

Georgia's Approach To Elements of Planning For Administrative Action

By GUY V. RICE, M.D.

OVER THE past 2 years, members of the staff of the Health Conservation Services in the Georgia Department of Public Health have worked together in 1- and 2-day conferences on the general subject of program planning. One of the worthwhile results of these conferences is an outline of the elements of program and administrative planning. There has come about also an understanding of the importance and the usefulness of developing logical plans on the part of several divisions in the Health Conservation Services, namely, the divisions of maternal and child health, mental hygiene, crippled children, school health, and the nutrition section.

Broadly, the staff conferees agreed that the planning process may be divided into six major categories: recognition of problem, estimate of the situation, decision, operative plan, evaluation, and communications.

To help us recognize the real problem and carry out subsequent action in planning, we need to make an estimate of the situation by outlining the essential elements of information, possible action, factors that affect possible action, and the most desirable action (outline, 2).

Elements of information (outline, 2a), have been classed as trends, public interest and un-

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derstanding, pressure, political situation, resources, statistics, reports, and the overall policies and objectives. We are all caught in these situations. Either we use them to advantage or struggle against overwhelming difficulties. Regardless of local interest and understanding, progress will always be slow until nationwide public interest and understanding develop and the trends of movement can be seen. Pressure and political situation may act favorably or unfavorably. The resources to do the whole job may be lacking. If overall policies have not been established and objectives clearly defined, we cannot proceed with action to accomplish even intermediate objectives.

Accomplishing the Task

One reason why public health is in difficulties at the present time is that we have failed in properly defining our long-range objectives. We talk about chronic illness, aging, and mental hygiene but present no clearly defined objectives in these areas. By not properly outlining our objectives we are failing in our purpose.

In addition to essential elements of information, the estimate of the situation weighs possible action according to the factors affecting it. The purpose of administrative organization is to produce and sustain efficient action. By efficient action, we mean that which will accomplish our objectives with a minimum expenditure of resources: money, personnel, time.

In considering possible action (outline, 2b), it is well to list all possible action that would lead to accomplishment of our task. For example, in the control of malaria: Do we drain? Do we fill? Do we spray? Do we treat the carriers? Do we use prophylactic treatment? Do we screen houses or use mosquito nets? Do we move the people out of the area? Do we educate the general population? Do we use one or a combination of these factors?

In considering favorable or unfavorable factors affecting possible action (outline, 2c), does it cost little or much money? Does it require

Elements of Planning—An Outline For Public Health Administration

1. Recognition of problem (need).
2. Estimate of the situation.
 - a. Essential elements of information:
 - Trends.
 - Public interest and understanding.
 - Pressure (public and special interest).
 - Political situation.
 - Resources, statistics, reports, etc.
 - Overall policies and objectives.
 - b. Possible action.
 - c. Factors affecting possible action:
 - Favorable.
 - Unfavorable.
 - Capabilities.
 - Resources.
 - d. Most desirable action (use of criteria for determining priorities).
3. Decision: Who, what, when, how.
4. Operative plan.
 - a. Implementation:
 - Definition of objectives.
 - Selection of staff.
 - Definition of roles.
 - Dissemination of information.
 - Directives.
 - Instructions.
 - Supervision.
 - b. Alternate plans.
 - c. Pilot study.
5. Evaluation:
 - a. Observation.
 - b. Reports.
 - c. Measure against criteria.
 - d. Research and reviews.
 - e. Continuous redefinition of objectives.
6. Communications:
 - a. Conferences.
 - b. Memorandums and letters.
 - c. Questionnaires.
 - d. Books and other printed material.

much or little time? Does it have public acceptance? Is it a permanent or temporary measure?

Do we have the resources in personnel, time, and equipment, and does our staff have the

capabilities? Do we have the understanding? Do we have the knowledge to carry out these procedures? After looking at all possible action and factors affecting it, we can usually see which is the most desirable action to take and that this is only a small part of our decision (outline, 3).

The decision must not only state what action will be taken but by whom and when, how, and why it will be taken. When the most desirable action has been determined, an immediate decision should be made, clearly stating what action is to be taken, who will do it, when and how it is to be done, and why it should be done. Indecision, or lack of decision after the best possible course of action has been determined, is worse than a poor decision.

The Operative Plan

The operative plan (outline, 4), is concerned with three phases of development.

In the implementation of the plan (outline, 4a), it should be remembered that "no plan" gives too much freedom of action, that "too much plan" produces "no action," and that both fail to accomplish the objectives. We need, therefore, to keep in the middle of the road in the development of the operative plan. Objectives must be clearly defined and understood by all. There should be selected staff qualified to do the job required and roles clearly defined. Even minor functions need to be defined, or personnel performing them will prevent the carrying out of more important duties. It is especially important to define the roles of the various staff members in a multidiscipline organization by dividing staff and line functions.

It is important to select the number of employees necessary to accomplish the objectives which we have defined and see that they have the training and qualifications necessary to do the job. If the persons selected are not adequately prepared, they must be given training and experience.

In addition to the assignment of duties, it is necessary to disseminate information and issue clear-cut directives and instructions. Some directors may hesitate to give clear-cut directives

so as not to appear undemocratic, but their hesitation makes it impossible for the employee to make definite decisions and to take the necessary action in his field of activity. We in public health have been long on delegating authority but short in giving proper supervision.

Alternate plans (outline, 4b) are necessary in the event a rapid change is required in our plan of program development. If pilot studies (outline, 4c) are used to iron out the difficulties before proceeding with a full-scale program, we can avoid the possibility of creating antagonism which might delay the development of the program for years.

In order to continue a successful operation, it is necessary to carry out a continuous process of evaluation (outline, 5) step by step from firsthand observation to a continuous redefini-

tion of objectives. For example, in the field of mental hygiene, we need to develop criteria to determine priorities in this area and to do research in mental health practice so that we may proceed in a logical way.

Communications (outline, 6) are especially important in a democratic organization in order that each person may know the objectives, the decisions upon which operations are based, policies, overall understanding, and be able to move together.

All of the four outlined methods for keeping informed about the administration of a program should be developed completely to produce the greatest understanding in order that our action will be the logical development of the organization as a whole and will utilize to the fullest the capabilities of every worker.

PHS Staff Announcements



ENNES

Howard Ennes, executive editor of Public Health Reports since 1952, has been selected to head a new program of public health and preventive medicine, and health education for the Equitable Life Assurance Society of the United States. As of January 1, 1954, he will be associated with **Dr. Norvin C. Kiefer**, since August of 1953

chief medical director of the insurance organization and a former Public Health Service officer.

During the war period, Dr. Kiefer served with the Division of Tuberculosis. In 1948 he was assigned to the Office of the Surgeon General as the first chief of health emergency planning. He served also with the National Security Resources Board in the Executive Office of the President

and in 1949-51 was director of the Board's Health Resources Office. Until his recent appointment, he was director of the Health and Special Weapons Defense Office of the Federal Civil Defense Administration.

Mr. Ennes came to the Public Health Service in 1938 on a cooperative project in venereal disease control with the American Social Hygiene Association. His assignment with the Division of Venereal Disease was interrupted by war service in the Division of Preventive Medicine of the Navy's Bureau of Medicine and Surgery. In 1947-48, he directed a venereal disease research project for the Public Health Service at New Haven in cooperation with Yale University, and in 1948-49 was director of health education in the Erie County (Buffalo, N. Y.) Department of Health. Since 1950, he has served with the Surgeon General's Committee on Publications, latterly as executive secretary.