# Appraisal of the Community Health Services and Facilities Act of 1961

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WHEN President Kennedy signed the Community Health Services and Facilities Act on October 5, 1961, he said: "Effective public health measures and medical care depend, in the last analysis, upon action at the community level. This legislation will provide stimulation for improvement in local organized health services and facilities for home, nursing home and hospital care, and particularly care for the aged. . . . I hope the State and community leaders and members of the health professions will take immediate advantage of new opportunities provided by this legislation."

## Project Grants

Activities now receiving support under the project grant provision of this law indicate that it has indeed opened new opportunities.

The most comprehensive project to receive support to date is a 4-year study and appraisal of the nation's community health services, needs, and resources. A National Commission on Community Health Services, with an 18-member board and a staff of health specialists, has been established by the American Public Health Association and the National Health Council to conduct the study. The commission's chairman is Marion B. Folsom, former Secretary of the Department of Health, Education, and Welfare; its executive director is Dean W. Roberts, who was formerly the director of the Association for Crippled Children and Adults.

This study, comparable in scope to the 1945 study which produced Haven Emerson's "Local Health Units for the Nation," is expected to affect profoundly the planning and organization of health services and facilities in all parts of the country for many years to come.

Highlights of the study, why it is needed, and what it is expected to accomplish are explained in the following summary submitted with the commission's application for a $400,000 project grant to help finance the $1,200,000 undertaking:

*Objective.* To help the people in American communities protect themselves against present and foreseeable health hazards.

*Action.* To collect and study the facts about community health needs and practices and to promote the translation of the resulting knowledge into effective community health services.

*Urgency.* Rapid increases in, and shifting of, populations have created unprecedented health hazards and needs since 1945. Equally rapid increases in knowledge about health have provided unprecedented opportunities to prevent ill health and save lives. Lack of comprehensive planning that looks forward and is willing to break with tradition has resulted in administrative and fiscal chaos that is a hazard to health services, a burden on community resources, and a waste of present opportunities to apply new knowledge and skills. Result has been a scattering of services, ad hoc in character, to meet immediate needs, but with squatter rights to unorganizable permanency.

The population expansion and the urban sprawl are not over; they are just beginning. The American landscape and social milieu are being rearranged almost without plan and at revolutionary pace. The longer it takes to act in this emergency, the more chaotic and ineffective community health services

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become, and the more expensive and hopeless is the prospect of catching up. Effective action is impossible until the facts are in and understood.

*Proposal.* To set up and conduct in 24 months two types of studies (one in selected communities and employing self-survey techniques, the other oriented to the nation as a whole and employing the task force technique); to report them to the public and health leadership through a national conference; and to promote through all acceptable media and channels the recommendations of the studies and plans of action that may evolve from them.

Almost as profound in its potential effect upon the nation's patterns of providing health services is a project submitted by the New York City Health Department which is designed to make remedial and rehabilitation services available to young men who have been rejected for service in the Armed Forces.

The need for such projects was first noted by the Federal Interdepartmental Committee on Children and Youth, whose members include representatives of the Department of Defense as well as the Department of Health, Education, and Welfare. Noting that a large percentage of the men examined for military service are rejected for physical or mental reasons, these Federal officials offered to cooperate in any program that would give these young men an opportunity to receive whatever attention they need to correct or to prevent the further deterioration of their health.

The method devised by the New York City Health Department (which may prove to be a prototype for communities throughout the nation that wish to assist this important source of young manpower) follows.

Men from selected local draft boards who have been rejected for military service because of medical conditions found in the course of the examinations will be divided randomly into three groups. One group will receive counseling and referral services at the Armed Forces Examining Station immediately following the examination. The second group will receive letters from the health department requesting them to appear at their local draft boards at a designated time. The third group will receive letters from the health department asking them to come to either of two health department examination centers at a certain time in a matter concerning their health.

Trained personnel, preferably nurses, will be stationed at each of the four locations, where adequate office space will be provided for interviews. The medical records of each group will be sent to the interviewers at the location to which the rejectees have been assigned by random selection. After the records are studied, the rejectees will be given an opportunity to be interviewed. Their response to this offer of counseling and referral will be entirely voluntary. Referrals will be made as follows:

Rejectees who indicate that they are under private medical care or express a preference for such care will be referred to private physicians. The remainder of the rejectees will be separated into two groups by a random selection process. The individuals in the first group will be referred to appropriate community health resources. The second group will be referred to a health department examination center for diagnostic workup and subsequent referral to appropriate community health resources. After a reasonable period of time has elapsed after referral, a followup form will be sent to each private physician, community health resource, and to the health department examination center requesting information regarding the rejectees.

A 3-year project grant totaling $530,085 has been awarded to the New York City Health Department for this activity.

Though less prodigious than these two projects, the many smaller projects which are now being supported may prove equally significant in yielding knowledge that will help communities to operate their home care, nursing home, and other out-of-hospital services more effectively or more economically. Illustrative of the range of activities which the project grant provision of the new legislation has stimulated are the following projects which were among the first to receive support:

MEDICAL AND HEALTH RESEARCH ASSOCIATION, New York City ($85,295). To support a study of a health maintenance program for about 1,000 elderly residents of the Queensbridge Public Housing Project. Thorough examinations will be offered to these residents, and through the hospitals and health and welfare agencies that are cooperating, treatment will be offered for any physical or mental impairments found. Sponsors of the project hope to demonstrate that continuing health supervision can prevent or delay incapacity among the aged.

MONTEFIORE HOSPITAL, New York City ($40,000). To demonstrate the feasibility of using the resources of Montefiore Hospital to train staffs of other hospitals or agencies that want to start a home care service. Montefiore has operated a coordinated home care program for many years.

HARTFORD HEALTH DEPARTMENT, Hartford, Conn. ($1,961). To experiment with the addition of dental care to the coordinated home care services now available in Hartford.

YAMHILL COUNTY HEALTH DEPARTMENT, McMinnville, Oreg. ($31,550). To demonstrate that a senior citizens center can be used to direct the elderly to whatever home care or other health services they need.

DADE COUNTY DEPARTMENT OF PUBLIC HEALTH, Miami, Fla. ($39,688). To study how the community's health resources might be used more effectively by carefully matching up the chronically ill patient with the special services he needs at each stage of his illness.

THE PATIENT CARE PLANNING COUNCIL OF MONROE COUNTY, Rochester, N.Y. ($8,000). To help finance a study of the health needs of the chronically ill and aged and the use being made of existing facilities and services. On the basis of this study, the council will recommend what adjustments would provide a better balanced program of hospital and out-of-hospital services.

### Formula Grants

Under another provision of the Community Health Services and Facilities Act, State health departments have been allotted increased grant funds for the development or expansion of their chronic illness programs. Most States were able to obtain the necessary matching funds to take advantage of a good portion of their grants during fiscal year 1962 even though the year was well advanced before the funds became available.

The latest available reports from States on their use of these funds cover the period from October 1961 to April 1962, by which time 41 States had completed their plans. According to these reports, most States are using some of this formula grant money to improve or expand services to patients in nursing homes.

Thirty-two States are providing consultive services to nursing home administrators and staffs. Other State activities to improve nursing home services include training programs for nursing home personnel, the provision of specialized services, the development of educational and training materials, and strengthening of licensing, inspection, and standard-setting operations.

Programs to provide special training to professional and technical staffs in health departments rank next in popularity, with 21 States including such activities among the services their added grant funds will support.

Community surveys, studies, and demonstrations will receive support from 19 State health departments. Rehabilitation services will be supported in 14 States. Twelve States will put some of their additional Federal funds into providing nursing care for the sick at home. The same number, but not necessarily the same States, will sponsor disease detection and screening programs.

Other out-of-hospital services being supported with formula grants include health information and referral services, coordinated home care, homemaker services, and periodic health appraisals.

### Nursing Home Construction

The provision of the Community Health Services and Facilities Act which could be most rapidly translated into action was the one which raised the ceiling of Federal aid for nursing home construction. Many States had accumulated a backlog of applications for such construction funds because they did not have money to support them. With the additional $8.5 million appropriated under the newly authorized ceiling, 55 more projects were supported. When completed, these homes will provide accommodations for about 2,400 patients.

### Appraisal of Progress

In view of the many complexities in providing adequate out-of-hospital services and facilities for the chronically ill and aged, it is encouraging to note how much progress has been made during the brief 9 months during which this additional Federal aid has been available to States and communities. The tooling-up period is well underway, and tangible results should soon be apparent.

As the program matures, however, some rather serious shortcomings become apparent. The applications for project grants have, in too many instances, contained proposals that were not original. A home nursing service, or homemaker program, or coordinated home care pro-

gram may be an innovation in the applicant's community, but unless it is proposed to introduce some new feature which might affect the usual operation of such programs, the project does not classify as a study, demonstration, or experiment. Another common reason for rejecting applications is that they have lacked evidence of creativity, imagination, ingenuity, and resourcefulness.

The other major weakness which appears, both in the proposals for projects and in the use of the formula grants, is in the area of evaluation. Although all kinds of presumably valuable health services to the chronically ill are being widely adopted, there have been relatively few attempts to evaluate these developments. How do we know our efforts have favorably affected the health and welfare of the community? What are the specific results: Longer life for the chronically ill? More comfortable and healthier old age? Fewer days of disability and greater social productivity? Maintenance of quality at reduced cost?

Particularly in the beginning stages of concerted effort for chronic disease control, it would be tragic if communities followed the path of least resistance and selected at random from among the more widely touted measures to deal with the problem, assuming that this will automatically produce desirable results.

While very few believe that new developments in provision of more and better care services for the chronically ill will not bring positive benefits, there is very little evidence at present to indicate that such benefits do result, nor do we know why, how, or from whom the results are produced. Overall review of trends in mortality, life expectancy, and such data on morbidity as are available gives no evidence of any effects coming from these newer developments. It may conceivably be that there are no benefits. On the other hand, we may be using a yardstick with only foot markings to try to measure changes in inches or fractions of inches, or possibly we are trying to use a yardstick to measure pounds. In either event there is a continuing need for the study of methods of measuring attainment of objectives in providing health services.

Evaluation is necessary to determine the what, why, how, and for whom of community care services. Using newly developed as well as known methodologies of measurement against various community objectives, we need to find out whether our methods of providing service are achieving the ends for which they were intended. Much of this evaluative research can be built into program operations, but some must be done under controlled situations in which the effects of a specific service can be directly measured.

### Future Prospects

Recognition of these problems of securing originality of design and of developing built-in evaluation mechanisms is a first step toward coping successfully with them. There is growing evidence that health leaders in State and community programs do recognize these problems and are working hard to overcome them. Help should also be forthcoming from the advisory committee that will soon be appointed by the Surgeon General of the Public Health Service. Members of this committee will include persons with diverse interests and backgrounds, including experience with official and voluntary health and health-related agencies; academic experience in both teaching and research; medical care practice and administration; competence in professional categories important to the provision of comprehensive health services; concern with and experience in the development and operation of out-of-hospital programs, the organization of health services, and the conduct of community health surveys.

The principal duties of this advisory committee will be to:

- Counsel with Public Health Service officials on broad policy matters relating to the development and strengthening of community health services and to the improvement and coordination of methods for providing health services outside the hospital.
- Identify major gaps in needed services, propose priorities of emphasis for the awarding of project grants, and assist in evaluating trends and developments.
- Review and analyze summary reports of progress on both formula and project grants, assess accumulated experience, and recommend courses of action.

• Serve as a source of competent professional knowledge and experience, and advise on professional and technical matters.

In summary, the progress that has been made together with development of plans for strengthening the program affords solid ground for optimism. At the time the Community Health Services and Facilities Act was passed it was hailed by many as "the new magna carta of public health." There is every reason to hope that this prediction will prove correct.

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## Program Notes

By auditing FM radio broadcasts, doctors in 10 States can hear about recent advances in medical practice, and some can talk back.

Doctors meeting in participating hospitals can direct questions into a conference telephone, to be relayed to the station and sent out over the air.

The idea of "radio seminars" was originated in 1955 by Dr. Frank M. Woolsey, Albany Medical College, New York. Currently 36 hospitals are included in the Albany network. Philadelphia also has a radio-seminar network, which includes 14 hospitals, as does the University of North Carolina, which broadcasts to medical societies and hospital staffs as far as 100 miles from the Chapel Hill transmitter.

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Success with 152 stroke patients in 2 years through a project aided by the Indiana State Board of Health is described in "Home Care of the Stroke Patient," published by the Visiting Nurse Service, Fort Wayne, Ind.

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Aspects of smoking and health are described in educational films such as "One in 20,000," pertaining to smoking and lung cancer, and "Time Pulls the Trigger." These films are being used by some communities in education programs for minors arrested for smoking.

"Cancer by the Carton" shows a lung cancer operation and mentions other health hazards. A new filmstrip, "Nature's Filters," features the work of Dr. Richard Overholt of Tufts College, Boston.

Further information about these films can be obtained from the American Temperance Society, 6840 Eastern Avenue NW., Washington 12, D.C.

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Of 22 cases of typhoid fever traced to carriers in California in 1961, 15 were transmitted by grandparents or great-grandparents. Of a total of 79 cases reported, 38 were contracted abroad.

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"Phage Typing of Staphylococci" describes phage typing procedures currently recommended by the Nomenclature Committee of the International Association of Microbiological Societies. Copies of the paper may be obtained without charge from the Communicable Disease Center, Office Service Management Unit, Atlanta 22, Ga.

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There are now 15,000 foreign-trained physicians practicing in the United States, but only about 450 foreign medical students are being trained here, said Abraham Ribicoff, Secretary of Health, Education, and Welfare. He urged the United States to train more foreign doctors and health workers in order to help other countries overcome their medical personnel shortages.

New York State has established a uniform inspection program for meat and meat food products. As of March 1, 1963, the State Commissioner of Agriculture and Markets will have jurisdiction for inspection purposes over all meat and meat food products plants outside New York City except those operating under Federal inspection. Localities currently operating meat inspection programs will continue to do so, and will be reimbursed by the State to the extent of 50 percent of the net cost of their inspection programs.

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Display advertising sponsored by the Committee on Alcohol Education, Department of Education, Legislative Building, Winnipeg, Manitoba, has been assembled by that organization in a 36-page brochure.

Prominent among the themes are etiquette and safety. One set of advertisements emphasizes that it's not polite to insist that anyone take an alcoholic beverage . . . to serve alcoholic beverages without food . . . to serve alcoholic beverages without offering nonalcoholic drinks also.

Another line of advertisements, linking social drinking with highway accidents, says, "The life of the party can kill you."

In general, the ads appeal to social responsibility and reason, and dwell heavily on the economic aspects of alcohol consumption.

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Safety instruction, under technical guidance of the Public Health Service's Division of Accident Prevention, has been incorporated in "The Romper Room," a television program which began in 1953 and now appears on 94 stations 5 days a week, including 3 broadcasting in French in Canada and 3 in Spanish in Puerto Rico.