

(by Prof. Woodrow)
10/16/24.

Fourth Report of the Committee on Municipal Health Department Practice

Presented to the Public Health Administration Section
of the A.P.H.A. at the Fifty-third Annual Meeting at
Detroit, Oct. 21, 1924.

General Objectives

Your Committee on Municipal Health Department Practice was created four years ago with the conviction that the time had come for a concerted advance in the field of American municipal health service. The fundamental scientific and sociological bases of health department practice had become reasonably well established in their broader lines; and in almost every city special contributions of real, and sometimes of unique, value were being made to the technique of administrative method. Yet there was no central clearing house to facilitate the prompt interchange of information in regard to such pioneering efforts; there was no accepted standard for evaluating either the program or the performance of a health department as a whole; and there was no source to which the individual health officer could turn for counsel and for practical support in the execution of his plans.

Your committee was created to fulfill this need. Its functions, were obviously threefold. It was necessary to establish machinery for

- (a) The collection and filing of current and up to date information in regard to public health practices and procedures.
- (b) The critical analysis and interpretation of the data thus obtained.
- (c) The bringing to the individual health officer of the results of such analysis in the way most likely to be of immediate practical assistance to him in his official work.

In other words, the task of the Committee was to apply in its special field, that of municipal health practice, the primary objectives of the American Public Health Association as a whole, as stated in the report of the Committee on Reorganization two years ago, "the preparation, study, standardization and presentation of scientific public health procedures."

The Collection of Information in Regard to Health
Department Practice

The first definite step along this line was taken by your committee when in 1921 it developed a carefully prepared schedule of information covering every phase of municipal health work and through the generous financial assistance of the Metropolitan Life Insurance Company and the invaluable cooperation of the United States Public Health Service, set about obtaining the information called for in the schedule for eighty-three cities of the United States which had a population of approximately 100,000 or more. The information, thus obtained was systematically analyzed, and in 1923 was published by the Public Health Service as Bulletin 136. Copies of this Bulletin were presented to the members of the Association last year at our meeting in Boston.

The United States Public Health Service seemed the logical body to continue in the future this task of collecting and keeping up to date current information in regard to public health procedures. We had the pleasure a year ago, in Boston, of reporting that on the instance of your committee Surgeon General Cumming had agreed to establish in the Public Health Service an office of Administrative Health Practice under the able direction of Dr. Paul Preble for the fulfillment of this function. During the current year Dr. Preble prepared a new and more elaborate schedule for the study of municipal health practice which was applied under his direction by officers of the Public Health Service to a second survey of public health procedures in one hundred cities of 70,000 population and over.

These surveys are all now in the hands of Surgeon Preble and are being carefully analyzed, and their important data tabulated and classified. This material will be published in a second bulletin dealing with city health practices as soon as the preparation of the information contained in the schedules has been completed. The Committee is under heavy obligations to the Public Health Service for the work which Surgeon Preble is doing in keeping the studies of city health practices current.

In this connection, mention should be made of the fact that the American Child Health Association, having become interested in a similar study of municipal health activities, agreed, after conference with representatives of this Committee, to include within their studies only cities with populations under 70,000 so that there would be no overlapping in work and no duplication of surveys of city health departments. The Child Health Association has made a study of some eighty-six cities in the United States with populations ranging between 40,000 and 70,000 during the last year and is now engaged in preparing its material for publication at an early date.

It will thus be seen that the collection of data in regard to city health procedures or practices has been developed to a highly satisfactory degree and that through the creation of a special office within the United States Public Health Service ideal machinery has been created for the carrying out of such work on a permanent basis in the future.

The Evaluation of Public Health Procedures.

The basis for any sound public health program must necessarily be sought in a study of practical experience. The collection of raw data as to current practice is however only a first step. The data must be analyzed and critically evaluated if they are to prove of the maximum practical value.

It is sometimes of course the case that a health officer desires simply a

piece of concrete information, such as the number of cities practicing terminal fumigation or the practice of New York or Detroit in regard to the isolation of whooping cough. More often however the problems which come to us require the expression of some degree of critical judgment, as to the relative value of this or that procedure and its relative importance in the general public health field. It is inevitable that any group or committee in a comparative study of city health work, must set up in their own minds, if not on paper, certain standards of service and standards of values as between different classes of service. The advantage of committing these impressions to paper is that they may be reviewed, criticised and improved by the many who may be interested in the subject.

Such standards of health practice, immature and tentative though they may be, not only constitute a natural evolution of comparative studies, but they become almost a matter of necessity in the development of a helpful field service by this Committee. The field representatives of this Committee, in conference with city health officers, in advising city health officers with reference to such important matters as their budgets, personnel allotment, program and reasonable objectives with reference to the more important problems undertaken in city health work, must give either their individual judgment on these important matters or must express a group judgment which is in reality nothing more nor less than a standard. It is a standard however which is binding on no one but the committee itself and binding on the committee only until it is modified in the light of future experience.

It is from this point of view that your committee presented in Bulletin 136 a tentative plan for An Ideal Health Department for a City of 100,000 Population; and it is from this point of view that it hopes during the coming year on the basis of the material collected by the United States Public Health Service, and

by the American Child Health Association, to prepare special monographic studies of what seems at the moment to be the best current practice in various special lines of administrative health work.

Above all, your Committee, in its contact with the health officers who have called upon it for service, has been impressed by the need for a concise and clear form of evaluation for the activities of a municipal health department as a whole. In our report of a year ago we suggested that it might be helpful to award medals to certain cities of outstanding merit in community health service as evidenced by their showing on a scoring plan to be devised by Dr. Rankin. This plan of awards was criticized in the subsequent discussion at the Boston meeting and after obtaining by letter the opinion of the health officers of the 83 large cities the proposal was definitely abandoned. The preparation of an appraisal form to be used, not for publication or for the comparative grading of cities, but for the use of the health officers and of our field agents in their service to the health officers has so far as we are aware met with universal approval.

The aim in this appraisal form was to provide in the first place for an evaluation of the relative importance of various lines of public health activity and in the second place for an estimate of the results attained along each line of activity as measured by the service actually rendered. The Committee began the formulation of such an appraisal form in April, 1923, when it requested Dr. Charles V. Chapin, one of its members, to prepare for it a draft of a schedule which could be used for this purpose. Dr. Chapin complied with this request and, in the fall of 1923, the Field Director of the Committee, Dr. Rankin, after making certain minor alterations in the tentative form that had been prepared, brought the statement before the Committee for its revision. The Field Director, taking the Committee's revised statement into the field, where he had opportunity to confer with a number of individual health officers in regard to it, received from them many helpful criticisms and

suggestions, some of which were adopted tentatively for still further revisions.

In his field conferences, the Field Director of the Committee had the opportunity of presenting the subject of standards in municipal health department practice to two separate representative groups of city health officials. One was a group of health officials of New England cities with which contact was made through their attendance upon the New England Health Institute which met in Boston early in May of this year. A second group contact was made possible through the interest of the State Health Commissioner of Ohio where, on account of a considerable number of large cities closely related geographically, it was convenient, at the time and place of the meeting of the Ohio State Medical Society in Cleveland the latter part of May, to discuss with a group of Ohio city health officers the question of the appraisal of city health work. A third group contact was effected through the interest of Dr. S. J. Crumbine, Director of Public Health Relations of the American Child Health Association who interested the State Commissioner of Health of Michigan and, through Dr. Olin's cooperation, was able to present the matter to a group of twelve city health officers in that State. With all three groups a temporary organization was effected for the purpose of considering standards and, if possible, revising the tentative appraisal form of the Committee to meet their own group judgment and needs.

At this juncture, the Committee, in its initial efforts looking toward a statement of standards for city health department practices, found a most helpful ally in the American Child Health Association. That Association, in travelling the same road over which the Committee had previously passed, came, through the comparative studies of the health work in the eighty-six cities which it had surveyed and in the planning of its subsequent field service with these cities, to the same necessity encountered by our Committee, that of crystallizing its impressions of practices and values into a definite

schedules of values and attainment. After two separate statements of standards, those of our Committee and those of the American Child Health Association, had thus been independently formulated, it was realized by the representatives of both organizations that the two statements should if possible be reconciled and consolidated. In conference between representatives of the two organizations, which lasted well over a week, the two tentative forms of appraisal for city health department practice were reduced to one. Subsequently representatives of several of the other large voluntary organizations, such as the National Tuberculosis Association, the American Social Hygiene Association and the National Organization of Public Health Nursing, were conferred with and their criticisms and suggestions incorporated, so that the statement came to be, at least for the time, an expression of the group judgment of representatives of four of the large national voluntary health organizations, as well as of the representatives of the American Public Health Association.

It was clear to us all, however, that even this widely based group judgment as to appraisal standards for values and attainments in city health work would be of little service unless it incorporated the practical viewpoint and experience of a larger group of city health officers than were directly represented on your committee. As a result of this conviction, a committee of three members from each of the groups of city health officers that had been formed, one in New England, one in Ohio and one in Michigan, were called in to review the tentative statement of standards of values and attainments which had been prepared and were asked to criticize it and amend it in such a way as to make it conform to their composite judgment and to meet their practical needs. An agreement was reached between the representatives of the voluntary organizations present that in this conference with the nine city health officers representing the three temporary organizations of a total of thirty-six city health officers, the voting, the settlement of all differences of judgment, should rest entirely with the city health officers. The conference with the representatives from

the three groups of city health officers continued for four days, August 18th, 19th, 20th and 21st, and passed upon both the principles and the minutest details that had entered into the development of the tentative standards. A number of changes were made and out of the conference came the only expression that we have of professional group judgment as to what should constitute standards of service and relative values in municipal health work. It was understood on the adjournment of the conferences of city health officers that the representatives would present the statement to their respective groups with a request that these thirty-six health officers accept it as it is until next August; that they apply it to an appraisal of the work of their own departments; that, after full consideration and trial, they name their representative to meet with representatives from the other groups, now temporarily organized, and with those of several other groups that will be organized for revising the statement next year.

The general lines along which the appraisal form is being developed are indicated in an address delivered by Dr. Rankin, Field Director of the Committee, in an address delivered before Conference of State and Provincial Health Authorities and printed in the American Journal of Public Health for October. Copies of the appraisal schedules in its present form can be obtained by any member of the American Public Health Association on application to the New York office. It involves, as Dr. Rankin points out in the address in question, an evaluation of each common activity of municipal health departments upon a basis of so many points on a total of 1000, with additional credits for special activities, such as malaria and plague control, industrial and mental hygiene not now universally undertaken by city health departments; while under each activity the value to be set down is dependent upon service actually rendered as determined by specific quantitative standards.

It would be fruitless to debate the details of this appraisal form upon the floor of this meeting; but your committee urgently invites individual criticisms and suggestions in regard to it. The clearest light on its merits and demerits will come from its application by health officers to their own organizations. The group of health officers from Ohio, Massachusetts, and Michigan now studying the schedule in this way is no close corporation. We urge all of those here present who are serving as city health officers to take part in the work, and to indicate their willingness to try out the schedule and attend next year's conference for its revision. We desire to broaden the basis of group judgment behind this appraisal form until it represents the direct experience and the considered judgment of the entire membership of the Health Administration Section.

We are convinced that an appraisal form arrived at by the procedure here outlined will prove of very real value to the individual health officer in enabling him to develop a balanced departmental program based upon the bedrock principle of relative values and safeguarded against the undue influence of this or that special group wedded to some particular interest; to check up on the performance of his own bureaus and thus maintain the department at the highest point of efficiency; to defend himself when unjustly attacked by showing that his department meets the objective standards of his professional colleagues; to secure funds for expansion by indicating where his organization falls short of that generally accepted as ideal; and to secure the cooperation of local voluntary health organization along the most effective lines.

Presentation of Studies and Standards to Health
Officers or Field Service

The first phase in the work of this Committee was necessarily the collection of information in regard to city health department practices, the second phase the organization of group judgment for evaluating the information obtained, and

the third phase, which has now been approached and already begun, is that of field service, that is making the results of its studied directly applicable to city health work. During the first three years of the Committee's work, the collecting of information, naturally dominated the picture; during the last year the organization of group judgment in form of tentative standards was the outstanding feature and, following this, the development of a practical, helpful field service will take the ascendancy.

Even during the past year, however, the Field Director of the Committee visited and conferred with the city health officials and others in nineteen cities, spending an average of three days in each city; by invitation he conferred with the health officers of two states with reference to their state problems and on one occasion was called to advise a group of interested citizens and physicians with reference to the development of a county health department; he addressed nine national and state organizations of health officers in regard to the plans and work of the Committee, spoke to nine local medical societies in regard to the relation of the medical profession and the public in health work, and also addressed ten luncheon clubs on the subject of public health, a total of twenty-five addresses.

Your committee has felt that the continuance and extension of its field service was of primary and fundamental importance and therefore set itself very early in the present year to seek for the financial support necessary to carry out this plan. Since 1920 the funds at our disposal have been entirely contributed by the generosity of the Metropolitan Life Insurance Company. We felt it manifestly unfair to approach this company for further aid unless it could be shown that the tasks we had undertaken were of sufficient importance to appeal to other friends of the cause of public health. We are happy to report that the interest of the Milbank Memorial Fund has been enlisted in this activity of the American Public Health Association and with its support secured we again approached the Metropolitan Life Insurance Company which

has agreed to appropriate \$10,000 for our work during the year 1925, a similar sum being contributed by the Milbank Fund.

With this financial support it will be possible during the coming year not only to retain the services of Dr. Rankin as Field Director but to provide him with competent assistance sufficient to enlarge materially the scope and volume of his work. Furthermore the service which can be rendered to members of the American Public Health Association along this line will be further extended by an agreement which has been reached with certain of the great national voluntary health agencies represented in the National Health Council under which field representatives of these organizations will be available as consultants on special phases of health administration such as tuberculosis or child hygiene or public health nursing for those health officers who may desire their aid,- in exchange for similar services rendered by Dr. Rankin and his staff to the organizations in question.

Your committee believes that the possibilities of this field service under such direction as that of Dr. Rankin are almost unlimited. The extent to which it develops will depend on the extent to which the individual members of this section call upon it in the future. Your committee is reasonably confident that if your demands exceed the capacity of the staff available more funds can be found for expansion when they are needed. If you desire to know what other health officers are doing and how that knowledge can be applied to your local conditions call upon Dr. Rankin. If you want the effective support of professional opinion in securing support for needed local developments call upon Dr. Rankin. This committee is your committee directly responsible to this association of professional workers. The members of the Field Staff are your employees organized for your service. The upbuilding of the public health service of this country along the lines of sound and enlightened progress is primarily the problem of the professional public health workers themselves. It is a

legitimate source of pride and satisfaction that the lead in the solution of this problem has been undertaken by the body to which it logically belongs - the American Public Health Association.