Regional Medical Program is conducting planning and feasibility studies to determine the types of screening procedures which will most effectively reach target population groups and which can in part be administered by previously untrained persons from the community who have received on-the-job training.

New York Metropolitan Regional Medical Program has made specific assignments to members of their core staff for maintaining liaison with community mental health programs, OEO and Model Cities. Particular effort has been made to develop a working relationship with the Provident Clinical Society, the movement of the control of the c ing force behind an OEO health center in Brooklyn and as a result the president of this organization has recently been appointed to the Regional Advisory Group. In upper Manhattan, the Regional Medical Program is practicing with representatives of the National Medical Association, Columbia University College of Physicians and Surgeons, Mount Sinai School of Medicine and St. Luke's Hospital in the development of continuing education programs for unaffiliated physicians. The Regional Medical Program is also taking leadership in co-sponsoring a conference on health careers for the underprivileged to bring together all interested forces in the area to develop a coordinated program. Also in the developmental stage, are several projects for earmarked funds including a pediatric pulmonary disease center at Babies Hospital, a feasibility study for the development of screening and treatment of strake nation to a Harley Hospital. the development of screening and treatment of stroke patients at Harlem Hospital, and a mobile coronary care unit to operate out of St. Vincent's Hospital in

Greenwich Village.

Metropolitan Washington, D.C., Regional Medical Program will establish a stroke station at Freedman's Hospital, the teaching hospital of Howard Unistroke station at Freedman's Hospital, the teaching hospital of Howard University Medical School. The project will improve the care of patients from a predominantly Negro population group by setting up an intensive care stroke unit in the hospital and by developing extensive follow-up services for stroke patients. The unit will be used for training medical students, area physicians, nurses and paramedical personnel in the latest techniques of stroke management. There will be research studies undertaken on diagnostic methods, epidemiology and the cultural, behavioral and socio-economic consequences of stroke. Also submitted for review are stroke projects to be operated at George Washington University Hospital, D.C. General Hospital and Glenn Dale Hospital which would combine university and D.C. Department of Public Health efforts.

Missouri Regional Medical Program will establish at Kansas City General Hospital a special diagnostic and treatment unit for patients with cerebrovas-cular disease. Approximately 500 patients a year will be referred from the emergency room, outpatient department, clinical services of the hospital and from physicians in the surrounding communities. Kansas City General Hospital serves the majority of indigent patients in the Kansas City, Missouri area and will provide the back-up to an OEO neighborhood health center now under development in the community. Missouri Regional Medical Program and Kansas Regional Medical Program have also established a greater Kansas City liaison committee to review and coordinate the activities of both programs in the metropoli-

Georgia Regional Medical Program has submitted for review a project for the development of a community hypertensive control program, to determine the most effective methods to identify symptomatic hypertension in an urban racially mixed community in Atlanta. The project which would be conducted by the Georgia State Health Department would assess the most effective methods to achieve good blood pressure control in these hypertensives, train lay blood pressure and determine whether a community program in hypertension control sure aids, and determine whether a community program in hypertension control is economically feasible using public health methods.

Mr. Rogers. What about the rural areas?

Dr. Marston. I think things have tended to move more rapidly in the rural areas.

Mr. Rogers. Let us have a breakdown there, too, please. (The following information was received by the committee:)