

Guest editorial

Unified Planning in a Public Health Agency

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The first time I attended a meeting of this group in 1951 I was a neophyte in public health and, frankly, had hardly heard of the term "planning" in conjunction with public health. Planning at that time, at least in the agencies with which I was associated, was hardly considered and, if conducted at all, was on a rather haphazard intuitive basis.

The necessity for understanding and practicing comprehensive agency planning is no longer a matter of dispute. Planning is essential to effective and comprehensible understanding of agency mission; goals; problem identification; quantification and prioritization; programming; problem solution; attainment of objectives; development of program resources; and program evaluation.

All of our public health programs at all levels of government face severe budgetary limitations and must compete with myriads of other societal needs, and be faced with critical public and legislative analysis and scrutiny. Only through rational planning can public health problems be identified and prioritized so as to insure the necessary resources to solve the most important problems as rapidly and economically as possible. Additionally, only through rational planning can our professional health personnel have a reasonable level of understanding of the health problems with which they are faced and the design of programs aimed at their solution.

An esoteric art?

Public Health agency planning has all too often been viewed as something so complicated, sophisticated, and esoteric that it is considered the domain of professional health planners only. Nothing could be further from the truth. Planning is simple, logical, and

understandable, and is a daily component of the work of any effective health administrator. Program planning is essential to the effective conduct of any type of public health program. It is the process of surveying and analyzing the present and anticipating problems associated with solving the health problems in question and then developing rational program methodology or courses of action. There are many planning methodologies or formats for effective health planning, and many of them have proven workable and effective. However, no matter what planning format is utilized, the health administrator must understand the process used and clearly define the terms used in the process.

Planning starts with a decision regarding the determination of the goal to be achieved. We must define the term "goal", for this term means different things to different people. For purposes of this discussion, the term "goal" is utilized to determine the condition to be attained. Planning might be compared to a lengthy trip which will be better organized if the traveler is able to state his ultimate destination, such as London. Without this concept of "goal" or ultimate desired condition, planning will be ineffective and programming will be aimless.

A logical next step is to state the "mission" of the agency. We define "mission" simply to mean a statement indicating the clientele to be served or the advocacy position of the agency. To some, this may seem unimportant, but it is another key element in the fabric of a planning format. Different public agencies exist to serve different constituencies. A department of agriculture exists to promote and protect the interests of farmers and ranchers. A department of commerce and development exists to promote and protect the interests of those engaged in industry and business. Each of these serves a specific component of the total public. However, a health agency should have a mission of promoting and protecting the health of all of our citizens. To mix missions within the same agency poses one of the classic "conflicts of interest" so prevalent in our society, and does little to render effective services to our citizens.

Prioritize the problems

A logical next step is to define, quantify and prioritize the various health

problems within the purview of the public health agency. Here again, it is important to define the term "problem" as a reasonably discrete health factor having an impact on man's health and well-being. A listing of such health problems would include (but not be limited to) communicable diseases, cardio-vascular diseases, respiratory diseases, dental diseases, mental health, malnutrition, birth defects, and cancer, as well as such environmental health matters as air pollution, water pollution, water supply, solid wastes, radiation, food protection, environmental injuries, noise pollution, environmental chemicals, etc. Many public health officials simply administer programs because they exist, without ever having gone through the necessary process of understanding and prioritizing problems which the programs should be designed to solve. Some health administrators have proclaimed that planning cannot be accomplished because of lack of sufficient information with which to quantify the problem. This is simply an excuse. If hard data are not available, administrators should resort to using the best information available, which may be the opinions of knowledgeable people.

It is only at this stage, after thoroughly understanding the goal, the mission and the problems to be solved that programs should logically be designed. We have a long way to go in designing programs in the most effective manner to solve our health problems.

An unexplored arena

The determination of the complete spectrum of problem solving methods which can or should be utilized to solve various health problems is a comparative-ly unexplored arena. "Programs" are

defined as "rational groupings of activities designed to solve one or more health problems," and it is in this process that we truly need some organizational and management creativeness and innovation in order to solve health problems efficiently and effectively.

Next comes an inventorying of tools and resources available to and needed by the agency. The terminology "tools and resources" covers such matters as manpower, equipment, physical facilities, laboratory support, legislation and budgets necessary to implement the program.

It is at this point that the administrator should delineate his programmatic "objectives." An objective should be measurable and indicate a certain amount of progress toward solving the previously stated problems within a specified period of time. Therefore, a program objective might be to decrease the rate of a certain disease a specified amount within a stated length of time. Or, another objective might be to decrease a pollutant a certain amount within a stated period of time.

Planning frequently falls short by failing to include evaluation techniques used to measure the effectiveness of planning and programming as previously outlined. Here, again, comprehensive and effective evaluation techniques have hardly been tapped by health professionals. Public health planning, to be effective, must address a reasonably comprehensive spectrum of health problems. Without addressing such a spectrum, the planning priorities and programming will be incomplete and misleading, and the planning process will be ineffective if not self-destructive.

There should probably be several subsets to the planning process, depending on the scope of responsibilities of the public health agency. Attempts to plan for the solution of and prioritize problems of environmental health, personal health promotion services, and sickness treatment utilizing the same factors for prioritization will also lead to inappropriate and skewed results.

Planning is . . .

Planning must be viewed as a means to an end, rather than an end unto itself. Planning should be viewed as a service rather than a program. Planning should be goal oriented and plan for solving defined health problems, rather than being oriented to building more and larger bureaucracies and administrative procedures. Planning should be participated in by all program personnel, rather than a handful of elite planners. Public Health planning should be based on long term concerns and goals if we are to achieve a high level of health and a high quality environment. And public health officials should consider themselves ecologists in striving for the "greatest good for the largest number over the longest period of time."