

newsletter



Community Council of the Atlanta Area Inc.

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for the COMPREHENSIVE AREAWIDE HEALTH PLANNING PROJECT

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IN THE BEGINNING—THE LAW

Public Law 89-749 is cited as the "Comprehensive Health Planning and Public Health Services Amendments of 1966", and declares the following to be its findings and declaration of purpose. Sec. 2 (a) The Congress declares that fulfillment of our national purpose depends on promoting and assuring the highest level of health attainable for every person, in an environment which contributes positively to healthful individual and family living; that attainment of this goal depends on an effective partnership, involving close intergovernmental collaboration, official and voluntary efforts, and participation of individuals and organizations; that Federal financial assistance must be directed to support the marshalling of all health resources—national, state and local—to assure comprehensive health services of high quality for every person, but without interference with existing patterns of professional practice of medicine, dentistry, and related healing arts. (b) To carry out such purpose, and recognizing the changing character of health problems, the Congress finds that comprehensive planning for health services, health manpower, and health facilities is essential at every level of government; that desirable administration requires strengthening the leadership and capacities of state health agencies; and that support of health services provided people in their communities should be broadened and made more flexible.

THE SALUBRIOUS WIND STOCKING OF CHANGE

Vision of social and health planners of the Community Council of the Atlanta Area, Inc. (CCAA), made it possible for the Atlanta metropolitan area to be the first area in Georgia to receive an "organizational grant" for the purpose of defining and developing an agency which will be capable of doing comprehensive health planning and obtaining broad community support and participation in the planning effort. This grant, from the United States Public Health Service, through the Georgia Office of Comprehensive Health Planning, supports the CCAA in the professional and organizational effort necessary to instigate such an organization.

The term "comprehensive" means that every aspect of the health landscape in the six-county metropolitan area must be taken into account in the planning process. This includes not only the treatment of illness and injury but the prevention of same as well as compensation for any lasting effects received. In addition to the manifold activities of medical and paramedical personnel in the variety of health treatment facilities, planning must consider environmental controls of air, water, soil, food, disease vectors, housing codes and construction, and waste disposal. Needs for training of health personnel, for improvement of manpower and facilities utilization, and for access to health care must be considered. The fields of mental health, dental health, and rehabilitation should be included. There must be concern about the

The Partnership for Health Law requires that such planning be done with people rather than for people. Therefore, maximum participation of health "consumers", health professionals, governmental units and agencies, and other community organizations is a necessity. The law is telling the states and communities that they will be given increasing responsibility and power to determine their own best health interests, and that the current Federal practice of funding health-related projects through specific project-type grants will phase into a system of "block" grants to the states for use as local emphasis requires. Eventually, only communities which have organized themselves for comprehensive health planning may be eligible to receive Federal support.

Ideas of excellence need corresponding institutions; the Comprehensive Areawide Health Planning Project is an example of such an idea. Such ideas need feet and so the pioneering march has begun towards healthful social change of a magnitude never before undertaken.

THE CONVENORS



Eugene T. Branch, Chairman, Board of Directors, Community Council of the Atlanta Area, Inc.



Dr. Robert E. Wells, Chairman, Area Joint Health Professionals Committee on Comprehensive Health Planning



Gilbert R. Campbell, Jr., Chairman, Metropolitan Area Council of Chambers of Commerce

A necessary step in the organizational development of the Comprehensive Areawide Health Planning Project was the convening of a large "Community Involvement Panel", to which approximately 170 representatives of agencies, organizations, and governmental units were invited. In order to indicate the breadth of concern for health planning in this community, three major groups collaborated in issuing the invitation, and hence, became the "convenors" of the Panel. Shown are the chief officers (left to right) of the three groups: Eugene T. Branch, Chairman of the Board of Directors, Community Council of the Atlanta Area, Inc.; Dr. Robert E. Wells, Chairman of the Area Joint Health Professionals Committee on Comprehensive Health Planning; Gilbert R. Campbell, Jr., Chairman of the Metropolitan Area Council of



Raphael B. Levine, Ph.D.

DIRECTOR'S REPORT

On Thursday, June 5th, the long process of "community involvement" came to a successful climax, when the new "Metropolitan Atlanta Council for Health" met for the first time, and formally accepted the responsibility for guiding the destinies of comprehensive health planning in this six-county metropolitan area. The membership of the Council represents in the truest sense the "partnership for health" concept which is the basis of Federal support of comprehensive health planning. Local governments, major planning agencies, health providers, health consumers, public and private medicine, voluntary health agencies, poor and middle class, black and white, are all present on the Council. Moreover, they were selected for Council membership in the spirit of today's participatory democracy, rather than being appointed by a select body. I am enormously pleased with the caliber of this body of citizens, who will be making policy decisions on health matters for this community. I am convinced that, although they come from many different walks of life, they will function as the 18th Century Statesman, Edmund Burke, expected of the British Parliament:

"Parliament is not a congress of ambassadors from different and hostile interests, which interests each must maintain, as an agent and an advocate, against other agents and advocates; but Parliament is a deliberative assembly of one nation, with one interest, that of the whole—where not local purposes, not local prejudices, ought to guide, but the general good, resulting from the general reason of the whole. You choose a member, indeed; but when you have chosen him, he is not a member of Bristol, but he is a member of Parliament."

ORGANIZATIONAL EFFORT

The work during this organizational year has fallen into two major fields: (A) identification of the technical aspects of community health planning, and (B) development of an organization or agency capable of carrying out comprehensive health planning on a permanent basis.

A. Technical Aspects

The principal technical objectives of this project are (1) to identify the community's principal health problems, and the probable, most urgent planning efforts which will have to be undertaken by the permanent organization during its first year of existence—1970; and (2) to specify the numbers and qualifications of the technical staff who will be needed to carry out such planning. Two of the numerous activities undertaken by the staff and volunteers which bear on these objectives are (a) developing a "systems approach" in planning for the health field, involving cost-benefit analyses, and the building of community health "systems models", etc.; and (b) the use of volunteer "task forces" to identify and scope health problems through descriptions of problem areas, trends, resources, obstacles, and suggested solutions to the problems. A great deal of thanks is due to these hundreds of volunteers, both health professionals and other concerned citizens, for their efforts, expertise, and insights into the health picture of this community.

B. Organizational Development

The principal organizational objectives of the project are (1) to develop the largest possible degree of community involvement in

organization, and (2) to devise an organizational structure for such operation, including corporate identity, policy Council, and the means of selecting the Council and writing its by-laws. Two of the activities undertaken in this field are (a) identification of community interest and decision groups involved in health activities, and holding literally scores of meetings with them; and (b) working out the detailed plans for permanent agency and obtaining acceptance and endorsement of them by important groups in the community: governments, health officials and consumers' groups.

COBB COUNTY HEALTH ADVISORY COUNCIL ESTABLISHED

In tune with the Comprehensive Areawide Health Planning concept, the Cobb County Health Advisory Council was recently born. The infant Council has the charge of determining the county's health needs in order of priority and how such needs should be met. Mr. William Thompson, Administrator for the Cobb Health Department, and Chairman of the newly formed Council has cited four areas of concern: service, manpower, finances, and facilities. The idea of such Health Advisory Councils grew out of the Partnership for Health Legislation of 1966 which established a program of providing matching funds to help communities obtain needed health services and facilities. Says Dr. Raphael B. Levine, Director of the Metropolitan Atlanta Comprehensive Areawide Health Planning Project, "Citizen participation in health planning at the local level as well as the metropolitan level is essential to a successful community-wide effort. It is most encouraging that the Cobb County Health Advisory Council has been formed", he concluded.

BACKGROUND—Dr. Raphael B. Levine

Dr. Raphael B. Levine was educated at the University of Minnesota. There he received a Bachelors and Masters degree in Physics and a doctorate in biophysics. His recent professional work has consisted of developing "intelligent" computers which can learn to recognize patterns of behavior in complex systems (biological or physical). Some of his previous research activities concerned man's reaction to physical and emotional stresses of atmospheric and space flight, as well as the electrical activity of the heart and brain. He has taught and done research at the University of Minnesota, the University of Illinois, and Ohio State University. Since 1958, he has been managing and performing research in the Human Factors Laboratory and the Systems Sciences Research Laboratory of the Lockheed-Georgia Company. In 1968, he became the consultant to and then the Director of the Comprehensive Areawide Health Planning Project for Metropolitan Atlanta under the Community Council of the Atlanta Area, Inc. He is currently serving as President of the Planned Parenthood Association of the Atlanta Area.

BACKGROUND—Alloys F. Branton, Jr.

Alloys F. Branton, Jr., was educated at the University of Minnesota where he received a Bachelor of Arts Degree, and at the University of Chicago where he received a Masters Degree in Hospital Administration. He was Health Division Secretary of the Council of social Agencies of Greater New Haven, Inc., New Haven, Connecticut. Next, he served as a Health Consultant to the Community Health and Welfare Council of Hennepin County, Inc., Minneapolis, Minnesota. He came to Atlanta as Assistant Director of the Hospital and Health Planning Department, Community Council of the Atlanta Area, Inc. He is now Associate Director of the Comprehensive Areawide Health Planning Project. He also has an appointment as adjunct faculty member, Course in Hospital Administration, School of Business Administration, Georgia State