



E000711

PROFILE: NASSAU-SUFFOLK REGIONAL MEDICAL PROGRAM, INC.

Grantee: Stony Brook Foundation, Inc.

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**Originally prepared by: Clyde L. Couchman
Operations Officer**

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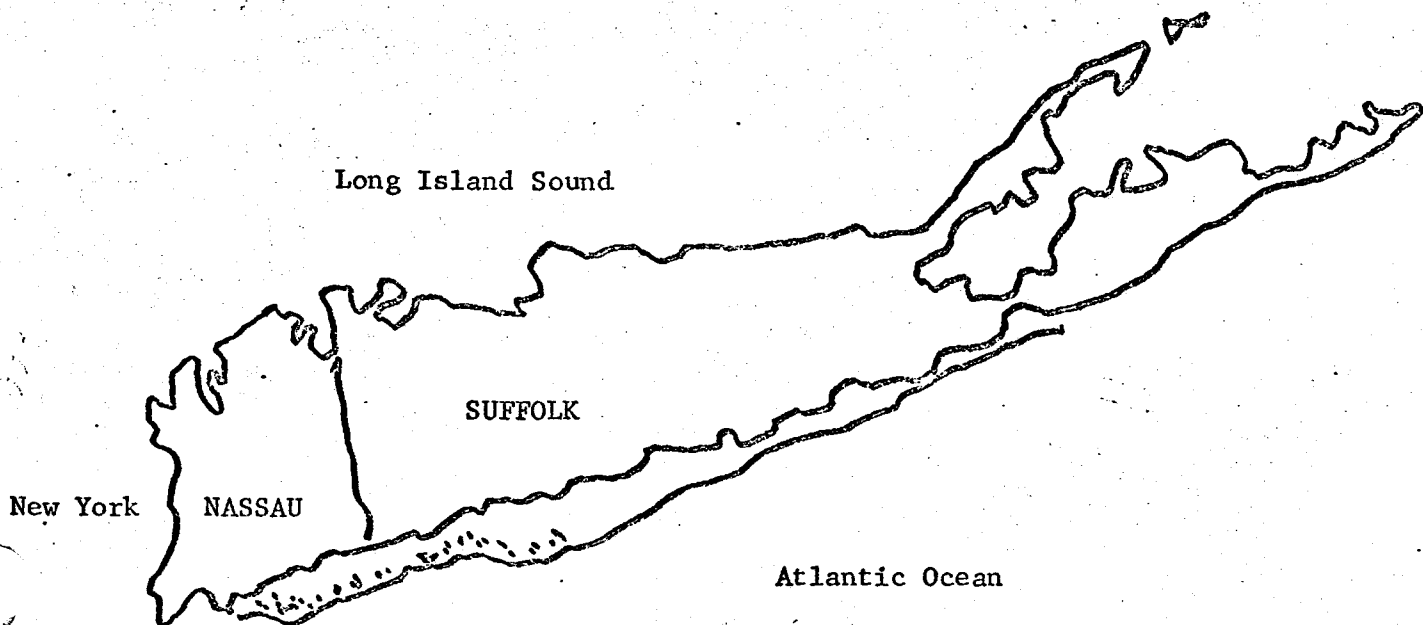
NASSAU-SUFFOLK
Regional Medical Program

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I. Geography



The Region is Nassau and Suffolk counties on Long Island, New York. Some residents obtain medical services from New York City.

II. Demography

A. Population: Nassau County - 1,428,000
Suffolk County - 1,011,000

1. Percent Urban: Nassau County - 99.7%
Suffolk County - 77.3%
2. Percent Racial: Nassau County - 97% white
Suffolk County - 95% white
3. Median Age: Nassau County -
Suffolk County -

B. Land Area: Nassau County - 300 square miles
Suffolk County - 922 square miles

Total: 1,222 square miles

C. Facilities Statistics:

1. The State University of N.Y. at Stony Brook is in the process of developing a comprehensive Health Sciences Center. At full operation the Center will include Colleges of Medicine, Dentistry, Nursing and Allied Health Professions, Social work, a Health Sciences Library, and a University Hospital of 600 beds, as well as a new Veterans Administration hospital of 750 beds. The University hospital is being planned in close collaboration with the new Veterans hospital, which is being planned to function as an integral unit of the Health Sciences Center.
2. The total number of hospitals in this region is 41 with 35,840 beds.

D. Personnel Statistics:

1. The total number of physicians in this region is 3,121 (Nassau County - 2,106; Suffolk County - 1,015). The Ratio per 100,000 in Nassau County is 147; in Suffolk County the ratio is 100.
2. In Nassau County the number of nurses is 4,143 (290/100,000) and in Suffolk County there are 2,838 nurses (280/100,000) totalling 6,981 for the entire region.

III. Politics

A. Governor: Nelson Rockefeller (R), 1966-1970

B. Senators:

1. Jacob K. Javits (R), 1956-1975
Member, Labor and Public Welfare Committee
Member, Select Committee on Nutrition and Human Needs

2. Charles E. Goodell (R), 1968-1971

C. Congressmen:

1. Suffolk County

Otis G. Pike (D)

James R. Grover, Jr. (R)

2. Nassau County:

Lester L. Wolff (D)

John W. Wydler (R)

Allard K. Lowenstein (Democrat-Liberal)

IV. Historical Review

June 1967

Advisory Medical Group formed

June 1968

The Group incorporated as the "Nassau-Suffolk Regional Medical Program, Inc." and began operations with \$10,000 contributed by eight interested agencies.

September 1968

Planning grant application submitted to DRMP.

December 1968

01 Planning grant funded \$233,256.

V. Core Staff

- A. The regional office is located on the third floor of the Earth and Space Sciences Building at the State University of New York at Stony Brook, Stony Brook, New York 11790. (telephone: 516-246-7983)
- B. The region is in the last phase of recruiting and orienting its staff. The present staff organization is as follows:

Glen E. Hastings, M.D. - Program Coordinator

Mr. Harrison Owen - Program Development

John R. Kress - Technical Support

Robert L. Beckman - Technical Support

BIOGRAPHICAL INFORMATION

1) Glen E. Hastings

- a) Born Pittsburg, Kansas, 1932
- b) B.S., Kansas State College 1958
- c) M.D., University of Kansas, 1962
- d) Internship, Kansas University Medical Center, 7/63-6/66
- e) Residency in Internal Medicine, Kansas U. Medical Center, 7/63-6/66
- f) Demonstration Project Coordinator; Regional Medical Consultant; Medical Care Consultant; Medical Systems Consultant; Medical Director, Home Care and Community Health Study Unit, 1965-1969.
- g) Special Consultant in Health Education, VISTA Health office, Washington DC, June 1969 - present.
- h) Program Coordinator and Executive Director, N-S RMP, June 1, 1969 to present.

2) Harrison Owen

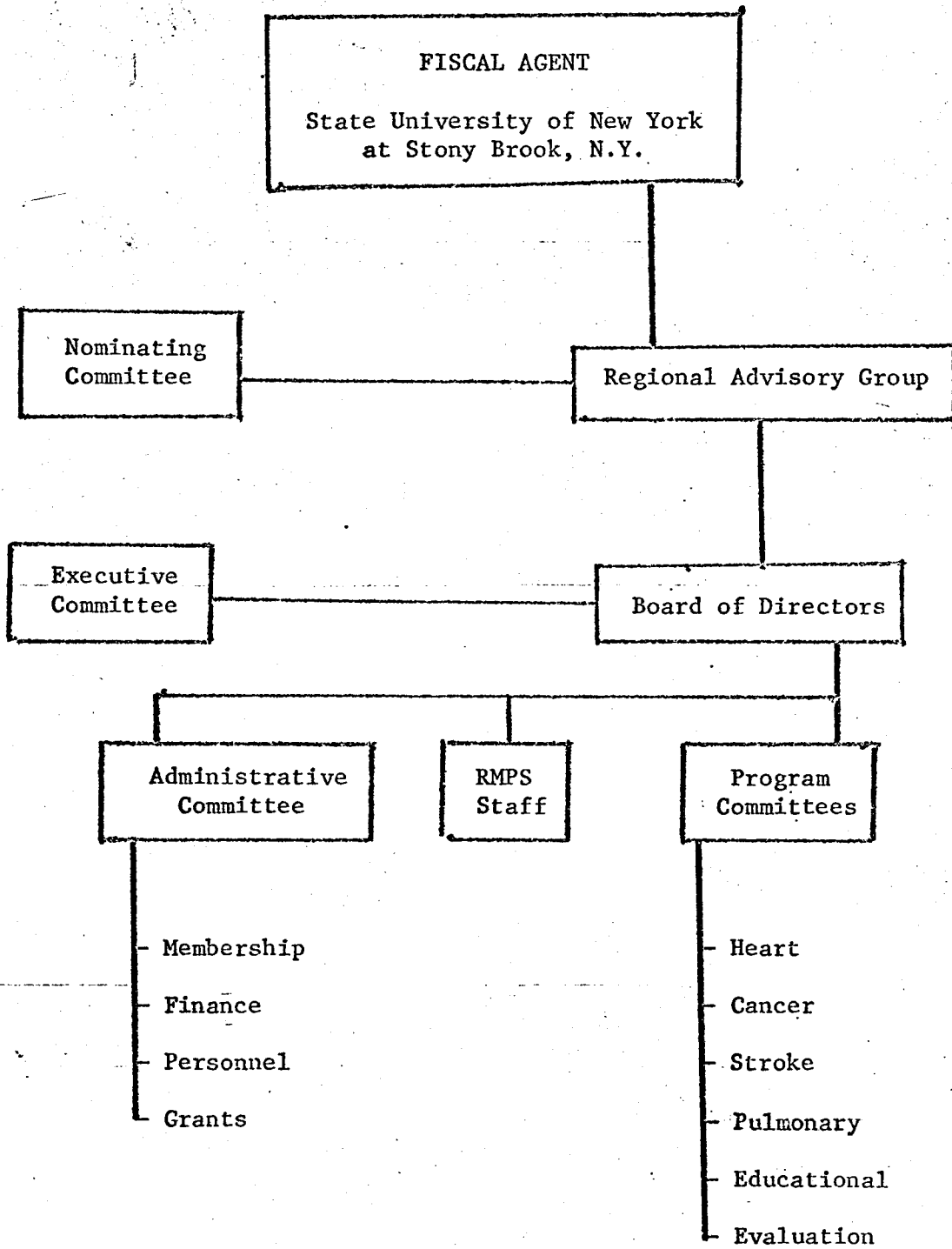
- a) Born December 2, 1935
- b) BA, Williams College, Mass., 1957
- c) B.D., Virginia Theological Seminary, 1960
- d) M.A., Vanderbilt University, 1965
- e) Consultant, Volt Information Sciences
- f) Associate Director, U.S. Peace Corps in Liberia, West Africa 1967-1969.
- g) Program Development, N-S RMP

3) John R. Kress

- a) Born Bronx, New York, 1942
- b) B.A., City College of the City University of New York, 1964
- c) M.A., Columbia University School of Public Health and Administrative Medicine, 1967.
- d) Administrative Intern; Planning and Research Assistant; Administrative Resident, Senior Assistant Health Services Officer in the Commissioned Corps, 1963-1969.
- e) Technical Support, Nassau-Suffolk RMP

VI. Overall Organization

A. Chart of Organization



B. Regional Advisory Group

The RAG consists of 54 self elected members which meets quarterly to review the program and to approve all grants and contracts. The Board of Directors has 26 members and meets monthly. The Executive Committee has four officers and five other members from the Board of Directors appointed by the President and meets as need arises.

The RAG provides advice and policy guidance and establishes overall priorities. The Committees develop categorical priorities, provides technical review of projects, stimulates projects to meet priority needs and, by selected membership, involves key members of the health structure in the planning process.

C. Project Proposals are reviewed as follows:

- a. Idea presented to staff
- b. Staff review and assistance
- c. Categorical Committee review
- d. Grants Committee review
- e. RAG reviews and approves or disapproves

D. Program Development

1. Most health provider groups and other community groups are involved in the region's programs through membership in the RAG and the various committees.
2. Studies of needs and resources will be undertaken, by appropriate committee and staff action, when the region is more completely staffed.
3. Priorities and objectives are being developed along the guideline that process is the primary focus of the regionalization process.
4. The main thrust of activity at this time (September 1969) is toward development of support for the region. The basic strategy is on three levels: (1) by group meetings and informal contact to develop a constituency of health providers who will be willing to participate; (2) by developing a data base which will be available to be used on a selective basis to provide positive input into the development of the overall priority needs of the region; (3) by group meetings and informal contact to

develop a well informed group of consumer representatives who can participate in a realistic dialogue with the providers of health care.

It is envisioned that the provider groups will be involved early in the committees and in developing a basic consensus for planning and that input from the data base and consumer representatives will be used at later times.

This strategy is designed to allow the three components time to develop separately and then be brought together on a more realistic basis at the appropriate time.

5. Evaluation procedures are in the developmental stage.

VII. Funded Operational Projects

The Region contemplates going operational within the next 12 months. No projects have been processed to date.

APPENDIX

I. Curriculum Vitae