

# MORE ADEQUATE PROVISION AND BETTER INTEGRATION OF COMMUNITY FACILITIES

BAILEY B. BURRITT<sup>1</sup>

## INTRODUCTION

I THINK we may safely conclude from the discussion presented in this Round Table that facts about the state of health of our population and about our newer knowledge present a real challenge to action. The volume of unnecessary sickness and disablement and the constant drain of lowered vitality is unnecessarily excessive and has a direct effect upon the economic efficiency of the Nation and the well being of its citizens. The situation calls not only for stepping up the volume of preventive health activities, but also for the introduction of new concepts and new functions into the total present program of public health and medical care activities carried on by our various communities.

The need for more adequate provision of community facilities to supplement those now available for public health and medical care can most fruitfully be examined in the light not only of existing concepts of public health and medical care, but also in the light of newer concepts now emerging in these fields.

## NEW CONCEPTS OF PUBLIC HEALTH AND MEDICAL CARE

What are some of these emerging concepts? Public health activities in their earliest application centered around efforts to place at man's disposal under suitable sanitary control the use of water freed as much as possible from disease-bearing pollution; around the disposal of sewage in such manner that it would not be a continuous menace to health; around the protection of the food supply, particularly milk; and in general around controlling as much as possible the environment of man so that he could carry on with reasonable freedom from environmental menaces to his health.

<sup>1</sup> Chairman, Executive Council, Community Service Society of New York.

Subsequently with the later development of scientific knowledge about diseases spread by harmful bacteria, public health activities were enlarged in an attempt to control infectious diseases. The sanitary control of the environment and the control of infectious diseases thus become two basic factors in public health endeavors. More recently the protection of maternity and infancy has been added as an additional basic function of departments of health.

Now we see emerging in discussions about public health some newer concepts. One of these is the concept of the maintenance of health as a primary objective with the prevention and treatment of disease subordinated to this objective. Another is the recognition of the fact that the maintenance of health is at present seriously handicapped through inadequate facilities for determining departures from normal healthy conditions of individuals sufficiently early to bring disease under control without undue expenditure of effort and without an excessive amount of unnecessary sickness and death. It is beginning anew to be recognized that periodic health inventories are a necessary adjunct to the maintenance of health. Another of the newer concepts has already been developed in this round-table discussion, namely the fact that if we wish to maintain health and prevent disease we must give more attention to the role of nutrition in health and disease. Still another of the newer concepts is the fact that you cannot maintain health without greater recognition than prevails at the present time in public health and medical care activities of the fact that we must of necessity recognize that we are dealing with personalities in our efforts to control diseases. This has also been developed during the course of the discussion of this Round Table. But as an extension of that concept I would emphasize the emerging concept of the fact that the family is in reality the biological unit and that we must deal with this fact in the science and art of public health and medical care.

Health education is another of the newer concepts or at least newer concepts in public health education are involved. Additional

newer concepts that are affecting our thinking and beginning to affect our programs of public health might be mentioned. Without extending this part of my discussion I should not conclude without mentioning the fact that it is now being recognized more fully than ever before that recreation and rest are essentials in the maintenance of health and are relatively neglected in our programs of public health and medical care. Finally, also, I would mention the fact that the concepts of public health and medical care are both undergoing a change. Progressive thinking is increasingly in terms of something more than the treatment of sickness. It is beginning to bear directly upon the maintenance of health.

#### PERIODIC HEALTH INVENTORY

Shall we examine first the need for provision for more adequate health inventory facilities? The total experience in our efforts to control tuberculosis, cancer, diabetes, nutritional deficiency, and other important diseases that prevent the maintenance of health clearly indicate that only as we discover departures from normal health very early can we hope to maintain health. At present our facilities for examinations are for the most part limited to examinations of persons already known to be diseased. The rapid expansion of x-rays as a means of discovering tuberculosis early is an important exception to this, but even here we confine our examination all too exclusively to an examination to discover and control tuberculosis, overlooking relatively the fact that even the person afflicted with tuberculosis needs a careful general health inventory and careful attention to other departures from normal healthy conditions. But the point which I am making is that most of our present energy and resources in public health and medical care are absorbed in attention to the treatment of pathological situations already so far developed when they are discovered that the arrest of the difficulty and restoration of the individual to the condition of positive robust health is a difficult, long-time process, if indeed it can be accomplished at all.

It is difficult to see how in the light of present knowledge and experience the health of our population can be maintained at any acceptable standard without focussing our attention upon the development of community facilities by which all of our citizens may have necessary periodic health inventories.

This would seem to involve the establishment of diagnostic and consultation facilities which either do not exist at all or are totally inadequate in quality and quantity. In metropolitan areas like New York City with which I am most familiar such facilities should be made available on a neighborhood basis, easily accessible to our citizens not now able to avail themselves of such facilities and readily available to practicing physicians of the neighborhood. Such neighborhood centers should be in charge of a thoroughly competent medical officer whose training and point of view would be not only that of the diagnostician and consultant, but even more fundamentally that of an officer charged with the responsibility, with the help of the practicing physicians and public health nurses of the neighborhood, of maintaining the health of citizens through teaching health as well as discovering and treating early disease. Through the cooperation of hospital facilities, he should have the assistance of a group of medical men who would make possible a specialized group approach to the problem of the maintenance of health and the early discovery and prevention of disease. Such a group, providing leadership and working in the closest cooperation with practicing physicians in the treatment of discovered diseases, could anticipate and prevent much of the present needless waste of human material. Neighborhood centers of this type would also need a staff of public health nurses to assist the physicians in the health teaching of families both at the centers and in their homes. Similarly, because maintenance of health is inextricably tied up with social problems, the physician and the nurse should have ready access to the public and private relief and case-work facilities of the community and these should be adequately staffed to make such services possible.

## THE FAMILY AND ITS ENVIRONMENT AS A UNIT

The maintenance of health and the prevention of disease and all medical care has to deal with an individual as an integral part of a biological unit, the family. This is basic in the program of the Peckham Center as brought out in the presentation of Dr. Baehr. It is recognized increasingly in maternity work, in much of the health teaching of public health nurses, and in limited ways in other health and medical care activities. It is not, however, generally accepted *in practice* in public health work nor in medical care, however much it may be accepted *in theory*. It is an essential basic concept in the newer advances in the field of public health. It is as a member of a family unit that a babe is born and the infant and child is nourished. His health for his whole life span is influenced greatly—in some instances predetermined—by beneficial or adverse influences centering in the home and family. The nutrition of all members of the family is more or less controlled by the family unit and not by each individual member. The habits of the family as a whole determine to a large extent the rest and recreation of its members. Health teaching and medical advice given to the individual in the clinic or private office all too frequently are futile because they are not given in the full light of the family and home situation. The whole home itself whether adequate or inadequate as an environment for health is a family more than an individual concern. Recognition in public health practice of these facts is essential if the maintenance of health is to be the concern of public health activities.

How then, does this affect the adequacy of present community public health and medical care facilities? More time of physicians and of nurses will inevitably be necessary if attention is to be given to the health of each individual member of the family in the setting of the family as a unit. The provision of neighborhood diagnostic and consultation facilities referred to earlier should facilitate greatly the process of dealing with family units in health matters. Directly bearing on this also is the necessity of a greater amount of integra-

tion of the work of public health authorities, practicing physicians, and hospitals about which I shall speak more fully. Meantime, however, I would emphasize in this connection that the maintenance of health rather than the treatment of disease should be the keynote in dealing with the family as a unit. Public health departments of the future as the natural representatives of the people as a whole in the maintenance of health and the prevention of disease should embrace the opportunity for more aggressive leadership in this direction.

#### PUBLIC HEALTH EDUCATION

I have already referred to the fact that new concepts of public health education should be considered in this connection. To be sure, health education has been an objective of public health activities for a long period of time. What we are now observing, however, are new expanding concepts of public health education. We are realizing more than ever before that health education aimed at the education of the masses must be supplemented by effective and intensive education of groups, families, and individuals. We are recognizing more fully that in health education we fail except as we secure action. This means that health education must actually *motivate* action. To do this, it must reach and influence the personality of each member of the family unit, and this emphasizes again that in health education *the family is the significant unit*.

These newer concepts require more carefully thought out plans of public health education. Each piece of mass education through the radio, newspaper, posters, etc. must be prepared in the light of motivating action and then must be tested to determine whether it has this result. Similarly, each item in the plan for group teaching or for teaching family units and individuals must be definitely planned to motivate action and be tested for results.

This emphasizes the fact that much more attention must be given to the techniques of teaching by those interested in the maintenance

of health. Departments of health must have more adequate facilities for teaching health. The health-teaching function must be broadened to include not only mass education, but the stimulation and training of physicians and nurses to do a much more comprehensive, extensive, and intensive job of teaching groups and families. This effort should not be limited to the members of the department itself, but should include practicing physicians of the community. These should become teachers of the maintenance of health and the prevention of disease for all of the families with whom they come in contact.

One other implication of this is the fact that in this educational function the educator should be utilized more adequately. Sole reliance on the physician for public health teaching is based on the unsound premise that because a man has been trained to recognize and treat disease he has at the same time been trained in the knowledge and art of teaching people. It is also based on the further not wholly tenable premise that because he is trained in the treatment of disease he is also trained and qualified as a leader in the art of teaching the maintenance of health and the prevention of disease to children and adults, to families and groups, or to the population en masse.

As long as these assumptions are maintained in practice we shall continue to fall short of possibilities in one of the main objectives of health work—that of maintaining health through public health education that leads definitely to the adoption in the habits of daily life of the facts accepted by science as essential to the maintenance of health.

We need then to supplement our departments of health with the consultant trained in the art of teaching and also thoroughly familiar with the subject matter to be taught. With a medical staff more adequately trained in the art of the maintenance of health and with an adequate staff of public health nurses supplemented by educational consultants more intensive and more effective health educa-

tion of the whole community and all of its family units with their individual members should be possible. This will not attain its full possibility, however, unless departments of health exert real leadership in utilizing not only their own staff for teaching purposes, but all of the physicians and public health nurses of the community. Each one of these should be encouraged and stimulated to become an energized unit of health education.

#### BETTER INTEGRATION OF AVAILABLE FACILITIES

In the limited time at my disposal I have attempted to point out the need for additional community facilities to meet some of the needs arising particularly out of newer concepts in public health.

It is appropriate, however, when considering new facilities to meet new needs to give thought to the possibility of more efficient results from existing facilities. One fact that continually disturbs those of us who are concerned with public health and medical-care problems is the rigidity of community organization of its health agencies. We must of course have separate public departments and separate bureaus within departments and we must have a variety of voluntary organizations. To the family concerned with its health, however, it all too frequently looks like confusion. I might give many illustrations. Let me give only one: A case of tuberculosis in the family is found presumably in the clinic of the Department of Health, or in New York City, a clinic maintained by one of the hospitals of the City. After diagnosis the patient is urged to go to a hospital or sanatorium. This is maintained by another department, contact with which must be made by the family. If the family is in need of the necessities of life it is referred to a third public department and undergoes a searching even if friendly inquiry as to its financial ability by a staff member of this third department. If there is need for bedside care at home while arrangements are being completed for entrance into the hospital, a voluntary organization is called in and a staff member of a fourth organization appears on the



scene. If, now, the family situation has social and behavior problems other than economic maintenance a case worker from a fifth organization is called upon. If the nursing services available in the official department are insufficient to look after the necessary health teaching of the family together with their other responsibilities, still another voluntary nursing organization is called upon and the staff person of a sixth organization is introduced. Then when the patient is ready for physical rehabilitation a department of the State of New York is called upon and this is frequently supplemented by another separate and voluntary organization. Meantime, the patient and the members of the family have been passed along from one medical authority to another with all too little suggestion of continuity in medical personnel, in availability of medical history, or in treatment.

There is not only rigidity and lack of smooth coordination and transition as between separate public departments and voluntary organizations, but there is also almost as much lack of effective connection between different services of the same organization. The tuberculous family which has an expectant mother or a new baby is looked after by another branch of the Department of Health. This introduces new medical and nursing staff too often without any intimate sharing of knowledge of what has gone on with regard to what other physicians and nurses have been doing for tuberculosis in the family. If members of the family have other ills they are, if not neglected, apt to be looked after in a crowded separate clinic of a hospital for each of the ills of each member of the family without these clinics sharing fully with each other their experience with the family, thus, other groups of professional workers come into the confused family picture.

I am not suggesting that these services are more extensive than needed by the family even with the help of all of these organizations and their professional staffs. The real help which is needed by the family is apt to be intermittent, inadequate, spread very thin, and

without any particular evidence to the family of unity or continuity in dealing with the family problems.

This is in part due to inadequate professional staffs of public departments. Because they are inadequate in quantity and too frequently in compensation and opportunity, the result leads often to inadequate quality of service. The lack of unity and continuity, the confusion and the inadequacy are all aggravated by the lack of well-planned organization of the community's facilities to secure continuity of competent, sympathetic, professional attention to the needs of families suffering from ill health, or still less the needs of those families who are attempting to maintain their health.

In addition to the lack of adequate attainment of integration of the services of public and private health organizations there is also the fact that there is all too little provision in our organization of community health facilities for tying in the work of the practicing physician closely and effectively with the work of both public and private health services. If this could be well planned and integrated it could add greatly to what can be accomplished both by the physician and by the organized services so that the total volume of health and medical care of the community could be made at once more adequate and more successful in its results.

As a matter of fact it must be recognized that our community facilities have not been developed in accordance with any well considered community plans. As we have felt the need for more specialized and additional health services we have proceeded to get them under way more or less irrespective of any general community plan of inter-relationship. And yet in spite of this they have enriched the health possibilities of the community. We have arrived at the stage, however, particularly in our cosmopolitan areas where we now need to focus our attention upon the necessity of securing a greater integration of existing services. Only as we secure the advantages of this can we be convincing in urging the development of much needed new facilities.

In what I have developed in these brief remarks I have as you realize spoken more or less completely from the point of view of a worker in a cosmopolitan urban area. The underlying point of view of approach, however, is the same as for rural areas. Frequently because of the lack of many facilities in rural areas and the relative simplicity of their organization it may be possible to secure a more adequate unification and integration of services as they are developed if the need for these is continuously kept in mind.

In concluding this discussion you will readily understand that I am somewhat skeptical as to the value of continuing to multiply facilities in the field of public health and medical care without adopting some much-needed new points of view of approach to the problem of the maintenance of health and the prevention of disease. The adoption of such new concepts will inevitably require not only new facilities, but also the adaptation of existing facilities to implement them. This is the note that I would most emphasize.