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NEBRASKA-SOUTH DAKOTA REGIONAL MEDICAL PROGRAM

The Regional Medical Program for Nebraska and South Dakota has planning funds in the amount of \$349,367. The Advisory Committee is large, active and broadly representative of the professional health organizations and the public of both states. Task Forces have focused on the subject areas of Heart Disease, Cancer, Stroke, Continuing Education, Manpower and Community Services. The use of the latest technology to provide early detection of heart defects in school children is one of the interesting applications to bring the benefits of latest scientific advances to all.

More detailed information on the Nebraska-South Dakota Regional Medical Program can be found in the following material.

G. CUNNINGHAM
DISTRICT 2 - OMAHA

NEBRASKA-SOUTH DAKOTA REGIONAL MEDICAL PROGRAM

<u>REGION</u>	Nebraska-South Dakota
<u>COORDINATING HEADQUARTERS</u>	Nebraska State Medical Association
<u>STARTING DATE</u>	January 1, 1967
<u>FUNDING</u>	
<u>Current Award:</u>	\$349,367
<u>Projected Next Year:</u>	\$2,500,000
<u>OPERATIONAL STATUS</u>	Anticipated to Begin in early Fiscal Year 1969
<u>PROGRAM COORDINATOR</u>	Harold S. Morgan, M.D.
<u>ADVISORY GROUP</u>	<ol style="list-style-type: none">1. Chairman: Robert J. Morgan, M.D., President Nebraska-South Dakota State Medical Association, 916 West 10th Street Alliance, Nebraska 693012. Membership: 63 (attached) Practicing Physicians 14; Medical Centers 15; Hospital Administrators 3; Voluntary Health Agencies 6; Public Health Officials 6; Other Health Workers 8; Public 8; Other 3

Organization and Staff

A Regional Executive Committee, made up of members of the Advisory Committee, serves as the operational planning and administrative body for the region, subject to final approval of its actions by the Regional Advisory Committee. The Executive Committee has named Harold S. Morgan, M.D., as Program Coordinator and has met monthly with him and the core staff. Approximately ten core staff appointments were filled at the end of June, 1967. Task forces on Heart, Cancer, Stroke, Continuing Education, and Manpower and Community Services have been organized. These have developed ideas and submitted projects in outline form which will comprise the basis for pilot projects and feasibility studies. A Regional Planning Committee, composed of representatives from both states, has met twice to consider proposals and reports submitted by the Program Coordinator. Some time was spent orienting the members to the work of the various Task Forces. Two feasibility studies were presented and approved. Reports were given on emerging ideas for planning or feasibility studies and for future operational projects. The Committee's recommendations were then forwarded to the Advisory Committee.

It is estimated that approximately 200 persons are actively contributing to the program either as full or part-time core staff members, as consultants, or as committee members.

Regional Advisory Group

The Regional Advisory Committee is composed of 63 members drawn from the two-state region. It is broadly representative of the professional health organizations and of the public of the two states. The first meeting of the Advisory Committee was held in November, 1967 at which time by-laws were adopted and a general orientation was given to the Committee members. The Committee reviewed proposals and activities of the Regional Planning and Regional Executive Committees and gave its approval to two feasibility studies. It also reviewed and approved the Annual Progress Report for 1968. In the future, the Regional Advisory Committee will meet quarterly to review all actions of the Core Staff and Executive Committee.

Planning Activities

Planning for several programs is being carried on. Comprehensive health studies are in progress in Nebraska and South Dakota. These are being conducted by private consultants in both states. It is estimated that data will be compiled and processed by March, 1968. Two feasibility studies are also progressing. One involves the enlargement of an existing project, a remote E.C.G. Analysis by computer. Another involves the screening of school children for abnormal heart sounds by the use of a Phono-Cardio Scan Machine. At least fourteen other feasibility studies are under consideration by the Core Staff and Task Forces.

Relationship to Comprehensive Health Programs

Liaison with Comprehensive Health Activities will be achieved by reason of joint membership of some members of the Regional Advisory Committee and the Comprehensive Health Advisory Committee.

ADVISORY COMMITTEE FOR PLANNING FOR REGIONAL MEDICAL PROGRAMS
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Past-President
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Omaha, Nebraska

- * Designates membership on Executive Committee
- ** Designates membership on Planning Committee
- *** Designates membership on a Task Force