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A Decade of Progress. 1930

Tenth Annual Report of the Committee on Administrative Practice

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Just a decade ago, in the year 1920, the American Public Health Association appointed a Committee on Municipal Health Department Practice, for "the preparation, study, standardization and presentation of scientific public health procedures, by the collection of information in regard to current administrative health practice, the analysis of the material obtained to derive standards of organization and achievement and the translation of these standards into terms of concrete achievement through an information and field service." The original committee had 8 members, of whom 5 are still on its active roll and the initiation of its work was made possible by a generous gift of $10,000 a year from the Metropolitan Life Insurance Company. This was the entire annual budget of the Committee for its first quinquennium.

Three years later (in July, 1923) our first systematic study of the health organization of the 83 largest cities of the United States, in cooperation with the U.S.Public Health Service and other interested agencies, was published as Bulletin 136 of the United States Public Health Service. This volume was not only the first comprehensive comparative review of health practice in the world but it included also the first attempt at an outline of the essentials of an ideal city health organization. In this same year, Dr.W.S.Rankin became field director of the Committee and began the preparation of an Appraisal Form for the quantitative measurement of community health performance.

In 1924 the Committee was enlarged to 15 members (9 of whom are still in service) and initiated its survey and consultation service to individual cities.

In 1925 the name of the committee was changed to Committee on Administrative Practice to correspond with the broadening of its interests to include state and rural programs. The Milbank Fund joined the Metropolitan in supporting its work. Dr.Haven Emerson served as chairman for the year 1925-26 and Dr.W.F.Walker was appointed Field Director September 1, 1925. It is with deep regret that we announce Dr.Walker's resignation to take effect next April. His five years of service have been of incalculable value to the Committee and to the cause which it has at heart and credit for the recent accomplishments of the committee is largely due to his competence and diplomacy. The major task of the committee in 1925 was the development of the first Appraisal Form issued in definitive form January 1, 1926. The Health Officers News Letter was inaugurated as a direct medium of communication between the committee and its constituents. In the same year the American Child Health Association made a fundamental contribution to our common problem by the publication of its Survey of 86 Cities of the 40,000-70,000 population class.

In 1926, the Committee on Administrative Practice was reorganised on a permanent basis with the three officers of the Health Officers' section and the Executive Secretary of the Association as ex officio members and with twelve members appointed three each year for terms of four years. In this year the United States Public Health Service published as Bulletin 164 its survey of the 100 largest cities of the United States and the Committee issued an invaluable volume on Community Health Organisation by Professor I.V.Hiscock.

Efforts at active development of public interest in improved administrative

health practice began at this time in cooperation with the Federation of Women's Clubs and the U.S.Chamber of Commerce.

In 1927 the first tentative Appraisal Form for rural areas was issued; and paid field service had so developed that the Committee budget reached $33,800 (of which $7500 came from the Metropolitan and $7500 from the Milbank Fund).

The task of 1928 was the revision of the Appraisal Form for City Health Work which was issued January 1,1929 with the inclusion of cancer and heart disease as major activities and with a new scoring plan (to encourage comparison by activities rather than by total scores) as well as many minor improvements. In this year, too, the State Health Departments of Massachusetts, Michigan and Ohio were surveyed and a study of rural health practice was definitely launched with a grant from the Commonwealth Fund, the budget increasing to $46,000. This was the last of the eight years for which the Metropolitan Life Insurance so generously contributed to the work of the Committee.

The outstanding event of 1929 was the initiation of a plan for a Health Conservation Contest between cities, sponsored by the U.S.Chamber of Commerce, financed by a group of insurance companies and conducted under the technical direction of the Committee on Administrative Practice. The budget of the Committee was increased to $85,000 including as major items $29,000 from the Commonwealth Fund for the rural study, nearly $21,000 from payments for field service, $20,000 from the Chamber of Commerce for technical assistance in the Health Conservation Contest and $12,500 from the Milbank Fund.

During the current year (1930), with a budget of nearly $99,000, the Committee has continued its studies of rural health practice and its cooperation in the Health Conservation Contest. It has undertaken a questionnaire analysis

of administrative procedure in all cities of over 10,000 population, with a view to the revision of the volume on Community Health Organization and also to obtain data needed by President Hoover's White House Conference on Child Health and Welfare.

This brief review of the major activities of the Committee on Administrative Practice as a whole would be most incomplete without reference to the work of its subcommittees which have made contributions of the first importance in their special fields. The first of these subcommittees, on Record Forms, was appointed as far back as 1925. There are now eleven such committees as follows:

Subcommittee on Record Forms. G.C.Ruhland, Chairman

Subcommittee on Organized Care of the Sick. M.M.Davis, Chairman

Subcommittee on Rural Health Work. E.L.Bishop, Chairman

Subcommittee on State Studies. W.F.Draper, Chairman

Subcommittee on Appraisal Form for City Health Work. C.T.Palmer, Chairman

Subcommittee on Manual of Administration. H.F.Vaughan, Chairman

Subcommittee on Health Conservation Contest. L.I.Dublin, Chairman

Subcommittee on Nursing. Sophie Nelson, Chairman

Subcommittee on Revision of Community Health Organization. L.I.Dublin, Chairman

Subcommittee on Health Department Reports. J.L.Rice, Chairman

Subcommittee on Evaluation of Public Health Activities. Haven Emerson, Chairman.

Every one of these subcommittees is active and functioning and as chairman of the general committee for nine of its ten years of life, the writer must pay a tribute to the colleagues who have carried a major share of the burden. The Committee on Administrative Practice is sui generis in the universal and unceasing devotion of its members to the solution of their

common problems.

The major enterprise of our Committee during its ten years of service has, of course, been the development of a model plan for municipal community health organization (as embodied in our 1923 report and in Professor Hiscock's Community Health Organization) and the preparation of the Appraisal Form for the quantitative measurement of the services rendered by such an organization. It took considerable courage to undertake such an enterprise eight years ago. There was a good chance that the attempt would be regarded as academic and impractical and would die aborning; and there was an alternative possibility that, if accepted, it might lead to the over-standardization which is one of our characteristic national vices.

Our venture of faith has, we believe, been more than justified by its results. The plan of community health organization presented in 1923 has been accepted as generally sound; however, it may be modified to suit special local circumstances. The budget of $2.35 per capita worked out at that time closely approximates the actual practice of the best-organized communities today. The Appraisal Form has proved itself beyond any question a generally sound measure of quantitative performance.

The danger of over-stabilization has been met by providing for revision of the Appraisal Form every three or five years, a revision which, like a Republican revision of the tariff, is always in an upward direction. The common sense of the health officers has prevented undue standardization. They have used the Appraisal Form and the model organization plan for self-appraisal to check up on the balance of their programs, for the interpretation of those programs to the public and as powerful arguments for needed expansion. We can speak of these results without undue vanity for after all it is the health officers of the country who have supplied

the materials for the model health program and appraisal and it is the health officers who have used these instruments with such effect. The Committee on Administrative Practice is merely the channel through which the health officers have pooled their reservoirs of experience. It is these health officers who have been the real forces in changing administrative health practice from a haphazard political experiment to a standardized scientific procedure during the past ten years.

Closely allied with the development of the plan for model health organization and of the Appraisal Form, has been the service rendered by Dr. Walker and his staff in the provision at cost of special intensive survey and consultation service for individual cities. Since this work began in 1924, three surveys of states, 29 of rural counties and 39 of cities have been conducted under the auspices of the Committee, carrying its influence from Quincy, Mass. to South Pasadena, Calif. and from Marion County, Oregon to Clarke County, Georgia. Such large cities as New York, Chicago, Los Angeles, Washington, St. Louis, Cincinnati, San Francisco and Providence are in the list as well as Montreal, Canada and Honolulu, T.H.

Thus, the Committee has moved rather steadily forward in its tasks of collecting and analyzing material in regard to current administrative practice, of deriving therefrom standards of organization and achievement and translating these standards into terms of concrete achievement through its information and field service.

A subsidiary and somewhat different type of responsibility has, through force of circumstances, been forced upon the Committee during the past four years. The efforts made by this association to raise the level of administrative health practice throughout the country attracted the interest not only of the insurance companies and the foundations but of powerful national

agencies interested in civic betterment. In 1926 Dr.Walker was able to enlist the active support of the General Federation of Women's Clubs and of the U.S.Chamber of Commerce. Both these organizations have taken an active part in promoting the cause we have at heart and both have initiated among their constituent groups competitions in the field of local health progress. Dr.Dublin will describe the outstanding success of the Health Conservation Contest in which 108 cities took part last year, and which has already led to an increase in local chambers with active health committees from 100 to 225. It is difficult to estimate the value to the health officer of such a mobilization of support as is here represented. The opportunity offered and the work had to be done; and, although propaganda is outside the primary functions of the Committee, these particular programs were so closely tied up with the technical problems of survey and appraisal that we have been forced to carry them forward.

The present program of the Committee on Administrative Practice then involves the continuation of three major old activities as follows:

a. The continued study of current municipal health practice with a view to the immediate revision of the volume of Community Health Organization and to the revision of the Appraisal Form for City Health Work in 1933, and with periodic reports on special problems by the subcommittees on Record Forms, on Organized Care of the Sick, on Manual of Administration, on Health Department Reports and the like.

b. The provision, at cost, of survey and consultation service to individual communities with regard to their specific problems.

c. The provision of technical aid in the promotional activities undertaken in cooperation with the General Federation and the Chamber of Commerce.

Finally, there are two new or relatively new lines of activity which we hope and believe the Committee can attack during the decade which is to come.

The first of these is the problem of rural hygiene. During the past fifty years health has come to the city and death rates in the crowded tenements have been cut almost in half. On the farm and in the village no such miracle has occurred. It is true that through the splendid efforts of the United States Public Health Service, the State health officers and the Rockefeller Foundation we have 500 full time county health units in operation in the United States. The other 2000 counties are, however, without any effective health machinery and, even among the 500, only the first meagre foundations have been laid. Most of these full time counties work with a budget of 25 to 50 cents per capita and with one public health nurse serving 20,000, 40,000 or 60,000 people. There are not more than a dozen rural counties in the United States which have such health machinery as would be considered adequate for an urban area; and yet we know that the actual needs of the farm dweller are as great and probably greater than those of his city cousin. The development of modern public health service for the rural areas is the major health problem of the future,- not only in the United States but throughout the world.

It was this conviction that led us in 1927 to ask the Commonwealth Fund for a grant to make the first comprehensive, comparative study of rural health service. The field work of that study is now complete and Dr.Bishop and Dr.Freeman will report to you its progress. I need merely add as Chairman of the Committee that, if you approve, we plan to make the furtherance of rural health work a major feature of our program for the future, in the belief that the equality of opportunity of which American tradition boasts will not

be a reality until the child in a rural county has his equal chance for life and health and efficiency.

Finally, we have a second new project which will be launched during the coming year if funds are made available, as we have reason to believe may be the case. This second new task is the attempt to evaluate the real significance of our administrative health procedures by detailed scientific study of the actual statistical results achieved. Present standards of health organization and appraisal are based upon existing practice,- in general upon the practice of the upper quartile of the cities which have been surveyed. They rest upon the assumption that the ends currently sought and the methods currently used to attain those ends are sound. In many instances they surely are. We may be reasonably sure that it is well to immunize children against diphtheria and to pasteurize milk. Yet even with respect to such obvious elements in our program it would be hard to cite a summary of results obtained in various communities so conclusive as to convince the sceptical of the value of the measure and to make clear to the health officer the particular administrative procedures most likely to yield maximum results. With regard to many phases of health administration we have no exact evidence whatever upon which to justify our empirical practices.

It may seem a somewhat illogical process to spend ten years in setting standards and then to try and find out whether those standards are scientifically justified. Yet I believe it was wise to do just what has been done. A clear picture of actual administrative practice and its empirical foundations was essential to more refined analysis; and practices, for which no convincing statistical justification can be adduced but which are indicated as valuable on sound a priori grounds, will long continue to bulk large in health

administration. It is full time, however, that a beginning should be made in laying a firmer basis for our work. If you approve, we hope to begin with a few relatively simple problems, such as scarlet fever isolation (with respect to length of the isolation period for cases of various clinical types) diphtheria immunization (with respect to the use of toxoid and toxin-antitoxin at various age periods and under various administrative procedures) prenatal service (with the hope of measuring the actual results attained by prenatal clinics and prenatal nursing and the conditions under which they may be made effective) routine inspection of school children (with a view in particular to the results of inspections made by doctor, nurse and teacher, respectively) and pasteurization of milk (with reference to the actual results obtained by various administrative procedures). These five studies alone will take the greater part of two years and the whole task stretches into the indefinite future. We believe, however, that it is the next great task which must be undertaken if our administrative health practice is, step by step, to be removed from a basis of a priori empiricism to that of demonstrated scientific evidence.

This is our accounting of our ten years' stewardship and these are the possibilities we see for future service. If we have in some measure served you it is for four reasons. We have had generous financial support. Since the beginning of its work the Committee has spent over $560,000, of which exactly $6000 came from the general budget of the Association and $354,000 from insurance companies, foundations and cities and counties directly served by us. We have had an extraordinary committee membership, sixteen men and women serving with unparalleled ardor and enthusiasm and gaining in capacity for service with the experience of each year. We have had the splendid leadership

of such staff members as Dr.Rankin and Dr.Walker. And finally, and most important of all, we have had the constant support of the officers and members of this association and of the health officers of the country. The work we have done and hope to do cannot be done under any system of bureaucratic office administration. We are dealing with essentially research problems which require freedom to spend the funds we receive for specific purposes for those specific purposes and through personnel chosen and adequately compensated for those specific purposes. So far we have been given such freedom. Our work cannot be done without the active interest of the health administrators who alone can make our studies and standards bear actual fruit. So far we have had that support.

If the Association feels our task is done we shall be glad to rest from our labors. If it desires that this task shall continue, a reasonable measure of autonomy and a generous measure of support from the health officers of the country are essential to the future of the Committee on Administrative Practice.