

Venereal Disease Education in Washington, D.C.

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HEALTH AUTHORITIES know the story of venereal disease very well. The venereal disease rate dropped until the middle 1950's. Venereal disease was on the way to extinction, and health authorities turned to more pressing problems. The intensive program of education and casefinding melted away, first for lack of interest and then for lack of appropriations. Soon venereal disease was forgotten, smoldering unmentioned in the shadows.

Since 1957 the incidence of venereal disease in the United States has been climbing (1a). It takes time to get the health program machinery working again and today venereal disease has a headstart. It is a national problem, differing from place to place only in degree.

The primary and secondary syphilis rates for teenagers are climbing. The rate for the 15- to 19-year age group has more than doubled in the half decade preceding 1962 (1b). Homosexuals, not an important consideration in the campaign of the 1940's, are active in the spread of venereal disease.

The District of Columbia with a population of 800,000 reported a gonorrhea case rate more than three times the national average for cities with a population of 200,000 or more during the 1964 fiscal year. The reported syphilis rate during the same period was 235.3 cases per 100,000 population, almost twice the national rate for cities of 200,000 or more (2).

The actual venereal disease rates may be even higher. In a study conducted by the American Social Health Association in cooperation

with the American Medical Association, the American Osteopathic Association, and the National Medical Society, it was found that private physicians report only a small number of the venereal disease patients they treat (3). The study revealed that in the District of Columbia, only 1.2 percent of the 1,454 cases of gonorrhea treated by private physicians was reported to the health department. The study also pointed out that only 15.2 percent of the primary and secondary syphilis cases and 45.1 percent of syphilis cases in other stages treated by private physicians were reported to the health department. These figures are enough to jar the most complacent.

Defining the Venereal Disease Problem

A comprehensive study of the venereal disease problem in the District of Columbia was undertaken in April 1963 by Dorothy Youtz, program analyst of the District of Columbia Department of Public Health. Mrs. Youtz, completely investigated the extent and nature of the venereal disease problem, including health education, administration, diagnosis and treatment, and casefinding. She also explored the legal authority for venereal disease activities and analyzed the roles of both government and voluntary agencies.

The study findings were compared with data from other cities of the same size and with national figures.

To add validity to the program evaluation, the advice and consultation of the Public Health Service was obtained and the "American Public Health Association Guide for Community Health Study" was used.

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On the basis of this report, a 2-volume report which included approximately 75 recommendations was issued (4).

After completion of this study in August 1963, the District of Columbia director of public health called together all supervisory and administrative personnel involved in venereal disease control to consider and evaluate the study recommendations. As a result, a director of venereal disease control was appointed, administrative procedures were clarified and established, and the lines of responsibility were clearly defined. A policy and procedures manual was printed and distributed to those involved in venereal disease control. The District of Columbia Department of Public Health began an intensive and well-coordinated program of education, casefinding, and diagnosis and treatment.

Reorganizing the Education Program

The groundwork for efficient health education programming was prepared when the health education section of the department of public health was reorganized. A coordinated health education and information division was formed which consisted of four sections:

1. Community organization section including a chief and nine health educators. One is assigned full time to venereal disease control education.
2. Visual aids section consisting of a chief, two artists, and an exhibit technician.
3. Behavioral science section including a chief and one other sociologist.
4. Informational services section with a chief and three information specialists. One is responsible for the newly established information and referral center. The center staff consists of two social workers, an information clerk, and a receptionist.

Recently, the behavioral science section carried out a limited exploratory study of venereal disease at the health department's Southwest Health Center (5). Patients who appeared for treatment were interviewed to determine their misconceptions, if any, concerning gonorrhea. The study showed that many patients know little about disease causation and transmission. Many cling to old folk beliefs, particularly the

idea that gonorrhea, if left untreated, develops into syphilis. This limited study provided the basis for a more extensive study to determine what patients know about gonorrhea and their motivation in seeking treatment. This study is now in progress.

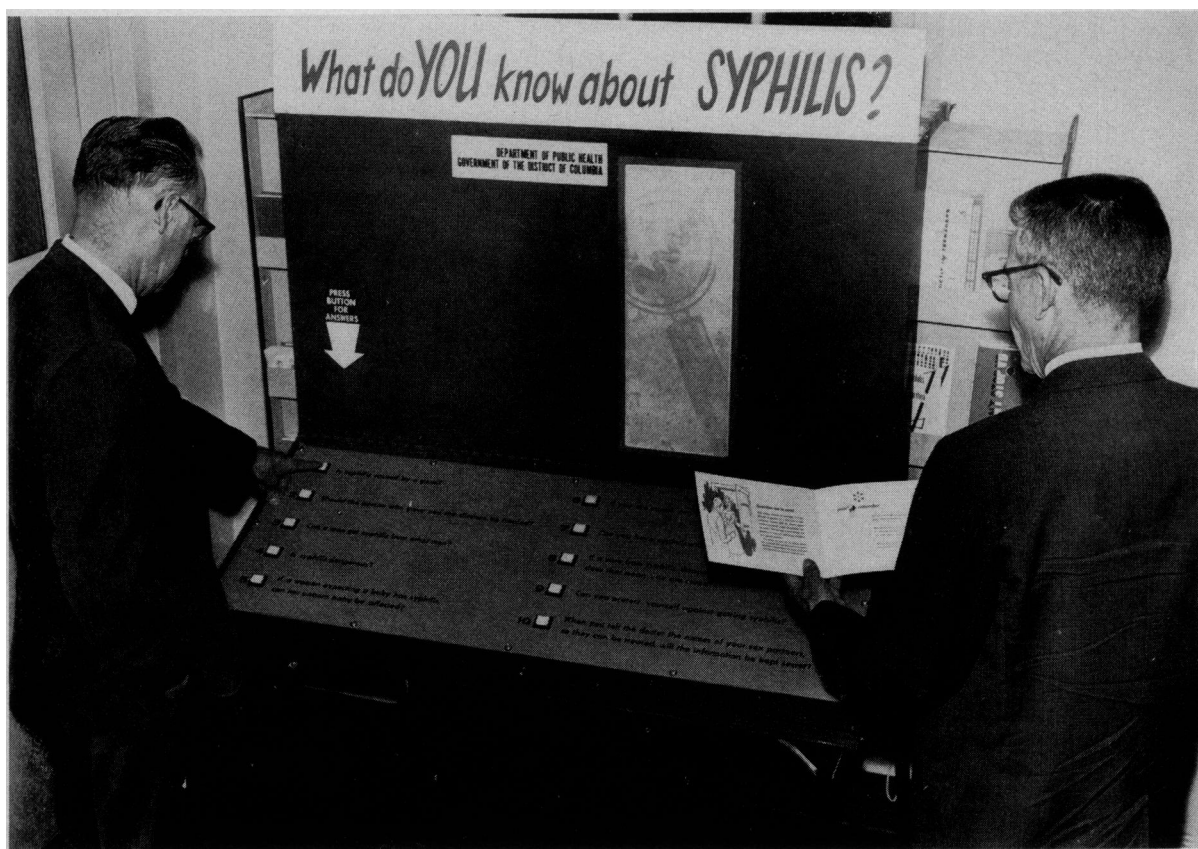
Coordinated Campaign

An evaluation of the health education activities uncovered certain inefficiencies which the new organization remedied. For instance, one health educator spent much time in past years, doing actual classroom teaching on venereal disease, reaching only a small portion of all children in the schools. An analysis determined that more children could be reached by training District of Columbia teachers for this service. To this end, films, discussions, and question periods were held for health education teachers, school nurses, and principals during teacher staff meetings. Printed materials and films were made available to the schools.

Teaching information, including an 11-page document prepared by Dr. Wendell Freeman, chief of the venereal disease control division, was sent to public, parochial, and private school health education teachers. The document, "Information on Venereal Disease: Education in the School," discussed the incidence of venereal disease among the younger age groups, symptoms, costs, modes of transmission, diagnosis, treatment, and venereal disease epidemiology for use in classroom discussion.

The health education and information division initiated a campaign for general distribution of information about the venereal disease problem, symptoms, and the location of resources and facilities for diagnosis and treatment. Speakers were offered to churches and other community groups. The health educator assigned to work on the venereal disease program met with inmates of penal institutions, neighborhood groups, schoolteachers, and parent-teacher associations.

Leader training meetings were conducted in housing developments and information was given to floor leaders selected by the residents, who could pass it on to others. One hundred and fifty persons were trained as leaders for community groups and housing units. The



Patients use new exhibit at a District of Columbia health department venereal disease clinic

training included orientation sessions at which the venereal disease problem was explained. Symptoms and the need for medical diagnosis and treatment were discussed and persons attending the sessions were encouraged to pass the information on to others. Films were shown, and printed materials were distributed. A total of 122 community meetings were held with more than 6,000 people attending.

Articles on venereal disease were prepared and published in *Medical Annals*, the monthly magazine of the District of Columbia Medical Society, and in the health department newsletter, *D.C. Health, News and Notes*. Newspapers were encouraged to use editorials on the subject, and informational releases were sent to radio and television stations.

Special printed materials were prepared. One of these, "Homosexuality and Venereal Diseases," was aimed particularly at the homosexual. This pamphlet was prepared with the cooperation of the Mattachine Society. The

society assisted in distributing the pamphlet in areas frequented by homosexuals and accepted responsibility for refilling empty pamphlet holders.

Three patient education exhibits were placed in health department venereal disease clinics so that patients could learn while they waited to see the physician. Flyers advertising free health tests including the screening tests for syphilis were distributed in housing developments, community centers, and other areas where people congregated.

The educational program had the cooperation of the Social Hygiene Society of the District of Columbia which rented telephone equipment and provided a recorded message for transmission to people who called an advertised telephone number.

Although many of these activities are part of a continuing program, the health education and information division concentrated its campaign in a 3-week period climaxed with the

showing of the TV documentary, "VD, The Silent Epidemic" on October 25, 1964, on TV station WTTG in Washington.

By concentrating efforts to provide venereal disease information, more people are reached simultaneously, causing discussion and public awareness. Sheer repetition from a variety of sources is less likely to be overlooked.

After the first week of the campaign, the division began receiving many inquiries concerning venereal disease from community organizations. There were requests for speakers. Many college and high school students wrote for venereal disease printed material. There were editorial comments. The fact that so many people were seeking information made it more likely that the campaign would reach a public ready for action.

We found that an intensive program carried with it an aura of importance felt by both staff and community residents who were involved in venereal disease activities.

We attempted to give public answers to private questions, reducing the guilt and stigma often attached to problems of morality. We hoped in this way to remove some of the inhibitions in those individuals who had hesitated to seek medical advice.

Continuing Program

Plans for future health education activities include a continuing program to promote understanding of the venereal disease problem, recognition of symptoms, and making known the community resources and facilities for diagnosis and treatment. Within the next few months, printed materials and other audiovisual aids will be prepared for specific groups such as teenagers, patients, teachers, and other professional groups to supplement our community activities. The pamphlet previously mentioned, "Homosexuality and Venereal Diseases," is now in its second printing because of heavy demand.

Two thousand tabletop exhibits are now being

distributed to selected locations throughout the community, particularly in areas of high venereal disease incidence.

Backed with additional educational support, venereal disease investigators will increase visits to physicians to encourage early reporting of venereal disease cases.

The Howard University Drama Players are making themselves available to community meetings for presentation of "You Never Told Me," a play about venereal disease and the teenager. The first performance was given on May 21, 1965, at Ira Aldrich Theatre, Howard University. This was a free performance for an invited audience of representatives of official and voluntary agencies and civic and community groups. Also, the general public was encouraged to attend.

Venereal disease will not be controlled easily. Our way of life—the trend to urbanization, the loosened family ties, the lack of close personal relationships in a highly mobile society, the insecurity and increased pressures on the younger generation, the countless contributory factors to increased promiscuity—these we leave to the social scientists to clarify. We in public health cannot predicate morality, but we can hope to control venereal disease. The District of Columbia Department of Public Health has mobilized to this end.

REFERENCES

- (1) U.S. Public Health Service: VD statistical letter supplement. Trends in morbidity and epidemiologic activity. December 1963, (a) pp. 10-13; (b) p. 11.
- (2) U.S. Public Health Service: VD statistical letter 83: 6, November 1964.
- (3) Curtis, A. C.: National survey of venereal disease treatment. JAMA 186: 46-49, Oct. 5, 1963.
- (4) Youtz, D. J.: Venereal disease in the District of Columbia. Staff report of findings and recommendations. Office of Program Planning, District of Columbia Department of Public Health, Washington, D.C., August 1963.
- (5) Lamberty, G.: What patients know about gonorrhea. Southwest Venereal Disease Clinic, Washington, D.C., 1964. Mimeographed.



Quality Control of Radioactivity-Counting Systems. *PHS Publication No. 999-RH-15; 1965; 28 pages.* Describes techniques for securing and maintaining satisfactory performance of systems and instrumentation for performing radioactivity counts. Discusses the application of statistical criteria of acceptability, the use of standards, and the construction of control charts to facilitate determination of satisfactory instrument and sample measurements. Also discusses requirements for the design of counting laboratories, suitable performance standards, and associated control measures.

Highlights of Public Health Service Activities in Radiological Health. *PHS Publication No. 1243; 20 pages.* Describes principal activities of the Public Health Service's Division of Radiological Health since its inception in 1959. Major tasks which have been undertaken include a nationwide system of radiation surveillance, an evaluation of the long-term effects of radiation, and development of methods and programs by which radiation can be reduced or prevented.

Behavior of Certain Radionuclides Released Into Fresh Water Environments. *Annual report, 1959-1960. PHS Publication No. 999-RH-13; 1965; 125 pages.* Summarizes studies dealing with discharges of radionuclides into fresh water environments having different characteristics. Describes findings at locations in the Mohawk River and Clinch River areas, both of which receive effluents from facilities that use or process radioactive materials. To supplement data obtained from these field studies, an experimental laboratory study was designed to provide a picture, under controlled conditions, of the effect of various factors on the uptake of radionu-

clides. Also presents results and discussions on radionuclide distribution in water, sediments, and plant and animal specimens in these environments.

Disaster Nursing Preparation in a Hospital Nursing Service. *PHS Publication No. 1071-D-3; 1965; 53 pages.* Presents material from a section of "Disaster Nursing Preparedness," published in 1963, by the National League for Nursing as a report on a pilot project exploring preparedness to nurses. Outlines instruction given to the Massachusetts General Hospital service staff, including professional nurses, practical nurses, and auxiliary service personnel. Project goals were to provide a core course in disaster preparedness for professional nurses, to provide basic survival, rescue, and first aid training for nursing service personnel, to integrate disaster training in day-to-day nursing practice, and to orient nursing service personnel to the hospital disaster plan. Discusses the development of the League's comprehensive achievement test in disaster nursing.

Disaster Nursing Preparation in a Practical Nursing Program. *PHS Publication No. 1071-D-4; 1965; 43 pages.* Outlines disaster preparedness content included in the practical nursing program at the University of Minnesota School of Nursing. Describes the scope and depth of the study, and indicates placement of this information in the program curriculum.

Disaster Nursing Preparation in a Basic Professional Program. *PHS Publication No. 1071-D-5; 1965; 172 pages.* Reports, in detail, on disaster nursing instruction in the diploma program of the Massachusetts General Hospital School of Nursing, the baccalaureate basic program of the University of Minnesota School

of Nursing, and the baccalaureate degree program of the Skidmore College Department of Nursing. Included are extensive lecture notes and representative test questions as well as information on the development of the National League for Nursing comprehensive achievement test in disaster nursing.

Nurses' Ward Management Guide for the Packaged Disaster Hospital. *PHS Publication No. 1071-F-12; 1965; 27 pages.* Contains principles of ward management which can be applied by nurses assigned to staff a packaged disaster hospital or any facility where the patient load is suddenly greatly increased by a disaster. Includes information on predisaster preparation and planning, staff assignments, and scheduling. Also includes a section on improvisation of items which would contribute to the comfort and well-being of patients hospitalized in a disaster situation.

The Role of the Nurse in National Disaster. *PHS Publication No. 1071-I-5; 1965; 12 pages.* Discusses the functions the nurse could perform within the limits of professional nursing practice as outlined in "ANA Statements of Functions, Standards and Qualifications for Practice," published by the American Nurses' Association, Special Committee on Nursing in National Defense. Compares five selected peacetime nursing functions to show how responsibilities are added and activities expanded in a natural disaster and in a war-caused disaster.

This section carries announcements of new publications prepared by the Public Health Service and of selected publications prepared with Federal support.

Unless otherwise indicated, publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington D.C., 20402. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Public Health Service, Washington, D.C., 20201.

The Public Health Service does not supply publications other than its own.

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EISNER, VICTOR (University of California School of Public Health), and **TSUYEMURA, HENRY**: *Interactions of juveniles with the law: Epidemiology of delinquency. Public Health Reports, Vol. 80, August 1965, pp. 681-691.*

Epidemiologic methods were used to examine data on persons recorded as juvenile delinquents in San Francisco in 1960. As part of this examination, recorded offenses of juveniles in two selected areas of mixed population (Negro-white and Chinese-white) were compared.

Our findings confirmed results of previous studies: that recorded delinquency is commoner among boys than girls, among Negroes than members of other population groups, and among children living with one parent than among those living with two. A previously unrecorded finding was that delinquency rates were not maximal at the lowest income level except for Negro girls.

A subsidiary finding was that differ-

ences in delinquency rates between ethnic groups were statistically independent of sex, age, income, family composition, and geographic area of the city. Since recorded delinquency represents interactions between juveniles and law enforcement agencies rather than simply reflecting actions of juveniles, a study of recorded delinquency rates cannot be used to show reasons for ethnic differences in juvenile delinquency.

Delinquency rates vary widely among different population groups. The highest rates recorded were more than 700 per 1,000 per year. Such high rates probably contribute to antagonistic juvenile attitudes toward police.

HUFF, C. B. (Public Health Service), **SMITH, H. F.**, **BORING, W. D.**, and **CLARKE, N. A.**: *Study of ultraviolet disinfection of water and factors in treatment efficiency. Public Health Reports, Vol. 80, August 1965, pp. 695-705.*

An evaluation of a commercially manufactured ultraviolet disinfecting system for water, designed primarily for shipboard use, indicated that the system will give satisfactory results if factors affecting transmission do not lower the intensity of ultraviolet energy below 15 on a special ultraviolet recording meter, and if the designed flow rate is not exceeded. The safety factor for the designed minimum total dosage is 1.6 to 1.7 for *Escherichia coli* at initial densities of 1 million per 100 ml., as determined by breakdown in treatment efficiency at two flow rates.

Color, at a maximum level of 5 units, or iron, up to 3.7 ppm, as interfering factors in ultraviolet transmission did not decrease efficiency of treatment. Turbidity levels of 15 to 20 units may cause a decrease in intensity below the designed minimum. Turbidity levels up to 5 units did not decrease treatment efficiency below acceptable limits. Generally, units of color and units of turbidity are not adequate measures of the decrease that may occur in ultraviolet transmission. The organic nature of

materials present in water can give rise to significant transmission difficulties.

Waters relatively low in turbidity, color, iron content, and organic composition were adequately treated by the unit; however, most river waters, sewage, and other sources of high turbidity and organic and iron content usually did not result in a potable product at designed capacity.

The apparatus also effectively inactivated certain enteric viruses when operated at the recommended intensity and flow rate, when virus levels were kept at approximately 1,000 plaque-forming units per milliliter. When the virus titer was raised above this level or when color material (instant tea) was added, live virus was detected in the treated water.

The use of an accurate meter to record minimum intensity at 2,537 Å. was a reliable means, along with flow-control valves, of monitoring the minimum dosage applied. These two controls incorporated in the continuous operation of a unit should provide an adequate checking system for treatment efficiency.

OSTERUD, HAROLD T. (University of Oregon Medical School), MENASHE, VICTOR D., and MARTIN, MARIAN M.: Use of vital records in the study of congenital heart disease. *Public Health Reports, Vol. 80, August 1965, pp. 721-730.*

Birth and death certificates of Oregon residents mentioning congenital malformations were examined to determine their usefulness in ascertaining the incidence of various types of malformations and in identifying a population with congenital heart defects. Birth certificate data for the period 1957-61 revealed 8 congenital malformations per 1,000 live births, with malformations of the musculoskeletal, skin, and nervous systems accounting for 76 percent of the 1,789 defects recorded.

Congenital defects were identified as the cause of death in 12 of each 1,000 deaths from all causes; congenital malformations were recorded on death certificates of 996 Oregon residents during the 5-year study period. Congenital heart disease was mentioned as the

underlying cause of death on 52.3 percent of the certificates, while this defect represented only 8 percent of the malformations recorded on birth certificates. Supplementing death certificate data with information from clinical records and autopsy reports resulted in a 36.5 percent increase in the number of anatomic defects identified.

The study of vital records was found to be of significant value in identifying a population with congenital heart disease because identification enabled investigators to obtain additional data from other sources. Inadequate recording of congenital heart defects on birth certificates reflected the difficulty of diagnosis at an early age and lack of proper certification on the document.

DAY, DONALD D. (Health Department of Appleton, Wis.): Enlisting community support of a polio vaccine program. *Public Health Reports, Vol. 80, August 1965, pp. 737-740.*

After the Outagamie County (Wis.) Medical Society had approved holding countywide oral polio vaccine clinics during 1964, a plan of implementation was necessary. It was decided that the county's medical auxiliary would handle local arrangements for the clinics and the health department of Appleton, the county seat, would be responsible for publicity. Volunteers aided in all phases of the program. Some 500 county residents worked on the 8-week campaign.

The publicity committee told the story

about the oral vaccine clinics through posters and banners, displays in store windows, daily radio and newspaper spots, television panels, and information pamphlets.

Community teamwork resulted in 84 percent of the population's receiving Sabin oral type I and 90 percent receiving types II and III on the two Sundays that the clinics were conducted. Makeup clinics for type I increased the percentage receiving that type to 88 percent.

BOCK, H. BARRETT (Pennsylvania Department of Health), HAYMAN, CHARLES R., and TURNBULL, CRAIG: Determining level of immunization to poliomyelitis: Sampling survey versus registration. *Public Health Reports, Vol. 80, August 1965, pp. 741-745.*

The effectiveness of the oral poliomyelitis vaccination program from January to June 1963, in Berks County, Pa., was studied by registration of 171,256 participants. One year later, this registration was evaluated by a sample survey of 2,736 persons in 829 households.

By the survey method, we determined that 37.5 percent of the county population received no Sabin vaccine, 4.2 percent received one or two types, and 58.3 percent received all three types. By registration, the count showed that 39.8

percent of the county population received no Sabin vaccine, 11.5 percent received one or two types, and 48.7 percent of the total received all three types.

The survey required 720 man-hours and cost \$2,570. Registration required 15,650 man-hours and cost \$11,300. Because of the ease of conducting a survey at much less time and cost, this is the preferred method for determining the community immunization level before or after a vaccination program.