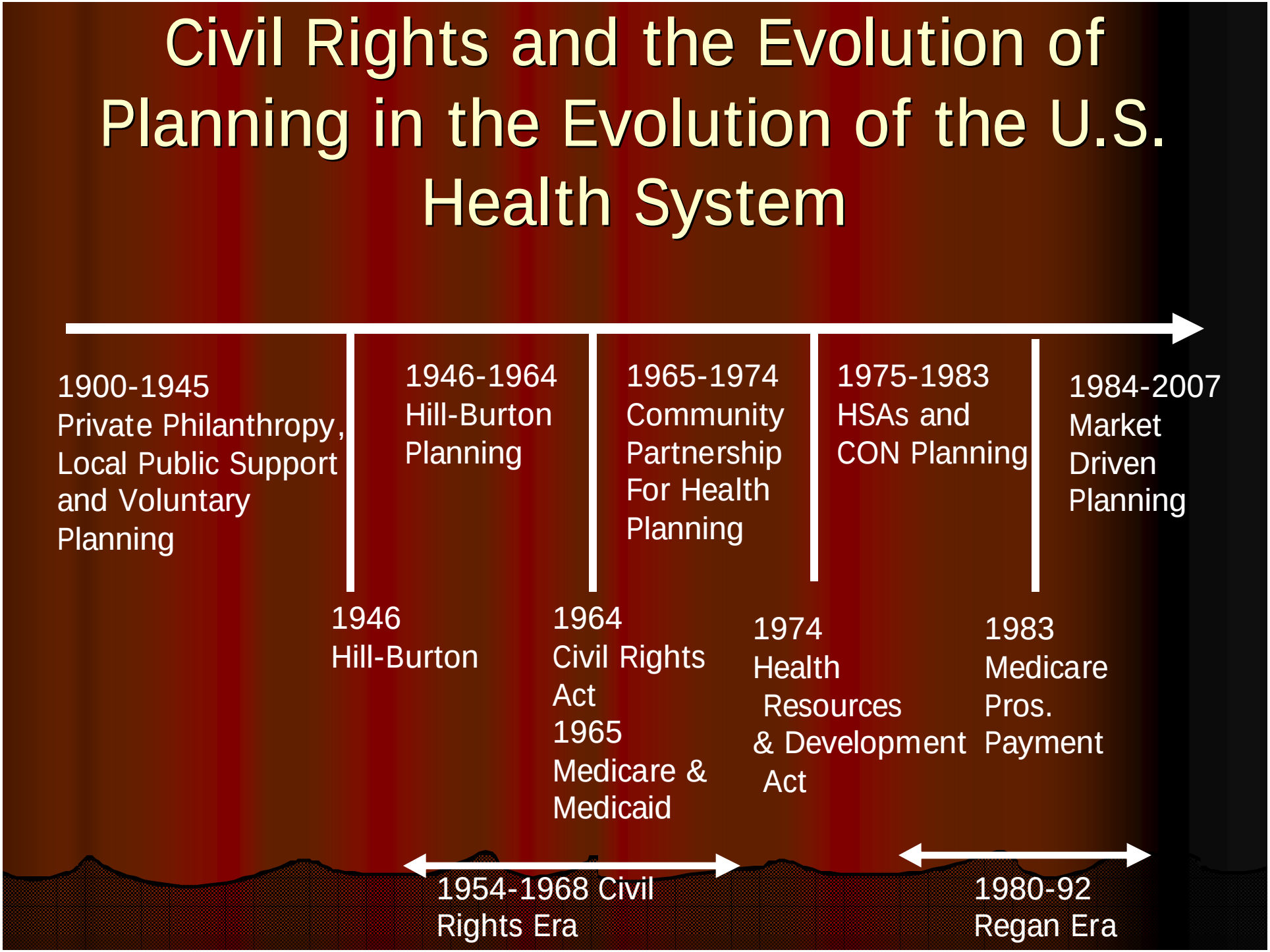
Civil Rights Enforcement and Health Planning: A Brief History of the Lost Link

Civil Rights and Health Care Session
American Public Health Association Annual Meeting
Washington, DC November 5, 1007

David Barton Smith, Ph.D.
Center for Health Equality
School of Public Health, Drexel University
David.B.Smith@Drexel.edu

Civil Rights and the Evolution of Planning in the Evolution of the U.S. Health System



The Hill-Burton Act of 1946:

Funds will be allocated by a state plan that shall : "provide adequate hospital facilities ..without discrimination on account of race, creed or color" but...

"an exception shall be made in cases where separate hospital facilities are provided for separate population groups, if the plan makes equitable provision on the basis of need for facilities and services of like quality for each group."

The Great Health Planning Contradiction of 1954: Brown vs. Board of Education, Hill Burton and Grady Memorial Hospital

Civil Rights Act of 1964 "Resolves" the Contradiction

- Simkins v. Moses Cone Hospital 1963: Voluntary hospitals as a result of being part of the a state Hill-Burton plan and receiving public funds are an "arm of the state."
- Title VI: "Simple justice requires that public funds, to which all taxpayers of all races contribute, not be spent in any fashion which encourages, entrenches, subsidizes or results in racial discrimination." JFK 1963

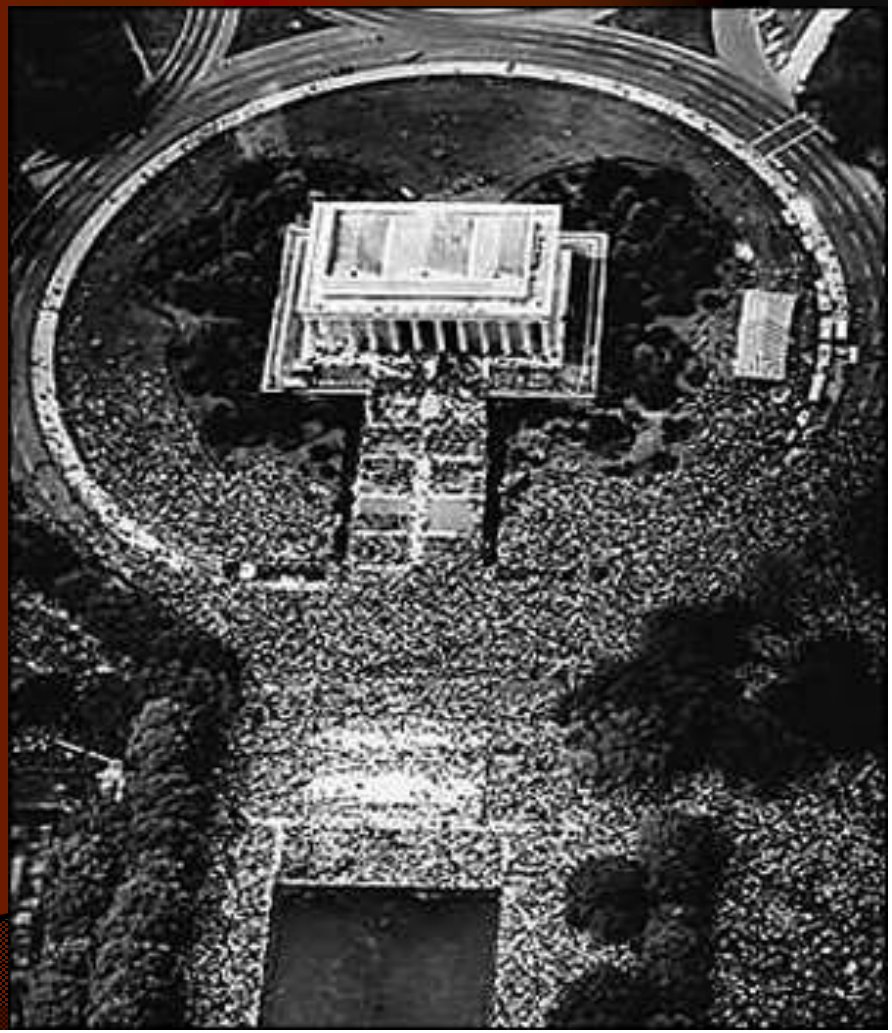
"Go Back! Go Back! This Pace Is Making Us Dizzy"

Medicare's Quiet Miracle: The Enforcement of Title VI for Hospitals March-June 1966

- Resources:
  - LBJ
  - Title VI Certification.
  - The "Volunteers"
- Results:
  - The almost instantaneous integration of more 1,000 hospital patient floors, waiting rooms, etc.
  - Medical staff and hospital workforce integration.

The Lesson from Medicare's Civil Rights Successes: Two Things Produced Change

- Grass roots social movement.
- Real accountability in the use of public funds.



The Health System Agency Role in the Title VI Enforcement Process

- Intuitively obvious
  - Supported by federal dollars.
  - Responsible for shaping the flow public dollars into the health system through the Certificate of Need process.
- Categorically rejected
  - Federal planning Agency repulses OCR efforts to force information collecting responsibilities upon them.
  - Local HSAs abdicate responsibility- e.g. the hospital relocation cases of the 1970's.

Market Driven Planning 1985 to Present

- The prospective payment and managed care market shaped planning of providers:
  - Must shape financials to lower the cost of debt and assure the ability to acquire it.
  - Target private pay and profitable procedures for expansions.
- The inevitable result:
  - Exacerbated racial disparities
  - Higher costs, poorer quality of care for every one.

The Great Health Planning Contradiction of 2007

- Wide spread support of efforts to reduce disparities (HP 2010 goals, expansion of insurance coverage for the uninsured, targeted initiatives to reduce disparities, etc.).
- Provider market driven planning is increasing disparities and the non discriminatory Title VI assurances given in order to receive public funds are fraudulent.

In contradictions there are opportunities