Maryland Citizens in Action for Community Health

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A LOCAL demonstration in Anne Arundel County, Md., of how citizens may directly develop public health services, reported in detail in 1954 (*1*), appears 6 years later to have been confined to this area. Although lay health associations are active elsewhere, as in Essex Junction, Vt., none have been found, after extensive inquiry, which show the distinguishing marks of those in Anne Arundel.

In essence, the county is distinguished by the presence of 10 active lay health associations, combined in a county lay health council, each with its own health center. Nine of the local associations own and maintain the structure and facilities of their health center for use by the county health department. They contribute not only their own funds for this purpose but their own labor. Much of the masonry of one center was laid by a mother of four children who played at the site while she set the concrete blocks.

Graduate students of public health from Johns Hopkins University, nursing students from the University of Maryland, Catholic University, and Church Home and Hospital, Baltimore, visitors from many other parts of the world, and delegates to public health conferences have been exposed repeatedly to the program in Anne Arundel. But it does not appear that the spirit here has been infectious.

Earlier reports, including a limited edition of the history of the Lay Health Council of Anne Arundel County, prepared by a committee chaired by Mrs. Frank G. Baldwin, indicate that there is nothing unusual about the setting, the agents, or the hosts of Anne Arundel.

Although the county recently celebrated its 300th birthday, its institutions and people are straining as are most other American communities from technological change and population growth. The county contains all segments of the income curve, landed gentry, a thriving middle class, and a mosaic of minorities. It is predominantly rural-suburban (population, 204,855 in 1960), with opulent estates and abundant recreational and resort areas, and is devoted to fishing and tobacco farming. Nevertheless, the county shares with other communities, the influence of large military bases, unfamiliar industrial installations, trunk highways, and urban metastasis. The county seat is Annapolis, State capital and harbor of the U.S. Naval Academy. The churches, service organizations, and voluntary associations do not differ conspicuously from their counterparts elsewhere. Yet it is not clear that the ferment of change had as much to do with the phenomenon of lay health associations as the ancient traditions of the Free State.

Histories

Oddly enough, no two associations or centers in Anne Arundel County have quite the same history of incentives, sources, or growth. They resemble each other only in the charters of the associations, which are fairly uniform.

The ambitions of private associations of citizens to build their own health centers, as they

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might build a church or a library, did not flame up like a grass fire. The spark glowed fitfully in the Glen Burnie community before 1925, when the board of education found space for a clinic in a school. This service moved later to a community hall, and then to a volunteer fire station. Even though the health program had a broad range of local citizen support in the years that followed, the health association, with plans for its own building, was not organized formally until 1948.

What was apparently the first association to establish its own quarters, at Owensville, fell to trouble and was evicted in 1936. In 1937, Mrs. Sylvester W. Labrot, Sr., at her own expense, established a health center which she named for the community of St. Margaret's. The association which now maintains the center did not organize until 2 years later. This pioneer center is the only 1 of the 10 still privately owned. Mrs. Labrot and the public health nurse began by gathering clothing and shoes for ragged, hungry children. The Labrot's demonstration dairy provided 5 gallons of milk a day, poured directly from the can, for school lunches. But the flavor of charity was avoided. Believing that people, given guidance, will do for themselves what they want, Mrs. Labrot aimed at helping her neighbors to help themselves.

Seeing the improvement in the condition of the children, Mrs. Labrot concluded that parents could learn to give their homes and children better care, to plant gardens, and to grow and preserve fruits and vegetables. Through the health center, with a nurse and part-time physician on duty, it was possible to operate clinics where lessons of health could be learned and where patients could be screened for communicable disease, notably syphilis and tuberculosis. At the same center, nutrition was improved through canning lessons and other demonstrations of home economics by the county agricultural agent.

For a time, Mrs. Labrot paid the salary of the nurse, in addition to providing the building and its maintenance and the use of a car, with the understanding that other health services could be provided by the county health department.

Through their churches, schools, and farm associations, and through personal visits by the county nurse and volunteer workers, the Negro families of the community organized to come to the center on a systematic basis. Some of the original volunteers are still active in the lay health association after 20 years.

The sponsor of the center also stimulated participation in the health program by offering awards for families with the greatest improvement in the home, pantry, garden, and flower cultivation. Prizes given out at the country church fair aroused in the community at large a sense of the possibilities of a healthier life, through voluntary efforts aided by county government.

The example of St. Margaret's community efforts has since been followed in other areas. With the building at St. Margaret's as an example, Dr. William J. French, county health officer, and Margaret C. Wohlgemuth, public health nurse, in 1937 encouraged the people at Magothy to organize a lay health association. Inside of a month, the maternal and child health clinic at Magothy was able to move from the crowded home of a midwife on Mountain Road to its own quarters, an empty store, since purchased and enlarged for the association's own health center.

The organizing meeting at Magothy took place because the crowds around the home of the midwife attracted the attention of kindly women from Gibson Island. The South Shore group began with clinics held at the State mental hospital at nearby Crownsville.

Modern Pioneers

In the Annapolis health center are the precursory objects of a Hall of Fame. One, a bronze tablet honoring Margaret C. Wohlgemuth, P.H.N., as first public health nurse; another, a communications system, a tribute to William J. French, M.D., health officer; still another, a waiting room for children provided by Mrs. Zell Garner Jones, an outstanding lay participant.

These objects give perhaps a hint of the wisdom and enthusiasm of the personalities that helped spark the organization of 10 voluntary health centers in a single Maryland county.

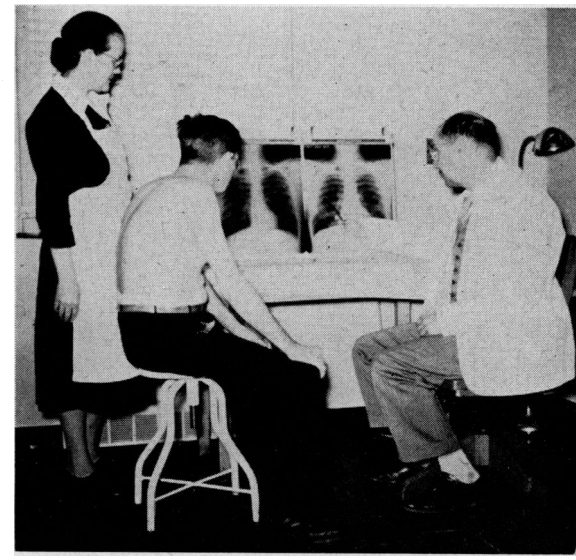
The center at Annapolis began with a donation of $1,500 by the Women's Club for furniture, shortly after the formation of a public health lay council. The authors, the president of the Brooklyn Park Health Association, and the superintendent of schools promoted the health center at Brooklyn Park, which operates in a wing of the high school. In Parole, the lay health association was formed in 1941, only after the parent-teachers association and county health department had maintained a health center for 5 years in the Asbury Methodist Church and later in the parsonage and church hall of the Mount Olive Church.

At Linthicum, a growing population obliged those who had been served at Glen Burnie to organize their own service, beginning with two rooms in the office of a coal company.

The struggling association which survived the eviction at Owensville was given a boost by the Lions Club, following a typhoid fever incident which prompted 600 to seek immunization at one time. Before that crisis, clinics in the sparsely populated region had been held in 10 separate "country store" areas which the residents did not identify as their own. Most have since joined the Southern Anne Arundel County Health Association, which maintains its own building. Its address has been changed from Muddy Creek Road to Shady Side Road.

The Odenton center is the only one to enjoy both military and industrial support. When this clinic was still operating in the basement of a school building, it was one of a number of community bodies which received a cash Christmas gift from a plastics manufacturer who had recently opened a plant in the community. After members of the lay association visited the president to report how they had used the gift, he became so interested that he immediately arranged to install a heater for them, and eventually took on the entire expense and responsibility of building a new center on land donated by another friend of the association. His employees now enjoy the services of the center, as do the dependents of many Army men stationed nearby at Fort George G. Meade.

St. Margaret's Health Center



State medical director of tuberculosis hospitals assists in diagnostic services at Annapolis Health Center clinic

Organization

All the health centers except St. Margaret's have been incorporated. One or two obtain support from community chest drives, but most are financed independently by dues, tag days, raffles, fairs, suppers, and similar money-raising events. All but one center are owned free and clear.

The one stipulation for county use of these voluntary health centers is that they must have a local supervisory and management board. All have title vested in the voluntary associations except the original St. Margaret's. All

have been built by funds, materials, or labor contributed locally. Only the county health center at Annapolis has been constructed with the aid of Federal funds.

There is no fee for service at any health center; it is available to all residents. But donations are occasionally given in appreciation for assistance. Many who receive services join the local health association, as dues are only $1 a year as a rule.

Leaders of the association have few rewards but the satisfaction of their services. Morale is sustained in part by pins or emblems, by newspaper and broadcasting publicity, and by occasional public expressions of appreciation.

County Council

In 1946, the associations formed a county lay health council to exchange information and aid.

Analysis of health centers of the county lay health council, Anne Arundel County, Md., by nursing districts

Health centers by nursing districts	Membership in health associations supporting centers		Estimated capital value	Annual maintenance cost [1]	Staff	
	Total	Active			Public health nurses	Part-time physicians
First (65,534)						
Brooklyn	400	40	$51,000	$1,830	2	6
Linthicum	183	15	20,000	700	3	6
Glen Burnie	60	25	65,000	1,800	[2] 5	11
Second (34,935)						
Annapolis [3]		50	425,000	([4])	[5] 4	15
Parole [6]	80	30	25,000	2,000	2	3
Third (10,790)						
Churchton	100	25	20,000	600	2	3
Fourth (29,094)						
Odenton [6]	40	12	50,000	1,500	3	7
Fifth (29,630)						
Magothy	60	25	17,000	1,200	4	4
Sixth (12,532)						
St. Margaret's [7]	15	10	15,000	600	2	4
Seventh (6,710)						
Davidsonville-Mayo	45	25	10,000	540	2	4
Eighth (10,755)						
South Shore	50	30	15,000	1,200	1	2

[1] Includes heat, light, telephone, janitor services, insurance, and minor repairs.
[2] 4 full-time; 1 part-time.
[3] There is no formal health association. The county lay health council has its headquarters here and the center is staffed by volunteers, either interested individuals or recruits from women's organizations comprising the council. The center shares space with the welfare department and the county laboratory.
[4] Tax supported.
[5] 3 full-time; 1 part-time.
[6] Member of community chest.
[7] Individually owned.
NOTE: Figures in parentheses in stub column are approximate populations of nursing districts.

Association members help build South Shore Health Center

Infant care course for expectant mothers, sponsored by the South Shore Health Center

One of the council's activities is to organize the sale of tags on Child Health Day to obtain vitamins for infants, preschool children, and maternity patients. The tags are distributed to centers for this purpose, but while not all centers participate in this sale, all contribute an amount toward the sale.

By tradition, the children in Glen Burnie hang baskets of paper flowers, made with their own hands, on the doors of people who have donated to the community health fund. Of $2,000 raised by this method in 1 year, the Glen Burnie health center gave $100 to the county lay health council in lieu of selling tags. The council receives donations also from other sources.

Another activity of the council is to pay for part-time nursing services in the absence of a regular nurse, who may be on leave on a scholarship. The council has offered to return tag day proceeds to centers which are pressed for funds, but the offer has continually been rejected.

Typically, a center's health association meets once a month. The county lay health council meets less often, and rotates the meeting site among the health centers. Its board of directors convenes the third Wednesday of every month.

Discussion

In these histories, it is evident that certain specific factors were at work. The need for public health services asserted itself in 1924 with appointment of a part-time health officer and two public health nurses for full-time service in the county, financed jointly by the Maryland State Health Department and the county education department.

The services and information provided at clinics for children stirred enough demand to achieve appointment of a full-time health officer in 1930, Dr. John H. Janney. Dr. Janney and his successor, Dr. William J. French (1936), and the director of public health nursing, Miss Wohlgemuth, were called upon for advice wherever the health associations formed. It was the policy of Dr. Janney and Dr. French to decentralize health services and to encourage lay participation in the maintenance and management of health programs.

Curiously enough, the inspiration of the health centers, St. Margaret's, is the only one to have had strong individual leadership. Since then, their development has been largely an expression of common ambitions in the community.

In each instance, a public health nurse has provided the stimulus. With the example of her work in the county, it usually became evident that health services of a better quality and quantity could be achieved in a permanent center with facilities for examination and instruction. It was almost automatic at that point for volunteers to begin to talk about establishing a health center, however modest. Though the originators of the movement were

usually women, they lost no time in bringing in men, if only to handle the heavy work.

Individual members usually become roving salesmen for the organization. Although interest fluctuates according to the pressure of events in the community, all centers have a loyal continuing body of supporters. It is not the aim of the organization to organize mass meetings, but to keep active a working body of interested leaders.

Another factor was that improvement of family incomes after 1936 encouraged people to establish their own public health centers.

The centers do not compete with the private physician. Rather, the center and the physician enjoy reciprocal advantages. The centers with their facilities, health programs, and equipment help to attract private physicians to rural areas. The services at the center are diagnostic and educational, rather than therapeutic. On the other hand, services provided by the county health department at the centers are regularly assisted with voluntary services by local physicians, who receive a fee for each clinic held.

While the county medical society takes no official part in the activities of the centers, individual physicians are among the most influential supporters. Since it is not the function of the centers to provide therapy, the private physician is a necessary adjunct to the education and screening services developed by the county health department at the centers.

The citizens of Anne Arundel County and their public health officials have, through their concerted efforts, provided health services that have gained wide recognition. Since 1952, new health centers have been constructed at Davidsonville-Mayo, Brooklyn Park, and South Shore; the health services have expanded considerably in response to public requirements; and citizen participation has developed ever more broadly.

Although behavioral research suggests that people tend to act in concert with their neighbors, neighborhood associations do not ordinarily play a positive role in a public health program. According to some observers, the popular image of the health department is someone doing something for or to somebody, not with somebody. It is difficult therefore to explain why lay health associations have developed in Anne Arundel as in so few other places.

The secret lies somewhere between the county health department headquarters in Annapolis and the homes of the farmers and fishermen and factory workers and their kindly well-to-do neighbors, all of whom have worked to build the health centers, often literally with their own hands.

REFERENCE

(*1*) French, W. J., and Beard, J. H.: Citizens take hold. Children 1: 57–63, March–April 1954. (Reproduced by Anne Arundel County Health Department.)