

ANNOTATIONS

AMERICA'S HEALTH¹

THE National Health Assembly which met in Washington in May, 1948, was convened at President Truman's request for the purpose of drawing up a ten-year plan for expanding the health resources of the nation and raising the health standards of the entire population.

The assembly was divided into fourteen sections, each of which discussed an important problem of health. The members of each section were carefully selected on the basis of familiarity and expertness in the particular field of discussion. Professional and voluntary organizations from all geographical areas were represented in each of the sections.

What is the Nation's Need for Health and Medical Personnel? The problem of personnel was considered as basic to any plan for attaining a higher level of health in the United States. In this section attention was centered upon the present supply and future demand for physicians, nurses, and dentists, and the means of meeting that demand.

The need for strengthening and expanding facilities for academic and supervised field training in medical and public health techniques and administrative practice was emphasized. Rapidly developing areas of specialization which were found to need greater recognition in training, were mental hygiene, nutrition, pediatrics, and physical medicine. The shortages in trained personnel were found to be proportionately greater in mental hygiene than in any other specialized field. This field includes psychiatrists, clinical psychologists, psychiatric nurses, and psychiatric social workers.

¹ AMERICA'S HEALTH—A REPORT TO THE NATION BY THE NATIONAL HEALTH ASSEMBLY. New York, Harper & Brothers, 1949, 388 pp.

It was pointed out that maintenance of an adequate supply and quality of medical personnel involves the pressing problem of financing medical education. Possible sources for additional financial support were listed as: (1) private contributions; (2) state and community appropriations; and (3) federal appropriations. This problem is one that will no doubt need continuing study and consideration.

The Nation's Need for Hospital Facilities, Health Centers, and Diagnostic Clinics. According to the report of this section, hospitals have gone through several developmental stages. "In the first, the hospitals provided meager care almost exclusively for the sick poor. The second stage witnessed the hospital's evolution into the workshop of medicine to which the sick and injured came largely for curative measures. In the third stage, which has already begun, the hospital should become more and more an important health agency, not only in providing the best in therapeutic measures but also in taking active steps toward the prevention of illness." Two functions, preventive medicine and public health education, it was thought, should be added to the traditional functions of the general hospital.

The need for formal training in hospital or institutional administration for those responsible for hospital management was discussed but no recommendations were made concerning this point. In view of the fact that the economic stability of the voluntary hospital is being threatened by decreasing endowment income and rising costs of operation, the need for hospital management to be on a more businesslike basis seems imperative.

The program under the Hospital Survey and Construction Act was endorsed by the group. It was recommended that the authorization of \$75,000,000 per year should be increased to meet urgent needs for more facilities in many areas of the country.

A National Program for Mental Health. In this section attention was centered on assessing existing resources of facilities and personnel, on determining the most urgent needs for developing a nation-wide mental health program, and on indicating lines of action leading toward the goal of adequate services and facilities to serve the entire population.

At the end of 1946 the prevalence of patients in mental hospitals was reported as 382 per 100,000 population. It was recommended that hospital facilities be expanded to a total bed capacity of 5 per 1,000 population. Even with the present bed capacity of approximately 3.8 per 1,000, it was indicated that there is a shortage of personnel—attendants, nurses, and psychiatrists.

The need for research to determine the extent of the problem of mental health was pointed out as basic to planning for adequate facilities for a mental health program.

What Can be Done to Improve Nutrition? In the last quarter century, knowledge of nutrition has advanced so rapidly that it has outmoded programs and methods of instruction in medical and public health schools, and has revealed the inadequate administrative machinery set up for its public application by federal, state, and local governments.

This section outlined a national policy concerning nutrition. Two of the recommendations were:

1. The resolutions and recommendations adopted at the United Nations Conference on Food and Agriculture in 1943 should be supported and implemented.

2. It is urged that a National Nutrition Council, of the type recommended in the Final Act of the United Nations Conference on Food and Agriculture, be organized . . . to exchange information and experience with comparable organizations in other countries and to cooperate with and through the United Nations and its specialized agencies.

Other recommendations were concerned with: (1) organization and administrative programs through national, state and local agencies (both official and nonofficial); (2) research in nutrition, including perfection of better methods of appraisal of nutritional status, establishment of qualitative and quantitative human requirements of the essential nutrients and basic foods; (3) professional education in nutrition; and (4) public education in nutrition.

The role of nutrition in a national health program is set forth in the following statement:

The problems of nutrition are among the most important af-

fecting this nation's health. Nutrition must take its place along with other preventive programs to raise the health of the people and to promote sounder bodies, greater happiness, and longer life. Much can be done in this country and throughout the world to improve nutrition. Much must be done if we are to set realistic and attainable goals.

What Can be Done to Improve Dental Health? Dental diseases afflict more than 90 per cent of the people. This statement epitomizes the problem discussed by this section.

The goals to be reached by dental health programs during the next decade were specified as follows:

Prevention of dental diseases through the application of effective preventive techniques,

Control of dental diseases by making dental treatment and dental health education available to every child as rapidly as resources will permit,

Increased facilities for dental care in all hospitals and health centers,

Improved distribution of dentists between urban and rural areas and an increase in the number of qualified dental practitioners,

Training and utilization of additional auxiliary personnel—dental hygienists, dental assistants, and dental technicians.

Specific recommendations were made for attaining these goals.

Chronic Disease. Only in the last five years has there been a general effort to improve care of the chronically ill. Public health agencies are beginning to recognize the fact that chronic disease is becoming a major public health problem because of the aging of the population. Consequently, this problem was the topic of one discussion group.

Recommendations were made concerning the needs for institutional and noninstitutional care of the chronically ill. The importance of rehabilitation programs as an effective means to bring about a more normal and useful work life for the chronically disabled person was considered.

Physical Medicine and Rehabilitation was also a subject of

group consideration. It was the thought of this section that rehabilitation should be available to the mentally and physically handicapped, and should not be confined solely to the restoration of persons to employment. The recommendations outline a broad and comprehensive program which is to be integrated with other medical services.

As a result of the discussions of the section on the *Nation's Need for Medical Care*, the following broad principle was set forth:

Adequate medical care for the prevention of illness, the care and relief of sickness, and the promotion of a high level of physical, mental and social health should be available to all without regard to race, color, creed, residence or economic status.

Differing views were expressed as to whether this principle should be effectuated by means of voluntary or compulsory health insurance.

Evidently more time is needed for experimentation with various types of medical care programs before a general consensus of opinion can be formed. Winslow² in a brief article in *The American Journal of Public Health*, gives some timely suggestions on this point.

Recommendations were made to implement national programs for maternal and child health and for rural health. Other problems discussed include the nation's need for local health units, standards of environmental sanitation, more effective state and community planning, and medical research.

There were two points which were stressed in virtually every section. These were the need for more and continuing research in the particular field of discussion and the need for some form of financial assistance from the federal government to aid in the relief of acute shortages of facilities and of personnel.

This volume is timely and should be widely read because it represents a forecast of what our future health program should be.

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² Winslow, C.-E. A.: Directed Gradualism in the Field of Medical Care. *American Journal of Public Health*, January, 1950, 40, No. 1, pp. 77-78.