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COMPREHENSIVE AREAWIDE HEALTH PLANNING

In 1966, the United States Congress enacted Public Law 89-749, the "Partnership for Health" act. Under this law, the States, and through them, areas within the States, must assume responsibility for comprehensive health planning. The Congress declared 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 private professional practice of medicine, dentistry, and related healing arts".

The Atlanta metropolitan area was the first in Georgia to apply for and receive an "organizational grant" for the purpose of defining and developing an organization which will be capable of doing comprehensive health planning and obtaining community participation and support in the planning effort. This grant, from the U. S. Public Health Service, through the Georgia Office of Comprehensive Health Planning, supports the Community Council of the Atlanta Area in the professional and organizational effort necessary to instigate such an organization. Dr. Raphael B. Levine, of the Lockheed-Georgia Company Systems Sciences Research Laboratory, has been named Director of the Comprehensive Areawide Health Planning, to accomplish these organizational objectives.

The term "comprehensive" means that every aspect of the health picture in the five-county metropolitan area must be taken into account in the planning process. This includes not only the treatment of illness and injury, but their prevention, and the compensation for any lasting effects which they may leave. Thus, in addition to the manifold activities of medical and paramedical personnel in the variety of health treatment facilities, planning must consider environmental controls of the air, water, soil, food, disease vectors, housing codes and construction, waste disposal, etc. It must consider needs for the training of health personnel, for the improvement of manpower and facilities utilization, and for the access to health care. It includes the fields of mental health, dental health, and rehabilitation. It must be concerned with the means of paying for preventive measures and for health care.

The term "planning" means, first, that problem areas and potential problem areas in the entire field must be identified, and their magnitudes assessed. The trends of the problems must also be assessed, and projected for future years. Technical and organizational bottlenecks must be identified, and "planned around". Second, the community's resources in meeting its health needs must be equally carefully identified and projected, in terms of professional and subprofessional skills, facilities, and financial resources.