

Self-Survey of Health Facilities In Auburn, Massachusetts

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ARE DOOR-TO-DOOR community health surveys of any real value? Is the survey conducted by relatively untrained, inexperienced, but interested people in the community worth the time and effort on the part of professional consultants—not to mention the citizen effort—that such a project demands?

In replying to these questions, the objectives of a health survey should first be considered. If the main objective is to discover facts relating to the status of health in the community, a self-survey may be of questionable value. If, on the other hand, the main objective is to bring about an awareness in the citizens of health needs currently not being met and to create an active desire on their part to do something to meet those needs—in other words, if the main objective is health education, then a self-survey can be very effective.

Origin of the Survey

Such a survey was held in Auburn, Mass., in June 1952. The decision to conduct the survey was made by a handful of people as a result of a negative reaction to a law regarding local public health services. This law was passed in 1949 by the Massachusetts Legislature and was known as the Union Health Department Law.

The law required that all towns with a pop-

ulation of less than 35,000 meet minimum standards as defined by the Massachusetts Public Health Council or join with their neighboring towns to organize and support a "Union Health Department" within a period of 10 years. The use of the word "union" complicated education on the law; in a substitute law, the 1953 legislature changed the term to "Regional Health Districts."

Auburn, like every other independent town in Massachusetts, felt that it was already providing adequate public health services and that regional health departments were unnecessary, expensive, and a threat to the long-cherished New England tradition of home rule. The town was particularly anxious to retain its local autonomy since it had just succeeded in withdrawing from a school union with a neighboring town. This union had been unsatisfactory to Auburn for many years, and the fact that it took an act of the Massachusetts State Legislature to dissolve the school union made townspeople doubly apprehensive of joining any other kind of union. Furthermore, just prior to initial discussions of the Union Health Department Law, improvements had been made in the inadequate school facilities in the town at considerable expense to the taxpayers, and the possibility of another increase in the tax rate was most alarming.

Background of the Town

Auburn, with a population of 8,838 persons (1950) is essentially a residential community.

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It is located 6 miles from Worcester, a large industrial city of over 200,000 population, and its residents are for the most part white-collar workers employed in Worcester. Responsibility for the public health is vested in a three-man, part-time board of health, elected at the annual town meeting, and required by State law to meet at least once a year. A full-time school nurse is employed by the town school committee, a part-time nurse by the board of health, and a full-time visiting nurse by the local voluntary nursing association. One of the two physicians residing in Auburn serves as school physician, in addition to being a member of the board of health.

In the nearby city of Worcester, the services of pediatricians, dentists, and other specialists can be readily obtained. The nine hospitals in Worcester are available to Auburn residents. Auburn's population has increased considerably during the last 10 years because of its easy accessibility to Worcester by public transportation. The increase in building has brought many problems, among them an acute need for public sewers.

Citizens Committee for Public Health

When the Union Health Department Law was passed, a statewide Citizens Committee for Public Health was formed. This State committee conducted its meetings on a regional basis to facilitate study of the legislation and to plan an educational program in the specific communities of the region. The objective of the committee was to bring about an awareness of the need and value of full-time local health departments.

One of the two practicing physicians in Auburn was a member of this committee, but was usually too busy with his practice to attend the regional meetings. He was genuinely interested, however, and asked the school nurse to represent him on these occasions. She became a very active member of the committee in her own right.

The State committee met in Auburn in October 1951. Many local organizations had sponsored individual health projects in the past, but no cooperative effort had been tried. Now, stimulated to action by the threat of a compul-

sory health union in 10 years, it appeared that the people of Auburn were prepared to examine their own health services.

The Auburn Health Council

Following the Auburn meeting of the Massachusetts Citizens Committee for Public Health, two persons who had attended that meeting decided to try to form a health council to continue study of the Union Health Department Law locally. These were the school nurse, who was a committee member, and a member of the District Nursing Society. They invited a health educator from the Massachusetts Department of Public Health who was currently working in the district office in Worcester to help them form the council.

The health council held its first meeting in December 1951, with the school nurse acting as temporary chairman. All voluntary organizations in Auburn—the Rotary Club, Parent Teachers' Association, Red Cross, Garden Club, church groups, and District Nursing Society—as well as official agencies, such as Civil Defense, the Board of Selectmen, and the Board of Health, were invited to send representatives to this meeting.

The first meeting of the group was most productive. A short talk about the organization and functions of health councils was followed by a discussion of the Union Health Department Law as a specific health matter which needed the attention of an organized health council. Reactions to the implications of the Union Health Department Law were intense and demonstrated the need for additional meetings on the subject to clarify misconceptions and to decide on what action, if any, the group wished to take. As a first positive step, each person present was offered a list of persons qualified to speak on this law, with the suggestion that the list be presented to the parent organizations to aid them in obtaining speakers for worthwhile programs for future meetings.

As a result of this action by the health council, at least three groups requested speakers from the Massachusetts Department of Public Health. Thus, before the community self-survey began, some of the townspeople were

reached by health education programs and were giving some thought to local public health.

Another outcome of this first meeting was that the health council requested the board of health to have included in the warrant for town meeting an article asking for the appointment of an official town committee to study the Union Health Department Law. As a result, a Union Health Department Committee was appointed at town meeting in March 1952.

The second health council meeting, held in January 1952, brought the group no nearer formal organization, but it also could be called a useful meeting. A discussion of the minimum standards tentatively approved by the Massachusetts Public Health Council as a measure of local public health services brought out the adequacy of Auburn's health services and the excellent health status of the residents generally. However, as the discussion proceeded, the group gradually realized that the statements made were not justified—the facts were not really known. Each member, therefore, took home from the meeting a copy of the tentative minimum standards to study carefully and prepare suggestions to be presented at the next meeting. After further discussion, there was a unanimous decision to conduct a door-to-door survey of the health status of the residents of Auburn.

An important factor in the health council's willingness to undertake the necessary organization and the actual legwork involved in a door-to-door survey was the failure of a survey made several years before to determine the immunization status of children. At that time, the Auburn Board of Health was considering discontinuance of immunization clinics because it was felt that mothers were taking their children to the family physician for their immunizations. The board of health and the school nurse made the survey by mail, but obtained little information. Perhaps the response would have been better if there had been greater community participation in planning the survey.

The health educator from the Massachusetts Department of Public Health had brought to the meeting copies of questionnaires currently available. These were examined by the council members, but none seemed to be entirely suitable for use in the contemplated survey. Each

member agreed to do some "homework" on them before the next meeting.

In addition to the need to devise a suitable survey form, two other important questions came up at this meeting. Was this voluntary group, the health council, duplicating activities of the officially appointed Union Health Department Committee? Would a survey such as the one they were planning be useful to this committee? It was decided to invite the members of this committee to the next meeting of the council before any more plans were made for the survey.

The Survey

The third meeting of the Auburn Health Council in March was attended by two members of the newly appointed Union Health Department Committee. They gave wholehearted approval to the council's plan to conduct a door-to-door survey. They spoke for their entire committee of five. The findings of this study, they said, would give them a very real basis for recommendations to the town regarding the Union Health Department Law and Auburn's public health services.

Considerable education of the health council members took place in the process of selecting survey questions in the light of their application to Auburn. Further value was derived from the necessity of adding questions on civil defense preparedness, tying in good basic health services with preparedness for disaster. The final questionnaire, a modification of the Clinton County, Ohio, survey form, was checked by the director of the chronic disease division of the Massachusetts Department of Public Health, who had agreed to have the coding and necessary tabulations done.

At this meeting the need for a permanent chairman of the council to assume responsibility for the survey became urgent. The chairman was unanimously agreed upon, and preparation for the survey proceeded rapidly.

Many individuals responded to the stimulation of participating in a worthwhile community venture. One of the health council members offered to supply the paper for the questionnaires and to have them printed at his expense. Both council members and other per-

sons offered their services for the interviewing. Even the school children assisted. Council members had decided that cooperation of the persons interviewed could be stimulated by use of a survey symbol, and the letter "H" for "health" was selected. The children cut out small H's from blue paper and tied them up in bundles of 15 for the interviewers' kits. The enumerator left one of these symbols at the home of each family when the interview had been completed. The H was placed in the window as evidence of the family's cooperation in the health survey, and it became a proud symbol of participation.

The map drawn up by the Red Cross for their annual fund drives was used in the allocation of the town into 18 districts. Survey captains were appointed, and each captain arranged to recruit volunteers to do the interviewing. The aim of the survey was to interview every family in town, and in such a small town it was possible to do this.

Training the Interviewers

Two training sessions were planned for the interviewers, with a pretest period between sessions, but delay in allocation of districts and in recruitment of volunteers made it necessary to cancel the second session. Health council members thought that all interviews should be completed by the end of May, before graduation and vacation plans became uppermost in the minds of the mothers in town and also would keep the interviewers busy in their own homes.

Over 200 women volunteers attended the single training session held in May, one week before the survey was scheduled to begin. The chairman of the health council gave an inspiring talk to the group, summarizing the Union Health Department Law, and explaining the objectives of the survey. A biometrician from the Massachusetts Department of Public Health explained the questions and the techniques of interviewing. Kits containing questionnaires, printed instructions, letter of introduction, and so on, were distributed to the interviewers. The questionnaire was discussed question by question, and each interviewer filled out a survey form with assistance from a group of resource people.

Policies regarding re-calls, dates of survey, publicity, announcement of results, and so on, were clarified. To tie in this inventory of health status with an immediate on-going community health program, it was decided to obtain information on anticipated response to the Worcester chest X-ray program, in which Auburn planned to participate in the summer months. This program was sponsored by the Worcester Chest X-ray Survey Committee consisting of representatives of the Worcester Medical Society, the Tuberculosis Association, boards of health, and other community groups with the cooperation of the Public Health Service.

The health officer from the Worcester district office of the Massachusetts Department of Public Health spoke briefly about the value of a chest X-ray, the plans for the summer months, and the need for citizen cooperation. The interviewers were instructed to ask at every home how many planned to have an X-ray and whether or not transportation would be needed.

The permanent chairman of the health council, the former temporary chairman, and the health educator from the Massachusetts Department of Public Health, Worcester office, were available locally throughout the 2 weeks of the survey to assist the interviewers if problems or questions arose. The house-to-house canvass proceeded on schedule for 2 weeks. Little resistance from householders was encountered, contrary to the expectation of some of the interviewers.

Results

The enumerators interviewed 2,392 families representing 8,448 persons out of a total population of 8,838, a coverage of 96 percent. There were 129 families reported not contacted. The Massachusetts Department of Public Health tabulated the results and submitted them to the members of the health council, with a series of suggested recommendations. The district health officer from Worcester discussed with council members the findings and recommendations and ways in which the recommendations could be adapted to fit the needs and resources in Auburn.

The findings showed that the number of in-

fants and children who had been immunized was not nearly as large as had been expected. Seven cases of undulant fever in a nonrural town seemed high. It was also surprising to townspeople that one family in four reported a chronic disease. All of these results were written up in the local paper. The health council based its report on the tabulations and suggested recommendations of the Massachusetts Department of Public Health, but addressed recommendations specifically to the official health agency, the water commissioners, and the Moderator's Committee, as well as to the council itself.

The questionnaires were surprisingly well filled out, but it is difficult to know just how accurately the answers represent the real reactions of those interviewed. Closer supervision of the actual surveying would have been desirable. The large number of interviewers introduced the chance for considerable inaccuracy. There is no doubt that it would have been more scientific to have the interviews conducted by a few well-trained enumerators.

The survey conducted by the Auburn Health Council was an educational experience for the persons interviewed, for the school children who cut out the blue H's, for the members of the health council, and especially for the interviewers. Concrete evidence that the health survey had resulted in increased awareness of health services on the part of the townspeople was the fact that, of the 10 towns participating in the Worcester chest X-ray program in the summer months following the survey, the town of Auburn had the highest percentage of persons X-rayed (79.5 percent of the eligible population). Newspaper publicity and printed signs announcing dates and location of X-ray units were the only other means used to urge people to participate in the X-ray program.

There was other tangible evidence that the objective of a new local awareness of public health needs and a willingness to take action to

meet these needs had been achieved. In March of the following year, the town of Auburn voted to employ an additional full-time nurse. The tremendous increase in population had made the services of an additional nurse necessary, but before the survey it seemed unlikely that the town would be willing to assume the extra expense at a time when the cost of the school building program was very hard on the taxpayers. A series of well-child conferences, at which immunizations will be given, is planned for the fall.

These were some of the immediate objectives of the health council which were accepted and supported by a health conscious population. Other long-range objectives include passage of a local pasteurization regulation, a chronic disease survey, a spot sanitary survey of private water supplies and sewage disposal units, extension of the public water supplies to as many families as possible, and sponsorship of an educational program on the importance of early immunization and prenatal care.

The health council does not consider its role at an end since conducting the health survey. The council has accomplished much already. Auburn residents are interested in the survey findings, because many of them assisted in the interviewing and because information about them and their families is included in the data. They are impressed also by the fact that the entire survey was conducted at no expense to the town.

There are undoubtedly many examples of active steps toward better community public health which it is not possible to measure. Who can say how many mothers brought their babies to the doctor for immunizations, or for a physical checkup because they were reminded of their responsibility for such action by answering the questions on the survey? These are good results which cannot be measured, but they have a snowballing effect. They represent a community in action.

