local health department to meet today's needs. We cannot sit by and wait for specialists to force new programs upon us or, worse yet, see public health fragmented by the establishment of independent specialized agencies. The Community Health Services and Facilities Act gives the local health officer a unique opportunity to participate in pioneering in public health.

Recruitment and training of the nonmedical health officer have not yet been given sufficient thought and study. In the normal evolution of a profession a formal method of training is developed and becomes part of the pattern of the profession. The nonmedical hospital administrator became a well-established discipline when universities added graduate degree programs in this specialty. In view of the tendency of some schools of public health to limit their graduate training in public health to physicians and to give precedence to the preparation of research personnel, we must direct attention to the need for trained health administrators, both medical and nonmedical.

We have developed in New Jersey a group of trained people who have a clear-cut professional discipline. They have demonstrated their effectiveness as public health administrators and have gained public acceptance. They are moving toward an improved community status which, as in other professions, is accompanied by increased formal requirements of education and experience. They are serving an important function in the organization and operations of local government.

# Local Experience

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East Orange, N.J., a community of 80,000 people in the populous district directly west of Newark and Manhattan, has been served by a series of distinguished nonmedical health officers. My predecessor, Frank J. Osborne, dean of New Jersey health officers, was educated at the Massachusetts Institute of Technology in the era of Sedgwick and Winslow and served East Orange with distinction from 1924 to 1961.

During his tenure, the East Orange Health Department won national recognition.

East Orange has changed since the middle twenties from a tranquil, wealthy, suburban town to a thriving residential and commercial city. The present population density of 20,000 per square mile is one of the heaviest. The age distribution pattern has also changed from the normal pattern to one dominated by young families and senior citizens, accompanied by a shift from one- or two-family homes to apartment houses. At present there are 12,500 school children and 15,000 persons over the age of 62 years in East Orange. These drastic changes in East Orange have been met by responsive changes in the programs of the health department.

The city has a mayor-council form of government and the health department is governed by a five-member board of health appointed by the mayor. Members are appointed to 3-year terms in staggered years so that no more than two vacancies occur in any year. The staff of the East Orange Health Department consists of the health officer, assistant health officer, health educator, four sanitarians, nine public health nurses, laboratory director, bacteriologist, and seven stenographic and clerical workers. In addition, we employ a part-time chief of medical services, two part-time dentists, and enough part-time physicians to staff 16 weekly clinic assignments.

#### **Basic Programs**

The department's regular activities are broad in scope and follow the traditional recognized responsibilities of a local health department.

The nursing department provides services to the city's six parochial schools and to eight weekly child health conferences; cooperates with the board of education in their tuberculin testing, poliomyelitis immunization, and health education projects; and helps supervise 75 foster homes for children.

The laboratory's major service is performing diagnostic and other tests for the physicians and dentists of the community. These include serologic examinations, blood typing, stool and sputum examinations, and throat and mouth cultures. In addition, the laboratory supports

the environmental sanitation staff by doing swab tests, water and swimming pool examinations, and routine tests on certain foods. The laboratory also does rabies examinations on suspicious animals.

The basic programs of the environmental sanitation staff include the inspection and licensing of restaurants and many other places where food is served or handled. The staff investigates all animal bites and nuisance complaints, and conducts planned programs for the control of insects, rodents, ragweed, and poison ivy. The staff inspects licensed cross connections to the public water supply, enforces a public swimming pool ordinance, and gives consultation to local organizations operating summer camps elsewhere in New Jersey and New York State.

East Orange participates in cooperative programs in milk sanitation, tuberculosis nursing, and venereal disease control with the cities of Orange, South Orange, West Orange, and Maplewood, N.J. These programs serve a total population of 200,000.

## State-Supported Projects

The department has introduced a number of new programs in recent years with direct financial support from the State department of health. The first was a cytology screening program to detect cervical and vaginal cancer in women between 20 and 65 years of age who attend the outpatient department at East Orange General Hospital. The specimens are collected by the hospital clinic staff and stained and screened by a cytologist at the health department, with final determinations made by the hospital's pathologist. The State health department was responsible for the training of the screening cytologist and now provides financial support on a per specimen basis. The program has recently been expanded to include female hospital employees and the mothers supervised in the health department's maternal and child health program. To date slightly more than 500 specimens have been examined, and 4 previously unknown and unsuspected tumors have been found and removed.

Another new accomplishment has been the establishment of a sanitarian field training sta-

tion at the East Orange Health Department by contract with the State department of health. This program provides for 6 weeks of instruction and field training for up to six sanitarians per session. Three such courses have been held during the past year.

The State department of health has done much to assist our department in recent years. For example, it supplied funds for a research project in rheumatoid arthritis to evaluate the analysis of certain serums on routine blood specimens as an effective early detection method, supplied funds for our changeover to the intradermal tuberculin test, provided an average of 5 days per year of mobile 70-millimeter chest X-ray services, lent the department a clinitron and other equipment for diabetes detection work, and supplied funds for the employment of a trained health educator. This last grant is for 5 years, on a declining formula. It has enabled the department to create this position and demonstrate its value to the staff and the community. The position will be permanent.

The health educator has worked with every functioning health department program as well as the hospital staff and many voluntary health agencies. Specifically, her efforts include direct patient education concerning the cancer detection program, cancer education in the tumor clinic in the outpatient department, public health orientation for nursing school students, staff conferences with the nursing staff of the public schools, and the formation of a health education committee for East Orange.

Obviously, the role of the local health department and its effectiveness in meeting its every-day obligations can be greatly expanded by meaningful support from the State health department.

#### **Special Services**

The East Orange Health Department has developed many programs that provide direct benefits to the residents. An annual Health Protection Week program of chest X-ray and diabetes detection is held in the 15 neighborhoods of the city where tuberculosis incidence is highest. We have registered 288 cases in the past 5 years. Free rabies inoculation clinics

for dogs are held each year in each ward of the city. Screening for diabetes is conducted for the 5 days of Diabetes Detection Week. We work with PTA and other groups in tuberculin testing adults and in promoting poliomyelitis immunization.

The department played an active role in stimulating and organizing a meals-on-wheels program in East Orange which brings complete hot meals with carryover snacks to the aged and homebound. This program is  $3\frac{1}{2}$  years old and has served 50,000 meals to 175 persons. The health department participated with the mayor's senior citizens council in establishing a multiservice day center in the new senior citizens housing project. The health department hopes to provide a health maintenance program for the 100 occupants of the project and will offer numerous screening tests to the senior citizens using the day center.

We have begun an eye bank support program with the Lions Club of East Orange which has resulted in a communitywide effort to secure eye pledges for eventual corneal transplant.

## **Professional Cooperation**

A sound working relationship with the Essex County Medical Society has been established and maintained over the years. By tradition two of the five members of the board of health are physicians. A continuous effort is made to keep the medical society apprised of the department's policies and programs, particularly the purpose and scope of all immunization and casefinding programs. Followup procedures are submitted for their review. Similar contacts are made with the medical advisers of the var-

ious voluntary health agencies such as the heart association and the cancer society.

Recently, the Essex County Inter-Professional Health Council was formed. This group consists of the president and two representatives each from the medical, dental, nursing, pharmacists, chiropodists, dieticians, and health officers organizations in Essex County. It has been my privilege to serve as secretary of this group since its formation 3 years ago.

A true liaison has been established with the administration of our local hospital. The health officer, his assistant, and the hospital administrator and his assistant hold monthly meetings, which are often expanded to include members of the two boards, medical chiefs of hospital services, and various representatives of the State department of health.

### Health Officer's View

How do I, a young career nonmedical health officer, look to the future? "With unlimited optimism" is my answer. The local health officer has the same basic responsibility to his community regardless of his background and education. He cannot limit his interest and vision to sanitation, vital statistics, and the traditional public health programs.

He must broaden his horizon and serve as a leader and catalyst to the other professions and organizations in his community. The needs of our citizens, and particularly those of our aged and chronically ill, are ever changing. The local health officer must take the lead in his community in the development of programs to meet these needs.