

Summary and Comment

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The introduction of the New Federalism by the President in January, 1973, opened a new era in federal public policy that is having a major impact on many fronts. For schools of public health the impact has been stunning. The crucial issue was that the President's budget message ended federal support through institutional grants to the schools, thereby threatening the quality of many programs and the actual existence of some schools.

As the schools reeled under the shock of that message, they responded in three ways: attempts to regain fiscal stability by turning to both local and national sources; intensification of the self-assessment that the schools had already been pursuing; and further development of education, research, and technical assistance programs that are close to national health needs.

Now, in February, 1974, a year after the President's budgetary message and three months after the symposium of which the preceding papers were a part, it seems likely that the schools will ride out the immediate fiscal threats to their survival. Beyond that, there is the possibility that they will establish themselves as an essential resource in the nation's efforts to improve its health services. It may be a paradox that the New Federalism will turn out to have played a dual role: severely threatening the viability of the schools, thereby stimulating them to more rigorous and more relevant action, and promoting new approaches to organizing, financing, and managing health services that will in part be dependent on the participation of schools of public health.

The impact of the New Federalism on schools of public health cannot be separated from the larger story of the New Federalism itself, a story that is still unfolding.

The leading principle of the New Federalism was to increase self-reliance at the state, local, and individual levels through decentralizing decisions on the use of federal funds. Major decentralizing actions have included revenue sharing with state and local

governments, the movement of a number of federal offices from Washington to regional and local sites, and the transfer of functions from federal to state and local agencies. While there are questions about the effectiveness of the ways in which the decentralization is being undertaken, there is no doubt that it is going ahead.

The concept of decentralization brought less trouble to the Administration than other policies and actions that attended the introduction of the New Federalism. The strongly conservative approach to spending on socially important problems, the vetoing of congressional legislative actions, the impounding of congressionally appropriated funds, and the take-it-or-leave-it language of some of the policy documents brought the Administration into direct confrontation with the Congress and with many sectors of the American public.

Public agencies and institutions brought suit against the Administration to release impounded funds. A wide variety of public and private interests brought pressures on Congress and the Administration to improve what were considered to be regressive public policies. Congress has been formulating legislation that is progressive with respect to health, and the Administration has been softening its position.

Within the larger stream of events relating to the New Federalism was the set of events having to do with the schools of public health. As the schools absorbed the President's message that there would be no federal dollars going to the schools in the form of institutional grants for teaching, research, service, and student traineeships, they decided that this course would be disastrous not only for the schools but also for the nation's health effort.

Two issues stood out in bold relief. One was that virtually every aspect of the national health effort requires graduates of schools of public health as well as the research and technical assistance that can be provided by the schools. The schools of public health are not the unique source of education, research, and technical assistance in these areas, but the schools are one of the most important sources and are most appropriately structured and advantageously staffed for those purposes.

The second issue was that, even if the schools are an essential

resource to the nation's health effort, they have not been perceived as such by many policy makers in the federal structures.

The schools joined together in constructively aggressive approaches to these two issues. They have looked to their own institutional orientation and capabilities so as to ensure the quality and relevance of their programs to the national health effort. And they have sought to inform policy makers at local, state, and national levels of the current and potential value of the schools.

There have been clear gains. The Congress and the Administration are better informed about the schools. Some federal funds have been restored to the schools. The Congress is now formulating legislation that will probably include support for schools of public health. The fact that the President's budget, introduced on January 29, 1974, still contained no institutional support for the schools indicates the distance that remains to be traveled.

Now, let us turn to a second stream of effects of the New Federalism that has implications for schools of public health. At least three major initiatives of importance to health are now emerging through the Administration and the Congress. Whether or not these initiatives should be seen as part of the New Federalism may be a question of semantics. The point is that they are consistent with the New Federalism in that they have do to with decentralization of expenditures and decision making relating to federal funds.

One initiative is national health insurance, which will place purchasing power and choices relating to health care in the hands of individual citizens.

A second initiative, introduced by the President, is an income-maintenance concept that will also place purchasing power in the hands of the public.

A third initiative, currently being formulated in Congress, is part of a trend of recent years to locate the responsibility for planning and regulating health affairs in area health services agencies and/or state health commissions. Such agencies and commissions would have responsibilities relating to planning and regulating health facilities and the provision of health care, their authority being based on control of federal funds used for those purposes.

These initiatives, particularly the first and third, will directly involve the schools of public health. The introduction of national

health insurance and the establishment of area health authorities will call for substantial additions to the health manpower pool of persons skilled in various aspects of health-related administration who are being produced by schools of public health. In addition, the schools have research programs dealing directly with these subjects and are being called upon increasingly to provide direct technical assistance to legislative bodies and operational health agencies.

Thus, the New Federalism has affected the schools of public health in two ways. One has been the shock effect of the withdrawal of federal funds that stimulated the schools to develop a new sense of purpose, new programs that are close to national need, and new patterns of financial support. The other effect has been indirect, through the generation of health-related initiatives that will call on the special resources of the schools of public health for their development.

While the immediate impact of the New Federalism has been to shake the schools of public health to the core, the long-range result may well be that the schools have been launched into a new era of public health leadership.

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