

TWO FINAL REPORTS OF HEALTH ACTIVITIES IN SYRACUSE ARE REVIEWED

IN 1922, the Milbank Memorial Fund announced that it would finance three health demonstrations in New York State—one in a rural county, one in a medium-sized city, and the third in a metropolitan area. The story of the rural experiment has already been told in *HEALTH ON THE FARM AND IN THE VILLAGE*. The accounts and appraisals of the general program and of the health educational work in Syracuse, New York, the urban center, have just been published. These final reports are discussed below by two experts in the respective fields.

A "CASE STUDY" OF URBAN HEALTH SERVICE¹

by W. F. WALKER, DR. P.H.

THE City of Syracuse with the aid of the Milbank Memorial Fund, according to the foreword, set out to ascertain by actual demonstration how much additional protection of the health of its people could be secured by a substantial increase in the expenditure for this purpose on a well-considered plan. In discussing this experiment, ten years after its beginning, Dr. Winslow has given us an excellent case study of an entire community, discussing first the population and reason for existence of the modern city, indicating the social responsibilities which people assume by living in urban communities, which responsibilities were more universally regarded by the Greeks and Romans. The author indicates that this civic consciousness of a responsibility is the foundation upon which the public health program must be built. On such a philosophical background the author presents the history of Syracuse in sufficient detail so that the reader may have an understanding of the type of community and see that this city, which is set upon a hill and

¹Winslow, C.-E. A.: *A City Set on a Hill*. Garden City, New York, Doubleday, Doran and Company, Inc., 1934. 367 pages. \$3.00.

has done unusual and outstanding things in the field of public health, is not essentially different from other communities of the same age and position.

Reciting the accomplishments of the years during which the experiment was carried on, the author points out the reduction in death rates from five acute communicable diseases (diphtheria, measles, scarlet fever, typhoid fever, and whooping cough) which shows a 58 per cent reduction as contrasted with the ten years immediately preceding the beginning of the demonstration. Since the first responsibility of a public health program is in the control of the acute communicable diseases this responsibility may be said to be unusually well met in Syracuse. The pulmonary tuberculosis death rate in the same period was reduced 46 per cent; the diarrhea and enteritis rate, 74 per cent.

The chapters which discuss the health program indicate clearly that the educational activities directed for the encouragement of healthy living have been equally well provided for. As an index of this may be cited the high score of 865 of a possible 1,000 when the activities are rated by means of the APPRAISAL FORM FOR CITY HEALTH WORK developed by the American Public Health Association, which is a measure of organization and service rather than ultimate accomplishment. The attitude of the community toward these services may be gauged by their increased expenditure of money. The department of health and the department of education combined increased their expenditures for public health purposes by nearly \$190,000 in nine years. Two voluntary agencies increased their contributions by \$27,000. Such a response occurs only when the product is known to be worth while. In this regard Syracuse is truly set upon a hill. The public health program engaged in was one which similar communities can follow faithfully. The results in life saving and increased appreciation of personal and community hygiene are beacons leading us to continue such services on a community basis. The acceptance and administration of the program by the local community should encourage civic leaders everywhere.

In this discussion, the author has generously treated the program as a whole and given detailed consideration to the principal public health functions of the community, whether organized and carried

on under the department or other municipal or private agencies. In reviewing the balance sheet, even with human values what they are today, the most mercenary minded would find it difficult to claim that these investments in health are not worth while as the author points out in the last chapter.

The public health reader will undoubtedly wish that the chapters discussing the public health services by functions were in more detail that he might know more specifically by what means the results were accomplished and how the various services fitted together. The lay reader, on the other hand, will find the detail somewhat of a barrier in getting the proper perspective of the whole experiment. One wonders what audience the author had in mind.

A CITY SET ON A HILL is a case study of urban health service which should be stimulating to all interested in public health and civic and social welfare.

THE STORY OF HEALTH EDUCATION IN SYRACUSE

by SAHEL ZIMAND

INNUMERABLE definitions have been given of health education, but underlying them all is the thought that this term may be taken to mean "the sum of all efforts to modify human conduct and attitudes so as to raise the health levels of individuals and of the community."

A comprehensive health education program should cover at least three phases: (1) health education in the schools, with a place in the curriculum, not as a separate subject, but as an all-day influence; (2) professional education on public health, with educational facilities for physicians, dentists, teachers, etc., and the establishment of closer working relationships between the practitioners and the Department of Health; (3) health instruction in the community at large, which should have the threefold aim of familiarizing the community with facts related to health conservation; of securing desirable changes in public opinion, attitudes, and habits on questions of preventive medicine and public health; and of educating the people to utilize the services of private physicians or, if financially unable to do so, of clinics.

It is this third phase of health education which is the subject of a monograph¹ by Miss Louise Franklin Bache. The author has had a great deal of experience in this field, was director of health education of the Department of Health of Syracuse from 1923-1928, and is apparently a resourceful person with flashes of imagination. In a little over one hundred pages, Miss Bache describes how she carried on popular health education activities in a community of over 200,000 people with a school population of about 50,000.

Simply and clearly, sometimes perhaps in too great detail, Miss Bache tells how she brought to the people of Syracuse the message of public health and preventive medicine. In this work were utilized all the important resources available for disseminating information—the press, the platform, the radio, the cinema, the exhibit, the pageant and parade, the poster and pamphlet, etc. The intensive campaigns carried on in Syracuse during this five-year period were in the fields of diphtheria and measles, prevention of colds, the promotion of annual health examinations, and social hygiene. Using the anti-diphtheria effort as an example, the author points out the methods used to carry on these campaigns. She indicates frankly which were successful and which were fruitless, and thus adds to the effectiveness of her story.

This is a very useful booklet so far as it goes, but one would have wished to secure more than the technique and machinery employed for carrying out the work. It would have been of great value if Miss Bache had given more of a description of the program as a whole. Questions like this, for instance, occur to one—Why were certain fields and not others given emphasis in special campaigns? Why colds, about which comparatively little is known, and not accident prevention, on which we can do a great deal? (On page 81 of the volume, mention is made of “safety first” in connection with the child health campaign conducted in May.) How was the social hygiene program made up? How did the Department of Health cooperate in the tuberculosis campaign conducted by the Onondaga Health Association?

Moreover, why not give an account of the effects of the work, insofar as they can be gauged? The low mortality rate during the

¹Bache, Louise Franklin: *Health Education in an American City*. Garden City, New York, Doubleday, Doran and Co., Inc. 1934. 116 pages. \$2.00.

measles epidemic of 1926 is the only indication given, although undoubtedly there are others. We know, for instance, that Syracuse has had an admirable record in the reduction of mortality and morbidity from diphtheria.

HEALTH EDUCATION IN AN AMERICAN CITY gives practical suggestions which will prove of value to those interested in popularizing health knowledge. The illustrations enhance the usefulness of the monograph.