The National Health Survey Act

WITHIN A FEW MONTHS, the Public Health Service will begin a survey of the health of the American people. On July 3, 1956, the President signed into law a bill authorizing a continuing survey of disease, injury, impairment, and disability in the United States. The program, located in the Division of Public Health Methods, will include a series of special studies to collect other detailed morbidity data and additional studies to evaluate the methods used in the survey.

Historical Background

Twenty-one years ago last September, the last effort to obtain comprehensive statistics on illness in the general population was getting under way. The National Health Survey of 1935–36 was a tremendous undertaking in which interviewers visited 737,000 urban households to find out which members of the household had experienced disabling illness and which had specified chronic diseases or impairments.

In the years since the 1935–36 survey its findings have formed the basis for more than 200 reports, articles, and comparative studies. Even in recent years the urban statistics from that survey, generalized to the country as a whole and adjusted for population changes, have provided the only available estimates of the prevalence of many important diseases.

Although the National Health Survey of 1935–36 was by far the largest study ever devoted to learning the facts of illness and injury in the general population, it was not the first of its kind in this country. A number of smaller studies had demonstrated that the interview method can provide useful information about the amount and distribution of disease, the circumstances of injury, the loss of time from work or other usual activities resulting from disease and injury, and the utilization of medical care in connection with morbidity. Best known of these are the Hagerstown, Md., studies of the early 1920's and the survey made during the years 1928–31 by the Committee on the Costs of Medical Care.

The smaller, community-type studies continued after 1936, and additional refinements were made in the techniques. An important example of an intensive community study is the Eastern Health District Study conducted in Baltimore by the Public Health Service and the Milbank Memorial Fund in the years 1938–43.

At the same time, great advances were made in the science of population sampling, with the Bureau of the Census leading the way in the development of practical methods for applying the theory of probability sampling in the field. In 1943 the Census Bureau, building upon an earlier survey by the Works Progress Administration, began to collect information on the labor force by conducting interviews each month in a national sample of households. Now known as the Current Population Survey, that survey, almost from its start, was used to satisfy some of the growing demand for national morbidity statistics by adding, from time to time, questions on illness to the basic questionnaire. As recently as September 1956 the Current Population Survey carried a supplement dealing with the utilization of hospital care.

Neither the intensive community studies nor the occasional limited data supplied by adding questions to the Current Population Survey

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Linder to Direct Program

Forrest E. Linder, Ph.D., has been named director of the National Health Survey Program of the Public Health Service. The new program will use scientific sampling techniques to survey the nature and extent of illness and disability in the population each year.

Formerly deputy chief of the National Office of Vital Statistics of the Public Health Service, Dr. Linder returns to the Service from the United Nations Statistical Office, where he was chief of the demographic and social statistics branch. During World War II he had technical responsibility for the reorganization of the medical statistics of the Navy.

were capable of filling the increasing needs. Public health programs, both public and private, and health insurance plans, medical research efforts, and programs to conserve manpower were increasing in scope. A broader statistical base was needed for the planning and evaluation of these programs.

Furthermore, the national data collected in 1935 and 1936 were becoming increasingly inappropriate as descriptions of the current health of the population as a whole. Two wars, the "wonder" drugs, returning prosperity, and a great increase in the proportion of the population covered by hospitalization insurance brought changes whose effect on morbidity could not be measured. Overweight, smoking history, exposure to air pollution, and other aspects of the environment scarcely touched on in the earlier surveys had become significant factors in epidemiology.

The National Committee

In January 1949 the United States National Committee on Vital and Health Statistics was established. Recognizing the obsolescence of the existing data, the committee gave immediate attention to the problem of obtaining adequate national morbidity statistics. Two successive ad hoc subcommittees were set up by the chairman of the national committee "to frame the problems in morbidity statistics, including chronic diseases and medical care statistics, in order that morbidity data may be directly related to demographic factors." These subcommittees recommended study of a number of methodological questions, but, even as the recommendations were being made, steps were being taken in several parts of the country to get some of the answers in community surveys. About the same time a bill calling for an 18-month study of methods of measuring illness passed the Senate but failed of passage in the House of Representatives.

Within the next few years, sample surveys of illness were initiated in New York City, in San Jose, Calif., in Hunterdon County, N. J., and in Pittsburgh. Every one of these, as well as later surveys in Baltimore, Kansas City, and in the State of California contributed to the knowledge of how such data collection can be made more accurate and useful.

Anticipating the solution of the methodological problems raised in the ad hoc subcommittees, the chairman of the national committee, in February 1951, established the Subcommittee on National Morbidity Survey and charged it with the drafting of "a plan for a national morbidity survey keeping in view the interests of local areas." It was the report of this group that led to the proposal for specific legislative authorization for a continuing national program. This report (*1*), which is the basis for the present National Health Survey, contains a valuable list of the major applications of morbidity statistics. These are given on page 3.

Provisions of the Act

The Department of Health, Education, and Welfare proposed in the summer of 1955 legislation specifically authorizing the Surgeon General of the Public Health Service to conduct a continuing survey of illness and disability in the Nation. A bill was drafted, made part of the President's legislative program on health matters, and introduced in both houses of Congress in February 1956. The few amendments added tended to strengthen the bill (*2*, *3*), which passed the Senate in March and the House of Representatives in June. The Senate concurred in the House changes, and on

Uses for Morbidity Statistics

Administrative planning: Statistics on the incidence and prevalence of illness and accidental injury and the resulting disability are used as a guide to administrative planning and the evaluation of public health programs. Illustrative applications of morbidity and disability statistics include the ranking of public health problems in order of importance and the determination of how resources should be divided among various programs; checking the adequacy of notifiable disease reporting; and analyzing trends of specific diseases to evaluate the effect of preventive and therapeutic innovations.

Manpower problems: Another application of morbidity statistics, particularly those providing measures of disability, is in the field of manpower problems. To estimate the economic loss to industry resulting from morbidity, information on absenteeism owing to disease and injury is required. Data on the numbers of persons with chronic diseases and handicapping conditions, and the employment status of such persons, will permit estimates of potential additions to the labor force. Statistics on the sickness rates of handicapped persons, as compared with the nonhandicapped, would be useful to industry and the armed services.

Industrial use: The pharmaceutical and appliance industries have an interest in statistics in order to estimate the markets for particular preparations and appliances. Such information should include data on the utilization of medical services of various types, for example, the frequency of particular operations and of prescriptions and the use of hearing aids and artificial limbs.

Health education: Accident prevention agencies require estimates of the national incidence of accidental injuries, by type and degree of disability. Estimates of the prevalence of cerebral palsy, multiple sclerosis, blindness, deafness, and many other diseases and impairments are needed by voluntary health agencies concerned with these conditions.

Provision of health services: Morbidity data are often used as the basis for estimates of the needs for hospital facilities, nursing home beds, home care programs, or other types of facilities or services. Such information may be used to estimate the number of persons requiring rehabilitation services, to help in planning the extension of the scope of medical care insurance, and for similar estimates in the field of medical care.

Medical research: While morbidity statistics from surveys of the general population are not suitable for making conclusive tests of hypotheses in medical research, they can be useful in suggesting hypotheses for further testing. For example, information on the association between the incidence or prevalence of various diseases and demographic factors, such as age, sex, marital status, occupation, and economic status, may point the way for more intensive investigations. Likewise, data on the geographic distribution of diseases will sometimes provide clues to their causes.

—Excerpts from "Proposal for Collection of Data on Illness and Impairments: United States," report of Subcommittee on National Morbidity Survey, United States National Committee on Vital and Health Statistics.

July 3 the President signed the bill. In late July, Congress appropriated funds for the first fiscal year of operation.

The major provisions of the National Health Survey Act follow.

"(*a*) The Surgeon General is authorized . . . to make, by sampling or other appropriate means, surveys and special studies of the population of the United States to determine the extent of illness and disability and related information . . . and . . . in connection therewith, to develop and test new or improved methods for obtaining current data on illness and disability and related information.

"(*b*) The Surgeon General is authorized, at appropriate intervals, to make available, through publications and otherwise . . . the results of surveys or studies made pursuant to subsection (*a*).

"(*c*) For each fiscal year . . . there are authorized to be appropriated such sums as the Congress may determine for carrying out the provisions of this section.

"(*d*) To assist in carrying out the provisions

of this section the Surgeon General is authorized and directed to cooperate and consult with the Departments of Commerce and Labor and any other interested Federal departments or agencies and with State health departments. For such purpose he shall utilize insofar as possible the services or facilities of any agency of the Federal Government and . . . of any appropriate State or other public agency, and may . . . utilize the services or facilities of any private agency, organization, group, or individual, in accordance with written agreements . . ."

Public Law 652 is in the form of an amendment, as section 305, to the Public Health Service Act of 1944 (Public Law 410, 78th Cong.). It also amends another section of the basic act by authorizing the Surgeon General to "make available, to health officials, scientists, and appropriate public and other nonprofit institutions and organizations, technical advice and assistance on the application of statistical methods to experiments, studies, and surveys in health and medical fields." In addition it is important to note that Public Law 652 provides that information collected under the authority of the act is to be obtained "on a noncompulsory basis."

REFERENCES

(*1*) U. S. National Committee on Vital and Health Statistics, Subcommittee on National Morbidity Survey: Proposal for collection of data on illness and impairments: United States. A report of the subcommittee. PHS Publication No. 333. Washington, D. C., U. S. Public Health Service, 1953.

(*2*) U. S. Congress, Senate: Continuing survey and special studies of sickness and disability in the United States. Report No. 1718 to accompany S. 3076. 84th Cong., 2d sess. Washington, D. C., U. S. Government Printing Office, 1956.

(*3*) U. S. Congress, House of Representatives: National Health Survey Act. Report No. 2108 to accompany S. 3076. 84th Cong., 2d sess. Washington, D. C., U. S. Government Printing Office, 1956.

Knutson 1957 APHA President

Dr. John W. Knutson, Assistant Surgeon General and chief dental officer of the Public Health Service since 1952, is president of the American Public Health Association for 1957. He succeeds Dr. Ira V. Hiscock of Yale University.

Dr. Knutson first joined the Public Health Service in 1931. He was assigned to the States Relations Division in 1944 as chief of the Dental Section and later served as chief of the Division of Dental Public Health.

He was chairman of an international group of consultants convened in Geneva in 1954 by the World Health Organization prior to the establishment of a permanent program of dental health. Long active in the Federation Dentaire Internationale, he is vice president of its Commission on Public Dental Health Services and chairman of the Subcommittee on Statistics. In 1955 Dr. Knutson joined the WHO staff for 6 months to organize its dental program.

He is a diplomate and founding member of the American Board of Dental Public Health, and since 1948 has been instructor in dental public health in the School of Dentistry, Georgetown University. Dr. Knutson is an editor of the Year Book of Dentistry and a contributing editor of Dentistry in Public Health by Pelton and Wisan. He is also the author of a number of reports on dentistry.