

in one or more courses distinct from those stressing health education processes and methods. There is not enough discussion of health issues in this text to enable one to use it as a text in a course focusing on community health problems. However, for courses combining health education processes with discussion of major health topics and problems, the book will be a useful text. Similarly, the book serves admirably as a review and update for health educators whose training is not recent or comprehensive. It also is organized in such a way to make it a potentially valuable reference book.

The authors provide a good perspective on the various schools of thought in health education program planning. More emphasis is given to behavioral determinants than other theories, with concomitant emphasis on the PRECEDE Model. This emphasis is presumed to reflect the authors' perception of current practice. The authors do, however, make a conscious effort to discuss other approaches to planning.

The diagrams in the text are especially well done, and help readers to conceptualize more readily. There are scenarios to set the stage for discussion of concepts, and many examples to illustrate concepts being presented.

Some of the material presented is somewhat unique for a health education text, such as a discussion of nuclear war. Other topics that one might expect are either omitted or de-emphasized, as, for example, marketing, ethics, or microcomputer applications.

It is indeed difficult to present a comprehensive discussion of a topic such as school health education or worksite health education in a single chapter, and readers must be alerted to the fact that the authors have attempted to do this.

Fortunately, the authors have suggested pertinent references at the end of each chapter for further reading. The chapter bibliographies and the comprehensive bibliography alone make this a valuable reference for practicing professionals.

As Larry Green states in the book's forward, "The authors take the beginning student systematically from the most basic and fundamental questions . . . to speculate and inspirational glimpses at the future of health education." This reviewer concludes that this is a book worth having, worth reading, and worth using in health education courses. It represents a significant addition to the literature of the profession, in providing a reasonably balanced introduction and overview.

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*Health Care Delivery in the United States, Third Edition*, Steven Jonas and contributors, New York, Springer Publishing Company, 1986, 558 pp.

The past two decades have been years of significant transition in health and medical care in the United States. In this period, the post-World War II emphasis on increased capacity gave way to a priority on increased accessibility, especially for the elderly and the poor. Medicare and Medicaid heralded a national commitment to remove financial barriers to service to these two groups.<sup>1</sup> Neighborhood health centers provided access to comprehensive services to those in previously underserved areas.<sup>2</sup>

Planning and regulatory efforts assumed a prominent position on the health care delivery scene. The logic seemed clear. Increased access and the consequent increase in utilization could not be extended to millions of consumers without, at the same time, rationalizing (and thereby making more efficient) the system that delivered those services. Initiatives such as the Regional Medical Programs, Comprehensive Health Planning, and Certificate of Need culminated in the National Health Planning and Resource Development Act of 1975.<sup>3</sup> However, despite these planning and regulatory initiatives, health care costs continued to take a larger percentage of the Gross National Product.<sup>4</sup>

Concern over rising costs was generated in part by the growing awareness of the demographics indicating that ours is an "aging society." This awareness suggested that there was a need to reconsider the relative resource allocations for acute, curative care and for ameliorative care of chronic conditions.<sup>5</sup> The emergence of the hospice movement and increased emphasis on home care were two of the responses to this issue.

It was in this period that computerized axial tomography scanning, electronic fetal monitoring, magnetic resonance imaging, critical care units, open heart surgery, transplantations, and a host of other exotic technologies came on the medical care scene. The question of how well suited these technological developments were to the increasingly chronic nature of patients' conditions emerged with renewed force. Even though some techniques were more cost effective than the procedures they replaced (e.g., home dialysis), the overall result has been higher costs.<sup>6</sup>

Attempts to contend successfully with these interrelated developments brought proliferation of alternative delivery systems. These systems combined changes in reimbursement methods with alternative organizational structures. Prospective payment emerged as an attractive alternative to retrospective fee-for-service arrangements. Development of Health Maintenance Organizations was actively encouraged. Industry, out of growing concern over costs of health benefits for employees, began negotiating with Preferred Provider Organizations or developing self-insurance arrangements. The Federal Government, faced with greater Medicare and Medicaid costs, adopted prospective, fixed-price reimbursement on the basis of Diagnostic Related Groups. In addition, provisions of the 1981 Omnibus Budget Reconciliation Act and the 1982 Tax Equity and Fiscal Responsibility Act encouraged States to experiment with alternative delivery systems in their Medicaid programs.<sup>7-10</sup>

Several additional developments have appeared on the health care delivery scene either as causes or consequences of those noted above. A physician surplus of considerable magnitude is anticipated by at least 1990. Teaching hospitals struggle to maintain their research and teaching functions in a competitive environment. Public hospitals, especially smaller community hospitals, find their financial positions increasingly untenable. Proprietary medicine in the form of multihospital systems, emergi-centers, and other ambulatory care facilities, as well as long-term care facilities is expanding. Between thirty and forty million Americans are without health insurance for at least a portion of a year. How care is to be provided to the medically indigent was described recently as "... the key question facing the health care field for the balance of the 20th century. ..."<sup>11,12</sup>

The sequence of editions of *Health Care Delivery in the United States* by Stephen Jonas and his associates not only reflects the shifting health care scene, it helps to make sense of it. The second edition included a new chapter on long-term care. This is

supplemented in the third edition with a chapter on hospice programs and home health care. This additional material is commensurate with concerted efforts to respond effectively to the needs of the chronically ill. Similarly, a new chapter on Health Maintenance Organizations is reflective of the development of alternative delivery systems. Finally, new chapters on technology assessment and on corporatization of health care capture the emerging salience of these trends in the health care field. Revisions of earlier chapters likewise add to the currency and relevance of this volume.

One of the ways in which this book helps make sense of the health care scene is its overall coherence and progression. The opening chapter puts problems and issues in historical perspective through a discussion of observations and recommendations of the Committee on the Costs of Medical Care in 1932. The enduring nature of those problems and issues is highlighted in a discussion of the debate in the 1960s and 1970s about a possible health care "crisis." Health and illness are then defined and their significance, as conditioned by social values and cultural perspectives, is elaborated. These contextual considerations set the stage for the subsequent discussions of health care personnel, primary, secondary, tertiary, and long-term care facilities and programs. Later chapters turn to what may be characterized as elements in the environment of health care organizations: financing agencies and mechanisms; government involvement and legislative processes; health planning and regulation; quality assurance; technological developments, their diffusion and assessment; and corporatization.

The same coherence and pattern is to be found in the individual contributions. Care is taken to set out the major historical antecedents and to present careful definitions before proceeding to describe current practice. The chapter on technological assessment is a good example of this. Definitions of technology are offered which include counseling of patients for cooperation with therapeutic efforts. This serves as a needed balance to what may be an exclusive focus on sophisticated machinery and esoteric drugs as "technology." As a result of this care with history and definitions, the descriptions of current practice, together with identification of major issues, take on greater depth of perspective. In other words, organization of the book as a whole and of individual chapters avoids the dangers of pedantic description on one hand and abstract philosophizing about issues on the other.

The book's major objective is to describe the elements of the health care system and to do so with objectivity. It succeeds in this and does more. In relation to this book, Kurt Lewin's dictum that there is nothing as practical as a good theory can be rendered, "there is nothing as orienting as a good description." Not only are the various elements of the health care system carefully and clearly described, but the system as a whole, the interrelatedness of the parts, becomes more comprehensible. This is accomplished in large measure by the obvious care taken to organize the presentation to have complementarity among topics. For example, the discussion of hospitals ends with consideration of propelling and constraining forces on these institutions. The organization and presentation of this material relates clearly and directly to later discussions of financing, regulation, and technology.

Experts in some health-related fields may be disappointed that their particular area does not receive more attention. Persons in preventive health care and health education may find mentions of wellness programs and health promotion/disease prevention programs inadequate. Mental health services are compared with physical health

in terms of facilities, personnel, auspices, and financial reimbursement mechanisms. Some might argue that the unique service delivery problems in mental health are not adequately covered. Experts in various facets of health economics may be chagrined that the technical details of rising costs are not prominent in the discussion.

Nevertheless, as a text the book is a valuable resource. The extensive bibliographical materials at the end of each chapter add tremendously to that value. As a reference book for basic information about aspects of the health field with which one may be relatively unfamiliar, it is an excellent source. As a guide to what may be expected in the future, it is constructively enigmatic.

The final chapter focuses on National Health Insurance, National Health Service, and Health Planning. The current federal administration's policy direction makes discussion of such topics seem at least anachronistic if not irrelevant.<sup>13</sup> Perhaps the confluence of various trends and developments sketched at the beginning of this review will once again bring these topics back into health policy discussions. Whatever the future, this book will have served as an extremely useful guide for understanding the various professional and institutional actors as well as the forces to which they responded.

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