DISTRICT HEALTH ADMINISTRATION IN NEW YORK CITY

THAT the immediate establishment of district health administrations in those sections of New York City where the health problems are most pressing would be the most effective and economical way of meeting the exigencies of the present and of the immediate future, is one of the more important recommendations contained in a report[1] recently submitted by the staff of the Milbank Memorial Fund to Dr. Shirley W. Wynne, Commissioner of Health of New York City and chairman of the Committee on Neighborhood Health Development.

The policy of localizing public health administration in districts already had been adopted by New York City after the wisdom of such a policy was demonstrated in the Bellevue-Yorkville area and by several neighborhood health centers. With the aid of the Committee on Neighborhood Health Development, a division of the City into thirty districts was planned on the basis of careful studies of existing facilities and needs. The City actually appropriated funds for land and buildings for some of the districts and increased health facilities in several of them. Had it not been for the serious changes in financial and economic conditions, New York City, in 1933, would have been well launched on a program of constructing health centers and localizing and developing administrative health functions, district by district. The

[1]"District Health Administration in New York City—Summary of Findings and Recommendations Illustrated by a Proposed Program for Mott Haven Health District," by Edgar Sydenstricker, with the assistance of Carl E. Buck; Margaret Witter Barnard, M.D.; Ira V. Hiscock; and Dorothy G. Wiehl, in cooperation with the Committee on Neighborhood Health Development. Division of Public Health Activities, Milbank Memorial Fund, 1933.

The studies upon which this report is based were undertaken at the request of Dr. Wynne, and the Committee on Neighborhood Health Development.

economic depression not only has caused a postponement of this building program but unfortunately has resulted in an actual curtailment of appropriations for public health and protection.

The report takes cognizance of the fact that there are unmistakable evidences that health problems are becoming more acute in certain sections of the City. In many health areas, within certain districts, infant mortality and mortality from tuberculosis are increasing; the sickness rate in the large unemployed moieties of the population is apparently higher than in other groups; there are indications of increasing malnutrition among children; clinics and out-patient departments are crowded with individuals needing treatment who cannot afford to pay doctors' bills. For the immediate future, therefore, it is urged that the City increase and improve facilities for health protection and the prevention of disease in those areas where the need is greatest.

However, in proposing such a policy, the report states that three conditions should be kept in mind, namely:

> 1. "That adequate supervision of district health administrations by qualified personnel be provided within the Health Department in order to develop sound district programs and effective administrations."
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> 2. "That properly qualified full-time personnel should be provided for administrative and service positions within each district selected, in order to maintain efficient and economical services to the public."
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> 3. "That existing facilities, both official and voluntary, be utilized to the fullest extent in order that all public health activities be effectively coordinated. Provision for new equipment in the immediate future should be made only when and where it is absolutely necessary."

The principal recommendations contained in this report relate to the necessary machinery within the central Health

Department for health district supervision and promotion, and to health administration and services in each district.

In order to promote the establishment and development of district health administration under the City Department of Health as rapidly as possible, and to bring about proper coordination of the work of the central bureaus and divisions with that of district administrations, three recommendations are offered as follows:

1. That a director of health centers should be provided for by the City to serve under the commissioner or deputy commissioner of health. The duties of such a director would be to supervise the district health officers and their activities and to act as a liaison between the district health officers and the heads of the various bureaus.

2. That the selection and training of at least two types of district health personnel should be undertaken with the least possible delay, namely, district health officers and district superintendents of nurses[2].

3. That a technical advisory committee on district health center administration, composed of five to seven qualified experts in the field of public health, medicine, social work, and nursing, be appointed to assist the commissioner and deputy commissioner of health and the director of health centers on questions of policies and programs.

It is urged that "the foregoing recommendations, particularly as regards a director of health centers, should be put

[2]For the training of district health officers and possibly other public health personnel (with the exception of public health nurses and nursing supervisors and superintendents) it is regarded as highly desirable that suitable courses leading to a certificate in public health should be provided in one of the local universities. An experiment in providing such a course was conducted in 1932–1933 at Bellevue-Yorkville, with Professor Hiscock, Dr. Barnard, and Miss Wiehl as instructors, and with several specialists as lecturers. For the training of district superintendents of nurses, the suggestion was offered that facilities might be provided through the East Harlem Nursing and Health Service.

into effect before any attempt is made to set up localized health administration in several districts."

As regards health administration within a district, it is pointed out that "the specific type of district health administration recommended is one which would be as highly localized as possible under a full-time, properly qualified district health officer who is responsible directly to the commissioner or deputy commissioner of health, or preferably to the director of health centers in the Health Department." As regards services within a district, the report said:

> "Certain of the Department of Health functions within the district should be continued as centralized activities. Among these are the major laboratory services; records and statistics, except for local or district purposes; sanitation; supervision of food and milk supplies; and certain broad aspects of the health education program. Several activities in communicable disease control also could be carried on in the district through borough headquarters if arrangements could be effected providing the district health officer, promptly and currently, with the necessary information pertaining to the district. But it is believed that the district health officer should have direct supervision over all medical services within the district, and should be definitely responsible for (a) the development of the district program; (b) securing the cooperation and participation of the medical profession and the voluntary agencies within the district; and (c) the proper coordination of all district health services. Since the nursing services enter so largely into most of the health services, it is deemed essential that the public health nurses be under the direction of a district superintendent of nurses who, in turn, would be administratively under the district officer in all intra-district activities, but responsible to the Bureau of Nursing in all professional and technical matters."

The following specific recommendations, therefore, as to district health administration and services, were offered:

1. All of the health activities within a health district, with certain exceptions, should be under the immediate supervision of a full-time district health officer responsible directly to the director of health centers. The report emphasizes that the selection of district health officers should be made with extreme care. It urges that district health officers be capable of leadership and yet be willing to learn; that they should enter the position with the full understanding that they take courses in district and general health administration in order to better qualify themselves for their duties.

2. All of the public health nurses within a district should be under the immediate direction of a district superintendent of nurses. The district superintendent of nurses should be responsible to the chief of the Bureau of Nursing on all matters affecting nursing procedure and technique but she should be administratively under the supervision of the district health officer as regards intra-district activities. This recommendation is regarded as next in importance to that for a full-time health officer since public health nursing comes into almost every service in a health administration.

3. The nursing service should be in accordance with a "modified-generalized" plan. This plan probably would provide for specialized full-time nurses in charge of the major clinic services (child hygiene, tuberculosis, and venereal disease). The remainder of the staff would serve the district on a generalized basis and would rotate as needed in the various clinics.

4. That certain health services should be closely coordinated under the immediate direction of the district health officer in accordance with a program to be determined upon by the director of health centers after a survey of the needs and the practical possibilities of development within each district.

The health services regarded as proper functions of district health administration are as follows:

Child Hygiene Services, such as prenatal care, infant care, preschool care, and services for school children, including clinic supervision and education and home nursing.

Tuberculosis Control, including diagnostic clinics for adults and for children, a pneumothorax refill service and consultation chest service. Home nursing and hospital care are essential parts of this program.

Venereal Disease Control, including clinic services and home visiting.

Communicable Disease Control, activities which would be supplementary to the work of the borough diagnosticians and other activities of the City Health Department.

Dental Services, including the development of a preventive dental program and facilities for prenatal cases, preschool children, and children up to the time of graduation from school, in cooperation with the dental profession.

Mental Hygiene, which might include at first the training of medical and nursing personnel in the principles of mental hygiene as applied to health center work, advice to other agencies in the district, treatment of a limited number of cases for teaching and administrative purposes, and community education in the field of mental hygiene.

Health Education, including health education in the schools, health instruction to the community at large, and professional education in public health.

Records and Statistics, which would be limited to intra-district administrative records, use of vital statistics supplied by the Health Department, and compilation of current statistics of intra-district activities.

5. A district advisory committee, representing official and nonofficial health agencies should be appointed by the commissioner of health to cooperate with the County Medical Society and voluntary agencies in planning a program and in developing the initial activities of the district.

6. Although the report laid great emphasis upon the importance of participation of the medical and dental profession in the health activities within a district, no recommendation was made as to definite ways in which this participation could best be carried on, for the reason that it was believed that it could best be worked out gradually as district health administration is developed. It was pointed out that one of the principal functions of the district health officer and of the district advisory committee should be to develop the active participation of these professions.

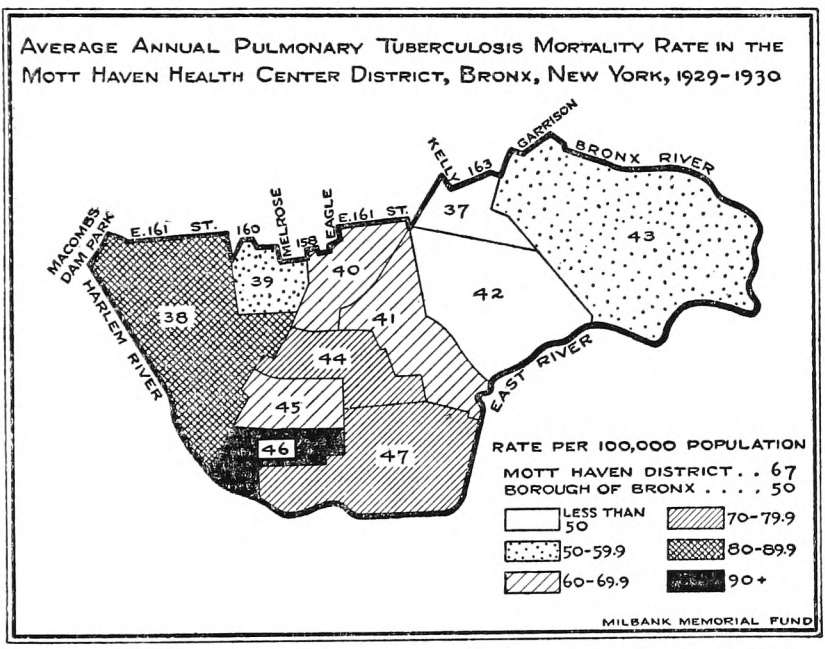
7. The entire district health administration ultimately should be in one building, which would be the district health center, where the offices of the health officer and the nurses' superintendent and the major services would be located. Substations are, of course, essential for certain services.

The report points out that "it is realized that under the present circumstances it will not be possible to provide immediately in each district an ideal (according to current conceptions) health administration, nor a complete program of public health services, nor a completely equipped health center building. But it is feasible, by utilizing existing facilities and buildings, to make existing health services more effective through localized administration on a district basis, to develop these services in accordance with the most pressing needs in each district, and thus gradually to achieve a type of district health administration through health centers that will best meet actual needs in an economical way, *provided only* that there is properly qualified administrative personnel for direction and planning in the Health Department and for supervision within each district."

As an illustration of how the foregoing recommendations could be applied in a district, a detailed study was made of the Mott Haven district. The study included an exhaustive

examination of the health needs of the district; all available statistics of mortality and morbidity were brought together; data were obtained from the United States Census Bureau on race, color, nativity, number and size of families, home ownership, and value of homes and rentals; previous surveys and reports of the City Health Department were utilized and supplemented through personal interviews with bureau and division directors and with the personnel at present

Fig. 1. The average annual mortality rate from pulmonary tuberculosis in the Mott Haven health center district, Bronx, New York, 1929–1930.



	Health Areas	
	No. 46	*No. 38*
Highest tuberculosis mortality	133	88
Highest general mortality	13.15	13.74
Infant mortality	77.7	45.1
Low economic status	$35.90	$41.72
Largest Irish and Negro population and a large poor Italian section		

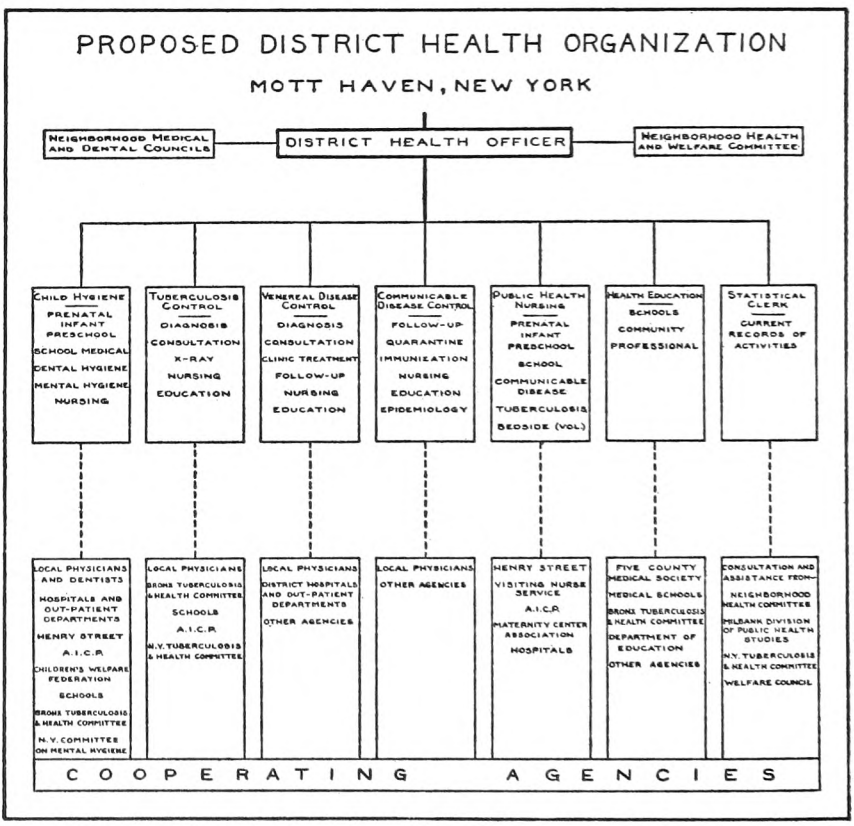
	Health Areas	
	No. 37	*No. 42*
Lowest tuberculosis mortality	40	44
Lowest general mortality	8.52	9.43
Infant mortality	52.8	45.7
Good economic status	$54.62	$45.24
Population chiefly Polish, Russian, Austrian and Hungarian (principally Jews)		

Rates: tuberculosis per 100,000 and general mortality per 1,000 population; infant mortality per 1,000 live births. Average annual rates, 1929–1930. *Economic status:* median monthly rental. 1930 census data were used.

within the district. An example of one phase of this analysis is depicted in the accompanying chart (Figure 1) on tuberculosis mortality by health areas within the Mott Haven district. The present health facilities within the district were also surveyed and, pending results of more qualitative reports now under way, were appraised according to the American Public Health Association appraisal form.

In applying its recommendations to this district, consideration was given in the report to the organization of district health administration as a whole as well as to the immediate development of the specific services. Thus, in the accom-

Fig. 2. Proposed health organization for the Mott Haven health center district, New York.



panying chart (Figure 2) is shown the proposed district health organization in Mott Haven. The suggestions and recommendations as to specific services are too detailed to be reviewed here but a single example may illustrate the nature of these recommendations and the following extract is taken from the part of the report relating to preschool care:

> *PRESCHOOL CARE.* At present, in the Mott Haven area there are no organized facilities exclusively for the care of preschool children, and this service rates only 23 points out of a possible 100 (A.P.H.A. appraisal). They include the following:
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> > *Baby Health Stations* (Department of Health) designed for children from one to two years, also admit some children two to five years, a total of 1.5 per cent of the preschool population being registered in these clinics, whereas the standard is 30 per cent; *Home Nursing Service* (Department of Health) is included with that for infant care, which has been shown to be inadequate; *Immunization Clinic;* and *Supplementary Facilities* provided at Lincoln and Lebanon Hospitals.

It is now generally recognized in public health work that the period from birth to six years is a most important one in preventive work for the child, and that much of the good accomplished by supervision in the first two years under the present organization is wasted if the child does not come under supervision again until he attends school. Therefore, it would seem that a preschool service is an essential part of a complete district health service. It has been the experience of Bellevue-Yorkville that this service meets a real community need and, once established, grows rapidly; it will be difficult, therefore, to estimate the ultimate adequate amount of such service needed in a new district. As already suggested, this service should begin with children of one year of age—since their problems of diet, hygiene, behavior, et cetera, are fundamentally similar to those of children in the two to six-year group.

The services offered by the preschool clinic should include the following:

1. A complete physical examination on admission.
2. The established "routines" of vaccination against smallpox, diphtheria immunization, tuberculin test, and X-ray of positive reactors.
3. Dental examination.
4. Thorough vision examination, if there is any indication that the child has a vision defect.
5. Education of the mother regarding diet, hygiene, early correct habit formation, the correction and prevention of behavior problems, and advice concerning the correction of defects.

Provision needs to be made for active follow-up service in the preschool clinic, since there is usually more to be accomplished for children of this age than for infants. After one home visit by the nurse to evaluate home conditions and problems, the responsibility of return to the clinic should be placed on the mother. A postcard system to remind the mothers of appointments has been used at Bellevue-Yorkville with excellent results to reduce the "delinquent" visits required of nurses. Other mechanical devices for this purpose should also be tried such as a self-addressed, postage-paid card to be sent to the clinic by the mother if she moves.

Various methods have been found to render the waiting time by mothers and children in the clinic more productive. For example, a person in charge of the children who can make the waiting time pleasant and educational for them has been found of value at Bellevue-Yorkville. Simple games and toys keep the children quiet and happy, and the mothers can be taught how to use similar methods at home and how to straighten out many behavior problems. A child who has been happy and busy while waiting reaches the doctor in a calm and cooperative frame of mind, instead of in a nervous, fretful state. A volunteer may usually be secured for this work. Use may also be made of the waiting time in the clinic to instruct mothers in simple hygienic

procedures and to distribute literature. This is often more economical than endeavoring to get the mothers to return for club-meetings.

Greater economy in organization would be secured if this service uses the space and equipment of the Baby Health Station at alternate periods. From 1:00 p.m. to 4:00 p.m. appears to be a suitable time for this clinic, as the older children have had lunch and have returned to school, so that the mother is free for the afternoon. If the mothers come at 1:00 and the doctor at 1:30, it is possible to finish the clinic by 4:30 p.m.

Personnel and time required for preschool session

Personnel	*Time per Week*	*Budget Year*
Doctor	3 hrs. @ $5 session	$250.00
Charge Nurse	½ day @ $1,870.00	170.00
Asst. Nurse	½ day @ $1,870.00	170.00
Asst. Nurse	½ day @ $1,870.00	170.00
Nurse's Asst.	½ day @ $1,200.00	109.00
Stenographer	½ day @ $1,200.00	109.00
Volunteer	3 hours	.00
Total expenditure per session		$978.00

32 children per session x 50 weeks—1,600 visits.
Cost per visit—61 cents.

Clinic Needs. Based on the experience of the Bellevue-Yorkville service, the accompanying set-up is suggested for a unit preschool clinic, which can accommodate in a three-hour session twenty-two children who see both doctor and nurse and ten more who see the conference nurse only, or a total of thirty-two children per session.

In planning the development of such specific services as the foregoing, it was emphasized that the services outlined "are not ideal even when judged by present day 'standards'; rather they are suggested as provisional goals for gradual attainment under conditions that may be expected to continue for some time to come. They are called 'provisional' because undoubtedly they will be modified by experience and by the more complete knowledge of the needs and of ways in which the efficiency of the services can be improved, to which it is hoped certain studies and experiments now under

way will contribute." The plans were based upon (1) a consideration of Health Department policy and organization, existing facilities, and needs within the district, and the practicalities of the present situation as regards funds, buildings, and personnel; (2) the views of bureau chiefs and division heads in the Health Department as to the practicability and soundness of the proposals as they were being drawn up; and (3) practical experience in Bellevue-Yorkville, Health Department, and other services.

The report has received the approval of Commissioner Wynne and of the Committee on Neighborhood Health Development. Whether or not its recommendations, which, in a very real sense, are the results of the cooperative deliberations of practically all official and voluntary agencies interested in the development of public health in New York City, will be put into effect, depends upon the degree of interest that the City's government manifests in the welfare of its citizens.