

of the audience. It was recognized that this extensive use of "eye-catchers" sometimes resulted in a loss of cohesiveness. Each show attempted to get 1, or at most, 2 ideas across.

Shows have been presented on these and other subjects:

Blood banks of Denver.	Cancer.
Alcoholism.	Bicycle safety.
Rheumatic fever.	Mental health.
The hard-of-hearing.	Arthritis and rheumatism
Dental health.	Hospital services.
Sight conservation.	Misuse of medicine.
Orthopedically handicapped children.	First aid in civil defense.
Milk sanitation.	Effects of radiation and atomic medicine.
Rehabilitation of the handicapped.	Tuberculosis.
Rabies control.	

The program on rabies control is an example of a typical program. Representatives from the Denver Health Department, the Colorado Veterinary Medical Association, the Denver Medical Society, and the Colorado State Health Department Laboratory met with the radio council staff to plan the show on rabies control. Its central theme was "Get your pet vaccinated," and the program was built around the carefully staged vaccination of a dog.

A veterinarian, a physician, a woman with her pet dog, a health officer, and a laboratory technician appeared on the program. Short film sequences of a dog with rabies, a professional actor simulating symptoms of a human being with rabies, a laboratory technician making a smear of a dog's brain for microscopic examination for Negri bodies, a projection of a slide with Negri bodies, the use of white mice as a further test to determine the presence of the rabies virus, an oversize dog tag, and statistical summaries, by neighborhood, of the number of dogs vaccinated in Denver helped illustrate the point of the program. Participants or agencies connected with the show provided the props.

Results of the Series

Results of the TV project were measured by mail response to the programs, by reports from contact with the public received from the sponsoring agencies, and by reports from Telepulse, a nationwide television audience survey. In

certain selected programs, pamphlets, brochures, and information sheets were offered to viewers who requested free literature.

The response was gratifying. Requests came in not only from the Denver area but also from Boulder, Fort Collins, Greeley, and other towns in eastern Colorado. Unsolicited comment as passed on to the groups sponsoring the shows were almost unanimously favorable. More tangible than these, however, were the Telepulse statistics from scientific random surveys which indicated an estimated 40,000 viewers were seeing the programs each week, despite the fact that a popular commercial program was in the same time segment on Denver's only other TV station. "Your Lease on Life" lagged only three points behind this other program.

As an experiment in cooperation, if nothing else, the production of "Your Lease on Life" was an enjoyable and beneficial experience. Those persons who contributed their time by participating in the series, whether as actors reading lines, consultants planning a program, providers of some of the many program devices or visual aids, or interested committee members—all learned how much patience, cooperation, and hard work are needed for a 15-minute live TV show.

"Health of Our City" In Grand Rapids

By MORRIS BARRETT, M.P.H.

HOW did the city health department in Grand Rapids, Mich., become a producer of television programs? How did the programs

Mr. Barrett is the first health educator to be employed by the Grand Rapids (Mich.) City Health Department, with which he has been associated since September 1952. Before receiving his master's degree in public health from the University of Michigan School of Public Health in June 1952, Mr. Barrett had 3 years' teaching experience in health education in New York City, 1948-51.

originate? How did the department arrange for the time? How did it set up its TV program?

The city health officer made the initial contact with one of the directors of television station WOOD-TV in Grand Rapids. Within a few weeks, the health educator in the Grand Rapids City Health Department was planning a TV program outline to be presented to the division heads of the health department. It was decided that the health educator would do much of the planning and preparation of the programs and that the health department staff would cooperate and participate in the programs.

The first program, which was planned and auditioned at the studio, resulted in "Health of Our City," a weekly half-hour television series, which has been on the air ever since May 22, 1953. The series is scheduled on a 52-week basis until further notice.

Some of the Topics

The "Health of Our City" series has been centered around health-related problems, activities, and programs in Grand Rapids. Programs are set up to define the specific health problems so that they are understood by all, to show their extent in Grand Rapids and the United States, and to explain what is being done to combat the problems locally and to indicate where additional health programs are needed. Some of the programs have centered around these topics:

Heart disease.	Mental health.
Cancer.	Overweight.
Home accidents.	Alcoholism.
Public health nursing.	Industrial health.
Environmental health services.	Poliomyelitis.
Tuberculosis.	Preschool health.

The programs are entirely educational. By suggesting definite action on the part of the viewer, they differ from the informational type of program where no action is intended. The programs capitalize on the visual advantage that TV offers rather than on conversation as the prime method of communication. A script is prepared by the health educator merely as

a guide. It is seldom used during the program and is intended only to familiarize participants with the questions. The inset shows a typical script, one used for a half-hour program on home accidents.

A variety of program formats have been utilized—the panel discussion, the interview, and the psychodrama. The type of program depends on the subject being discussed and the personality of the participants. As greater experience is gained, more time is being spent on cultivating new programs and less time on organization and rehearsals.

A General Outline

Here is the general outline which is usually followed in a 30-minute television program:

1. Introduce participants, agencies.
2. Define problem, activity, or service being presented. *a.* Visual aids; *b.* demonstration; *c.* discussion.
3. Discuss health problem, activity, or service as it affects local community. *a.* Whom it serves; *b.* whom it affects.
4. Present solution offered to meet problem. *a.* Role of the agencies; *b.* of the health department; *c.* of the community.
5. Clearly state what the community and the individual can do to cooperate in the various programs.
6. Mention available facilities and resources.
7. Reemphasize pertinent facts and recommendations.

Visual aids greatly enhance the effectiveness of a television program, and these have been the "backbone" of most of the Grand Rapids health series. Films, photographs, charts, posters, maps, and graphs are used freely. The use of a clean blackboard or a sketch board is a simple device, yet highly effective.

Better Public Relations

The health educator is responsible for the planning of the program, outlining the script, preparing visual aids, and acting as moderator for each program. All decisions are cleared with the city health officer and a health education committee composed of health department personnel. Comments received from the view-

ing audiences have been most favorable. Criticisms or suggestions from the staff or viewing audience are always considered. To date, the TV programs have not cost the city health department any additional money because it has used local personnel, available charts and graphs, and local films. Some of the clearance fees for films have been paid by cooperating agencies.

Proper planning and utilization of television is the best tool the health educator can use. Successful TV programs do not just happen. They are the result of group planning, in making best use of television time. In planning educational television programs, these two thoughts must be kept in mind:

Who are the people we are trying to reach?
What do we want them to do?

"Health of Our City" has done a great deal in fostering better public relations between the health department and other community organizations. Persons are invited from private, voluntary, and professional organizations to appear on the program. The "community teamwork approach" in solving health problems is well utilized. "Health of Our City" has proved an excellent means of revealing the community's health problems to itself, simply and effectively.

The Kent County (Mich.) medical and dental societies have given their support to the program by encouraging local physicians and dentists to appear as guests on various programs. The city health department offered one of its programs to the Michigan State Medical Society in conjunction with the society's annual meeting in Grand Rapids. Representatives of the society explained the organization's purpose and relation to public health. A new film on heart disease was shown, followed by a discussion with a heart specialist.

Public relations, which are a vital factor in any public service program, are certainly developed and strengthened with those persons who would otherwise have no understanding of a local health department. This may be the most substantial end result of a local television program.

. . .

TV has developed its own language. For those who plan to use this medium of communication, the editors recommend the TV dictionary-handbook published by Sponsor, a television and radio trade journal, and the TV Handbook published by the Bureau of Health Education of the American Medical Association.

Departmental Announcement

Albert H. Holland, Jr., M.D., was appointed medical director of the Food and Drug Administration on March 7, 1954. As director of the Division of Medicine, Dr. Holland is responsible for advising the Food and Drug Administration on all medical questions involved in the enforcement of the Federal Food, Drug, and Cosmetic Act. The Division of Medicine also administers the new-drug provisions of the act, and assists in the development of medical evidence in court

cases involving adulterated and misbranded products.

Dr. Holland was medical director for the Armour Laboratories in Chicago from January 1951 until assuming his present duties. From 1950 to 1951 he was director of the Office of Research and Medicine for the Atomic Energy Commission at Oak Ridge, where he had previously served for 4 years as medical adviser to the Manhattan Engineering Project.

technical publications

Distribution of Health Services in the Structure of State Government

Part 4. Environmental health and safety services provided by State government

Public Health Service Publication No. 184, part 4. 1953. By Aaron W. Christensen, Evelyn Flook, and Ruby F. Mullins. 81 pages; tables. 50 cents.

This fourth and final pamphlet of the series on the 1950 survey of health services provided by State governments reports the data on environmental health and safety services. The preceding parts have dealt with the overall administrative structure for the provision of health services, general health services and construction of hospitals and health centers, and personal health services.

Environmental health programs have expanded from the early day sanitary measures for the control of communicable diseases or for nuisance abatement to include the maintenance of an environment conducive to health in the more positive sense. The broadened concept of official State responsibility for environmental services is reflected in the array of activities covered in this report: sanitation of water supplies; sewage and industrial waste disposal; vector controls; milk and food sanitation; occupational health and safety devices; and activities pertaining to the regulations, inspections, and education programs covering sanitation of hotels, camps, and bathing places, garbage collection and disposal, accident prevention, hygiene of housing, milk and food sanitation, and other enterprises serving the public.

The study includes only services provided by State government agencies. Most of the data were collected through personal interview with officials of State agencies pro-

viding services. While the health department is usually assigned the responsibility for most phases of environmental health programs, frequently authority for some programs is placed elsewhere in the governmental structure.

Selected Bibliography of Publications on Industrial Wastes Relating to Fish and Oysters

Public Health Service Publication No. 270. Public Health Bibliography Series No. 10. 1953. 28 pages. 15 cents.

Primarily, this bibliography presents selected references that report the effects of industrial wastes on fish and oysters in their natural habitats. It also includes some references on bioassay experiments showing the effects of industrial effluents on fish and oysters.

References were selected on the basis of their availability to American workers and are listed alphabetically by industry. Those that cover effects on fish of wastes from more than one industry are listed under "General References" and are keyed by industry symbols.

Social Information Report on Aid to the Disabled

Public Assistance Report No. 24. 1953. 47 pages; illustrated. 30 cents.

The Social Security Act authorizes grants to the States to provide financial assistance to needy individuals who are permanently and totally disabled by a serious physical or mental condition. State welfare agencies are responsible for determining eligibility for assistance under the pro-

gram. This pamphlet is designed to guide social workers in reporting the social data which is used by physicians, social workers, and members of State's review teams to determine whether applicants qualify for assistance under the State's definition of "permanent and total disability" and to recommend appropriate services to aid them in rehabilitation.

The pamphlet suggests facts for the welfare worker to include in a socioeconomic evaluation report and techniques to follow in procuring the needed information about the applicant's age, marital status, social background and education, physical appearance, disability status, environmental factors of particular importance, and the applicant's own attitude toward his present position.

The socioeconomic report, the pamphlet stresses, must provide sound data and must present a picture vivid enough to enable the State reviewers to answer the question, "Is this applicant totally disabled by his impairment?"

A Comprehensive Program for Water Pollution Control for the Humboldt River and Central Nevada Basins

Water Pollution Series No. 52. Public Health Service Publication No. 294. 1953. 4 pages; tables. Available from the Nevada State Health Department or the California and Great Basin Drainage Basins Office.

This document is one of a series presenting comprehensive pollution abatement programs developed by the States and adopted by the Surgeon General of the Public Health Service in accordance with the Water Pollution Control Act.

The program outlined in this publication is based upon two reports by the Nevada State Health Department and the Public Health Service. Measures for control of municipal wastes and industrial wastes in the Humboldt River and

technical publications

Central Nevada Basins are outlined, and municipal sewage treatment needs for pollution abatement in the communities of the basins are given.

The Humboldt River and Central Nevada Basins include an area of approximately 52,400 square miles in arid north and south-central Nevada. The total population is approximately 24,600, 60 percent of which resides in the Humboldt River Valley. Irrigated agriculture, stock raising, and mining are the most important economic activities.

The Humboldt River, the basins' only major stream, originates in the mountains in the northeastern quarter and flows about 600 miles southwest to terminate in the Humboldt Sink. The surface waters are generally satisfactory for irrigation, livestock watering, and fish and wildlife production, but not for domestic use or for process water by existing industry without treatment. Due to migratory runs of trout, the section of the Humboldt River above Battle Mountain is considered an important trout producing area. A sanitary survey has shown that sewage pollution from Elko at times has reduced the dissolved oxygen content of the Humboldt River to less than 1.1 p.p.m.—considerably below the 6 p.p.m. objective of the Nevada State authorities to support trout.

Occupational Skin Diseases

Public Health Service Publication No. 306. 1953. 15 pages. 10 cents.

Dermatitis is the most common occupational disease that attacks the workingman. In such heavily industrialized States as New York, Ohio, and Illinois, two-thirds of all compensated occupational diseases are skin diseases.

Because of the importance of this problem, the Division of Occupational Health, Public Health Serv-

ice, and the Bureau of Labor Standards, Department of Labor, have prepared this publication to bring information about the skin to those who work in factories and other places and to their supervisors.

It opens with a description of the skin, followed by brief paragraphs on indirect and direct causes of skin diseases. Sections on the prevention of occupational skin disease suggest steps employers can take in providing washing facilities, protective clothing, and protective creams. Workers are advised in matters of personal cleanliness, use of protective clothing and creams, and prompt reporting for medical attention. Selected references to literature in the field are also given.

Occupational Disease Reporting

Public Health Service Publication No. 288. 1953. By Victoria M. Trasko. 80 pages; tables. 40 cents.

The study and control of occupational diseases in the United States has progressed markedly in the past four decades, and a vast body of information has been developed on occupational diseases such as silicosis, dermatoses, and poisoning by toxic substances. However, there has been little success in obtaining adequate morbidity data in this area. Because of the lack of such data, the industrial hygienist has been impeded from doing a complete job of elimination and control.

The purpose of this study is to bring together existing fundamental information on universal reporting and on the incidence of occupational diseases in this country. The material presented is in three parts. The first reviews the current status of occupational disease reporting practices in this country. The second deals with an experimental project in the uniform transmittal

of reports of occupational diseases to the Division of Occupational Health of the Public Health Service by 11 States through their divisions of industrial health, in 1950 and 1951. The third part presents available statistics which might throw light on the universal incidence of occupational diseases.

An appendix contains an analysis of occupational disease reports transmitted in the pilot study.

Divorces and Annulments. United States, by State and County, 1951

Vital Statistics—Special Reports. National Summaries. Vol. 38, No. 2, December 4, 1953

An estimated 381,000 divorces and 7,837 annulments were granted in the United States in 1951, according to this special report. This estimate compares with 385,144 divorces and 10,744 annulments in 1950.

Figures presented are tabulated by place where the decree was granted. However, data on divorces by county are not available in 11 States and data on annulments by county are not available for 20 States. No figures on divorces were obtained from six States.

This section carries announcements of all new Public Health Service publications and of selected new publications on health topics prepared by other Federal Government agencies.

Publications for which prices are quoted are for sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Public Health Service, Washington 25, D. C.

The Public Health Service does not supply publications issued by other agencies.
