

Dr. Marston?

Dr. MARSTON. This is not an easy question to answer at this early stage in the program. We do have operational grants awarded which include more than 100 projects that are underway in the regions.

Perhaps the best way I could answer this might be to take the example of one region and how it has moved in the area of heart disease, cancer and stroke.

I would like to use, from time to time, some of the words of the applicant, because this is a program that is occurring in the region.

The North Carolina regional medical program decided in the late summer of 1967, about a year after it received its planning grant, that it had attained readiness for operational status. Conceptual strategy to achieve the goals of the regional medical program had been developed. A unified, representative leadership of the region, the principal health interests in the region, had been organized for the stimulation of productive, cooperative effort for guidance and coordination of program development, and an organization structured for effective decisionmaking based on needs in the region had been developed and adequately tested.

During 1966 and 1967, North Carolina had had a small project in the area of heart disease. This development was described in the region's progress report as follows: Since cooperative arrangements involving such a wide assortment of people and institutions in one project was a novel departure for us, the experience has been invaluable. We quickly learned that the original project contained seriously inadequate provisions for manpower. Thus, in our operational grant application submitted in October 1967, an expansion of the project was proposed, and as time passes, further modification is anticipated. Conferences with staffs of small community hospitals and observations of patients with acute myocardial infarcts being treated therein convinced us that an effort had to be made to determine the feasibility of an appropriately designed coronary care unit for these small hospitals.

The region's report goes on later to describe the availability of coronary care units, and particularly the ability in these units to do something as far as the rhythm or the electrical disturbances in the heart is concerned, which is not possible without the specialized equipment and trained people in these units.

The growing interest and availability of coronary care units in this region also has generated the need to provide a cardiopulmonary and resuscitation training program to expand on an earlier, limited program of the North Carolina Heart Association.

Additional projects in the heart area, which are in various stages of implementation or planning, include the diagnosis and treatment of hypertension, the use of specially equipped ambulances, pediatric cardiological screening, and so forth.

In the cancer area, the North Carolina program worked with existing groups who have worked in the cancer field before, and they state an increasing number of community hospitals and their staffs are attempting to meet the standard of the American College of Surgeons for the approval of their cancer programs. In this region there are only seven hospital programs that currently are approved, and they would hope to increase this through the regional medical programs.