professional hospital staff and will be available on a 24-hour, toll-free, long-distance service to physicians throughout the state. 30 topics have been selected and recording has begun. It is expected that within two years this number will have grown to 100.

#39 -- ANNUAL CLINICAL CONFERENCE

Objectives: The University of Texas, M.D. Anderson Hospital and Tumor Institute has sponsored annual clinical conferences in various aspects of cancer detection and control since 1956. Support is requested to continue presentation of these programs which are designed particularly for the practicing physician in the Texas area. The two-day Fourteenth Annual Clinical Conference, "Leukemia and Lymphoma", is now in the planning stages. Last year nearly 500 participants attended the conference.

#42 -- A BEGINNING PROGRAM OF CONTINUING EDUCATION FOR OCCUPATIONAL THERAPISTS

Objectives: The University of Texas Medical Branch at Galveston, with assistance from the Texas Occupational Therapy Association, proposes a continuing education program for occupational therapists. Plans for the first year include two five-day workshops, of approximately 100 participants each, in Galveston, aimed at improving skills and delivery of services on the local level, together with smaller three-day workshops in each of four other areas of the state. This education program is envisioned as providing training for inactive as well as practicing occupational therapists in an effort to bring them back to the working force.

#43 -- EDUCATIONAL MEDIA INSTRUCTIONAL PROGRAM FOR ALLIED HEALTH EDUCATORS

Objectives: This is a proposal for an educational program for hospital supervisory and education personnel and allied health teachers regarding the selection, use, and production of inexpensive audiovisual equipment and materials. The Methodist Hospital and Baylor University College of Medicine plan four one-day media institutes at selected sites each year to survey the educational media communications field, and five one-day in-depth media workshops at various locations which will involve instruction in the production and utilization of media. It is anticipated that each of the institutes will draw an average of 50 participants, while the workshops will be limited to 25 participants apiece.

#45 -- REHABILITATION MANAGEMENT - COORDINATED COMMUNITY ACTION

Objectives: Baylor University College of Medicine, in cooperation with St. Elizabeth's Hospital and eight of the major health and welfare agencies in Houston and Harris County, plans a rehabilitation program in one of the major underprivileged areas of Houston. The proposal is patterned on a comprehensive rehabilitation program operating for two and one-half years at Ben Taub General Hospital which has demonstrated the feasibility of providing rehabilitative management of indigent patients through available health and welfare resources and has pointed up the need for providing rehabilitative services in the patients' immediate neighborhood. Specifically, the proposal calls for Baylor University to establish a rehabilitation evaluation unit at St. Elizabeth's Hospital to provide assessments of individual patients by psychiatrists, physical therapists, occupational therapists, social workers and psychologists (as necessary) and to prescribe and supervise remedical programs.

#46 -- EXPANSION OF MAXILLOFACIAL PROSTHETIC SERVICES

Objectives: Baylor University College of Dentistry, Parkland Memorial Hospital, University of Texas Medical Branch at Houston, and the University of Texas Southwestern Medical School at Dallas propose establishing a North Texas Maxillofacial Prosthetic Facility at Dallas, and establishing training programs for dentists and maxillofacial prosthetic technicians. Plans call for a patient-care capability of 250 patients per year and the initiation of a recruitment and training program by the end of the first year of operation. In three years the facility is expected to have the resources to care for 400 patients per year, train three well-qualified maxillofacial prosthodontists annually, and train a sufficient number of maxillofacial prosthetic technicians to meet the demand. An information program concerning patient services available will be undertaken. Requested funding is mainly for personnel and equipment.