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STRATEGY TO IMPACT UPON HEALTH PLANNING LEGISLATION

from:

The National CAA Legislative Forum Health Subcommittee

by:

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November, 1975

STRATEGY TO IMPACT UPON HEALTH PLANNING LEGISLATION

BACKGROUND

On October 18, 1975, HEW published the final regulations for the Health Planning Act of 1974. The National CAA Legislative Forum Health Subcommittee, herein referred to as Committee, has been hard at work in analyzing those regulations. As susal, if CAAs are to impact on health planning and its millions of dollars, they must move very quickly.

This document is meant to provide you with a detailed, step-by-step recommended process to follow to impact upon the local health planning system. Most health planning agency areas will be expanded under the new legislation, thus creating new entities, but in some instances, this will not be the case.

Applications must be submitted to HEW for health agency designation by January 19, 1976, although there is another deadline of April 16, 1976, that can be met. However, if an application is received on or before January 19, 1976, that is acceptable, it will cancel out the application that is pending for the April 16 deadline! The Committee has taken issue with this and other fallacies within the regulations and has submitted comments directly to HEW via the Legislative Forum and the National CAP Directors Association prior to November 17, 1975. That information should be forthcoming to each of you shortly. In the interim period, however, a great deal of activity can take place, and should take place, prior to conditional designation of the health service agency sometime in early 1976.

Armed with this information and the proposed regulations, the Committee has outlined one goal for CAAs, three objectives, and some specific methodologies to accomplish the objectives. Please keep in mind that these are only minimum suggestions, and based upon your own local situation, additional strategies may, or may not, have to be included.

GOAL

To summarize the issues related to the HEW regulations governing the Health Planning Act of 1974.

OBJECTIVES

1. To provide information to CAAs that will allow for options for CAA involvement in health planning.
2. To identify specific issues and potential problem areas within the proposed regulations.
3. To recommend specific strategies to impact upon the above-mentioned issues and problem areas.

METHOD/STRATEGIES TO ACHIEVE THE ABOVE OBJECTIVES

1. Be knowledgeable. Do your homework.

First, stick with existing health planning agencies to determine the status of the new health planning body. You can be sure that they have the information, and if they are uncooperative, then the Committee recommends a direct contact with the Governor's Office. If that should fail, HEW regional offices are required by law to provide you with the information.

Questions that can be raised are: If a new entity is to be formed, what is the selection process for board member participation? Is the new health planning agency going to be a public body or a private, non-profit? Is there a recommended list of names of potential board members currently in existence and, if so, who makes the final selection? When will public hearings be scheduled on the new proposed local health planning agency? Who is the contact person at the local level for information on the new health planning agency?

There is a great deal of information that has been printed so that you can familarize yourself with the Health Planning Act of 1974. Any Congressman's office can get you copies of PL 93-641, which is the Act itself. The Federal Register of October 17, 1975, carries the proposed regulations as developed by HEW. The National Center for Community Action (NCCA) has published an analysis of the Health Planning Act. Most states already have developed the map outlining the health service areas. This is very important, because in many cases, the health planning area has expanded and there will be a need for close examination of those boundaries so that all CAAs will know who fits within those boundaries. In many cases, more than one CAA will be within a health serive agency area. However, on October 28, NCCA published a special report on the analysis of the proposed regulations of October 17. If you do not have copies of this, please contact Mr. Jake Bair, at the Center and we are sure that he will cooperate.

With all of this information, you should be able to accomplish Objective No. 1.

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With all of this information, immediate coalition building should start at the local level. Obviously, many other community-based organizations are going to be left out of the health planning process, since boards only encompass 30 members, 14 of whom must be providers. And there are only 16 slots left. You can be sure that other health-related organizations will be invited to participate on this board, to include other key members of the community. Therefore, it will be no easy task for members of the poor and/or their representatives (such as CAAs) to get on these boards in many instances. If you have the information, and make it available to the other agencies and organizations and strategize together on how you will impact upon the health planning agency, you can be effective! The Committee highly recommends this course of action as a strategy to enhance Objective No. 1.

SPECIFIC PROBLEMS - SPECIFIC ISSUES

The NCCA special analysis states that the great weakness of the regulations is that they do not prescribe enough specific activities in the area of board selection process, notification of public hearings, and involvement of the public in the creation of HSA work programs. The Committee has agreed with this general analysis, but more specifically, the Committee states that there is a need for consumer training, not only of the board members of the HSA, but also the general public at large to be knowledgeable about the Health Planning Act and its intent. Although HEW plans to develop some type of consumer training for HSA board members, via ten regional training centers, the Committee feels training can best be accomplished at the local level by other community-based organizations who can contract with the HSA for training purposes.

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CAAs with training capabilities, should prepare an application to be submitted to the local health planning agency for training. That is, CAAs could very well be involved in training the consumer representatives of the local health planning boards who will now be involved in the new legislation. In cases where the entire State will be covered by a State-wide health planning agency (there are 11 such states currently being designated in this fashion), we would suggest that State-wide CAP Directors Associations, attempt to develop a training contract with the State-wide HSA. In any case, CAAs with training capabilities should attempt to subcontract with the local HSA to train consumers. In addition, the CAA could also work with, and train other community-based organizations in the health planning act and the local HSAs plans and progress.

SUB-AREA COUNCILS

It is absolutely essential, in the Committee's opinion, that sub-area councils be formed to impact upon the HSA! HEW has discouraged the formation of local sub-area councils by requiring the HSA staff must establish the right of the HSA to set up sub-area councils. Specifically, the regulations state that a "detailed description of the need for and proposed use of sub-area councils must be established". We interpret that as a deterrent to the formation of HSA sub-area councils, because most HSA staff will not want to be bothered with the time and effort to justify the need for sub-area councils. The Committee has challenged the proposed regulations in this regard, however, CAAs must be sure at the local level, that some sub-area councils are formed, and in fact, the CAA should be an integral part of that sub-area council, if it cannot find a way to impact upon the HSA membership.

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Public hearings must be held on the designation of the new HSA. The question of whether or not the HSA will formally recognize sub-area councils should be raised at this public hearing as a matter of record.

The coalition building that we spoke of previously, becomes very important here. If a number of other community-based organizations, who are not being represented on the HSA board, should join with the CAA, a powerful argument can be raised for the use of sub-area councils.

Perhaps the greatest argument for the proposed use of sub-area councils is that they involve a broader-based consumer constituency that cannot serve as part of the 30-member board. The Committee suggests that this point be hammered home with the news media, who are probably very strongly in favor of local control/local determination. If this, in fact, is to be a reality, the use of sub-area councils could promote such a function. Be sure that the HSA formally recognizes the sub-area council by name and organization. The fact is that, in many areas throughout the country, sub-area councils are being used very effectively and that the sub-area

council would be the only vehicle for bringing the discussion of health planning to the neighborhood level. This is a strong argument with local media who are very much in favor of local determination and local control. The CAA can even prepare the detailed justification for the use of sub-area councils for the HSA.

PROCESS FOR SELECTING MEMBERSHIP OF THE HSA BOARD

There is a potential problem that many of the HSA board memberships have already been "selected" from previous health planning agencies boards. As you know, up to 60% of the new local HSA boards must be made up of consumers and the law is very specific in that definition of a provider, which opens up the door for other consumer representatives on the new proposed health planning boards. This significant shift results from Congress's unhappiness with the previous health planning systems which was pretty much geared to provider interest. It should be recognized that the same dangers are inherent in the new legislation, because of this interpretation by local health planners and by HEW officials.

HEW has not set any minimum criteria for board representation supposedly to leave it "flexible" for local determination, and in this flexibility, there is a danger that the vested-interest groups will again dominate the health planning boards.

CAAS SHOULD ATTEMPT TO BE PLACED ON THE LOCAL HEALTH PLANNING BODIES AS REPRESENTATIVES OF THE POOR, UNDER THE CONSUMER PARTICIPANT SECTION. In the event that a CAA is a provider of health services, then that CAA should attempt to be seated under the provider section of the entity. If those CAAs can serve as providers, the consumer representatives of the board could very well be constituents of the CAA.

CAAS SHOULD EXAMINE VERY CLOSELY THE PROPOSED MEMBERSHIP LIST OF THE LOCAL HSA TO ENSURE THAT LOW-INCOME REPRESENTATION, EITHER THROUGH THE CAA, OR BY DIRECT PARTICIPATION OR THE POOR, IS INCLUDED ON THE HSA BOARD.

Last, but not least, it may be necessary to <u>legally</u> challenge the membership selection process at the local level. Again, the coalition concept is a good one, since most other agencies will not be invited to present names for consideration and selection to the local HSA board in many areas. If legal action is done through a coalition of agencies, including several CAAs who might be banded together within a HSA area, some impact on behalf of the poor will undoubtedly be recognized. Again, the Committee stresses that this is a final action that must be considered, but one that must be considered nonetheless.

CONSUMER TRAINING

We are very much concerned about consumer training as a potential problem and specific issue. Conflicting information from HEW would indicate that training might be eliminated as a top priority. It is the Committee's feeling that, if 60% of the new entity is to be made up of consumers, most of whom are lay people, without knowledge and background of health and the intent of the new legislation, the training must be the top priority of the new entity for a period of time. HEW is also saying that the new entity must use its own resources to provide training, thus again discouraging, in our opinion, that training from becoming a top priority. Again, the danger of manipulation by health professionals and provider groups is inherent unless there is a strong training component connected with the consumer aspects of the board. In fact, it is the Committee's feeling that consumers and providers should be trained together, and separately.

In addition, we feel that HEW should provide substantial resources for consumer training in the community. As we all know, board membership changes from time to time and, unless there is a continuous process of training new members or potential new members, the training aspect, the consumer advocacy aspect will soon be lost.

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First, each CAA should try to develop a training contract with their local HSA, to train the consumer elements of the board and the provider elements on the board on the intent of the new HSA legislation. The training model should be developed in conjunction with the new HSA staff, but training should be accomplished by the CAA. This then gives cridibility to the HSA in that they are not going to be accused of conflict of interest in doing the training themselves. In short, the "vested interest" on the HSA staff will be nullified, if an outside agency does the training! It is our opinion, that the proposed ten regional training centers will not be able to successfully provide consumer training for local HSA groups fast enough, or often enough, although they are certainly a resource that could be utilized as a backup

center to assist the local training mechanism.

Again, as a strategy, develop coalition support for your proposal. If a number of agencies support your training proposal, it should enhance your efforts to be involved in the health planning training.

HEALTH NEEDS ASSESSMENT

HEW is discouraging the collection of further data, however, most of the information gathered by other health planning agencies previously has dealt with information provided through provider organizations such as hospitals, and other organizations connected with health. There has been virtually no health needs assessment, as it relates to the needs and concerns of the people. CAA should examine very closely the mandates included within the law for local HSAs.

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Request all health needs assessment from your local health planning agencies and from the new HSA entity, when it is formed.

Determine whether or not citizen input is included in those plans.

Request that the local CAA be contracted with to provide a health needs assessment that speaks to the issue of citizen involvement in the needs assessment. The needs assessment should cut across the entire community social, economic, and racial populations with a special emphasis on the target area community.

HEALTH COMMITTEE SUMMARY

The public hearing on the HSA designation will undoubtedly be the most immediate thing that will take place in your area. Keep watch of it and make sure that it is posted in at least two major newspapers of general distribution. The publi hearings, and your participation in it, will undoubtedly play a large influence in whether or not you are able to impact upon the other issues as stated above.

The Committee contends that the major issues are the participation of the poor and representatives of the poor, i.e., CAAs, on the new HSA board. The consumer training aspects, the health needs assessment tool that adequately reflects citizen input into the needs assessment as it relates to the issues in health, the formation of sub-area councils, and the entire administrative process as determined by HEW for determining HSA applicants are also important issues.

The Committee hopes that the summary and the above information is of use to you as you attempt to impact on the health planning in your area. The Committee would like to hear from you on your progress, and your frustrations, in impacting upon this very important aspect of poverty-related issues. Good luck and good health! Let's see you or somebody from your organization at our next Health Subcommittee meeting!