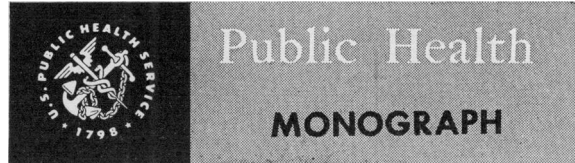


Health Department Manpower

In the spring of 1951, the Public Health Service collected information concerning personnel employed and vacancies in positions for professional and technical public health workers in State and local health departments of the continental United States and the Territories. This was done at the request of the Health Resources Advisory Committee of the Office of Defense Mobilization, a committee appointed to consider the availability and use of health resources, including personnel, during the period of defense mobilization. The information obtained was reported to the committee at two of its meetings in the winter of 1951-52, and was the subject of an article by Dr. William P. Shepard, a member of the committee, published in the *Public Health Reports* for August 1952. Final analysis of all data collected and source material for reference purposes have been included in Public Health Monograph No. 13, entitled "Staffing of State and Local Health Departments, 1951."

No later comparable data are available to provide a basis for determining whether the staffing problems of State and local health departments have eased in the past 2 years. From reports on personnel submitted periodically to the Public Health Service by State health departments, the assumption that the personnel situation is still critical appears to be justified. Recruitment of qualified public health workers still lags far behind needs. Established positions that were vacant in the spring of 1951 are, in many instances, still vacant. The "doubling up" of assignments, the discontinuance of programs and services, and the search for candidates for employment continue.

Vacancies in budgeted positions reported by State and local health departments represent only immediate and urgent needs for particular categories of public health personnel. They by no means indicate the extent of total need, even for minimum staffing requirements. To



No. 13

The accompanying summary discusses the principal findings presented in Public Health Monograph No. 13, published concurrently with this issue of *Public Health Reports*. The authors are with the Bureau of State Services, Public Health Service.

Readers wishing the data in full may purchase copies of the monograph from the Superintendent of Documents, United States Government Printing Office, Washington 25, D. C. A limited number of free copies are available to official agencies and others directly concerned on specific request to the Public Inquiries Branch of the Public Health Service. Copies will be found also in the libraries of professional schools and the major universities and in selected public libraries.

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Haldeman, Jack C., Cheney, Bess A., and Flook, Evelyn: *Staffing of State and local health departments, 1951*. Public Health Monograph No. 13 (Public Health Service Publication No. 279). U. S. Government Printing Office, Washington, 1953. Price 30 cents.

bring existing health department staffs up to the recommended minimum standards would require the services of many more public health workers than the number needed to fill reported vacancies.

Among the personnel employed at the time of the survey, many held status in the various components of the military reserve; many physicians, dentists, and veterinarians had been registered and assigned priorities under

the "Doctor Draft Law"; and many more were in the older groups, approaching an age when, even though still actively at work, the services they are able to render must be expected to decline both in quantity and quality. In a national emergency, in which large numbers of trained public health workers would be needed urgently and on short notice, it seems evident that State and local health departments would of necessity be stripped of many of their able-bodied staff members.

For budgeted positions and vacancies, information is available from 1,257 local and 44

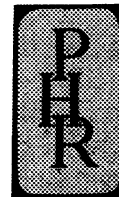
State health departments in the United States. For personnel employed in 1951, reports cover 1,470 local and all 48 State health departments. Information is provided for the continental United States as a whole and divided among four broad geographic regions, according to type of department—county, city, local health district, State health district, or other—and according to the population served—in communities of under 35,000 to those of half a million or more. Generally comparable data from the Territories—Alaska, Hawaii, Puerto Rico, and the Virgin Islands—are also included.

To the Professional Public Health Worker

You, like the specialist in medical and other fields of science, know how important it is to be informed on current knowledge in your specialty. And, for the most part, you rely on the first-hand availability of the leading journals and periodicals in your specialty.

But as more becomes known of public health practice and research, the more complex this science becomes. There comes too the need to relate the activities of all its component disciplines—the members of the family of public health—one to the other, and each to the whole. And for each specialist there is a need to read regularly the journals devoted to unifying the family of public health. *Public Health Reports* is such a journal.

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