"New" Health Planning for the New Millennium

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The 1990s have witnessed revived interest in community-wide health planning in the United States. After two decades in hiding, the "p" word is starting to come "out of the closet." This is evidenced by the increase in the number of planning citations in the literature, including Internet listings. It is evidenced by sessions being offered at professional meetings and by the amount of public discussion that is now occurring. Most important, it is evidenced by activities on the part of both public and private entities who, while perhaps not using the term, are acting as if they were "planning."

The reasons for this renewed interest are complex and reflect the changing nature of the health care system itself. Among the factors drawing attention to health planning are:

1) an emphasis on local, community-based approaches to health issues;

2) obvious failures of the laissez-faire approach applied to health care;

3) identified deficiencies in public health;

4) the abuses and excesses that have occurred in the private sector;

5) the costs of providing health services under current conditions;

6) increasing numbers of mandated services at the state level; and

7) the perceived ineffectiveness of the health care system overall.

And certainly, the attention (and the threat of legislation) brought to the topic by the Clinton administration's ill-fated health care reform initiative has been a contributor to renewed interest in the public and private sectors.While many may welcome this renewed interest, it is not appropriate to think of contemporary health planning as a revival of the comprehensive health planning movement of the 1960s and 1970s. Just as the medical care of the 60s and 70s does not represent an appropriate metaphor for today's health care environment, the traditional approach to health planning has little place in today's health care world.The health care environment has clearly changed in many ways and an extensive laundry list of developments to describe the new health care context could be drawn up. The overriding theme of these changes, however, is represented by the paradigm shift from an emphasis on "medical care" to an emphasis on "health care." In fact, the very definitions of health and illness have changed. This shift has led to a different way of looking at health care and to the demand for a different type of health services planning. The following table presents, from the perspective of this observer, examples of the manner in which the old planning differs from the new:

Characteristics of "Old Planning" and "New Planning"

New Planning	Old Planning
Control disease	Manage health
Maintain control	Provide direction
Reactive approach	Proactive approach
Top down policy flow	Bottomup policy flow
Narrowly comprehensive	Broadly comprehensive
Bureaucratic	Democratic
Federally initiated	Locally initiated
Politicized	Systematized
Narrowly-defined outcomes	Broadly-def'd-outcomes
Fragmented approach	Coordinated approach
"Public" only involvement	Public/private cooperation
Formalistic approach	Practical approach
Isolation of health	Integration of health
Facilities/services outcomes	Health status outcomes
Utilization-based standards	Needs-based standards

One example of the above might suffice to illustrate the point. An assumption of the old planning was that one can "manage" the health care system by controlling the supply of facilities and services. Hence, the emphasis was on guidelines by which the need for facilities was determined with little consideration for the implications of these guidelines for the health status of the affected population. The effective-ness of the process was measured in terms of the extent to which the number of facilities, services, and practitioners fell within the stated parameters. The new planning, on the other hand, sees the manipulation of the supply of facilities and services as only one tool for attaining the true objective of the planning process&emdash;improved health status for the affected population, conceding, in fact, that other factors may actually be more important to the process. At the inception of the comprehensive health planning act in the 1960s, planning as an art and science was not well developed. There were few individuals with the skill to develop a planning process and few models to emulate. Today, the art and science of planning has been considerably advanced&emdash;albeit not in healthcare. Nevertheless, planning know-how and technical expertise is much more available than at any time in the past.Traditional health planning was initiated in a data-poor environment. This is not to say that health care organizations were not generating data, they were. However, the data that was generated tended to be proprietary for the most part and inaccessible to planners or the general public. There was little in the way of national databases while federal and state governments were decades away from making their data readily available. Today, access to data, although far from perfect, is much improved.

Finally, traditional health planning emerged in an environment with virtually no technological support. These early initiatives predated computers by ten years and desktop systems by twenty years. Without these technical resources there could be no database management systems and no geographical information systems. With these resources, the ability to effectively plan becomes

closer to a reality. Not only are computers ubiqitious today, but software applications bring complex data management within the reach of individuals with limited computer skills. This is not to say that the data management issues of health planning have been resolved, but it does mean that the technical resources for addressing them exist today when they did not in the past.

The enthronement of a new planning approach is far from a fait accompli, and there are many issues to be addressed. However, unlike the traditional planning approach whose assumptions doomed it to failure, a foundation is being laid that should provide a solid basis for the development of an effective approach to health planning for the new millennium.