

In This Issue

THIS ISSUE OF THE *Quarterly* contains six outstanding articles on health and health policy in the United States. The first three examine primarily the impact of environmental and social conditions on health and their policy implications. The last three offer different perspectives on the financing and organization of health care.

Probably more has been written during the past year about the toxic effects of lead than about any other environmental risk factor. Unfortunately, a good deal of this attention has consisted of ad hominem attacks rather than thoughtful analyses of how to develop and implement policy concerning environmental risk factors. The first article in the issue, by Barbara Berney, provides an insightful and provocative review of the scientific information and the political process that have shaped “lead problem” policies.

African Americans have, in general, worse health than other Americans. One of the most dramatic indicators of this inequality is the difference in infant mortality rates between black and white Americans. The potential determinants of such differentials are numerous, but Thomas A. LaVeist provides convincing evidence in his article that critical aspects of the social environment—residential segregation, poverty, black political empowerment—are key factors governing the disparity between these rates; he has analyzed data in cities across the nation to support his analysis.

Gary L. Freed and his colleagues point out that immunization programs have gained as much acceptance and support as almost any preventive medical practice. Although most children in the United States are vaccinated by the time they enroll in school, up to 40 percent of two-year-old children have not received their recommended immunizations. Dr. Freed and his coauthors review the possible explanations for this unfortunate and unnecessary situation and offer a broad range of policy suggestions to improve it.

One of the most frequently discussed health care “policies” is global budgeting. In many cases, however, the “policy” being scrutinized is an empty vessel. Participants in the national debate know that the “devil is

in the details.” One of the most informed commentators on expenditure caps and targets is William A. Glaser. In his article he draws upon his considerable knowledge of European and Canadian experiences with health care expenditure caps and targets to describe the details of setting and implementing limits.

In addition to rising costs, another seemingly inexorable trend in health care delivery in the United States is the shift toward providing less medical care in the hospital and more in the community and home. Home care is a critical component of the American health care system and demographic and policy changes are likely to increase its importance in the next few years. In his article, A.E. Benjamin offers an historical perspective on home health care. He argues that, in spite of its obvious importance, development of policy continues to be constrained by the view that it is a residual service and not part of “mainstream” care. Benjamin’s analysis provides insights into the factors that have shaped current policy and he concludes with observations about unresolved issues in home health care.

The final article, by Robert Zussman, presents observations on the changing roles of hospitals, but from a different perspective—the patient’s social world. He argues that changes in the way hospital care is delivered, including shorter stays, expansion of specialized units, and increasing technical sophistication, have made the patient’s experience of the social aspects of the hospital less consequential for health outcomes. Although not everyone will agree with this conclusion, Zussman’s observations about the changing nature of hospitals provide readers with a thoughtful and stimulating discussion.

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