planning necessary to conduct the primary line functions of the Department.

All of the facility licensing functions of the present Departments of Mental Hygiene, Public Health, and Social Welfare are consolidated under Health Facilities. In this way it will be possible for the new Department to deal with the problems of inconsistent regulations and overlapping authority that have characterized administration of these functions in the past. It will also enable the State to plan more intelligently for the construction of new health facilities.

Local delivery programs relating to Personal Health have been brought together in order to provide an integrated approach to the provision of services to people, whether in the field of general health, mental health, mental retardation, alcoholism, or protective social services.

The Task Force recommends the establishment of a Comptroller to be responsible for all of the financial-related functions, rather than setting up the kind of administrative services operation found in many State departments. This recommendation is made because of the great variety of State and Federal subvention programs with separate matching formulas, dollar limitations, and complex interrelationships. It is intended that, throughout the Department, program decisions and priorities will be established on the basis of need, rather than on the availability of State or Federal funds. Funding the programs will be a primary responsibility of the Comptroller.

One of the criticisms that has been made of the present organization of health programs is the fragmentation that exists in such programs as mental retardation, alcoholism, and facility licensing. In some cases, such as facility licensing, the problem can be overcome by consolidating all activities in a single unit in the new Department. In others, however, this is not feasible. The State hospitals will continue to provide care and treatment for the mentally retarded and for patients suffering from alcoholism or drug addiction. At the same time, State-supported services will be provided to the same types of persons through community facilities, such as the Lanterman-Petris-Short programs, the diagnostic counseling and placement centers for the mentally retarded, and the McAteer Alcoholism Clinics. In order to provide effective coordination of all the Department's activities associated with certain client groups, whether the activities relate to prevention, treatment services, facilities, or manpower, the recommended organization provides for the use of program managers. The second task force that examined the organization of health programs explored the program management concept in some detail and described the role of the program manager. The present Task Force agrees with the need for program managers in certain selected areas.

In attempting to identify those areas that lend themselves to a program manager type of organization, the Task Force adopted several criteria, as follows:

1. There must be a clearly identifiable client group.
2. The resources and activities aimed at a common objective are dispersed within the Department.
3. The program lends itself to a systems approach.
4. There is a high degree of public interest in the program.
5. Policy direction with respect to the program is undergoing change.

Applying these criteria to the programs in the new Department of Health, the Task Force concluded that the program management approach would be most useful in connection with alcoholism, mental retardation, and drug abuse and addiction.

Several additional points concerning the recommended organization require explanation, as follows:

1. The organization structure was shaped without regard to civil service classifications. No attempt was made to specify classifications or pay levels.
2. The Task Force did not identify specifically the personnel who would move from an existing unit into one of the proposed new units, although for most organizational elements a staffing source is suggested.
3. There was no common organizational nomenclature among the departments whose functions are proposed to be consolidated, so that in some cases the staffing source has been identified as a division and in others as a

bureau, branch, office, or unit. Also, some organizational changes within the several departments may have occurred since the Task Force collected its data.

4. Designation of an organizational unit as a staffing source for a function does not necessarily mean that all of the personnel would be assigned to that function. In some cases, staff would be distributed among several functions.
5. No attempt was made to identify all of the activities of existing units. The major functions were identified and the units were assigned within the new organization on that basis.
6. No field structure is indicated. It is anticipated, however, that field offices will be necessary to carry out some of the Department's functions most effectively and economically.

Functional Statements

Brief functional statements for the organizational segments of the proposed Department of Health are given below.

OFFICE OF THE DIRECTOR

Determines departmental goals and priorities; approves operating and administrative policies of the Department; controls the direction and character of programs; proposes legislation and obtains appropriations; assists in obtaining and retaining

qualified management; promotes effective communications within the Department and between the Department and all groups and individuals with whom it has relations; gives general direction to departmental relationships with agencies, organizations, and individuals; approves the departmental budget; assumes responsibility for all functions necessary to the efficient and effective attainment of the Department's goals and objectives.

LEGISLATIVE LIAISON

Develops the Department's legislative program; establishes working relationships and channels of communication with members of the Legislature and legislative committees; serves as a departmental representative before legislative committees; consults with departmental and public representatives.

PUBLIC INFORMATION

Advises the Director of events or information which may be of interest to the public or become matters of public concern; keeps the Director informed of all news inquiries or articles which indicate public concern about or interest in the Department; provides the news media with information about the Department and its programs; responds to inquiries from the news media about the Department's policies, programs, budget, and personnel.

ADVISORY HEALTH COUNCIL

Provides advice related to long-range health goals and objectives, realistic means of achieving these, establishment of priorities, and the coordination of regional and statewide planning.

LICENSING BOARDS

Administer and set policies necessary for the protection of the public health, welfare, and safety pursuant to governing statutes; license qualified applicants; investigate reports of misfeasance and take appropriate disciplinary action; insure that services are carried out with the necessary standards of skill, knowledge, and integrity; establish and enforce standards for accreditation of certain special schools.

Staffing Source:

Department of Professional and Vocational Standards
- Board of Chiropractic Examiners
- Board of Dental Examiners
- Board of Medical Examiners
- Board of Examiners in Veterinarian Medicine
- Board of Nursing Education and Nurse Registration
- Board of Optometry
- Board of Osteopathic Examiners
- Board of Pharmacy
- Board of Vocational Nurse and Psychiatric Technician Examiners
- Social Worker and Marriage Counselor Qualifications Board

ADVISORY BOARDS AND COMMITTEES

Retain the same program advisory activities as existed previously under their individual programs.

Staffing Source:

As currently appointed.

COMPREHENSIVE HEALTH PLANNING

With the advice of the Advisory Health Council, develops goals, objectives, and priorities for health services (governmental, voluntary, and private); compares these goals and objectives with current services and trends; develops proposals for achievement of the long-range goals; provides coordination and communication between the regional health planning councils and the Advisory Health Council.

Staffing Source:

Department of Mental Hygiene
Program Planning Unit

Department of Public Health
Office of Comprehensive Health Planning

Department of Social Welfare
Office of Planning

HEALTH FACILITIES

PLANNING

Develops annual and long-range statewide plans for health facilities; certifies bed needs for setting priorities; conducts hearings on requests for Federal and State financial assistance.

Staffing Source:

Department of Public Health
Bureau of Health Facilities Planning and Construction

PROJECT PLAN REVIEW - CONSTRUCTION FUNDING

Reviews and approves individual plans for facilities financed

under Federal and State programs; monitors construction.

Staffing Source:

Department of Public Health
Bureau of Health Facilities Planning and Construction

LICENSING AND CERTIFICATION

Sets environmental and physical standards for health facilities; provides consultative services; determines applicant qualifications; performs inspections and makes facility evaluations; issues licenses and certifications; conducts administrative hearings for revocation.

Staffing Source:

Department of Mental Hygiene
Division of Local Programs

Department of Public Health
Bureau of Health Facilities Licensing and Certification
Laboratory Field Services

Department of Social Welfare
Adult Services Bureau
Family Services Bureau
Licensing Field Operations
Life Care Unit

HEALTH MANPOWER

PLANNING

Develops forecasts of manpower requirements by function and level of skill; examines potential for training to required level by conventional or other methods; coordinates existing health career ladder requirements and develops new ladders

and specialties; evaluates training and educational requirements for career ladders; evaluates utilization of health manpower and recommends alternate staffing patterns for optimum delivery of health and related services.

Staffing Source:

Department of Public Health
Bureau of Nursing
Bureau of Public Health Social Work

EDUCATION AND TRAINING

Develops programs to attract, assure training for, and retain an adequate number of skilled persons to fill California's health manpower needs; develops priorities for and operates the educational stipend, fellowship, and residency programs; together with the various parts and levels of the educational system, identifies appropriate curricula to meet the changing requirements for educating and training health services personnel; develops and conducts special training courses as needed and requested by local governmental health units.

Staffing Source:

Department of Mental Hygiene
Bureau of Training
Centers for Training in Community Psychiatry and Mental Health Administration

Department of Public Health
Bureau of Nursing
Bureau of Public Health Social Work
Bureau of Manpower Management and Development

Department of Social Welfare
Training Bureau

LICENSING

Licenses (certifies, or registers) health personnel; sets licensing standards and administers examinations; through investigations, hearings, and disciplinary actions, ensures compliance with minimum standards of performance and conduct.

Staffing Source:

Department of Public Health
- Bureau of Nursing
- Bureau of Social Work
- Community Health Services and Resources
- Laboratory Field Services

Department of Social Welfare
- Adoption and Foster Care Bureau
- Adult Services Bureau
- Family Services Bureau
- Licensing Field Operations

Department of Professional and Vocational Standards
- Board of Chiropractic Examiners
- Board of Dental Examiners
- Board of Medical Examiners
- Board of Nursing Education and Nurse Registration
- Board of Optometry
- Board of Osteopathic Examiners
- Board of Pharmacy
- Board of Examiners in Veterinarian Medicine
- Board of Vocational Nurse and Psychiatric Technician Examiners
- Social Worker and Marriage Counselor Qualifications Board

PERSONAL HEALTH

PREVENTION

Provides surveillance and epidemiological investigation of chronic and communicable diseases; establishes standards for local health programs and services; encourages local implementation through consultation and plan review; initiates

research projects to improve knowledge of prevention of health problems; develops and implements statewide health education program.

Staffing Source:

Department of Public Health
- Bureau of Adult Health and Chronic Diseases
- Bureau of Communicable Disease Control
- Bureau of Health Education
- Bureau of Maternal and Child Health
- Bureau of Nutrition
- Division of Dental Health

Department of Mental Hygiene
- Bureau of Mental Health Education

LOCAL DELIVERY PROGRAM AND PLAN REVIEW

Develops priorities, scope, type, level, and locale of service and eligibility criteria for local program plans for delivery of mental health, general health, retardation, alcoholism, and social service programs; consults with local staff in regard to the delivery system and its impact; coordinates review of local operating plans for completeness, consistency, and relative priorities; certifies plans for payment of subvented funds.

Staffing Source:

Department of Health Care Services
- County Operations Review Unit
- Social Services Bureau

Department of Mental Hygiene
- Division of Local Programs

Department of Public Health
- Bureau of Mental Retardation Services
- Community Health Services and Resources Program

Department of Rehabilitation
- Program Review and Development

Department of Social Welfare
Community Services Division
Division for the Blind
Director's Field Liaison Staff
Medical Assistance Bureau
Social Services Division

PURCHASED MEDICAL SERVICES

Develops the scope, level, duration of benefits, and eligibility criteria for Medi-Cal and Crippled Children Programs; provides consultation as required; specifies services requiring authorization prior to treatment; exercises surveillance of delivery of services.

Staffing Source:

Department of Health Care Services
Field Services Bureau
Medical Services Bureau

Department of Public Health
Bureau of Crippled Children Services

DIRECT COMMUNITY SERVICES

Provides direct adoption casework service for independent and relinquishment adoptions in counties with no established program and all intercountry adoption activity; provides supervision, program consultation, personnel and funding for local health department operation under contractual arrangements with sparsely populated counties.

Staffing Source:

Department of Public Health
Contract County Services

Department of Social Welfare
Adoption Field Operations

ENVIRONMENTAL HEALTH

ENVIRONMENTAL EPIDEMIOLOGICAL SURVEILLANCE

Performs general surveillance of the environment in regard to pollution, pesticide residue, and accidents; provides advisory services to local health departments and other concerned groups; creates a public awareness of the health effects of these hazards; makes recommendations on health effects standards to the Air Resources Board and other regulatory bodies.

Staffing Source:

Department of Public Health
Bureau of Occupational Health and Environmental Epidemiology

CONSUMER PROTECTION FROM TOXIC MATERIALS

Compiles, evaluates, and interprets data on the health effects of toxic materials; develops and disseminates information for diagnosis and treatment of known and new toxic illnesses; provides direction and coordination for local treatment centers; requires informative labeling on hazardous substances to warn against careless or harmful use.

Staffing Source:

Department of Public Health
Bureau of Food and Drug

SOLID WASTE MANAGEMENT

Maintains surveillance of solid waste management practices to determine location and extent of problems; sets minimum

standards for solid waste handling and disposal; creates a public awareness of solid waste problems and responsibilities; encourages the development of new and improved technology.

Staffing Source:

Department of Public Health
Bureau of Vector Control and Solid Waste Management

RADIOLOGICAL HEALTH

Maintains surveillance and control over use and misuse of radioactive materials and radiation-producing machines; performs surveillance of food and water supplies and other environmental media for radioactive contamination; promotes better understanding of radiation and its benefits and hazards.

Staffing Source:

Department of Public Health
Bureau of Radiological Health

OCCUPATIONAL HEALTH

Conducts medical and environmental evaluations of work situations known or suspected of constituting a health hazard; develops standards to define safe levels of exposure in hazardous situations; collects information for diagnosis and correction of work-induced health hazards.

Staffing Source:

Department of Public Health
Bureau of Occupational Health and Environmental Epidemiology

FOOD AND DRUG

Performs surveillance and control to ensure that all foods are safe, wholesome, and produced according to proper health standards; that drugs are safe and effective; that cosmetics are pure and safe; and that all of these are properly labeled and truthfully advertised; prevents deceit and quackery in the sale of drugs, devices, food, and cosmetics.

Staffing Source:

Department of Agriculture
Division of Animal Industry

Department of Public Health
Bureau of Food and Drug

VECTOR CONTROL

Maintains surveillance and control of vector problems; provides advisory services to local health departments and other concerned groups; plans vector eradication programs and provides consulting assistance; issues vector control informational material.

Staffing Source:

Department of Public Health
Bureau of Vector Control and Solid Waste Management

SANITARY ENGINEERING

Maintains surveillance of and sets standards for quality of domestic water supplies, public recreational waters, methods of sewage disposal and use of reclaimed water; evaluates

present operations, provides consultation and training to State and local departments; performs studies and makes recommendations on health effects standards to the State Water Resources Control Board and the nine Regional Water Quality Control Boards.

Staffing Source:

Department of Public Health
Bureau of Sanitary Engineering

COMPTROLLER

ACCOUNTING

Maintains fiscal records; processes and pays all claims; maintains a revolving fund for incidental disbursements; maintains cost allocation records; approves contracts; prepares fiscal reports and analyses.

Staffing Source:

Department of Health Care Services
Fiscal Bureau

Department of Mental Hygiene
Bureau of Accounting

Department of Public Health
Bureau of Fiscal and Accounting Services

Department of Social Welfare
Administrative Accounting Bureau

AUDITS

Verifies the propriety of payments and reimbursements made by the Department to governmental agencies, local agencies, and

other providers of services; develops and issues fiscal performance reports; conducts investigations of providers of services for program conformity and possible fraud.

Staffing Source:

Department of Health Care Services
Special Audits Bureau
Investigations Bureau

Department of Public Health
Audit Unit

Department of Social Welfare
Field Audits Bureau

BUDGETS

Prepares the Department's support and subvention budget and authorizes changes; analyzes proposed administrative and legislative program changes for cost impact; prepares and adjusts program cost estimates; testifies before legislative committees on budget matters.

Staffing Source:

Department of Health Care Services
Fiscal Bureau

Department of Mental Hygiene
Bureau of Budget Planning and Analysis

Department of Public Health
Bureau of Program and Budgeting Services

Department of Social Welfare
Budget Office

GUARDIANSHIP

Acts as the legal guardian of certain persons in State hospitals and in residential care facilities.

Staffing Source:

Department of Mental Hygiene
Bureau of Guardianship

BUSINESS SERVICES

Provides various clerical activities, including typing pool, mail and messenger service, duplicating, and central files; provides building and office space, communication and procurement services, and property control.

Staffing Source:

Department of Health Care Services
Office Services Bureau

Department of Mental Hygiene
Bureau of General Services

Department of Public Health
Bureau of Administrative Services

Department of Social Welfare
Business Services Bureau

INTERMEDIARY OPERATIONS

Supervises the bill processing and payment functions of the Medi-Cal program and the contract operations of the fiscal intermediaries; coordinates the fiscal administration of various State programs that participate in the Medi-Cal program.

Staffing Source:

Department of Health Care Services
Intermediary Operations Bureau

FEDERAL GRANTS

Coordinates Federal funding programs within the Department and with other departments such as Social Welfare, Human Resources Development, and Rehabilitation; prepares and submits claims for Federal funds; consolidates Federal fund accounting, reporting, and planning for coordination of State and local operations.

Staffing Source:

Department of Health Care Services
Intermediary Operations Bureau

Department of Mental Hygiene
Medical Assistance Programs

Department of Public Health
Office of Fiscal and Accounting Services

PATIENTS ACCOUNTS

Maintains the patient billing and accounting functions for the State hospitals.

Staffing Source:

Department of Mental Hygiene
Bureau of Patients' Accounts

HOSPITALS

Provide institutional health services, including diagnosis, care, treatment, and rehabilitation of persons in State hospitals for whom no other treatment resources are available or suitable; develop programs for hospitals in the areas of

safety, medical and surgical procedures, nursing, social services, rehabilitation and education.

Staffing Source:

Department of Mental Hygiene
- Bureau of Environmental Health and Safety
- Bureau of Facilities Planning
- Bureau of Nutrition Services
- Bureau of Nursing
- Bureau of Medicine and Surgery
- Bureau of Rehabilitation and Education
- Bureau of Social Services
- Division of Mental Hospital Programs
- Division of Retardation Hospital Programs
- 14 Hospitals

Department of Veterans Affairs
- Division of Veterans Home and Hospital

LABORATORY SERVICES

Provides for the operation and control of the Department's laboratories and laboratory field services; provides laboratory research and supportive services to departmental programs; develops and promotes new areas of laboratory activities to meet program objectives; provides public health laboratory services to physicians where such services are not available; provides consultative services to public and private laboratories.

Staffing Source:

Department of Public Health
- Division of Laboratory Services

PROGRAM MANAGEMENT

As assigned in each program, provides over-all planning,

defines program objectives, coordinates the various input resources, develops evaluation methods and criteria, determines data requirements, establishes operational policy, and determines resource allocation priorities.

Staffing Source:

Department of Public Health
Bureau of Mental Retardation Services

Department of Rehabilitation
Program Review and Development

STAFF SERVICES

PLANNING AND EVALUATION

Develops departmental program goals; coordinates internal departmental planning with comprehensive health planning and other planning groups; evaluates effectiveness of current programs; maintains surveillance of program utilization by public; reviews departmental activities and procedures to develop more effective and efficient methods.

Staffing Source:

Department of Health Care Services
Demonstration Studies Unit
Management Analysis Bureau
Operations Research Unit
Program Surveillance Bureau

Department of Public Health
Management Analysis Unit
Review and Evaluation Services

Department of Mental Hygiene
Bureau of Management Analysis
Program Review Unit

Department of Social Welfare
Management Analysis Bureau
Work Planning Office

HEALTH INFORMATION

Directs a statewide registration and reporting system for vital statistics events; maintains an inventory of health manpower and health facilities; records incidence of disability and disease; projects health aspects of population trends; provides statistical services.

Staffing Source:

Department of Health Care Services
Operational Statistics Bureau

Department of Mental Hygiene
Bureau of Biostatistics

Department of Public Health
Bureau of Statistical Services
Bureau of Vital Statistics Registration
Health Intelligence Unit

DATA PROCESSING

Provides a full range of data processing activities, including systems analysis, programming, keypunching, and computer services.

Staffing Source:

Department of Health Care Services
Data Processing Systems

Department of Mental Hygiene
Bureau of Data Processing

Department of Public Health
Data Processing Center

Department of Social Welfare
Data Processing Systems Bureau

PERSONNEL AND TRAINING

Provides for departmental personnel and training activities, including performance appraisals, merit salary adjustments, classification studies, disciplinary actions, and in-service training programs.

Staffing Source:

Department of Health Care Services
Personnel Bureau
Staff Development and Training Bureau

Department of Mental Hygiene
Bureau of Personnel
Bureau of Training

Department of Public Health
Bureau of Manpower Management and Development

Department of Social Welfare
Personnel Management and Staff Development Bureau

LEGAL SERVICES

Provides legal opinions and advice to the Director and key staff; determines legality of proposed administrative regulations; provides legal advice in conjunction with administrative hearings.

Staffing Source:

Department of Health Care Services
Executive

Department of Mental Hygiene
Bureau of Legal Services

RESEARCH

Advises the Director on research policy; coordinates development and approval of all research proposals including those using non-state monies; evaluates health research needs and priorities; prepares reports on research activity; coordinates publication of research results in professional journals.

Staffing Source:

Department of Mental Hygiene
Bureau of Research

Department of Public Health
Review and Evaluation Services

Department of Social Welfare
Research Bureau

BENEFITS OF RECOMMENDED ORGANIZATION

The Task Force views the following as the most important benefits to be realized from the recommended organization:

1. Better program planning and evaluation.

One of the weaknesses of the present organization of the State's health programs is the lack of an adequate system for assessing total health needs, establishing health goals, setting program priorities, and evaluating the effectiveness of programs in meeting stated goals. Fragmentation of health programs among several departments has prevented the State from taking a broad approach to program planning and evaluation. Comprehensive health planning is a start in this direction, representing a significant departure from the traditional categorical approach to health planning. It is anticipated that the new Department of Health will rely heavily on the Comprehensive Health Planning function to do the statewide planning for optimum use of total health resources, both public and private. Planning and evaluation, as it relates to the programs of the Department of Health, will be the responsibility of the Staff Services function.

2. Improved resource allocation.

The task of coordinating health programs and seeing that funds are allocated properly among them has fallen largely to the Human Relations Agency, since it is only at that level where the State's major health programs come together. However, the Agency, because of its small staff and broad scope of responsibilities, has had little time to consider health goals, program priorities, and resource allocation.

The new Department of Health, with broad staff resources, will be in a better position to conduct the program analyses and to draw sound conclusions on the most rational allocation of health resources. One of the program planning and evaluation responsibilities of the proposed Staff Services function will be to raise such fundamental questions about departmental programs as: Should more of the health dollar go into preventive programs? Should we give more attention to hazards related to consumer products? Should we put more emphasis on family planning?

3. Program consolidation and coordination.

The first task force that examined the present organization of health programs concluded that certain programs were fragmented and uncoordinated. Among these were alcoholism, mental retardation, facilities licensing, and research. In designing a new organization, the Task Force attempted to consolidate the various aspects of these

programs, wherever possible, and to provide for effective coordination where consolidation was not feasible. Thus, all of the facilities licensing functions are consolidated under Health Facilities, and responsibility for the research activities is centered under Staff Services. Since it was not practical to consolidate in one organizational unit within the Department all of the functions related to alcoholism and mental retardation, the Task Force provided for program managers for these two areas, plus drug abuse and addiction.

4. Greater impact on total health care delivery system.

One of the primary concerns of the Department of Health in carrying out its comprehensive health planning responsibilities will be the delivery system. It is anticipated that the Department will explore a number of alternative forms of health care that will provide quality service at reduced cost. Some examples of such alternatives are more ambulatory and nursing home care in lieu of hospitalization, and use of health visitors in lieu of nursing homes for certain patients. As a major purchaser of medical care under the Medi-Cal program, the Department of Health will be in a position to influence constructively the nature of the health care delivery system.

5. More attention to health manpower needs.

It is becoming increasingly difficult to meet the rapidly

expanding demand for health manpower. The State should assume more responsibility than it has in the past in meeting this need. The recommended organization will facilitate coordination between those assessing manpower needs and developing plans to meet them, on the one hand, and those licensing health occupations, on the other. The Department will also be in a position to have a significant influence on health manpower training programs in the colleges and universities.

6. Integration of health and related services.

The Task Force believes that certain health-related functions of State Government can be carried on more effectively if included in a Department of Health. One of these is the licensing of health occupations, which is now performed by the Department of Professional and Vocational Standards. The Department of Health will play a major role in meeting health manpower needs. In carrying out this responsibility, it is essential that decisions with respect to licensing of health occupations be consistent with and supportive of health manpower planning decisions.

Another example of this integration of health and related services is the transfer of the social service functions from the Department of Social Welfare to the Department of Health. It is the Task Force's view that integration

of these services at the State level will encourage integration at the local level, with a consequent improvement in service to the public.

7. More attention to health facilities.

The recommended organization draws together a number of existing functions related to health facilities -- planning, funding, standard setting, licensing, and approval for purchase of health services. Responsibility for these functions is now divided among the Departments of Mental Hygiene, Public Health, and Social Welfare. Consolidation of these functions will enable the State to eliminate this fragmentation and provide better service to the public.

8. Improved health information system.

Good information is essential to good program planning and evaluation. One of the responsibilities of the proposed Staff Services function will be to develop a fully integrated health information system for the Department of Health.

9. Fixed responsibility and accountability.

One of the consequences of the present fragmentation of programs among several State departments is that it is difficult to establish accountability for program results. By consolidating all of the functions related to such

programs as licensing of health facilities, alcoholism, health manpower, and research in a Department of Health, it will be possible to pinpoint responsibility for these programs in a way that is not possible now.

10. Flexibility in meeting changing health needs.

The entire field of health is undergoing rapid change. The State organization charged with responsibility for administering health programs must be capable of recognizing changing health needs, and of making adjustments in programs and priorities. Under the recommended organization, the Director of Health will have sufficient authority over a broad range of health programs to exercise this kind of flexibility.

11. Reduced administrative costs.

By consolidating three major departments, plus certain functions of three other departments, the Task Force believes it will be possible to effect some savings in administrative costs. There are approximately 1,075 headquarters administrative positions associated with the programs being consolidated in a Department of Health. The annual cost of these positions is $18 million. It should be possible through more efficient organization to make a 10% saving in these costs, or about $1.8 million.

12. Potential for more effective use of Federal funds.

The present fragmentation of health functions makes it difficult to maximize Federal financial participation in State health programs. The recommended organization fixes responsibility on the Comptroller for grants management. In this way it will be possible to develop an expert staff that can identify additional sources of Federal funding and ensure that the State realizes the maximum benefit from these funds.

APPENDIX

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State of California **Human Relations Agency**

Memorandum

To : Task Force on Organization of Health Programs

Date : July 24, 1969

File No.:

Subject : Charge

From : Office of the Secretary

The Human Relations Agency began reviewing the organization of the State's health programs toward the end of last year. A first task force identified some of the major problems related to the present organization, suggested some criteria that should be met by any new or revised organization, and recommended a further study to develop a plan for an improved health care system.

A second task force, formed this Spring, made a more intensive study of four problem areas (alcoholism, mental retardation, research and licensing). It recommended that the Administration consider consolidation of health related departments into a unified Department of Health. The task force findings and recommendations were reviewed by the Governor's Cabinet, which then requested the Human Relations Agency to prepare an organization plan that the Governor could submit to the Legislature in 1970.

Your assignment is to develop this plan, completing it by December 1. In doing so, I ask that you take a broad approach in your analysis and, to the extent possible within the time available, view health programs and services as a total system. This should help to provide us with a sound framework for decisions on organization structure.

There are a number of organizational alternatives that should be considered. Before reaching your conclusions as to the most desirable structure, I would like you to examine several of the better alternatives, evaluating the strength and weaknesses of each.

I do not expect the plan to be developed in complete detail. It should, however, explain the concept of the proposed organization, indicate what alternatives were considered, describe the basic structure of the proposed organization, and state which functions would be assumed from existing departments. In addition, you should prepare a brief implementation plan, listing the basic steps to be taken and a suggested timetable for refining the structure you recommend and setting up the new organization. Decisions

on staffing and assignment of personnel will be made as part of that implementation process.

In undertaking this project, I urge you to be innovative in your approach, to give full consideration to the rapid changes that are occurring in the health field, and to offer interested groups and individuals an opportunity to present their views. The only constraints imposed on the task force are that the plan should be capable of accomplishment within available funds and that it should not require any increase in staff at the Agency level.

Recently the Human Relations Agency created a task force to develop an Agency program structure. Its work will be completed within the next two months, early enough to be of assistance to the Task Force on Organization of Health Programs. In addition, the Agency will probably initiate another parallel effort, this one to test the feasibility of the program manager concept.

I would like to be kept informed of the task force's progress and alerted to any problems that arise during the course of the study. This can be accomplished with an oral report every other week.

The problems surrounding the administration of health programs are becoming both more numerous and more difficult. At the same time, the public demand for effective health protection and care is becoming more insistent. We have both an obligation and an opportunity to design an organization capable of meeting these problems and needs. The project is of great importance to the people of California. I wish you success in this undertaking.

Spencer Williams

SPENCER WILLIAMS
Secretary

PROJECT SCHEDULE

Task Force on Organization of Health Programs

PHASE I

A. Orientation
B. Project Outline

PHASE II

A. Analyze health trends and needs
B. Obtain consumer's view of health program
C. Make reconnaissance study of health care system
D. Inventory State health programs

PHASE III

A. Develop program structure for health
B. Define State's role in health
C. Define concept of new organization
D. Analyze functions for possible inclusion in new organization
E. Review boards and commissions
F. Analyze Federal funding

PHASE IV

Structure new organization

PHASE V

A. Review conclusions and recommendations with advisory groups
B. Prepare report

WEEKS

1	2	3 *	4	5 *	6	7 *	8	9 *	10	11 *	12	13 *	14	15 *	16	17 *	18	19 *

* Progress report to Agency Secretary

PROGRAM STRUCTURE FOR HEALTH

I. Health Preservation

- A. Promote a healthful environment and control environmental factors detrimental to health
- B. Protect the public from food, drugs, and consumer products detrimental to health
- C. Prevent illness and disease and promote health

II. Health Restoration

- A. Assure the availability of medical and related services
- B. Establish and maintain quality standards for medical and related services
- C. Provide treatment and restoration for special groups
  1. Mentally handicapped
  2. Mentally disordered
  3. Alcoholics
  4. Drug abusers
  5. Other

ALTERNATIVE ORGANIZATION STRUCTURES

Note: The five alternative structures that follow were analyzed by the Task Force in reaching its conclusions on a recommended organization.

HEALTH AGENCY ORGANIZATION *

SECRETARY OF HEALTH

ASSISTANT SECRETARY OF HEALTH FOR HEALTH SERVICES

Departments:

- Medical Standards & Licensing
- Personal Health
- Mental Health
- Preventive & Environmental Health
- Health Research & Special Projects

ASSISTANT SECRETARY OF HEALTH FOR ADMINISTRATION

Office of Administrative Management

Functions:

- Administrative Services
- Fiscal & Accounting Services
- Program & Budgeting Services
- Vital Statistics & Registry
- Statistical Services
- Compliance Services
- Central Data Processing
- Legal Services

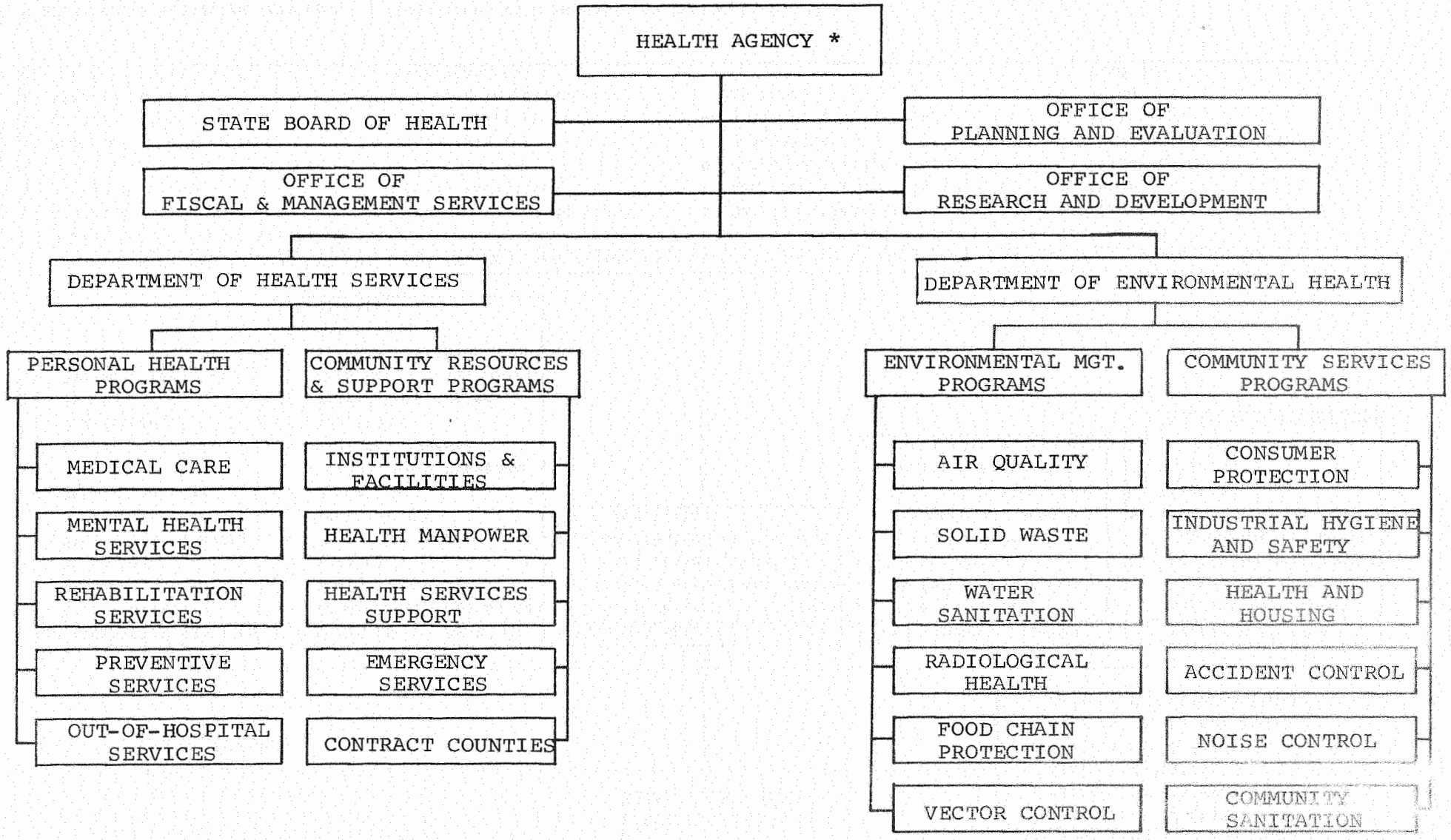
ASSISTANT SECRETARY OF HEALTH FOR COMPREHENSIVE HEALTH PLANNING

Functions:

A. Comprehensive Health Planning
   1. Health Facility Planning
   2. Health Manpower
   3. Environmental Health

B. Program Coordination
   1. Departmental
   2. Intergovernmental

* Prepared by California Medical Association



*Prepared by Joint Health Policy Committee (California State Department of Public Health/California Conference of Local Health Officers)

DEPARTMENT OF HEALTH *

DIRECTOR OF HEALTH
ASST. TO DIRECTOR

ADVISORY GROUPS
Statutory

LEGISLATIVE LIAISON

P. I. O.

Chief Deputy Director
Asst. to Dep. Dir.

PROGRAM PLANNING AND EVALUATION
1. Statewide Long-Range Health Policy Development
2. Internal Operations Organiz.
3. Program Evaluation

STAFF COORDINATOR TO THE BOARDS
1. Coordination of Staff Activities for Statewide Statutory Boards
2. Consolidation & Editing of Regional Plans for Preparation of Statewide Plans

ADMINISTRATIVE SERVICES
1. County Audits
2. Management Analysis
3. Personnel
4. Fiscal & Accounting
5. Office Services
6. Data Processing
7. Budget
8. Legal
9. Guardianship
10. Safety
11. Patients Accounts

PERSONAL HEALTH SERVICES
1. Intermediary Operations
2. Health Education
3. Nursing
4. Social Services
5. Adult Health
6. Dental Health
7. Communicable Diseases
8. Chronic Diseases
9. Nutrition
10. Mental Retardation
11. Maternal & Child Health
12. Crippled Children Serv.
13. Psychology
14. Hospital

REGIONAL HEALTH ACTIVITIES
1. Local Program Development
2. Liaison with Local Public and Private Organiz.
3. Coordination of Regional Activities

ENVIRONMENTAL HEALTH
1. Food and Drug
2. Radiological Health
3. Vector Control
4. Solid Waste Mgmt.
5. Occupational Health
6. Environ. Epidemiology
7. Sanitary Engineering
8. Pesticides & Chemicals

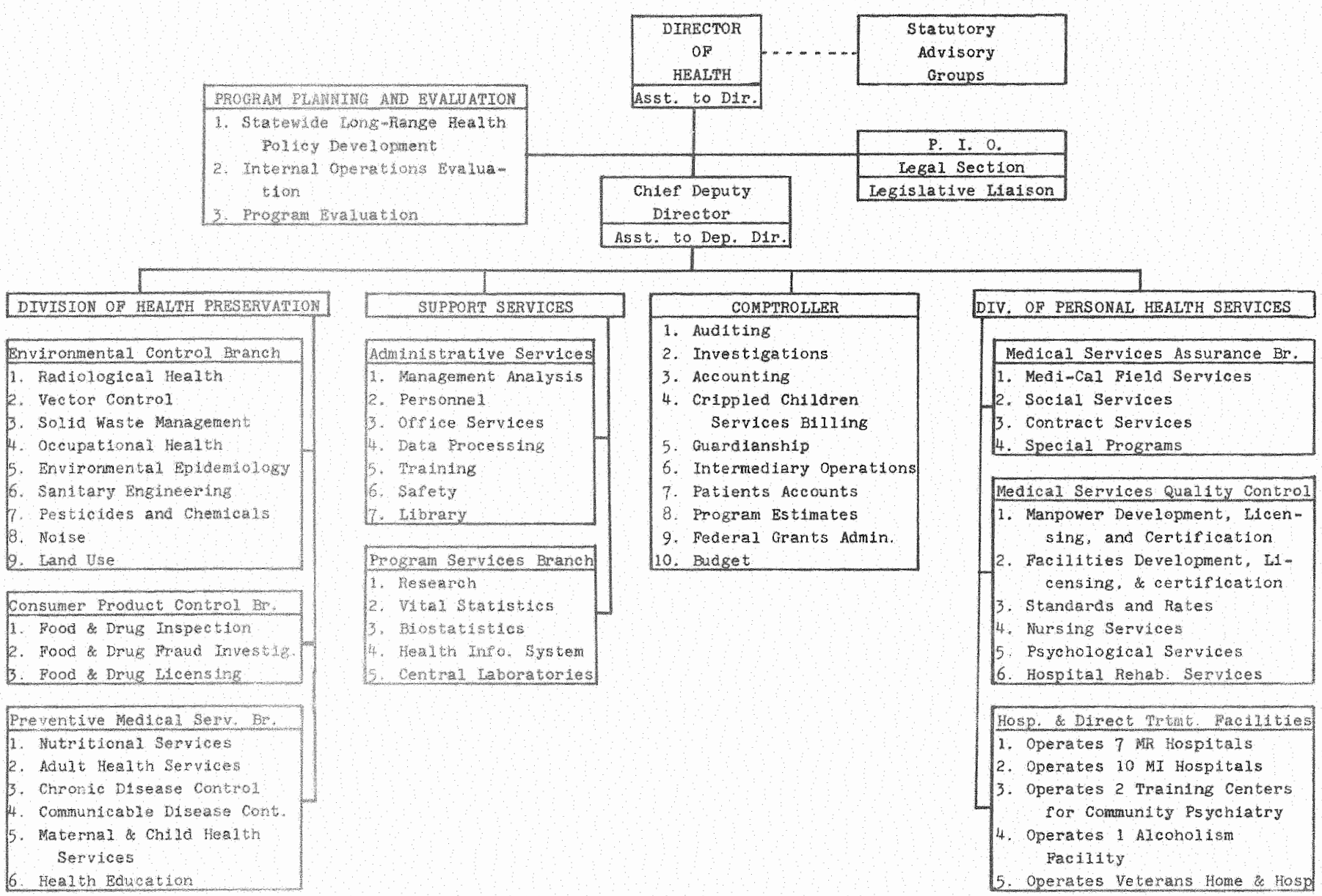
HEALTH RESOURCES
1. Manpower Development, Licensing, & Certif.
2. Facilities Development, Licensing, & Certif.
3. Health Info. System
4. Research
5. Training
6. Library
7. Lab Serv. Coordination

"Y" REGIONS WITH "Y" REGIONAL OFFICES (Each region corresponding to one or more comprehensive health planning regions)

1. Health Education Operations
2. Contract County Services
3. Social Services
4. Medical Prior Authorization
5. Medi-Cal Investigations
6. County Option Program
7. Administration
8. Service Center Staff
9. Licensing Field Activities
10. Line Supervision over Direct Service Facilities
    - A. 15 Hospitals
    - B. 2 Laboratories
    - C. 1 Alcoholism Facility
11. Food & Drug Inspections and Investigations
12. Admin. of Subvented Programs
    - A. Mental Retardation
    - B. Lanterman-Petris-Short
    - C. Crippled Children Serv.
    - D. Alcoholism
13. Relationships with Local Agencies
14. Sanitarians
    - A. Air
    - B. Water
    - C. Solid Waste
    - D. Chemicals & Pesticides
    - E. Radiation
    - F. Noise
    - G. Land Use

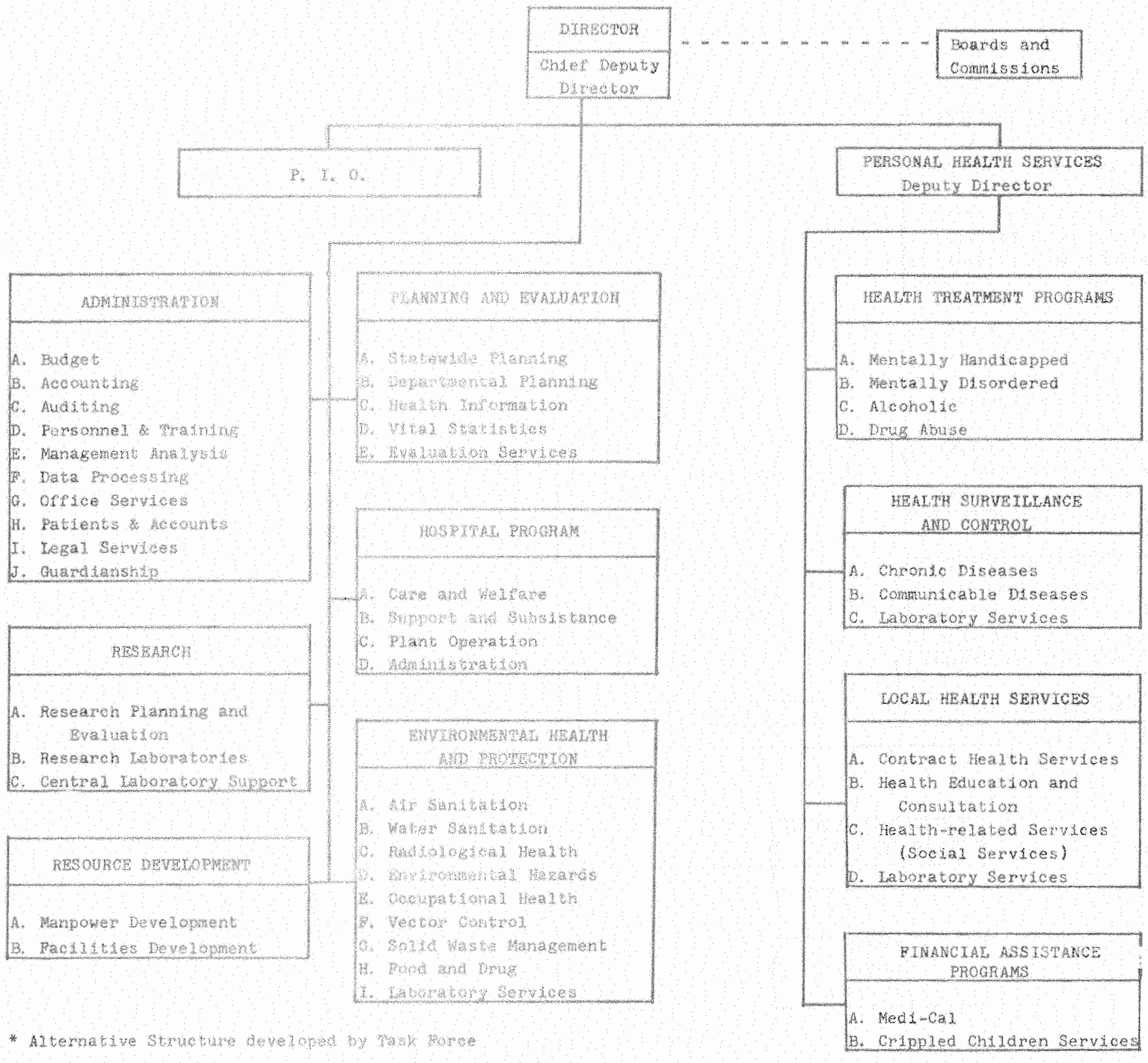
* Alternative structure developed by Task Force, with emphasis on regionalization

DEPARTMENT OF HEALTH *



* Alternative structure developed by Task Force, with emphasis on program structure

DEPARTMENT OF HEALTH *



* Alternative Structure developed by Task Force

ANNOTATED BIBLIOGRAPHY

American Medical Association. Selected Papers, 62nd Annual Congress on Medical Education, Chicago, February 7-8, 1966. Chicago: American Medical Association, 1966.

The proceedings of the 62nd Annual Congress on Medical Education of the Council on Medical Education of the American Medical Association. Subjects of the papers were: (1) Population growth and change - problems for medical education, (2) Selected studies in medical education, (3) Measurements of medical competence, (4) The ultimate measure of medical competence - the quality of the product, and (5) More missions for medicine.

American Society of Planning Officials. The Urban Planner in Health Planning. Washington: U.S. Public Health Service: 1968.

A brief review of trends in health and urban planning precedes a description of the present and possible future role that urban planning agencies can play in planning for community health services and facilities. The report attempts to describe and analyze the health service and facility planning currently being done by urban planning agencies and to offer recommendations on how health planning can be integrated more effectively into urban planning efforts.

Barry, Mildred C. "A New Model For Community Health Planning," American Journal of Public Health, 59: 226-36, February 1969.

A description of the process by which the Cleveland metropolitan community developed a health goals plan. The three basic elements that made up the framework of this project were a concept of health, involvement, and utilization of knowledge.

California Hospital Association. Planning For Health Services. Sacramento, California: California Hospital Association, 1969.

Recommendations of the California Hospital Association to its members and member institutions concerning planning of health services for the purpose of establishing a common ground for understanding health planning and

of encouraging the development of an improved planning process within each member institution. Recommendations include the necessity for joint action and need for rapid response.

California Hospitals and Related Health Facilities and Services Planning Committee. Voluntary Regional Planning: Hospitals and Related Health Facilities and Services. Sacramento: December 1968.

Report to the California Legislature and to the State Hospital Advisory Council by the "543" Committee charged by the 1965 Legislature to assert leadership in the planning of California's health facilities and services. A description of the programs and activities of the Committee is given, together with its findings and recommendations, among them that each facility in California develop a current and 5-year program for capital expenditures, for replacement, modernization, and expansion, and that the Committee, in collaboration with the State Health Planning Agency, should assist in the formulation and publication of annual guidelines for health facility development.

Citizens Commission on Graduate Medical Education. The Graduate Education of Physicians: the report of the Citizens Commission on Graduate Medical Education commissioned by the American Medical Association. Chicago: American Medical Association, 1966.

The Citizen's Commission on Graduate Medical Education, established by the American Medical Association in the early 1960's, to study medical education in the U.S., reports the results of its study as well as a proposal for modifying existing programs to approach an "ideal". Recognized as general trends in medical education and practice are: (1) Increasing knowledge and the resulting increase of specialization, (2) Rising expectation and demands for medical and health care, (3) Changing geographic distribution of the population, and (4) Increasing institutionalization of medical practice. The Commission makes several recommendations concerning graduate medical education, among them that internship and residency be combined into a single period of graduate medical education, and that that specialized training begin with the start of graduate education.

Coggeshall, Lowell T. Planning For Medical Progress Through Education; a report submitted to the Executive Council of the Association of American Medical Colleges. Evanston, Illinois: the Association, 1965.

Dr. Coggeshall's study attempts to answer the question of greatest importance to medical education: "Will

the methods and practices currently followe[illegible] providing health personnel of all categories, togethe[illegible]h the programs and facilities in being or planned, [illegible]equate to meet our national needs?". Major trends re[illegible]l to health care and their implications, i.e., populati[illegible]ange, increasing specialization in medical practice, [illegible]l use of the team approach, are identified and exami[illegible], particularly in reference to the role of the Association of American Medical Colleges, in fulfilling future [illegible]s.

Colt, Avery M. "Public Policy and Planning Criteria in Public Health," American Journal of Public Health, [illegible]: 1678-1712, September 1969.

The central point of this paper is that the first step toward effective planning by a state comprehensive health planning agency should be the adoption of a comprehensive health policy oriented to definite goals, and the development of specific criteria for measurement and evaluation. In short, planning goals and criteria should not be mere window dressing.

Duval, Addison M. "Mental Health and Public Health -- Organization of State Services," American Journal of Public Health, 57: 878-82, May 1967.

Recognizing that there is no one satisfactory organizational model for a state mental health program, this paper presents the case for a model where mental health is an integral part of public health. As an example the authors discuss the Georgia State Health Department, its organization and operation.

"Educational Qualifications of Medical Administrators of Specialized Health Programs," American Journal of Public Health, 58: 353-7, February 1968.

Report and recommendations of the Committee on Professional Education (1967) of the American Public Health Association concerning physician-administrators of specialized health programs directed toward particular categories of conditions or toward particular segments of the population. Basic educational qualifications for medical administrators of these specialized programs are specified.

"Educational Qualifications of Physician-Directors of Official Health Agencies," American Journal of Public Health, 59: 399-42, February 1969.

Report of the Committee on Professional Education (1968) of the American Public Health Association concerning physician-directors of state and local health agencies. The general responsibilities, basic education and experience, and advanced training and experience recognized by the Committee as essential or desirable are outlined.

Fifer, Ellen Z. "Hang-Ups In Health Planning," American Journal of Public Health, 59: 765-778, May 1969.

Difficulties in the implementation of comprehensive health planning in a state are presented. The concept of Federal-State partnership is critically reviewed and the need for patience is emphasized.

Group for the Advancement of Psychiatry. On Psychotherapy and Casework. (G.A.P. Publication 71, Volume VII) New York, Group for the Advancement of Psychiatry, March 1969.

A position statement on psychotherapy and casework formulated by the Committee on Psychiatry and Social Work of the Group for the Advancement of Psychiatry. The paper addresses itself to the areas of overlap between psychiatry and social work and proposes that social workers should not restrict themselves to procedures which fall under the official definition of casework in those areas of overlap, particularly in the one-to-one therapeutic relationships with emotionally troubled individuals.

Hanlon, John J. "An Ecologic View of Public Health," American Journal of Public Health, 59: 4-11, January 1969.

The need to look at the whole, rather than the parts, in endeavoring to understand and to deal with current and future problems of community health is the basic theme of Dr. Hanlon's Presidential Address. Ecology, the author asserts, forces us to realize the nature of the man-environment relationship and provides the framework within which to apply existing knowledge to the benefit of man.

Hilleboe, Herman E. and M. Schaefer. "Administrative Requirements for Comprehensive Health Planning at the State Level," American Journal of Public Health, 58: 1039-46 June 1968.

In discussing the administrative requirements for state comprehensive health planning, the author stresses the leadership role of state and local health administrators and the need for high caliber leadership in state and area-wide planning. The most critical set of requirements that pertain to state and local administration of comprehensive planning are resources: first, adequate financial support; second, unified and clarified planning advice that emanates from the Federal government; third, movement past the stage of meeting the procedural requirements of the act (PL 89-749) on a nominal basis. It is also necessary to intensify research into planning designs and teaching methods.

Hilleboe, Herman E. "Public Health in the United States in the 1970's," American Journal of Public Health, 58: 1588-1609, September 1968.

The first of two papers commissioned by the planning committee for CAFOR (the second Arden House Conference), this article deals with projections of trends in public health over the next decade, indicates which types of services will receive increased attention (Maternal and child health, family planning, chronic diseases, mental disorders, and environmental health programs) and stresses the need for planning comprehensive community health services.

Kissick, W. L., ed. "Dimensions and Determinants of Health Policy," Milbank Memorial Fund Quarterly, 46: Supplement; January 1968 (Part 2).

A series of papers presented at a seminar sponsored by the Institute for Policy Studies, Washington, D.C., January to June, 1966. Among the papers presented are: "An Overview of Trends and Issues," by Anne R. Somers, "Health Planning," by Robert M. Sigmond, "The Shifting Power Structure in Health," by Ray H. Elling, "Health Services and the Role of the Medical School," by Jerome Pollack, "Delivery of Personal Health Services and Medical Services for the Poor; Concessions or Prerogatives," by Howard J. Brown, "Organization and Delivery of Personal Health Services; Public Policy Issues," by Kerr L. White, and "The Health Agenda for the Future," by James P. Dixon.

Kupchik, George J. "Environmental Health in the Ghetto," American Journal of Public Health, 59: 220-25, February 1969.

This paper places emphasis on the need to deal with environmental health problems in terms of their social causes. Environmentalists are beginning to face up to this problem, the author asserts, and they are urged to tackle the need with greatest urgency.

Levine, Sol, and others. "Unravelling Technology and Culture in Public Health," American Journal of Public Health, 59: 237-44, February 1969.

The authors emphasize that the cultural "ethnocentricity" of health professionals and organizations often tends to work against the achievement of public health goals. They urge the need to seek a better congruence between the behavior of recipients of health services and professional behavior and organizational practice.

"Medical Care: The Current Scene and Prospects for the Future," American Journal of Public Health, 59 (Supplement) January 1969.

The proceedings of a symposium in honor of I. S. Falk of the Yale University School of Medicine are reprinted in this supplement to the January 1969 issue of the American Journal of Public Health. The plan of the symposium reflects the major emphases of Falk's career: health insurance, organization of health services, and teaching and research in medical care. In "Health Services for All: Is Health Insurance the Answer?" Eveline M. Burns discusses social security and health insurance; James Brindle discusses "Prospects for Prepaid Group Practice," and Solomon J. Axelrod traces "An Historical View of the Teaching of Medical Care Administration".

Mental Retardation: a Handbook for the Primary Physician. A report of the American Medical Association Conference on Mental Retardation, April 9-11, 1964. Chicago: American Medical Association, 1965.

This publication was intended as a compact general reference on mental retardation for the "primary physician," the doctor who makes first contact with the retarded individual and his family. Includes diagnosis, prevention and management, as well as suggestions for placement and alternatives for care. Organizations with an active interest in retardation are listed in an appendix.

Milt, Harry. Basic Handbook on Alcoholism. Fair Haven, New Jersey: Scientific Aids Publications, 1967.

A basic text on alcoholism, its causes and treatment. Includes theories on the nature of alcoholism, physical basis of alcoholism, and acute and subacute alcoholism treatment programs.

Muller, Charlotte. "Health At What Price? Some Notes For Comprehensive Health Planners," American Journal of Public Health, 59: 651-56, April 1969.

What is the relation between the pricing of health services and the structure of the system for their provision and delivery? This paper explores the question with respect to hospitals and related facilities and concludes that the stage may have been set for the intense application of capital and technology to hospitals.

Muskie, Edmund S., and others. "Health Services At All Levels of Government: Desirable Structure and Relationship," American Journal of Public Health, 58: 2198-2208, December 1968.

These three papers provide a revealing and useful view of how public health is seen by some political decision-makers. Recommendations are supplied for change in organization and delivery of services.

Myers, Beverlee A. Trends and Issues in Medical Care: Implications for Social Services. Unbound paper, 1968.

Paper prepared for the Task Force on Organization of the Social Services by the Special Assistant to the Chief, Health Services Organization Branch, Division of Medical Care Administration, DHEW, describing current trends and issues in medical care that have implications for the future organization of social services. The impact of trends is discussed under five topics: Development of social policy for medical care; Planning and development of health care systems; Delivery of health services; Health manpower and professional education; Social control of medical care utilization, costs, and quality. Stress is placed on assertion that "comprehensive health planning must incorporate and be related to more general social service planning at the State levels."

National Advisory Commission on Health Manpower. Report of the National Advisory Commission on Health Manpower. Volume I and II. Washington: November 1967.

The Commission outlines trends in health services and health manpower, including supply of physicians, dentists, nurses, etc., and trends in the education of health professionals. Specific recommendations are concerned with the quality and quantity of health services, conserving resources, improving hospital efficiency, and controlling the utilization of hospital and physician services. A high priority is suggested for experimental programs for disadvantaged groups incorporating existing methods of medical care, and for the extension and development by professional societies, health insurance organizations and government of a variety of peer review procedures in maintaining high quality health and medical care. Several recommendations are made concerning foreign medical graduates. Volume II contains a description of the Kaiser Foundation Medical Care Program, and the legal regulation of health personnel in the United States.

National Commission on Community Health Services. Action-Planning for Community Health Services; a report of the Community Action Studies Project of the National Commission on Community Health Services. Washington: Public Affairs Press, 1967.

This report provides an overview of the work of the Community Action Studies Project which organized a program

of studies across the nation aimed at gaining insights into the dynamics of community action. In studying what 21 cooperating communities did through their own efforts to organize acceptable community health programs, CASP recorded the sounds and activities of many workers who participated in the nationwide program. The material is presented in four chapters: (1) How We Listened -- the CASP listening process, organizing the questions, (2) What We Heard -- findings from the studies and from the leaders, (3) Today's Sounds, Tomorrow's Music -- self-study as an action process, and (4) Postscript From Staff -- suggestions for further research.

National Commission on Community Health Services, Changing Environmental Hazards; challenges to community health. Report of the Task Force on Environmental Health of the National Commission on Community Health Services. Washington: Public Affairs Press, 1967.

The Task Force on Environmental Health studied in depth the well-known factors of water supply and liquid waste disposal, air pollution, radiological hazards, solid wastes, food and milk contamination, occupational health, animal and plant hazards, and the special concerns of poison control, drugs, pesticides and noise. Recommendations stressed the importance of the health agency's involvement in environmental problems, specifically, that "Whenever a public health service in which the protection of community health is an important objective is administered by another agency, the public health agency has responsibility for establishing the program's standards and for assuring the enforcement of these standards". The public health agency can be expected to have responsibility varying from direct service to standard setting in a number of areas, including water supply, pollution control and liquid waste disposal, air pollution control, solid waste disposal, food and milk sanitation, etc.

National Commission on Community Health Services. Community Structure and Health Action; a report on process analysis, by Robert N. Wilson. A report of the Community Action Studies Project of the National Commission on Community Health Services. Washington: Public Affairs Press, 1968.

This report of the Community Action Studies Project discusses a survey of 21 communities which cooperated for nearly four years with the Commission in self-surveying their activities en route to health improvement objectives. Community activities were closely scrutinized as they proceeded by a technique called "process analysis" which was developed as a research effort of the CASP and was intended to answer two basic questions -- (1) What

features of community social structure or health study organization contribute to the success or failure of a self-study, and (2) How do unique qualities of the local community modify the shape of a self-study and the potential capability for voluntary health action. Four major foci of concern in the study were leadership structure, community problems, decision-making, and self-study conduct. Dr. Wilson believes that the device of process analysis "offers hope that the dynamics of community structure and decision-making can be teased forth," for objective study.

National Commission on Community Health Services. Comprehensive Health Care; a challenge to American communities. Report of the Task Force on Comprehensive Personal Health Services of the National Commission on Community Health Services. Washington: Public Affairs Press, 1967.

The Task Force on Comprehensive Personal Health Services, charged with the responsibility of establishing general principles and specific proposals to assure the range of personal health services attainable in the light of current scientific knowledge, recognized the components of comprehensive personal health services as: (1) General community services, (2) Individual preventive services, and (3) Medical care and rehabilitation. Specific recommendations included the gradual building of an integrated program of comprehensive health services on a community-wide basis financed from a variety of resources, placing the responsibility for bringing the individual into the integrated system on the shoulders of the physician, and providing appropriate educational opportunities and career incentives to increase the number of personal physicians.

National Commission on Community Health Service. Financing Community Health Services and Facilities. Report of the Task Force on Financing Community Health Services and Facilities. Washington: Public Affairs Press, 1967.

The Task Force on Financing Community Health Services and Facilities was organized in 1964 and charged with the responsibility of recommending improvements in the pattern of financing community health services. Trends, issues, and recommendations are illustrated with charts and supported with figures throughout the text and specific recommendations made concerning the financing of health departments, grant-in-aid, hospitals (including operating expenditures, income, capital expenditures and sources of revenue) and personal health services. Among the more general recommendations, it was urged that the entire nation have public health units which might include city, county, city-county, multiple county or special region organization, and that primary responsibility for financing public

health services be vested with the states and their local political subdivisions, with Federal financial participation utilized as necessary.

National Commission on Community Health Services. Health Administration and Organization in the Decade Ahead. Report of the Task Force on Organization of Community Health Services of the National Commission on Community Health Services. Washington: Public Affairs Press, 1967.

The objectives of the Task Force were to develop guidelines for community leaders to organizational arrangements for health which possess sufficient authority and which can achieve optimum coordination of comprehensive health services. Among the recommendations concerning planning, the Task Force recommended the establishment in each state of a State Health Policy and Planning Commission, responsible to the Governor, with primary responsibility for health policy formulation and long-range goals and priorities, and in urban centers, the establishment of a single health planning unit. Concerning official operating units, it was recommended that each state develop a single, strong, well-financed and professionally staffed official health agency and that the trend toward gradual withdrawal of the state from direct provision of personal health services and operation of health care facilities be supported by increased purchase of services from accredited community resources.

National Commission on Community Health Services. Health Care Facilities; the community bridge to effective health service. Report of the Task Force on Health Care Facilities, of the National Commission on Community Health Services, Washington: Public Affairs Press, 1967.

This report of the Task Force on Health Care Facilities examines and assesses present health care facilities and their changing roles and functions, including standards, licensure and patterns of organization. Trends in the health care system as a whole and projections of future characteristics of facilities are discussed at length with specific recommendations offered to community leaders as a guide to the development of action programs.

National Commission on Community Health Services. Health Is A Community Affair; report of the National Commission on Community Health Services. Cambridge, Massachusetts: Harvard University Press, 1967.

This comprehensive report of the National Commission on Community Health Services discusses the work of the Commission as a whole, including the composition of six task forces and 21 community self-studies, raises critical

issues and takes unequivocal positions but does not specify in detail the methods of implementation. Critical issues include comprehensive personal and environmental health services, the role of the consumer, health manpower, the places for personal health care, organization and management of resources, the role of the governments, and the place of volunteers.

National Commission on Community Health Services. Health Manpower; action to meet community needs. Report of the Task Force on Health Manpower of the National Commission on Community Health Services. Washington: Public Affairs Press, 1967.

The Task Force on Health Manpower was charged with determining the most effective and efficient methods of providing the manpower required for community health services in the United States. A discussion of manpower resources and trends, recruitment, and education and training of health manpower follows a summary of the Task Force project and major recommendations. Recommendations stress, among other things, the need for increasing the numbers and kinds of allied and auxiliary health personnel; the recruitment of qualified administrators, not necessarily physicians, for planning and administering health service programs; the desirability of public education and consumer involvement; and the recommendation that educational programs for the health occupations in two-year colleges be expanded and developed as rapidly as possible.

National Commission on Community Health Services. The Politics of Community Health. Report of the Community Action Studies Project, National Commission on Community Health Services. Washington: Public Affairs Press, 1968.

One of several reports of the Community Action Studies Project (CASP) which was developed for the basic purpose of analyzing the processes of community action for health and identifying what responsible people can do to improve their health services. Twenty-one cooperating community groups throughout the nation conducted self-studies of their own health services while a concurrent analysis of the processes was made by CASP staff. This special analysis of the politics of community health planning was based on a study of select cases of reputed success experiences in health action programs. Research methods are described and findings reported with conclusions drawn from the author's particular analysis. The political dynamics of four communities (San Mateo, California; Rochester, New York; Cincinnati, Ohio; Lincoln, Nebraska) and one state (Maryland) are described in detail.

National Pharmaceutical Council, Inc. The Delivery of Health Care Services. Washington: The Council, 1968.

A symposium presented by the National Pharmaceutical Council, Inc. on trends and approaches to the delivery of health services. Topics include the role of the pharmacist on the health care team, the medical foundation approach to health care service, and the public education of physicians and the public. A question and answer style is used in the majority of papers.

New York Academy of Medicine. New Directions in Public Policy for Health Care; the 1966 Health Conference. New York: The Academy, 1966.

Proceedings of the 1966 Health Conference of the New York Academy of Medicine which focused on trends in health care organization and public policies. The subjects of specific papers included: (1) The Advent of Governmental Health Insurance: Present Problems and Future Implications, (2) Health Care and Poverty: What are the Dimensions of the Problem?, (3) Programs for Regional Coordination and Integration of the Health Services: Planning and Practice, and (4) Staffing for the Expanded Health Programs: Problems of Utilization and Supply.

Pennsylvania. State and Local Welfare Commission. A Reallocation of Public Welfare Responsibilities. Pennsylvania Department of Public Welfare, Harrisburg: May 1963.

Report of the State and Local Welfare Commission of the State of Pennsylvania to the Governor of the Commonwealth on a plan for the reallocation of public welfare responsibilities and the restructuring of the State Department of Public Welfare so that all public welfare services can be made available at the local level through a single local agency. The local administrative unit is described as well as the structure of the Department of Public Welfare. State-county financial relations and alternate financing arrangements are outlined.

Polk, Lewis D. "Areawide Comprehensive Health Planning: The Philadelphia Story," American Journal of Public Health, 59: 760-64, May 1969.

This paper offers a case study of some problems encountered and handled in the course of turning comprehensive health planning from intent into reality. Not all problems have been solved, but first steps were taken to develop a structure for planning in the Philadelphia metropolitan region.

Reuther, Walter P. "The Health Care Crisis: Where Do We Go From Here?" American Journal of Public Health, 59: 12-20, January 1969.

In answer to the question, "What Are We to Do?", Mr. Reuther in the Bronfman Lecture for 1968 makes specific concrete proposals intended to bring equity in health services for the American people. He recommends that the illusion that there is a health care system in America be discarded, that a system of national health insurance be developed, that public understanding be raised and mobilized for support of this goal, and that services paid by insurance be as comprehensive as practical, emphasizing protection of health rather than payment for sickness.

Roemer, Milton I. "Planning Health Services: Substance Versus Form," Canadian Journal of Public Health, November 1968, pp. 431-437.

World trends and developments in planning health services are enumerated focusing on Canada, the United States and Russia. Approaches for planning concern disease categories, categories of persons, and the defined agency, though none of these in the author's view meets the requirements of comprehensive health planning. The community approach, the effective and efficient provision of several types of service in communities, constitutes the substance of planning.

Segal, Martin E. "Title 19: It Can Only Get Better," Medical Economics, 45: 86-91, January 8, 1968.

The program to aid the medically indigent is winning no popularity polls among doctors or patients; comparative data on 37 states.

Smith, Richard A. and James E. Banta. "Global Community Health-- A "New" Health Direction," American Journal of Public Health, 59: 1713-19, September 1969.

This article contends that the United States is no longer isolated from the rest of the world community and from health problems occurring around the globe. Direct and indirect effects of our overseas activities on the well-being of Americans are identifiable, and the first step in dealing with these effects is to recognize the areas of greatest impact, such as health manpower, research, epidemic prevention, and others.

Snoke, Albert W. "The Unsolved Problem of the Career Professional In the Establishment of National Health Policy," American Journal of Public Health, 59: 1575-88, September 1969.

This paper calls attention to the fact that the health crisis in the United States is not just a matter of organization of financing, or the participation of unrepresented consumers. It is all of these, but equally critical is the problem of health policy and the role of the health professional in shaping it.

Somers, Anne R. "An Overview of Trends and Issues," Milbank Memorial Fund Quarterly, 46: Suppl: 13-31, January 1968 (Part 2).

The author enumerates major socioeconomic developments that have enlarged and expanded the need for medical services and the altered nature of public demands, i.e., population increase, over-65 population, rising proportion of non-whites in the population, rise in income levels, etc., together with the major developments in the science, technology and organization of medical care, i.e., growth of specialization among physicians, steady decline of solo private practice, etc. Under a section entitled, "Changes in the Financing of Medical Care," the development and limits of private health insurance and the expansion of public medical care programs are discussed. The author also raises many questions pertinent to the problems of financing and organization without attempting to provide specific answers. She does believe, however, that the public is committed to a pluralistic approach to governmental medical care programs, as well as to a public-private "mix".

State Health Department: Summary of American Public Health Association Policy Statement. American Journal of Public Health, 59: 160-2, January 1969.

A condensed version of an official policy statement adopted by the Governing Council of the American Public Health Association. Recommendations are made on the relationships between the state health department and state government, state professional associations and voluntary agencies, local health bodies, the Federal government, etc., and on the proposed functions of a state health department.

Task Force on Environmental Health and Related Problems. A Strategy For A Livable Environment; a report to the Secretary of Health, Education, and Welfare by the Task Force on Environmental Health and Related Problems. Washington: June 1967.

The Task Force recommended that the Department of Health, Education, and Welfare concern itself with ensuring that Americans can thrive in an attractive, comfortable, convenient and healthy environment by controlling pollution at its source, reducing hazards, converting

waste to use, and improving the aesthetic value of man's surroundings. Specific recommendations for achieving these goals are discussed in detail, and the Secretary is urged to develop an environmental protection act which would contain the authority needed to implement the major recommendations of the report.

Task Force on Organization of Social Services. Services For People. Report of the Task Force on Organization of Social Services (to the) U. S. Department of Health, Education, and Welfare. Washington: October 15, 1968.

A preliminary report of the Task Force to the Secretary of Health, Education, and Welfare considering alternative methods of delivery and organization of social services in the United States. Several recommendations are made, including priorities on new or expanded allocations to poor people, children, and youth; the separation of cash assistance under public assistance from social services; and encouragement of social services through non-profit and private-for-profit organizations as well as through government organizations.

Troupin, James L. "Medical Care and Public Health in Finland, Soviet Union, Czechoslovakia, Yugoslavia," American Journal of Public Health, 59: 705-10, April 1969.

An overview of health care in four European countries is presented. It focuses on a significant point, the integration of medical care with public health services, and indicates the similarities and differences in their organization.

White, Kerr L. "Organization and Delivery of Personal Health Services; Public Policy Issues." Milbank Memorial Fund Quarterly, 46: Suppl: 225-58, January 1968 (Part 2).

This paper examines some of the alleged defects in the present personal health services system, states various assumptions that might condition changes, and sets forth specific proposals designed to improve these services. Concerning the issue, for instance, of who should be responsible for organizing the personal health services within each political or geographic jurisdiction, the author specifically recommends that a program of awards for career health services administrators be instituted by the U. S. Public Health Service and that each state have a State Health Policy and Planning Commission to advise the governor on health planning. The relation of the medical school and university hospital and of Federal assistance and training to a health care delivery system is discussed at length.

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