

Programs Service of the Department of Health, Education, and Welfare. Composed of representatives from twenty-nine medical and nursing organizations, including APHA, as well as individuals with special knowledge about cardiovascular diseases, the commission's objective is to see how research results can best be applied. More than 100 investigators and teachers concerned with such problems are active in the work of the commission. From time to time the findings of the commission will be made available by serial publication in *Circulation*, and in whole or in part in the publications of participating agencies, as well as through other appropriate media. Guidelines on the prevention of rheumatic fever and rheumatic heart disease appeared in the May issue of *Circulation*. When the major work of the commission is finished, the published reports will be reviewed, brought up to date, and published with supportive materials in more permanent form. These publications will undoubtedly be of considerable value to those planning or providing health services, especially to those involved in Regional Medical Programs.

This is already evident from the first report which deals with the prevention of rheumatic fever and rheumatic heart disease, pulmonary heart disease, congenital heart disease, thromboembolic disease, hypertension, peripheral vascular disease. In many conditions prevention is essentially secondary prevention. What emerges clearly from a reading of this first report is the lack of knowledge

and the need for research in many of these diseases. Improvement in this situation requires adequate financing of further investigation of the cardiovascular diseases. Reduction of support by the federal government has seriously handicapped such efforts. The report makes quite clear the need for a concerted attack on this problem in the decade of the seventies. We would hope that the federal government as well as private organizations will consider the essentiality of such action and act accordingly.

The Sternglass Claims—No Basis in Fact

THE December, 1969, issue of the *Journal* carried an editorial entitled "Professor Sternglass, Fallout and Infant Mortality." The purpose of the editorial was to raise certain questions concerning claims made by Professor Sternglass. Following publication, we received a number of letters providing information on this matter. These letters have appeared in the May issue of the *Journal* and clearly indicate that there is no basis in fact for the claims made by Professor Sternglass. At no time was there any indication that the Sternglass claims were in any way supported by the initial editorial in the *Journal*. The publications to which a number of correspondents have referred provide all the information necessary for a judgment on this issue. We believe the matter can be left there and need not be pursued further.

LETTERS TO THE EDITOR

TO THE EDITOR:

Health Planning Agencies

In the February, 1970, issue, Dr. William Curran uses a legal framework to raise important public policy questions regarding the role of area-wide

comprehensive health planning agencies. Many persons are indeed proposing that these voluntary agencies be vested with strong quasi-legal powers over the development of a region's health system, even though there is nothing in the language of Section

314(b) of P. L. 89-749 (and very little in the many drafts of guidelines which have been emitted from Washington) to give support to this view of the agencies' role. In fact, there are spokesmen, including some highly placed HEW officials, who talk about area-wide CHP agencies as if they already have such powers.

Legislation and other steps are being proposed which appear to move toward changing the area-wide health planning agencies into what Dr. Curran calls "primarily a new political system for decision-making and priority setting in the health field, public or private." Several states, most notably California and New York, have already started down this road through legislation which delegates an official review and comment role to the health planning agency. If future refinements of this legislation do end up giving the planning agencies authoritarian powers, how can they be insulated from the community's political processes? And why should they be insulated?

Interestingly, the area-wide health planning agencies themselves are not pushing actively for a role in which they themselves become the arbiters of what may and may not be done in the local health system. This role is being pushed principally by leaders of public and private insurance and payment agencies that pour huge amounts of money into the health system but have been unwilling or unable to develop standards and constraints to assure the public of value received for money spent.

Most, if not all, area-wide health planning agencies do have a local advisory review function on proposals to develop health programs and facilities. This is generally viewed by them, however, as a minor function of the agency and one which does not represent their principal tool for developing a more effective health system.

Whether it is an advisory or an authoritarian function, the review of proposals has only limited utility in a planning agency's efforts to reshape a community's health system. There are at least four reasons why proposal review, important as it is, is not the key to improved health planning:

1. Of necessity, proposals for construction projects and major program changes can be reviewed only after a great deal of time and resource commitment have been invested in the project by the hospital, neighborhood group, or what have you. If the review body decides that the proposal violates standards because it is poorly conceived or badly drawn or mistakenly directed, the agency has the options of rejecting the proposal (and then coping with whatever furries are thereby released) or attempting to impose some last-minute changes as a condition for approval. These can be useful but are hardly comprehensive modes to achieve change.

2. Except for really minor proposals, most health projects are complex admixtures of many program, facility, manpower, and community-related decisions. In most instances, the projects' major policy implications are ambiguous and involve legitimately conflicting priorities (such as education vs. service, center city vs. suburban, geriatric vs. pediatric, ambulatory vs. inpatient, community control vs. professional judgment, dollars vs. safety, and so on.) If the thrust of the planning agency is to be only Yes or No, its ability to cope pragmatically with these complexities is severely hampered.

3. People tend to be apprehensive if not distrustful about agencies that have the power to control their behavior. Perhaps planning agencies do not need to be loved, but they certainly need to have functional lines of communication with the providers and consumer groups whose decision-making they are trying

to influence. Proposal review is probably a necessary part of planning agency programs and it may in some instances force the opening of dialogue with reluctant participants, but it also creates significant barriers to the development of comfortable give and take. In general, our observation is that area-wide health planning agencies tend to downplay their project review procedures because of the legalistic and defensive responses that people develop when they are talking to an agency which has the power to interfere with their aspirations.

4. Perhaps most important, the planning of major projects is not the totality of the planning activity of a health agency or a consumer group. Much if not most planning results in decisions which are individually too small to be considered for planning agency review but which in accumulation have far more impact on community health than do, say, decisions to build a hospital wing or a satellite health center. The health planning agency that focuses solely on project review will miss much of the action—especially if it emphasizes (as some federal officials have implied) the review of applications for federal grants, which are of lesser importance with each passing year, it seems.

There is considerable dispute among professionals in the area-wide health planning field about the most appropriate mix of emphases for planning agencies. There are those who stress the agencies' role in developing model systems and in attempting to achieve area-wide conformity with an evolving and flexible master plan. Others stress the role of the agencies as the focus and locus of shared activities and joint planning. A third school of thought emphasizes the agencies' role in developing and strengthening the planning capabilities and community responsibility of individual provider and consumer units

within the health system. Still others stress the agencies' role in serving as the forum for community dialogue about area-wide health priorities, with special responsibility for amplifying consumer concerns.

In no case that I am aware of, however, does a professional health planner see the major function of the area-wide health planning agency as the approval and disapproval of health projects. Dr. Curran is quite right in suggesting that this activity, if emphasized, and particularly if given statutory power, could choke off the agencies' vital planning programs with interagency battles and mandatory public hearings, legal representations, and other trappings of the courtroom. Dr. Curran cautions that "the local planning agencies may become so involved in court-like decision-making in individual cases that the functions of over-all planning will be compromised."

Let us heed this sage advice. If the Congress or a state or a county wishes to develop a quasi-judicial public agency for the purpose of approving and disapproving health facility proposals, so be it. If payment agencies want to set standards for the health care they finance, let us encourage them to do so, as the American Hospital Association already has. In the meantime, let us be sure not to burden the area-wide health planning agencies with a judicial function which is not implied in the federal legislation, which exceeds their local mandates by far, and which could grossly interfere with their ability to achieve more effective planning processes in local communities.

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