

The Tennessee-Midsouth region, in Nashville, is supporting a program in combination with OEO—I could give you a list of these.

Mr. ROGERS. Let us have a list of these, and what hospitals in these areas are involved and the personnel involved.

(The following information was received by the committee:)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE STATEMENT ON REGIONAL MEDICAL PROGRAM EFFORTS DIRECTED AGAINST THE HEALTH PROBLEMS OF THE INNER CITY

In August 1967, the National Advisory Council on Regional Medical Programs issued a statement which gave consideration to the health problems of metropolitan areas and their inner cities. While recognizing the complexities of the urban environment, the Council stressed the responsibility of Regional Medical Programs to contribute to the solution of health problems there. In addition, it recommended that an appropriate group of national leaders be named and called together to consider how the attention of Regional Medical Programs could best be focused on the issue.

In response to the statement and to the Surgeon General's memorandum of October 9, 1967 "Improving the Health Status of the Urban Poor," a meeting was held on November 16, 1967 to consider the problem. Among those persons invited to attend were hospital representatives, RMP coordinators from urban areas, health planners, representatives from OEO, medical school officials and physicians with responsibility for the provision of care to the urban poor. The discussion concerned the need for immediate action to reduce the health status differential which now exists, the need for experimentation in the methods of delivering health care, and the need for coordinating the activities of diverse groups which provide health care services in the inner city as well as specific approaches and projects which might be undertaken.

At the local level, Regional Medical Programs which include major metropolitan areas have developed varied approaches to solving these problems. These efforts include cooperative arrangements between hospitals, health departments, medical schools, voluntary agencies and practicing physicians to meet the health needs of the poor. Examples of these approaches now under development or in operation can be summarized as follows:

California Regional Medical Program has established a subregion covering the Watts-Willowbrook area of Los Angeles which will facilitate the development of activities aimed at meeting the specific needs of the people there. Through the Regional Medical Program, the University of Southern California School of Medicine and the UCLA School of Medicine are cooperating with the local Charles R. Drew Medical Society (an affiliate of the National Medical Association) in establishing a post-graduate medical school at the Southeast General Hospital now under construction in Watts. This school will provide back-up services to the OEO neighborhood health center in the area, develop training programs for allied health personnel, provide stimulus for additional physicians to enter the practice within the community and will develop training programs for physicians already there. California Regional Medical Program has requested funds for partial support of the school in the early stages of development. In addition, work is now underway at the University of Southern California School of Medicine on the application of cancer case finding methodology to poverty groups.

New Jersey Regional Medical Program has organized an urban health unit within their office and has established a Task Force on Urban Health Services under the chairmanship of Mrs. Anne Somers, a member of their Regional Advisory Group. Membership on the Task Force includes representatives of the New Jersey Hospital Association, the New Jersey State Department of Community Affairs, county medical societies, local OEO CAP programs and other groups. The function of the group will be to stimulate and review projects for improving the availability of health services to persons living in urban areas of the state, particularly low income groups. The group currently is working on the development of hospital based group practices at Middlesex General Hospital in New Brunswick and at West Jersey Hospital in Camden, as demonstrations of improved systems for patient care for heart disease, cancer and stroke.

The New Jersey Regional Medical Program will assign a coordinator/planner to the Model Cities offices in Trenton, Newark, and Hoboken. The function of