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THE IMPROVEMENT OF PUBLIC HEALTH WORK THROUGH THE STABILIZATION OF HEALTH BUDGETS, SOUND HEALTH ORGANIZATION AND THE EVALUATION OF ACTIVITIES

During the past two or three years health appropriations, never adequate to do a completely satisfactory job, have been cut severely.

Some departments of health lost most if not all their child welfare activities, others a majority of their public health nurses, and still others such important functions as tuberculosis and venereal disease control. Such eliminations of essential health activities are bound, if continued, to eventually adversely affect the public health. Such reductions are clear cut examples of false economy for which we are bound to pay many times over in the future.

There are three important functions which all those interested in the maintenance of public health protection should unite in fostering:

(1) The stabilization of public health appropriations.

(2) The stabilization of sound health organization and administration.

(3) The evaluation of public health activities to the end that funds expended for public health shall be used in the most scientific and effective manner.

The first of these functions can be achieved only by a widespread educational campaign aimed to acquaint the public, and most particularly those officials who are entrusted with the appropriation of funds, with the importance and necessity of maintaining adequate health machinery and of the false economy in reducing essential public health appropriations.

The average individual, including legislators, knows something about highways, he sees them and he uses them, he sees the parks and recreation centers and uses them, he sees school buildings and uses them, he sees the policeman on the corner and knows what he is there for. All these things he is interested in because

they affect him personally. He may have heard of the health department, probably not much more than that. It is doubtful if he has ever actually seen any real public health work going on. If he has any impression at all as to what constitutes public health work he is more than likely to picture it as embodying primarily garbage collection and tacking up quarantine signs. He does not see that public health work affects him personally in any way and he therefore quite naturally lacks interest in it.

Even granting, as we must, that public health work is far more difficult to dramatize than highways and public schools, nevertheless the average individual's complete lack of understanding of what public health means to him is a severe criticism of our methods of general public health education.

The keynote of our general public health education programs must be to individualize public health if we are ever to attain the measure of success which the importance of the work merits. This seems to be the crux of the entire problem. Public health protection must be made the problem of the average individual. He must be made to see that public health does affect him personally, intimately, definitely, and in an important way.

How can this be done?

Obviously all the various avenues of publicity may be made use of - radio, talks, newspapers, pamphlets, and magazine articles, and the program should be nationwide in scope.

These are, of course, merely the avenues of approach. How shall the message or messages be prepared and presented? This presents a much more difficult problem but we may perhaps formulate certain principles which might prove helpful:

(1) The talks and articles, particularly radio talks, should be short.

(2) They should be simply worded and their keynote must be an individual personal appeal. We must minimize the general appeal to civic mindedness and impress the average individual, to whom our remarks are addressed, with the fact that our message affects him personally.

(3) Particularly in radio talks, the dialogue is apt to be far more effective than the individual talk.

(4) We should not attempt to cover more than a few points in any single talk or article.

(5) We should bear in mind the fact that our usual audience is already interested in and has some knowledge of our message. In this program we must constantly endeavor to reach a different type of audience - one that has as yet no special interest in and knowledge of our message.

(6) We should recognize the fact that with very few exceptions public health workers are not properly trained to themselves do the job which we wish done. We should, therefore, wherever possible, avail ourselves of professionally trained people:

(a) Professional actors for radio dialogues,

(b) Persons trained in advertising and journalism for the preparation of talks and articles.

With these general principles as a background, with the aid of professionally trained people, and with a nationwide well planned program, we may look forward to at least come measure of success.

The second function, that of stabilizing sound health organization, may be approached through an educational campaign, perhaps a somewhat more direct campaign than the one aimed to stabilize health appropriations, in which the American Public Health Association sends directly to legislators and legislative bodies its pronouncements on what constitutes sound health organization.

Such pronouncements would include at least the following definite statements:

(1) The health officer should be directly responsible only to his board or to the chief executive of his community.

(2) All public health work should be coordinated under the leadership of the health officer and the health officer should have no other responsibilities. Health and welfare activities should not be combined in a single department.

(3) (a) The health officer should be employed on a full-time basis and should be well trained for his position.

(b) There should be full-time well trained personnel for all executive and administrative positions.

(4) The health officer should have supervision over the entire community public health program (whether or not he actually carries on all the integral parts of the program) and should provide such personal health services as are essential and cannot be adequately provided through other channels.

(5) Preventive and curative medical activities are very closely allied and should be inter-related as closely as possible but:

(a) Curative medical activities such as the care of the indigent sick should be carried on by medical institutions, hospitals, universities and the like. Although welfare and charity organizations may well finance such activities they should not themselves carry on medical work.

(b) All preventive medical activities should be carried on under the direct supervision of the health officer. This does not mean that the health officer need necessarily be in direct charge of all preventive services but rather that he should have such supervisory jurisdiction as would protect the public health and prevent duplication of effort.

Now we come to the third function in which we should also all be interested; the evaluation of public health activities to the end that funds expended for public health should be used in the most scientific and effective manner.

It is unreasonable for us to expect appropriating bodies to provide adequate public health budgets unless we can show that funds appropriated are being used in as wise and scientific a manner as knowledge permits. It is probably safe to say that there is less public health money wasted than in perhaps any other governmental department but on the other hand it is probably true that there are a great many health departments which could make a more scientifically effective use of some of their funds.

There are two main objectives in evaluating health activities and the relationship of health activities to each other:

(1) To show appropriating bodies that we are using funds in as wise a manner as possible;

(2) In communities where, in spite of efforts, appropriations remain decidedly inadequate to make the health dollar just as effective as possible.

City and Rural Appraisal Forms have given us excellent measuring rods for the general adequacy or inadequacy of health programs and the degree to which these programs were well or poorly balanced. They also provide some actual evaluation of services rendered but with the exception of the weighting factor which is applied to each major activity there is nothing to evaluate the relative importance of the various component parts of the public health program nor is there in these Forms any means of evaluating the effectiveness of individual procedures.

Are we spending too much or too little for a given health activity in relation to other essential activities of the program?

Are the procedures used in carrying on an admittedly essential activity so designed as to give maximum results for effort and funds expended?

These are questions of great importance which every health department ought to seek answers for.

Today our job, and one of our principal jobs is to take out the "slack" in our programs, to differentiate between essentials and non-essentials, to judge the relative importance and effectiveness of the various factors in and phases of public health work. Obviously this cannot be done by any rule of thumb method for communities differ both in their problems and in the relative importance of their problems. Malaria control may be of paramount importance in one community and of no significance at all in another, and so on. It does mean, if we are to do our job well, that we must consciously or unconsciously appraise and evaluate the component parts of our program and in many even the details of procedure within a single activity. We must first clearly define our major problems and then study the relative effectiveness with which our activities are meeting these problems.

For example, we must determine first, whether or not all the activities of our program are essential and secondly, having established the fact that a given activity is essential we must examine the various procedures employed in carrying on that activity to determine their relative importance and effectiveness.

While, as previously stated, it is obviously impossible to determine precisely how any given community can make its health dollar more effective there are perhaps certain fundamental principles and general considerations which any community can profitably make use of.

Three fundamental principles readily occur to one:

(1) That we should exert our major efforts to those activities which give the greatest promise of effectively protecting and promoting child health, particularly of young children. This would immediately classify communicable disease control, prenatal, obstetrical, and infant work, and milk control as essential activities. Since water supply and sewage disposal affect persons of all ages attention to those activities would, if this principle is accepted, be essential parts of our program.

(2) That our major efforts should be confined, as far as practicable, to those activities the results of which are reasonably definitely known. Thus diphtheria immunization, smallpox vaccination, typhoid fever control, the protection of the water supply and the pasteurization of milk become integral parts of our public health program.

(3) To, insofar as it is feasible to do so, carry on those activities which are likely to produce maximum results at minimum cost. While naturally this group of activities will in most instances be synonymous with those activities the results of which are definite this principle would tend to eliminate (during this period of depression) elaborate epidemiological communicable disease control methods which although effective are very costly. For example, it would probably be foolhardy for a department of health today to institute the elaborate malaria control measures which were so effectively and necessarily carried on during the construction of the Panama Canal. As at present carried on, much of our school health work falls within this category.

Bearing in mind these three fundamental principles, let us discuss certain general considerations. Some of these are:

If we have been spending an unduly great amount of time and effort in investigating nuisances most of which have little or no public health significance, this work can be eliminated without doing any great harm.

If we have any inefficient employees this is obviously the time to get rid of them.

One of our major considerations should be to maintain, at almost any cost of curtailing other activities, our maximum public health nursing staff for without these important emissaries in the home our opportunity of accomplishing results is tremendously reduced.

If after examining our program on the basis of the three fundamental principles previously referred to and having eliminated all but essential major activities our budget reduction has been such that we are obliged to still further reduce our work, what is our next step?

The next thing to do would seem to be to study carefully the procedures and methods used in carrying on essential activities.

Such an examination and study might conceivably bring to light practices which could be either eliminated or altered in such a way as to effect a saving without impairing the general effectiveness of the service.

If, for example, our nurses are calling on prenatal cases eight or ten times during pregnancy, this number of calls may perhaps be reduced to three or four, depending of course on the needs of the individual patient, without increasing our maternal or infant mortality.

Infants may be coming to our well baby conferences routinely every two weeks. We may well change this rule and have the clinic physician determine the frequency of visit based on the condition and progress of the individual infant. This will very likely reduce clinic visits to 5 or 6 visits a year except for

special cases. The tendency seems to have been to try to have an unnecessarily large number of visits.

Preschool clinics or conferences often attempt to have their children come in every month or every other month. Pediatricians usually do not succeed in having their children of preschool age come in more than 2 or 3 times a year. This is as much as we can expect and is probably as often as is necessary, except of course in special individual cases. Preschool service in general, while potentially productive of excellent results and worth while, particularly in the splendid educational effect of such a project as the Summer Round-Up of the National Congress of Parents and Teachers, is less well defined both with respect to procedure and results accomplished than some other forms of service. It would seem that because of this fact both prenatal and infant service would take precedence over it.

Probably nowhere in the entire public health program, with the possible exception of nuisance investigation, is the public health dollar less effectively spent than in school health service. There are, of course, notable exceptions to this general statement but considering the country as a whole, in spite of the remarkable potential benefits of a well conducted school health program, we have spent more money on school health services with less to point to in the way of tangible measurable results than in any other major phase of public health work. We are not referring particularly to school nursing service, although that could be greatly improved and is probably the poorest done of any public health nursing service, but rather to the so-called medical examination of school children. The story of the reasons for the ineffectiveness of school examinations, which might more appropriately be termed "inspections" (and we are referring here to the routine examination of elementary school children) is altogether too long to be told in this brief article. Suffice it to say that while it is our claim that the primary object of the school examination is to educate parents to the value of a

periodic health examination it has failed miserably in so doing. Although it is true that we have succeeded in having large numbers of physical defects corrected we still continue to find approximately the same percentage of physical defects in school children of a given age as we did ten or fifteen years ago and moreover comparatively few parents have accepted and put into practice the principle of having periodic health examinations for their children of school age.

Let us examine our milk control program. This is unquestionably an essential activity but one in which not infrequently there is a good deal of lost motion. If milk control work of the past twenty years has been at all successful, and we believe that it has been, it has convinced both farmer and distributor that it is good business to produce good quality milk. We no longer have to employ police methods to accomplish results. If in our program we are attempting to visit each producing farm 2 or 3 or more times each year perhaps making a detailed score each time, would it not be wise to reduce the number of farm inspectors and divert time thus saved to a more productive field? If each farm has had one thorough inspection to assure us that equipment and methods meet satisfactory standards it would seem practical from this point on to devote, as far as the work in the country is concerned, our major effort to checking the milk at the country loading or distributing stations, through temperature, sediment, and odor tests and bacterial examination or reduction or methylene blue test, going back to the individual farm from which the milk came whenever milk of unsatisfactory quality is found.

These are, of course, only a few of the things which a study of procedures and methods may reveal. In general, we may say that rules of routine procedure, such as visiting the home of a patient regularly once a month, which may have been valuable at the time they were instituted, if continued too long and followed too religiously, often result in much wasted effort.

It is perfectly clear that in order to make the best use of our public health dollar we must know our problems and our program thoroughly.

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