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Comprehensive Health Planning Agencies

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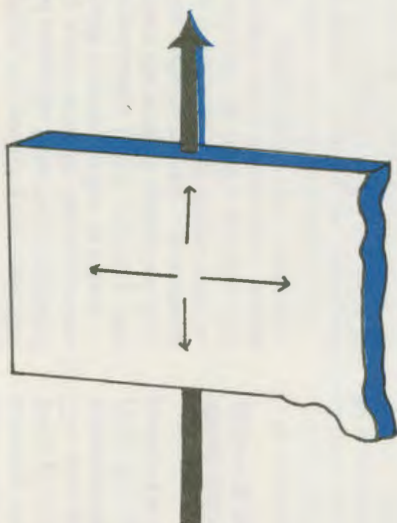
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Comprehensive Health

Planning Agencies

Comprehensive Health Planning Agencies

by Galen Kelsey, Extension resource
development specialist

There are 132 counties in the United States, says the American Medical Association, which have no civilian medical doctor. Seventeen of these are in South Dakota.

On the average, there is one South Dakota doctor for every 1,327 persons. The ratio of physicians ranges from 1 to 55 persons in Yankton County to 1 doctor for 5,400 in Hamlin County.

Rural hospitals are small and lack specialized facilities and equipment.

It is no news to South Dakotans that, just as retail services have deserted the countryside for the larger population centers, so too have medical services concentrated in urban areas. The results for many South Dakotans have been inadequate or nonexistent emergency care, neglected health problems, and hours consumed on the road and in the doctor's waiting room.

Costs also have risen dramatically. In the 22-year period from 1950 to 1972, personal health care expenditures in the United States rose from \$10.4 billion to \$71.9 billion. Advances in medical technology and inflation account for most of these rising costs.

In response to mounting public pressure, Congress passed the Comprehensive Health Planning and Public Health Services Amendments of 1966 (Public Law 89-749). The Comprehensive Health Planning Act declares that

The fulfillment of our national purpose depends upon promoting and assuring the highest level of health attainable, for every person, in an environment which contributes positively to healthful individual and family living

and provides for comprehensive planning of health services, manpower and facilities to carry out this purpose.

The act provides federal funds and authority for planning at two levels—state and area. Other sections of the act provide for training of health planning personnel, research and demonstration projects, and grants to the states to establish and maintain public health services.

An area may be a metropolitan city, a part of a state, or parts of two or more states. Boundaries should include all residents of an area served by health care manpower and facilities; a South

Dakotan's needs will not be represented if he resides in one "area" and his doctor and hospital are in another. In multi-jurisdictional planning and development districts, the boundaries of health planning areas should lie within these districts designated by executive order of the governor dated December 4, 1970.

What is CHP?

Comprehensive health planning focuses upon the total health needs of the people and the factors which contribute to their physical and mental health and the healthfulness of their environment. The planning itself is continuous, and is carried on mutually by those who provide the health services—doctors, nurses, hospital personnel and allied professions—and the users of health services. Agreements might include health needs, goals and priorities, and recommendations of facilities and actions to meet those goals. All health agencies—governmental, denominational, and private—work with citizen representatives to plan the best possible health care delivery system and services.

Comprehensive health planning differs from specialized health planning in that it focuses upon all health needs rather than upon individual problems such as mental illness, sanitation or hospitals, or upon a specific population group such as children, the elderly or the poor, or upon a particular geographic area. It is planning to meet needs in health services, facilities, manpower, environment, and mental health.

Emergency medical services, manpower development, alcoholism and drug abuse, the environment, and other selected categories have been designated priority action areas by the comprehensive health planning office in Pierre.

Comprehensive health planning does not replace the need for specialized planning but seeks to provide a framework for the coordination of efforts now being conducted by health agencies, hospital boards and associations, county medical associations and volunteers. Comprehensive health planners encourage program planning by interested groups and agencies and even assist in such planning when specialized planning gaps exist.

A comprehensive approach to health planning is not only desirable but imperative. Specialized health services often overlap into other services and areas. Planning can help eliminate this costly duplication.

Health care in the United States is unique in that the government, religious denominations, foundations and other groups, and private practitioners all participate in health care delivery. Each one of these views the health needs of the people from a different angle. One is research-oriented, another is concerned about eligibility requirements, and still another may be running an ambulance service as a community service sideline to a more profitable business. All have different priorities.

If the goal of quality health service for all is to be achieved, all the diverse opinions must be expressed and agreement reached on health needs and priorities. An area-wide health planning council provides a forum for all ideas and opinions.

Comprehensive health planning at the area level resembles that at the state level, in that it focuses on all the people and all their health needs and to all circumstances and actions that can affect health. The major difference between the two is the subjects with which they deal. At the state level the subjects are matters of broad policy that affect the whole state. At the area level, they are more often specific to particular institutions, activities, or resources.

For example, the state comprehensive health planning agency might recommend that high priority be given to screening the adult population for high blood pressure to prevent heart attacks. The area agency following up on this recommendation might then devise plans for organizing a screening program in the area.

What specifically is a health planning agency?

In order to meet the requirements for federal funding, the policy making body of both the state and area agencies must be composed mainly of users of health services, such as housewives, businessmen, farmers, and retired persons. The

remainder, less than 50 percent, is composed of providers of health services—physicians, pharmacists, hospital administrators, nurses and health educators.

The agency which conducts the day-to-day operations, such as collecting data and writing plans, might be a department of a governmental unit, a private non-profit corporation or, in the case of an area agency, a multi-jurisdictional planning and development district.

The Office of Comprehensive Health Planning, located in the State Department of Health, is the statewide health planning agency for South Dakota.

Area agencies might be sponsored by existing multi-purpose private non-profit corporations (with separate policy boards) such as a community action agency or a religious denomination or by such a corporation organized specifically for this purpose.

In like manner, multi-jurisdictional planning and development districts generally must set up a separate health board if they sponsor an area health planning agency. Generally the governing boards of multi-jurisdictional planning agencies are composed primarily of elected officials which may or may not be a representative group of health services consumers. Few of them have health services providers on the boards.

How are state and area CHP agencies supported?

State comprehensive health agencies

are supported by federal funds allocated under the Comprehensive Health Planning Act. These funds are distributed to the states under a matching formula which takes the population and per capita income into account.

Area-wide agencies are supported on a matching basis, usually federal and non-federal. The non-federal matching funds generally are provided by state, county and city governments. Additional support may come from hospitals, nursing homes, medical societies and health insurance companies.

The day-to-day operations of a health planning agency are carried out by a professional health planner; some larger agencies might require several specialized health services planners. Clerical help, office and travel expenses are necessary expenditures.

In some areas a formal comprehensive health planning agency is not formed, particularly in the early organization stages. An area-wide council composed of consumers and providers is organized and meets regularly. Professional assistance to the group is provided by personnel from the state comprehensive health planning agency.

Responsibilities of the area-wide health planning agency

The health planning agency does not possess the power to tax, nor does it have any authority over the providers of health services within the area. The

agency can only recommend specific actions.

A law passed by the 1972 South Dakota Legislature assigned to area-wide comprehensive health planning agencies the responsibility of evaluating "certificates of need" which the law requires be filed by any health facility planning additions, improvements or new construction costing in excess of \$50,000. The agency must also conduct a public hearing in the community where the construction is proposed. In the absence of an area-wide agency, the State Comprehensive Health Planning Agency fulfills this function.

Facts are the material from which informed decisions are made. Health planning agencies gather information about the health resources, the use of these resources and the demand for facilities, equipment, health information and manpower. Health planning agencies sponsor health training workshops and evaluate community health improvement projects and proposals such as mental health clinics, hospital and nursing home additions.

South Dakotans are realistic enough to know that in no way will every little town have a doctor or clinic as a result of comprehensive health planning. But, once direction has been given to finding health needs and setting priorities for health care, they can expect more efficient delivery of health services.

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