The Growth of Local Health Units in Florida

By WILSON T. SOWDER, M.D., M.P.H.

TO A CONSIDERABLE DEGREE, any separation of local health services from services provided by other government echelons is artificial and somewhat illusory. Perhaps some persons interested in the subject would define local health services as those that are completely financed and administered by local governments. If such a definition is accepted and interpreted strictly, Florida would have few local health services to report. In fact, there are few public health services in the State which are not supported to some extent, directly or indirectly, by State or Federal funds and which are free entirely from some legal control, under State or Federal laws. In this paper, therefore, will be described the development of those public health services which are financed and administered, in whole or in part, by local governmental agencies; and it will be left to the reader to accept or reject this definition.

Facts about local health services during the several centuries of the Spanish regime and during the brief British occupation are fragmentary or lacking. However, in 1821, General Andrew Jackson, in his capacity as Governor of the Territory, issued a proclamation setting up a board of health in Pensacola and appointing a health officer.

The present State constitution, which was adopted in 1885, not only provides for a State board of health, to have supervision over all public health matters in the State, but also provides that county boards of health "may be established." The State board of health was established by legislative action in 1889, after a severe yellow fever epidemic, and county boards of health were provided for by statute and appointed within the next several years.

However, even before the turn of the century, the State health officer had recommended the abolition of the county boards of health and the legislature had complied. This course was taken because each county board of health had not only adopted its own regulations for the control of communicable diseases, especially yellow fever, but these regulations were enforced with varying degrees of zeal, usually too much. Most funds and energy were spent on quarantine procedures, with special emphasis on the exclusion of travelers and goods from areas suspected of infection, and written permission was necessary from each county involved before travel could be undertaken. Such actions resulted in "Iron Curtains" between the counties of the State, since communicable diseases were frequently present and oftener rumored. The abolition of county boards of health was therefore probably quite justified and necessary in order to end this state of chaos, and to bring about uniformity in

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Table 1. Growth of county health units in Florida from 1930 to 1953, at 5-year intervals

Year	Number of organized counties [1]	Population served [2]		Total expenditures [3]	Number of persons employed [1]
		Number	Percent		
1930	1	13, 136	1	$9, 000	4
1935	3	76, 129	5	41, 903	29
1940	25	618, 541	33	329, 654	147
1945	36	1, 510, 520	67	1, 243, 104	482
1950	64	2, 511, 898	91	2, 733, 325	755
1953	66	2, 879, 880	93	[4] 3, 674, 320	796

[1] Status as of December 31.
[2] Population figures from Federal censuses of 1930, 1940, and 1950; State censuses of 1935 and 1945; and estimated data for 1953. Population of cities with independent health departments excluded, except where services limited and majority of services provided by county health department.
[3] Expenditures are for the fiscal year beginning July 1.
[4] Estimated.

health laws, regulations, and practices throughout Florida. Following this action, for the next 30 years and more, except in the larger cities and towns, public health services were provided by persons employed directly by the State board of health.

County Health Departments

The present era of local health administration began in 1930 with the passage of a State law authorizing joint financing between counties and administration of county health units by boards of county commissioners and the State board of health, and cooperation with cities. Funds were to be deposited in the State treasury to the credit of the county involved. Minimum personnel required included a physician, a public health nurse, a sanitary officer, and a clerk, who were required to devote their entire time to public health work. Personnel were to be appointed by boards of county commissioners with the approval of the State health officer and their salaries were to be fixed by the State health officer with the approval of the board of county commissioners. Multicounty units were authorized with common budgets and personnel.

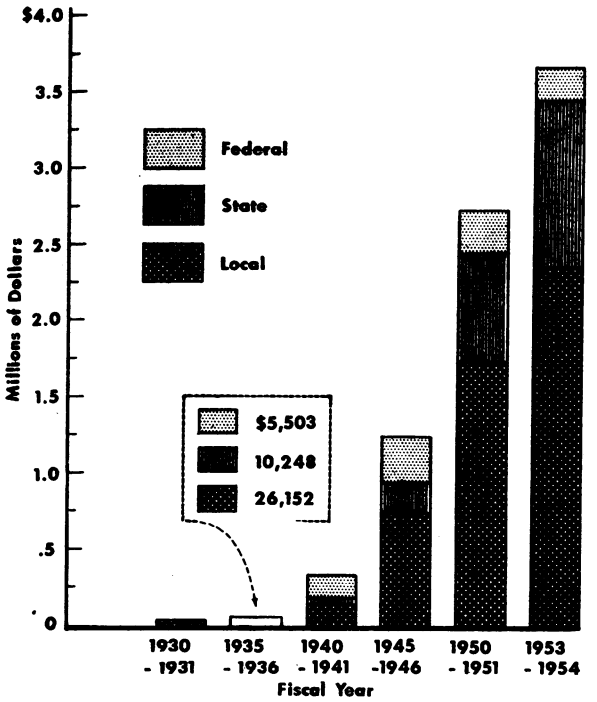
This excellent law has been so entirely satisfactory that no attempt has ever been made to

Table 2. Total and per capita expenditures of Florida county health units, by source of funds, at 5-year intervals, 1930–53

Source of funds	Fiscal year					
	1930–31	1935–36	1940–41	1945–46	1950–51	1953–54 [1]
	Total expenditures					
Total	$9, 000	$41, 903	$329, 654	$1, 243, 104	$2, 733, 325	$3, 674, 320
Federal	9, 000	5, 503	148, 911	297, 879	272, 832	208, 680
State	----------	10, 248	47, 836	201, 246	727, 075	1, 090, 220
Local	----------	26, 152	132, 907	743, 979	1, 733, 418	2, 375, 420
	Per capita expenditures					
Total	$0. 69	$0. 55	$0. 53	$0. 82	$1. 09	$1. 28
Federal	. 69	. 07	. 24	. 20	. 11	. 07
State	----------	. 13	. 08	. 13	. 29	. 38
Local	----------	. 34	. 21	. 49	. 69	. 82

[1] Estimated.

Figure 1. Total expenditures and source of funds of Florida county health units. (All 1930–31 funds were from Federal sources.)



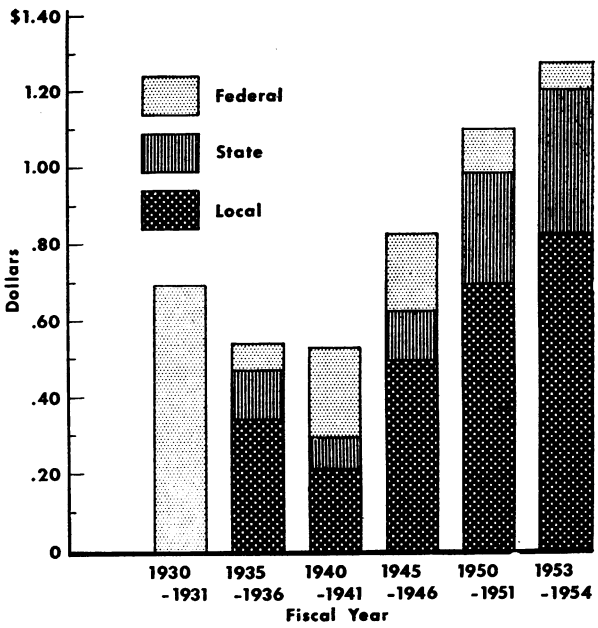
change it. Soon after its passage the first health unit was established in Taylor County, a small rural county in west Florida. Although this unit was discontinued after a short existence, it was soon reinstated and there has been a steady growth of the county health unit system since the passage of the county health unit enabling act. Table 1 shows concisely the increase in the number of organized counties among Florida's 67 counties, the population and percentage of population served, the increase in funds available, and the number of personnel employed. Table 2 shows expenditures and per capita expenditures by source, for each of the 5-year periods since 1930. Figure 1 shows graphically the expenditures for county health units for the period and the source of funds, Federal, State and local. Figure 2 shows the per capita expenditures by county health units and the sources, Federal, State and local. In interpreting these charts it should be kept in mind that Florida's population has increased rapidly. According to the Federal census, in 1930, the increase was 1,468,211; in 1940, 1,897,414; and in 1950, 2,771,305.

It should not be assumed that per capita expenditures are uniform among the counties of the State. On the contrary, there is a wide variation. Local appropriations vary from a minimum of 34 cents per capita to a maximum of $1.89 per capita; and the total of Federal and State funds allocated to local health departments varies from a minimum of 23 cents per capita to a maximum of $1.78 per capita. State and Federal funds are distributed among the counties on a formula basis, according to the population of the county, the per capita amount decreasing with increase in population. In order to encourage local appropriations, the formula includes a matching factor so that larger per capita local appropriations are matched by somewhat more State and Federal funds. The smallest grant of State and Federal funds (1953–54) is $3,915 and the largest, $114,466.

Additional funds not shown in the tables and charts are also allocated on a project basis to 12 of the larger counties for special programs which are conducted on a regional basis. These programs include cancer, heart disease control, and mental health, and the total funds so allocated during the present fiscal year (1953–54) amount to $99,900.

Direct aid to local health departments in

Figure 2. Per capita expenditures and source of funds of Florida county health units.

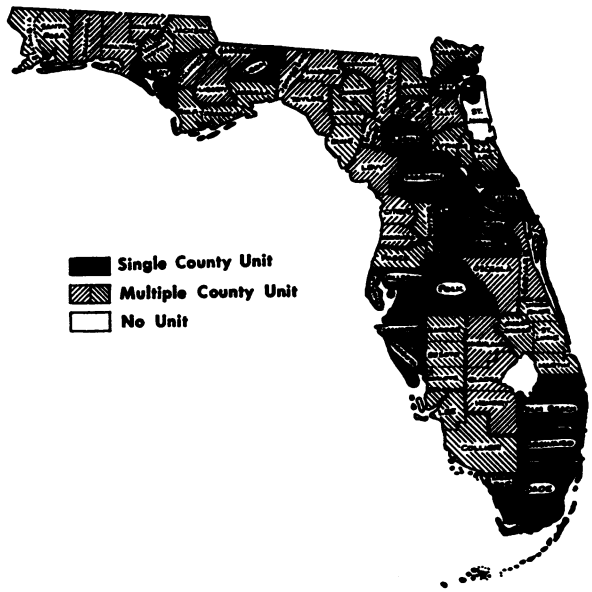


forms other than funds is considerable. Laboratory services are furnished entirely by the State board of health on a regional basis without local financial participation. Biologicals, routine record forms, and accredited training are furnished on a State level, as well as the services of trained consultants in nearly every field of public health. No detailed description of all such services given by the State board of health to the county health departments will be given. However, they deserve mention because a considerable increase in local funds would be needed to carry on work at the present level if there were not such a close State-local relationship as exists at present. On the other hand the help given directly by the State health department is counterbalanced by the wide range of responsibilities placed on county health departments here. Many local health departments in the country with the same or greater financial resources do not have responsibility for some programs, such as school health, milk inspection, and vital statistics. This fact adds to the difficulty of making comparisons of the adequacy of local health department budgets in different sections of the country. There is no doubt, however, that most of our county health departments are inadequately financed.

The Multicounty Unit

The development of the county health units in Florida has been interesting in many respects other than in numbers, finances, and personnel. One interesting development has been the evolution of the multicounty unit. Figure 3 shows the situation on January 1, 1953, as to single- and multiple-county units. No major difficulty was ever experienced in the grouping of small counties for local health services, but after many years of experience it was discovered that geographic propinquity of counties does not always guarantee mutual admiration and trust. In fact, in some cases it was discovered that local officials were loathe to appropriate money for a common multicounty health fund because they feared that it would be spent more for the benefit of their neighbors than for themselves. When this attitude was clearly recognized, steps were taken promptly to set up each county's budget separately, and to keep its

Figure 3. Distribution of county health units in Florida, as of January 1, 1953.



funds separate, including State and Federal matching funds. Each county health department now has its own budget, personnel, and identity, and where it is necessary to share personnel their salaries are prorated. All multicounty units share the services of a health officer, and some a supervising nurse and a sanitarian. Disagreements among counties occasionally arise concerning the appointment, retention, or place of residence of personnel, but so far these problems have been solved satisfactorily.

Municipal Health Services

Many of Florida's counties, particularly the more populous ones, have run the gamut of confusion and duplication incident to a multiplicity of health departments and health programs separately financed and directed. A typical example is Dade County, whose largest city is Miami. Until 1943 there were in this county three city health departments, a county health department, and a school health program under the county board of education. Only the county health department was associated with the State board of health, and even so, that State agency operated a venereal disease control program more or less separately. Within a short time, under the leadership of the chairman of the board of county commissioners, complete consolidation of the four health departments and

the school health program was brought about with the cooperation and agreement of all concerned. A law was passed which applied to Dade County only and which effectively removed any legal barriers to the consolidation. The law also set up an advisory board which functions as a local board of health except that it has no administrative functions or authority to promulgate regulations.

Under this plan the county undertook the entire responsibility for financing the operations of the health department, except for available Federal and State funds. This arrangement has worked out so satisfactorily that it has been used as an example of the benefit of consolidating the city and county governments entirely, and this development failed by a narrow margin in a recent election.

A similar development started somewhat earlier in Hillsborough County, whose chief city is Tampa. In spite of some opposition at first from rural areas and from one small town, the consolidation was promoted by the parent-teacher association because of a desire to have better school health services. Past efforts to carry on a separate school health program had not been satisfactory, and school officials were loathe to provide for an expensive school health program which would overlap the activities of the city and county health departments.

A few years later, and without much public fanfare, city and county officials in Pinellas County (St. Petersburg-Clearwater) agreed upon a consolidation, and effected it by legislative action. In this case, a local board of health was provided, the only one in the State.

Even before these consolidations took place, most of the smaller cities and towns in the State had effected similar arrangements by negotiation and agreement, and without special laws. In Pensacola and Escambia County, for example, a city-county health department was operated for years under a single health officer, with each agency paying its own employees. In recent years city, county, and State appropriations have been put into a common fund. While the trend in recent years has been for the counties to assume the entire local financial burden, in 1953, 27 municipalities contributed a total of $65,890 to county health department budgets.

Consolidation has not meant that the cities of Florida lack health departments. Acting under specific agreements, and under the general policy of the State board of health, each county health department serves as the municipal health department for each municipality within the county, unless the municipality has a health department of its own. The county health departments are obligated to enforce municipal health ordinances, and in fact the county health departments would be greatly handicapped in their work but for the existence of such ordinances. This is particularly true in the field of milk and food sanitation where there is some dispersion of responsibility among State agencies.

At the present time only the city of Jacksonville has a complete and fairly adequately financed city health department. It has a budget of about $500,000 to serve a population of more than 200,000 people. The cities of West Palm Beach, Orlando, and Lakeland have city health departments, but these furnish only limited public health services, and their combined budget for this purpose is estimated at less than $100,000. Public health services in these cities are supplemented by the county health departments. It can be seen, therefore, that of a total of about $4,339,320 spent by local health agencies in Florida only about $665,000 is appropriated by municipalities, and most of this is spent by the city of Jacksonville.

School Health Services

Sentiment in Florida has always been against the development of separate school health services financed and administered by education agencies. In the past, many local school boards provided for school health services, particularly public health nursing services. There has been a continuous trend in recent years to discontinue this activity, or to merge such efforts with the county health departments. In many counties, the board of county commissioners bears the entire local cost of public health services, including school health services, but at present in 39 counties the local school boards make a contribution to the common fund of the health department. The total amount so contributed in the 1952-53

budgets was $142,602. This assistance is especially important since it is contributed primarily in the smaller rural counties.

It is especially interesting that the Florida laws governing the expenditures of school funds provide that these can only be spent for local services where the county health department is unable to provide needed services. At the present time, in only 7 counties are public health personnel employed by school boards other than through county health departments. This personnel consists of 19 public health nurses and 1 health educator. In 1 of these counties, although 4 public health nurses are paid directly by the local school board they work under the supervision of the county health officer. In the other counties, they work in close cooperation with the personnel of the county health departments, and the outlook for a complete merger of efforts in the future is very bright.

Summary

During the past 23 years steady progress has been made toward statewide coverage by county health departments, and only one county, with a population of 27,200, is now unorganized. Similar progress has been made in the coordination and unification of local health services provided by counties, municipalities, local school boards, and the Florida State Board of Health.

Birth and Early Days of Florida's First County Health Unit

By W. H. Y. Smith, M.D., C.P.H.

Florida's experience in developing local health services is reviewed by Dr. Sowder in the preceding paper. He speaks of 1930 legislation and establishment that year in Taylor County of the State's first local unit.

This informal account of the creation and early days of the Taylor County Unit is taken from remarks at the 1952 meeting of the Florida Public Health Association by the unit's first health officer, Dr. W. H. Y. Smith, now director of the bureau of preventable diseases in the State Health Department of Alabama.

To pioneers and veterans of the local—and particularly of the rural—health movement, this vignette may evoke a degree of nostalgia. To some who have not had the privilege of working the back roads in some variety of shoe-leather epidemiology, nursing, or sanitation, it may even have an odd and distant tone. But to those who today are dealing, face-to-face, with problems of local health service, many elements and incidents in this flashback to two decades ago will seem remarkably current.

WHEN THE Taylor County Health Unit was established in Florida during August 1930, it arrived, with the help of the Public Health Service, on a scene which was not only beginning to feel the full impact of a depression but which was already burdened by an abundance of malaria and hookworm disease.

From this county's swamp swarmed the *Anopheles quadrimaculatus* mosquitoes, and in its sandy soil thrived the hookworm larvae. It was a county rich in its land from the trees, yet poor in its soil that was cultivated. From its great sawmills and lumber towns came the money and from the country came the poor.

The health unit consisted of a motley group of "foreigners." To this unsuspecting community came a nurse from Tennessee, a sanitation officer from Massachusetts, the health officer from Canada, and a secretary who was the only native-born denizen.

In the beginning, the three moving pieces of personnel—the nurse, the sanitation officer, and the health officer—studied their maps and planned their strategy. Then they moved out