

# ADMINISTRATIVE AIDS TO RURAL HEALTH SERVICE<sup>1</sup>

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ALL of us are interested either directly or indirectly in the problems of public health administration. The chief concern of this paper is to outline methods and means of improving the quality of local health service and the administrative tools by which this may be accomplished.

<sup>3</sup>In at least three-fourths of the states of the Union, the county is the important unit of local government and our discussion is concerned chiefly with rural health service organized in county units, though the methods described are equally applicable to town unions, districts formed by combining small counties, or other units, even small cities. In 1934, there were 528 county health organizations in thirty-four states on a full-time basis with professionally trained personnel. The usual staff of a county health department consists of a medical health officer, one or more nurses, one or more sanitary inspectors, and one or more office assistants. The relationship of the state department of health to the county health department is fixed in each state by law and may be advisory or supervisory. The state usually pays a share of the cost of the local health service, in amounts varying from an almost insignificant percentage to more than half. Although the question of authority is at times important, the best results, most state health officers believe, occur where there is a fine spirit of cooperation and official and financial partnership between the state and local health authorities and a program of procedure agreeable to both is voluntarily adopted. In the smaller state

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health organizations responsibility for advising or directing local health service rests directly upon the state health officer. When it is possible for a state department to have four or five basic divisions, each with a competent director, the responsibility for supervising local health services is delegated to one. Sixteen states at the present time have bureaus or divisions of county health work with a director in charge. In several states when the development of county health departments has made substantial headway, the counties are grouped into districts for administrative supervision. The district health officer plan, especially in the northeastern section of the country, until recently has been used primarily as an emergency arm of the state health department, concerned generally with the investigation and control of epidemic disease.

As has already been said, in 1934 there were in thirty-four states in the United States 528 full-time county health departments. In 1915, but fourteen of these were in existence following the establishment of the first county health department in 1911 in Yakima County, Washington. Beginning in 1915, several developments took place, all of which had a very definite effect in improving the procedures and quality of local health service. It is our purpose to outline briefly some of these implements which have been of such distinct value in this development.

Every state health officer faced with the problem of the supervision of from ten to thirty local health services, on a county or district basis, will agree that the following facts should be available with regard to each health jurisdiction:

The nature of the district under consideration with regard to area, number, density, age, and racial characteristics of the population, topography, climate, industry, and disease experience, as well as any special problem peculiar to this particular territory. In those instances in which there already exists a local health organization, he should know the age of the program.

The problems of personnel and their qualifications.

The scope and provision of the state health laws and regulations relating to such an area.

Exact knowledge of the extent and sources of financial support.

#### THE APPRAISAL FORM FOR RURAL HEALTH WORK

With these facts determined, thought should be given to providing for local health service periodic administrative and technical guidance as well as assistance in the handling of special problems by the state authority. In this connection it would seem desirable to have the essential elements of local health practice reasonably well standardized and set up in the form of a manual of administrative procedures. Similarly, a record system should be planned which would make possible comparative studies of work in one local health department with that of another. It is my opinion that regular surveys and appraisals of local health jurisdiction at regular intervals by the staff of the state health department are essential to the maintenance of balanced program and improved performance.

In 1915, Chapin set up a percentage scheme for rating his own health activities which, as he said, indicated by means of figures their relative values. In 1925, the city appraisal form was set up by a committee of the American Public Health Association; and, in 1927, a parallel form of appraisal standards was set up by the same association for rural areas. In both instances the standards are based on actual accomplishment by a number of city and county departments. The ten activities scored are (1) vital statistics, (2) communicable disease, (3) venereal disease, (4) tuberculosis, (5) maternity hygiene, (6) infant hygiene, (7) preschool hygiene, (8) school hygiene, (9) general sanitation, and (10) control of food and milk, representing in total a thousand points. For example, under communicable disease control the following items are considered: reporting, diagnostic service, case investiga-

tion and recording, health department supervision, immunization, laboratory service, and community education—representing a total score for the communicable disease bracket of 100 points. The value of the ratings against the different functional activities is perhaps only an approximation, but it represents group judgment and is far better than pure guesswork, for it tells the health officer what needs to be done, and he can see for himself as well as show others.

Prior to the appearance of the appraisal form, many of us sat in our chairs and favored this or that line of activity, according to the pressure being brought upon us at the moment, or because of an address or article we had recently read, or as the particular fashion of the hour dictated.

When an appraisal takes place in his county, the health officer has an immediate appreciation of the value of records, discovers the lack of balance in his program due no doubt to a particular personal interest which he has developed for some functional activity, for example, child hygiene or venereal disease, and finds that the more he uses the appraisal the more he can define with some significance the worth while procedures undertaken. The appraisal when properly used becomes in fact an objective tool for intelligent supervision.

#### FIELD TECHNICAL SERVICE

To assure supervision which would result in such well-balanced programs in each area and a reasonably uniform program throughout the state, Tennessee in 1930 under Dr. Bishop's direction, and Mississippi in 1931 under Dr. Underwood's guidance, have set up a field unit or field technical service which operates out of the central office. This unit acts in an advisory capacity in technical public health procedures and assists the local department, but has no administrative authority delegated to it except in unusual circumstances. In other words, the effectiveness of the

unit depends on the ability of its staff to demonstrate the advantages of approved technical procedures which are recommended.

Its personnel consists of a medical health officer, with actual field experience as a local health officer plus at least a year's training in a school of public health. In addition, this individual has tact and diplomacy, and the ability to get things done.

The second member of the staff is a nurse who has had supervisory or assistant supervisory experience in a local health department and who appreciates to the fullest extent the qualitative characteristics of nursing visits, their content, as well as the quantitative measure of a nursing job.

The third member of the staff is a sanitation officer, preferably with the training of a sanitary engineer, although this training is not a *sine qua non* provided the individual is familiar with the problems of sanitation in the area and has demonstrated in a local jurisdiction ability to get results in this field.

The fourth member of the staff is the field clerk, whose job it is to advise and assist the local clerical staff in the proper handling and filing of records.

In addition to the annual appraisal of the local department, the director of the field unit goes over with the health officer the local services, aids the health officer in determining the most important problems in the area under consideration, discusses present and future plans, and suggests methods of accomplishment. He calls the local health officer's attention, for example, to the number of defects found in the examination of school children and makes the important point that in spite of the time and money spent on discovering these defects a very small percentage of them has been corrected. He relates these facts to the number of nursing visits to school children. He or his nursing assistant discusses the number of visits made by the nurse or nurses and sets up a quota in the several functional fields to be followed, depending of course on the problems to be met.

Records are studied with regard to their proper interpretation; budgets are considered with relation to the job in hand, and are planned with thought as to the amount of money available and the work to be accomplished.

Technical demonstrations are put on by the director of the field unit with the aid of the field unit nurse, covering such things as the proper plan and procedure to be followed in infant and pre-school conferences, prenatal conferences, and immunization clinics. Efforts are made to interest the health officer and his nursing staff in the investigation of the source and mode of infection in acute communicable disease.

The field unit nurse, after studying the quantity and quality of service rendered by each local nurse, makes home visits with her to observe the effectiveness of nursing teaching and to demonstrate methods. She also visits clinics with the local nurse and in every manner possible raises the level of the quality and quantity of nursing performance.

Similar efforts are made by the sanitation officer, first in determining the local problems and then in planning the job with the local sanitation officer, in order that a sound program may be pushed forward from month to month and year to year with the proper recording of facts and accomplishments. The actual presence of a representative of the state health department in a local jurisdiction often lends sufficient prestige to the local sanitation officer to bring about immediate compliance with a rule or regulation. For example, an incorrigible milk dealer who has been found by the local sanitation officer exceedingly difficult to handle has been brought into line by the mere presence of a state official in the area.

The field clerk sees that each local department follows the procedures laid down by the record manual, and stimulates the local clerical staff to wring from each set of records the important factual information.



Visits to the local area by members of the field unit staff are scheduled in advance through the director of county health work and are usually on an individual basis. But each member of the field unit at the end of each visit in the area of from several days to a week discusses with the local health officer his or her recommendations and in addition makes a formal memorandum of the visit with detailed observations to the director of county health work through the field unit director. A copy of the memorandum is left with the local health officer in the area.

Once a month, as a rule, the field unit staff as a group confers with the director of county health work with regard to the local health departments visited.

After study of the field unit reports the director of county health work, with the approval of the state health officer, sets in motion the machinery which will furnish the local health officer with any help needed. This aid is furnished by any one of the several bureaus or divisions in the state health department, such as vital statistics, engineering, child hygiene, or communicable disease. If aid is needed from sources outside the state health department, such as the state or federal department of agriculture, for example, the director of county health work in his position as deputy commissioner of health makes the necessary contact.

Field unit reports of visits to local health departments are filed and made available to all bureau and division directors. Copies of all pertinent reports with regard to local health service are carried by the field unit staff when revisits are made to a particular area. This enables the staff to check on progress made and prevents unnecessary duplication of effort as well as ensuring continued service with a definite purpose in mind. In other words, it reduces to a minimum the number of casual and unproductive visits by members of the state health department staff.

The whole spirit of the field unit is one of efficiency, of authoritative knowledge, of skill and thought in the several functional

fields, which brings to each health officer not only a high-grade advisory service but a very personal and sympathetic contact at regular intervals between the state department and the local health officer and his staff. Such a field unit not only brings the policies of the central office to the attention of the local health officer, but gathers from the several local health departments ideas with regard to variety and methods of procedure in the several fields, the best of which the field unit in turn transmits, as it goes about, to other local departments to their advantage.

Various specialized technical services have been and are being offered in several fields by state health departments; one of the most notable perhaps is that of a field diagnostic tuberculosis service which, with the aid of portable X-ray equipment, a technician, and a well-qualified diagnostician, brings to the rural area and to the practising physician high-grade service which makes possible the early and expert diagnosis of cases and examination of contacts.

#### THE EPIDEMIOLOGICAL UNIT

In order to give impetus to and create greater interest in epidemiology on the part of the local health officer and his staff, a specialized service in this field is being carried on in Mississippi.

The personnel of this service is made up of a medical director, a nurse, and a bacteriologist. The first two of these individuals, in addition to their basic experience in public health, have had special training in the investigation of and the institution of control measures for acute communicable diseases. These two individuals visit a county together for a period of from two to four months, during which time they work with the local health department staff. They devote their efforts to teaching the local health workers the principles of field epidemiology, placing particular emphasis on the investigation of sources and modes of infection, and the importance of accurate and complete records, the effective follow-up of cases and contacts, and the several pos-



sible channels of spread. Practising physicians are contacted. They are told of the importance of early diagnosis and consultation in any case of suspected communicable disease. They are informed of the services which the local and state health departments provide for their use in the way of diagnostic service, of vaccines and sera, and in laboratory services.

The bacteriologist with the unit is located in the central laboratory where she examines specimens sent in from the counties in which the epidemiological unit is working. In addition she is concerned with improving the various procedures having to do with a particular type of specimen from the time it is secured in the field, through its transmission to the laboratory, the technical examinations therein, to the final report of findings.

In short, the epidemiological unit makes a particular effort to coordinate, insofar as it is possible, all the factors, both of personnel and of services, which play a part in making effective the prevention and control of communicable disease. This type of service to a local health unit is analogous to that offered by the field unit mentioned above and after it has accomplished its purpose, namely to raise the level of epidemiological interest and activity to a point justified by its importance, it should logically become the continuing responsibility of the field unit or field technical service.

In addition to aids already mentioned, specialized services have been offered by state health departments in the setting up of venereal disease clinics and in diagnostic services primarily in connection with widespread or severe outbreaks of some particular type of communicable disease such as acute anterior poliomyelitis, meningococci meningitis, pneumonia, et cetera, although these are ordinarily of a temporary nature. Various other specialized services, usually not available locally, have been set up from time to time in other fields, such as diagnostic orthopaedic service for crippled children, dental, and other services which will occur to

you, including diagnostic clinical service for chronic diseases, especially cancer.

In conclusion, several administrative aids have been discussed as tools for the improvement of local health service. Among those which have been emphasized as especially useful in states with local, county, or district health units are (1) the appraisal form for rural health work, (2) the field unit or field technical service, and (3) the epidemiological unit.