

IS HEALTH PLANNING COMPREHENSIVE?*

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IS COMPREHENSIVE HEALTH PLANNING A MYTH, A CONCEPT, A PROGRAM, OR A GOAL?

IS COMPREHENSIVE HEALTH PLANNING REALLY COMPREHENSIVE, OR IS IT GEARED TO RELATIVELY NARROW ASPECTS OF HEALTH?

WHY DO WE NEED COMPREHENSIVE HEALTH PLANNING?

IS COMPREHENSIVE HEALTH PLANNING JUST A BUREAUCRATIC SCHEME TO PROVIDE JOBS FOR MORE BUREAUCRATS?

WHY ARE PLANNING COUNCILS SPENDING SO MUCH TIME AND EFFORT IN "GETTING ORGANIZED" OR "PLANNING FOR PLANNING"?

CAN, OR SHOULD, ENVIRONMENTAL HEALTH PLANNING REALLY BE AN INTEGRAL PART OF TOTAL HEALTH PLANNING?

ARE HEALTH PLANNING COUNCILS PROVIDING BALANCED REPRESENTATION FOR "PHYSICAL, MENTAL, AND ENVIRONMENTAL HEALTH"?

CAN HEALTH PLANNING EVER BE EFFECTIVE WITHOUT ADDITIONAL LEGISLATION?

ARE WE, AS ENVIRONMENTALISTS, DOING OUR PART TO INSURE THE BALANCED INCLUSION AND EFFECTIVENESS OF ENVIRONMENTAL HEALTH PLANNING?

WHAT ARE SOME OF THE FACTORS TO BE CONSIDERED WHEN DESIGNATING PROBLEM-SHEDS FOR PURPOSES OF ENVIRONMENTAL HEALTH PLANNING?

WHAT SHOULD BE THE SCOPE OF ENVIRONMENTAL PROBLEMS TO BE CONSIDERED IN ENVIRONMENTAL HEALTH PLANNING?

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WHO ARE THE WORST ENEMIES OF COMPREHENSIVE HEALTH PLANNING?

CAN COMPREHENSIVE HEALTH PLANNING COUNCILS GIVE ADEQUATE PRIORITY TO PROBLEMS OF ENVIRONMENT IN BALANCE WITH OTHER PROBLEMS WHICH MAY BE MORE CLOSELY RELATED TO HEALTH AND WHICH MOMENTARILY MAY APPEAR MORE GLAMOROUS, PRESSING, OR COMPELLING?

WHAT DOCUMENTS OR PUBLICATIONS ARE AVAILABLE AS REFERENCE OR AS A POINT OF DEPARTURE IN PLANNING FOR ENVIRONMENTAL QUALITY?

IS THERE A SINCERE DESIRE ON THE PART OF OUR COMPREHENSIVE HEALTH PLANNING OFFICIALS TO INSURE THE INCLUSION OF THE ENVIRONMENTAL COMPONENT IN HEALTH PLANNING, OR ARE SOME OFFICIALS ONLY PAYING LIP SERVICE TO THE ENVIRONMENTAL COMPONENT?

CAN PLANNING FOR QUALITY ENVIRONMENT BE BASED ON HEALTH CONSIDERATIONS ONLY?

IS IT POSSIBLE TO ASSUME THAT COMPREHENSIVE HEALTH PLANNING WILL EVER BE COMPREHENSIVE AS LONG AS THE PROGRAM IS ADMINISTERED AT THE FEDERAL LEVEL BY AN AGENCY HAVING PRIME MISSIONS OF PHYSICAL AND MENTAL HEALTH?

ARE 314(c) TRAINING GRANTS BEING USED FOR TRAINING PERSONNEL FOR THE ENVIRONMENTAL COMPONENT?

HAVE STATES TAKEN STEPS TO ADJUST PROGRAMS BASED ON PRIORITIES NOW THAT THE MUCH-CRITICIZED CATEGORICAL FUND RESTRICTIONS HAVE BEEN REMOVED?

ACTUALLY, I COULD SPEND MY ENTIRE TIME ALLOCATION POSING SUCH QUESTIONS AS THOSE JUST MENTIONED. FOR ANYONE INTERESTED IN ENVIRONMENTAL HEALTH PLANNING, EACH QUESTION IS WORTH PONDERING. WE WILL DISCUSS (NOT ANSWER) A FEW OF THEM HERE THIS AFTERNOON. OTHERS MAY GO WITHOUT FURTHER DISCUSSION AND WITHOUT ANSWER EXCEPT FOR THE ANSWER YOU MAY PROVIDE.

IS COMPREHENSIVE HEALTH PLANNING A MYTH, A CONCEPT, A PROGRAM, OR A GOAL?

ONLY A FEW YEARS AGO COMPREHENSIVE HEALTH PLANNING WAS LARGELY A MYTH OR A DREAM. EVEN IN THE DREAM STAGE, WE WERE HAVING TROUBLE WITH THE ENVIRONMENTAL COMPONENT. IN EARLY 1965 THE AMERICAN PUBLIC HEALTH ASSOCIATION FORMED A TASK FORCE TO RECOMMEND ACTION TO BE TAKEN BY THE ASSOCIATION REGARDING HEALTH PLANNING. THE INITIAL TASK FORCE MEETING PROVIDED REPRESENTATION FROM THE PROGRAM AREA COMMITTEE ON MEDICAL CARE ADMINISTRATION, THE PROGRAM AREA COMMITTEE ON PUBLIC HEALTH ADMINISTRATION, AND THE PROGRAM AREA COMMITTEE ON ENVIRONMENTAL HEALTH. AT THAT TIME, THE COMMITTEE AGREED THAT THE ACTUAL PLANNING WOULD PROBABLY HAVE TO BE EFFECTED CATEGORICALLY, THE MAJOR CATEGORIES RELATING TO ENVIRONMENTAL HEALTH AND PERSONAL HEALTH. IT WAS ALSO NOTED THAT ENVIRONMENTAL HEALTH PERSONNEL MUST PLAN WITH AND RELATE TO A DIFFERENT GALAXY OF PROFESSIONS AND AGENCIES FROM THOSE OF PERSONAL AND MENTAL HEALTH. THE TASK FORCE, IF IT EVER MET A SECOND TIME, DID NOT PROVIDE REPRESENTATION FOR THE PROGRAM AREA ON ENVIRONMENTAL HEALTH. I PRESUME, HOWEVER, THAT THE TASK FORCE EVENTUALLY EVOLVED INTO WHAT IS NOW THE PROGRAM AREA ON ENVIRONMENTAL PLANNING. AT ANY RATE, THIS INDICATES SOME OF THE PROBLEMS IN PROPERLY STRUCTURING COMPREHENSIVE HEALTH PLANNING AT A RELATIVELY EARLY DATE.

AT THIS TIME, I WOULD PERSONALLY TERM COMPREHENSIVE HEALTH PLANNING A CONCEPT ON WHICH HUGE SUMS OF MONEY ARE BEING SPENT AT ALL LEVELS OF GOVERNMENT, INDUSTRY, AND VOLUNTARY AGENCIES. I DO NOT REALLY CONSIDER IT A GOING PROGRAM AS YET, BUT I AM ONE OF THOSE WHO HAS HOPES THAT IT WILL EVENTUALLY PROPERLY BE TERMED A

PROGRAM. SOME WILL CONTINUE TO SUGGEST THAT PLANNING MUST SOON BE INSTRUMENTAL IN ASSURING THE DELIVERY OF PROPER HEALTH SERVICES TO THE PUBLIC IF IT IS NOT TO BE A "GOAL", AN "END UNTO ITSELF", AN "ACADEMIC EXERCISE", OR "PLANNING FOR THE SAKE OF PLANNING".

IS COMPREHENSIVE HEALTH PLANNING REALLY COMPREHENSIVE OR IS IT GEARED TO RELATIVELY NARROW ASPECTS OF HEALTH?

THE ANSWER TO THIS QUESTION WILL OBVIOUSLY VARY WIDELY DEPENDING ON THE PARTICULAR HEALTH PLANNING EFFORT BEING DISCUSSED. HOWEVER, IN MOST INSTANCES PROPER INCLUSION OF THE ENVIRONMENTAL COMPONENT HAS USUALLY BEEN AN AFTER-THOUGHT OCCURRING IN RESPONSE TO PRESSURE OR CRITICISM. IT MUST BE CANDIDLY ADMITTED THAT MOST OF THE INTEREST AND DISCUSSIONS RELATING TO COMPREHENSIVE HEALTH PLANNING INVOLVE HEALTH FACILITIES, SPECIFICALLY HEALTH-CARE FACILITIES. MANY HEALTH PLANNING EFFORTS ARE MAKING REFERENCE TO "PHYSICAL, MENTAL, AND ENVIRONMENTAL HEALTH", BUT FEW HAVE ACTUALLY ATTEMPTED TO PUT A HANDLE ON THE ENVIRONMENTAL COMPONENT OF THE PLANNING EFFORT. IN MANY CASES THE HEALTH PLANNING COUNCIL DOES NOT INCLUDE ENVIRONMENTAL REPRESENTATION AND FEW, IF ANY, INCLUDE BALANCED ENVIRONMENTAL REPRESENTATION.

WHY DO WE NEED COMPREHENSIVE HEALTH PLANNING?

I COULD LOOK UP ONE OF THE ANSWERS FROM ONE OF THE STOCK PUBLICATIONS PUT OUT ON THE SUBJECT; HOWEVER, THE ANSWER CAN BE FAIRLY SIMPLY STATED AS AN EFFORT TO ASSURE PROVISION OF COMPREHENSIVE HEALTH SERVICES IN RATIONAL PRIORITY, BALANCED WITH THE USE OF AVAILABLE FUNDS, FACILITIES, AND MANPOWER. THE FEDERAL

PROGRAM OF COMPREHENSIVE HEALTH PLANNING WOULD HAVE NEVER BEEN NECESSARY HAD STATE AND LOCAL GOVERNMENTS FULFILLED THEIR OBLIGATIONS AND RESPONSIBILITIES IN RELATION TO PROVIDING NECESSARY PHYSICAL, MENTAL AND ENVIRONMENTAL HEALTH SERVICES. STATE AND LOCAL GOVERNMENTS HAVE NOT PROPERLY FACED THE ISSUES SO COMPREHENSIVE HEALTH PLANNING WAS DEVELOPED AT THE FEDERAL LEVEL IN AN EFFORT TO FORCE DECISION-MAKING AND ACCOUNTABILITY AT THE STATE AND LOCAL LEVEL. PLANNING FOR ENVIRONMENTAL HEALTH IS NEEDED TO DETERMINE

- 1) NEEDS
- 2) PRIORITIES
- 3) AREAS OF DUPLICATION OF SERVICE
- 4) GOALS AND OBJECTIVES
- 5) PROBLEM-SHEDS
- 6) GAPS IN SERVICE
- 7) PROPER ADMINISTRATIVE STRUCTURE
- 8) APPROPRIATE METHODS
- 9) METHODS OF FINANCING,
AND TO
- 10) PREVENT FRAGMENTATION
- 11) ASSURE CONSUMER-ORIENTED SERVICES
- 12) MAKE THE BEST USE OF AVAILABLE FINANCING
- 13) INVOLVE COMMUNITY LEADERS AND CONSUMERS, NOT JUST HEALTH PROFESSIONALS
- 14) ASSURE SERVICE TO THE PUBLIC
- 15) DETERMINE THE NEED FOR CONTINUING EXISTING PROGRAMS
- 16) IMPROVE THE UTILIZATION OF SCARCE MANPOWER, AND
- 17) IMPROVE ORGANIZATIONAL PATTERNS FOR THE DELIVERY OF SERVICES.

WHAT HAS COMPREHENSIVE HEALTH PLANNING DONE TO PROVIDE SERVICE TO THE PUBLIC?

TO THIS PARTICULAR POINT, I HAVE ALREADY STATED THAT I DO NOT CONSIDER COMPREHENSIVE HEALTH PLANNING TO BE A FULL-FLEDGED PROGRAM AS YET. I BELIEVE WE HAVE A VALID AREA OF CRITICISM IN NOTING THAT COMPREHENSIVE HEALTH PLANNING HAS SPENT SO MUCH TIME IN PLANNING FOR PLANNING AND GETTING ORGANIZED THAT, DESPITE THE MILLIONS OF DOLLARS EXPENDED ON COMPREHENSIVE HEALTH PLANNING, THERE HAS BEEN LITTLE, IF ANY, ACTUAL SERVICE TO THE PUBLIC.

WHY ARE PLANNING COUNCILS SPENDING SO MUCH TIME AND EFFORT IN "GETTING ORGANIZED" OR "PLANNING FOR PLANNING"?

FROM THE POINT OF VIEW OF THOSE INVOLVED FULL-TIME IN HEALTH PLANNING EFFORTS, THERE IS SOMETHING TO BE SAID IN "PLANNING FOR PLANNING", BUT THIS SHOULD NOT TAKE FOREVER. I CAN UNDERSTAND THE HEALTH PLANNERS' RELUCTANCE TO START GETTING INVOLVED IN PRIORITIES, RECOMMENDATIONS, AND CONTROVERSIES BEFORE THE MACHINERY HAS BEEN WORKED OUT TO PROPERLY INVESTIGATE ALL MATTERS AND ISSUES AND MAKE STUDIES ON A RATIONAL BASIS. HOWEVER, OTHERS WOULD POINT OUT THAT COMPREHENSIVE HEALTH PLANNING MAY DIE ON THE VINE UNLESS THE AGENCIES AND COUNCILS START FACING UP TO SOME OF THE MORE IMMEDIATE AND COMPELLING ISSUES WHICH ARE FACING THE PUBLIC AND OUR LEGISLATIVE BODIES. A START MIGHT BE MADE BY BEGINNING ON THOSE ISSUES AND PROBLEMS WHICH INVOLVE LARGE EXPENDITURES AND/OR PERMANENT FACILITIES.

CAN HEALTH PLANNING EVER BE EFFECTIVE WITHOUT ADDITIONAL LEGISLATION?

PLANNING IS FINE, BUT IS REALLY AN EXPENSIVE ACADEMIC EXERCISE UNLESS, AT SOME POINT, THERE ARE MEANS TO GAIN ADHERENCE TO THE PLAN. PRESENTLY, THERE IS LACK OF AUTHORITY TO RESOLVE CONFLICTS AT THE AREA-WIDE LEVEL AND TO SOME EXTENT AT THE STATE LEVEL. IT IS MY UNDERSTANDING THAT THE STATE COMPREHENSIVE HEALTH PLANNING AGENCIES WILL EVENTUALLY BE ABLE TO GUIDE COMPLIANCE OF THOSE FUNDS AND PROGRAMS ADMINISTERED THROUGH THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. BUT WHERE DOES THIS LEAVE US IN RELATION TO THE HUGE, EXPENSIVE, IMPORTANT HEALTH PROGRAMS ADMINISTERED BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, DEPARTMENT OF THE INTERIOR, AND THE DEPARTMENT OF AGRICULTURE?

THE AREA-WIDE HEALTH PLANNING COUNCILS WOULD APPEAR TO BE ALMOST POWERLESS TO INSURE COMPLIANCE WITH THE COMPREHENSIVE HEALTH PLAN. IF PLANNING IS EVER TO BE A USEFUL MECHANISM IT WOULD APPEAR THAT SOME TYPE OF LEGISLATION IS NECESSARY TO INSURE COMPLIANCE AT BOTH THE STATE AND AREA-WIDE LEVELS.

WHO ARE THE WORST ENEMIES OF COMPREHENSIVE HEALTH PLANNING?

THOSE OFFICIALS PRESENTLY ADMINISTERING "HEALTH" PROGRAMS IN VARIOUS AGENCIES (AND THEREFORE HAVING THEIR OWN FIEFDOMS) MAY FREQUENTLY BE THE WORST ENEMIES OF THE CONCEPT OF COMPREHENSIVE HEALTH PLANNING. SUCH OFFICIALS FREQUENTLY FEEL THREATENED AND THEREFORE EITHER ARE UNCOMMUNICATIVE OR BELLIGERENT. MANY HAVE REASON TO FEEL THREATENED INASMUCH AS THEIR PROGRAMS MAY NOT BE WELL-ORGANIZED, NECESSARY, ADMINISTERED BY THE PROPER AGENCY, OR

HANDLED ON AN APPROPRIATE AREA-WIDE BASIS. A QUICK LOOK AT SOME OF THE ARRAY OF AGENCIES INVOLVED IN ENVIRONMENTAL HEALTH WILL MAKE IT OBVIOUS WHY SOME MAY FEEL THREATENED AND PROBABLY SHOULD FEEL THREATENED. A FEW SUCH AGENCIES INCLUDE HEALTH, AIR POLLUTION CONTROL, WATER POLLUTION CONTROL, SOLID WASTE MANAGEMENT, HOUSING, LAND-USE, AGRICULTURE, LABOR, SPECIAL DISTRICTS, AND LIVESTOCK BOARDS. IF WE TRULY BELIEVE THAT FRAGMENTATION IS NOT DESIRABLE, ECONOMICAL, EFFECTIVE, EFFICIENT, OR IN THE BEST PUBLIC INTEREST, A NUMBER OF AGENCIES SUCH AS THOSE LISTED ABOVE SHOULD FEEL THREATENED.

IS THERE A SINCERE DESIRE ON THE PART OF OUR COMPREHENSIVE HEALTH PLANNING OFFICIALS TO INSURE THE INCLUSION OF THE ENVIRONMENTAL COMPONENT IN HEALTH PLANNING, OR ARE SOME OFFICIALS MERELY PAYING LIP-SERVICE TO PROBLEMS OF THE ENVIRONMENT?

I AM PERSONALLY CONVINCED THAT SOME HEALTH PLANNING COUNCILS HAVE BEEN FORMED WITH THE SOLE GOAL OF PLANNING FOR HEALTH FACILITIES. THIS IS NEITHER IN KEEPING WITH THE LETTER NOR THE INTENT OF THE LAW. A FEW HIGH-LEVEL FEDERAL OFFICIALS HAVE STATED THEIR ANNOYANCE WITH CONSIDERING ENVIRONMENTAL HEALTH IN THE PLANNING PROCESS EVEN TO THE EXTENT OF ONE SUCH OFFICIAL BEING QUOTED AS SAYING, "I DON'T GIVE A DAMN ABOUT ENVIRONMENTAL HEALTH PLANNING". ON THE WHOLE, MOST HEALTH PLANNING OFFICIALS AND HEALTH PLANNING COUNCILS WOULD APPEAR ANXIOUS TO APPROPRIATELY INCLUDE THE ENVIRONMENTAL COMPONENT IF THEY RECEIVE THE PROPER LEADERSHIP AND COUNSEL FROM PROFESSIONAL ENVIRONMENTALISTS.

HAVE STATES TAKEN STEPS TO ADJUST PROGRAMS BASED ON PRIORITIES NOW THAT CATEGORICAL FUND RESTRICTIONS HAVE BEEN REMOVED?

TO MY KNOWLEDGE, THE COMMON ANSWER TO THIS QUESTION IS "NO". MANY STATES HAVE CHANGED THEIR BOOKKEEPING ARRANGEMENTS, MAY HAVE ALTERED THE TITLES OF THEIR PROGRAMS, BUT FEW IF ANY HAVE ACTUALLY CHANGED THE USE OF FEDERAL BLOCK-GRANT FUNDS BASED ON PRIORITY STUDIES OR DETERMINATIONS. EVEN THOUGH THE PUBLIC HEALTH SERVICE WAS CRITICIZED FOR TELLING STATES HOW TO USE FEDERAL MONEY UNDER THE OLD CATEGORICAL FUND ARRANGEMENT, MOST STATES HAVE NOT FACED UP TO THE ISSUES AND ADJUSTED PROGRAMS NOW THAT THEY HAVE THE AUTHORITY TO DO SO.

IS IT POSSIBLE TO ASSUME THAT COMPREHENSIVE HEALTH PLANNING WILL EVER BE COMPREHENSIVE AS LONG AS THE PROGRAM IS ADMINISTERED BY AN AGENCY HAVING PRIME MISSIONS OF PHYSICAL AND MENTAL HEALTH?

THIS IS QUESTIONABLE. THE ANSWER WOULD NOT BE QUESTIONABLE, BUT WOULD BE "YES", IF RESPONSIBILITY FOR ADMINISTERING THE PROGRAM WERE ELEVATED TO THE LEVEL OF THE ASSISTANT SECRETARY, HEW, RATHER THAN BEING LODGED IN THE HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION. HILLEBOE'S IRON LAW STATES THAT, "EQUALS CANNOT COORDINATE EQUALS". IT WILL TAKE A MASTERFUL PIECE OF COORDINATION FOR THE PROGRAM TO TRULY BE COMPREHENSIVE WITHIN ITS EXISTING SETTING.

CAN PLANNING FOR A QUALITY ENVIRONMENT BE PLACED ON HEALTH CONSIDERATIONS ONLY?

THE ANSWER IS OBVIOUSLY "No". IT HAS BECOME INCREASINGLY REALIZED THAT MANY ENVIRONMENTAL HEALTH PROGRAMS IN FACT HAVE A RELATIVELY MINOR HEALTH COMPONENT. TO PLAN ONLY FOR THE HEALTH COMPONENT INSURES EVENTUAL FRAGMENTATION OF EFFORT AND PROGRAM. ENVIRONMENTAL HEALTH PLANNING MUST CONSIDER THE ENTIRE PROGRAM INCLUDING THOSE GOALS RELATED TO HEALTH, SAFETY, COMFORT, AND WELL-BEING.

WHAT ARE SOME OF THE FACTORS TO BE CONSIDERED WHEN DESIGNATING PROBLEM-SHEDS FOR PURPOSES OF ENVIRONMENTAL HEALTH PLANNING?

ENVIRONMENTAL PROBLEM-SHEDS MUST CONSIDER A NUMBER OF FACTORS WHICH MAY BE CONSIDERABLY DIFFERENT THAN FACTORS TO BE CONSIDERED IN PLANNING FOR A MEDICAL CARE SERVICE AREA. SUCH ENVIRONMENTAL FACTORS MUST INCLUDE POPULATION DENSITY, PLACES OF EMPLOYMENT, TRANSPORTATION, WATER BASINS, AIR-SHEDS, AND LOCATION OF SUCH THINGS AS FOOD PROCESSING PLANTS. I HAD ONCE NAIVELY HOPED THAT DELINEATED PROBLEM-SHEDS WOULD NOT STICK TO THE TRADITIONAL POLITICAL BOUNDARIES USED IN THE PAST. HOWEVER, THUS FAR ALL SUCH AREAS WHICH I HAVE SEEN DELINEATED HAVE BEEN DRAWN ALONG SUCH OUT-MODED AND ARTIFICIAL BOUNDARIES.

WHAT DOCUMENTS OR PUBLICATIONS ARE AVAILABLE AS REFERENCE OR A POINT OF DEPARTURE IN PLANNING FOR ENVIRONMENTAL QUALITY?

THE ENVIRONMENTAL HEALTH PLANNING GUIDE PUBLISHED BY THE CONSUMER PROTECTION AND ENVIRONMENTAL HEALTH SERVICE HAS RECENTLY BEEN REVISED SO THAT IT IS CONSIDERABLY MORE PALATABLE TO THOSE OF US WHO MIGHT DESIRE TO USE IT. WE UNDERSTAND THAT IT WILL BE FURTHER REVISED IN THE NEAR FUTURE. ANOTHER USEFUL PUBLICATION IS THE LEAFLET, "ENVIRONMENTAL FACTORS IN HEALTH PLANNING", PRODUCED BY THE APHA COMMITTEE ON ENVIRONMENT. THE SO-CALLED LINTON REPORT, "A STRATEGY FOR A LIVABLE ENVIRONMENT", ALSO CONTAINS MANY CONCEPTS USEFUL TO THOSE INTERESTED IN PLANNING FOR A QUALITY ENVIRONMENT.

WHAT SHOULD BE THE SCOPE OF ENVIRONMENTAL PROBLEMS TO BE CONSIDERED IN ENVIRONMENTAL HEALTH PLANNING?

I AM SURE THE ANSWER TO THIS WILL VARY AS WIDELY AS ONE'S POINT OF VIEW. SOME WOULD SAY THAT THE PLANNING EFFORT SHOULD BE AS NARROW AS THOSE NON-CATEGORICALLY FUNDED PROGRAMS WHICH MIGHT CONCEIVABLY BE SUPPORTED IN PART BY HEW. OTHERS WOULD SAY THAT WE SHOULD ALSO INCLUDE PROGRAMS RELATED TO CATEGORICALLY FUNDED PROGRAMS SUCH AS AIR POLLUTION, SOLID WASTES, HOUSING, AND WATER POLLUTION CONTROL. I BELIEVE THAT ENVIRONMENTAL HEALTH PLANNING WILL BE A FARCE AND A FRAUD ON THE PUBLIC IF WE DO NOT GIVE IT THE WIDEST POSSIBLE DEFINITION AND EXPLOITATION.

SUCH ENVIRONMENTAL STRESSES AS

CHEMICALS
RADIATION
WASTE PRODUCTS & OTHER
POLLUTANTS
INSECTS AND RODENTS
NUISANCES
LIGHT
PESTICIDES

PATHOGENS
SAFETY HAZARDS
SPACE NEEDS
TEMPERATURE
NOISE LEVELS
ALLERGENS
ADULTERANTS, AND

MUST BE STUDIED AND PROPERLY REGULATED IN CONNECTION WITH OUR
AIR, FOOD, WATER, LAND, AND SHELTER,

AND

WHETHER IN HOMES, BUSINESSES, INDUSTRIES, VEHICLES, INSTITUTIONS,
OR RECREATIONAL FACILITIES

INSOFAR AS THEY

POTENTIALLY AFFECT MAN'S HEALTH, SAFETY, COMFORT, OR WELL-BEING.

ARE WE, AS ENVIRONMENTALISTS, DOING OUR PART TO INSURE THE
BALANCED INCLUSION AND EFFECTIVENESS OF ENVIRONMENTAL HEALTH
PLANNING?

ON THE WHOLE, I THINK WE MUST CANDIDLY ADMIT THAT THE ANSWER
IS "NO". WHILE MANY ENVIRONMENTALISTS HAVE BEEN HIGHLY CRITICAL
OF THE LACK OF ENVIRONMENTAL INCLUSION, FEW HAVE EVER TAKEN THE
TIME TO UNDERSTAND THE PROGRAM, BECOME INVOLVED, OR SEE THAT THE
PROPER INFORMATION IS RECEIVED BY THOSE WHO ARE INVOLVED. WHERE
ENOUGH NOISE HAS BEEN MADE, WE USUALLY FIND THAT ENVIRONMENTAL
HEALTH IS EVENTUALLY GIVEN SOME SORT OF A ROLE IN COMPREHENSIVE
HEALTH PLANNING. UNLESS ENVIRONMENTALISTS BECOME FULLY INVOLVED,
ENVIRONMENTAL PROGRAMS WILL FAIL TO OBTAIN THEIR PROPER SHARE OF
FEDERAL FUNDS ALLOCATED TO STATES, AND WILL ALSO FAIL TO RECEIVE
APPROPRIATE PRIORITY CONSIDERATION IN COMPETING FOR AVAILABLE

STATE AND LOCAL FUNDS. BUT MORE THAN THAT, THE PEOPLE OF ANY AREA CAN ONLY RECEIVE THE ENVIRONMENTAL HEALTH SERVICES THAT THEY NEED AND DESERVE IF PROFESSIONAL ENVIRONMENTALISTS CONTRIBUTE TO THEIR STATE AND LOCAL PLANNING GROUPS AN ACCURATE PICTURE OF ENVIRONMENTAL HEALTH PROBLEMS COUPLED WITH SOUND PROPOSALS FOR DEALING WITH THESE PROBLEMS. IT WILL BE UP TO PROFESSIONAL ENVIRONMENTALISTS TO INSURE THAT ENVIRONMENTAL HEALTH IS NOT LEFT BY THE WAYSIDE. THE SITUATION REQUIRES ENVIRONMENTALISTS TO BE MORE THAN JUST NOT TIMID OR JUST NOT NEAR-SIGHTED. THE ONLY WAY ENVIRONMENTAL HEALTH ASPECTS CAN RECEIVE THEIR RIGHTFUL PLACE IN TOTAL HEALTH PLANNING IS IF ENVIRONMENTALISTS ARE GENUINELY AGGRESSIVE, ENERGETIC AND FAR-SIGHTED. THE SITUATION DEMANDS IT, THE PROBLEMS REQUIRE IT, AND ENVIRONMENTALISTS MUST PROVIDE IT.

OBVIOUSLY, I HAVE CHOSEN TO IGNORE SEVERAL OF THE QUESTIONS WHICH I POSED AT THE BEGINNING OF THIS PAPER. SOME OF THESE MAY BE QUESTIONS WITHOUT ANSWERS AND OTHERS WERE POSED PRIMARILY TO ATTEMPT TO GET YOU TO THINK ABOUT THE PROBLEM.

IN PROPER DEFERENCE TO MY OWN STATE OF NEW MEXICO, I FEEL OBLIGATED TO POINT OUT THAT THE STATE HEALTH PLANNING COUNCIL AND THOSE AREA-WIDE HEALTH PLANNING COUNCILS THUS FAR ORGANIZED, SEEM TO BE TAKING A RESPONSIBLE ATTITUDE TOWARD INCLUDING ENVIRONMENTAL HEALTH PLANNING WITHIN THE CONTEXT OF COMPREHENSIVE HEALTH PLANNING.

COMPREHENSIVE HEALTH PLANNING IS AN EXERCISE THE RESULTS OF WHICH DEPEND ON THE POLITICAL SAVVY, CUNNING, AND AGGRESSIVENESS OF THE PARTICIPANTS. THE PHYSICAL OR MENTAL HEALTH OF AN INDIVIDUAL WILL NEVER REACH A SATISFACTORY LEVEL UNLESS HE LIVES IN

AN ENVIRONMENT MANAGED TO PROMOTE OPTIMUM PHYSICAL AND MENTAL HEALTH. WE CANNOT ENTIRELY ERADICATE MANY DISEASE SITUATIONS WHEN WE HAVE OPEN GARBAGE, FLIES, UNWHOLESOME FOOD, SLUMS, POLLUTED WATER AND AIR, AND IMPROPER LAND-USE. AS A DUTY TO THE CONSUMING PUBLIC, ALL HEALTH PLANNING EFFORTS MUST INSURE ATTENTION TO THE ENVIRONMENTAL COMPONENTS. SUCH ATTENTION IS NOT ONLY A "MUST" FOR A LIVABLE ENVIRONMENT, BUT ALSO FOR POSITIVE MENTAL AND PHYSICAL WELL-BEING. TO IGNORE THE COMPELLING PROBLEMS OF THE MODERN ENVIRONMENT WOULD BE TO DEFRAUD THE PUBLIC, AND INSURE THE INEFFECTIVENESS OF ALL OTHER PROGRAMS IN THE TOTAL HEALTH SPECTRUM.