

Activities of the
COMMITTEE ON ADMINISTRATIVE PRACTICE
of the
AMERICAN PUBLIC HEALTH ASSOCIATION, 1932

The Committee on Administrative Practice was organized in 1920. Its function is the analysis, evaluation and standardization of public health practices. The activities of the Committee are carried on directly by its membership which is composed of outstanding leaders in public health work in this country. The present membership includes:

- Professor C.-E. A. Winslow, Chairman, Yale School of Public Health,
New Haven, Conn.
- Dr. Haven Emerson, Vice Chairman, College of Physicians and Surgeons,
Columbia University, New York, N. Y.
- Dr. Louis I. Dublin, Metropolitan Life Insurance Company, New York, N.Y.
- Dr. E. L. Bishop, State Commissioner of Public Health, Nashville, Tenn.
- Dr. Charles V. Chapin, formerly Health Officer, Providence, R. I.
- Dr. Michael M. Davis, Julius Rosenwald Fund, Chicago, Ill.
- Dr. Allen W. Freeman, Johns Hopkins University, Baltimore, Md.
- Dr. Joseph W. Mountin, U. S. Public Health Service, Washington, D. C.
- Miss Sophie C. Nelson, President, National Organization for Public Health
Nursing, Boston, Mass.
- Dr. George T. Palmer, American Child Health Association, New York, N. Y.
- Dr. W. S. Rankin, Duke Foundation, Charlotte, N. C.
- Dr. John L. Rice, Health Officer, New Haven, Conn.
- Dr. Robert H. Riley, State Commissioner of Health, Baltimore, Md.
- Dr. George C. Ruhland, Commissioner of Health, Syracuse, N. Y.
- Dr. Henry F. Vaughan, Commissioner of Health, Detroit, Mich.
- Dr. W. F. Walker, Commonwealth Fund, New York, N. Y.
- Dr. Carl E. Buck, Field Director.

The Committee fulfills the functions for which it was appointed through its Field Service and the work of its sub-Committees, of which there are some fourteen at the present time.

FIELD SERVICE

The first activity of the Committee was a study of public health undertaken in 1920, in cooperation with the United States Public Health Service, of all cities in the United States having a population of 100,000 and over. (See Public Health Bulletin No. 136 - "Report of the Committee on Municipal Health Department Practice").

In 1924 a similar study, also in cooperation with the United States Public Health Service, was made of all cities having a population of 70,000 and over. (See Public Health Bulletin No. 164 - "Municipal Health Department Practice for the year 1923").

A full-time field director for the Committee was appointed in 1925 and the services of experienced staff members have been available to states, cities, and rural communities for the purpose of public health and hospital surveys. The number of surveys made in the past eight years is as follows:

4 states; 43 cities; 30 counties; 77 total.

These surveys are always carried on in cooperation with the local health department and have the endorsement of the state health department concerned. They provide a complete stock-taking of public health facilities in the community, an analysis of the data obtained, an evaluation of the work which is being rendered in relation to the needs of the community, and finally a report with recommendations for correcting deficiencies noted and planning a coordinated program. (See "Exhibit I" for typical report of survey and appraisal).

SUB-COMMITTEE ACTIVITIES

It is impossible in a brief report to present all the work which has been accomplished by the sub-Committees of the Committee on Administrative Practice. However, mention should be made of some of the most important activities undertaken.

Health Conservation Contest

In 1929, in cooperation with the Chamber of Commerce of the United States, the Committee inaugurated the first Inter-Chamber Health Conservation Contest. The enrollment for that year was 149 cities. The interest in these annual competitions has increased steadily. There are 266 cities already enrolled for the 1932 Contest and before the end of the year it is anticipated that the number will be larger.

Consultant service to cities participating in the Contest is provided through the field staff of the Committee on Administrative Practice. (For detailed report of the Health Conservation Contest see "Exhibit II").

Appraisal of City Health Work

The first Appraisal Form for City Health Work was issued in experimental form in 1925. This was somewhat revised and a second edition printed in 1926. After three years use this sub-Committee prepared a third revised form which appeared ready for use January 1, 1929. (See "Exhibit III").

For the past year the sub-Committee has been working on another revision which will be ready for use in 1934.

The use of the Appraisal Form is advocated and demonstrated by various means. Health officers are encouraged to use it as a means of checking up their own activities and in reporting public health practice and progress. It is used extensively for teaching purposes by universities.

Appraisal of Rural Health Work

This sub-Committee drafted the first Appraisal Form for Rural Health Work in 1927. A second edition, very much revised on the basis of information gathered in an intensive survey of rural health work, was released for distribution January, 1932. (See "Exhibit IV").

The survey of rural health work, mentioned above, brings together for the first time complete and comparable information of health department practices in rural areas. The final report of this study is now in the hands of the printer and will be ready for distribution at an early date.

The sub-Committee on Rural Health Work is now concerned with the development of record forms to be used in rural communities.

Record Forms

The sub-Committee on Record Forms has concerned itself with the development of suitable record forms for use in city health departments. Two printed reports have been issued. (See "Exhibits V and VI"). Arrangements have been made with a commercial organization for printing the forms approved by this Committee for sale to health departments desiring large quantities of the forms. A third report of the committee will be issued in 1933.

Organized Care of the Sick

Under the auspices of this sub-Committee two studies have been carried on, one in 1927 on "Relations between Health Departments and Hospitals" (See "Exhibit VII"), and the other in 1929, dealing with "The Care of Communicable Disease Cases in General Hospitals." (See "Exhibit VIII"). In 1931 the committee prepared "Twenty-five Questions Which Public Health People Should Ask About Hospitals and Clinics in Their Community." (See "Exhibit IX"). At the present time the committee is concerned with the development of a survey schedule and appraisal form for agencies furnishing organized care of the sick.

Community Health Organization

In 1927 the Committee on Administrative Practice brought together in one volume entitled "Community Health Organization" model plans of organization of a health department for cities of 100,000 population and over, for cities of from 50,000 to 100,000 population and for a rural community of 30,000 population or less. One of the major accomplishments of 1932 was the preparation by the sub-Committee on Community Health Organization of an enlarged and revised edition of this book. (See "Exhibit X").

Evaluation of Administrative Practices

Through generous grants from the Commonwealth Fund studies were inaugurated in 1931, under the auspices of this sub-Committee, on Diphtheria Immunization, Toxin-antitoxin and Toxoid, Scarlet Fever Control, and Prenatal Care.

Diphtheria Immunization - The work of the first year covered a study in the epidemiology of diphtheria in relation to the active immunization of certain age groups. (See "Exhibit XI").

In 1932 an analysis was made of all the accurate data on diphtheria immunization which could be obtained. A letter was sent to all health officers of cities of 25,000 population and over, and to state health officers, calling

attention to the inaccuracy of records on the present status of diphtheria immunization, and putting forth a plea for more careful and accurate local appraisals of the diphtheria problem. Enclosed with the letter was a short pamphlet on "What Should Each Community Know Concerning Its Diphtheria Problem?" a set of suggestions concerning methods of taking cross sections or otherwise estimating present immunization status by individual age groups and a table through the use of which children immunized in past years can be translated into their present age. (See "Exhibit XII"). Studies have been made in Niagara Falls and Albany, New York, of the relationship of immunization to births (births being used as an index of child population) in the epidemic areas as compared with other areas of the city.

Toxin-antitoxin and toxoid - Laboratory tests have been conducted to determine whether toxoid is more efficient than toxin-antitoxin, the number of antigenic units, the number of doses, and the interval between injections required to develop a negative Schick. (See "Exhibit XIII").

Scarlet Fever Control - The first year of the study was spent principally in the development of methods of determining what factors enter into the problem of scarlet fever control. (See "Exhibit XIV"). Studies during 1932 have been undertaken to ascertain the importance of carriers and missed cases in the transmission of scarlet fever. Contacts have been carefully examined on the day of report of the first case, on the second day, and at the end of the first, second, fourth, and eighth weeks. As a result of these examinations and by culturing, numerous missed cases and carriers have been discovered.

A very careful analysis of 10,666 cases of scarlet fever has helped to substantiate many of the tentative conclusions included in previous reports and in addition has shown that, at least as far as this series of cases is concerned, more than 50 per cent of all scarlet fever deaths occur among children under five years of age and over 80 per cent among children under 10 years of age, and that the case fatality rate of scarlet fever cases under one year of age is 22 as compared with a fatality rate for all ages of only 1.

Prenatal Care - The problem considered by this study was: "To what extent are the favorable results in lower stillbirths, neonatal and maternal mortalities apparently obtained from the use of medical and nursing service in the prenatal period, due to the character and intensity of the service, or to the period of pregnancy over which the service was rendered?" Complete and careful studies have been made of all deliveries in one year at the New Haven Hospital and of 1000 cases at the Boston Lying-In Hospital. The sub-Committee has not made a report of the progress of this work, but it will do so before the end of 1932.

Current Health Department Practices

The program of this sub-Committee was started in 1932 and is designed to bring about the establishment in the office of the Committee on Administrative Practice of a file of current information concerning practices of health departments.

Medical Participation

The sub-Committee on Medical Participation has as its objective the coordination of interest and activities of health departments and organized medicine. Because of a lack of funds the committee was unable in 1932 to undertake much active work except as individual members of the committee had the opportunity of presenting the subject to interested groups. (See Program for 1933).

Additional sub-Committee reports are presented in "Exhibits XV, XVI, XVII".