

SECTION I

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| DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE APPLICATION FOR RESEARCH GRANT | LEAVE BLANK (For PHS Office Use Only) | | |
| | TYPE 1 | PROGRAM P02 | NUMBER CH 00451-01 |
| | REVIEW GROUP HSR | | FORMIDIT |
| | COUNCIL (Month, Year) June 68 | | DATE RECEIVED 3-1-68 |
| | APPLICANT CODE | | D CODE |

TO BE COMPLETED BY PRINCIPAL INVESTIGATOR (Items 1 through 9 and 17A)

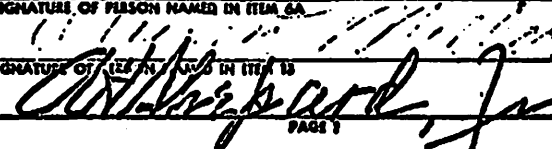
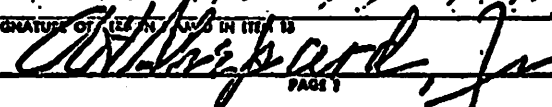
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| 1. ACQUISITION TITLE OF RESEARCH PROPOSAL (Do not exceed 93 typewriter spaces) HEALTH SERVICES RESEARCH CENTER | | | |
| 2. TYPE OF APPLICATION (Check one) <input checked="" type="checkbox"/> NEW PROJECT <input type="checkbox"/> REVISION OF PHS APPLICATION NO. _____ <input type="checkbox"/> RENEWAL OF PHS GRANT NO. _____ <input type="checkbox"/> SUPPLEMENT TO PHS GRANT NO. _____ | | | |
| 3. DATES OF ENTIRE PROPOSED PROJECT PERIOD (This application) FROM June 20, 1968 THROUGH June 19, 1975 | | 4. TOTAL AMOUNT REQUESTED FOR PERIOD IN ITEM 3 \$9,931,619 | 5. AMOUNT REQUESTED FOR FIRST 12-MONTH PERIOD \$ 309,174 |
| 6A. NAME OF PRINCIPAL INVESTIGATOR (Last, First, Initial) Miller, G. Arden, Principal Investigator Cassell, John G., Co-investigator Williams, T. Franklin, Co-investigator | | 6B. MAILING ADDRESS OF PRINCIPAL INVESTIGATOR (Street, City, State, Zip Code) University of North Carolina Office of the Vice Chancellor of Health South Building Chapel Hill, N. C. 27514 Sciences | |
| 6C. TITLE OF POSITION: Vice Chancellor, Health Sciences Professor & Chairman, Epidemiology Associate Professor, Medicine & Preventive medicine | | 7. IDENTIFY ORGANIZATIONAL COMPONENT RESPONSIBLE FOR CONDUCT OF SCIENTIFIC ASPECTS OF PROJECT University of North Carolina Chapel Hill, N. C. | |
| 6D. DEPARTMENT, SERVICE, LABORATORY OR EQUIVALENT (See Instructions) University of North Carolina | | 8. ADDRESS WHERE RESEARCH WILL BE CONDUCTED (If same as item 6B, check box <input checked="" type="checkbox"/> YES) | |
| 6E. MAJOR SUBDIVISION (See Instructions) XXXX | | 9. ARE FEDERAL FACILITIES TO BE USED FOR THIS RESEARCH? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____ % OF TIME | |

(1)
(2)
(3)
(1)
(2)
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(1)
(2)
(3)

TO BE COMPLETED BY RESPONSIBLE ADMINISTRATIVE AUTHORITY (Items 10 through 15 and 17B)

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| 10. APPLICANT ORGANIZATION (Name and Address-Street, City, State, Zip Code) (See Instructions) University of North Carolina Chapel Hill, N. C. 27514 | | 12. TYPE OF ORGANIZATION (Check applicable item) <input type="checkbox"/> INDIVIDUAL PUBLIC INSTITUTION <input type="checkbox"/> FEDERAL <input checked="" type="checkbox"/> STATE <input type="checkbox"/> LOCAL <input type="checkbox"/> OTHER PRIVATE INSTITUTION <input type="checkbox"/> NONPROFIT <input type="checkbox"/> PROFIT | |
| 11. NAME, TITLE AND ADDRESS OF OFFICIAL TO WHOM CHECKS SHOULD BE MAILED Mr. Worth Fulk Contract Administrator Steele Building, Univ. of N.C. Chapel Hill, N. C. 27514 | | 13. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Mr. A. H. Shepard, Jr. Assistant Vice President and Treasurer University of North Carolina | |
| | | 14. PHS ACCOUNT NUMBER (Enter if known) 746390 | 15. ESTABLISHED PHS DIRECT COST RATE (Enter if known) of salaries and wages 33.48 |

16. TERMS AND CONDITIONS. The undersigned accept, as to any grant awarded, the obligation to comply with Public Health Service Research Project Grant Regulations in effect at the time of the award (42 CFR, Part 52), the terms and conditions in the Grants for Research Projects Policy Statement, and the undersigned agree to comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352), and the Regulation issued pursuant thereto and state that our formally filed Assurance of Compliance with such Regulation (Form HEW-441) applies to this project. The undersigned also certify that they have no commitments or obligations, including those with respect to inventions, inconsistent with compliance with such Regulations, the Manual, and the Act.

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| 17. SIGNATURES (Use ink. "For" signatures not acceptable) | A. SIGNATURE OF PERSON NAMED IN ITEM 6A  | DATE 7/28/68 |
| | B. SIGNATURE OF (PERSON NAMED IN ITEM 13)  | DATE 7/28/68 |

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| NOT FOR PUBLICATION | DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE | LEAVE BLANK - (For office use only) |
| OR PUBLICATION | PUBLIC HEALTH SERVICE | PROJECT NUMBER |
| REFERENCE. | RESEARCH OBJECTIVES | |
| ABBREVIATED TITLE OF PROJECT | | |
| HEALTH SERVICES RESEARCH CENTER | | |
| NAME: | | |
| OFFICIAL TITLE AND DEPARTMENT OF ALL PROFESSIONAL PERSONNEL ENGAGED ON PROJECT | | |
| <p>C. Arden Miller, M.D. John C. Cassel, M.B.B.Ch., M.P.H. T. Franklin Williams, M.D. Clifton H. Kreps, Jr., Ph.D. John M. Gentry, M.D., M.P.H. Arnold D. Kaluzny, Ph.D. Jay Howard Glasser, Ph.D.</p> | <p>Vice Chancellor, Health Sciences Professor & Chairman, Epidemiology Assoc. Prof., Medicine & Prev. Med. Professor of Banking, Business Adm. Asst. Dean & Assoc. Prof., P.H. Adm. Asst. Prof., Public Health Adm. Asst. Prof., Biostatistics</p> | |
| NAME AND ADDRESS OF APPLICANT ORGANIZATION | | |
| <p>University of North Carolina Chapel Hill, N. C. 27514</p> | | |
| USE THIS SPACE TO MAKE A BROAD STATEMENT OF YOUR RESEARCH OBJECTIVES | | |
| <p>The general aim or focus of the proposed Health Services Research Center at the University of North Carolina is to explore and evaluate alternative ways for providing optimum personal health services to all the people of communities. Through experimental practices and modifications of existing practices, and the related monitoring-analytical processes, answers will be sought to major questions confronting community personal health care: (1) How may professional roles be redefined, to result in more effective, efficient and satisfying care? (2) How may the organizational features of practice be changed, to favor the same goals? (3) How may definition of the extent of responsibility of practices be changed to favor the same goals? (4) How may personal health services be made more accessible? (5) How should answers to the above questions be modified to fit the varying characteristics of different types of communities?</p> | | |
| <p>A major emphasis and innovative feature of the Center will be the development and testing of a continuing, reciprocal feed-back system in a number of defined community settings. Information-gathering, analysis, and modifications in ongoing experimental practices will be carried out in repetitive sequence. Continuous monitoring will determine the effectiveness of modifications and lead to further refinements.</p> | | |
| <p>Also to be assessed are the characteristics of communities which interact with and affect innovations in health care activities, in order to determine optimum forms and organization of personal health services for each type of community.</p> | | |
| <p>Participation in all phases of the Center's activities will include University faculty members from all health disciplines and the social and behavioral sciences, and members of the practicing professions and the public from communities under study.</p> | | |
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A B S T R A C T

The general aim or focus of the proposed Health Services Research Center at the University of North Carolina is to explore and evaluate alternative ways for providing optimum personal health services to all the people of communities.

Through experimental practices and modifications of existing practices, and the related monitoring - analytical process, answers will be sought to major questions confronting community personal health care:

(1) How may professional roles be redefined, to result in more effective, efficient and satisfying personal health care? Specific examples urgently needing careful evaluation include:

- The proposed "new" family physician vs internist-pediatrician;
- utilization of auxiliary personnel (such as aides) to perform certain functions now the responsibility of professionals;
- determination of the degree to which certain functions now performed by one professional group can better be performed by another (e.g., increasing the decision-making and counselling role of a physician with some of the technical procedures becoming the responsibility of nurses; alternatively, having physicians focus on decision-making and technical procedures while nurses and/or social workers emphasize the integrating and counselling roles).

(2) How may the organizational features of practice be changed, to favor the same goals as above? The possibilities of interest include:

- varying types of group practice, within medicine, within dentistry, and within pharmacy and within nursing;
- combinations of medicine and dentistry and pharmacy and nursing;
- including various degrees of home and community services as integral parts of the practice.

(3) How may definition of the extent of responsibility of the practices be changed, to favor the same goals as above? One of the findings to be anticipated from the surveillance activities is that in addition to problems in utilization of health care services for medically defined health problems, a number of social problems with major health implications will exist that are currently unknown to or disregarded by the providers of health care.

- methods of identifying such problems;

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- possibilities of increasing the competence of the experimental practice to handle a wider variety of problems themselves;
- the role of the practice in providing leadership in the community for better solutions to these problems;
- improving collaboration between the health services and existing social agencies in attempts to solve the problems.

(4) How may personal health services be made more accessible?

Interest would be focused on:

- costs and methods of payment;
- sites and times of sessions;
- extent and quality of personal relationships between persons utilizing the services and the various professionals and non-professionals.

A major emphasis and innovative feature of the Center will be a test of the feasibility and utility of a continuing, reciprocal feed-back system in a number of defined community settings: Information-gathering, analysis, and refinements in experimental practices will be carried out in repetitive sequence. Information gathered through the development of surveillance and monitoring activities will be analysed to determine major defects in the utilization of personal health services. Such defects would include failure to utilize, delayed utilization, dissatisfaction with services, fragmentation of services, inappropriate use of referral services and ineffective use of community agencies. Analysis will also include assessment of other community attributes -- institutions and systems -- likely to affect the operation of personal health services. Such analyses will lead initially to modifications in the experimental practices to be established under the direction of the Center. Monitoring of these practices will determine the effectiveness of these modifications. Such modifications as are shown to be successful will form the basis for recommended changes in policy and practice in the existing health services of the community. The impact of any changes that may ensue from such recommendations will be assessed by the ongoing surveillance and monitoring activities and will thus initiate a new cycle in the feed-back system.

An explicit attempt will be made to assess from our experience the characteristics of the communities which determine the optimal form and organization of the personal health services for that type of community. This together with an analysis of the procedures found useful in introducing changes in the health services of these communities will lead to generalizations which should be of use in many settings throughout the country.

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To accomplish these objectives will require the joint, continuing efforts of a wide variety of people in all phases of the Center's activities: people from academic professions, from practicing professions, and from the communities under study. Participation from within the University will include persons from the social and behavioral sciences, including economics and political science, as well as from the various health disciplines.

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