IV. THE PARTNERSHIP FOR HEALTH PROGRAMS

Paul G. Rogers

At the outset, I want to say all Floridians were complimented by your selection of our state for your meeting this year. Your choice reflects the sort of keen judgment all of us in the Congress have come to expect from the American Public Health Association.

I am delighted that you are interested in such a vital way in the Comprehensive Health Planning Program which we passed last year and are in the process of amending and extending this session.

As little as five years ago the comprehensive health plan was just a dream. We knew something was needed to improve our health services and planning. But at the same time there was little on the horizon that would indicate just when we would have relief—and this caused anxiety.

It was rather like the man who felt there was something wrong with him and scheduled a visit with his doctor to get a checkup. The doctor ran the man through three hours of testing and, while the patient was dressing, he somewhat confirmed his patient’s fears by asking, “How do you spell incurable?”

I do not think any of us really felt our health services were in such straits. And we are now proceeding to find an effective cure for many of the problems which have plagued our health services. I believe the single most encouraging and enlightening item in making our health legislation effective is the fact that we have begun to define our goals, and this is most important.

Reshaping Public Health

With your help, we are shaping legislation that in turn will reshape the structure of public health programs across the nation. The main tool in this effort will be the Comprehensive Health Act, perhaps better known as the Partnership for Health Act. We in the Congress will be closely watching the planning and execution of this program as to quality, cooperativeness, and of course the ultimate effectiveness of the program. In many ways the legislation is an experiment. The success of the experiment depends largely upon the ability of all the parties concerned to meet their responsibility.

I know that some organized elements of the health enterprise may be hesitant in participating for fear they will lose their identity. But to get your state and the nation moving along on the same road to better health services, there must be comprehensive health planning to unify our health effort.

When we reported this year’s amendments to the Comprehensive Health Act from the House Committee, we took particular pains to indicate to the House our concern that the planning process was to be inclusive of every health element—not exclusive.

As we envisioned this legislation, the future should bring about plans for each portion of a state where there are health problems. We may see geographic areas which encompass several counties combining to submit a plan which is particular to that area. Of course, the individual county with a large population will most probably submit its own plan.

Evolving finally, however, we hope that each area of each state will participate to the extent that all will fit together like the pieces of a puzzle which, in the end, will represent the state plan.
Need for Comprehensive Planning

The Comprehensive Health Planning Act, or the Partnership for Health Act, evolved from a finding by the Congress that: the changing character of health problems demanded a comprehensive planning for (1) health services, (2) health manpower, and (3) health facilities at every level of the government; that desirable administration required strengthening of the leadership and capacities of state health agencies; and that support of health services provided for people in their communities should be broadened and made more flexible. Under these headings come more specific items which demand our attention.

(1) Health services require more planning and concern for delivery of health services, using and disbursing the latest techniques. Our heart, cancer, stroke legislation—which in reality is a continuing education program—is a good example of this.

(2) Health manpower requires planning for more effective use of highly trained and skilled personnel and a means to help solve our existing shortages. Use of supporting allied health personnel is a necessity. The Allied Health Professions Training Act should be of great help to train those interested in the supporting health professions. The development and use of electronic devices to free limited manpower should be given greater emphasis.

(3) Health facilities—better planning and coordination in placement of facilities and, in particular, better planning in placement and use of expensive, yet limited-use equipment.

A major priority in all health planning must be a consideration heretofore not emphasized sufficiently—and that is a reduction of the cost of health services to the American people.

Hospital and medical costs have skyrocketed alarmingly. The Brookings Institution published a study which has projected a $100 a day hospital room cost in the very near future. Health services have risen from 7 to 8 per cent a year in the past two decades and jumped from 14 to 16 per cent each year in the last two years. A concentrated effort in planning must be undertaken to solve this problem.

Planning must give greater emphasis to preventive medicine rather than just curative medicine. There must be more extensive use of examinations and checkups to catch and prevent critical health problems before they develop and require extensive and expensive care and hospitalization.

Challenge and Leadership

Your organization can perform a major service to the American people if you will devote your abilities to help meet and solve this challenge and assume a leadership role.

As you know, we are moving into a new concept of federal-state relationship—a Partnership for Health—with greater responsibility thrust upon state and local governments to develop comprehensive, imaginative and effective plans and programs for health. How the states meet this responsibility will determine the continuance of this program. As to the act itself, there are four provisions I would like to mention briefly.

(1) Block grants to the states will replace the old categorical grants. The planning done by the state—not by Washington—will be the determining factor in the allocation of these funds. In other words, the states will say where this money will go, determined by the priorities set by the state. The plan must be comprehensive.

(2) Project grants must conform to the state plan. It is my feeling that in the near future Congress will look at the division of funds between block grants and project grants, which presently are equal, to see if more of the funds should be allocated to the block grants and a subsequent reduction in project grants.

Special programs like Migrant Health, as well as new and innovative programs, will continue to need special attention.
(3) Personnel exchange and training in the new legislation is also a most significant step. The law is designed to again carry out the Partnership in Health approach in a realistic manner. Federal health personnel and state health personnel may be interchanged as agreed upon by the secretary and the state. This will allow a greater knowledge and understanding of health problems and solutions. I hope that extensive use will be made of this provision not only by the states but also by the federal agency, so that those in Washington may obtain a better working knowledge of the problems in the field.

(4) Training programs for state public health personnel should be developed and used immediately as authorized by the act.

Congress has been responsive in trying to meet the health needs of the nation in formulating legislation. In fact, 37 separate pieces of health legislation have been approved by Congress and signed by the President in the past six years. When we consider the number of people who have been affected by Medicare and Medicaid, we can see just how federal health legislation has gone to the heart of some of our largest problems—health protection and service for the elderly. We did not have this six years ago.

Importance of Health Programs

Clearly, health programs are an increasingly important part of our national effort. And their growth is as certain as the growth of our total population.

The momentum caused by this health legislation led the Committee on Interstate and Foreign Commerce to establish a special subcommittee to investigate the health activities of the Department of Health, Education, and Welfare. It was my honor to chair this subcommittee, and I feel certain that we will soon see a continuing and effective reorganization of the Federal Health Agency.

Perhaps the most significant recommendation by the committee was for the establishment of a Department of Health with a subcabinet post for health—either of secretary or undersecretary of health under the Department of Health, Education, and Welfare—in order to provide a single focus for health planning and coordination of federal health activities within the department.

An amendment has already been proposed to establish such a position. Reorganization must follow. All of us will be interested in watching these developments.

It was the intent of the committee that health functions be focused in the Health Department, and I am concerned with an initial transfer of the crippled children's services—basically a health program—to the new Social Rehabilitation Services. I hope that the committee's recommendations will not be misinterpreted.

In the Partnership for Health Act we have said to the states, "Let's get organized, let's plan, let's obtain optimum results from available money and Health Manpower." It does not appear too much to ask our Federal Health Agency to do likewise.

In conclusion, may I say that, along with many members of the Congress, I deeply value the voice and opinions of the American Public Health Association. I join with all of the people of this nation in expressing our appreciation and thanks for your dedication to the cause of better health for all our people.

Congressman Rogers represents Florida in the United States House of Representatives (Room 2417, Rayburn Bldg.), Washington, D. C.

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