

Third Report of the Committee on Municipal Health
Department Practice of the American Public
Health Association (October, 1923).

In view of the need for authentic information in regard to the tendencies and relative values of current developments in official health procedure, the American Public Health Association in 1920 appointed a Committee on Municipal Health Department Practice with the assurance that certain initial studies to be made along this line ^would be aided by the generous financial assistance of the Metropolitan Life Insurance Company. The Committee at the outset limited its work to the 83 cities in the United States of approximately 100,000 population or over in 1920. A survey of the administrative health machinery of each of these cities was made during the year 1921 by members of ⁽¹⁾ representatives of the committee on the basis of a detailed schedule including over 600 items. Some of the general results of this study were presented in preliminary form at the 1921 meeting in New York. ⁽²⁾ The complete analysis of the material and its preparation for publication proved a time-consuming task; but a second report was made at the 1922 meeting in Cleveland and a number

(1) Appreciative record should be made of the assistance generously furnished by the United States Public Health Service and by the American Red Cross in the conduct of these surveys.

(2) American Journal of Public Health, XII, 7-15, 136-147, January and February, 1922.

of individual chapters of the Committee's report, dealing with particular phases of health department practice have been published during the past year. (3) The complete report has now at last passed through the press and has appeared during the past month as a special bulletin of the United States Public Health Service. ⁴ ✓

The objectives contemplated by the Committee on Municipal Health Department Practice seemed so important to the ~~members of the~~ American Public Health Association that they were given a position of primary significance in the report of the Committee on Reorganization; (5) adopted as a basis for the fundamental policies of the Association at the Cleveland meeting. Thus in the section of the Reorganization Committee's report dealing with Inter-Convention Activities paragraph A, General Objectives, reads as follows:

- (3) Milk Inspection, I.V.Hiscock, A.J.P.H., XII, 577-591, July 1922.
Vital Statistics, L.I.Dublin, A.J.P.H., XII, 750-757, September 1922.
Water Supplies, A.W.Freeman, A.J.P.H. XII, 759-763, September 1922.
Public Health Education, G.Amundsen, A.J.P.H., XII, 815-825, October 1922.
Public Health Nursing, C.-E.A.Winslow and M.Burkhardt, Public Health Nurse, October 1922, pp.514-520.
An Ideal Health Department for a City of 100,000 Population, C.-E.A.Winslow and H.I.Harris, A.J.P.H., XII, 891-907.
Tuberculosis, C.-E.A.Winslow and G.F.Baker, American Review of Tuberculosis. December 1923, pp.960-973.
Administration of Health Departments, A.W.Freeman, A.J.P.H., XIII, 163-181, March 1923.
School Health Supervision, I.V.Hiscock and W.T.Fales, A.J.P.H., XIII, 259-269, April 1923.
Venereal Disease, M.A.Clark. Journal of Social Hygiene, IX, 27, 1923.

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- (5) American Journal of Public Health, XII, p.967, December 1922.

"The objectives of the Association should be the preparation, study, standardization, and presentation of scientific public-health procedures, the best method by which such knowledge can be given to the public, and the expression to the public of professional opinion in regard to such procedures."

Later on under Section C, Information File, the report recommends "that there be maintained at the central office of the Association such records as are obtainable and can be kept current with regard to the organization, expenses, procedures and results of public-health practice in organized health departments in countries represented in our membership."

In line with the policies thus formulated, your Committee on Municipal Health Department Practice first of all set out to realize the ideal of a central clearing house for current information in regard to health department practice as suggested in the paragraph quoted above from the report of the Committee on Reorganization. Various possibilities suggested themselves along this line. It is most desirable that the studies begun by the Committee in the large cities of the United States should be extended to the large cities of Canada, Cuba and Mexico, to the smaller communities,- whose need for standardization is perhaps even greater than in the case of the large cities,- and to the State and Provincial health departments. It seemed to the Committee, however, that the natural and logical first step was to provide for the keeping up to date of the information already secured at considerable cost in regard to the large cities of the United States. The United States Public Health Service was, in our judgment the logical body to ^{lead} assist in this work in view of its general program and policies and in view of the service which it has rendered to so many individual communities in the line of counsel as to administrative health procedure. The matter was therefore presented to Surgeon-General Cumming and it is a source of great gratification to be able to report that General Cumming has agreed to establish within the United States Public Health Service an office of Administrative Health

Directed for the journal at Baltimore.

Practice and has assigned to the direction of this work Surgeon Paul Preble, whose experience in health survey work fits him in a unique fashion for this task. Dr. Preble will outline his plans in the subsequent discussion and it is only necessary for us to say further that the records now in the possession of the Committee on Municipal Health Department Practice ^{have} ~~will~~ ^{been} made available for the new office of the United States Public Health Service and that the ~~new~~ information obtained by the Service ^{in the future} will, through the courtesy of General Cumming, at all times be at the disposal of the members of the American Public Health Association. One of our ideals, the establishment of a clearing house for current information in regard to health department practice, ^{can be} ~~is thus~~ substantially realized, ^{by the transference of such data as may be required to a central file of the ~~new~~ office of the U.S.P.H.S.}

In addition to the collection and dissemination of information in regard to current procedures it was felt that something more was necessary. As we understand the ^{aims} ~~desires~~ of the members of this association they desire a clear picture of present conditions chiefly in order that those conditions may be improved in the future. Public health practice is in a dynamic, not a static condition. The object of the health official is to improve the machinery now at his disposal so as to raise it to the highest point of efficiency and to supplement that machinery by obtaining new appropriations sufficient to make his organization ^{meet} ~~to~~ the requirements of the new public health. It has seemed to your committee that the most important service which the American Public Health Association could possibly render to its members would be to establish a direct field service for the assistance of the executive officers of health departments along the lines laid down above. The committee therefore set out to obtain the funds necessary for the establishment of a service of this sort and was once more fortunate in securing the assistance of the Metropolitan Life Insurance Company which has guaranteed the sum of \$15,000 necessary to carry on the work for the year

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1923-24. It is with the keenest satisfaction that we announce that Dr. W. S. Rankin, State Health Officer of North Carolina, and past President of the American Public Health Association, has obtained leave of absence from his state to undertake this work, which he has already attacked with vision and enthusiasm, and to which he will devote his full time after the first of January. No more convincing evidence could be found of the importance of this work and no better augury could be offered for its success than is found in the fact that Dr. Rankin has been willing to undertake it.

As Field Director of the Committee on Municipal Health Department Practice, Dr. Rankin, ~~with such assistance as may prove necessary,~~ will be at the service of the individual members of the American Public Health Association in aiding them through correspondence, personal visits, and special surveys, to build up the status of public health work in their individual communities.

Your Committee has felt that it would be of inestimable value to the health officer who is striving to secure moral and financial backing for a constructive public health program if there were available not only objective standards by which the need for a rounded health program could be demonstrated but also some definite machinery by which such standards could be brought to the attention of municipal officials and the general public. We have felt it to be essential to the success of our objectives to create machinery of this sort. As a first step it has seemed that a spirit of generous rivalry between communities could be promoted by offering a series of medals in recognition of attainment and advancement in community health service. The first series of these medals (gold, silver, and bronze) we suggest may be awarded at the 1924 meeting of the American Public Health Association to the three cities of a population of 100,000 and upward, which can show the most nearly adequate community health service as of January, 1924. The status of the different cities should be determined by personal surveys to be conducted

by representative agents of the Committee, rated on a scoring plan which will be presented by Dr. Rankin during the present discussion for your consideration. The scoring should take into account all health agencies forming a part of the community health program (voluntary as well as official). It is the purpose of the committee that in awarding similar medals in succeeding years the selection of the winners in the competition will be based not only on actual attainment, but also on progress since January, 1924, and it is hoped that scholarships or other methods of recognizing eminent personal accomplishment, as well as community achievement, may be introduced in the future to develop a spirit of emulation in health services throughout the country.

Your Committee fully realizes the difficulties involved in such a program and the importance of so carrying it out that the health officer who desires aid in the stimulation of local public opinion may receive such aid without the possibility of inviting criticism of any other health department which for any reason fails to measure up to the highest standards. It is for this reason that we have taken no steps to carry out our plan in detail until we had the opportunity at this meeting for a full and frank consultation with the health officers of the country.

We have felt that any grading of health departments on a 1, 2, 3 basis or the expression of their merits in terms of an arbitrary score card would be clearly out of the question. It is our hope that ultimately a classification of departments into a small number of grades may perhaps be feasible; but for the present we believe it would be best to limit ourselves to the recognition of notably distinctive service without any attempt to evaluate the work of departments whose progress has been limited. In regard to this matter, however, we hope to have the opinions of the members of the Association expressed in the course of the following discussion.

The basis on which health department practice shall be judged is a second

point of perhaps even greater importance than the nature of the recognition to be granted. It is clear that the system of grading to be used must be sufficiently elastic to take account of local variations in the nature of the health problems to be dealt with and of the part played in a given community by voluntary agencies. The Committee has given careful thought to these problems during the past six months but has refrained from adopting any definite policy until your counsel could be obtained. Dr. Rankin will present his ~~present~~ views in regard to the matter in the subsequent discussion and we hope with your assistance that a sound basis for the work can be laid.

In one respect, your Committee feels that its own personnel needs to be strengthened in order to deal with the problems involved in the proposed program. Its membership at present includes but one municipal health officer in active service and one other member who has served in the past as health officer of a large city. We believe that several new members with direct municipal administrative experience should be added to our numbers ^{and have} ~~but we requested authority from the governing Council authority the addition~~ ~~are anxious to secure the opinion of the members of the Association as to~~ ~~of such new members to the committee~~ whether such new members should or should not include municipal health officers at present in active service. If such active city health officers are members of the committee there is the possibility that the cities which they represent may be considered for an award with the creation of a somewhat difficult situation. If on the other hand new members are to be chosen only from past municipal health officers the field of choice is somewhat limited.

If the American Public Health Association is to fulfil its largest possibilities we are convinced that the work of standardizing and stimulating health department practice must be extended to the large cities of Canada, Cuba and Mexico, to small communities, to counties and to state and provincial

health departments. So soon as funds are available these tasks too should be undertaken. So far, however, as the problem primarily presented to the Committee is concerned we believe that the program worked out through the cooperation of the United States Public Health Service and the Metropolitan Life Insurance Company constitutes an encouraging report of progress. We feel that the American Public Health Association, in initiating and supporting the activities of the past three years for the improvement of the character of the service which its members render to their communities has shown a vision and a sense of public responsibility characteristic of the highest type of professional spirit; and that the program if carried forward in the future will result in far-reaching improvements of the public health service and in a substantial reduction in the burden of preventable disease and death.