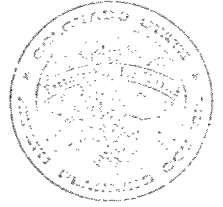


JOHN A. LOVE
Governor

JOHN W. PATTERSON
State Planning Coordinator

OFFICE OF
COMPREHENSIVE HEALTH PLANNING

700 State Capital Annex
Denver, Colorado 80203
(303) 892-2234 2035



EMMETT G. ZERR, JR.
Director

February 9, 1971

The Honorable John A. Love
Governor
State of Colorado
State Capitol Building
Denver, Colorado 80203

Dear Governor Love:

We are pleased to submit to you a summary of activities of your Colorado Health Planning Council and the major recommendations developed by Task Force study and full Council considerations.

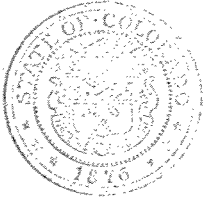
Since your Colorado Health Planning Council has been actively engaged in identifying major health problems in our State, and has involved top experts to assist us in our deliberations, we feel that the recommendations are of major importance and represent a step towards improving the health of people in Colorado.

We look forward to your affirmative reaction to these recommendations.

Sincerely,

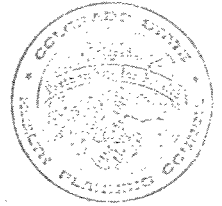
Myron C. Waddell, M.D.
Chairman
Colorado Health Planning Council

MCW/fr
Encl.



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JOHN A. LOVE
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COMPREHENSIVE HEALTH PLANNING IN COLORADO

1970

Brief Background History

In July, 1967, Governor John A. Love, having designated the Colorado Department of Health as the single State agency to implement provisions of Section 314 of the Public Health Service Act, as amended by P.L. 89-749 and P.L. 91-74, appointed a 39-member Colorado Health Planning Council as advisory to the State Health Planning Agency.

These appointees were selected from throughout the State and were representative of major health professions and consumer advocates. The Colorado Health Planning Council held its first meeting in October, 1967, after the September appointment of Emmott G. Zerr, Jr., M.P.H., as the State Health Planning Director.

The Council adopted the major goals and objectives of P.L. 89-749 as a direction for Colorado: "Fulfillment of our national purpose depends on promoting and assuring the highest level of health attainable for every person in an environment which contributes positively to healthful individual and family living; that attainment of this goal depends on an effective partnership involving close intergovernmental collaboration, official and voluntary efforts, and participation of individuals and organizations."

In 1967 and 1968, the activities were aimed at organizing the Colorado Health Planning Council into a communicative viable organization. Since Comprehensive Health Planning was intended to be all-encompassing and related to all health-related departments, the decision was made to transfer the Office of Comprehensive Health Planning to the Governor's Office, and to place it within the total context of planning.

Further activities were aimed at identifying the health problems within the State. Fragmentation, duplication, and lack of coordination between all sectors were identified as major faults in the delivery of health care. Major attention was focused on establishing goals and objectives that would result in resolution of these problems and, at the same time, provide for the most efficient and effective use of available health dollars.

In the beginning of 1969, serious concerted efforts were initiated to form local and areawide Health Planning Councils. This concept was not only mandated by P.L. 89-749, but seriously supported as a means by which local self-determination of health dollar use could be made.

In the Spring of 1969, the First Statewide Conference on Comprehensive Health Planning was held in Vail, Colorado. Over 200 people, representing all regions of our State, were introduced to the concept, ideas, and meaning of Comprehensive Health Planning. The local representatives went back to their own communities and became actively involved in promoting this concept. Colorado now has Health Planning Councils in every region of our State with the exception of Planning Region Five.

The Colorado Health Planning Council, recognizing the difficulty with which Comprehensive Health Planning could be perceived, instructed staff to prepare a Framework for Comprehensive Health Planning. Later that year, Council reworked, adopted, and unanimously approved the Colorado 5 x 5 Framework for Comprehensive Health Planning. This concept has received national recognition and, even more important, has been accepted by all of the working Health Planning Councils in our State.

The five Task Forces, outlined in the 5 x 5 Plan, have been established with subcommittees formed in each Task Force on specific problems. All of these Task Forces are working diligently to identify health problems in their respective area, and recommending solutions so that better health care can be provided to all our citizens.

With acceptance of the 5 x 5 Framework for Comprehensive Health Planning, local Health Planning Councils are looking at their own communities in the same light as the Colorado Health Planning Council is looking at the State. Guidelines for local Task Force planning have been developed by the respective Task Forces on Health Education, Environmental Health, Prevention, Acute Care, and Chronic Care.

With the ultimate goal of developing a Comprehensive Health Plan for Colorado, local Health Planning Councils are being encouraged and assisted in identifying health problems that exist in their own community. The Comprehensive Health Plan for Colorado is visualized as being a composite of recommendations of Health Planning Councils throughout the State. This is an issue-focused approach; however, the activities of the Research Unit of the Colorado Office of Comprehensive Health Planning is developing back-up data that is basically supportive of those issues being identified at the local level.

The five Task Forces, with their working subcommittees, have identified and substantiated some major problems and have made recommendations which were then submitted to the Colorado Health Planning Council for action. These recommendations were presented at the Second Annual Statewide Conference on Comprehensive Health Planning in Boulder, Colorado, in November, 1970. All regions were represented and all 165 attendees were considered as a part of the total membership. Recommendations were presented to the membership as a whole, were voted upon, and unanimously adopted.

These recommendations represent the result of hundreds of volunteer man-hours from experts and consumers who are serving on the Task Forces. The Colorado Health Planning Council noted that these recommendations required the support of the Governor and the State Legislature in order to bring about an improved status of health in Colorado.

The recommendations are as follows:

ACUTE CARE:

Since some Colorado hospitals, hospital medical staffs, and hospital boards of trustees have denied staff privileges to qualified and licensed doctors of Osteopathic Medicine, thereby making unavailable health care service in time of shortage, therefore:

1. Be it recommended that no licensed physician should be disallowed staff privileges based solely on his degree in any hospital or health care institution. This is recommended so that the maximum amount of patient health care can be distributed in all facilities to the fullest extent possible. The hospital physician staffs should be reminded that the American Medical Association, American Hospital Association, and other programs consider both M.D.s and D.O.s qualified to practice medicine in a hospital within the limitations of their specialty and training.
2. Since uncontrolled health facility construction has resulted, in some instances, in under-utilization of available bed space, it is recommended that legislation requiring a Certificate of Need for Health Facility Construction be supported by the Legislature of Colorado.

3. The Health Careers Council is presently operating on a limited budget and, as a consequence, confining its activities to Denver. Since recruiting is an important part of any health manpower scheme, it is recommended that the State of Colorado give wholehearted encouragement and explore the possibility of lending financial support to the Health Careers Council in order to expand its role Statewide and make it more meaningful.

HEALTH EDUCATION:

It has become increasingly apparent that not all persons are knowledgeable about health with a resultant inability to use the health system efficiently and effectively. If Colorado is to improve its health status, the next generation must be educated as to what health is.

In order to improve the health status through education of the next generation, it is felt that a comprehensive health education curriculum should be taught in Kindergarten through Grade 12. Such instruction should go beyond sex education and drug abuse, and should teach a child how to get into the health system and how to use it to his best advantage.

In order to bring about a higher level of education in health, it is, therefore:

1. Recommended that a bill be proposed to the State Legislature supporting the employment of certified health educators who would be made available to every school district in the State. It is further recommended that such a program be initiated in the Fall of 1971, and be extended and expanded over the next three to five years until every school district is staffed with certified health educators.
2. Recommended that the State Team on Drug Abuse Education provide inservice training programs for institutions of higher education and continuing education by June 30, 1971.
3. Recommended that institutions of higher education and continuing education be adequately funded in order to provide undergraduate and graduate level courses in health education.

ENVIRONMENT:

The Task Force on Environmental Health, Radiological Health Subcommittee, after considerable study of exposure to radiological hazards, using the criteria of the greatest number of people affected, has determined that adequate controls need to be provided whereby exposure can be reduced to a safe level.

1. Recommended that approval be communicated to the Committee on Labor and Public Welfare and to our elected representatives in the United State Congress approving the concept of licensure of medical radiologic technologists on a national level as a means of controlling personal exposure to x-radiation.

If federal action is not taken by the end of 1971, the Colorado Health Planning Council endorses some means of control of medical radiologic technologists on a State level.

2. Recommended that support be given to the Colorado Department of Health in its continuing investigation of the indoor radon problem in Colorado.
3. Recommended that the Governor immediately establish an independent committee who would be responsible for the fire hazard evaluation of the Dow Plant Facility, and the committee's findings be made known to the people of the State of Colorado forthwith.

The first effort of this committee should be to seek and examine the results of all investigations that have been done. In addition, it is further recommended that in view of the potential release of toxic and radioactive materials that could result from fire, that the Governor of the State of Colorado expand the Department of Labor and Employment to include personnel whose responsibility would be to conduct periodic and continuous fire inspections of all facilities that could possibly release toxic or radioactive materials due to fire, and that a systematic report of their findings be made known to the public.

4. Recommended that the State of Colorado not approve the commercial disposal of radioactive wastes in trenches. Further recommended that the AEC investigate the disposal practices of radioactive waste producing facilities and that the results be made public.

CHRONIC CARE:

In reviewing the health care system of Colorado, it has become increasingly evident that a model health care system needs to be devised which would make maximum use of existing health facilities, services, and manpower. A pilot project is proposed which could demonstrate the feasibility of such an approach, which could then be applicable to all regions of the State.

1. Recommended that the Governor and the legislature of Colorado support the Colorado Office of Comprehensive Health Planning and the Colorado-Wyoming Regional Medical Program in their application for federal demonstration funds.

PREVENTION:

The Colorado Health Planning Council feels that a coordinated effort should be made to extend the health benefits of fluoridation to all communities within the State regardless of population or geographic location.

1. Recommended that necessary funds be secured to assist communities in the initial installation of fluoridation equipment when the cost of such installation poses an economic barrier.
2. Recommended that training programs for water plant operators be held at least annually to ensure that an optimal amount of fluoride is maintained in the water system. The Colorado Department of Health could provide such short-term training courses in conjunction with its already functioning education program.
3. Recommended that an intensive educational campaign be conducted to reach the persons who are in a position to make decisions regarding fluoridation for their communities.
4. Recommended that the Colorado Department of Health -- Dental Health Section -- be designated as the agency to coordinate the activities necessary for the implementation of statewide water fluoridation.

AREAWIDE HEALTH PLANNING COUNCILS:

Recognizing the impact and potential that the local Health Planning Councils will have on the development of a State Health Plan, it becomes important that they be provided adequate assistance from the Colorado Office of Comprehensive Health Planning.

At a meeting of the Chairmen of local Health Planning Councils, the following recommendations were made and approved unanimously by the Colorado Health Planning Council. These recommendations are submitted to the legislative body of Colorado for necessary action:

1. Recommended that the State of Colorado provide sufficient funds to the Colorado Office of Comprehensive Health Planning to employ eight full-time health planners for eight functional regions of Colorado. (The Office of Comprehensive Health Planning has submitted, in its FY 72 Budget, a request for \$57,921 to support the activities of three Senior Health Planners.)

The Southwest Colorado Comprehensive Health Planning Council, located in Health Planning Region 9 (Durango and Cortez), submitted a resolution to the Colorado Health Planning Council that described existing air pollution problems and potentially greater problems in the Four Corners Region.

Power plants located in New Mexico present a potentially great air pollution hazard to Colorado residents.

1. Recommended that an air pollution control region be established in this area, and that air pollution be significantly controlled at the source.

The five Task Forces of the Colorado Health Planning Council are currently engaged in projecting short-term objectives for federal funding in Colorado for Fiscal Year 1972.