

## PROGRAM FOR 1933

The Committee on Administrative Practice of the American Public Health Association hopes to carry on the following activities in 1933:

### (1) Field Service

The Committee will during 1933 offer the following types of field service:

1. Complete or partial health surveys of states, counties, municipalities or organizations.

Such surveys involve a complete stock taking of the health facilities of the organization or area under consideration, a careful analysis of services rendered in relation to existing problems and cost, and finally, a report on findings and recommendations for future program.

2. Consultant service in relation to specific problems. Such service might include, for example, advice and assistance concerning: the inauguration of a new division or activity such as child hygiene; record keeping; how to determine the degree of diphtheria protection among children of different age groups, etc.

3. Advice on readjusting health activities or programs to new conditions precipitated by the necessity for extraordinary economy.

### (2) The United States Chamber of Commerce Health Conservation Contest.

This Contest sponsored by the United States Chamber of Commerce and carried on in cooperation with the American Public Health Association has already proved its usefulness in stimulating health work in terms of actual health accomplishments (i.e., over 90 per cent of the cities entered for two or more years obtained higher ratings in 1931 than in any preceding year).

It is proposed to carry on the Contest next year in much the same manner as in preceding years except that with the proffered assistance of several state health departments it is to be hoped that the scope and therefore the usefulness of the Contest may be increased (i.e., instead of the comparatively small number of new entries which it has been possible to include in 1932, it is hoped that the assistance of state health departments may permit the inclusion of a much larger number of cities in 1933 without appreciably increasing the cost of the Contest).

### (3) City Appraisal Form.

The City Appraisal Form is at present being revised and will issue its fourth revised edition in January 1934.

The City Appraisal Form is not only used in the survey work of the Committee on Administrative Practice but is coming into wider and wider use by cities as a means of self appraisal. It is obviously important that the form and the standards set up therein be changed from time to time to keep pace with

progress in public health practices. In planning and carrying on the work of revision the volume of information made available through the schedules of the Health Conservation Contest and the information obtained through the sub-Committee on Current Health Department Practices is proving of real value.

(4) Evaluation Studies.

Prenatal Care - The studies on the evaluation of prenatal care, carried on under the direction of Professor Winslow, will have been completed by the end of 1932.

Toxin-antitoxin and Toxoid - The study of the relative values of toxin-antitoxin and toxoid as immunizing agents against diphtheria, carried on by Dr. William H. Park, is practically completed.

Diphtheria Immunization - Studies on the effect of diphtheria immunization on the incidence of diphtheria are not completed and will be continued in 1933 under the direction of Dr. Edward S. Godfrey, Jr.

During 1933 it is proposed to study carefully the relationship between immunization status and diphtheria incidence in those cities having unusually high incidences of diphtheria in an effort to substantiate or refute the tentative conclusions thus far reached.

We shall try to arrange with the United States Public Health Service to wire us, collect, when diphtheria becomes unusually prevalent in any city. For this purpose we shall probably consider a rise in incidence which persists for two weeks and is at least twice as high as the normal incidence, as evidence of unusual prevalence. In such cities a careful study will be made of the possible factors involved in the rise and where circumstances warrant more intensive epidemiological studies will be pursued to determine the respective roles of the case and the carrier in the spread of the disease.

If diphtheria rises in a city in which there has been little immunization of the children under five years of age, every effort will be made to have this group immunized as rapidly as possible and to observe the effect of such immunization on the outbreak.

Studies will also be pursued of instances in which sharp declines in diphtheria incidence have occurred in which immunization has apparently not been the influencing factor.

Every effort will be made to bring about the cooperation of state health officers in an effort to obtain more definite and accurate information on their diphtheria problems, at least from their more important centers of population.

Scarlet Fever - Studies designed to bring about more scientific and effective control measures for scarlet fever have been carried on during the past two years under the direction of Dr. J. E. Gordon and will be pursued in 1933.

Studies in 1933 will attempt to substantiate or refute present tentative conclusions through data being gathered in Richmond, Va., Syracuse, N.Y., Rutherford County, Tenn., Barry and Allegan Counties, Michigan, and we hope in the Nashoba District in Massachusetts.

At present studies are being undertaken to ascertain the importance of carriers and missed cases in the transmission of scarlet fever. At the conclusion of these studies and the analysis of data obtained from other areas, which should be about June 1, 1933, we should have a reasonably complete picture of the significant factors in scarlet fever control and their relative significance. The next step will then be to devise and to try in actual practice administrative methods designed to solve the problems demonstrated by these studies.

While at present the evidence lacks completeness, the conclusion of the studies will probably result in:

1. An individual and a shorter period of quarantine based on the condition of the patient, his age, the season, and climatic conditions. This would obviously result in a great economic saving.

2. A more careful and scientific observation of contacts to discover carriers and missed cases and regulations governing the control of such missed cases and carriers. This will probably involve some added expense in the discovery and control of such missed cases and carriers but should sufficiently decrease the incidence of scarlet fever as to effect a considerable net saving to the community.

3. Possibly more precise regulations with respect to isolation for contacts under five years of age than for older contacts. If even one-half of the present cases of scarlet fever among young children under five years of age could be prevented the total deaths from the disease could be reduced by one-quarter.

(5) Current Health Department Practices.

During 1932 an attempt was made to gather pertinent information on current health department practices, particularly with respect to expenditures for specific purposes, and to full-time personnel and salaries, which is up to date and which can be kept up to date from year to year. At the present time no organization or agency is keeping such current information and it is therefore proposed to continue this work during 1933. A partial integration of personnel of the three sub-Committees on the Health Conservation Contest, Annual Health Department Reports, and Current Health Department Practices, has been effected in order to prevent possible duplication and to insure uniformity of such information as is common to the work of these three sub-Committees.

(6) Record Forms.

During the past several years the sub-Committee on Record Forms has been working, often in cooperation with other agencies such as the National Organization For Public Health Nursing, the National Tuberculosis Association, and the American Social Hygiene Association, to develop record forms for all major health activities. It hopes to complete this work in 1933 and to publish a book which will include the presentation of the philosophy of record keeping together with suggested forms upon which such records may be kept.

(7) Rural Health Work.

The sub-Committee on Rural Health Work has during the past year published a second edition of the Rural Appraisal Form and will, by the end of the year, have published, through the kindness of the Commonwealth Fund, a book entitled "The Rural Health Study."

Its work during 1933 will be to stimulate and encourage the wider use of the Rural Appraisal Form and to gather information on its use and on the applicability of standards contained therein which will be useful in the future improvement and revision of the Form. The committee also proposes to consider the feasibility of publishing a supplement to the Rural Appraisal Form which will include the definition of special problems and the evaluation of programs designed to meet such special problems as are frequently found in rural areas such as malaria, typhoid fever, and trachoma control. The committee will also continue its work on the development of record forms for rural areas.

(8) Organized Care of the Sick.

The sub-Committee on Organized Care of the Sick is at present engaged in the preparation of an appraisal form for hospitals which will include an appraisal of the community's facilities for the organized care of the sick. It is anticipated that this form will permit the appraisal of not only the entire community but likewise of the individual units (hospitals, clinics, etc.) which make up the whole. Definitions of terms to be included and a skeleton outline of the form have been completed. The next step is to interject into the form standards and scoring. It is to be hoped that the form will be completed and opportunity found to try it out in certain communities during 1933.

(9) Medical Participation.

The sub-Committee on Medical Participation, created in 1932, is interested in fostering sound programs of cooperation between health agencies and organized medicine. While health workers insist that all of the people should practice well established health procedures only a small percentage is actually reached through the direct service of health agencies. The remaining portion of the population, which probably constitutes over 80 per cent of our people, must receive the services which we advocate, if they receive them at all, from their own physicians, dentists, nutritionists, etc. The advisability, therefore, of bringing these professional groups, particularly the practicing physicians, into the picture on some sound basis of participation is obvious. Real interest in cooperation between health departments and organized medicine is unquestionably increasing. Much of the interest which is manifest is lost because of inability to plan a workable program. For 1933 the committee plans a two-fold program consisting of:

1. A study of notable examples of public health activities which embody the general principle of a coordination of interest and services between organized medicine and health departments.
2. The establishment of small demonstration centers under the direction of a city health department and a county health department sympathetic with the general idea.

Other Sub-Committees.

The sub-Committees on Annual Health Department Reports, Public Health Nursing, Vital Statistics, Relationship of Social Workers to Public Health, and Manual of Administration, will carry on their activities in 1933 although no definitely outlined programs have been developed for them.

Budget

The budgets of the Committee on Administrative Practice have varied from year to year in accordance with the projects undertaken by it. Budgets have ranged from \$85,121.00 in 1930, to \$45,408.00 in 1932.

The proposed budget for 1933 totals \$57,500.00 and is subdivided as follows:

Field Service .....	\$ 4,500.00
Health Conservation Contest .....	21,000.00
Evaluation Studies:	
Scarlet Fever .....	5,000.00
Diphtheria .....	5,000.00
Medical Participation .....	15,000.00
City Appraisal Form .....	2,500.00
Current Health Department Practices .....	2,000.00
Other Sub-Committee Activities .....	<u>2,500.00</u>
Total	\$57,500.00

November 1, 1932.