

Annual Report of the  
Committee on Administrative Practice  
1926 - 1927

The Committee on Administrative Practice was reorganized and placed on a permanent basis at the Buffalo meeting of a year ago. It is now composed of twelve members appointed by the President of the American Public Health Association to serve for four year terms, in overlapping groups, so that three members are appointed each year; plus the executive secretary of the Association and the three officers of the Health Officers' section as ex officio members, - sixteen members in all.

The committee, as its work has developed during the past five years, has come (with its Field Staff) to constitute essentially the technical service division of the A.P.H.A. organization. It appears to have at the moment three essential and primary functions. These are:

A. The collection of material in regard to existing health department practice by surveys and questionnaires.

B. The critical analysis of the data thus obtained and the formulation of the results of such analysis in the shape of standard forms and programs.

C. The making available to individual communities of the results of procedures A and B by operating an information service and by making on request more or less detailed local surveys and appraisals.

A fourth function, that of organized publicity to further the improvement of health department practice by the wider use of the technical machinery now available, has been more or less forced upon the Committee; but we believe that much of this work should be shifted to the recently organized Promotion Division of the A.P.H.A. office.

We may conveniently review the work of the past year and the plans for next year under the headings just outlined, although the first two functions, the collection of data and the development from them of standard forms and programs, must necessarily be considered together since they are intimately interlocked.

The most important single task, upon which the Committee is now engaged is the revision of the Appraisal Form for City Health Service under a sub-committee of which Dr. George T. Palmer is chairman. This Appraisal Form, which was placed in your hands in January 1926 has exhibited a usefulness beyond our highest expectations. It has been said, and we believe, with some justice, that no single factor has ever done more than has the use of this appraisal form to develop city health department practice in the United States; and it has been extensively used even in foreign countries. The Committee has, however, felt from the beginning that there were two very real dangers in the practical application of the appraisal principle. It might, on the one hand, invite unjustified and damaging criticism of departments having low scores, and it might, on the other, lead to undue standardization and to stagnation on the part of cities having high scores. The first of these

hazards has, so far as we are aware, been completely avoided by the use of the Appraisal Form in an individual city only with the approval and on the request of the Health Officer and by the avoidance of any comparison of total scores obtained by various cities on a comparative basis. The second hazard, we have planned to obviate by revision of the Appraisal Form at three year intervals and the first revision will be completed during the coming year and presented to you at the 1928 Annual Meeting. It is planned, not only to alter items in the present Form which have been shown to be theoretically and practically unsound and to increase levels of attainment required for attainment of a perfect score to keep pace with current progress, but also, if possible to include certain new items not now included at all. Individuals and organizations interested in Mental Hygiene and in Industrial Hygiene, and in the control of heart disease, cancer and malaria, will be asked to submit for their respective fields standard administrative programs with appropriate numerical ratings of various activities on an objective basis; and if it proves that such programs and ratings can be prepared they will be included in the 1929 revision.

A second project, of major importance, is the attempt to extend the Appraisal principle to cover the health machinery of rural counties. The sub-committee on this project, under Dr. E. L. Bishop, has prepared during the year a tentative Appraisal Form for Rural Health Work which is placed in your hands at this meeting in printed form. This form was published some time ago and has already been extensively tested out in practice by the Committee in Tennessee and to some extent in the states of New York, and Georgia. County or district health officers from fifteen states have written to us for 402 copies of these forms and up to October 1, 652 copies in all had been distributed. This Tentative Form will be continued in experimental use till 1929.

In order to proceed soundly with the preparation of programs for rural health work, it seems to us essential that we should have the same broad basis of knowledge which was obtained for city health services in the comprehensive surveys of 1920 and 1923. Dr. Bishop has therefore prepared a definite program for a two-year study in which 50 typical counties should be surveyed, covering all sections of the country and all degrees of public health development. He presented this program at the Surgeon-General's Annual Conference of State and Territorial Health Officers last spring. The matter was referred to a Committee of the Conference on Standard Forms for Reporting County Health Work (Dr. S. W. Welch, Chairman). Dr. Bishop's committee and Dr. Welch's committee are now working on the problem with every prospect of hearty agreement. It will be necessary, however, to obtain special funds to the extent of \$25,000 if this work is to be undertaken.

In addition to the appraisal forms which cover in a general way the whole balanced program of community health service, your committee has proceeded actively during the year with the study of certain details of health department procedure which seemed to lend themselves to analysis in the direction of uniformity of practice. Thus, a Sub-committee on Record Forms, with Dr. Geo. C. Ruhland as chairman, has rendered a notable service during the year in the preparation, after a vast volume of correspondence and critical study, of sets of standard forms to be used in connection with the communicable disease service, the laboratory service, the school medical inspection and the nursing service of the health departments. These four sets of forms are before you in printed form as the second definite evidence of work completed by the Committee during 1927. Dr. Ruhland's sub-committee is now proceeding with the preparation of similar forms for use in connection with tuberculosis and venereal disease.

Dr. C. Hampson Jones' sub-committee on Standard Health Department Reports has prepared a preliminary analysis of the functions and contents of a model annual report which will be read before this section by Dr. Jones and Professor Hiscock, a third concrete result of our sub-committee activities presented at this convention. Topical outlines for the various sections of the annual report will be worked out in detail during the coming year.

A sub-committee on Model Ordinances (Dr. H. F. Vaughan, Chairman) is at work on a schedule of the main essentials which should be the objectives of a health code and its final report is promised by next spring.

An important special problem, that of the relation between the health department and the local hospitals has been considered by a sub-committee of which Mr. Michael Davis is chairman and his very interesting report based on a questionnaire sent out to 247 health departments and to 1365 hospitals and dispensaries will be read at the meeting.

The problem of the hospital has been forced upon the attention of your committee, not only as a cooperating agency in the primary activities of the health department but, as itself, in its very essence a part of the machinery for community health program. We have been called on during the year to make special surveys of the hospital situation in St. Louis and Scranton and have undertaken a study of the dispensary situation in Cincinnati. In order to meet future demands of this kind the scope of Mr. Davis' sub-committee has been enlarged and its title changed to Subcommittee on the Organized Care of the Sick. It has been asked to prepare a suitable survey schedule for the study of hospital and dispensary service and to supervise the field service of the Committee in this important field. The work projected will continue to be carried on, as it has during the past year, in close cooperation with the officers of the American Hospital Association and the function of the sub-committee is limited to the study of community needs for hospital and dispensary service and will not include details of the construction or operation of such institutions.

Mention should be made of one other subcommittee, that on Analysis of Public Health Procedures (Prof. A. W. Freeman, Chairman) which has not been active during the past year but from which we hope much in the future. It is the function of this subcommittee to attempt, step by step, the analysis of the demonstrated values of various community health activities in terms of actual life saving, - a problem of enormous difficulty but the solution of which will alone give us the ultimately sound basis for the standards and the appraisals now necessarily grounded in the main on group judgment and empirical experience.

A special subcommittee, with Dr. Haven Emerson as chairman, was appointed as a result of action taken by the American Public Health Association at Buffalo to present to the American Medical Association the invitation to create a joint standing committee of conference between the two organizations on the inter-relationships between the public health movement and the medical profession. Conferences on the plan have not yet proceeded far enough to require any further official action. Your committee desires, however, to express its feeling that if the American Public Health Association does take part in any such permanent conference committee it should do so through a special committee named by the President for the purpose and not through the Committee on Administrative Practice.

We may now proceed to a consideration of the third primary function of the committee, the translation of its general program into concrete action through local surveys and appraisals. It is this work which of course occupies the major share of the time of our very able staff, including Dr. Walker, Dr. Drake and Miss Phillips. During the past year we have made more or less complete surveys and appraisals in Athens and Clarke County, Ga., Burbank, Calif., Cattaraugus County, N. Y., Chicago, Ill., Cincinnati, O., Fargo, N. Dak., Glendale, Calif., Hingham, Mass., Lowell, Mass., Quincy, Mass., Rutherford County, Tenn., Salem, Ore., Scranton, Pa., St. Louis, Mo., and Syracuse, N. Y., while more or less definite commitments have been made to 11 cities and counties in 7 states and 1 province in Canada for surveys to be conducted in the near future.

We have been invited by the State Health Departments of Michigan, Massachusetts and Ohio to undertake studies of their organization and administration, an opportunity which we shall welcome if the necessary funds for this purpose can be obtained.

In the fourth field of activity, that of propoganda for the advancement of the general cause of improved community health services, the committee has opened up during the year two very important possibilities of cooperative effort. The active interest of the Chamber of Commerce of the United States has been enlisted in this cause and three most helpful bulletins have been prepared in Dr. Walker's office on Prolonging Life by Community Effort and on Health and Community Prosperity which have been printed by the Chamber and distributed to local Chamber of Commerce secretaries and to health officers throughout the country. Dr. Walker was also invited under the auspices of the Chamber to deliver a series of lectures on public health before the National School for Commercial and Trade Organization Executives. We believe that local health officers will find the movement thus actively fostered by the U. S. Chamber of Commerce of incalculable value to them in the future.

Continued cooperation has also been maintained with the General Federation of Women's Clubs in stimulating a health interest on the part of its constituent organizations. A schedule of community health study was prepared and 3328 copies distributed to the local clubs, of which 93 schedules were actually filled out by clubs from 13 states. One month's free service by the Committee on Administrative Practice was promised to the state showing the largest proportion of communities participating and this friendly competition was won by the State of Rhode Island.

The Health Officers' News Letter is issued monthly from the Office of the Committee and is now sent to all state health officers, to health officers of cities having a population of over 30,000, and to all full-time county health officers.

The total budget of the Committee for the calendar year is estimated at \$42,000, balanced by an income of about \$19,000 from special grants and general retainers and \$21,000 from payment for surveys and appraisals, leaving a \$2000 estimated deficit to be made up by the association. For 1928 we look forward to a basic budget of \$48,000, with \$18,000 more needed if the state and rural surveys are to be undertaken.

The budget of the Committee can conveniently be considered under three main heads. It includes first of all appraisals and surveys of local communities which are normally self-supporting. Of the fifteen cities and

counties surveyed in 1927, 14 were paid for, 5 from municipal funds, 3 from funds of local voluntary agencies and 6 from funds of outside voluntary agencies interested in the local health work. This part of our budget takes care of itself and is likely to amount to about \$30,000 a year.

Special studies like the rural health survey and the state health survey must obviously be supported by special gifts and will only be undertaken if those gifts are forthcoming.

Finally, there is a basic and essential general service cost of the work of the Committee which is and ought to be considerable. All the preliminary work of accumulating data for the various subcommittees, the preparation and revision of appraisal forms, the preparation of the News Letter, the conduct of Information Service, the aid which must necessarily be furnished very frequently to health officers unable to pay for it, - all these things involve a large part of the time of the staff and considerable expenditure for travelling, postage and printing which brings in no direct financial return. We have been able to carry this basic service cost during the past year through a grant of \$10,000 from the Metropolitan Life Insurance Company, a grant of \$7500 from the Milbank Fund, a retaining fee for consultation service of \$1000 from the Commonwealth Fund and a similar retaining fee of \$400 from the Department of Health of the City of Detroit. The indefinite continuation of grants from outside agencies is most unlikely and even with those now available the powers of the present field staff have been strained far beyond a wise and profitable limit. Dr. Walker has rendered to this committee a service of a rare and unusual character and his usefulness grows with the experience of every year. It would be the poorest policy to break down his health or to let him slip out of our hands to some more appreciative organization. We must give him additional assistance which will require more money, not less.

There seem only three ways to finance this general service cost of the committee on a permanent basis; by grants from outside agencies, by grants from the Association or by contributions from local health departments. Outside grants cannot be relied upon for an indefinite period and Association grants of large size are at present beyond our financial resources. It is really the health departments of the country which profit most directly and most immediately by the work of the Committee. The logical source of support would seem to be contributions from these departments just as the source of support for the National Safety Council which renders to the manufacturing industries a similar service is the contributions of those same industries. If more cities would follow the example of Detroit and place in its annual budget an item of \$100 to \$500 for consultant service from the Committee on Administrative Practice, our financial problem would be solved in the one really satisfactory way.

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