

Local health departments in California are increasing their services and activities to meet the needs of the chronically ill in their communities.

California's Chronic Disease Activities

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IN 1950, the California Conference of Local Health Officers adopted in principle a guide, Chronic Disease Control Program in Local Health Departments. This guide defined some chronic disease control activities which local health departments might incorporate into their regular programs. Suggested activities in control of cancer, heart disease, diabetes, obesity, crippling conditions, and chronic alcoholism were listed. For each of these categories, items were suggested which "can be incorporated into most current programs," and which "could be added to many current programs."

By 1953, interest in this new area of public health endeavor had developed to the point that the conference requested the California State Department of Public Health to survey current local health department activities in the field. The bureau of chronic diseases undertook this task during the first 6 months of 1954, in cooperation with the department's consultants in the several public health specialties—health education, laboratories, nutrition, public health nursing, records and statistics, and social serv-

ice—which most closely pertain to chronic disease control. Advice and assistance were also obtained from a committee of the conference of local health officers, and from the division of local health services in the State health department.

A form was designed to obtain information on (a) general activities (special studies and projects in the chronic disease field, liaison with voluntary health agencies, participation in development of community services for chronic illness); (b) case-finding services for chronic disease; and (c) activities in the six special public health fields mentioned above. These three categories included 45 separate items.

The information was obtained in two ways. In some instances, individual consultants of the State health department gathered data from the local health departments in the course of their regular visits. In about half the departments, the data were obtained in a group conference, in which the consultants met with the local health officer and his staff, at the request of the health officer. In each case, a physician from the State health department recorded the information in the first two categories—general activities and case-finding services. A departmentwide meeting of the local health department was devoted to this survey in several counties.

The survey covered 49 of California's 52 full-time health departments. For local reasons, such as temporary absence of the health officer, the information was not obtained for three departments. A summary of the data

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supplied by the 49 departments for each major section of the questionnaire follows.

General Activities

Nineteen local health departments reported that they had carried out special projects in the chronic disease field during the past 5 years. These included multiphasic screening, special cancer studies, bedside nursing care for the chronically ill, education on health aspects of aging, and studies of the need for chronic disease hospitals, sheltered workshops, and other facilities.

Most departments maintain close liaison with the county chapters of the American Heart Association, American Cancer Society, and other voluntary health organizations active in the field of chronic disease. Usually the health officer, the director of public health nursing, the health educator, or other members of the staff serve on boards or committees of these organizations, thus aiding in the planning and development of a communitywide attack on chronic illness problems.

About two-thirds of the 49 departments indicated that they have taken leadership or joined with other organizations in promoting community services important in the control of chronic disease—for example, rehabilitation services, casework and housekeeping services, resources for the treatment of alcoholism, and tumor clinics. The health officer in one county took the leadership in getting a new wing for chronically ill patients at the county hospital, and he meets regularly with the county hospital staff to consider problems of the chronically ill.

Most departments maintain in some form current information on services for the chronically ill available in the community, for use of department staff members. As yet, however, little has been done in the way of organized staff education (in local departments) on chronic disease control, or in staff participation in planning such education.

Case-Finding Services

California's local health departments each year provide some type of clinical services to

several hundred thousand persons, including both children and adults. Many of these departments reported that they were taking additional advantage of these services for the detection of chronic disease, thus getting patients under care early and minimizing the likelihood of disability or premature death. Opportunities for such case finding have been recognized in conjunction with the usual venereal disease, maternity, child health, and preemployment clinics and as an adjunct to such established activities as tuberculosis case finding. A few departments have also carried on special chronic disease case finding.

The survey showed that 16 departments have included, or are including as part of their clinical services, one or more tests for the detection of such chronic conditions as diabetes, cancer, and heart disease. Also, in the course of their regular services, they are observing and counseling patients regarding obesity. One local department reported blood sugar screening on all venereal disease patients. Approximately 20 departments conduct maternity clinics and routinely run urine sugar tests on patients; thus, they have an opportunity in diabetes detection. Another department does a cytology test for cancer on its clinic patients and is also carrying on a cooperative program of such screening with the county hospital. Arrangements have been made in this program to include women attending obstetrics and gynecology clinics and those entering the county rehabilitation center, as well as health department staff members who wish to participate. When abnormalities are found, the patients are referred to their own physicians or to the county hospital, as appropriate, for followup diagnostic examinations and care.

According to reports received, over two-thirds of the local departments conduct some chest X-ray screening service. Although this is primarily for tuberculosis, case finding for lung cancer and heart disease is also done. In many instances, lung cancer suspects are called back for secondary films and are followed as intensively as tuberculosis suspects. Heart disease suspected from chest X-ray films generally receives less attention; only about one-third of the departments call such patients back for secondary films. Usually the patients receive only

a letter indicating the desirability of seeing a physician.

Six departments have carried on chronic disease case finding by means of multiphasic screening programs, ordinarily in cooperation with voluntary health organizations and county medical associations. Several others have engaged in some organized case-finding services for cancer, heart disease, diabetes, or other chronic diseases as separate conditions.

Records and Statistics

Only about one-third of California's local health departments include statistical personnel on the staff. However, most departments do prepare chronic disease mortality data for use in annual reports, monthly bulletins, and talks by physicians and others. Morbidity data concerning chronic diseases are scanty. In a few instances, departments indicated that they have prepared reports concerning nursing, case finding, or other services for chronic disease. Approximately 40 departments reported that they assist hospitals and other agencies in the follow-up of cancer patients or other chronically ill patients at least through search of death certificates and other health department records. Some also provide occasional statistical services to other agencies studying chronic disease in the community.

Public Health Nursing Service

Reports from the local departments indicate that in practically all local health jurisdictions in California nursing service has become a "generalized service," with attention to the entire household, not just to the sick child or the tuberculosis suspect. The public health nurse in her home visits is usually aware of possible chronic disease in family members and offers help in making use of available screening services and other community resources. Often she encourages regular physical examinations and makes suggestions on home safety.

Public health nurses in local health department clinics are alert to the possibility of chronic disease, noting obesity and other signs which may indicate need for attention. In the

schools, the nurses often orient teachers to the possible significance of overweight and provide educational materials for school personnel and students on cancer, heart disease, diabetes, and other chronic diseases. When, in community contacts, they are asked for suggestions for meetings of various groups, many public health nurses arrange for use of educational films and other resources on chronic disease supplied by the local health department.

Two local health departments reported that they give bedside care upon request, with no restrictions. Seven other departments noted that they provide some degree of bedside nursing care for the chronically ill, beyond demonstration teaching.

Answers to questions about followup of patients showed that, in general, public health nurses were giving more attention to poliomyelitis patients than to patients who have rheumatic fever and other chronic diseases.

The majority of public health nurses in the State now have access to and utilize other specialties important to adequate care of patients with chronic illness, for example, social work, nutrition, physical and occupational therapy, rehabilitation, and psychiatry.

Social Service

Nine of the surveyed health departments include social workers as members of the staff. In addition, most departments state that they utilize social service consultation from other agencies, both those in the community and from the State health department. Wide variation was reported in resources for referral. The urban areas usually have access to many public and private agencies, and the less populated areas sometimes have only the county welfare department as a resource.

According to reports received, every health department takes some responsibility for helping chronically ill persons obtain financial, medical, rehabilitation, and casework assistance. During a multiphasic survey in one of these local health departments, the medical social worker met several times with a group of obese patients to help them discuss some of their problems in staying on diets. The social workers

in another department offered individual help to chest clinic patients who were potential cardiac or cancer patients to assist them in seeking care elsewhere and in making use of resources available to them. Only a few departments provide social services directly to patients; generally, health department staff members refer patients with such problems to other community resources. Although each health department did not specifically indicate its procedure, nine noted that they follow up either with the patient or the agency to determine whether the patient received the service for which he was referred.

Nutrition Service

Only 6 of the 49 local health departments reported nutritionists as members of the staff, but most departments avail themselves of nutrition consultation from the State health department and from other local agencies.

Local health department staff members (usually the nutritionist or public health nurse) are sometimes called upon to interpret special diets prescribed by physicians for patients with diabetes, cardiovascular disease, and obesity. They also appear to be aware of the diet policies of other public agencies, such as welfare departments and county hospitals.

Only one health department reported having sponsored a course on nutrition in diabetes. However, seven departments stated that their public health nurses are working with groups of school children on weight control. In four agencies, nutritionists or public health nurses have been serving as group leaders with groups of obese adults. In five instances, weight-control groups have started among the staff members of the health departments themselves. Weight-control education on a group basis has progressed almost exclusively in urban areas.

Several departments have arranged for nutrition consultation to institutions caring for the chronically ill, either by local staff members or from the State health department.

In one department, the nutrition consultant conducted an education program for the nursing staff on the nutritional aspects of chronic disease, covering problems in diabetes, rheumatic fever, adult health, and obesity. One

interesting method of staff education has been the preparation of low-calorie luncheons by the nurses for the whole department, with supervision by the staff nutritionist.

Health Education

In 22 of the surveyed agencies, health educators are members of the staff.

Practically all health departments provide and distribute some chronic disease educational materials to community agencies, schools and colleges, clinics, and other appropriate groups. Several have participated in exhibits on chronic disease, for example, at county fairs. Some health departments indicated that they provide assistance to schools and colleges in planning a curriculum concerned with chronic disease.

About half of the local health departments report staff participation in providing for the community some type of group learning experiences related to chronic disease. Eleven departments have given assistance with programs on chronic disease to other agencies and community groups. For example, one department aided the county medical society with a special diabetes program designed to reach men's groups. Another worked with the local chapter of the American Cancer Society in developing a group discussion program for agricultural workers. A third assisted the county branch of the American Heart Association in putting on a symposium on heart disease. In another county, the health department provided assistance to the adult education division of the county schools and other groups in developing and carrying out a course on problems of aging.

In addition to the liaison that most departments maintain with county chapters of the American Cancer Society, one department reported that it carries out regular joint planning of educational activities with the local society. These include inservice education for public health nurses serving county schools, in the use of approved cancer education kits as teacher resources. Another department reports having discussed cancer and some other chronic diseases at joint staff meetings with the county schools curriculum committee. The health de-

partment staff in one county works regularly with the Aging Committee of the County Welfare Council.

Laboratory Services

For the most part, laboratory services are available only to patients coming to health department clinics for tuberculosis, rheumatic fever, or prenatal care, and for civil service employment examinations and the like. These services generally include urinalysis, blood sugar determination, hemoglobin determination, and blood counts. A few departments provide only certain clinical laboratory services, which are usually furnished by department contract with an outside clinical laboratory.

Seven health department laboratories reported that they provide a variety of clinical procedures, such as antistreptolysin titers and sedimentation rates. In 3 others, these services are provided by the department jointly with the county hospital; in 8, the laboratory work is done entirely by the county hospital, private clinical laboratories, or a combination of both.

One interesting development is a cytology screening service for cervical cancer which is operated by a county health department laboratory primarily for patients in county hospital clinics. Two other departments provide blood sugar screening for detection of diabetes. Some of the larger departments which have responsibility for rheumatic fever services utilize electrocardiograms. In a few instances, these are used also in preemployment examinations for civil service personnel. Several of the local health department laboratories have been involved in multiphasic screening programs.

Ten departments reported that they have been consulting with county medical societies and other professional groups to develop technical mechanisms for chronic disease detection.

Summary

A majority of the local health departments in California which took part in a survey of current activities in 1954 stated that they had done one or more of the following: carried out special projects in chronic disease control; maintained close liaison with voluntary organi-

zations active in this field; and either taken leadership or joined with other groups in promoting community services for the chronically ill. Although there had not been much special chronic disease case-finding effort at the time of the survey, local health departments were beginning to take advantage of their regular clinics for this purpose. Public health laboratory work is also being redirected to cope with growing problems in chronic disease. Forty of the forty-nine departments indicated that their records and statistics personnel assist hospitals and other agencies in followup of cancer or other chronically ill patients through search of death certificates and other health department records.

In the past, health department nurses have generally limited their activity in the field of bedside care to demonstration services. The intent has been to train a responsible member of the family to continue it. Recently, several factors appear to be forcing a change in this policy: smaller families and household separation of the generations; the need for close supervision in certain forms of therapy for chronic disease, such as the administration of drugs; and increasing public pressure for home care of long-term illness as an alternative to institutional care. Of all direct services to chronically ill patients, bedside nursing care now appears to be attracting the greatest attention on the part of public health administrators. Administrators of public health nursing services are actively considering the extent to which public health nurses should provide bedside nursing care in the home.

In the rural areas of the State particularly, the full range of social services needed for the care of chronic illness was often not available. However, in addition to joint work with voluntary organizations, there appears to be a trend toward closer collaboration among health departments, county hospitals, and welfare departments in meeting the needs of patients with chronic disease.

In recent years, nutritionists have given particular attention to group teaching for patients with diabetes or obesity. It also appears that nutrition information is increasingly being incorporated into the regular educational services

of health departments in California, with use being made of films, printed materials, and demonstrations.

This survey, in addition to bringing in the information, served an immediate educational function. It focused the attention of hundreds of public health workers throughout the State on things that were being done and things that could be done for chronic disease control.

The information compiled and presented in this report is that furnished to the consultants of the California State Department of Public

Health by the health officers and members of their staffs. It indicates, from an overall viewpoint, that health department services and activities for chronic disease control in California, while not extensive, are increasing. Although no one department is carrying out a comprehensive program for the prevention and control of chronic disease, and in some agencies little or no attention is being given to this field, the trend seems clear—a gradual reorientation of public health services to meet the needs of the chronically ill.

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