by exercising its own leadership to mount as concentrated and effective an assault upon heart disease, cancer and stroke as may be possible in terms of the resources of the State of North Carolina. On the basis of these premises the Regional Medical Program of North Carolina has evolved a decision-making mechanism which is both responsible and rational, and which will maximize the effectiveness of the wealth of leadership which is available. . . .

"Participating Organizations: The North Carolina Regional Medical Program has received the enthusiastic support of the participating organizations. Particularly outstanding have been the contributions of the North Carolina Heart Association and the North Carolina Division of the American Cancer Society.

"The staff of the Association for the North Carolina Regional Medical Program has devoted much time and energy to the orientation of health interests throughout the region in terms of the nature and objectives of the Regional Medical Program, and as it has been possible to identify appropriate functional roles, an increasing number of them have become active participants. This effort will continue to be a dominant feature of the Program since to a large extent its success will depend upon the degree to which the skills and manpower represented by these interests can be mobilized. . . .

"The Planning Division has made good progress in assembling survey data essential for program planning and to provide overall baseline data against which future impacts may be gauged.

"One study which has been completed has explored the dimensions of an affiliation between the Memorial Mission Hospital at Asheville and the Bowman Gray School of Medicine. In addition to collecting data pertinent to this situation, this experience will serve to teach us how to organize and communicate the data needed to provide linkages beween Medical Schools and community hospitals. Surveys have been made of practicing physicians in Buncombe County and of other staff members of the Asheville Hospital aimed at securing their ideas of the general utility of such an affiliation and their specific recommendations of what such an affiliation should strive to provide, especially in the way of continuing education.

"A report on this study was developed by the Planning Staff for the Association for the Regional Medical Program with the assistance and guidance of Memorial Mission Hospital, Bowman Gray School of Medicine, the Buncombe County Medical Society and the State Medical Society. It includes a description of the characteristics of its patients and staff. Also included are ideas of key hospital personnel as to the desirability of developing the affiliation with the Bowman Gray School of Medicine, suggestions as to programs of continuing education, and suggestions as to what other elements might be included in an affiliation between the two facilities. It also includes the viewpoints of the county's physicians toward affiliation, continuing education, diagnostic resources and needs, and paramedical personnel needs through an analysis of questionnaires that were distributed to all Buncombe County physicians in February and March, 1967.

Diabetic Consultation and Education Service

"This study was begun January 1, 1967 and participants include representatives of Bowman Gray and Duke Medical Schools, the University of North Carolina School of Public Health, the State Board of Health, Community Board of Health, practicing physicians, and public health nurses.

The feasibility of a regional consultative service and an educational program for diabetic patients is being tested. Scheduled clinics in community hospital or similar settings and also at the university medical centers are included. These activities will be supported by a home nursing service to assure proper follow up and sustained patient contact. The educational program will be directed to community groups of diabetic patients and will be coordinated with community health organizations. . . .

Continuing Education

"Data on the number and types of continuing education programs for professional and ancillary personnel, their geographical outreach and the numbers and characteristics of individuals attending is being collected through a monitoring system involving obtaining of registration forms from program chairmen. When this monitoring process was first initiated, the researchers attempted to gather data only from those organizational meetings with program content related to the categorical diseases. However, it was often difficult to draw a line between those meetings that either did or did not fall within this provision. As a result an attempt has and will continue to be made to monitor all of the major medical meetings unless the program content clearly

indicates no relevance to the RMP. In a statewide study of this nature an analysis of any part of the continuing education process becomes an analysis of the total on-going system. Consequently, the findings will be more relevant and meaningful if the widest possible representation of the education system is obtained."

Northern New England Regional Medical Program

"The Northern New England Regional Medical Program and core staff have been organized along functional lines—medical economics, education, information systems, disease prevention, and patient care services. All planning and program efforts, in turn, are organized according to a systems approach which provides continuous feedback of information and assessment of progress. . . .

"We have made good progress in determining the scope of participation of various health related groups in Regional Medical Programs. From the beginning we have made every effort to include representatives from all interested groups in our planning effort. . . .

"A number of steps have been taken to develop cooperative working relationships with health professions groups, hospitals, health agencies, and other organizations concerned with health and welfare throughout the Region. . . .

"Determining the planning approach has been complex because we have attempted to shape our program in response to the requirements of the systems approach to planning. This approach provides for the application of advanced mathematical and computer techniques in analyzing alternative solutions to problems. It also includes cost-benefit studies. Some cost estimates of the training of allied health personnel and coronary care training for nurses have been made. Since there are no precedents, some experimentation has been necessary. . . .

"The development of a Model of Patient Care is the major initial planning effort. To develop the educational aspects of the Model, an Education Committee has been appointed which will be concerned with lay health education, continuing education for all health professionals, and basic education in the allied health professions. . . .

"A meeting held in February 1967 with representatives of some 25 organizations which operate a variety of health education programs was a first step in coordinating the existing health education programs with Regional Medical Program activities. . . .

"Since continuing professional education is an integral aspect of Regional Medical Programs, an *ad hoc* committee has been appointed for continuing education of allied health professionals with representatives from the Vermont Division of the American Cancer Society, the American Red Cross, the State Health Department, the Department of Physical Medicine and Rehabilitation of the College of Medicine, the Vermont Heart Association, the Vermont Pharmaceutical Association, the State Mental Health Department, the Office of Continuing Education of the College of Medicine and the Regional Medical Program's staff. This group has defined specific objectives for continuing education and is gathering information on existing activities and personnel needs for carrying on these activities. . . .

"The potential use of various modes of communication and transportation to augment continuing education programs is being explored. Two-way television connections between the Medical Center Hospital and community hospitals in the Region and the use of the University's airplane are two possibilities for future education program support. . . .

"Assessing basic education needs in the allied health professions has been a prime concern; and surveys have been made to determine the numbers and types of such personnel in the Region. . . .

"Health education for the public has emerged as a top priority objective, and recruitment of a full-time information specialist to be responsible for this aspect of the Program is currently underway. . . .

"Dissemination of recently acquired medical information to the practicing physician has also been a concern of the Northern New England Regional Medical Program and our proposed Pilot Project in Coronary Care is an illustration of how we intend to accomplish this task. Through cooperative arrangements between health personnel at the Center and their counterparts in the region which are described in our proposal, we intend to promote application of the latest techniques in progressive coronary care at the local level. . . .

"The proposed Pilot Project in Progressive Coronary Care involves research related to the regional aspects of the management of coronary disease. One such study will be a determination of modifications in equipment and personnel requirements necessary to provide intensive coronary care in small community hospitals. Using the data collected through the Heart Inventory, which the Northern New England Regional

Medical Program is developing, it will be possible to identify other potential research projects related to various aspects of the incidence and treatment of heart disease. . . .

"Our planning efforts must necessarily take into account how transportation affects the delivery of health care. Thus, we currently are conducting with the State Medical Society a survey to determine which towns have emergency ambulance service, how it provided, and how effective it is."

Tennessee Mid-South Regional Medical Program

"Understanding of what the fundamental concept of a Regional Medical Program is and how to best develop and establish it in this region has proceeded steadily from the earliest discussions which led to the application for a planning grant. Inevitably, such understanding has developed in an evolutionary fashion since it is, in fact, a reflection of a growing awareness of the medical faculties of ways in which they can serve as resource agencies for improved medical care, and of practicing physicians that the primary aim of the program is to help them in the care of patients in their own local area. Similarly, the role of existing health agencies, public and voluntary, and of the wide spectrum of health personnel on which good health care depends so heavily has gradually come into focus like a picture on a screen as steps have been taken to promote discussion and planning for specific action to deal with real problems.

"This first progress report of the Tennessee Mid-South Regional Medical Program attempts to chronicle the widespread growth of understanding about its purposes and methods that has taken place in the past year. The basis for most of the achievements to date is the willingness of many persons, acting on their own behalf or that of their institutions and organizations, to study new approaches and to undertake new responsibilities to assure the continued improvement of medical care in the fields of heart disease, cancer and stroke. . . .

"In developing the strategy to be followed, the Director of the Tennessee Mid-South Regional Medical Program has sought consultation from Dean Batson (Director, Medical Affairs, Vanderbilt University), Mr. Kennedy, (Chairman of the Regional Advisory Group), and from Dr. Anderson (Chairman of the Faculty Group formulating policy for Meharry Medical College). It seemed desirable to explore with the faculties of the two medical schools their interest in the general areas of continuing education, the training of affiliated health personnel, and various aspects of heart disease, cancer and stroke. Visits were made to key communities in the region which had given evidence that they were ready to develop cooperative arrangements. In addition, it was deemed essential to establish communication with the various voluntary and public health agencies in Nashville and other areas of the region. . . .

"On January 10, 1967, the Director met with a group of approximately 12 hospital administrators from the Nashville area. The group was knowledgeable about the objectives and procedures to be followed in developing a Regional Medical Program. They were greatly interested in finding out how the Regional Advisory Group would function and the basis for establishing priorities for projects which might come from a variety of sources. Questions were raised about the establishment of coronary care units in hospitals and particular inquiry was made about the eligibility of hospitals for funds to conduct renovation for projects of this kind. A discussion was held about the importance of building into the design of projects a mechanism for evaluating their results. . . .

"On February 22, 1967, Dr. Faxon Payne, radiologist at the Jennie Stuart Memorial Hospital and Chairman of the Medical Society Committee for Regional Medical Programs for Heart Disease, Cancer and Stroke, arranged a meeting of the Director with the chiefs of medicine, surgery, pediatrics and pathology, with the Administrator of the hospital and several members of the Board of Trustees. It was apparent that the group was anxious to establish communication with the Regional Medical Program and was particularly interested in the field of continuing education. The potential of television and other communications media was discussed. The staff indicated that it would be greatly interested in having medical school faculty members come either for lectures or for periods of one or two days at a time. They expressed interest also in the possibility that a full-time chief of medicine might be appointed in order to help organize an educational program of some substance which could serve not only the Hopkinsville group but the 8 or 10 smaller hospitals which are located within a 10 to 15 mile radius of Hopkinsville. . . .

"A meeting was also held with the staff of the Erlanger Hospital in

Chattanooga on March 8, 1967. We discussed the problem created by the fact that Chattanooga serves areas not only in Tennessee but also in Northern Georgia. The Director assured the staff that the Regional Medical Program would in no way interfere with the relationships with established groups. We then discussed ways in which the hospital could proceed to become actively engaged in an operational project. The following suggestions were made—that a committee be appointed within the hospital to coordinate suggestions made by the various services and to cooperate with the already appointed committee of the medical society. The individual chiefs should be encouraged to draw up a rough draft of proposals relating to their own department. The Director indicated that the Regional Medical Program staff would work with the various groups to help refine the proposals, make sure that mechanisms for evaluating the projects were incorporated and that specific budgets relating to personnel, supplies, equipment, etc., were properly drawn. It appears likely that the Regional Medical Program will work through this group to establish an educational sub-center in this area anticipating that the group at the hospital will reach out into the surrounding areas to establish closer contact for the training purposes. . . .

"Similar developments are taking place at two hospitals in Nashville, St. Thomas, and Mid-State Baptist and in Knoxville and the Tri-City area. . . .

"In addition to visits with hospitals, the Director has met with many of the medical societies in the respective communities and they have now established liaison committees to consider ways and means of fostering activities under the aegis of the Regional Medical Program for Heart Disease, Cancer and Stroke. In most instances, it was found that these committees while expressing interest, had been unable to focus their efforts on specific programs. It was only through discussion of possible operational projects for which grant funds might be made available that the activities began to achieve some degree of substance. . . .

"Dr. Frank Perry, Associate Professor of Surgery, is coordinator for the Meharry faculty and will devote a major share of his time to exploration of continuing education programs for Negro physicians. He plans to coordinate his activities with the parallel efforts being made in continuing education by the faculty at Vanderbilt University. . . .

"Dr. Leslie Falk of the University of Pittsburgh School of Health, who is serving as chief consultant for the planning of a Neighborhood Health Center sponsored by Meharry and funded through the Office of Economic Opportunity, believes that the Regional Medical Program could be of considerable value in supplementing the services that Neighborhood Health Center would ordinarily make available. . . .

"The demands made by the Regional Medical Program have focused the attention of the professors of medicine, surgery, and radiology at Vanderbilt University on the need to make a major revision in the facilities for diagnosis and treating patients with surgically correctible cardiovascular disorders. The evident strengths of the institution have not been used as effectively as they might, and the requirements for a penetrating assessment of the problem has been a beneficial experience.

"Planning is underway to determine how best to develop a rehabilitation facility to serve the needs of the region. A gift in the amount of $2,000,000 from a Nashville family has insured the funds for construction. Intensive effort is needed, however, to coordinate the project for maximum involvement of faculty, community agencies and state and regional agencies. It is expected that the institution will serve important educational and research purposes. This appears to be an excellent vehicle for achieving regional objectives in an area where existing facilities and personnel are desperately needed. . . .

"Acquisition of information about the health resources of the region is underway and will be continued and expanded during the year. Using the resources of the biostatistical division of the Department of Preventive Medicine and Public Health of Vanderbilt University, data has been put on computer tape regarding physicians, nurses and the hospitals. Using this basic information, a health resources profile will be developed for each county and later certain counties will be grouped into areas to determine the characteristics of these larger areas. Demographic data will also be used as a basis for determining the size of the population to be served in the respective counties and areas. Valuable correlative data has also been obtained from the statistical division of the Tennessee Department of Health. . . .

"In cooperation with the Tennessee Nurses Association and the Tennessee League for Nursing, we are making a study leading to the preparation of a state-wide plan for nursing education. Cooperating in this endeavor will be Miss Anne Dillon, Head of the Statistical Division of the Tennessee Department of Public Health. The time seems ripe for just such a study to

help focus on the total problem of nursing."

Texas
Regional Medical Program

"The Project Director in Area I has conducted meetings with various educational health agencies. Meetings were held to determine methodology and to enlist the help of dedicated individuals interested in the goals of the Regional Medical Programs. Outside the Medical School community, the Council of Medical Society Representatives appears to be the most significant body to reach community physicians. Two meetings of the Council of Medical Societies Representatives have been attended by 28 physicians and 12 hospital administrators from 16 of the 44 County Medical Societies of Area I. There was a favorable attitude expressed toward the Regional Medical Program and a desire expressed for the need of the early development of an Intensive Care Unit Training Program for nurses and physicians. The involvement of hospital administrators, individually or through the Hospital Council, has been most worthwhile since the eventual improvement of health services must generate from the community hospitals. . . .

"There are many facts to be uncovered by making a survey of physicians. We need to know the future patterns of medical practice. The gradual shift of general practitioners into specialties and into population centers is leaving many areas without younger physicians. Several counties have no young men coming into their communities. In order to examine regional problems Area I has been divided into six divisions and studies are now underway to define the physician's role in each community. . . .

"Within the regular teaching program for medical students, residents, and interns at the University of Texas Southwestern Medical School and affiliated teaching hospitals there are conferences, seminars, lectures, and clinics that are maintained on a regular basis and are available for physicians interested in continuing postgraduate education. There are several institutional grants in both heart disease and cancer supported by Public Health Service grants. These programs are oriented to cooperate with the Regional Medical Programs. . . .

"Stroke: Significant programs are being developed in the medical school community, especially the Presbyterian Hospital, to develop a significant demonstration unit involving all of the disciplines of medicine necessary to bring this program into one cooperative effort. A total patient care program, including rehabilitation, will have high priority in developing an operational program in the immediate future. . . .

"In Area II, many physicians were skeptical, suspicious, or hostile to the Regional Medical Program on initial contact. The hostile response, however, was not uniform. Many physicians, and a majority of many of the district and county medical societies, looked favorably and hopefully upon the program. They saw in it an opportunity for continuing education for themselves, for training of allied health professionals, for supplementary special medical care facilities, and other measures that may alleviate a feeling of isolation. . . .

"Certain difficulties have been encountered in Area III in communicating with peripheral points at which health care services are dispensed. Full-time personnel are still being sought for the professional positions now filled on a part-time basis. A full-time Assistant Planning Director will concentrate his efforts on hospitals and other health care centers. It is obvious that the circuit-rider technique must be employed to effect an appropriate response at the community level. . . .

"The feasibility study for developing a School of Allied Health Sciences has progressed very well. Emphasis will also be placed on studying mutual relationships that could evolve from the collaborative efforts with the Galveston Community College. . . .

"The planning staff became acutely aware that the health practitioner and the hospital at the community level had little knowledge of the existence, the intent or the potential of Regional Medical Programs. Efforts to establish written communication proved less than satisfactory; therefore, a more direct approach was deemed essential. On February 25, 1967, the president of each county medical society in the Gulf Coast Area was invited to Galveston to enter into a dialogue on Regional Medical Programs. It was hoped that each of these individuals would return to their respective communities and would, in turn, create additional dialogue at the local level. Representatives from seven county societies, the Texas Medical Association and planning staffs from each of the several components of the Texas Regional Medical Program attended. While the physicians present represented only a small part of the geographic area, this meeting provided considerable information that verified the essentiality of a continuing interchange between a planning office and the health practitioner. The meeting also demonstrated the difficult task that lay ahead in establishing such a dialogue. . . .

Intensive Care Unit

"The planning director has collaborated with the administration of the University of Texas Medical Branch and the Medical Branch Hospitals in developing a modern intensive care training unit which will contain four beds for postoperative care of patients with cardiovascular disorders. The planning director is currently arranging for partial funding through nonfederal sources. This unit will be developed in such a manner that will permit the training of nurses and physicians to man intensive care units in other hospitals. . . .

"Many interested individuals and groups are taking an active part in gathering information and are participating in studies, such as the Houston Area Hospital Personnel Association and Houston Dietetic Association. They have worked with the staff in designing questionnaires and gathering information. . . .

"The program is serving as a catalyst in encouraging dialogue and cooperation between institutions, interest groups, associations and individuals. Progress in carrying out planning studies and surveys is being made. Misconceptions and erroneous conclusions about the purposes and goals of the program are being corrected. Resistance to the program is dissipating as further information is provided. . . .

"In the early phases of this program it is the primary objective of the Division of Continuing Education of the Graduate Medical School of Biomedical Sciences to determine how educational roles may be discharged within the framework of individual needs and goals, while at the same time providing practical and applicable information which will be both convenient and accessible to the physician and others who deliver health care, and which will ultimately result in better patient care. . . .

"An attempt will be made to convey the concept that the medical school not only awards an M.D. degree, but provides annual opportunities to appraise the practicing physician of current attitudes and techniques, to support the physician in his need for lifelong learning. . . .

Regional Training Program in Cardiovascular Disease

"The initial study of personnel available within the Medical Center for postgraduate training programs in the area of cardiovascular disease has been productive . . . initial considerations have led to plans for refresher courses lasting three to five days and providing for the participation of practicing physicians and other health professionals in the conferences, clinics, and ward rounds of the Medical Center. . . .

"A study of the applicability of closed circuit television communication with one or a few local community hospitals is of considerable interest. This institution will participate with others in the region to prepare formal postgraduate training programs for television presentation. In addition, it is proposed to utilize this medium for individual consultations with patients who can then remain in a familiar environment with their own physicians. . . .

"A general planning study and survey has been undertaken in the allied health professions education field to identify needs, trends, problems, and resources necessary to implement grant proposals and program goals in advancing, through education, training and demonstrations, the care of heart-cancer-stroke patients. . . .

"In brief, findings indicate: a general awareness that a perilous shortage of allied health personnel exists in both numbers and quality . . . physicians want and need to delegate more to allied health personnel to free themselves to serve more patients . . . a closer liaison is evolving between educational institutions and hospitals in the education and training of all levels of allied health personnel. . . .

"At the Division of Allied Health Science at South Texas Junior College (Houston, Texas) feasibility studies are in process in the development of curricula in nursing, inhalation therapy, X-ray, medical records, physical and occupational therapy assistants, medical monitoring and electronics, ophthalmic assistants and dietary supervision. . . .

"At this writing, we have the prospect of a cooperative feasibility study for a multiphasic screening pilot project in conjunction with the Baylor University College of Medicine computer science program and the Department of Biomathematics of the University of Texas at Houston. This would involve a multiphasic automation and computer project in patient diagnosis. This would also bring into focus projects for continuing education of physicians in outlying hospitals and allied health education and training needs and programs. . . .

"A major introductory activity involved recognition and visitation of rehabilitation settings within the Texas Medical Center and in Houston community agencies. Programs in these institutions pertinent to the development of the Program were explored and an attempt was made to build with these institutions appropriate collaboration. These organizations include: the Methodist Hospital, the Ben Taub General Hos-

pital, the Physical Medicine and Rehabilitation Service of the Veterans Administration Hospital, Houston, the Visiting Nurse Association of Houston, the American Cancer Society, Harris County Unit, and Goodwill Industries. The Texas Woman's University, although relatively new, has a distinctive curriculum with early patient contact. The school is geared to agency collaboration and is constructively interested in Regional Medical Program participation. . . .

"At the University of Texas Dental Branch restorative dentistry is concerned with a number of cancer patients, and there is considerable experience with restoration of the mouth, face, nose and ears. Prostheses including artificial eyes are fabricated. Closed circuit television has become a part of the teaching technique. . . .

"It is apparent that new methods and new techniques must be utilized to attract those who do not now participate in continuing education. . . .

"Progress in the first year of planning at the M. D. Anderson Hospital and Tumor Institute has been handicapped by lack of success in recruiting a full-time Physician Coordinator having the special combination of qualifications deemed essential to this important position. We have felt it expedient to evaluate the needed adjustments between the Texas Medical Association, the various county medical societies, specific practitioners, hospital administrators and this cancer program which largely has been designed and planned through the University's biomedical units. It has been considered essential that understanding and agreement be attained in an atmosphere of good will in order to project further progress. Therefore, time has been required to make this adjustment and to reach a consensus as to goals. In the case of some existing activities, such as the cancer registry, there have been ongoing programs under diverse auspices. Before a statewide registry can be projected, all aspects of existing programs must be reviewed to fit into the larger effort in an harmonious and agreeable fashion."

EXHIBITS

EXHIBIT I

Steps in Preparation of the Surgeon General's Report to Congress on Regional Medical Programs

To assist in the preparation of the report required by Section 908 of Public Law 89–239, the Surgeon General appointed a Special Ad Hoc Committee of non-federal consultants. The nucleus of the committee was four members of the National Advisory Council on Regional Medical Programs. Eleven other persons with diverse backgrounds and interests in health and public affairs also joined the group. In addition, six other individuals with extensive experience in medical education and governmental administration agreed to serve as consultants to the Ad Hoc Committee. (The members of and consultants to the Committee are listed in Exhibit II.)

The Committee met five times. At the initial meetings, on September 16 and October 7, 1966, issues pertaining to the development and administration of Regional Medical Programs were presented and discussed. From these deliberations came a series of recommendations for the steps to be followed in preparing the Report.

First, an outline of discussion items was prepared and reviewed at a meeting on November 7. From these, the key issues relating to the three areas specified for consideration in Section 908 of the Act and other aspects of the program were identified and analyzed.

Subsequently, a national forum was scheduled at which these issues were presented for consideration and reaction from health and related interests representing all sections of the country. This forum took the form of a Conference on Regional Medical Programs held in Washington (D.C.) on January 15–17, 1967. Nearly 850 medical, health and civic leaders were invited. This group included persons from both regions where planning activities were already underway and from other areas where proposals were still under development. In addition, many others with related interests received invitations. More than 650 persons attended the Conference.

Four Issue Papers were prepared by the Division of Regional Medical Programs and distributed in advance. Seven papers were presented at plenary sessions and two panel sessions were conducted. These presentations provided background for the 26 discussion groups of about 25 individuals each that met three times during the Conference. The results of this meeting are published in the *Proceedings: Conference on Regional Medical Programs.*

The wealth of information developed by the Conference was supplemented by letters and other material, voluntarily submitted by participants following the Conference. To gather additional information, the Division staff made a series of visits to on-going Regional Medical Programs and held discussions with Program Coordinators and others engaged in the development of regional activities. A "14-point" survey form was also distributed to all Program Coordinators for their use in forwarding up-to-date data on the status of their activities and plans. All of this material was analyzed and used in the preparation of this Report.

A preliminary draft of the Report was reviewed by the Ad Hoc Committee on March 10, 1967. It was subsequently revised in accordance with its recommendations and resubmitted to them on April 14. After consultation with the members of the National Advisory Council on Regional Medical Programs, the Report was submitted to the Secretary of Health, Education, and Welfare for transmission to the President and Congress.

EXHIBIT II

Surgeon General's Special Ad Hoc Advisory Committee To Develop the Report on Regional Medical Programs to the President and the Congress

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[1] *Member, National Advisory Council on Regional Medical Programs.*

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EXHIBIT III

Planning Grants for Regional Medical Programs, June 30, 1967

REGIONAL DESIGNATION	ALABAMA	ALBANY, NEW YORK	ARIZONA	ARKANSAS
PRELIMINARY PLANNING REGION.[1]	Alabama	Northeastern New York and portions of Southern Vermont and Western Massachusetts	Arizona	Arkansas
POPULATION ESTIMATE 1965.[2]	3,500,000	1,900,000	1,635,000	1,960,000
COORDINATING HEADQUARTERS.	University of Alabama Medical Center	Albany Medical College of Union University, Albany Medical Center.	College of Medicine University of Arizona	University of Arkansas Medical Center
GRANTEE.[3]	Same.[5]	Same.[5]	Same.[5]	Same.[5]
EFFECTIVE STARTING DATE.	January 1, 1967	July 1, 1966	April 1, 1967	April 1, 1967
PROGRAM PERIOD (YEARS).	2½	3	2¼	2¼
AWARD (AMOUNT AND YEAR).	$318,046—1st	$373,254—1st $384,244—2nd	$119,045—1st	$360,174—1st
RECOMMENDED FUTURE SUPPORT (AMOUNT[4] AND YEAR).	$286,750—2nd $143,375—3rd	$252,486—3rd	$287,000—2nd $67,750—3rd	$421,682—2nd $97,300—3rd

[1] *Preliminary regions for planning purposes as delineated in the original applications. State designations do not indicate they are coterminous with State lines. These preliminary regions may be modified on the basis of planning and experience.*

[2] *Population estimates include overlap between regions. As preliminary regional boundaries are evaluated and clarified during the planning process, inappropriate overlap will be eliminated.*

[3] *The Grantee differs from the Coordinating Headquarters when the Region requested this arrangement or the latter agency did not have the capability to assume formal fiscal responsibility.*

[4] *Direct costs only.*

[5] *Indicates the Grantee Agency and the Coordinating Headquarters are the same organization.*

REGIONAL DESIGNATION	BI-STATE	CALIFORNIA	CENTRAL NEW YORK	COLORADO-WYOMING
PRELIMINARY PLANNING REGION.[1]	Eastern Missouri and Southern Illinois centered around St. Louis	California	Syracuse, N.Y., and 15 surrounding counties	Colorado and Wyoming
POPULATION ESTIMATE 1965.[2]	4,700,000	18,600,000	1,800,000	2,300,000
COORDINATING HEADQUARTERS.	Washington University School of Medicine	California Committee on Regional Medical Programs	Upstate Medical Center, State University of New York at Syracuse	University of Colorado Medical Center
GRANTEE.[3]	Same.[5]	California Medical Education and Research Foundation	Research Foundation of State University of New York	Same.[5]
EFFECTIVE STARTING DATE.	April 1, 1967	November 1, 1966	January 1, 1967	January 1, 1967
PROGRAM PERIOD (YEARS).	2¼	2⅔	2	2½
AWARD (AMOUNT AND YEAR).	$603,965—1st	$1,511,381—1st	$289,522—1st	$361,984—1st
RECOMMENDED FUTURE SUPPORT (AMOUNT[4] AND YEAR).	$547,989—2nd $135,993—3rd	$2,198,452—2nd $961,982—3rd	$211,206—2nd	$326,114—2nd $170,662—3rd

[1] *Preliminary regions for planning purposes as delineated in the original applications. State designations do not indicate they are coterminous with State lines. These preliminary regions may be modified on the basis of planning and experience.*

[2] *Population estimates include overlap between regions. As preliminary regional boundaries are evaluated and clarified during the planning process, inappropriate overlap will be eliminated.*

[3] *The Grantee differs from the Coordinating Headquarters when the Region requested this arrangement or the latter agency did not have the capability to assume formal fiscal responsibility.*

[4] *Direct costs only.*

[5] *Indicates the Grantee Agency and the Coordinating Headquarters are the same organization.*

REGIONAL DESIGNATION	CONNECTICUT	GEORGIA	GREATER DELAWARE VALLEY	HAWAII
PRELIMINARY PLANNING REGION.[1]	Connecticut	Georgia	Eastern Pennsylvania and portions of Delaware and New Jersey	Hawaii
POPULATION ESTIMATE 1965.[2]	2,800,000	4,400,000	8,800,000	800,000
COORDINATING HEADQUARTERS.	Yale University Medical School and University of Connecticut School of Medicine	Medical Association of Georgia	University City Science Center	University of Hawaii College of Health Sciences
GRANTEE.[3]	Yale University School of Medicine	Same.[5]	Same.[5]	Same.[5]
EFFECTIVE STARTING DATE.	July 1, 1966	January 1, 1967	April 1, 1967	July 1, 1966
PROGRAM PERIOD (YEARS).	3	2½	1	2
AWARD (AMOUNT AND YEAR).	$406,622—1st $338,513—2nd	$240,098—1st	$1,531,494—1st	$108,006—1st $119,122—2nd
RECOMMENDED FUTURE SUPPORT (AMOUNT[4] AND YEAR).	$312,761—3rd	$203,207—2nd $104,749—3rd		

[1] *Preliminary regions for planning purposes as delineated in the original applications. State designations do not indicate they are coterminous with State lines. These preliminary regions may be modified on the basis of planning and experience.*

[2] *Population estimates include overlap between regions. As preliminary regional boundaries are evaluated and clarified during the planning process, inappropriate overlap will be eliminated.*

[3] *The Grantee differs from the Coordinating Headquarters when the Region requested this arrangement or the latter agency did not have the capability to assume formal fiscal responsibility.*

[4] *Direct costs only.*

[5] *Indicates the Grantee Agency and the Coordinating Headquarters are the same organization.*

REGIONAL DESIGNATION	ILLINOIS	INDIANA	INTERMOUNTAIN	IOWA
PRELIMINARY PLANNING REGION.[1]	Illinois	Indiana	Utah and portions of Colorado, Idaho, Montana, Nevada, and Wyoming	Iowa
POPULATION ESTIMATE 1965.[2]	10,700,000	4,900,000	2,200,000	2,800,000
COORDINATING HEADQUARTERS.	Coordinating Committee of Medical Schools and Teaching Hospitals of Illinois	Indiana University School of Medicine	University of Utah School of Medicine	University of Iowa College of Medicine
GRANTEE.[3]	University of Chicago	Indiana University Foundation	Same.[5]	Same.[5]
EFFECTIVE STARTING DATE.	July 1, 1967	January 1, 1967	July 1, 1966	December 1, 1966
PROGRAM PERIOD (YEARS).	2	2½	2	2
AWARD (AMOUNT AND YEAR).	$336,366—1st	$384,750—1st	$456,415—1st $363,524—2nd	$291,348—1st
RECOMMENDED FUTURE SUPPORT (AMOUNT [4] AND YEAR).	$244,175—2nd	$373,710—2nd $152,295—3rd		$230,218—2nd

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[3] *The Grantee differs from the Coordinating Headquarters when the Region requested this arrangement or the latter agency did not have the capability to assume formal fiscal responsibility.*

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REGIONAL DESIGNATION	KANSAS	LOUISIANA	MAINE	MARYLAND
PRELIMINARY PLANNING REGION.[1]	Kansas	Louisiana	Maine	Maryland
POPULATION ESTIMATE 1965.[2]	2,200,000	3,500,000	1,000,000	3,520,000
COORDINATING HEADQUARTERS.	University of Kansas Medical Center	Louisiana State Department of Hospitals.	Medical Care Development, Inc.	Steering Committee of the Regional Medical Programs for Maryland.
GRANTEE.[3]	Same.[5]	Same.[5]	Same.[5]	The Johns Hopkins University
EFFECTIVE STARTING DATE.	July 1, 1966	January 1, 1967	May 1, 1967	January 1, 1967
PROGRAM PERIOD (YEARS).	2	2	2	2
AWARD (AMOUNT AND YEAR).	$197,945—1st $293,080—2nd	$490,448—1st	$193,909—1st	$518,443—1st
RECOMMENDED FUTURE SUPPORT (AMOUNT[4] AND YEAR).		$514,251—2nd	$204,709—2nd	$431,821—2nd

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[2] *Population estimates include overlap between regions. As preliminary regional boundaries are evaluated and clarified during the planning process, inappropriate overlap will be eliminated.*

[3] *The Grantee differs from the Coordinating Headquarters when the Region requested this arrangement or the latter agency did not have the capability to assume formal fiscal responsibility.*

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REGIONAL DESIGNATION	MEMPHIS	METROPOLITAN WASHINGTON, D.C.	MICHIGAN	MISSISSIPPI
PRELIMINARY PLANNING REGION.[1]	Western Tennessee, Northern Mississippi, and portions of Arkansas, Kentucky, and Missouri	District of Columbia and 2 contiguous counties in Maryland, 2 in Virginia, and 2 independent cities in Virginia.	Michigan	Mississippi
POPULATION ESTIMATE 1965.[2]	2,400,000	2,050,000	8,220,000	2,320,000
COORDINATING HEADQUARTERS.	Mid-South Medical Council for Comprehensive Health Planning, Inc.	District of Columbia Medical Society	Michigan Association for Regional Medical Programs, Inc.	University of Mississippi Medical Center
GRANTEE.[3]	University of Tennessee College of Medicine	Same.[5]	Same.[5]	Same.[5]
EFFECTIVE STARTING DATE.	April 1, 1967	January 1, 1967	June 1, 1967	July 1, 1967
PROGRAM PERIOD (YEARS).	2¼	2½	1	2
AWARD (AMOUNT AND YEAR).	$173,119—1st	$203,790—1st	$1,294,449—1st	$322,845—1st
RECOMMENDED FUTURE SUPPORT (AMOUNT [4] AND YEAR).	$140,000—2nd $54,825—3rd	$169,658—2nd $84,829—3rd		$295,825—2nd

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REGIONAL DESIGNATION	MISSOURI	MOUNTAIN STATES	NEBRASKA–SOUTH DAKOTA	NEW MEXICO
PRELIMINARY PLANNING REGION.[1]	Missouri	Idaho, Montana, Nevada and Wyoming	Nebraska and South Dakota	New Mexico
POPULATION ESTIMATE *1965.*[2]	4,500,000	2,200,000	2,200,000	1,000,000
COORDINATING HEADQUARTERS.	University of Missouri School of Medicine	Western Interstate Commission for Higher Education	Nebraska State Medical Association	University of New Mexico School of Medicine
GRANTEE.[3]	Same.[5]	Same.[5]	Same.[5]	University of New Mexico
EFFECTIVE STARTING DATE.	July 1, 1966	November 1, 1966	January 1, 1967	October 1, 1966
PROGRAM PERIOD (YEARS).	3	2	2	2¾
AWARD (AMOUNT AND YEAR).	$398,556—1st $324,254—2nd	$876,855—1st	$350,339—1st	$449,736—1st
RECOMMENDED FUTURE SUPPORT (AMOUNT [4] AND YEAR).	$368,125—3rd	$761,983—2nd	$281,450—2nd	$729,285—2nd $545,491—3rd

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REGIONAL DESIGNATION	NEW YORK METROPOLITAN AREA	NORTH CAROLINA	NORTHERN NEW ENGLAND	NORTHLANDS
PRELIMINARY PLANNING REGION.[1]	New York City, and Nassau, Suffolk and Westchester Counties.	North Carolina	Vermont and 3 counties in Northeastern New York.	Minnesota
POPULATION ESTIMATE 1965.[2]	11,400,000	4,900,000	550,000	3,600,000
COORDINATING HEADQUARTERS.	Associated Medical Schools of Greater New York.	Association for the North Carolina Regional Medical Program.	University of Vermont College of Medicine.	Minnesota State Medical Association Foundation
GRANTEE.[3]	Same.[5]	Duke University	Same.[5]	Same.[5]
EFFECTIVE STARTING DATE.	June 1, 1967	July 1, 1966	July 1, 1966	January 1, 1967
PROGRAM PERIOD (YEARS).	2	2	3	2½
AWARD (AMOUNT AND YEAR).	$967,010—1st	$435,851—1st $600,944—2nd	$316,186—1st $377,701—2nd	$370,904—1st
RECOMMENDED FUTURE SUPPORT (AMOUNT [4] AND YEAR).	$961,957—2nd		$234,872—3rd	$469,080—2nd $234,700—3rd

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REGIONAL DESIGNATION	OHIO STATE	OHIO VALLEY	OKLAHOMA	OREGON
PRELIMINARY PLANNING REGION.[1]	Central and Southern ⅔ of Ohio (61 counties excluding Metropolitan Cincinnati area).	Greater part of Kentucky and contiguous parts of Ohio, Indiana, and West Virginia.	Oklahoma	Oregon
POPULATION ESTIMATE 1965.[2]	4,500,000	5,900,000	2,500,000	1,900,000
COORDINATING HEADQUARTERS.	Ohio State University College of Medicine.	Ohio Valley Regional Medical Program.	University of Oklahoma Medical Center.	University of Oregon Medical School.
GRANTEE.[3]	Same.[5]	University of Kentucky Research Foundation	Same.[5]	Same.[5]
EFFECTIVE STARTING DATE.	April 1, 1967	January 1, 1967	September 1, 1966	April 1, 1967
PROGRAM PERIOD (YEARS).	1	2	2	2¼
AWARD (AMOUNT AND YEAR).	$109,417—1st	$346,760—1st	$177,963—1st	$219,168—1st
RECOMMENDED FUTURE SUPPORT (AMOUNT [4] AND YEAR).		$232,371—2nd	$136,168—2nd	$171,998—2nd $44,078—3rd

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REGIONAL DESIGNATION	ROCHESTER, NEW YORK	SOUTH CAROLINA	SUSQUEHANNA VALLEY, PENNSYLVANIA	TENNESSEE MID-SOUTH
PRELIMINARY PLANNING REGION.[1]	Rochester, N.Y., and 11 surrounding counties.	South Carolina	24 counties centered around Harrisburg and Hershey.	Eastern and Central Tennessee and contiguous parts of Southern Kentucky and Northern Alabama.
POPULATION ESTIMATE 1965.[2]	1,200,000	2,500,000	2,100,000	2,600,000
COORDINATING HEADQUARTERS.	University of Rochester School of Medicine and Dentistry.	Medical College of South Carolina.	Pennsylvania Medical Society.	Vanderbilt University School of Medicine and Meharry College of Medicine.
GRANTEE.[3]	Same.[5]	Same.[5]	Same.[5]	Vanderbilt University.
EFFECTIVE STARTING DATE.	October 1, 1966	January 1, 1967	June 1, 1967	July 1, 1966
PROGRAM PERIOD (YEARS).	2¾	1	2	2
AWARD (AMOUNT AND YEAR).	$306,985—1st	$65,906—1st	$263,530—1st	$265,841—1st $393,458—2nd
RECOMMENDED FUTURE SUPPORT (AMOUNT [4] AND YEAR).	$329,364—2nd $259,900—3rd		$249,550—2nd	

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[3] *The Grantee differs from the Coordinating Headquarters when the Region requested this arrangement or the latter agency did not have the capability to assume formal fiscal responsibility.*

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REGIONAL DESIGNATION	TEXAS	VIRGINIA	WASHINGTON-ALASKA	WEST VIRGINIA
PRELIMINARY PLANNING REGION.[1]	Texas	Virginia	Alaska and Washington	West Virginia
POPULATION ESTIMATE 1965.[2]	10,500,000	4,500,000	3,200,000	1,800,000
COORDINATING HEADQUARTERS.	University of Texas	Medical College of Virginia and University of Virginia School of Medicine.	University of Washington School of Medicine.	West Virginia University Medical Center.
GRANTEE.[3]	Same.[5]	University of Virginia School of Medicine.	Same.[5]	Same.[5]
EFFECTIVE STARTING DATE.	July 1, 1966	January 1, 1967	September 1, 1966	January 1, 1967
PROGRAM PERIOD (YEARS).	3	2	2⅚	2½
AWARD (AMOUNT AND YEAR).	$1,271,013—1st $1,260,181—2nd	$291,454—1st	$266,248—1st	$150,798—1st
RECOMMENDED FUTURE SUPPORT (AMOUNT [4] AND YEAR).	$133,987—3rd	$254,000—2nd	$230,934—2nd $241,795—3rd	$175,250—2nd $91,250—3rd

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[2] *Population estimates include overlap between regions. As preliminary regional boundaries are evaluated and clarified during the planning process, inappropriate overlap will be eliminated*

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REGIONAL DESIGNATION	WESTERN NEW YORK	WESTERN PENNSYLVANIA	WISCONSIN
PRELIMINARY PLANNING REGION.[1]	Buffalo, N.Y., and 7 surrounding counties.	Pittsburgh, Pa., and 28 surrounding counties.	Wisconsin
POPULATION ESTIMATE 1965.[2]	1,900,000	4,200,000	4,100,000
COORDINATING HEADQUARTERS.	School of Medicine, State University of New York at Buffalo in cooperation with the Health Organization of Western New York.	University Health Center of Pittsburgh.	Wisconsin Regional Medical Program, Inc.
GRANTEE.[3]	The Research Foundation of State University of New York	Same.[5]	Same.[5]
EFFECTIVE STARTING DATE.	December 1, 1966	January 1, 1967	September 1, 1966
PROGRAM PERIOD (YEARS).	2	2½	2
AWARD (AMOUNT AND YEAR).	$149,241—1st	$340,556—1st	$344,418—1st
RECOMMENDED FUTURE SUPPORT (AMOUNT [4] AND YEAR).	$117,626—2nd	$260,484—2nd $137,618—3rd	$341,000—2nd

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EXHIBIT IV

Operational Grants for Regional Medical Programs, June 30, 1967

REGIONAL DESIGNATION	ALBANY, NEW YORK	INTERMOUNTAIN	KANSAS	MISSOURI
REGION.	Northeastern New York and portions of Southern Vermont and Western Massachusetts.	Utah and portions of Colorado, Idaho, Montana, Nevada, and Wyoming.	Kansas	Missouri, exclusive of Metropolitan St. Louis.
POPULATION ESTIMATE 1965.	1,900,000	2,200,000	2,200,000	2,400,000
COORDINATING HEADQUARTERS.	Albany Medical College of Union University, Albany Medical Center.	University of Utah School of Medicine.	University of Kansas Medical Center.	University of Missouri School of Medicine.
GRANTEE.	Same.[1]	Same.[1]	Same.[1]	Same.[1]
EFFECTIVE STARTING DATE.	April 1, 1967	April 1, 1967	June 1, 1967	April 1, 1967
PROGRAM PERIOD (YEARS).	2	2½	2	2
FIRST-YEAR AWARD.	$914,627—1st	$1,790,603—1st	$1,076,600—1st	$2,887,903—1st
RECOMMENDED FUTURE SUPPORT (AMOUNT [2] AND YEAR).	$750,000—2nd	$1,162,049—2nd $1,036,378—3rd	$1,000,000—2nd	$2,625,000—2nd

[1] *Indicates that the Grantee Agency and the Coordinating Headquarters are the same organization.*

[2] *Direct costs only.*

EXHIBIT V

National Advisory Council on Regional Medical Programs

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Professor
Cook County Graduate School of Medicine
Senior Attending Physician
Michael Reese Hospital
Chicago, Illinois

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Green Clinic
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Vice President for Administration
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Robert J. Slater, M.D.[2]
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New York, New York

ex officio

William H. Stewart, M.D. (*Chairman*)
Surgeon General
Public Health Service
Bethesda, Maryland

Liaison Members to the National Advisory Council on Regional Medical Programs

Liaison Member for National Advisory Cancer Council

Sidney Farber, M.D.[3]
Director of Research
Children's Cancer Research Foundation
Boston, Massachusetts

Murray M. Copeland, M.D.
Associate Director
M.D. Anderson Medical Hospital and Tumor Institute
Texas Medical Center
Houston, Texas

Liaison Member for National Advisory General Medical Sciences Council

Edward W. Dempsey, Ph. D.
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Liaison Member for National Advisory Neurological Diseases and Blindness Council

A. B. Baker, M.D.[3]
Professor and Director
Division of Neurology
University of Minnesota
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A. Earl Walker, M.D.
Professor of Neurological Surgery
Johns Hopkins University
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Liaison Member for National Advisory Heart Council

John B. Hickam, M.D.
Professor and Chairman
Department of Medicine
Indiana University Medical Center
Indianapolis, Indiana

Liaison Member for the Veterans Administration

Benjamin B. Wells, M.D.
Assistant Chief Medical Director for Research and Education in Medicine
Department of Medicine and Surgery
Veterans Administration
Washington, D.C.

[1] *Resigned January 1967.*
[2] *Membership terminated November 1966.*
[3] *Appointment expired September 1966.*