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Comprehensive Health Planning.

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*Statewide Planning

IDENTIFIERS *Alabama

ABSTRACT

Fourteen categories of manpower, comprising 75 percent of the total health work force requiring formal training of six months or more in Alabama, are studied in this preliminary report. They are physicians, dentists, optometrists, pharmacists, medical technologists, certified laboratory assistants, sanitarians, medical records clerks, radiologic technologists, family practice physician assistants, nurse midwives, registered nurses, licensed practical nurses, and physical therapists. Manpower needs, supplies, and goals are tabulated for each category by Alabama county and district. Approved medical education programs in the state, with their student capacities and requirements, are listed for each occupation. A series of priorities and implementation responsibilities for the state as a whole and in each category has been drawn up. Several projects in innovative health manpower development are described. The appendix contains the number of hospital beds by county and district and tables of selected demographic data. A listing by district of vacant health manpower positions in hospitals is also given. (MS)



A PLAN OF ACTION FOR SELECTED HEA (A Supplementary Manpower Re ALABAMA COMPREHENSIVE HEALTF

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ALABAMA STATE BOARD OF HEALTH STATE DEPARTMENT
COMPREHENSIVE HEALTH PLANNING ADMINISTRATION MONTGO

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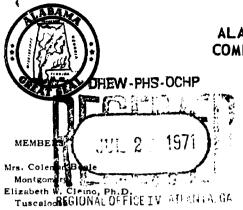
ARD OF HEALTH STATE DEPARTMENT OF PUBLIC HEALTH
PLANNING ADMINISTRATION MONTGOMERY, ALABAMA July 1971



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1-12



ALABAMA ADVISORY COUNCIL FOR COMPREHENSIVE HEALTH PLANNING

Mailing Address:
State Office Building
Montgomery, Alabama 36104
Telephone (205) 269-6376

July 16, 1971

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To:

Mr. Earl Wright, Director

Regional Office of Comprehensive Health Planning

From:

C. Preston Blanks, Jr.

Health Planning Administrator

C. Preston Blanks

Subject: Alabama 314(a) Activity in Area of Health Manpower Planning

- 1. The Alabama 314(a) Agency has just completed the attached manpower plan and report. It will be presented to our Advisory Council on July 16, 1971 for their approval. We expect to expand this plan as time permits to cover additional health occupations.
- 2. Alabama Comprehensive Health Planning in conjunction with the Alabama Hospital Association and the Alabama Nursing Home Association conducted a manpower survey of all hospitals and nursing homes in the State. The responses covered approximately 87% of the total beds of the State. The report of this survey is now being reproduced and will be forwarded to you.
- 3. Two years ago, our Advisory Council recommended a technical panel of health specialists to serve as an advisory group to the State Board of Education. Interest has accelerated and implementation of a joint health and education advisory committee should be accomplished within the near future. This will serve to implement the attached plan.
- 4. Effort is continuing to convert health manpower licensure data to electronic format. Knowing exactly and currently the numbers and distribution of health manpower as compared to need is considered a prerequisite for developing training capabilities.
- 5. We have signed a contract this week with the Southern Research Institute in the amount of \$66,667 to design a model of a health data repository system. This will include health manpower on a current recurring basis, along with other health data.
- 6. The person responsible for manpower planning in our office is Loren C. Miller, State Plans Coordinator.

cc: Ira L. Myers, M.D.

Areawide Comprehensive Health Planning Directors



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Hospital Bed and Distribution Data

Total Manpower Needs in Hospitals

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I. INTRODUCTION

This is an interim and preliminary health manpower plan for Alabama which, when completed, will be the basic Health Manpower Plan for the State, covering in excess of 100 categories of health workers.

While this initial effort describes only 14 categories of health manpower, it should be borne in mind that these categories comprise approximately 75 percent of the total work force for which formal training of six months or more is required for entry into the field.

Effort is continuing on the major manpower plan, but several additional months will be required for its completion due to the absence of interpretive data concerning many of the specialty groups.

The health field contains considerable fragmentation of data which identify activities and describe how and by whom services are delivered. Further complications are imposed by arbitrary definitions of job titles, questionable realism in licensure laws, and training thrusts based on limited knowledge of need.

For those specialties delineated in the following pages, this interim plan will provide a measure of visibility heretofore unobtainable. Hopefully, it will also elicit comment and counsel concerning how this and similar documents can be made more meaningful and useful to the health providers.

II. ADMINISTRATION OF THE ALABAMA COMPREHENSIVE HEALTH MANPOWER PLAN

1. Legal basis.

Alabama Act 446 (1966 Special Session of the Legislature) implements Comprehensive Health Planning objectives set out in PL 89-749. This Law and the amendments thereto are also referred to as the Partnership for Health program. Health manpower planning is an integral and principal portion of the overall planning function.



Alabama Act 446 designates the State agency for conduct of C State.

3. Organizational structure plan.

Preparation of the Comprehens' visions thereto will be execu Comprehensive Health Planning State Health Department, with agencies. The plan will reflected agencies, institutions Alabama Advisory Council for organization, see Chapter 00.2 Planning, published April 197 endorses all elements of the Board of Health for final apprents

III. SCOPE OF PLAN

This preliminary plan covers previously stated. Four of the categories in which the indiverselection as a private

These are:

Physicians Dentists

The remaining 10 categories of cluded in this report are:

Medica! Technologists Certified Laboratory Ass't. Sanitarians Medical Records Clerks Radiologic Technologists hpower plan for asic Health Manof 100 categories

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2. Responsible Agency.

Alabama Act 446 designates the State Board of Health as the sole State agency for conduct of Comprehensive Health Planning in the State.

3. Organizational structure for preparing and maintaining the plan.

Preparation of the Comprehensive Health Manpower Plan and revisions thereto will be executed through staff components of the Comprehensive Health Planning Administration, a bureau of the State Health Department, with assistance of other appropriate agencies. The plan will reflect input from the many health related agencies, institutions and organizations in the State. The Alabama Advisory Council for Comprehensive Health Planning (for organization, see Chapter 00.20, Alabama Comprehensive Health Planning, published April 1971 by CHP Administration) reviews and endorses all elements of the plan prior to submittal to the State Board of Health for final approval.

III. SCOPE OF PLAN

This preliminary plan covers 14 categories of health manpower, as previously stated. Four of the 14 are licensed professional categories in which the individual usually works in an independent capacity as a private practitioner.

These are:

Physicians Dentists Optometrists Pharmacists

The remaining 10 categories of supportive health manpower included in this report are:

Medical Technologists Certified Laboratory Ass't. Sanitarians Medical Records Clerks Radiologic Technologists Family Practice Physician Ass't. Nurse Midwives Registered Nurses Licensed Practical Nurses Physical Therapists



For each of the categories, selected basic information is provided to answer questions concerning needs, supply, resources, and known efforts to bring disparities into balance.

The appendix section provides supplemental data which will assist regional and specialty planners to further augment health manpower planning.

IV. APPROACH PHILOSOPHY

From its inception, Comprehensive Health Planning in Alabama has sought to strengthen the planning capabilities within each of the health manpower specialties. This assistance has been provided in many different ways, ranging from staff technical assistance to financial support through cooperative agreements or direct contracts. In addition, chapters of the overall Comprehensive Health Plan have been prepared for many specialty areas.

A considerable amount of progress toward independent planning is evident in several of the health manpower specialties. Notable is the progress in the nursing profession, which has established a separate planning function known as the Commission for Nursing. The conversion of manpower data to electronic processing will afford a realistic look at needs and supply in this critical manpower specialty.

Progress toward planning is not so evident in many of the other specialties in spite of the fact that a category may have been recognized for a number of years and represented by an association or society.

Recognizing that development of a reasonable base line for comprehensive planning will take an extended period of time, two concurrent manpower planning thrusts were initiated. These are presented in detail below.

Short-Range - Initial Planning Effort

Ala. CHP

Initial planning effort is predicated upon the assumption that the widely publicized and apparently universal shortage of health manpower does, in fact, exist and exists to the point of national concern. Recognizing the urgent need, data readily available

have been utilized with liability as desirable. mobility data are not in between certified and ne groups.

Long-Range - The long-range on mechani

- (a) provide a routine
- (b) develop high sensitions, and
- (c) provide feedback for assessment of the in process.

The long-range planning being convented to compute continue with other 1

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- V. ASSESSMENT OF NEEDS
- (a) Definitions of the plan.
- (b) Manpower supply by supporting needs.
- (c) Education and Train

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nable base line for ended period of time, s were initiated.

pon the assumption that iversal shortage of health to the point of national data readily available

have been utilized without as much in depth analysis of reliability as desirable. As an example, employment trends and mobility data are not included. Neither are there separations between certified and non-certified workers in the allied health groups.

Long-Range - The long-range ranpower planning effort will focus on mechanisms which would:

- (a) provide a routine flow of current data,
- (b) develop high sensitivity to changing health manpower conditions, and
- (c) provide feedback for evaluation of progress and internal assessment of the reliability and validity of the planning process.

The long-range planning effort is under way. Manpower data are being converted to computer format. Arrangements have been made to continue with other licensed health categories.

The long-range effort would include studies of employment trends, mobility, distribution of educational resources, and potential for obtaining sufficient numbers of qualified student candidates. Such long-range effort will require a developing process for several years.

- V. ASSESSMENT OF NEEDS SUPPLY GOALS
- (a) Definitions of the categories included in this preliminary plan.
- (b) Manpower supply by county and district with comparative data supporting needs.
- (c) Education and Training resources:

(a) DEFINITIONS OF THE CATEGORIES INCLUDED IN THIS PRELIMINARY PLAN

INDEX

- 4b Medical Technologist
- 4f Certified Laboratory Assistant
- 5a Dentist
- 7g Sanitarians
- 13c Medical Records Clerks
- 14a Physicians, M.D. and D.O.
- 14c Family Practice Physician's Assistant
- 15b Nurse-Midwife
- 17a Registered Nurses
- 17i Licensed Practical Nurses
- 20a Pharmacist
- 21a Physical Therapist
- 23a Radiologic Technologist
- 28b Optometrists



CATEGORICAL DEFINITIONS

4b Medical Technologist:

College graduates who perform various chemical, microscopic, bacteriologic, and related tests. Alternate titles: medical laboratory technologist, chemistry technologist, hematology technologist, microbiology technologist. The minimum educational requirements for the medical technologist are three years of college plus twelve months of specialized training in a school of medical technology approved by the American Medical Association Council on Medical Education. For purposes of this report, only persons registered with the Board of Registry of Medical Technologists of the American Society of Clinical Pathologists-MT (ASCP), or eligible for registry, are included. Approximately one third of the 1,015 medical technologists listed are members of the Alabama State Society of Medical Technologists.

4f Certified Laboratory Assistant:

A skilled laboratory worker who performs many routine laboratory procedures such as collecting blood specimens, typing blood counts, urinalysis, and blood chemistry. These workers are certified by the ASCP and the American Society of Medical Technologists. Certified laboratory assistants must have a high school education plus twelve months of practical and technical training in a school approved by the AMA Council on Medical Education in collaboration with the Board of Schools of the ASCP and the ASMT.

5a Dentist:

Dental practitioner licensed under Alabama law, Act No. 100.

7g Sanitarians:

The sanitarian is one of the specialists in the field of public health and preventive medicine. His work is primarily inspectional for purpose of promotion and enforcement of sanitary laws

and regulations. The of sanitarians; however ment in industry. San fications require grad sity with major course

13c Medical Records

There is no commonly a worker. For purposes's sons who perform cleri knowledge of medical a may be employed in instancept in doctors' pri works under the supervisedical records technical

14a Physicians, M.D.

Those persons licensed as recompiled, Title 4 of the physician data federal physicians pro as reported by the AMA

14c Family Practice P

This is a category of do some of the procedu which are often very t necessarily require the physicians spend many are always under the dotte always under the dotte period of training of both academic and pudidates for training i returning servicemen a medical or general hea

chemical, microscopic, bacroate titles: medical labrologist, hematology techThe minimum educational
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labama law, Act No. 100.

ists in the field of public work is primarily inspectinforcement of sanitary laws and regulations. The State of Alabama is the principal employer of sanitarians; however, an increasing number are finding employment in industry. Sanitarians are licensed by the State. Qualifications require graduation from a four year college or university with major course work in the general sciences.

13c Medical Records Clerks:

There is no commonly accepted definition for this category of worker. For purposes of this report, the category includes persons who perform clerical and typing operations which require knowledge of medical records systems. Persons in this category may be employed in institutions or in private doctors' offices. Except in doctors' private offices, the medical records clerk works under the supervision of a medical records librarian or medical records technician.

14a Physicians, M.D. and D.O.:

Those persons licensed to practice medicine under Alabama Code, as recompiled, Title 46 and pertinent sections thereto. Some of the physician data in this report are based on numbers of non-federal physicians providing patient care as of December 31, 1969, as reported by the AMA.

14c Family Practice Physician's Assistant:

This is a category of individuals who are especially trained to do some of the procedures which physicians customarily do and which are often very technical and exacting, but which do not necessarily require the broad judgment the attainment of which physicians spend many years in training to try to acquire. They are always under the direct supervision of a licensed physician. The period of training is approximately two years and is composed of both academic and preceptorship training. Selection of candidates for training is quite rigid and preference is given to returning servicemen and other individuals with considerable medical or general health experience.



15b Nurse-Midwife:

A registered nurse practicing midwifery. There is no legal definition at present. Common usage defines qualifications as successfully completing one year of specialized education in midwifery beyond attainment of registered nurse status.

17a Registered Nurses:

Those persons who have successfully completed the State board examination for license to practice nursing as a registered nurse. There are three levels of preparation for registered nurses: associate degree programs, diploma programs and baccalaureate degree programs. Preparation time required is two, three, and four years, respectively.

17i Licensed Practical Nurses:

This individual has successfully completed the State board examination for license to practice as a practical nurse. The period of training is twelve months of classroom theory and clinical practicum. The licensed practical nurse works under the direct supervision of a registered nurse or physician.

20a Pharmacist:

A licensed professional under the laws of the State of Alabama, the pharmacist prepares and dispenses prescriptions from doctors. Preparation time is five years of college, of which two years are devoted to pre-pharmacy courses which may be taken at any four year college or junior college, and three years of pharmacy courses which must be taken at an accredited school of pharmacy. There are two accredited pharmacy schools in Alabama: one at Auburn University and one at Samford University.

21a Physical Therapist:

Physical therapists practice only upon the referral of a licensed physician or a licensed dentist. They evaluate neuro-

muscular, musculoskeletal, vascular and respiratory f and implement initial and basis of test findings and physician or dentist with of the patient. Physical

23a Radiologic Technologi

Radiologic technologists, technicians, operate x-ray of a physician who is usua sists of two years of traicertified radiologist in a approved by the AMA Counciful completion of a regis becomes a registered radio

28b Optometrists:

The optometrist is a special eyes to detect disease or denses or exercises, but do ses. Normal time for preparations



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referral of a licevaluate neuromuscular, musculoskeletal, sensory motor, and related cardio-vascular and respiratory functions of the patient. They plan and implement initial and subsequent treatment programs on the basis of test findings and within the referral of the licensed physician or dentist with only main contact regarding the care of the patient. Physical therapists are licensed by the State.

23a Radiologic Technologist:

Radiologic technologists, also called x-ray technologists or technicians, operate x-ray equipment under the general direction of a physician who is usually a radiologist. Preparation consists of two years of training under the supervision of a board certified radiologist in a school of radiologic technology approved by the AMA Council on Medical Education. Upon successful completion of a registration examination, the candidate becomes a registered radiologic technologist (RT-ARRT).

28b Optometrists:

The optometrist is a specialist in vision analysis, examining the eyes to detect disease or defects. He prescribes for corrective lenses or exercises, but does not prescribe drugs or supply lenses. Normal time for preparation is six years.



(b) MANPOWER SUPPLY BY COUNTY AND DISTRICT WITH COMPARATIVE DATA SUPPORTING NEEDS



DISTRICT-COUNTY COMPOSITION AND POPULATION

	D151R161-66	DON'T COMPOSITION AND TOPSERIZORS
District 1 (Tennessee	Valley) Population 702,783	<u> District 5 (Montgo</u>
Colbert	Lawrence	Autauga
Cullman	Limestone	Bullock
DeKalb	Madison	Butler
Franklin	Marion	Crenshaw
Jackson	Marshall	Elmore
Lauderdale	Morgan	
	Winston	
		District 6 (Selma)
District 2 (Tuscaloos	a) Population 207,292	
	•	Choctaw
Bibb	Hale	Clarke
Fayette	Lamar	Conecuh
Greene	Pickens	Dallas
	Tuscaloosa	Marengo
District 3 (Birmingha	m) Population 819,263	District 7 (Dothan
Blount	St. Clair	Barbour
Chilton	Shelby	Coffee
Jefferson	Walker	Covington
District 4 (Gadsden)	Population 400,943	
	are specification to the state of the state	District 8 (Mobile)
Calhoun	Coosa	0.11.
Chambers	Etowah	Baldwin
Cherokee	Randolph	Escambia
Clay	Talladega	Mobile
Cleburne	Tallapoosa	Total State Domila

Total State Populat



^{*} Planning/Developm July 24, 1970, ex District #6 inste

DISTRICT-COUNTY COMPOSITION AND POPULATION*

District 5 (Montgomery) Population 442,242 n 702,783 Autauga Lee Bullock. Lowndes Macon Butler Crenshaw Montgomery Pike Elmore Russell District 6 (Selma) Population 223,862 292 Monroe Choctaw Perry Clarke Conecuh Sumter Washington Dallas Wilcox Marengo District 7 (Dothan) Population 236,184 ,263 Dale Barbour Geneva Coffee Covington Henry Houston District 8 (Mobile) Population 411,596 Baldwin Escambia Mobile

Total State Population 3,444,165



^{*} Planning/Development Districts per Executive Order 23 dated July 24, 1970, except that Sumter County is reflected in District #6 instead of District #2.

HEALTH MANPOWER SUPPLY (SUMMARY)

		777			, `	·				**********	
	CATEGORY	NATION'	STATE(2)	DISTRICT	2	3	4	5	6	7	8
4b 4f	Med. Technologist Certified Lab. Assit	38,400 4,338	1,015 41	125 2	40	449 26	66	134	29	41	131
5a	Dentist	Too, 000	T,079 -	792-	55	$-\frac{20}{347}$	$\frac{3}{89}$	724	1 0	$-\frac{6}{6}$.	
7g	Sanitarian	100,000	255	40	14	60	31		40	60	T34
13c	Med. Record Clerk	unknown	233	₩.	17	00	31	48	15	15	32
14a	Non-federal(3)	Q1711.5W11					l	-	Į .	1	
1	Physician, M.D. &							l		Ī	
	D.O. (providing						1	1	1		
- -	patient care)	247,508	2,627	397	132	1,033	211	260	95	121	378
14c	Family Practice		man artin uzu, m		-	1.7.20_] = '	} "≃"–	-3 <u>2</u> .	- '='-	
	Physician Ass't	unknown	24	um.	-	_	.,		l _	_	_
	Nurse-Midwife	unknown	0	-	_		_	_	_	_	_
П7а	Registered Nurse			•	į			1	Ì		
	(active)	680,000	7,281	1,190	437	2,303	799	936	267	328	1,021
171	Licensed Prac. Nurse		7,281 -	7,682	478	2,266	733	812	316	52T	T,055
20a	Pharmacist	124,500	1,765	339	82	510	206	208	88	120	212
Zla	Physical Therapist	13,500	80	9	4	36	5	77	2	2	11
23a	Radiologic				/			<i>"</i>			
	Technologist	37,900	750	104	63	247	89	100	11	31	111
anr.	04	***									
200	Optometrist	16,205	174	38	4	34	24	22	10	18	24
											1

⁽¹⁾ Source: Health Resources Statistics - 1969, Dept. of Health, Education, & Welfare, Public Health Service. Also, see (3) below.

RATES PER 100,000 POPULATION

<u> </u>		V:	TIES PER	יטט,טטט די	UPULA	1 5014					
****	CATEGORY	(1) NATION	(2) STATE	DISTRICT 1 (2)	2	3	4	5	6	7	8
4b 4f	Med. Technologist Certified Lab.Ass't	19 2.2	29 1.7	18 0.2	19 0.9	55 . 3.1	16 0.7	30 0.2	13	17	32 0.2
5a 7g	Dentist Sanitarian	57 =	7	-27 · 6	28	42	22	28 11	22	25 6	33 -
13c 14a	Med. Record Clerk Non-federal	-	264	16 Vila	-	-	-	-	-	-	-
	Physician, M.D. & D.O. (providing										
T4c	Patient care) Family Practice	125	<u>76</u>	56	64_	_126	<u>5</u> 3_	59	42_	_5]	_92
	Physician Ass't Nurse-Midwife		0.6		-			-	-	-	_
17a	Registered Nurse	344	211	169	211_	281	- 1 9 9	212	119	- 139	248
	Licensed Practical Nurse	175	227	239	207	277	183	184	141	221	254
20a 21a	Pharmacist Physical Therapist	63 7	51 2.3	48 1.2	40 2	62 4	51 1.2	47 2.4	39 0.8	51 0.8	51 3
IC	Radiologic Technologist	19	22	15	30	⁻ 29					
8by ERIC	Optometrist	8	5	10	3U 9	LY A	22 £	23	5	13	27

 ⁽²⁾ From current rosters of active health manpower, except see (3) below:
 (3) 1969. Source: Distribution of Physicians, Hospitals, and Hospital Beds in the U.S.-1969, American Medical Association, Chicago, 1970.

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	f Certified Lab. Ass't		41	2		26	3	1	0	ó	1	Γ
	5a Dentist	Too,000	T,079	192	57	347	89	124	49	60	134	
	7g Sanitarian		255	40	14	60	31	48	15	15	32	ĺ
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Ŀ	patient care)	247,508	2,627	397	132	1,033	271	260	95	<u> 121 </u>	378_	
1	4c Family Practice						}					
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		unknown	-0-	-	-		-	_	-	-	-	ĺ
Π	7a Registered Nurse			•			ĺ	Ì				ĺ
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		124,500	1,765	339	82	510	206	208	88	120	212	ĺ
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	Technologist	37,900	750	104	63	247	89	100	11	31	111	ĺ
2	28b Optometrist	16,205	174	38	4	34	24	22	10	18	24	

(1) Source: Health Resources Statistics - 1969, Dept. of Health, Education, & Welfare, Public Health Service. Also, see (3) below.

(2) From current rosters of active health manpower, except see (3) below:
(3) 1969. Source: Distribution of Physicians, Hospitals, and Hospital Beds in the U.S.-1969, American Medical Association, Chicago, 1970.

RATES PER 100,000 POPULATION

3.				· · ·						
CATEGORY	(1) NATION	(2) STATE	DISTRICT 1 (2)	2	3	4	5	6	7	8
4b Med. Technologist 4f Certified Lab.Ass't 5a Dentist 7g Sanitarian 13c Med. Record Clerk 14a Non-federal	19 2.2 51	29 1.3 31 7	18 0.2 27 6	19 0.9 28 7	55 3.7 42 7	16 0.7 22 8	30 0.2 28 71	13 0 22 7	17 3 25 6	32 0.2 33 8
Physician, M.D. & D.O. (providing patient care) 14c Family Practice Physician Ass't 15b Nurse-Midwife	<u>125</u>	76	<u>56</u>	<u>64</u> -	_126	<u>5</u> 3	<u>59</u> -	42_	5]	<u>92</u>
17a Registered Nurse	344	211	169	211_	281	199	212	119	139	248
Nurse Pharmacist Physical Therapist Radiologic Technologist	175 63 7 19	227 51 2.3 22	239 48 1.2	207 40 2 30	277 62 4 29	183 51 1.2 22	184 47 2.4	141 39 0.8	13	254 51 3 27
28b Optometrist	8	5	5	2	4	6	5	4	8	6

(1) 1968 supply; 1968 population of 197,571.000. Source: Health Resources Statistics - 1969, Dept. of Health, Education, and Welfare, Public Health Service.

(2) Source: U.S. Census of Population - 1970.



CODE	MANPOWER CATEGORY	(2) SUPPLY	ADD'L(2) NEED	CURRENT STUDENT CAPACITY OR GRADUATIONS
4 b	Medical Technologist	1015	54	Capacity 161
4f	Certified Laboratory Ass't	41	unknown	Capacity 53
5a	Dentist	1079	170	72 per class
7g	Sanitarians	255	34	open
13c	Medical Records Clerks	2964	591	none
14a	Physicians, M.D. & D.O.	2627(1)	259	Capacity 125 per class
14c	Family Practice Phys. Ass't	22	157	Capacity 60 (1975)
15b	Nurse-Midwife	-0-	259	Pending Capacity 12 per year
17a	Registered Nurses	7281	1262	Graduations 1970 - 466
17 1	Licensed Practical Nurses	7813	383	Graduations 1970 - 699
20a	Pharmacist	1765	-0-	Graduations 151
21a	Physical Therapist	80	115	Graduations 1971 - 13
23a	Radiologic Technologist	750	128	Capacity 225
28b	Optometrists .	174	59	Capacity 25 per class

^{(1) 1968--}non-federal physicians providing patient care.

⁽²⁾ See respective category displays for method of calculation. Need does not consider replacement for erosion of existing work force through retirement, death, and net out-migration.



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ACTIVE GENERAL PRACTICE PHYSICIANS BY COUNTY AND DISTRICT

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RESIDENT LIVE BIRTHS BY COUNTY AND DISTRICT

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STATE OF ALABAMA REGISTERED NURSES BY COUNTY (INCLUDES INACTIVE)

		TOTAL	INST'L	ED.	P H	PRIV.	OFF.	IND.	SCH.	N.A.	OTR.	N.S.	MIL.	·
	AUTAUGA	57	27		2	4	2	2	7	14	3	2		
	BALDWIN	152	71	3	5	3	6	4	2	46	11			_
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	BUTLER	23	16			<u>-</u>	<u>'</u>			4	1			
	CALHOUN	261	154	10	2	2	15	9	7	47	14	7		
	CHAMBERS	70	39	<u></u>	3	``	1	9	.	9	5			Legend
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·· —	CHILTON	35	18		3		3			9	7			
	CHOCTAW	19	11		<u></u>			3	7	3				- <u>'</u>
	CLARKE	49	19	1	2		4	2	2	14	4			P.D.
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-	COFFEE	63		 _			 6			72		 -		8 U H
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0.070	4939	328	355	258	377	233	80	1598	513	176	22	7 2
TOTAL 88/9												.

irce: Alabama Board of Nurses May, 1971

ERIC ATIA. CHP

NUMBER OF REGISTERED NURSES

DISTRICT*	1	2	3	4	5	6	7	8	STATE TOTAL
Total Licensed (1)	1,450	528	2,810	942	1,109	338	415	1,287	8,879
Active	1,190	437	2,303	799	936	267	328	1,021	7,281
Not Active	260	91	507	143	173	71	87	266	1,598
Not Active % of Total	18	17	18	15	16	21	21	21	18
Employed by Institutions	779	330	1,596	572	605	160.	202	695	4,939
Reported Open Positions (2)	131	28	293	74	125	22	77	86	836
Estimated Total Open Positions (3)	200	43	438	112	189	35	117	128	1,262
1970 New Graduates	23	13	217	69	66	0	. 0	78	466
Pop/Total RNs	591	474	356	502	473	838	720	403	473
Hospital Beds**/Total RNs	2.9	2.2	1.8	2.4	2.2	2.9	3.1	1.9	2.3
Hosp. Beds**/Institutional RNs	4.5	2.9	2.6	3.4	3.3	4.9	5.1	2.8	3.3
RNs/Physician	3.0	3.3	2.2	3.8	3.6	2.8	2.7	2.7	2.8

^{*} Planning and Development Districts per Executive Order 23 dated July 24, 1970, except that Sumter County is reflected in District 6 instead of District 2.

** Excludes VA Beds.

(3) Based on institutional need at 67% of total.

DISTRIBUTION OF REGISTERED NURSES LICENSED BY ALABAMA AND RESIDING IN STATE

TOTAL

8879

NOT ACTIVE PERCENT NOT ACTIVE

1598 17.9

ACTIVE REGISTERED NURSES

TYPE OF EMPLOYMENT	NUMBERS	PERCENT OF TOTAL
TOTAL	7281	100-
Institutional Education	4939 328	67.8 4.5
Public Health Private Duty	355 258	4.9 3.5
Office Practice Industrial	377 233 80	5.2 3.2 1.1
School Other Not Stated	. 513 176	7.1 2.4
Military	22	.3



⁽¹⁾ Licensed in and resident of Alabama. Source: State Board of Nursing, June 1971.

⁽²⁾ Per Ala. CHP Hospital/Nursing Home Manpower Survey, Jan. 1971, scaled up 13% to adjust for institutions not reporting.

NO.	ACTIVE	BY	COUNTY	&	DISTRICT	Reported(3)
						 Vacant

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BARBOUR				_	_			10	<u> </u>	- -					_ .
BIBB		1	5		-+-		28	-	- -	 					4
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BUTLER	_			1	62			+-	+	+-3-	-			 -	
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OLAY					5										1
CLEBURNE					7					T					7
COFFEE							6	8							7
COLHERT	19	5	<u> </u>						2		1				7
CONECUH						2	7								7
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COVINGTON				J	-		9	6	2	<u> </u>] <u>@</u> *		HOSP. BED/LPN(2) REPORTED VACANT	POP./LPN	DISTRICT *
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HENRY		1 16	 	+	+-	+	32	+	 	 	E SEC				
HOUSTON	 	 	-	+	 	+	163		21		1 22 2	<u>~</u>	2	442	
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t Provided by ERIC JMTER						14									

SELECTED COMPARISONS BY PLANNING DISTRICTS*

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BIBB			15		<u> </u>	ļ											
BLOUNT		 	-	32	├	-	 		<u> </u>		2						
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LICENSED PRACTICAL NURSE-171

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CHEROKEE	24	4				<u> 5</u>			··		8	12 5
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COVINGTON	99	3	96	68	3_	5				1		Indust
CRENSHAW	31	2	29	20		1					8	1 75
CULLMAN	120	8	112	80	1	2	· ·			2	8	rial
DALE	99	18	81	49	1	6.				2	5	
DALLAS	124	7	117	84	5	4	2			2	1 1	[
DEKALB	57	4	53	31]	6				i	5] _
ELMORE	64	9	55	30	1	6				1 1	7] =
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HOUSTON	201	38	163	116	19	14	<u></u>	2		1		1
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JEFF'ERSON	2096	200	1895	1384	169	67	14	10		6 24		1
LAMAR	33	2	31	19	}	1				1		1
LAUDERDALE		36	256	178	22	16				4		1
LAWRENCE	45	7	38	28		4					5 5	1
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COVINGTON	99	3	96	68	3	5	1			19		8 - 7
CRENSHAW	31	2	29	20		1						t C
CULLMAN	120	8	112	80	1			7		28		글포
DALE	99	18	81	49		6		l				Hea ial
DALLAS							····			25		1th
***************************************	124		117	84	5_	4_	2_	 		21_		37
DEKALB	57	4	53 55	31_	<u>_</u>		· .	·		15_		35 10
ELMORE	64	9		30	1_	6				1 17		Sch. Mil.
ESCAMBIA	93 212	8	85 181	<u> 58</u> 131	2	7	1			2 <u>15</u> 21		
ETOWAH	212	3	181			17)			-	\$\$ LB
FAYETTE	30	2	28	22]					5		33 V
FRANKLIN	84	7 .	77	55	1	10				11		School Military
GENEVA	84 59	6	53	55 37	1	2				13		# 8
GREENE	10	1	9	6						3		8 -
HALE	15	3	12	9	7	ו	·			1		ب
HENRY	37		32	24		3				5		
HOUSTON	201	38	163	116	19	14		2		12		i
JACKSON	72											
			67	55	100	6_	7 4	10		6 046		
JEFF'ERSON	2096	200	1895	1384	169	67_	14_	10		6 246		
LAMAR	3.3	2	31	19								
LAUDERDALE		36	256	178	22	16				40_		•
LAWRENCE	45	7	38	28		4				5_		
LEE	81	15	66	48		44				13		
LIMESTONE	76	6	70	50	7	7				12		
LOWNDES	8	2	- 6				1			1 3		;
MACON	58	2	56	45						11		
MADISON	<u>58</u> 353	53	300	185	13	26				76		ļ
MARENGO	38	4	34	26		2		1		5		
MARION	70	8	62	43	1	8				10		
MARSHALL	121	11	110	78	4	<u> 1</u> 1		1		1 15		-
MOBILE	984	114	870	579	4 78	43	2	4			2	
MONROE	21	<u>114</u>			<u>/ç</u>	- 42 - 42		4				
			19	10	<u>-</u>					6_		
MONTGOMERY	والمراجع أنابا المستحدية	43	423	286		19	9			4 73		
MORGAN	384	44	304	208	19	25		l_		1 50		
PERRY	17	l	16_	15						l_		
PICKENS	24	2	22	17_		2_				3_		1
PIKE	39	2	37	27		2				8		
RANDOLPH	28	3	25	22		,				3		
RUSSELL	39	2	37	26	2	3		1		5		
ST. CLAIR	81	7	74	58	4	3			***************************************	1 8		
SHELEY	75	7	68	43	3	2			3	16		
SUMTER	18	<u> </u>	14		<u></u>	2				<u></u>	<u> </u>	, `
TALLADEGA	135	17		07	. 3	12				20		1
The same and the same of the s			118	83	<u> </u>							
TALLAPOOSA		$\frac{7}{20}$	64	52 208	<u></u>	5		<u>_</u>		5_		
TUSCALOOSA		39	311		29	14	2	· 2		2 53		
WALKER	168	<u> 13</u>	155	121	8	8				18		'
WASHINGTON		3	22	11		-				1]		
WILCOX	8	·	8	3	l_			2		2		,
WINSTON	43	5	38	25	1	2		5		5		
TATAL	8760	947	7813	5487	475	446	32	39	6	26 1298	. 4	•
TOTAL	O/m:	76.										

ERIC1. CHP

DISTRIBUTION OF LICENSED PRACTICAL NURSES LICENSED BY ALABAMA AND RESIDING IN STATE

TOTAL	8,760
NOT ACTIVE	. 947
PERCENT NOT ACTIVE	11

ACTIVE	LICENSED PRACTIC	AL NURSES
TYPE OF EMPLOYMENT	NUMBERS	PERCENT OF TOTAL
TOTAL	<u> 7813</u>	100
Institutional	5487	70
Private Duty	475	6
Office .	446	. 6
Public Health	32	0.3
Industrial	39	0.4
School School	6	•
Other	.26	0.3
Not Stated	1298	17
Military	4	



	.No	Per R	Pop. Per A	Hosp. Beds Per A	No.	Sq. Mi. Per B	Pop. Per B	Hosp. Beds Per B
AUTAUGA	9	1.5	2717	7.6	6	99.8	4076	11.3
BALDWIN	28	1.3	2120	6.4	21	75.1	2827	8.6
BARBOUR	12	1.5	1878	6.2	8	112.4	2817	9.3
BIBB	4	1.0	3453	9.0	4	156.3	3453	9.0
BLOUNT	6	1.0	4475	13.0	6	106.4	4475	13.0
BULLOCK	3	1.0	3941	10.3	. 3	205.0	3941	10.3
BUTLER	6	1.0	3667	16.0	6	128.8	3667	16.0
CALHOUN	50	1.8	2061	8.8	28	21.8	3681	15.7
CHAMBERS	20	1.4	1817	11.0	14	42.8	2596	15.7
CHEROKEE	4	1.3	3901	15.0	3	200.0	5202	20,0
CHILTON'	9	1,5	2797	6.7	6	116.5	4196	10.0
CHOCTAW	4	1.0	4147	16.3	4	229.5	4147	16.3
CLARKE .	_17_	1.7	1572	6.7	10	123.8	2672	11.4
OLAY	6	1.2	2106	5.5	5	120.6	2527	6.6
CLEBURNE		6	5498	15.0	3	191.3	3665	10.0
COFFEE	_11_	1.4	3170	14.7	8	84.6	4359	20.3
COLBERT	29	1.6	1711	12.2	18_	31.1	2757	19.7
CONECUH	6	2.0	2607	7.3	3	283.3	5215	14.7
AZOON	3	<u> </u>	3554 1481		3	216.7	3554	
COVINGTON	23	1.4		2.1	16	61.5	2129	17.4
CREINSHAW	<u>· 3</u>	1.0	4396	17.7	3	203.7	4396	17.7
CULLMAN	25	1.9	2097	4.4	13	57.2	4034	8.3
DALE	13	1.4	.4072	5.5	9	62.1	5882	7.9
DALLAS	25	2.2	2126	9.8	12	81.3	4608	21.2
DEKALB	24	1.5	1749	3.5	16	48.6	2623	5.3
ELMORE	11	1.2	3048	3.5	9	69.3	2726	4.2
ESCAMBIA	22	1.7	1586	8.3	13	74.0	2685	14.1
ETOWAH	64	2.0	1471	10.4	32	17.3	2942	20.8
FAYETTE	4	4.0	4063	15.5		627.0	16252	62.0
FRANKLIN	8	1.3	2991	12.5	6	107.3	3988	16.7
'GENEVA	16	2.3	1370	3.4	1-7	82.4	3132	10.7
GREENE	l	5	10650	20.0	2	320.0	5325	10.0
HALE	5_	1.7	31.76	7.8	3	220.7	5293	13.0
HENRY	5		2650	8.8	5_	113.0	2650	8.8
HOUSTON	40		1414	<u>8,6</u>	21	$\frac{27.5^{1}}{67.5^{1}}$	2694	16.3
JACKSON	21	<u></u>	1866	6,3	16	67.4	2450	8.3
JEFFERSON LAMAR	448	2.2	1439	8.2	201	5.6	3208	18.4
LAMAR	<u> </u>	<u> </u>	<u> 2391</u>	<u> </u>	$\frac{7}{24}$	86.4 16.1	2047	6.4
LAUDERDALE	41_		1661	9.1		114.2	2837	15.6
LAWRENCE			3897	12.1	6		4546	14.2
LEE	32		1914	3.6	15	40.8	4084	7.7
LIMESTONE	10	$\frac{1.4}{1.0}$	4169 6448	10.6	+	77.9 357.5	5957 6448	15.1
LOWNDES	12	$\frac{1.0}{2.0}$	2070	14.4	$\frac{2}{6}$	102.7	4140	28.8
MADISON		2.0		13.4	42	19.1	4441	
MARENGO	75_	1.8	2487 2381	6.7	6	163.0	3969	23.9 11.2
MARION	10		2643	15.9	+ + + + + + + + + + + + + + + + + + + +	106.1	3398	20.4
MARSHALL	9	1.3	1390	5.9	21	27.2		10.9
MARGHALL	39	<u></u>					2581 3237	16.5
NROE	162		1958 2088	9.9	98		3480	9.0
NTGOMERY	10			5.4				20.9
		1.8	1661	11.4	55		30:0	20.9
MORGAN	47			أأنا والكثار والمتاري				THE CASE OF THE PARTY OF THE PA

BULLOCK	3	1.0	3941	10.3	3	205.0	3941	10.3
BUTLER	6	1.0	3667	16.0	6	128.8	3667	16.0
CALHOUN	50	1.8	2061	8.8	28	27.8	3681	15.7
CHAMBERS	20	1.4	1817	11.0	14	42.8	2596	15.7
CHEROKEE	4	1.3	3901	15.0	3	200.0	5202	20.0
CHILTON'	9	1.5	2797	6.7	6	116.5	4196	10.0
CHOCTAW	4	1.0	4147	16.3	4	229.5	4147	16.3
CLARKE	17	1.7	1572	6.7	10	123.8	2672	11.4
CLAY	6	1.2	2106	5.5	5	120.6	2527	6.6
CLEBURNE	_2_	6	5498	15.0	3	191.3	3665	10.0
COFFEE	_11	1.4	3170	14.7	8	84.6	4359	20.3
COLBERT	_29	1.6	_1711	12.2	18	31.1	2757	19.7
CONECUH	6	2.ე	2507	7.3	3	283.3	5215	14.7
COOSA	3	1.0	3554 1481	12.1	16	216.7	3554	19 /
COVINGTON	23	1.4				61.5	2129	17.4
CRENSHAW	3	1.0	4396	17.7	3	203.7	4396	17.7
CULLMAN	25	1.9	2097	4.4	13	57.2	4034	8.3
DALE	i.i	1.4	4072	5.5	9	62.1	5882	7.9
DALLAS	_26	2.2	2126	9.8	12	81.3	4608	21.2
DEKALB	24	1.5	1749	3.5	16	48.6	2623	5.3
ELMORE		1.2	3048	3.5	9	69.3	2726	4.2
ESCAMBIA	22	1.7	1586	8.3	13	74.0	2685	14.1
ETOWAH	_64	2.0	1471	10.4	32	17.3	2942	20.8
FAYETTE	4	4.0	4063	15.5		627.0	16252	62.0
FRANKLIN	_8_		2991	12.5	6	107.3	3988	16.7
'GENEVA	_16_		1370	3.4		82.4	3132	7.7
GREENE		5	10650	20.0	2	320.0	5325	10.0
HALE	5_	1.7	3176	7.8	3	220.7	5293	13.0
HENRY	5	l_0	2650	8.8	5	113.0	2650	8.8
HOUSTON	40	<u>1.9</u>	1414	8.6	21	27.5	2694	<u> 16.3</u>
JACKSON	_21	1.3	1866	6,3	16	67.4	2450	8.3 18.4
JEFFERSON	448	2.2	1439	8.2	201	5.6	3208 2047	6.4
LAMAR LAUDERDALE	6	9	2391	7.5 9.1	24	86.4 16.1	2837	15.6
LAWRENCE	41		1661	12.1	6	114.2	4546	14.2
LEE		1.2	3897				4084	7.7
LIMESTONE	32 10	1:4	1914 4169	3.6 10.6	15	40.8 77.9		
LOWNDES		1.0	6448	10.0		357.5	5957 6448	15.1
MACON	12	2.0	2070	14.4	6	102.7	4140	28.8
MADISON	75	1.8	2487	13.4	42	19.1	4441	
MARENGO	10	1.7	2381	6.7	6	163.0	3969	23.9 11.2
MARION	9	1.3	2643	15.9	1 7	106.1	3398	20.4
MARSHALL	39	1.9	1390	5.9	21	27.2	2581	10.9
MOBILE	162	1 7	1958	9.9	98	12.7	3237	16.5
MONROE	10/	19	2088	5.4	6	172.0	3480	9.0
MONTGOMERY	101	1.8	1661	11.4	55	14.4	30.0	20.9
MORGAN	47	1.9	1644	14.8	25	22.8	3092	27.9
PERRY	6	1.2	2564	8.7	5	146.8	3077	10.4
PICKENS	<u></u>	1.3	4065	12.0	4	221.8	5081	15.0
PIKE	9	1.3	2782	7.7	7	96.1	3576	9.9
RANDOLPH	- 3	1.4	2618	13.3	5	116.2	3666	18.6
RUSSELL	20	1.7	2269	11.6	12	53.3	3782	19.3
ST. CLAIR	<u> </u>	1.0	3494	8.5	8	80.0	3494	8.5
SHELBY	14	1.2	2716	6.4	12	66.5	3169	7.5
SUMTER	4	1.3	4243	16.0	3	305.0	5658	21.3
TALLADEGA	33	1.3	1978	6.9	26	28.8	2510	8.8
TALLAPOOSA	17	1.3	1990	10.9	13	54.2	2603	14.3
TUSCALOOSA	57	1.8	2035	2.4	31	43.2	3742	22.8
WALKER	25	1.4	2249	7.0	18	44.9	3124	9.7
WASHINGTON	4	2,0	4060	9.8	2	533.0	8120	19.5
WILCOX	<u> i</u>		1 63 B3	33.0	1	899.0	16303	33.0
WINSTON	4	1.3	4163	17.0	3	211.0	5551	22.7
o"ntal	1765	1.7	1951	9.3	1021	49,8	3373	16.0

SELECTED COMPARISONS BY PLANNING DISTRICTS*

Pharmacists

District*	į	- 2	3	4	. 5	ő	7	8	Total
Number Pharmacists	339	82	510	206	208	88	120	212	1765
No. per Pharmacy	1.7	1.6	2.0	1.5	1.7	1.7	1.6.	1.6	1.7
Pop. per Pharmacist	2073	2527	1606	1945	2126	2543	1968	1941	1951
Hosp. Beds** per Pharmacist	10.3	11.7	8.2	9.5	9,7	8.9	8.6	9.3	9.3

SELECTED COMPARISONS BY PLANNING DISTRICTS*

Pharmacies

District*	1	2	3	4	***	á	7	8	Total
No. Pharmacies	204	52	251	132	124	52	74	132	1021
Sq. Mi. per Pharmacy	44.4	103.5	18.7	47.2	58.6	184.7	65.4	28.6	49.8
Pop. per Pharmacy	3445	3986	3263	3037	3566	4305	3191	3118	3373
Hosp. Beds ** per Pharmacy	17.1	18.5	16.6	14.8	16.3	15.1	13:9	14.9	16.0 T

^{*} Planning /Development Districts per Executive Order 23 dated July 24, 1970, except that Sumter County is reflected in District 6 instead of District 2. ** Excludes VA Hospitals.

	1	2	_3_	4	5	6	.7_	8.										
AUTAUGA		7	T	T	1	1		1	T									7
BALDWIN		 	+-	+	+	+	 	+-	╁─							~		-
BARBOUR	<u> </u>	+	+	+	十 一	+	-{	+	+									-1
BIBB		╁┈	┪~~~	+	┪	╅	┪	 	┼──									-
BLOUNT		 	+-	+	+	 	-	-	+	·								-
BULLOCK		1	+ •	+	1		1-	 	 									-
BUTLER		┼	 	+	+	+	╁	+	+									-{
CALHOUN		+	+	3	+	+	 	 	 									
CHAMBERS		+		13	 	+	 	 	 									-
CHEROKEE	<u> </u>	╂	╁	 	 	 	 	+	 									-{
CHILTON'		+	 	 -	+	 -	 	 	 -				····					-}
CHOCTAW	 	 	+		+	+	╅	┼	 									
CLARKE		 		 		 	 	 	+									┥
CLAY		-		 	 -	 	┼	 	╊									-{
CLEBURNE		+	┪	 	+	-	 	 	 									-
	<u> </u>		 	 	┿	 	 	 	 	······································								-1
COFFEE		 	┥	┼	 	 		├	╂									
COLBERT		-	-	 		 	 	 -			·							-
CONECUH			 	ļ	┼		ļ	ļ		~ .	*	=	➣	±	N G	D	1	1
COOSA	 	 		 	 	. }				<u> </u>		SOH	ADD'	SOH	SUPPLY POP./PI	DISTRICT*	1	
COVINGTON	ļ		 	ļ	 	 	Ĺ		—	ا زي c	ם כ	1-1-0	产量	. 코	`_₽	긎		
CRENSHAW	<u> </u>	<u> </u>	<u> </u>		<u> </u>	ļ	ļ		 	Source: Therapi	Planni County	E &	777	- 177	/PHYS	10		Ì
CULLMAN		ļ	<u> </u>	ļ			<u> </u>		1	Ta Tr	2 2	A E	E A	ÐΑ	Z = 2	14	1	
DALE				<u> </u>						Source: Di Therapists	Planning County i	BEDS/PHSHERAPIST(2	THERAPIST	:RAPIST BEDS/PHYS	•	1		1
DALLAS				<u> </u>		2				\$ D	, G	그 후	⊕ ⊣	후귀				1
DEKALB										Directory, ts, City o	_	10 22	00	₹		-		1
ELMORE		I								Č Ć	Deve		ŏ	•			1	
ESC, AMBIA					1					City	Developme	1		٠.		-	-{	1
ETOWAH				2						235	lopment			78			}	
FAYETTE									1	of	Į,		ယ္က	,087		-	1	.]
FRANKLIN			T							(A)		26	388	37	9			-
GENEV A			1		1	,		1		Bir	3						1	j
GREENE						T		Τ		a te	5 5.	Ì					7	1
HALE					Ī					tate Licens Birmingham,	Districts		_	5			Ĭ	i
HENRY		Ī								Licensingham,	ξ <u>Ξ</u> .	4	450	,823		2	SELEC	1
HOUSTON						1	2	1		23 E C	cts		. •	23	4		1	1
JACKSON		 	1	 	1	 				⊆	Ŧ 0,	•		•		-	-121	1
JEFFERSON		 	34	 	<u> </u>	 	 	1		Day	red 's			2		\		İ
LAMAR		 -	1 1 1		1		 	1	1	ည်းတည်	~; S	Ì		22,			•	1
LAUDERDALE			†		1	 		 	_	re Board. David Cusic	₩		129	,757	. 36	ω	.[오	.1
LAWRENCE		 	<u> </u>	 -		 -		 -		Cuda	Executive		9	7	Φ)		A	
LEE	 	 	 		-					رب. دی • د	7 ==			•		-	→ 22	1
LIMESTONE		 -			 	 	 	 -	1-	η · · ·	, [i, , ≤			.08		1	SC	1
LOWNDES	 	 	}	 	 		 	 	1		ָם בי		(L)			4	COMPARISONS	1
MACON			 		7	}				₹	Order	5	391	188	. Un		Į.	1
MADISON	7		 		├─┴─	 -	 			7	į d.			w	0 1			
	 	 				 -	 	 	-	2) Based ARMP - 1	\$ "			.~			22	ļ
MARENGO			 		 	 		 	 	7,700	÷ 23			40,203		1	PLANN ING	ı
MARION	-			 -	 -	 	 		-	on 5		h.	321	<u>"</u> 2	•	ဟ	12	
MARSHALL				<u> </u>	-	 -		1	 	بى تى.	dated	25	2	03				
MOBILE		 		 -	-	 		10_		Ę	ē.						~{	1
MONROE				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	Survey		1		ئے۔ ہے۔ انت		1		ì
ONTGOMERY	 	<u> </u>		<u> </u>	9		 -		<u> </u>	, K	Jul						S	
RICIORGAN		<u> </u>	L				 	 -	<u> </u>	of	y		393	,931		0	置	1
Text Provided by ERIC ERRY	 	<u> </u>				<u> </u>			L'	S.	24	e.	ယ		₽.		DISTRICTS	ļ
PICKENS		l	1		l	L !		l:	<u> </u>	جم.	.	L					10	

BLOUNT BULLOCK BUTLER CALHOUN CHAMBERS CHEROKEE CHILTON CHOCTAW CLARKE CLARKE CLARKE CLARY CLEBURNE COOFFEE COLEERT CONECUTE COOSA COVINGTON CRENSHAW CULLMAN DALE DALLAS DEKALE BLANGRE BLANGRE BLANGRE CULLMAN DALE BLANGRE CULLMAN DALE BLANGRE COMBINE COUNT CRENSHAW CULLMAN CULLMAN DALE BLANGRE BESCAMBIA ETOWAH CRENSHAW CULLMAN CULLM	
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(c) EDUCATION AND TRAINING RESOURCES



4b Medical Technologist:

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The minimum educational requirement is three years of college plus one year of professional education and clinical experience in a hospital laboratory approved by the AMA Council on Education.

Colleges offering a B.S. in Medical Technology

Auburn University, Auburn
Jacksonville State College, Jacksonville
Montevallo University, Montevallo
Samford University, Birmingham
Springhill College, Springhill
St. Bernard College, Cullman
Troy State College, Troy
University of Alabama in Birmingham

Hospitals offering accredited professional education and clinical experience.

University of Alabama in Huntsville

Birmingham:	Student Capacity(1)	
Baptist Medical Center Carraway Methodist Hospital St. Vincent Hospital South Highlands Infirmary University of Alabama Hospitals and Clinics	20 10 8 5 30	
Fairfield:		
Lloyd Noland Hospital	10	
Gadsden:		
Holy Name of Jesus Hospital	12	
Huntsville:	•	
Huntsville Hospital	12	

Mobile:

Mobile Infirmary Providence Hospi

St. Margaret's H

Montgomery:

Montgomery Bapti

Tuscaloosa:

Druid City Hospi

Total

year. Capacity is 161 s

4f Certified Laboratory

The combined schools gra

Minimum course of train minimum of 100 didactic Approved Schools

Birmingham:

University of Ala

Jefferson State J

Dothan:

Southeast Alabama

Gadsden:

Baptist Memorial

Total

(1) Source: Directory of Council on Medical Educa

>	*	
	Mobile:	Student Capacity(1
years of college clinical experience Council on Educa-	Mobile Infirmary Providence Hospital	14 4
Council on Educa-	Montgomery:	
:hnology	St. Margaret's Hospital Montgomery Baptist Hospital	7 15
ille	Tuscaloosa:	
	Druid City Hospital	14
	Total	161
	The combined schools graduate approximately lyear. Capacity is 161 students.	00 students per
ona1	4f Certified Laboratory Assistant:	•
<pre>ident Capacity(1)</pre>	Minimum course of training is 12 months in du minimum of 100 didactic instruction hours.	ration including a .
20 10	Approved Schools	Student Capacity(1)
. 8 . 5	Birmingham:	·
30	Jefferson State Jr. College (18 mo.) University of Alabama (12 mo.)	25 10
	Dothan:	
10	Southeast Alabama General Hospital (12 mo.)	10
	Gadsden:	
12	Baptist Memorial Hospital (12 mo.)	8
į.	Total	53
FRIC	(1) Source: <u>Directory of Approved Medical Ed</u> Council on Medical Education, American Medica	ucation Programs, 1 Assn.,1971.

July 1971

5a Dentist:

Birmingham:

University of Alabama School of Dentistry Current Graduation Rate . Expected Graduations 1975 Two programs wh assistants are tion and serve

54

72

14c Family Pra

out the nation. DUKE PROGR

> 1965. this demic trai tained may

MEDEX (Med University training e vilian act

in length remaining a practici

Modifications d

Alabama Medical

sicians' assist Graduatil Current

Enrollme

15b Nurse-Midw

There are no on

versity of Alab OB-GYN has a pe

wife program wil

7g Sanitarians:

Basic requirement is a baccalaureate degree which may be obtained in any four year college or university. The State Department of Public Health provides in-service training for beginning employees.

Schools offering baccalaureate degree in Sanitary Science

Capacity (Graduates) Troy: Troy State University 1968 - 41969 - 41970 - 8Expected Graduations 1975 -20

13c Medical Records Clerks:

None

14a Physicians, M.D. and D.O.:

There are no schools for Doctor of Osteopathy in the State.

Birmingham:

Student Capacity

University of Alabama Medical Center 105 per class Expected Capacity 1975 - 160 per class Potential Capacity 1975 - 250 per class

Dentistry tion Rate 54 ations 1975 72

degree which may be obversity. The State Deservice training for begin-

gree in Sanitary Science

<u>Capacity</u> (Graduates)

1968 - 4

1969 - 4

1970 - 8

ions 1975 -20

teopathy in the State.

Student Capacity

nter 105 per class 1975 - 160 per class 1975 - 250 per class

14c Family Practice Physician's Assistant:

Two programs which have been instituted for training physicians' assistants are noted here as they have gained national recognition and serve as models for establishing like programs.throughout the nation.

DUKE PROGRAM - Initiated at Duke University in 1965, this program provides two years of academic training at college level. Credits obtained may be used toward a bachelor's degree.

MEDEX (Medical Extension) - A program at the University of Washington directed toward training ex-medical corpsmen in similar civilian activities. The program is 15 months in length with 3 months being didactic and the remaining 12 months a preceptorship program under a practicing physician.

Modifications of the above are being offered at the University of Alabama Medical Center in Birmingham, the only school for physicians' assistants in the State.

Graduations (to February, 1971)	22
Current Enrollment	12
Enrollment Capacity (1975)	60

15b Nurse-Midwife:

There are no organized programs offered at this time. The University of Alabama Medical Center in Birmingham, Department of OB-GYN has a pending grant application to initiate a nurse-midwife program with a capacity of 10 students each 9 months.



84

448

Special	TY REGISTERED NURSE	5 code 1/a
TRAINING RESOURCES		
INSTITUTIONS	Student Capacity 1971	Graduations 1970
BACCALAUREATE: 4 Years		
University of Alabama in Birmingham	404	60
Tuskegee Institute	183	33
Jacksonville State University	8	0
Troy State University	34	. 0
	629	93
DIPLOMA: 3 Years		
Carraway Methodist Hospital	87	26
Druid City Hospital	63	. 13
Holy Name of Jesus Hospital	21	43
Baptist Medical Center in Birmingham	128	59
Mobile General Hospital	108	19
Mobile Infirmary	114	45
Providence Hospital	59	14
St. Margaret's Hospital	102	33
St. Vincent Hospital	112	30
Sylacauga Hospital	52	17
	868	289*
ASSOCIATE: 2 Years		
Jefferson State Junior College	154	42 .
Gadsden State Junior College	63	19
Calhoun State Junior College	133	23
George C. Wallace State Junior College	46	0
Lawson State Junior College	52	0

INSTITUTIONS	1971	1970	
BACCALAUREATE: 4 Years			
University of Alabama in Birmingham	404	60	
Tuskegee Institute	183	33	
Jacksonville State University	8	0	
Troy State University	34	00	
	629	93	
DIPLOMA: 3 Years			
Carraway Methodist Hospital	87	26	
Druid City Hospital	63	13	
Holy Name of Jesus Hospital	21	43	
Baptist Medical Center in Birmingham	128	59	
Mobile General Hospital	108	19	
Mobile Infirmary	114	45	
Providence Hospital	59	14	
St. Margaret's Hespital	102	33	
St. Vincent Hospital	112	30	
Sylacauga Hospital	52	17	
	868	289*	
ASSOCIATE: 2 Years		•	
Jefferson State Junior College	154	42	
Gadsden State Junior College	63	19	
Calhoun State Junior College	133	23	
George C. Wallace State Junior College	46	0	
Lawson State Junior College	<u>. 52</u>	00	
	448	84	

^{*} Includes 12 graduations from Anniston Memorial Hospital (closed/May 1970).



	LICEN2FD	PRACTICAL	
Specialty	NURS	ES	

Code 171 TRAINING RESOURCES Student Graduations Capacity 1970 1971 INSTITUTIONS Ayers State Trade School 32 33 32 Bessemer State Technical Institute 0 Birmingham Metropolitian Area Skill Center 44 O Birmingham Public Schools 103 88 Butler County School of Practical Nursing . 12 13 59 Calhoun Technical Junior College 43 Carver State Technical Trade School 22 0 11 Drake State Technical Trade School 35 Gadsden State Technical Trade School 15 10 24 27 Hobson State Trade School 16 King State Technical Institute 19 22 MacArthur State Trade School 27 15 Muscle Shoals Technical Institute 31 Northwest Alabama State Technical Institute 19 20 25 27 Nunnelley State Vocational Technical Institute 32 Opelika State Vocational Technical Institute 26 -22 Patterson State Vocational Technical School 0 Phenix City School of Practical Nursing 11 6

TRAINING HESOURCES	Student	Graduations
INSTITUTIONS	Capacity 1971	1970
Ayers State Trade School	33	32
Bessemer State Technical Institute	. 0	32
Birmingham Metropolitian Área Skill Center	44	0
Birmingham Public Schools	103	88
Butler County School of Practical Nursing	12	13
Calhoun Technical Junior College	43	. 59
Carver State Technical Trade School	22	0
Drake State Technical Trade School	35	11
Gadsden State Technical Trade School	15	10
Hobson State Trade School	24	27
King State Technical Institute	19	16
MacArthur State Trade School	27	22
Muscle Shoals Technical Institute	31	15
Northwest Alabama State Technical Institute	19	20
Nunnelley State Vocational Technical Institute	25	27
Opelika State Vocational Technical Institute	26	32
Patterson State Vocational Technical School	0	22
Phenix City School of Practical Nursing	11	. 6
Reid State Trade School	18	14
Shelton State Technical Institute	15	19
Southwest State Technical Institute	99	91
Sparks State Trade School	7	8
St. Jude Hospital School of Nursing	17	17
Trenholm State Trade School	57	14
Tuscaloosa State Trade School	. 15	0
Walker County State Trade School	. 0	9
Wallace State Trade School - Cullman	12	24
Wallace State Tech. Trade School - Dothan	26	21
Wenonah State Technical School	46	36
	801	699*

Includes 14 Graduations from Good Samaritan Hospital (closed Sept., 1970).

July 1971

		•	
20a	Pharmacist:	•	Current
	Schools		1 Graduations
	Auburn University	. ,	84
	Samford University, Birmingham		67
	Total		151
	number of graudations is considered s of the State.	sufficient	to meet the
21a	Physical Therapist:	o o o de sub	
	Schools	Student Capacity	Graduations
	University of Alabama Medical Center, Birmingham	20	1970 - 11 1971 - 13
	center, birminajnam	Expected	- 1975 - 30
23a_	Radiologic Technologist:	ź*	
	Birmingham:	Studen	t Capacity(1)
	Baptist Medical Center - Montclair		14
	Baptist Medical Center - Princeton		14
	Carraway Methodist		10
	Jefferson State		6.
	University of Alabama		60
	Gadsden:	Studen	t Capacity

20



Baptist Memorial Hospital

Holy Name of Jesus Hospital

3	·	
	Huntsville:	Student Capacity
Current Annual Graduations	Huntsville Hospital	20
84	Mobile:	
<u>67</u>	Mobile Infirmary	16
151	Providence Hospital	12
cient to meet the	Montgomery:	
·	Montgomery Baptist Hospital	11
nt	St. Margaret's Hospital	8
<u>ity Graduations</u>	Tuscaloosa:	
1970 - 11 1971 - 13	Pruid City Hospital	26
ted - 1975 - 30	Total	225
tudent Capacity(1)	Note: There is a tendency for hospita their own needs.	ls to train only for
14	28b Optometrists:	
14	<u>Schools</u>	Student Capacity
10 6	University of Alabama School of Optometry, Birmingham 1971 Enrollment	25
60	CHP Recommended Class Level	25
•	Note: The school was established in 1	**
Student Capacity	students have been graduated.	one croves no
20	(1) Directory of Approved Allied Medical Educational Prog-	
8	grams, Council of Medical Education, A	wmerican Medical Assn.,



VI. GENERAL PRIORITIES

There is general agreement that Alabama has a shortage of health manpower. It is questionable whether the problem lies in numbers of workers, proper application and/or distribution, or on excessive demands for health services. Increasing concern is placed on the latter, particularly due to the mounting intervention of vast public programs in the supply-demand balance of our system of personal health services. This demand is expected to accelerate at a rate in excess of our capability to recruit and train health workers in the traditional mode. To meet the increasing demand there are four options:

- (a) sheer increase in numbers trained,
- (b) recruitment of trained workers from outside the State,
- (c) modification of traditional roles and patterns of health delivery, and
- (d) better distribution of manpower.

In regard to option (a), the licensed physician has traditionally been considered the pivotal figure in the delivery of personal health services. Regardless of the degree of delegation of tasks, the ultimate responsibility for the health welfare of the individual rests with the licensed medical practitioner, and the physician-patient relationship must not be abrogated. Similar conditions exist in the other licensed professions, as dentistry, optometry, and podiatry, for example. However, increasing the number of physicians is a long-term affair, usually 12 years in our traditional system. Many of the first echelon support personnel require four or more years of preparation. These include the baccalaureate level nurses, physical therapists, vocational rehabilitation counselors, and some medical technologists, to name a few.

Thus we find some unwieldy time constraints in exercising the option of training key health staff.

Priority #1 capacity for phy for which four y required.

Competition for top-level United States, particul exceptions, Alabama dos tract leading educators tion of our trained pro-

Priority #2 - assistance and grants, encourage er learning to glevel teaching a should be placed medicine, dentis phasis should be community health tenance.

Health delivery pattern ilar to the rest of the rigidity and strong mot Some professional practing conditions and are little substantive upda constraint on the optim skill and training. Thinition, particularly i down in assurance of repetency to perform need

Priority #3 of licensure law permit more dele of a licensed pr ge of health es in numion, or on oncern is ng interbalance and is exbility to mode. To

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<u>Priority #1 - Immediately increase the training capacity for physicians and those other categories for which four years or more formal training is required.</u>

Competition for top-level health talent is high throughout the United States, particularly for teaching staff. With but few exceptions, Alabama does not have the natural attributes to attract leading educators and planners. Also, we find out-migration of our trained professionals in an unfavorable balance.

Priority #2 - Through direct State financial assistance and technical assistance in seeking grants, encourage principal institutions of higher learning to greater effort in recruiting top-level teaching and research personnel. Emphasis should be placed on the key health specialties of medicine, dentistry, and nursing. Particular emphasis should be placed on attracting leaders in community health, family practice, and health maintenance.

Health delivery patterns in Alabama, while for the most part similar to the rest of the nation, incur special barriers due to rigidity and strong motivation to preserve a "guild" system. Some professional practice acts have not kept abreast with changing conditions and are considered unduly restrictive with very little substantive updating for several years. The result is constraint on the optimal utilization of the professional's skill and training. There are significant problems in job definition, particularly in the laboratory sciences, and a breakdown in assurance of reasonable comparability of title and competency to perform needed tasks.

Priority #3 - Systematic and thorough assessment of licensure laws and revamping as necessary to permit more delegation of tasks under supervision of a licensed practitioner.

<u>Priority #4</u> - Establish standarized definitions for all categories of allied health workers with standards for training and demonstration of initial and continuing competency.

Priority #5 - Better distribution of health manpower. A relative low priority is awarded attempts to redistribute our short supply of health manpower. Distribution is principally a matter of economics. The financial and other incentives which would attract personnel to a shortage area are so intermingled with general economic conditions that separate responsibilities cannot be identified.

Implementation

Each of the above priorities should be supported by in depth analysis and interpretation of a wide spectrum of health manpower data. Unfortunately, data in quantities and depth of coverage necessary to effect sound and efficient implementation are not now readily available. While the priorities as listed are prompted through input from a large number of persons knowledgeable in health matters, there is a critical need for detailed reliable data concerning the characteristics, interrelationships, and trends among our some 100 different categories of health manpower.

A General Concurrent Priority - To develop a system for routine acquisition, storage, retrieval, and dissemination of highly standardized and reliable manpower data. Preference is for development of intraspecialty capability for data generation and interpretation. Storage, further analysis, retrieval, and dissemination should be through accentral repository serving the entire State.

CATEGORICAL PRIORITIES

This health manpower plan is concerned primarily with the numbars, distribution, and utilization of health manpower. Curriculum development of school administration and internal regimentation of a profession or occupation are, in general, outside the scope of the plan, relationships to suppl code numbers for disci Statistics", 1969, publi and Welfare, and do no

4b Medical Technologi

4f Certified Laborate

Similar priorities are There is considerable laboratory specialty g level of preparation a specialty. In addition

> Priority #1 titles for the include standar

Priority #2 licensure vs. c ance of finding

Priority #3 - cation links w and with other community.

The concurrent priorit ible data system is ex

5a Dentists:

Conditions which contrare:

- (a) insufficient educ
- (b) restrictive licer dental auxiliarie



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ERIC Full Text Provided by ERIC

the scope of the plan, except where practices have identifiable relationships to supply and demand within the category. The code numbers for disciplines were adapted from "Health Resources Statistics", 1969, published by U.S. Dept. of Health, Education, and Welfare, and do not indicate relative priority.

4b Medical Technologist: and

4f Certified Laboratory Assistant:

Similar priorities are applicable to all laboratory manpower. There is considerable overlap in duties performed by the various laboratory specialty groups and even considerable variation in level of preparation and work tasks performed within a single specialty. In addition, there is divided opinion concerning the merits of licensure versus certification.

Priority #1 - Clarify and standardize category titles for the various laboratory specialties, to include standardization of preparation criteria.

Priority #2 - Continue assessment of merits of licensure vs. certification, and promote acceptance of findings.

Priority #3 - Strengthen liaison and communication links with the State's education system and with other categories within the health community.

The concurrent priority to develop an adequate and readily accessible data system is extremely important for laboratory categories.

<u>5a Dentists:</u>

Conditions which contribute to the shortages of dental manpower are:

- (a) insufficient educational facility capacity,
- (b) restrictive licensure which prevents full utilization of dental auxiliaries, and

(c) probable excessive demand which could be alleviated by preventive education and fluoridation of water supplies.

Priority #1 - Increase student capacity by strengthening existing school at Birmingham.

<u>Priority #2</u> - Modernize the dental practice act to permit wider use of dental auxiliaries.

Priority #3 - Stimulate legislation providing for universal fluoridation of public water supplies where natural fluorides are absent.

General priorities concerning adequate data base and attracting leaders in education and research are also applicable to dentistry.

7g Sanitarians:

Sanitarians are having difficulty attracting new personnel, particularly in the field of public health. Principal reasons reported are very low salary ranges and a mixture of duties in which many are below the level for which a baccalaureate degree is required.

Priority #1 - Modify the role of the sanitarian to promote better utilization of required training and skills. This may be accomplished through regionalization of existing work force and provisions for delegation of routine, lower level tasks to supportive personnel.

Priority #2 - Expand the scope of the sanitarian's participation in the health delivery system.

<u>Priority #3</u> - Establish programs of continuing education.

13c Medical Records Clerks:

Ala. CHP

Medical records clerks perform much of the routine clerical effort associated with patient records. In larger institutions they under the supervision of medical records librarians. In

time to patient records, eral office duties. The cords clerk and the medic degree of effort and a gr medical records on the pamaintenance of highly org becoming increasingly imp

individual physicians' of

in major health programs. mands for uniform standar with patient records.

taining patient re most likely will n ucational institut Additional impetus groups having supe registered record

Priority #1 - St

various levels of

velop career ladde status at Associate Priority #3 - In multiple competency

Priority #2 - Pro

refresher programs

in individual offic

title may be Medica

14a Physicians, M.D. & D.

- ©Currently five principal : physician shortage:
 - (a) a proposal of the Med Birmingham, for expan
- (b) a proposed developmen

(c) significant trends to practice, lleviated by ater supplies.

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ew personnel, parcipal reasons ree of duties in calaureate degree

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tine clerical efper institutions they light ans. In individual physicians' offices, duties may be devoted only parttime to patient records, with added activity concerned with general office duties. The basic difference between the medical records clerk and the medical office clerk is a transient matter of
degree of effort and a greater requirement for familiarity with
medical records on the part of the medical records clerk. The
maintenance of highly organized and accurate patient records is
becoming increasingly important, particularly with the increase
in major health programs. Therefore, there will be increased demands for uniform standards of competency for persons working
with patient records.

Priority #1 - Strengthen linkages between the various levels of persons responsible for maintaining patient records. Initial responsibility most likely will need to be assumed by the educational institutions, particularly Junior Colleges. Additional impetus should come from the associated groups having supervisory responsibilities; e.g., registered record librarians.

<u>Priority #2</u> - Provide continuing education and refresher programs for existing work force and develop career ladders to medical records technician status at Associate Degree level.

Priority #3 - Initiate training-programs for multiple competency clerical personnel to serve in individual offices and in rural areas. Alternate title may be Medical Office Specialist.

14a Physicians, M.D. & D.O.:

Currently five principal thrusts are under way to alleviate the physician shortage:

- (a) a proposal of the Medical Center, University of Alabama in Birmingham, for expansion of student capacity,
- (b) a proposed development of a new medical school in Mobile,
- (c) significant trends to emphasize community and family practice,

- (d) development of first echelon support workers such as physicians' assistants and surgeons' assistants,
- (e) expanded continuing education effort (Regional Medical Programs, and others), and
- (f) reducing length of educational periods required.

Priority #1 - Assure the continuing development and expansion of the existing medical school at UAB through appropriate public funding.

Priority #2 - Re-evaluate the findings of the Booz, Allen and Hamilton report on medical' education (1967) and either update or supercede with an alternate plan of long-range development.

Priority #3 - Support the development of physicians' assistants with a goal of one assistant for each four Family Practice Physicians by 1975.

<u>Priority #4</u> - Stimulate better utilization and increased competency through expanded continuing education.

Concurrent with the above priorities is the development of a comprehensive and routinely maintained data base for medical practice in the State. This is envisaged as a joint effort between the Medical Association of the State of Alabama, the Healing Arts Board, and the Comprehensive Health Planning Administration.

14c Family Practice Physician's Assistant:

The development of the physician's assistant (PA) is proceeding in a restrained and cautious manner pending establishment of an experience base by which to evaluate the merits and success of this category of health manpower.

Priority #1 - Continue to train PAs in numbers sufficient to meet a 1975 goal of one PA for each four Family Practice Physicians.

Priority #2 graduates, clar standards, and through certifi

15b Nurse-Midwife:

In many European count liveries are performed This relieves the burd concentration on compl trained nurse-midwife would be considered de

Priority #1 - wifery of suffi per year. The in Birmingham i training.

Priority #2 -

Priority #3 - of a Maternal a

Priority #4 - practice of gratrained nurse-m 462 practice pe sently.

17a Registered Nurses

Priority #1 - nursing manpowe

Priority #2 - ucators.

Priority #3 through existin workers such as phyistants,

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e development of a comase for medical pracjoint effort between abama, the Healing Arts ng Administration.

nt (PA) is proceednding establishment of e merits and success of

s in numbers ne PA for each <u>Priority #2</u> - Evaluate role and performance of graduates, clarify performance and competency standards, and develop regulatory provisions through certification or licensure.

15b Nurse-Midwife:

In many European countries, the majority of uncomplicated deliveries are performed with notable success by a nurse-midwife. This relieves the burden on the physician and permits his concentration on complicated births. The utilization of the trained nurse-midwife for uncomplicated deliveries in Alabama would be considered desirable.

Priority #1 - Initiate a program for nurse-midwifery of sufficient size to graduate at least 10 per year. The University of Alabama Medical Center in Birmingham is the preferred location for initial training.

Priority #2 - Utilize nurse-midwives in hospitals.

<u>Priority #3</u> - Utilize nurse-midwives as members of a Maternal and Child Health Team.

Priority #4 - Discontinue County Health Department practice of granting permits to "granny midwives" as trained nurse-midwives be ome available. There are 462 practice permits for "grannies" in effect presently.

17a Registered Nurses:

<u>Priority #1</u> - Strengthen the data base for nursing manpower and education.

<u>Priority #2</u> - Increase number of nurse educators.

<u>Priority #3</u> - Increase number of RN graduates through existing institutions.

Priority #4 - Establish firm channels of liaison between the State Board of Nursing, the State Department of Education, and the health service community. (The latter is expected to develop through the Commission for Nursing, which is the planning element for the State Board and the nursing associations.)

<u>Priority #5</u> - Develop programs for re-activation of nurses licensed but inactive.

<u>Priority #6</u> - Expand continuing education programs.

17i Licensed Practical Nurses (LPN):

General priorities related to data base, communication, and liaison as listed for registered nurses apply likewise to licensed practical nurses. The growth in numbers of LPNs has exceeded that of the RNs. At present the ratio is approximately 1:1.

Priority #1 - Develop career ladders whereby LPNs may progress to degree programs in nursing or related health occupations.

Priority #2 - Expanded continuing education.

Priority #3 - Maintain an LPN work force at no greater than 1:1 ratio with registered nurses.

20a Pharmacist:

Several trends are evident in pharmacy:

- (a) a trend away from the pharmacist role of joint businessman-professional,
- (b) a trend toward more clinical and institutional emphasis,
- (c) a trend away from small local pharmacies and toward large chain store operations with high volume per unit, and

(d) a trend toward brand names.

There does not ap The supply - demai cern is that educa pharmacists.

Priority #1 reflects no stitutional

21a Physical Ther

Priorities for PTs category of Physic currently licensed the PT will be to sician or dentist assistants. The upand the operation the need for number

Priority #icalaureate 1975 goal c

Priority #2
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Priority #3 students wi relationshi program.

23a Radiologic Te

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cies and toward large ume per unit, and

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(d) a trend toward pre-packaged blended drugs marketed under brand names.

There does not appear to be a shortage in numbers of pharmacists. The supply - demand ratio has stabilized and the principal concern is that education be responsive to changing roles for pharmacists.

<u>Priority #1</u> - Assure that training for pharmacists reflects new role trends toward clinical and institutional pharmacy.

21a Physical Therapist (PT):

Priorities for PTs must be considered in light of the emerging category of Physical Therapy Assistants. Both categories are currently licensed in Alabama. Whereas the principal role of the PT will be to evaluate and treat upon referral from a physician or dentist, the role will be expanded to supervision of PT assistants. The use of assistants (or technicians) will expand the operational effectiveness of the PT and will influence the need for numbers of the latter.

Priority #1 - Continue to educate PTs at baccalaureate level in sufficient numbers to meet a 1975 goal of one per 100 hospital beds.

Priority #2 - Train PT assistants in numbers sufficient to reach a goal of 1:1 with PTs by 1975. Develop second year clinical program to complement first year core curriculum of the various junior colleges for physical therapy assistants.

<u>Priority #3</u> - Strengthen familiarization of medical students with concepts of physical therapy and the relationship of the therapist and the treatment program.

23a Radiologic Technologist:

The radiologic technologist routinely operates x-ray equipment wherein there is constant danger of over- or under-exposure of

the patient to ionized radiation. (The operation of x-ray devices by unskilled persons poses a serious health hazard.)

<u>Priority #1</u> - Stabilize standards of competence for all radiologic technologists through licensure, certification, or registration.

<u>Priority #2</u> - Promote concept that x-ray equipment should be operated only by persons of demonstrated and continuing competence.

<u>Priority #3</u> - Promote strong programs of continuing education to keep technologists abreast of new techniques and equipment.

28b Optometrists:

The optometric profession in Alabama is experiencing difficulty in maintaining direct responsibility of the licensed practitioner for the welfare of his patient. This is brought about by the influx of corporate chains of stores promoting sale of eyeglasses. Objections are raised to this method of providing vision services because of the emphasis on merchandising and the removal of the licensed practitioner from direct management responsibility. At present court action is in process against some chain store operations.

<u>Priority #1</u> - Resolve questions concerning corporate practice and strengthen peer review process.

Priority #2 - Encourage continuing education.

VII. IMPLEMENTATION RESPONSIBILITIES

The following section identifies implementation responsibilities in the indicated specialty areas. In general, listing of responsibilities refers to one or more of the noted priorities for each specialty category.

4b Medical Technologist: and

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4f Certified Lab

The professional in clarifying definersonnel. A major scheduled for Octofederal funds. The will conduct the street will it

5a Dentist:

The State Legislat University of Alab equipment are to bed. The Alabama Dupdate the Dental continue.

The Jefferson Cour promoting fluorida received strong su rehensive Health B demands in critical

7g Sanitarians:

The Alabama Associ partment share res scope of activity

13c Medical Recor

The Vocational Edu ucation is expecte trade schools to p for this specialty cational training ration of x-ray dehealth hazard.)

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licensed practitionbrought about by the
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n responsibilities in sting of responsibirities for each speci-

4f Certified Laboratory Assistant:

The professional societies are expected to play a principal role in clarifying definitions, roles, and distribution of laboratory personnel. A major nationwide census of laboratory personnel is scheduled for October 1971. This census will be financed with federal funds. The American Society of Medical Technologists will conduct the survey, using 2,000 enumerators. The scope of the survey will include every laboratory in the United States.

5a Dentist:

The State Legislature will need to appropriate more money for the University of Alabama School of Dentistry if the facility and equipment are to be modernized and the student capacity increased. The Alabama Dental Association currently is attempting to update the Dental Practice Act. This activity is expected to continue.

The Jefferson County Dental Society is sponsoring legislation promoting fluoridation of water supplies. Fluoridation has received strong support from both State level and Areawide Comprehensive Health Planning Agencies since this would decrease the demands in critically short dental manpower.

7g Sanitarians:

The Alabama Association of Sanitarians and the State Health Department share responsibility in promoting the expanded role and scope of activity for those in the sanitary sciences.

13c Medical Records Clerks:

The Vocational Education Division of the State Department of Education is expected to take the lead through junior colleges and trade schools to provide basic training and refresher resources for this specialty group. Involvement by MDTA and other vocational training funding programs should be increased.

15b Nurse-Midwife:

The University of Alabama Medical Center is now seeking grant funds to initiate a program for training ten nurse-midwives each nine months.

17a~ Registered Nurses:

The State Board of Nursing and the Comprehensive Health Planning Administration have entered into a contract to convert nursing licensure data to electronic format. Continued analysis and dissemination of data will be conducted by these agencies and the Commission for Nursing (the planning organization for nursing). Control of basic data will remain with the Board.

Strengthening liaison between the Board of Nursing, the Planning Commission, and the State Department of Education is expected through shared responsibility of the agencies involved.

The availability of adequate data should encourage several agencies to develop programs for reactivation of nurses licensed but not active. In addition to activity within nursing organizations, follow-through programs are expected as a result of efforts of the Areawide Comprehensive Health Planning Agencies.

17i Licensed Practical Nurses:

There is considerable interest at junior college level to develop career ladders for LPNs. The State Department of Education and the professional society are expected to assume major responsibility for follow-through.

Nurse shortages appear to follow a geographic pattern, with those counties distant from training resources showing the greatest shortage. There does not appear to be a ready solution to the distribution problem and since a major portion of the problem is related to the lack of mobility of the lower levels of technical staff, no clear-cut responsibilities are identified.

Both the Department of Education and the professional nursing society share responsibility for developing appropriate refresher and continuing education programs.

20a Pharmacist:

The two pharmacy school ed to monitor closely and the modes of opera

2la Physical Therapis

The University of Alat process of expanding s alleviate perceived sh next decade.

The training of physic ly. The availability rect bearing on the ne The University of Alat associations have shar preting trends in both

23a Radiologic Techno

There appears to be a radiologic technologis should lead to more stitional potential for

Increasing emphasis is nationwide, including the State does not hav operators of x-ray equincrease.

28b Optometrists:

The State licensing bo sional society, is att management and ethics licensed optometrist.

Major delivery program itiated strong peer re ing services under the



is now seeking grant ten nurse-midwives

ehensive Health Planning act to convert nursing ntinued analysis and by these agencies and organization for nurswith the Board.

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raphic pattern, with those s showing the greatest a ready solution to the portion of the problem is lower levels of technical e identified.

e professional nursing ping appropriate refresh-

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20a Pharmacist:

The two pharmacy schools and the professional society are expected to monitor closely the changing trends in pharmacy education and the modes of operation within the profession.

21a Physical Therapist:

The University of Alabama Medical Center in Birmingham is in the process of expanding student capacity to levels which should alleviate perceived shortages in physical therapists over the next decade.

The training of physical therapy assistants is progressing rapidly. The availability of persons in this category will have direct bearing on the needs for and role of physical therapists. The University of Alabama Medical Center and the professional associations have shared responsibility for monitoring and interpreting trends in both specialty groups.

23a Radiologic Technologist:

There appears to be a trend toward formal curriculum training of radiologic technologists in educational institutions. This should lead to more standardized preparation and create additional potential for systematic continuing education.

Increasing emphasis is being placed on environmental matters nationwide, including control of ionized radiation. At present the State does not have adequate monitoring capability of the operators of x-ray equipment. This capability is expected to increase.

28b Optometrists:

The State licensing board, with strong support of the professional society, is attempting through State courts to contain management and ethics responsibility within the purview of the licensed optometrist. There is reasonable assurance of success.

Major delivery programs such as Medicaid (Title XIX) have initiated strong peer review mechanisms for optometrists providing services under the program. The new school at Birmingham and the professional society have shared responsibility for continuing education development.

VIII. INNOVATIVE AND SPECIAL HEALTH MANPOWER PROGRAMS

The development of innovative or special health manpower categories is dependent on

- (a) availability of training resources,
- (b) removal of legal barriers, if any, and
- (c) acceptance in the health community.

The Regional Technical Institute (RTI) of the University of Alabama Medical Center in Birmingham was established in the late 1960's to provide technical and clinical experience for allied health students from junior colleges and trade schools. The student returns to the parent school for conferring of degree. The concept behind the RTI is to prevent duplication of expensive equipment in the many small colleges and schools and to make available high quality clinical experience to supplement core curriculums of the various dispersed institutions.

Only a few other novel programs are in existence in the State. As an example, Troy State University is offering a sub-baccalaureate program directed at general orientation in the health sciences.

There are several project programs under way or in final planning stages. These projects only border on innovative status and include such projects as "four-handed dentistry" and nurse-midwifery at the University of Alabama Medical Center.

A principal need is to develop <u>multiple competency technicians</u>. As an example:

Electrocardiograph Electroencephalograph X-Ray Laboratory

_Technician

Persons with multiple copecially in demand in starea is insufficient to

Another area of need is persons would be trained routing patients in doctords, and perform other

The current push for enfor environmental technical sand solid waste disposa

The above and several solution levels of allied in for inclusion in the 197 institutions in the Statent on the emergence of a demand for new and dislevel, clarifying licensisting practice acts will novative training programmer.

The State and Areawide (expected to identify man particularly those who v of health services. nal society have development.

PROGRAMS

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University of Alashed in the late rience for allied a schools. The erring of degree. Ication of examples and schools and ence to suppled institutions.

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or in final plannnovative status itistry" and nursel Center.

etency technicians.

Technician

Persons with multiple competencies in these fields would be especially in demand in smaller hospitals where volume in any one area is insufficient to utilize persons full-time.

Another area of need is for medical office assistants. These persons would be trained to accomplish routine procedures in routing patients in doctors' offices, help maintain medical records, and perform other administrative duties.

The current push for environmental control is pointing up the need for <u>environmental technicians</u>. These persons would work as supportive and technical staff in air and water pollution control and solid waste disposal.

The above and several similar categories, principally in the lower levels of allied health occupations, are being considered for inclusion in the 1971-72 programs of several educational institutions in the State. Progress has been partially dependent on the emergence of new federal health programs which create a demand for new and different categories of workers. At State level, clarifying licensure requirements and modernizing existing practice acts will add empetus to the development of innovative training programs.

The State and Areawide Comprehensive Health Planning effort is expected to identify many new needed categories of workers, particularly those who would participate in teams for delivery of health services.

INNOVATIVE ALLIED HEALTH TRAINING PROGRAMS TO BE OFFERED BY REGIONAL T

UNIVERSITY OF ALABAMA MEDICAL CENTER IN BIRMINGHAM, ALAB

Category Description	Length of Course	Student Class Size	<u>Category Descri</u>
Medical Data Processing Technician: Training in operation of unit record equipment, key punch, coding, computer including programming and information retrieval.	12 mo.	15	Medical Secretary: Training in special sessible including transmedical records and details.
<u>Dietetic Technician:</u> Training in menu preparation, food preparation, purchasing and storing foodstuffs, accounting and cost centrol and sanitation.	12 mo.	20	Medical Office Assistant Training to expand scotencies for persons encal offices. The studthe number of areas in tency is desired.
Recreational Therapist Supervisor: Training in recreational programs for nursing homes.	21 wks.	30	Admissions Clerk: Training to prepare per in the admitting depart hospital.
Electro-Medical Equipment Repairman & Bio-Medical Equipment Repairman: Training to maintain and service special bio-medical equipment used in hospitals, clinics and doctors' offices.	12 mo.	16	
Health Facility Maintenance Technician: Training to perform first-line general maintenance in a clinic, hospital, nursing home, or health facility. Scope will cover plumbing, heating, cooling, carpentry, electrical, etc.	€ mó.	45	* Curriculums have been for each of the above contingent upon fundin the categories will be lege linkage program.

TH TRAINING PROGRAMS TO BE OFFERED BY REGIONAL TECHNICAL INSTITUTE*

Y OF ALABAMA MEDICAL CENTER IN BIRMINGHAM, ALABAMA

th se	Student Class Size	Category Description	Length of <u>Course</u>	Student Class Size
8).	15	Medical Secretary: Training in special secretarial skills including transcription of medical records and data.	6 mo.	15
по.	20	Medical Office Assistant: Training to expand scope of competencies for persons employed by medical offices. The student may select the number of areas in which competency is desired.	6 mo.	30
wks.	30	Admissions Clerk: Training to prepare persons to work in the admitting department of a hospital.	6 mo.	30
mo.	16			

.

* Curriculums have been developed by Regional Technical Institute for each of the above programs. Initiation of training is contingent upon funding through an MDTA pilot project. Some of the categories will be included in a University - Junior College linkage program. Anticipated start-up date, July 1971.



IX. CVALIUTION



IX. EVALUATION

Two separate but related evaluations will be conducted.

- (a) This interim report is an effort to present health manpower data in a format which will be useful to health planners and institutions throughout the State. A systematic inquiry will be made to the customary users of this type data to assess the usefulness of the data selected and the appropriateness of the presentation format.
- (b) A concurrent assessment will be made of changes in the health manpower status of the State which could be attributed, all or in part, to the availability of comparative manpower data. Any deviation from historical trends in manpower characteristics should provide a clue to possible impact. However, in view of the many possible contributing variables which do not yield to objective measurement, it may be necessary to rely on qualitative assessment of the value of the presented data.

Evaluation of the design and format should be completed within the first three months after data are distributed. Assessment of impact, if any, is not feasible until at least a 12month period has elapsed.

X. APPENDICES

Selected Demographic Data
Hospital Bed and Distribution Data
Total Manpower Needs in Hospitals
Manpower Categories and Identification Code



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	TOTAL POPULATION 1970	SQUARE MILES 1970	POP. PER. SQUARE MILE 1970	PERCENT NON WHITE 1970	PERCENT OF FAMILIES WITH INCOME LESS THAN \$3,000
THE STATE	3,444,165	50,856	68	26.6	
ÄÜTAUGA	24,460	599	41	28.5	
BALDWIN	59.382	1,578	38	18.1	
BARBOUR	22,543	899	25	46.3	<u> </u>
BIBB	13.812	625	22	28.5	
BLOUNT	26.853	640	42	2.9	
BULLOCK	11,824	615	19	67.4	
BUTLER	22,007	773	28	39.8	
CALHOUN	103.092	611	169	17.2	
CHAMBERS	36,356	599	61	34.7	
CHEROKEE	15,606	600	26	9.5	
CHILTON'	25,180	699	35	13.8	
CHOCTAW	16,589	918	18	43.9	
CLARKE	26,724	1,238	22	43.7	
OLAY	12.636	603	21	17.3	
CLEBURNE	10,996	574	24	6.0	
COFFEE	34.872	677	52	17.5	
COLBERT	49.632	596	83	17.3	·
CONECUH	15.645	850	18	44.3	
COOSA	10.662	650	16	35.1	
COVINGTON	34.079	984	35	15.8	
CRENSHAW	13.188	611	22	29.6	
CULLMAN	52,445	743	71	2.6	
DALE	52,938	559	95	14.0	!
DALLAS	52,296	976	57	52.4	
DEKALB	41.981	778	54	2,5	
ELMORE	33 535	624	54	28.3	
ESCAMBIA	34,906	962	36	32.0	
ETOWAH	94,144	555	170	14.3	
FAYETTE	16.252	627	30	13.9	
FRANKLIN	23.933	644	37	5.4	
GENEVA	21.924	577	38_	13.3	
GREENE	10,650	640	17	74.8	
HALE	15,880	662	24	66.2	
HENRY	13,254	565	23	40.1	
HOUSTON	56,574	577	98	23.8	
JACKSON	39.202	1.079	36	5.6	

(1) Per 1000 population. (2) Per 1000 live births.



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		PERCENT OF		_			/21
POP. PER.	PERCENT	FAMILIES WITH	PERCENT	PL CENT	PERCENT	OIRTH(1)	INFANT(2)
SQUARE MILE	MON WHITE	INCOMĘ LESS	UNDER 18	18 - 64	65 AND	PATE	MORTALITY
197 0	1970	THAN \$3,000	1970	19.	OVER 1970	1 96 9	RATE 1969
68	26.6		35.8	54 7	9.5	18.9	26.0
41	28.5	A ³⁻	41_4	50. ∤	7.8	19.2	22.0
38	18.1		37.1	52. 2	10.7	18.5	30.0
25	46.3		37.2	51.7	11.1	20.2	29.0
22	28.5		37.6	50.9	11.5	19.6	8.5
42	2.9		33.8	55.5	10.7	16.3	9.3
19	67.4	,	41.2	46.1	12.7	19.7	43.1
28	39.8		36.6	50.5	12.9	20.5	32.3
169	17.2	·	33.9	58.2	7.9	19.7	21.8
61	34.7		34.5	54.5	11.0	20.2	26.2
26	9.5		32.8	56.5	10.7	15.7	37.2
35	13.8		34.2	53.8	12.0	18.4	17.6
18	43.9		39.7	49.7	10.6	23.2	34.7
22	43.7		40_1	49.5	10.4	24.0	43.3 43.1
21	17.3		34.3	51.4	14.3	19.2	
24	6.0		34.9	54.5	10.6	14.1	32.7 38.7
52	17.5		35.7	55.6	8.7	22.2	38.7
83	17.3		36.1	55.0	8.9	17.5	29.0
18	44.3		38.0	47.9	14.1	19.5	36.3
16	35.1		36.1	52.5	11.4	18,7	25.4
35	15.8		33.2	53.9	12.9	18.0	19.9
22.	29.6		33.0	52.7	14.3	16.8	27.0
71	2.6		33.9	55.7	10.4	15.9	22.4
95	14.0	1	32.9	62.2	4.9	25.0	20.5
57	52.4		40.1	50.2	9.7	23.5	31.2
54	2,5		32.9	55.2	11.9	16.8	14.6
54	28,3		36.1	53.1	10.8	20.9	36.6
- 36	32.0		35.9	54.3	9.8	21.8	22.6
170	14.3		33.5	56.6	9.9	18.4	22.4
30	13.9		33.0	54.8	12.2	16.0	31,4
37	5.4	:	32.9	55.4	. 11.7	19.1	45.1
38	13.3		33.2	54.6	12.2	18.6	
17	74.8		`41.5	44.8	13.7	19.5	65.3
24	66.2		41.8	44.8	13.4	19.2	67.7
23	40.1		34.6	53.7	11.7	19.2	40.5
98	23.8		36.1	55.0 °	8.9	21.2	23.7
26	5.6		35.)	55.2	9.7	19.7	15.9
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	TOTAL	SQUARE	POP. PER.	PERCENT	FAMILIES WITH PE	
	POPULATION	MILES	SQUARE MILE	NON WHITE		IDER 18
	1970	1970	1970	1970	THAN \$3,000 19	70
THE STATE	3.444.165	50.856	68	26_6	.35	8
JEFFERSON	644,991	1.116	578	32.2	34	3
LAMAR	14,335	605	24	14.4	32	
LAUDERDALE	68,111	662	103	10.7	35	
LAWRENCE	27,281	685	40	19.2	39	.0
LEE	61,268	612	100	28.0	. 32	.0
LIMESTONE	41.699	545 :	77	17.8	37	
LOWNDES	12.897	715	18	77,3	46	
MACON	24,841	616	40	80.7	32	
MADISON	186,540	803	232	15.7	7 39	
MARENGO	23,819	978	24	54.7	40	
MARION	23,788	743	32	3.2	32	.5
MARSHALL	54.211	571	95	2.5	34	.6
MOBILE	317,308	1,240	256	32.5	38	. 3
MONROE	20.883	1.032	20	46.0	40	.0
MONTGOMERY	167,790	790	212	36.4	36	.6
MORGAN	77,306	570	136	9.8	36	.9
PERRY	15,388	734	21	57.9	38	.9
PICKENS	20,326	887	23	41.4	38	.0
PIKE	25,038	673	37	34.0		. 8
RANDOLPH	18,331	581	32	22.6		.0
RUSSELL	45.394	639	71	45.6	38	
ST. CLAIR	27,954	640	44	14.4		
SHELBY	38.037	798	48	17.1		.5
SUMTER	16.974	915	19	65.4	39	
TALLADEGA	65.280	750	87	30.8		. 5
TALLAPOOSA	33,840	705	48	27.9	34	.2
TUSCALOOSA	116.029	1.338	87	25.1	31	.4
WALKER	56.246	808	70	9.0		.2
WASHINGTON	16.241	1.066	15	30.7	42	
WILCOX	13.303	899	18	68.2	44	
WINSTON	16,654	633	26	0.8		.5
			<u></u>	<u>V.V</u>		•

(1) Per 1000 population. (2) Per 1000 live births.



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	POP. PER. SQUARE MILE 1970	PERCENT NON WHITE 1970	PERCENT OF FAMILIES WITH INCOME LESS THAN \$3,000	PERCENT UNDER 18 1970	PERCENT 18 - 64 1970	PERCENT 65 AND OVER	BIRTH ⁽¹⁾ RATE 1969	INFANT(2) MORTALITY RATE 1969
	68	26.6		.35_8	54.7	9.5	18.9	26.0
	578	32.2		34.3	55.6	10.1	16-8	22.6
	24	14.4		32.4	54.5	13.1	17.4	32.0
	103	10.7	ميد در ومستندمه به الميد و بيد و ميد در الميد و الميد و الميد و الميد و الميد و الميد و الميد و الميد و الميد	35.1	56.0	8.9	17.9	20.9
	40	19.2		39.0	52.2	8.8	19.9	_33.6
	100	28.0		32.0	61.8	6.2	20.5	20.2
	77	17.8		37.3	54.0	8.7	21.0	26.9
	18	77,3	n . who and a garage to grade a temperature have described to the Thinking to payage general	46.8	42.7	10.5	22.8	20.6
	40	80.7	the war because any particular residence to mark to a first executive of the first experience as	32.8	55.7	11.5	17.8	39.7
	232	15.7	والمعاور والمعاور والمعاورة والمعاون والمعاون والمعاون والمعاون والمعاون والمعاون والمعاون والمعاون والمعاون والمعاون	39.0	54.4	4.6	21.1	20.4
	24	54.7	reggins and the discharge on the law up were a selection parameter and the selection of the	40.7	47.7	11.6	24.3	25.0
	32	3.2	در باده او مدرس به درست مرحدهٔ همین باده به جود و درستان باده و مدرستان باده میشود و درستان باده میسیدن می	37.5	55.2	12.3	16.7	26.0
	95	2.5	nig ald animal rather leaves the substant to the World W. To a quantum party.	34.6	55.5	9.9	17.5	26.9
	256	32.5	-	38.3	53.9	7.8	19.9	25.8
	20 212	46.0	ر برمرد و در مناسب د ساست محمد د درست و درست در درست می درست و در	40.0	48.6	11.4	21.6	29.4
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	136	9.8		36.9	55.]	8.0	20.1	19.9
	21	57.9	·	38.9	48.1	13.0	17.3	22.7
	23	41.4	and the state of t	38.0	49.4	12.6	18.4	37.7
	37	34.0	-	32.8	56.3	10.9	22.2	50.4
	32	22.6		33.0	53.1	13.9	20.3	35.8
	71	45.6	***	38.6	53,2	8.2	23.0	24.3
	44	14.4		36.2	53.8	10.0	19.9	20.7
	48	17.1		35.5	55.3	9.2	18.8	22.2
	19	65.4		39.1	48.5	12.4	20.2	30.2
	87	30.8		38.5	52.7	8.8	22.0	38.8
	48	27.9		34.2	54,5	11.3	20,4	40.4
	87	25.1		31.4	59.5	9.1	18.5	26.4
	70	9.0	·	34.2	54.2	11.6	17.8	30.2
· .	15	30.7		42.0	49.0	9.0	23.9	35.2
	18	68.2	· · · · · · · · · · · · · · · · · · ·	44.3	44.0	11.7	21.6	28.8
. ·	26	0.8		33.5	56.7	9.8	20.9	30,1

1^^^@''ve births.

• •	NO. HOSP. BY	r	: :	NO. B		DISTRIC		.05 010.	21.70.0	AVERAGE	DITACT
	COUNTY	1	2	, 3 ,	4.	5 ,	6	7	8	1.	2
AUTAUGA,						68					
BALDWIN	3								180		
BARBOUR	1							74			,
BIBB			36								9
BLOUNT	. 1			78							
BULLOCK	1					31				ļ	
BUTLER	2					96				·	
CALHOUN	3				439				K]	
CHAMBERS	3			— —————	220				-		
CHEROKEE	I				60						
CHILTON	1			60							
CHOCTAW	1						65 114				
CLARKE	3						114				
OLAY	1				33		, 				
CLEBURNE	1		·····		.30						
COFFEE	3							162			
COLBERT	2	355					·			249	
CONECUR	1						44				
COOSA	Q										~
COVINGTON	4	·		•				278			
CRENSHAW	1					53		,			
CULLMAN		108								91	
DALE	1							71			
DALLAS	3						254				
DEKALB	1	85								68	
ELMORE]		d			38					
escambia	3								183		
ETOWAH	. 3				665						
FAYETTE	1	`	62								44
FRANKLIN	. 2	100								87	
GENEVA								54			
GREENE	1		20								14
HALE	7		39								23
HENRY								44			
HOUSTON	2							343			
JACKSON	2	132								90	
JEFFERSON	8			4170							
L'amar		,	45								37
LAUDERDAL		375					_			282	
LAWP.ENCE	2	85								82	
LEE	1		·			115					
LIMESTONE	1	106				•			· · · · ·	61	

D	ISTRIC	<u>T</u>			59	· · · · · · · · · · · · · · · · · · ·		ADC	BY DI	STRICT	·	·	
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	68					···				56			
	 -		74	180				·		· · ·			
-						9				·		55	
							84						
	31 96			3	i					10 73			
	90			-	 				290	13			
									151				
							50		39				
		65					52				47		
		65 114								· · · · · · · · · · · · · · · · · · ·	61		
									26				
			162		· · · · · · · · · · · · · · · · · · ·	- 	·~		21			90	
					249								
		44									28		
			278	of Page 19				 -		··	<u> </u>	188	
	53		<u> </u>						·	37			
					9]		,						
	 	254	71				<u> </u>				101	49	
		254	· · · · · · · · · · · · · · · · · · ·		68			·			191		
	38	····								38			
				183					0 d P				11
					· · · · · · · · · · · · · · · · · · ·	44			145	 ,	<u> </u>	·	······································
					87								
			54			1.6						49	
		·			· · · · · · · · · · · · · · · · · · ·	14 23							
			44 343									34 225	
			343									225	
					90		3430						
						37	<u> </u>						
					282 82					·			
	115	· · · · · · · · · · · · · · · · · · ·			82					82			
0					61					UE	· · · · · · · · · · · · · · · · · · ·		

ALABAMA HOSPITALS, BEDS AND AVERAGE DAILY CENSU

Γ	NO.					ALABAMA A						
	HOSP.				NO). BEDS B	3Y DIST	RICT				
·	BY		-						j			-
	COUNTY	1	2	3	4	5	6		8		2	
LOWNDES	<u>o</u>									\$		
MACON	3					1398				1		
MADISON	4	1007				Man				616		
MARENGO							67			1		
MARION '	3	143	-						·'	66		
MARSHALL	3	229				·			,	140		
WORITE									1615			
MONROE				·		· · · · · · · · · · · · · · · · · · ·	54		'	<u></u>		
MONIGOMERY			-			1437						
MORGAN	5	697							· · · · · · · · · · · · · · · · · · ·	446		
PERRY		<u> </u>	-			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	52					
PICKENS	2		60						·	<u>.</u>	29	
PIKE						69						
RANDOLPH	2		-		93						-	
RUSSELL						231	- Annual State		,			
ST. CLAIR				68					, !			_
SHELBY				90								_
SUMTER	2						64					
TALLADEGA	2	· .		- 1 1 1 1 1 1 1 1.	230							_
TALLAPOOSA					186)			_
TUSCALOOSA	3		1540						,		1297	
WALKER	2			175	-							
WASHINGTON	1						39		,			
WILCOX							33					
WINSTON	1	68								52		
TOTAL		3490	1802	4641	1956	3536	786	1026	1978	2330	1453	

1/2

LABAMA I	HUSPITAL	S, BED	S, AND P	VERAGE	DAILY	EN202	· · · · · · · · · · · · · · · · · · ·		(CONT	ָנְטִיּ	
). BEDS E	BY DIST	RICT				AC	OC BY D	ISTRICT	· · · · · · · · · · · · · · · · · · ·		
5	6	7	8	1	2	3	4	5	6	7	8
1398								1233			
		·		616	·\$			1000			
	67								58		
				66							
			3656	140						~ ~~	7.000
	54		1615		6 op Paper, in the second Post Stranger, Stran				43		1223
1437	24			<u></u>				977	43		
				446						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	52					· · ·			25		
					29						
<u>69</u>								65			
				and the state of the state of	·		70	7.03			
231		·····				40		137			
المساورة والمساو	***************************************	· · · · · · · · · · · · · · · · · · ·			,	40 79					
	64								42	·	
	X			·			193				
							117				
					1297						
						143					
····	<u>39</u>		·····			<u>:</u>			15		
	33			52		······································			12)	
3536	786	1026	1978	2330	1453	3828	1352	2708	523	690	1444



DISTRICT*	TOTAL BEDS (1)	TOTAL ADC	% OCCUPANCY TOTAL BEDS	VA HOSP BEDS	ITALS ADC	LESS VA
1	3,490	2,330	67			3,490
2	1,802	1,453	81	833	776	- 969
3	4,641	3,828	83	479	406	4,162
4	1,956	1,352	69			1,956
5	3,536	2,708	77	1,510(2)	1,334	2,026
6	786	523	67			786
7	1,026	69 0	67			1,026
8	1,978	1,444	73			1,978
TOTAL	19,215	14,328	75	2,822	14,328	16,393

^{*} Planning/Development Districts per Executive Order 23 dated July 24, 1970, except that Sumter County is reflected in District 6 instead of District 2.

DISTRIBUTION OF HOSPITALS AND POPULATION SERVED ALABAMA BY DISTRICTS

DISTRICT*	NO. OF HOSPITALS	POPULAT PER BED F	TON PER ADC	SQ. MI./HOSP.	BED**
1	29	201	302	2.6	
2	10	115	143	5.6	
3	24	177	214	1.1	
· 4	19	205	297	3.2	
5	19	125	163	3.6	
6	15	285	428	12.2	
7,	13	230	342	4.7	
8	13	208	285	1.9	٠
TOTALS	142	179	240	, 3.1	

Planning/Development Districts per Executive Order 23 dated July 24, 1970, except that Sumter County is reflected in District 6 instead of District 2.

^{**} Excluding VA hospitals.



⁽¹⁾ Includes General, VA, TB beds but excludes State Mental Hospitals. (2) Montgomery and Macon County combined.

REPORTED VACANT HEALTH MANPOWER POSITIONS IN HOSPITALS FOR SELECTED CATEGO

	· · · · · · · · · · · · · · · · · · ·		·	,	· · · · · · · · · · · · · · · · · · ·
Line-No.	Short Title	1	2	3	4
3.0	Clinical Laboratory Scientists	0	0	0	0
3.1	Clinical Laboratory Technologists+	3	2	22	6
3.2	Other Clinical Laboratory Technologists	2	1	2	0 .
3.3	Clinical Laboratory Technicians+	2	Ö	5	2
3.4	Other Clinical Laboratory Technicians	ő	7	3	05020200100001
3.5	Clinical Laboratory Assistants+	2	Ó	5	2
3.6	Other Clinical Laboratory Assistants	ő	3		ő
3.7	Other Laboratory Personnel (specify)	Ö	1	7 2 2 0	מ
4.0	Dietitians meeting ADA qualifications	3	3	2	7
4.1	Other Dietitians	0	0	6	0
4.2	Dietary Technicians	7	ő	3	n
5.0	Medical Librarian+	í	1	1	7
5.1	Other Medical Librarians	Ö	Ö	Ô	0
5.2	Medical Record Librarian+	7	ī	2	1
5.3	Other Medical Record Librarians	Ó	Ö	ů.	
5.4	Medical Record Technicians+	1	2	0	
5.5	Other Medical Record Technicians	2	Ö	1	0
5.6	Medical Record Clerks	4	õ	11	1
6.0	Registered Nurses	102	23	290	67
6.1	Nurse Anesthetist+	4	1	3	1
6.2	Licensed Practical or Vocational Nurse	45	13	109	27
6.3	Nursing Aides, Orderlies, and Attendants	16	14	95	32
6.4	Ward Clerks	3	1	28	32 11
7.0	Pharmacists	ì	i)	15	ż
7.1	Pharmacy Assistants and Aides	2	ó	11	2
8.0	Radiologic (X-ray) Technologists	_	v	• • •	Bia .
3.0	(Technicians)+	8	0	8	2
8.1	Other Radiologic (X-ray) Technologists	Ŭ	v	Ŭ	Pan .
	(Technicians)	0	0	γ	0
8.2	Nuclear Medicine Technologists (Technicians)+	ĭ	Ö	2	
8.3	Other Nuclear Medicine Technologists (Technicians)	Ó	Ŏ	0	0
8.4	Radiation Therapy Technologist (Technician)+	ŏ	ŏ	Ŏ	ñ
8.5	Other Radiation Therapy Technologists	,	V		, v
	(Technicians)	0	0	o	0
	*	7	. •		

OWER POSITIONS IN HOSPITALS FOR SELECTED CATEGORIES BY DISTRICT

									
	1	2	3	4	5	6	7	8	Total
se ants	0322020030710101242456312	0210103130010102003134100	022535722031020011093958 10931011	0502020010000110017722122	0306000020000210009256630	0502200020010000007180700	0501020020021110004038810	081140000000000000000000000000000000000	0 53 6 19 10 11 10 3 15 10 6 1 9 3 3 3 18 7 27 12 344 337 74 22 15
ts ns) nicians)+ (Technicians) nician)+ s	8 0 1 0 0	0 0 0 0	8 0 0 0	2 0 0 0 0	4 0 0 0 0	2 1 0 0 0 0	4 3 0 0 0 0 0	1 0 0 0 0 0 0	29 5 3 0 0



REPORTED VACANT HEALTH MANPOWER POSITIONS IN HOSPITALS FOR SELECTED

Line No.	Short Title	 	2	3
		,		
8.6	Radiologic Assistants		Û	2
9.0	Occupational Therapists+	0	5]
9.1	Other Occupational Therapists	0	0	0 1 3 2 0
9.2	Occupational Therapy Assistants and Aides	0	1	1
9.3	Physical Therapists	2 2	2	3
9.4	Physical Therapy Assistants	2	0	2
9.5	Speech Pathologists and Audiologists+	0	0	0
9.6	Other Speech Pathologists and Audiologists	0	0	0
9.7	Recreation Therapists	0	0	Ü
9.8	Inhalation Therapists+	4	0	14
9.9	Other Inhalation Therapists	2	0	11
10.0	Social WorkersMaster's Degree	0	2	7
10.1	Other Social Workers	2 0 0	2	0
10.2	Social Work Assistants and Aides	0	1	0
10.9	Hospital Administrators	Õ	0	Ö
11.0	Other Hospital Administrators	0	0	0
11.1	Associate or Assistant Administrators and			
l	Administrative Assistants	2	Ð	2
11.2	Other Associate or Assistant Administrators and			
	Administrative Assistants	0	2	0
11.3	Administrative Residents	Ö	Ō	0
11.4	Nursing Home Administrators	Ō	Ŏ	Ŏ
11.5	Other Nursing Home Administrators	Ò	Ŏ	Ŏ
11.6	Nursing Home Assistant Administrators	Ŏ	Ö	Ŏ
11.7	Medical Secretaries	1 6	Ö	ĩ
8.17	Business Management	6 3 2 0	ŏ	4
11.9	Cierical, Secretarial and Related Services	9	2	98
12.0	Electrocardiographic Technicians	l ñ	Õ	1
12.1	Electroencephalograph Technicians	Ŏ	Ö	j
12.2	Other Medical Machine Technicians	ŏ	ŏ	Ö
12.3	Emergency Medical Technicians	4	0	Ô

	1	2	3	4	5	6	7	8	Total
and Aides gists+ udiologists	1000220004202000	02012000000022100	21013200641110000	5100330000320000	1100321104280070	00002100001100000	0000210003411000	001010000000000000000000000000000000000	9 5 12 18 11 1 0 28 23 14 5
trators and a Assistants dministrators and ative Assistants ors trators ted Services ns ans ans	2 000006320004	0 2000000000000000000000000000000000000	2 00000 98 1000	0 000000050000	1 0 0 0 0 0 1 3 2 1 2 0	0 000000090000	1 0 1 0 0 0 1 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 31 00 10 10 11 4 22 4

Line No.	Short Title	1	2	3	4
12.4 12.5 13.0 13.1 13.2 13.3 13.4	Personnel in Other Health Occupations Trainees not reported in Categories 1.0-12.4 Food Service Laundry Housekeeping Maintenance All Other Hospital Personnel	0 0 4 0 5 2 0	5013940	0 0 1 1 21 7	0 0 6 0 6 3 2

+ Registered or Certified

Source: CHP Hospital/Nursing Home Survey, January, 1971. Entries represent 87% r beds but excludes nursing home needs except where nursing home is operate

PERCENT BEDS REPORTING BY DISTRICT*

District	Percent Reporting	<u>District</u>		
1. Tennessee Valley 2. Tuscaloosa 3. Birmingham 4. Gadsden-Anniston	77.6 91.2 98.7 94.0	5. Montgomery 6. Selma 7. Dothan 8. Mobile		

^{*} Planning/Development Districts per Executive Order 23 dated July 24, 1 that Sumter County is reflected in District 6 instead of District 2.

1 2 3 4 5 6 7 8 Tota										
		1	2	3	4	5	6	7	8	. Total
upations egories 1.0-12.4 0	upations gories 1.0-12.4	0 4 0 5 2	5 0 1 3 9 4	0 1 21 11 7	0 6 0 6 3	0 124 25	0 0 0 12 1	0 1 0 2	0 3 0 0	0 140 29 177

Home Survey, January, 1971. Entries represent 87% reporting of total General, TB, and VA irsing home needs except where nursing home is operated as an integral part of a hospital.

PERCENT BEDS REPORTING BY DISTRICT*

Percent Reporting	<u>District</u>	Percent Reporting
77.6	5. Montgomery	91.0 94.6
91.2 98.7	6. Selma 7. Dothan	54.7
94.0	8. Mobile	72.4

ment Districts per Executive Order 23 dated July 24, 1970 except ty is reflected in District 6 instead of District 2.



MANPOWER CATEGORIES AND IDENTIFICATION CODE FOR INCLUSION IN ALABAMA COMPREHENSIVE HEALTH MANPOWER PLAN

1. ADMINISTRATION

- a. Public Health Officer
- Public Health Administrator
- c. Hospital Administrator
- d. Nursing Home Administrator

2. BIOMEDICAL ENGINEERING

- a. Biomedical Engineer
- Biomedical Engineering Technician

3. CHIROPRACTIC AND NATUROPATHY

- a. Chiropractor
- b. Naturopath

4. CLINICAL LABORATORY SERVICES

- a. Clinical Laboratory
 Scientist
- b. Medical Technologist
- c. Cytotechnologist
- d. Histologic Technician
- e. Medical Laboratory
 Technician
- f. Certified Laboratory Assistant

DENTISTRY AND ALLIED SER'ICES

<u>lootiet</u>

- b. Nutritionist
- wc. Dietary Technician
 - d. Food Service Supervisor

7. ENVIRONMENTAL HEALTH SERVICES

- a. Public Health Engineer
- b. Air Pollution Engineer
- c. Water Pollution Engineer
- d. Radiological Health Engineer
- e. Industrial Hygiene Engineer
- f. Environmental Scientist
- g. Sanitarian
- √h. Sanitarian Asst.
 - i. Sewage Plant Op.
 - j. Water Works Op.

8. FOOD AND DRUG PROTECTIVE SERVICES

- a. Food Technologist
- b. Food and Drug Inspector
- c. Food and brug Analyst
- 9. HEALTH EDUCATION

- b. Health TechnicalWriter
- c. Medical Illustrator

11. LIBRARY SERVICES

- a. Medical Librarian
- b. Hospital Librarian

12. MATHEMATICAL SCIENCES

- a. Biostatistician
- b. Vital Record Registrar
- c. Health Demographer

13. MEDICAL RECORD SERVICES

- a. Medical Record Librarian
- b. Medical Record Technician
 - c. Medical Record

14. Medicine

- a. Physician, M.D. and D.O.
- b. Surgeon's Asst.
- c. Family Practice Physician Asst.
- d. Pediatrician's Asst.
- e. Obstetrician's Asst.
- f. Public Health Physician



1. ADMINISTRATION

- a. Public Health Officer
- b. Public Health Administrator
- c. Hospital Administrator
- d. Nursing Home Administrator

2. BIOMEDICAL ENGINEERING

- a. Biomedical Engineer
- Biomedical Engineering Technician

3. CHIROPRACTIC AND NATUROPATHY

- a. Chiropractor
- b. Naturopath

4. CLINICAL LABORATORY SERVICES

- a. Clinical Laboratory Scientist
- b. Medical Technologist
- c. Cytotechnologist
- d. Histologic Technician
- e. Medical Laboratory
 Technician
- f. Certified Laboratory Assistant

5. DENTISTRY AND ALLIED SERVICES

- a. Dentist
- b. Dental Hygienist
- c. Dental Assistant
- d. Dental Laboratory Technician
- 6. DIETETIC AND NUTRITIONAL SERVICES
 - a. Dietitian

- b. Nutritionist
- ✓c. Dietary Technician
 - d. Food Service Supervisor

7. ENVIRONMENTAL HEALTH SERVICES

- a. Public Health Engineer
- b. Air Pollution Engineer
- c. Water Pollution Engineer
- d. Radiological Health Engineer
- e. Industrial Hygiene Engineer
- f. Environmental Scientist
- g. Sanitarian
- /h. Sanitarian Asst.
 - i. Sewage Plant Op.
 - j. Water Works Op.

8. FOOD AND DRUG PROTECTIVE SERVICES

- a. Food Technologist
- b. Food and Drug Inspector
- c. Food and Drug Analyst

9. HEALTH EDUCATION

- a. Public Health Educator
- b. School Health Educator

10. INFORMATION AND COMMUNICATION

a. Health Information Specialist

- b. Health Technical Writer
- c. Medical Illustrator

11. LIBRARY SERVICES

- a. Medical Librarian
- b. Hospital Librarian

12. MATHEMATICAL SCIENCES

- a. Biostatistician
- b. Vital Record Registrar
- c. Health Demographer

13. MEDICAL RECORD SERVICES

- a. Medical Record Librarian
- __ b. Medical Record Technician
- c. Medical Record

14. Medicine

- a. Physician, M.D. and D.O.
- b. Surgeon's Asst.
- c. Family Practice Physician Asst.
- d. Pediatrician's Asst.
- e. Obstetrician's Asst.
- f. Public Health Physician
- a. Interns
- h. Residents

15. MIDWIFERY

- a. Lay Midwife
 - b. Nurse Midwife

16. NATURAL SCIENCES Biochemist Biophysicist 17. NURSING & RELATED SERVICES Registered Nurse Assoc. Degree Diploma Baccalaureate Master & Doctorate Institutional Nurse Hospital (general) Nursing Home Mental Hospital Federal and V.A. c. Clinical Specialty Maternal & Child Health Psychiatric Med.-Surgical d. Public Health Nurse Public Health (State) School 1 Other e. Nursing Education Occupational Health

Private Duty or Office

Nurse Anesthetist

- a. Orthotist
- b. Prosthetist
- c. Orthotic Aide
- d. Prosthetic Aide
- e. Restoration Technician
- 20. PHARMACY
 - a. Pharmacist
 - b. Pharmacy Aide
- 21. PHYSICAL THERAPY
 - a. Physical Therapist
 - b. Physical Therapy Asst.
- 22. PODIATRIC MEDICINE
 - a. Podiatrist
- 23. RADIOLOGIC TECHNOLOGY
 - a. Radiologic Technologist
 - b. Nuclear Medicine Technologist
 - c. Radiation Therapy
 Technologist
- 24. SOCIAL SCIENCES

- . 27. VETERINARY MEDICINE
 - a. Veterinarian
 - b. Veterinary Technician
- 28. VISION CARE AND SERVICES
 - a. Ophthalmologist
 - b. Optometrist
 - c. Orthoptist
 - d. Optician
 - TION COUNSELING

 a. Vocational rehabilitation
 counselor

VOCATIONAL REHABILITA

- 30. MISCELLANEOUS HEALTH SERVICES
 - a.

29.

- b.
- C.
- 31. EMERGENCY HEALTH SERVICES
 - ✓ a. Ambulance
 Attendant
- 32. INHALATION THERAPY

- a. Biochemist
- b. Biophysicist
- 17. NURSING & RELATED SERVICES
 - a. Registered Nurse

Assoc. Degree Diploma Baccalaureate Master & Doctorate

b. Institutional Nurse

Hospital (general) Nursing Home Mental Hospital Federal and V.A.

c. Clinical Specialty

Maternal & Child Health Psychiatric Med.-Surgical

d. Public Health Nurse

Public Health (State) School Other

- e. Nursing Education
- f. Occupational Health
- g. Private Duty or Office
- h. Nurse Anesthetist
- / i. Licensed Practical
- j. Nursing Aide, Orderly and Attendant
- √ k. Home Health Aide
- 18. OCCUPATIONAL THERAPY
 - a. Occupational Therapist
 - b. Occupational Therapy Asst.
- 19. ORTHOTIC & PROSTHETIC TECHNOLOGY

- b. Prosthetist
- c. Orthotic Aide
- d. Prosthetic Aide
- e. Restoration Technician
- 20. PHARMACY
 - a. Pharmacist
 - b. Pharmacy Aide
- 21. PHYSICAL THERAPY
 - a. Physical Therapist
 - b. Physical Therapy Asst.
- 22. PODIATRIC MEDICINE .
 - a. Podiatrist
- 23. RADIOLOGIC TECHNOLOGY
 - a. Radiologic Technologist
 - b. Nuclear Medicine Technologist
 - c. Radiation Therapy Technologist
- 24. SOCIAL SCIENCES
 - a. Economist-health
 - b. Psychologistclinical counseling
 - c. Sociologist
- 25. SOCIAL WORK
 - a. Social Worker
 - b. Social Work Asst.
- 26. SPEECH PATHOLOGY AND AUDIOLOGY
 - a. Audiologist
 - b. Speech Pathologist

- a. Veterinarian
- b. Veterinary Technician
- 28. VISION CARE AND SERVICES
 - a. Ophthalmologist
 - b. Optometrist
 - c. Orthoptist
 - d. Optician
- 29. VOCATIONAL REHABILITATION COUNSELING
 - Vocational rehabilitation counselor
- 30. MISCELLANEOUS HEALTH SERVICES
 - a.
 - b.
 - c.
- 31. EMERGENCY HEALTH SERVICES
- ✓ a. Ambulance Attendant
- 32. INHALATION THERAPY
 - a. Inhalation Therapist
 - b. Inhalation Therapy Aide
- 33. MEDICAL EQUIPMENT TECHNOLOGY
 - a.Cardiopulmonary
 Technician or
 Electrocardiograph
 Technician
 - b.Electroencephalograph Technician
- 34. MENTAL HEALTH TECHNI CIAN
- 35. OTHER HEALTH SERVICE
 - a. Community Health Aide

