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PUBLIC HEALTH IN SAN DIEGO COUNTY AND CITY

THE REPORT OF A STUDY BY

THE AMERICAN PUBLIC HEALTH ASSOCIATION

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American Public Health Association
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PUBLIC HEALTH IN SAN DIEGO COUNTY AND CITY

The public health study, of which this is a report, was made by the American Public Health Association through its field staff* at the request of the San Diego County Board of Supervisors with the approval of the City Manager and the Director of Health of the city and county.

The field staff acknowledges with deep appreciation the universally splendid cooperation of not only the Director, but of all members of the two Departments of Health.

Although sponsored by the American Public Health Association, the statements in this report are those of the field staff and do not necessarily represent the opinion of the association.

This is essentially an administrative study designed to suggest a simplification of administration and a more effective approach to basic health problems. It makes no attempt to evaluate the details of professional or technical procedures.

GENERAL OBSERVATIONS

In reviewing the public health programs and the health record of this area, tribute must be paid to the very effective leadership which the Health Director has exercised for more than twenty years in maintaining a health record of which San Diego County and City may be justly proud. When one considers the continuing changes of the past twenty years and the extremely rapid growth of the area in the past few years, with all its impacts of war and industrial development, it is nothing short of remarkable that San Diego has not had a single

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serious blot on its health record.

These remarks calling attention to the effective public health leadership which San Diego has had and still has, should be constantly kept in mind because this report will be frankly critical, but we hope constructively critical. With San Diego's extraordinary rapid growth, it was inevitable that governmental functions, including public health, should lag somewhat behind this abrupt and unprecedented change. There are some deficiencies and inequalities in the present public health program. Some of them are due to the rapid change from a medium sized community to a large metropolitan area, and others to the fact that the public health program for the area is influenced by two political entities--the city and the county.

The present Department of Health is referred to and designated as the County-City Health Department. This is misleading and untrue. To be sure, there is, fortunately, a single Director of Public Health for both the city and county (and this situation has existed since 1924), but there are nevertheless two distinct Departments of Health with two Boards of Health, two sets of personnel, two budgets, and in some activities two quite different types of program.

There are some exceptions to this dual set up. There is a single Division of Venereal Disease Control serving both city and county, but even here some personnel are designated as "city" and others as "county." The basic reason for there being a single Division of Venereal Disease Control is that by far the greatest proportion of the funds for its conduct are federal funds (U. S. Public Health Service) allocated by the State Department of Public Health. There is a single Division of Maternal and Child Health, again largely due to the fact that the E.M.I.C. Program (Emergency Maternal and Infant Care Program), which con-

stitutes a major portion of its work, is federally financed (through funds of the U. S. Children's Bureau) by allocations from the State Department of Public Health. Even here the designation of a single division is somewhat misleading in that the division, the success of whose activities are so dependent upon effective public health nursing service, has to rely upon two public health nursing divisions whose programs differ considerably (see the section on Public Health Nursing.

Some divisions to be found in the City Health Department have no counterpart in the county. The Dog Pound is a city institution in the City Health Department, the administration of which ought not to be a Health Department function. There is a Division of Vital Statistics in the City Health Department, but none in the county, although one person in the county department is made responsible for obtaining information on births and deaths from the County Recorder's office. The Divisions of Rodent Control and Mosquito Abatement (which are subdivisions of the City Bureau of Sanitation) have no counterpart in the county although the general inspectors in the county do some rodent control and mosquito eradication work. There is a Dental Division in the County Health Department which has no counterpart in the city.

There are two Divisions of General Sanitation (one for the city and one for the county), two Divisions of Food Sanitation, two Divisions of General Administration, two Divisions of Veterinary Medicine or Meat and Milk Control, and two Divisions of Public Health Nursing.

Public Health Laboratory services are provided on a contract basis with a well equipped and capably administered private laboratory. There are two contracts: one, for the city work; and the other, for the county. Plans are underway and appropriations already made for the establishment of a Public Health Laboratory and a Poultry and Livestock

Laboratory to serve both city and county. This will constitute an important forward step. While the service rendered by the private laboratory on contract is universally reported as good, the volume of service requested is necessarily predicated to some extent on the contract. This necessarily inhibits such activities as mass blood testing.

Tuberculosis control has been, until now, carried largely by the voluntary Tuberculosis Association except for the important follow-up public health nursing service, much of which has been provided by the public health nursing personnel of the City and County Health Departments. There has been a recent reorganization of the tuberculosis situation. The former voluntary Tuberculosis Association will henceforth be responsible for the administration of Rest Haven (formerly a preventorium, now a convalescent home) and will be known as the San Diego Tuberculosis and Rest Haven Association. The new organization, to be known as the San Diego County Tuberculosis and Health Association, will be the official voluntary tuberculosis association affiliated with the California Tuberculosis and Health Association and the National Tuberculosis Association and will undertake the functions commonly accepted as responsibilities of such organizations. It will be the official Christmas Seal Sale agency for this area.

Beginning July 1st there will be a Tuberculosis Control Division of the Department of Health, which will be a joint division serving both city and county, which will conduct the diagnostic clinic, probably institute a pneumothorax refill service, and carry on the public health nursing service.

The health service in the San Diego public schools is carried on by the Health Education Department of the City Board of Education. It is a well planned, adequately staffed, reasonably financed, and capably

administered program which effectively emphasizes the educational opportunities of health services. It covers the entire field of school health except communicable disease control and vaccination and immunization, which are carried by the City Health Department.

In addition to the agencies and programs already mentioned, there are the programs of the San Diego Social Hygiene Association, the Cancer Society, and Crippled Children's Society, and the Visiting Nurse Associations (of which there are three in the city and county). The functions and activities of these agencies have not been made a part of this study, but they are mentioned as agencies making important contributions to the total public health program of the area. That their activities could be more effectively coordinated, one with another and with the programs of the official health agencies, is admitted. The Health Division of the Community Welfare Council has great potentialities, but as yet, has done little to bring about effective coordination of the programs of its member agencies.

To return to a consideration of the so-called County-City Health Department, the mere reading of the few paragraphs devoted to a brief description of its organization and multitudinous divisions will convince one that it has unnecessary duplications of authority which make effective administration both difficult and expensive. For example, there are in the City and County Health Departments a total of fifteen divisions, (five of which are dual divisions and five single) all solely responsible to the Director of Public Health. This does not include the Division of Rodent and Mosquito Control which is a subdivision of the City Bureau of Sanitation.

A prominent business executive has said that no executive can be expected to administer effectively the work of more than six other

persons in administrative positions provided those executives are themselves responsible for important functions of real scope. If this statement be true, and we have no reason to doubt its validity, the present administrative plan is faulty and incapable of as effective administration as could be accomplished by a simpler plan.

The following sections on Needs or Weaknesses and Major Recommendations are placed in the foreground of this report in the thought that many, if not most of the readers, will wish to obtain in a few consecutive pages the essence of this study. Ensuing sections on specific functions such as Administration, Public Health Nursing, etc., will discuss briefly the reasons for arriving at the conclusions and recommentions hereinafter enumerated.

Needs or Weaknesses

(1) The most important weakness of the present official public health program for this area (city and county) is, as already pointed out, that, in spite of a single directorship, there are two Health Departments instead of one.

(2) There is an imperative need for a reasonably young, well trained, and experienced Health Officer with demonstrated ability who can be appointed Assistant Director of Public Health. Such person should be selected on the basis of his being capable of succeeding the present Director and obviously he must be paid a salary which will attract a person of exceptional qualifications. His salary should be at least $7,200.00.

(3) Persons whose titles would seem to designate administrative responsibilities should be sufficiently freed of relatively routine duties as to permit them to plan and administer programs. For example, the present Assistant Director of Public Health and the Director of

Maternal and Child Health are so burdened with routine duties that they have but little time for planning and supervising programs. To a lesser extent, the same may be said for the Director of the departments.

(4) There is a shameful waste of public health nursing time, particularly in the so-called control of the commonly designated minor communicable diseases.

(5) The effectiveness or lack of effectiveness of the school health service program in the county appears to be a subject upon which there is not universal agreement. The difficulty would seem to center largely on the failure of the educational and health groups to plan jointly for the best interest of both education and health.

(6) There is no trained health educator in either Department of Health. Since health education, that is, the bringing about of a widespread understanding of what health protection and health promotion services people need and should have for themselves and their families, is the basic essential of public health service, it seems illogical that a large modern Health Department should be without the services of a single person especially trained in this field.

(7) Neither Department of Health has on its staff a public health engineer. With the rapid growth of San Diego from a small city to a large industrial area with all of its inherent engineering problems in relation to industry, to the potential danger of cross connections, and to pasteurization processes, it is nothing short of foolhardy to be without the services of a trained public health engineer.

(8) All Departments of Health, small and large, should have some program of in-service training for its personnel. Neither Department of Health has such a program. The public health nursing division did

have an in-service training program prior to the war, but none is now existent. In-service training programs are especially important in the fields of public health nursing and environmental sanitation, not only because of the numbers of persons involved in these important activities but also because during the war it was necessary to accept for employment in these fields persons without completely adequate training.

(9) It is believed that there is an unnecessary degree of specialization in the field of environmental sanitation. While it is agreed that there are technical problems in the field which require the services of specialized personel, such as public health engineers, veterinarians, and plumbers, it is our firm conviction that the day to day inspectorial service for establishments of all kinds, except slaughter houses, wholesale meat processing plants, and plumbing installations, can be and should be performed by qualified sanitarians.

(10) As previously pointed out, there are altogether too many divisions whose chiefs are directly and solely responsible to the Director of Public Health. Administration can and should be facilitated by placing divisions having similar functions or interests in a few large bureaus or sections.

(11) While no special study has been made of the voluntary health agencies, it seems evident that some method of coordinating their activities more effectively would be highly desirable.

Major Recommendations

The following recommendations are made in an effort to meet the Needs or Weaknesses to which attention has been called in preceding paragraphs.

It is recommended:

(1) THAT THE SAN DIEGO COUNTY SUPERVISORS AND THE SAN DIEGO CITY COUNCIL TAKE IMMEDIATE STEPS TO HAVE THE AREA--CITY AND COUNTY--ADOPT THE CALIFORNIA LOCAL HEALTH DISTRICT LAW* AS THE MOST LOGICAL AND FEASIBLE MEANS OF PROVIDING A SINGLE DEPARTMENT OF HEALTH FOR THE ENTIRE AREA.

The reason the words "immediate steps" have been included in the recommendation is that at best it will take considerable time to bring about the necessary action for its adoption and, unless the city and county administrations take the initial favorable action, there is little likelihood of its ever being adopted.

In order to bring about a single Department of Health for the entire area in accordance with the provisions of the California Local Health District Law, it is necessary for both the city and the county and its incorporated communities to vote favorably upon its adoption. Should one or more of the incorporated areas within the county fail to return a favorable vote, the Local Health District could be formed exclusive of that community or those communities. It should also be borne in mind that any community which voted not to come into the Health District would likewise not be eligible to receive the health services of the Health District.

If a Health District were formed, it would mean that a single Health Department would be established for the entire area which voted favorably upon its adoption and that there would be a single tax for public health imposed by the single Board of Health, or Board of Trustees, as it is designated in the California Health District Law. The Board of Trustees of a Health District have the power to levy a direct and separate tax for public health protection not to exceed

* Statutes 1917, page 791

fifteen cents on each $100.00 of assessed valuation.

If formed, the Health District, which would presumably be known as the San Diego Local Health District, would not only provide a single Health Department, which could be relatively simply and economically administered, but would do away with the present contract system and avoid any discussions as to whether the city or the county were contributing more or less than its proper share of the budget.

The adoption of the Local Health District Law would unquestionably do more to insure the future health protection of this area than anything else which could transpire.

The Board of Health, or Board of Trustees referred to in a preceding paragraph, would be, in accordance with the Local Health District Law, composed of one representative from the city, one from the county, and one from each incorporated community within the district. At first glance this would seem to represent inequality of representation, but if we consider that the protection of the health of all of the people of the area is the objective of the program and further realize that health hazards know no boundaries, the picture clarifies itself. The representative appointed to the Board of Trustees by any legislative body thus becomes not the representative of a particular community, but rather a member of a board whose concern is the health protection of all the people in the entire health district area.

To those who may doubt the validity of this reasoning, we would refer them to the San Joaquin Local Health District with headquarters in Stockton, California. The San Joaquin Local Health District has been in existence for well over twenty-five year, and under the able leadership of Doctor John J. Sippy has stood and still stands as one of the finest examples of effective public health service not only in

California, but in the entire United States.

As a necessary means of insuring continued effective leadership, after the retirement of the present Director, it is strongly recommended:

(2) THAT AN EXCEPTIONALLY WELL TRAINED AND EXPERIENCED HEALTH ADMINISTRATOR, WITH DEMONSTRATED ADMINISTRATIVE ABILITY, BE EMPLOYED AS ASSISTANT DIRECTOR OF PUBLIC HEALTH AT A SALARY WHICH WILL ATTRACT A PERSON WITH THE SPECIFIED QUALIFICATIONS.

Further, as a tribute to the very significant contributions and effective leadership of the present Director of Health and as an essential means of insuring a continuation of effective leadership, it is recommended:

(3) THAT THE SALARY OF THE DIRECTOR OF HEALTH BE MADE $9,500.00 AND THAT THE RANGE OF THE POSITION BE FROM $8,000.00 to $10,000.00.

It will be noted that this salary range is practically the same as that adopted for the position of Superintendent of the County Hospital, and there is no doubt but that the Health Director should receive at least as much as the County Hospital Superintendent.

It is recommended:

(4) THAT PERSONS IN ADMINISTRATIVE POSITIONS, PARTICULARLY THE DIRECTOR OF MATERNAL AND CHILD HEALTH BE SO RELIEVED OF ROUTINE FUNCTIONS, AS TO PERMIT THEM TIME FOR PLANNING AND SUPERVISING THEIR PROGRAMS.

As a necessary corollary to the above, it is recommended:

(5) THAT THE DIVISION OF MATERNAL AND CHILD HEALTH EMPLOY THREE ADDITIONAL HALF-TIME PHYSICIANS PREFERABLY PEDIATRICIANS IN ORDER TO INSURE A MORE COMPREHENSIVE PROGRAM IN THE FIELDS OF SCHOOL, MATERNAL, AND INFANT AND PRESCHOOL HEALTH.

Since placarding of the so-called minor communicable diseases is conceded as having no value and since it is not now generally practiced, it is recommended:

(6) THAT PLACARDING OF MEASLES, GERMAN MEASLES, MUMPS, CHICKENPOX, AND WHOOPING COUGH BE DISCONTINUED IMMEDIATELY.

As a further means of saving nursing time for more productive service, it is recommended:

(7) THAT THE ROUTINE VISITING TO CASES OF MEASLES, GERMAN MEASLES, MUMPS, CHICKENPOX, AND WHOOPING COUGH BE DISCONTINUED AND THAT PAMPHLETS CONCERNING THESE DISEASES, CONTAINING APPROPRIATE INFORMATION ON THE NATURE OF THE DISEASE, ITS CARE AND AFTERCARE, AND LENGTH OF TIME FOR WHICH ISOLATION IS REQUIRED, BE FURNISHED TO PARENTS OF CHILDREN WITH SUCH DISEASES.

School authorities should be given a list of children absent because of these diseases together with the earliest dates upon which they may return to school. In the absence of the nurse from the school at the time the child returns, the school authorities should be authorized to readmit the child provided the isolation period has expired and the child appears to be fully recovered.

These two preceding recommendations are made in the knowledge, obtained over a long period of years, that no quarantine measures thus far ever devised can be shown to have had any favorable influence on the incidence of these diseases.

It is, however, admitted that measles and whooping cough are not infrequently dangerous to very young children under one, two, or three years of age. Since something can be done either to modify the disease or prevent it in these very young children, it is strongly recommended:

(8) THAT ALL CASES OF MEASLES AND WHOOPING COUGH IN WHICH THERE ARE VERY YOUNG CHILD CONTACTS UNDER ONE, TWO, OR THREE YEARS OF AGE, BE VISITED AS EARLY AS POSSIBLE BY THE PUBLIC HEALTH NURSE IN AN EFFORT TO PERSUADE THE FAMILY TO SEEK SUCH MEDICAL ADVICE AND SERVICE AS WILL TEND TO EITHER PREVENT OR MODIFY THE DISEASE IN SUCH VERY YOUNG CHILDREN.

As previously pointed out, there seems to have been a good deal of discussion concerning the effectiveness or lack of effectiveness of the county school health service program. The present so-called contract system is doubtless responsible, at least in part, for some dissatisfaction. If the California Local Health District Law is adopted, the contract system would disappear. Some school administrators feel that the Health Department has planned its school health program without due consideration of the convenience and needs of the school. The Health Department in turn feels that in some instances, the public health nurse has been used too greatly as an attendance officer. In the opinion of your surveyors, the fundamental difficulty lies in the failure of the two groups--the educational group and the public health group--to sit down together and plan a program.

It is therefore recommended:

(9) THAT A COUNTY SCHOOL HEALTH SERVICE COORDINATING COMMITTEE WITH REPRESENTATIVES FROM BOTH THE EDUCATIONAL AND PUBLIC HEALTH GROUPS BE ESTABLISHED TO PLAN A SCHOOL HEALTH SERVICE PROGRAM WHICH WILL BE AS NEARLY AS POSSIBLE ACCEPTABLE TO BOTH GROUPS AND WHICH WILL GIVE THE BEST POSSIBLE SERVICE TO THE CHILD AND HIS FAMILY.

It is suggested that the Chairman of the Board of Supervisors might ask for the formation of such a coordinating committee and that he be an ex-officio member of it. The committee might well consist of

eight member, four from the educational group and four from the public health group. In the educational there should be representation from the County Superintendent's office, including the Curriculum Planning Department, the Association of School Administrators, and the classroom teachers. The public health group should have representation from General Administration, and Division of Maternal and Child Health and Public Health Nursing.

If and when the Department of Education has a health educator (to be recommended later in this report) and the Department of Health has a health educator (also to be recommended), these persons should probably be asked to serve as consultants to the committee. It would also prove very helpful to the group if the Director of Health Education of the San Diego public schools could be obtained as a consultant.

It is realized, of course, that this group, this Coordinating Committee, would have no authority, but on the other hand we feel sure that if such a group would plan an overall program and define the policies for its guidance and present that plan to the Board of Education and the Board of Health that there would be every opportunity of having it accepted by both groups.

As a further means of bringing such plan as may be devised by the Coordinating Committee into effective action in relation to the educational program, it is recommended:

(10) THAT THE COUNTY BOARD OF EDUCATION EMPLOY A WELL TRAINED HEALTH EDUCATOR OR HEALTH COORDINATOR TO ASSIST THE CURRICULUM PLANNING DEPARTMENT IN THE HEALTH CONTENT OF TEACHING AND IN MAKING OF THE ENTIRE SCHOOL HEALTH SERVICE PROGRAM AS FRUITFUL AN EDUCATIONAL EXPERIENCE AS POSSIBLE. SUCH PERSON SHOULD ALSO BE HELPFUL IN DEVELOPING AN IN-TRAINING PROGRAM IN HEALTH EDUCATION FOR TEACHERS.

Such a person should be one with pedagogical training who has also had special training in health education at an accredited school of public health.

These recommendations, together with one as yet to be made concerning the addition of a well trained health educator to the staff of the Health Department plus the ones already made to relieve the Director of Maternal and Child Health of routine duties so that she can plan and supervise, and to add personnel to her field staff, should go a long way toward assuring an improved school health service.

Attention has already been called to the fact that since health education is the very backbone of the modern public health program, it seems illogical for a large Health Department to be without the services of a single person specially trained in this field.

It is recommended:

(11) THAT THE HEALTH DEPARTMENT (RECOMMENDED TO BE THE SAN DIEGO LOCAL HEALTH DISTRICT) ESTABLISH A DIVIVION OF HEALTH EDUCATION WITH A WELL TRAINED HEALTH EDUCATOR AS ITS DIRECTOR.

Such a person would presumably have much the same background of training and experience as that recommended for the health educator in the Board of Education.

Close working relationships with the Department of Education are essential. Education in health matters is as important with adults as with children and the professional educational techniques are similar. There should be no break in the continuous effort of both the school department and the Health Department in teaching individuals and groups what to do and what to think and do concerning their health promotion and health protection. The Directors of Health Education in both the school and Health Departments must integrate their programs and work

in closest cooperation. Success in this field will aid materially in developing optimum health and will bring permanent improvement in health behavior, thus preventing costly curative care in the future. (See also section on Health Education.)

Since San Diego seems destined to continue as a fairly large metropolitan and industrial area with its necessarily inherent problems of public health engineering, it is strongly recommended:

(12) THAT THE DEPARTMENT OF HEALTH (RECOMMENDED TO BE THE SAN DIEGO LOCAL HEALTH DISTRICT) EMPLOY AT A DECENT SALARY A WELL TRAINED AND EXPERIENCED PUBLIC HEALTH ENGINEER AND THAT HE BE MADE THE DIRECTOR OF THE BUREAU OR SECTION OF ENVIRONMENTAL SANITATION (See Organization Chart, page 19.)

An in-service training program should be an integral part of any modern health program. Such program should be available to and used by all personnel of the department, but is especially important in public health nursing and environmental sanitation.

It is, therefore, recommended:

(13) THAT THE DIVISION OF PUBLIC HEALTH NURSING EMPLOY AN EDUCATIONAL DIRECTOR WHO, TOGETHER WITH THE HEALTH EDUCATOR (PREVIOUSLY RECOMMENDED), THE PUBLIC HEALTH ENGINEER (PREVIOUSLY RECOMMENDED) AND THE DIRECTOR OR ASSISTANT DIRECTOR, SHOULD DEVELOP A WELL PLANNED YEAR AROUND PROGRAM OF IN-SERVICE TRAINING.

The total program should include periodic regularly planned staff conferences for the administrative personnel of the department as a whole as well as conferences for the larger divisions and periodic planned meetings for both special and general training of personnel. Staff conferences are obviously for the purpose of free and frank discussion of current problems, problems which come up in the day to day

functioning of the department. Periodic meetings for general and special training should be planned for at least four groups: the administrative personnel of the department, public health nurses, personnel in Environmental Sanitation, and personnel interested in Maternal and Child Health including school health service. These meetings should have as their objective keeping administrative personnel currently informed as to the newer advances in public health as a whole and the special groups up to date on the newer developments in their special fields. Although occasional use may be made of outside speakers for the most part the program should be planned and conducted by the department's own personnel.

In addition to the in-service training program persons whose qualifications for their positions are minimal or incomplete should be permitted, encouraged, and in some instances required to take regular curricular courses which will raise their qualifications.

In order to prevent duplication, and to raise the general level of educational inspectorial service, it is recommended:

(14) THAT THE PRESENT DIVISIONS OF SANITATION AND FOOD SANITATION BE COMBINED INTO A SINGLE DIVISION OF FOOD AND SANITATION AND THAT A SEPARATE SMALLER DIVISION OF PLUMBING BE ESTABLISHED TO CONCERN ITSELF WITH PLUMBING INSTALLATIONS AND WITH SUCH TECHNICAL PLUMBING PROBLEMS AS MAY BE REFERRED TO IT BY THE GENERAL SANITARIANS IN THE DIVISION OF FOOD AND SANITATION.

The successful carrying out of this recommendation will involve an in-service training program for all personnel, and for some regular curricular courses. Persons who are not now qualified to act as general sanitarians in the new Division of Food and Sanitation and who do not wish to try to qualify, may, if they are qualified plumbers, and

the number is not too great, be placed in the Division of Plumbing. While no major changes have been suggested for the Division of Meat and Dairy Inspection, it is to be hoped that the training of the general sanitarians in the new Division of Food and Sanitation will be such that they can and will qualify as dairy inspectors in order that there may be, in the future, greater flexibility of personnel.

As previously pointed out, there are altogether too many persons in administrative positions responsible directly and solely to the Director of Public Health without any machinery for coordination except through the Director himself. This type of organization tends toward "one man" domination and makes administration unnecessarily unwieldy and complicated.

As a means of facilitating and simplifying good administration, it is recommended:

(15) THAT THE DEPARTMENT OF HEALTH (RECOMMENDED TO BE SAN DIEGO LOCAL HEALTH DISTRICT) BE REORGANIZED IN ACCORDANCE WITH THE FOLLOWING ORGANIZATION CHART. (See page 19 following).

It will be noted that the proposed organization includes several divisions which do not now exist, and some have been rearranged or added to. New divisions include Laboratories (already planned), Health Education, Public Health Engineering, an overall Division of Disease Control, which would include sections on the Acute Communicable Diseases, Tuberculosis, and the Venereal Diseases, with the opportunity of adding, if indicated, other sections, such as Heart Disease, Cancer, etc., and Divisions of Mental Health and Adult Health including Industrial Hygiene. It is to be hoped that all of these divisions with the possible exception of Mental Health and Adult Health, may be developed in the very near future. It may take longer to develop Mental Health

PROPOSED ORGANIZATION of the SAN DIEGO LOCAL HEALTH DISTRICT

LEGEND:

DIRECT RESPONSIBILITY

RECIPRICAL WORKING RELATIONSHIP

BOARD of TRUSTEES

DIR. of PUBLIC HEALTH

ASST. DIR. of PUBLIC HEALTH

BUREAU of PREVENTIVE MEDICAL SERVICES DIVISIONS OF:

DISEASE CONTROL	MATERNAL AND	PUBLIC HEALTH	PUBLIC HEALTH	MENTAL HEALTH	ADULT HEALTH
A.C. C.D.	CHILD HLTH.	NURSING	DENTIST-		INCLUD'G.
T.B.	MATERNAL		RY		INDUSTR'L
V.D.	INF. PRE-SCH				HYGIENE
	SCHOOL				
	NUTRITION				

BUREAU of GENERAL SERVICES DIVISIONS OF:

GENERAL ADMINISTRAT'N	STATISTICS AND	LABORA- TORIES	HEALTH EDUCATION
BUSINESS MANAGEM'T.	RECORDS		
PERSONNEL			
ACCOUNTING			

BUREAU of ENVIRONMENTAL SANITATION, DIVISIONS OF:

PUBLIC HEALTH ENGINEER- ING	FOOD AND SANIT'N	MEAT AND MILK	PLUMB- ING.
	RODENT AND MOSQUITO CONTROL		

and Adult Health but these important activities should be included in future planning.

The several advantages of the recommended plan or organization are:

(1) It enables the Director to administer his entire department through a small number of executive officers.

(2) It avoids a large number of independent administrative units and enables the Director to correlate the work of the department more effectively.

(3) It defines clearly the chain of responsibility of the chiefs of the several bureaus and divisions of the department.

(4) It centralizes the direction of divisions having close interrelationships by placing administrative responsibility in the office of a single bureau director who in turn interprets the program and needs of these divisions to the Director.

This plan of organization can be put into effect immediately even though its full accomplishment may take considerable time. The plan is flexible in that it provides a means of promoting a few persons who have demonstrated exceptional administrative ability, or for the employment if indicated of new administrative personnel. For example, the placement of divisions in an overall bureau to which they logically seem to belong, provides a means of promoting to the position of bureau director any particularly capable administrator who may be found in these several divisions. Also under this plan, it will not be necessary to make an immediate or permanent decision in appointing a bureau director.

ONE POINT WHICH SHOULD BE CLEARLY BORNE IN MIND BY THOSE IN CHARGE OF ADMINISTRATION AND SELECTION OF PERSONNEL, PARTICULARLY

CIVIL SERVICE ADMINISTRATORS, IS THAT PERSONS IN CHARGE OF VARIOUS SPECIALIZED ACTIVITIES SHOULD RECEIVE SALARIES COMMENSURATE WITH THEIR PROFESSIONAL QUALIFICATIONS OF TRAINING AND EXPERIENCE AND NOT IN ACCORDANCE WITH ANY PLAN OF ADMINISTRATION. FOR EXAMPLE, IT IS RECOMMENDED THAT THE DIVISION OF DISEASE CONTROL CONSIST OF SECTIONS ON ACUTE COMMUNICABLE DISEASES, VENEREAL DISEASES, AND TUBERCULOSIS, WITH THE OPPORTUNITY OF ADDING OTHER SECTIONS ON CANCER, HEART DISEASE, DIABETES, ETC., IF NEEDED. THE PERSONS IN CHARGE OF THESE ACTIVITIES SHOULD RECEIVE SALARIES IN KEEPING WITH THEIR TRAINING AND EXPERIENCE IN A SPECIALTY, NOT ON THE BASIS OF THEIR SERVING AS SECTION CHIEFS RATHER THAN DIVISION OR BUREAU CHIEFS. A SECTION CHIEF, IF HIS TRAINING, EXPERIENCE, AND DEMONSTRATED ABILITY IN A SPECIALTY WARRANTED, MIGHT WELL RECEIVE A HIGHER SALARY THAN A DIVISION OR BUREAU CHIEF OR EVEN THE DIRECTOR OF THE DEPARTMENT.

While as already stated no special study has been made of the voluntary health agencies, it is nevertheless recommended:

(16) THAT THE VOLUNTARY HEALTH AGENCIES ENDEAVOR TO COORDINATE THEIR ACTIVITIES MORE EFFECTIVELY IN GENERAL ACCORDANCE WITH THE RECOMMENDATIONS OF THE GUNN-PLATT REPORT*.

Since the newly organized Tuberculosis and Health Association, as its name implies, has a broad interest in the whole field of health betterment and since this association has been most effective in coordinating voluntary agency programs at both the national and state level, it would seem logical for this agency to cooperate fully with the Health Division of the Community Welfare Council in developing a coordinated program. The fact that the Council has recently added a full-time trained person to head the Health Division is excellent evidence

* Voluntary Health Agencies. An Interpretive Study by Selskar M. Gunn and Philip S. Platt. The Ronald Press, New York, 1945.

f its interest.

PERSONNEL AND EXPENDITURES

Before discussing the several functional entities of the County and City Health Departments, it may be well to review briefly the situation with respect to personnel and expenditures.

PERSONNEL

The County Health Department has a total of 64 persons or one person per each 2,656 of population (based on a county population of 170,000, exclusive of Coronado, which is not served by the County Health Department). Altogether 7.5 of these 64 persons are paid through state or federal funds leaving a net of 56.5 persons or one person per each 3,009 of population paid for by local tax funds.

The City Health Department has a total personnel of 84.5 or one person for each 4,284 of population (based on a city population of 362,000). If we add to this figure the 47 persons in the Health Education Department of the San Diego public schools, this gives 131.5 persons in the city's official health agencies or one person for each 2,753 of population. Of this total 11.5 persons are paid through state or federal funds, which leaves a net total of 120 persons, or one person per each 3,016 of population paid through local tax funds.

Together the County and City Health Department have a total of 148.5 persons or one person per each 3,582 of population (based on a population of 532,000). If we add the 47 people in the Health Education Department of the San Diego public school system, this gives a total of 195.5 persons, or one per each 2,711 of population. Of this number, 19 persons are paid through state or federal funds which gives a net total of 176.5 persons, or one per each 3,019 of population paid for through local tax funds.

For further details see Tables 1 and 1a.

This Table (1) reveals several interesting and significant facts. The personnel in the Divisions of Public Health Nursing in the County Health Department represent 47 per cent of total County Health Department personnel, whereas in the city it represents but 20 per cent of City Health Department personnel. Notwithstanding the fact that the San Diego public schools have their own public health nursing personnel, which is, of course, not included in this figure, nevertheless it is certain that the City Health Department does not have enough public health nurses.

Personnel in the field of enviromental sanitation (general sanitation, meat and dairy, food sanitation, rodent control, etc.) total 36 per cent of total personnel in the County Health Department and 43 per cent in the City Health Department. If we add the personnel of the City Pound (which should probably not be in the Health Department) this brings the total enviromental personnel in the City Health Department up to 51 per cent of the total. This does not necessarily mean that there are too many people in enviromental sanitation, but it does mean that the distribution is out of balance, that there should be more people in other categories particularly public health nursing.

TABLE I
PERSONNEL IN OFFICIAL HEALTH AGENCIES
IN SAN DIEGO CITY AND COUNTY 1945-1946

Functions	NUMBERS			PER CENT [1]			[2]
	County	City	Total	County	City	Total	GRAND TOTAL
HEALTH DEPARTMENTS							
Administration	2.5	1.5	4	3.9	1.8	2.7	22
Vital Statistics		6	6		7.1	4.1	3.1
Maternal and Child Health	5	3.5	8.5	7.8	4.1	5.7	4.3
Public Health Nursing	30	17	47	46.9	20.0	31.7	23.9
Venereal Disease	.5	13.5	14	.8	16.1	9.4	7.1
Dental Health	3		3	4.7		2.0	1.5
Municipal Laboratory- Contract							
SUB-TOTAL	41.0	41.5	82.5	64.1	49.7	55.6	42.7
Environmental Sanitation							
General Sanitation	7	11	18	11.0	13.0	12.1	9.2
Meat and Dairy	9	3	12	14.0	3.6	8.7	6.1
Foods and Food Handling	5	10	15	7.8	11.8	10.1	7.8
Poultry and Livestock Laboratory	2		2	3.1		1.3	1.0
Rodent Control		6	6		7.1	4.0	3.1
Mosquito Control		6	6		7.1	4.0	3.1
SUB-TOTAL	23	36	59	35.9	42.6	39.7	30.1
City Pound		7	7		8.3	4.7	3.6
GRAND TOTAL HEALTH DEPARTMENTS	64	84.5	148.5	100.0	100.0	100.0	76.7
No. of above on State or Federal Funds[1]	7.5	11.5	19	11.7	13.6	12.8	9.7
Total on Local Tax Funds[1]	56.5	73.0	129.5	88.3	86.4	87.2	66.7
BOARD OF EDUCATION							
San Diego City Department of Health Education		47	47 [3]		35.7	24.1	23.9
GRAND TOTAL[2]	64	131.5	195.5				100.0
Total on Local Tax Funds[2]	56.5	120	176.5	88.3	91.3	90.3	90.3

1 Based on Grand Total Health Departments.
2 Based on both Health Departments and City Board of Education.
3 Includes the Medical Director, 38 school nurses, 2 half-time medical assistants, 2 half-time dentists, 3 dental hygienists, 2 half-time dental assistants, and a secretary.

PERSONNEL OF COUNTY-CITY HEALTH DEPARTMENTS, SAN DIEGO, CALIFORNIA, 1946

TABLE 1a

	P. H. Physicians	P. H. Dentists	P. H. Engineers	P. H. Nurses	Asst P. H. Nurses	Health Educators	Veterinarians	Sanitarians	Nutritionists	Dental Hygienists	V. D. Investigators	Lab. Technicians	Dental Hygienists	Clerical	Skilled Labor	Others	Total	County	City	Per cent: County	Per cent: City
General Services:																					
Administration	2													2			4	2.5	1.5		
Statistics and Records														6			6		6		
Laboratories - none																					
Health Education - none																					
TOTAL	2													8			10	2.5	7.5		
Preventive Medical Service:																					
Disease Control:																					
Acute Com. Diseases																					
Venereal Diseases	4 1			3	1						3 2			3			14 3	.5	13.5		
Tuberculosis																					
TOTAL DISEASE CONTROL																					
Maternal & Child Health	1.5			2					1					3		1	8.5	5	3.5		
Public Health Dentistry		2								1 5							3	3			
Public Health Nursing				25	18									4			47	30	17		
Mental Health - none																					
Adult Health - none																					
TOTAL PREV. MED. SERVICE	5.5	2		30	19				1	1	3			10		1	72.5	38.5	34		
Environmental Sanitation:																					
Public Health Engineering	none																				
Sanitation								15 4						3			18	7	11		
Food and Market								14						1			15	5	10		
Meat and Dairy							9	2						1			12	9	3		

Rodent and Mosquito								1						1	10		12		12			
Livestock Laboratory							1					1					2	2				
City Pound														1	2	4	7		7			
TOTAL ENVIRON. SANITATION							10	32				1		7	12	4	66	23	43			
TOTAL HEALTH DEPARTMENTS	7.5[6]	2[7]		30	19		10	32	1	1[5]	3[2]	1[5]		25	12	5[8]	148.5	64	84.5			
City Health Educa. Dept	3	1		38						3				1		1	47		47			
GRAND TOTAL	10.5	3	0	68	19	0	10	32	1	4	3	1	0	26	12	6	195.5	64	131.5			

1 Two are part-time
2 Includes one vacancy
3 Of these 11 are or were on federal funds
4 Includes 14 who are also plumbers
5 Vacancy
6 Includes the Director and 2 half-time M. D.'s
7 Includes 2 half-time dentists
8 Includes 2 half-time dental assistants

EXPENDITURES

Tables 2 and 3 give the appropriations for the official health agencies in San Diego city and county for the year 1945-1946.

Gross appropriations for the County Health Department totalled $236,472.00 of $1.39 per capita, for the City Health Department the total was $251,761.00 or 69.5 cents per capita. For both departments together the total was $488,233.00 or 91.8 cents per capita.

Deducting from the County Health Department appropriation state or federal funds, estimated fee income, and contract income brings the net appropriation through local tax funds to $172,639.00 or 101.5 cents.

Deducting from the City Health Department appropriation federal or state funds, estimated fee income, and the cost of the Dog Pound (which is not normally a Health Department function) brings the net appropriation through local tax funds to $189,708.00 or 52.4 cents per capita. If we add the appropriation of the Health Education Department of the San Diego City public schools, this brings the total to $317,118.00 or 87.6 cents per capita.

In general we may conclude that the County Health Department is somewhat more adequately financed than is the City Health Department and the county expenditures and therefore program are somewhat better balanced than those of the city.

TABLE 2
APPROPRIATIONS FOR PUBLIC HEALTH SAN DIEGO CITY AND COUNTY 1945-1946

DIVISIONS	COUNTY			CITY			TOTAL		
	Salaries	Maint.	Total	Salaries	Maint.	Total	Salaries	Maint.	Total
Administration	$ 14,172	$ 1,560	$ 15,732	$ 4,836	$ 5,262	$ 10,098	$ 19,008	$ 6,822	$ 25,830
Vital Statistics				10,494	1,700	12,194	10,494	1,700	12,194
Maternal and Child Health	13,350	3,120	16,470	10,230	2,584	12,814	23,580	5,704	29,284
Public Health Nursing	79,475	20,270	99,745	36,852	5,500	42,352	116,327	25,770	142,097
Venereal Disease				30,350	4,780	35,130	30,350	4,780	35,130
Dental Health	8,382	2,670	11,052				8,382	2,670	11,052
Municipal Laboratory		9,000	9,000	9,600	1,700	11,300	9,600	10,700	20,300
SUB-TOTAL	115,379	36,620	151,999	102,362	21,526	123,888	217,741	58,146	275,887
Environmental Sanitation:									
General Sanitation	21,264	4,320	25,584	35,600	2,070	37,670	56,864	6,390	63,254
Meat and Dairy	28,845	5,540	34,385	11,976	900	12,876	40,821	6,440	47,261
Foods and Food Handling	14,040	3,120	17,160	28,158	3,105	31,263	42,198	6,225	48,423
Poultry and Livestock Laboratory	6,114	1,230	7,344				6,114	1,230	7,344
Rodent Control				15,468		15,468	15,468		15,468
Mosquito Control				6,000	6,000	12,000	6,000	6,000	12,000
SUB-TOTAL	70,263	14,210	84,473	97,202	12,075	109,277	167,465	26,285	193,750
City Pound				14,526	4,070	18,596	14,526	4,070	18,596
GRAND TOTAL HEALTH DEPARTMENTS	185,642	50,830	236,472	214,090	37,671	251,761	399,732	88,501	488,233
Federal or State Funds[1]			18,360			23,240			41,600
Estimated Fee Income[2]			21,533			20,217			41,750
Contract Income [2]			23,940						23,940
City Pound						18,596			18,596
Net County and City of San Diego Tax Funds[3]			172,639			189,708			362,347
Board of Education Health Service				118,604	8,806	127,410	118,604	8,806	127,410
Total Official Agencies Net Tax Funds			172,639			317,118			489,757

1 Includes under county $6,720 in Maternal and Child Health, $9,000 in Public Health Nursing, and $2,640 in Foods; and under city $2,760 in Public Health Nursing and $23,240 in Venereal Disease Control; making the total of $41,600.
2 Based on 1945.
3 Grand Total less federal or state, Fee Income, Contract Income, and City Pound. The City Pound has been excluded in that it is not a recognized function of a Health Department. This total obviously refers to the City and County Health Departments only.

TABLE 3
APPROPRIATIONS FOR PUBLIC HEALTH SAN DIEGO CITY AND COUNTY 1945-1946

DIVISIONS	APPROPRIATIONS			PER CENT OF TOTAL[1]			PER CAPITA[2]		
	County	City	Total	County	City	Total	County	City	Total
Administration	$ 15,732	$ 10,098	$ 25,830	6.7	4.0	5.3	9.3	2.8	4.9
Vital Statistics		12,194	12,194		4.8	2.5		3.4	2.3
Maternal and Child Health	16,470	12,814	29,284	7.0	5.1	6.0	9.7	3.5	5.5
Public Health Nursing	99,745	42,352	142,097	42.2	16.8	29.1	58.7	11.7	26.7
Venereal Disease		35,130	35,130		14.0	7.2		9.7	6.6
Dental Health	11,052		11,052	4.6		2.3	6.5		2.1
Municipal Laboratory	9,000	11,300	20,300	3.8	4.5	4.1	5.3	3.1	3.8
SUB-TOTAL	151,999	123,888	275,887	64.3	49.2	56.5	89.5	34.2	51.9
Environmental Sanitation:									
General Sanitation	25,584	37,670	63,254	10.8	15.0	13.0	15.0	10.4	11.9
Meat and Dairy	34,385	12,876	47,261	14.5	5.1	9.7	20.2	3.6	8.9
Foods and Food Handling	17,160	31,263	48,423	7.3	12.4	9.9	10.1	8.6	9.1
Poultry and Livestock Laboratory	7,344		7,344	3.1		1.5	4.3		1.4
Rodent Control		15,468	15,468		6.1	3.2		4.3	2.9
Mosquito Control		12,000	12,000		4.8	2.4		3.3	2.3
SUB-TOTAL	84,473	109,277	193,750	35.7	43.4	39.7	49.6	30.2	36.4
City Pound		18,596	18,596		7.4	3.8		5.1	3.5
GRAND TOTAL HEALTH DEPARTMENTS	236,472	251,761	488,233	100.0	100.0	100.0	139.1	69.5	91.8
Federal or State Funds	18,360	23,240	41,600	7.8	13.1	10.5	10.8	6.4	7.8
Estimated Fee Income[3]	21,533	20,217	41,750				12.6	5.6	7.8
Contract Income[3]	23,940		23,940				14.2		4.5
City Pound		18,596	18,596		7.4	3.8		5.1	3.5
Net County and City of San Diego Tax Funds[4]	172,639	189,708	362,347				101.5	52.4	68.2
Board of Education Health Service		127,410	127,410					35.2	23.9
Total Official Agencies Net Tax Funds	172,639	317,118	489,757				101.5	87.6	92.1

1 Based on Grand Total Health Departments
2 Per capita in cents based on estimated populations as follows: City, 362,000; County, 170,000; Total, 532,000
3 See footnotes 2 and 3, Table 2
4 See footnote 3, Table 2

The remainder of this report will be devoted largely to a brief discussion of the present or proposed functions of the health department or departments. They will be taken up in the order in which they appear on the proposed Organization Chart, page 19.

GENERAL SERVICES

In accordance with the proposed plan for the San Diego Local Health District, or even on the basis of a combined department, which might be formed by a "gentlemen's" agreement between the county and city, the Bureau of General Services would consist of the Divisions of General Administration, Public Health Statistics and Records, Laboratories, and Health Education. At first glance this may appear to be an odd assortment of activities to be placed in a single administrative unit. The common denominator, and therefore the justification for coordinating their administation, is that all represent services which are, or ought to be used by all other divisions of the Department.

GENERAL ADMINISTRATION

The Division of General Administration would include business management, accounting, and personnel.

While theoretically the responsibility for these activities is vested in the Director and Assistant Director, actually most of it is carried by the Director and the Director of the City Bureau of Sanitation.

Present personnel charged to Administration includes the Director and Assistant Director, the secretary to the Director and the senior stenographer clerk making a total of four. Actually some other persons play a part in the functioning of this division, but they have other primary duties and their salaries are therefore charged to

other divisions.

Appropriations for Administration total $25,830.00 of which $15,730.00 comes from the county and $10,098.00 from the city. This amounts to 9.3 cents per capita from the county and 2.8 cents from the city. See Expenditures Table 3.

While there would seem to be no objection to charging the Director and Assistant Director to Administration, the division should have additional personnel in order that the Director and Assistant Director may be free to develop overall planning and administration for the entire department.

Although not applying solely to the Division of Administration, a study of the department or departments as a whole reveals a decided lack of stenographic and clerical personnel. This scarcity is particularly noticeable in the fields of public health nursing, food sanitation, and meat and milk inspection. A shortage of clerical personnel necessarily results in an expensive misuse of professional time.

It is recommended:

(1) THAT THE DIRECTOR AND ASSISTANT DIRECTOR BE CONSIDERED AND DESIGNATED AS THE GENERAL ADMINISTRATORS FOR THE ENTIRE DEPARTMENT AND THAT THEY NOT BE EXPECTED TO BE SOLELY RESPONSIBLE FOR THE DIVISION OF GENERAL ADMINISTRATION.

It is further recommended:

(2) THAT A PERSON WITH A KNOWLEDGE OF BUSINESS ADMINISTRATION INCLUDING PERSONNEL AND AN ADDITIONAL STENOGRAPHER-CLERK BE EMPLOYED IN THE DIVISION OF GENERAL ADMINISTRATION.

PUBLIC HEALTH STATISTICS AND RECORDS

In the proposed **Organization Chart** this newly recommended division is designated as Statistics and Records; its fuller and more descriptive title should be **Public** Health Statistics and Records.

At present there is a Division of Statistics in the City Health Department, but there is no counterpart in the county, although one person in the County Department does routinely obtain certain information on births and deaths from the County Recorder's office, largely for the use of the Division of Maternal and Child Health.

The present City Division of Statistics is composed of the Director (at present classified by Civil Service as a Senior **Stenographer**) and five general clerks, one of whom is designated as temporary, making a total of six.

Appropriations for the Division of Statistics, for 1945-1946, total $12,194.00 or 3.4 cents per capita. Income through the Division, for 1945, for searches and certified copies of birth and death records and burial removal permits totalled $7,755.00. While this income goes back into general funds of the city, this means nevertheless that the net tax cost for the Division of Statistics amounted to but $4,449.00 or 1.2 cents per capita.

The division carries on the usual functions of a Division of Vital Statistics and its director and personnel are to be commended for their conscientious efforts to do a good job. The work of the division, through no **fault** of its personnel, is weak in two major respects. First, the statistics on births and deaths cover only three registration districts: San Diego City, National City, and a San Diego Rural District known as number 3763. This rural registration district includes North Island, Kensington, an area of about

three by four blocks, a little territory known as Greenwood and Chollas, and some voting precincts to the north and east of San Diego City going up to Lake Hodges. Birth and death certificates from these districts come directly to the Health Department. Together these districts represent 75.5 per cent of the total voting registration for the entire area--city and county. Births and deaths from the remainder of the county--representing 24.5 per cent of the total voting registration--are sent by the local registrars directly to the State Department of Public Health. This obviously makes the figures for the area as a whole incomplete. Secondly, rates even within the area covered by the three registration districts referred to are inaccurate. Two rates are figured, one based on the place of occurrence regardless of residence. This is designated as a crude rate. This is obviously in error in that unquestionably many are born and die in San Diego who live elsewhere. The second rate is figured for residents and non-residents but basing residence on having lived in the area for one year or more. This rate based on legal residence is totally fallacious. It should be based on where the individual lives if it is his or her intent to continue to live there regardless of the length of time he has lived there. Both the crude and other or second rate have an additional inaccuracy in that they do not include births or deaths of persons occurring outside the area, but who normally live within the area. This situation or inaccuracy cannot, of course, be corrected until the state develops a plan of keeping local areas currently informed as to the proper allocation of births and deaths in accordance with the place of usual or intended residence.

Regardless of what else may develop to make possible a more accurate tabulation and analysis of births and deaths, it is recommended:

(1) THAT BIRTH AND DEATH RATES BE FIGURED ON THE BASIS OF USUAL OR INTENDED PLACE OF RESIDENCE RATHER THAN UPON A ONE YEAR OR ANY OTHER SPECIFIED LENGTH OF RESIDENCE.

The present Director of the City Division of Statistics is classified as a senior stenographer. She has had some basic statistical training and is continually endeavoring to improve her knowledge. She should be classified as a Public Health Statistician Grade II (see later recommendation concerning classifications and salary scales).

It is recommended:

(2) THAT THE PRESENT DIRECTOR OF THE CITY DIVISION OF STATISTICS NOW CLASSIFIED AS A SENIOR STENOGRAPHER, BE RECLASSIFIED AS A PUBLIC HEALTH STATISTICIAN GRADE II. (See later recommendation concerning classifications and salary scales).

It seems silly and unnecessary for birth and death certificates from some areas within the county to be submitted directly to the Health Department while other registrars in the county send their certificates directly to the state. This complicated and mixed up situation makes it impossible to place any reliance on local birth and death rates for the total population included in San Diego County.

In order to make possible reasonable accuracy of birth and death rates for the entire San Diego County population, it is recommended:

(3) THAT THE DIRECTOR OF PUBLIC HEALTH OF SAN DIEGO CITY AND COUNTY BE APPOINTED THE SENIOR OR PRINCIPAL REGISTRAR FOR THE ENTIRE AREA AND THAT ALL REGISTRARS WITHIN THE AREA BE REQUIRED TO SEND THEIR BIRTH AND DEATH CERTIFICATES DIRECTLY TO HIM, WHO IN TURN SHALL BE RESPONSIBLE FOR FORWARDING THEM TO THE STATE DEPARTMENT OF PUBLIC HEALTH. NOTHING IN THIS RECOMMENDATION SHOULD BE CONSTRUED AS HAVING ANY EFFECT UPON THE FEES NORMALLY ACCRUING TO THE REGISTRARS WITHIN

THE AREA.

The aforementioned recommendations would seem to aid the situation as far as vital statistics--birth and death registration and analysis--are concerned, but they still fail to take into consideration the very real value which can be obtained by having a combined service for statistics and records--a Division of Public Health Statistics and Records. Such a Division should be responsible for not only the tabulation of birth and death and morbidity records but should also include the tabulation and analysis of all service records of the various divisions of the department and of all other records coming to the department.

The setting up and keeping of records which serve no useful purpose can be and often are very time--consuming and therefore expensive. On the other hand, statistics and records which are carefully developed, analyzed, and interpreted are of tremendous value to any health department. The importance of analyzing vital statistics and sickness records side by side with service records (records of services designed to meet the health problems which have been defined by vital statistics and morbidity records) can hardly be overemphasized. Such a coordinated planning and use of records constitute the fundamental basis for (a) defining health problems, (b) measuring progress or lack of progress in meeting those problems, and (c) program planning.

It would probably be wise for the Health Department, when such a Division of Public Health Statistics and Records is established, to develop its records on punch cards, employ a key punch operator and contract with some other governmental department for the mechanical tabulation of its punch card records.

As a necessary means of providing a scientific basis for program planning and of measuring progress in meeting health problems, it is

recommended:

(4) THAT A DIVISION OF PUBLIC HEALTH STATISTICS AND RECORDS BE ESTABLISHED AND BE DIRECTED BY A PERSON WITH BOTH PUBLIC HEALTH AND STATISTICAL TRAINING.

(5) THAT THE FUNCTIONS OF THE DIVISION OF PUBLIC HEALTH STATISTICS AND RECORDS INCLUDE THE TABULATION AND ANALYSIS OF ALL STATISTICS AND RECORDS OF THE ENTIRE DEPARTMENT, NOT ONLY VITAL STATISTICS BUT MORBIDITY RECORDS, SERVICE RECORDS OF ALL DIVISIONS, AND RECORDS RECEIVED BY THE DEPARTMENT FROM OTHER SOURCES.

This recommendation is not intended to prevent divisions from setting up analyses which they may desire and need. Such analyses, however, should be planned in consultation with the Director of the Division of Public Health Statistics and Records.

The interpretation of specific records calls for conferences between the Division of Public Health Statistics and Records and the division or divisions to which the records apply.

Sufficient personnel to assure the prompt return of analyzed records, obviously, is essential.

It is further recommended:

(6) THAT NO RECORD FORMS IN ANY BUREAU OR DIVISION BE PRINTED OR USED UNTIL THEY HAVE BEEN REVIEWED BY THE DIVISION OF PUBLIC HEALTH STATISTICS AND RECORDS.

The individual bureau or division director naturally will indicate what information is needed. The Director of the Division of Public Health Statistics and Records can and should assist in the arrangement of the record forms so as to facilitate tabulation and analysis and it should be his or her perogative to question the usefulness of each item which is proposed as part of the form.

(7) THAT A KEY PUNCH OPERATOR BE EMPLOYED TO DEVELOP PUNCH CARD RECORDS AND THAT AN EFFORT BE MADE TO CONTRACT WITH ANOTHER GOVERNMENTAL AGENCY FOR THE MECHANICAL TABULATION OF ITS PUNCH CARD RECORDS.

ACCIDENTS

Data relative to rates have been omitted from this report because of the inability to present the information completely and accurately for the area as a whole. However, in reviewing deaths in San Diego City, it is clearly evident that accidents constitute one of the most important causes of death, probably the third or fourth most important cause. Home accidents, as is true in most areas (in spite of the large number and exceptional amount of publicity given to automobile accidents) account for the greatest number of deaths.

Until compartively recently, it was only the occasional Health Department which took any real and active interest in accident prevention. Today Health Departments throughout the country are realizing that they can and should work with other agencies such as school and Police Departments and Safety Councils in developing a coordinated year around program of accident prevention. They further realize that they can and should play an important role in the development of that part of the program which has to do with home accident prevention.

It is, therefore, recommended:

(1) THAT THE DEPARTMENT OF HEALTH WORK IN CLOSE COOPERATION WITH OTHER AGENCIES SUCH AS THE SCHOOL AND POLICE DEPARTMENTS AND SAFETY COUNCILS IN DEVELOPING A COORDINATED YEAR AROUND PROGRAM OF ACCIDENT PREVENTION AND THAT THE DEPARTMENT OF HEALTH GIVE SPECIAL ATTENTION TO HOME ACCIDENT PREVENTION.*

* Helpful suggestions will be found in the reports of the sub-committee on Accident Prevention of the Committee on Administrative Practice of the American Public Health Association, Doctor Donald B. Armstrong, Chairman.
The American Public Health Association, 1790 Broadway, New York 19, New York.

PUBLIC HEALTH LABORATORIES

Laboratory services for both the city and county are provided by contract with a private laboratory administered by a well qualified, experienced pathologist. The service is also subsidized in that a portion of the equipment is owned by the city.

The expenditures for this service were as follows:

City	$11,300.00
County	9,000.00
Total	$20,300.00

This represents 3.8 per cent of the county budget, 4.5 per cent of the city, and 4.1 per cent of the total. It represents a per capita expenditure of 3.8 cents for the city and county combined.

The table attached presents a statistical report of most of the services performed in 1945. There seems little question that the work is satisfactory, but the laboratory is not used as extensively as it should be, nor probably as it would be, if it were not for the limitations inherent in the contract method. Any significant expension of laboratory services, as for instance mass blood surveys (see Venereal Disease Control) or further extension of laboratory methods in food control, and milk and water supervision, would require additional laboratory facilities.

In order to provide adequate laboratory services for all activities of the Health Department, it is, therefore, recommended:

(1) THAT A DIVISION OF LABORATORIES BE ESTABLISHED WITH A WELL QUALIFIED DIRECTOR WITH SPECIAL TRAINING IN PUBLIC HEALTH LABORATORY PROCEDURES. (This is already contemplated.

The Poultry and Livestock Laboratory should be closely integrated with this division in the use of basic equipment and personnel, but

must because of its special problems and techniques, maintain autonomy on a sectional basis.

LABORATORY REPORT 1945
Selected Items

	City	County	Total
Diphtheria	4,625	2,670	7,295
Tuberculosis (sputum)	150	4	154
Typhoid (Widal)	29	5	34
Typhoid (stools)	36	17	53
Syphilis (Wassermann)	12,635	185	12,820
Gonorrhea (smear)	5,172	21	5,193
Gonorrhea (culture)	4,808	235	5,043
Rabies	22	17	39
Water, bacteriological	1,335	852	2,187
Milk, bacteriological	2,046	775	2,821
Cream, bacteriological	88	60	148
Urinalysis	444	10	454
Spinal fluid (Wassermann)	386	2	388
Typhus fever	7	5	12
Undulant fever	54	14	68
TOTAL	31,837	4,872	36,709
	86.7%	13.3%	

This is not a complete report, but only major selected items.

HEALTH EDUCATION

There is at present no person in either the county or city departments who is especially trained in health education, nor who is responsible for this basic public health function per se.

All staff members have carried on health education activities, of course, and should always do so. A few examples will show the opportunities of a trained health educator in addition to those discussed in the Maternal and Child Health and Public Health Nursing sections. Staff meetings have been relatively few and devoted largely to administration. The annual report is fragmentary and chiefly a statistical report of uninterpreted activities; in-service training has been spasmodic.

Of much greater importance, however, is the lack of a vigorous, well directed community health education program. In the long run public health progress depends upon three major factors:

(a) A sufficient number of professional people (principally physicians, dentists, and nurses) who are willing and trained to give adequate preventive medical and health protection and health promotion services to all the people.

(b) A universal understanding on the part of the people of the community of what health protection and health promotion services they can and should have for themselves and their families; an understanding and appreciation sufficiently strong to motivate them to seek the services from those professionally trained to render them.

(c) Adequate protection of those environmental factors over which the individual has little or no control, such as water supply, sewage disposal, housing including plumbing and milk and other foods and food products.

The greatest failure--and therefore the greatest need--is in providing health education for the people as a whole. What is needed is an educational program of such coverage and of such content as will result in the majority of people accepting and seeking those health protection and health promotion services which they need and ought to have for themselves and their families.

It is, therefore, recommended:

(1) THAT A DIVISION OF HEALTH EDUCATION BE ESTABLISHED, DIRECTED BY A COMPETENT PERSON WITH FORMAL TRAINING IN THIS FIELD. (See Major Recommendation No. 11, page 15).

One of the important functions of the health educator, as soon as she is secured, would be to plan a county-wide educational program to achieve the establishment of a Health District as outlined in Major Recommendation No. 1.

PREVENTIVE MEDICAL SERVICES

The Bureau of Preventive Medical Services, in accordance with the proposed Organization Chart, would consist of the Division of Disease Control, with sections on the Acute Communicable Diseases, Tuberculosis, and Venereal Disease, with the opportunity of addition, if indicated, other sections, such as Cancer, Heart Disease, etc.; Maternal and Child Health, including Nutrition, Public Health Dentistry, Public Health Nursing, Mental Health, and Adult Health including Industrial Hygiene. It may not be possible to add these latter two divisions in the immediate future, but they certainly should be considered in future planning.

DISEASE CONTROL

The Division of Disease Control, rather than communicable disease, is recommended in order to make possible the future inclusion in its activities of other diseases or conditions, such as Cancer, Heart Disease, diabetes, Appendicitis, etc.

At present there is a Venereal Disease Control service functioning for both county and city and a Tuberculosis Control Service, serving both city and county, is to become a Health Department function in the immediate future.

There is no division for the Control of the Acute Communicable Diseases nor any overall division concerned with the whole field of disease control and prevention.

Measures for the control of the acute communicable diseases (scarlet fever, diphtheria, typhoid fever, infantile paralysis, measles, whooping cough, etc.) are, with the exception of vaccination and immunization against such diseases as diphtheria, whooping cough and smallpox (which are carried on by or under the supervision of physi-

cians in the department) provided largely by the city and county Divisions of Public Health Nursing. While it is true that public health nurses have available the consultant medical services of the Director, the Assistant Director, and the Director of Maternal and Child Health, these services are actually used very sparingly and there is no continuous medical planning and supervision of the program. More medical diagnostic service would seem to be highly desirable. There is no overall medically directed epidemilogic service for the entire, large and important field of disease control and prevention.

While it has previously been recommended that placarding and visiting of chickenpox cases be discontinued, it would nevertheless seem advisable that cases of chickenpox in adults be visited by a physician from the Health Department to determine differential diagnosis between chickenpox and smallpox. Only in the event of the local prevalence of smallpox would it seem necessary to check or confirm the diagnosis of chickenpox in children.

Nothing in the preceding statements should be construed as a criticism of the public health nurses, or their programs, for they have certainly been martyrs. The point to be stressed is that they have not had the continuous medical assistance and guidance which they ought, and have a right, to expect.

The planning and supervision of the entire disease control and prevention program is a basically important function of any Health Department. It should be directed by a physician of broad training and experience. The present imbalance of program with its waste of public health nursing time in fruitless efforts to control the so-called minor communicable diseases would have been far less likely to occur if the program had had the continuous thinking and guidance of a trained

epidemiologist.

The present Assistant Director of Health has had long and exceptionally broad experience in communicable disease control and might very likely be the person to place in charge of this important division of Disease Control. He might function both as the Director of the overall division and also be in direct charge of the section on the Acute communicable Diseases.

In future program development, greater efforts should be made to have infants protected against such diseases as diphtheria, smallpox, and whooping cough, before they have reached a year of age. The Medical Advisory Committee on Maternal and Child Health should prove very helpful in furthering such a program. If all medical societies would adopt--and practice--the slogan "Every Child Protected Against Diphtheria, Smallpox, and Whooping Cough Before He Reaches his First Birthday", the incidence of these diseases could be reduced to almost zero.

If a child has been protected against whooping cough and perhaps two years later is definitely exposed to the disease, the desirability of giving a booster dose should be considered.

The Department of Health Education of the San Diego public schools should be made responsible for communicable disease control including vaccination and immunization in the city public school system. (See also section on Public Health Nursing.)

It is recommended:

(1) THAT A DIVISION OF DISEASE CONTROL BE ESTABLISHED AND THAT IT BE DIRECTED BY A PHYSICIAN WITH BROAD EXPERIENCE IN COMMUNICABLE DISEASE CONTROL. SUCH PERSON MIGHT ALSO BE IN DIRECT CHARGE OF THE SECTION ON THE ACUTE COMMUNICABLE DISEASES.

(2) THAT THE FUTURE PROGRAM OF COMMUNICABLE DISEASE CONTROL ADOPT

THE COMMUNICABLE DISEASE RECOMMENDATIONS OF THE AMERICAN PUBLIC HEALTH ASSOCIATION* WHICH HAVE ALSO BEEN ADOPTED BY THE U. S. PUBLIC HEALTH SERVICE.

(3) THAT THE DEPARTMENT OF HEALTH DISCONTINUE ITS PRESENT PRACTICES WITH RESPECT TO MEASLES, GERMAN MEASLES, CHICKENPOX, MUMPS, AND WHOOPING COUGH IN ACCORDANCE WITH MAJOR RECOMMENDATIONS 6, 7, AND 8 ON PAGES 12 AND 13.

(4) THAT THE DEPARTMENT OF HEALTH, WORKING IN CLOSE COOPERATION WITH THE MEDICAL ADVISORY COMMITTEE ON MATERNAL AND CHILD HEALTH, ENDEAVOR TO DEVELOP A PROGRAM TO BRING ABOUT A HIGHER INCIDENCE OF PROTECTION OF CHILDREN UNDER ONE YEAR OF AGE AGAINST SUCH DISEASES AS DIPHTHERIA, WHOOPING COUGH, AND SMALLPOX.

(5) THAT COMMUNICABLE DISEASE CONTROL IN THE CITY PUBLIC SCHOOLS, INCLUDING SUCH PROGRAM OF VACCINATION AND IMMUNIZATION AS MAY SEEM DESIRABLE, BE MADE A RESPONSIBILITY OF THE DEPARTMENT OF HEALTH EDUCATION OF THE SAN DIEGO PUBLIC SCHOOLS.

* Control of Communicable Diseases, Sixth Edition, 1945, American Public Health Association, 1790 Broadway, New York. 19, New York.

TUBERCULOSIS CONTROL

Tuberculosis control measures were formerly carried on chiefly by San Diego Tuberculosis Association and Rest Haven. These measures included a diagnostic clinic, limited nursing followup and education. The County Hospital, however, has for years furnished hospitalization and pneumothorax refills through its Tuberculosis Division, The Vauclain Home, and a diagnostic clinic through its out-patient facilities. The Health Department confined its efforts in the past to public health nursing followup and maintaining the morbidity file.

Recently the old San Diego Tuberculosis Association and Rest Haven abandoned its clinic and educational activities and will henceforth only operate Rest Haven. This institution was previously a preventorium but is now a convalescent hospital. It should be noted that the clinic as formerly operated was an eleemosynary institution and only patients receiving public assistance or found to be unable to pay a physician were admitted.

Since May 1946, the new San Diego County Tuberculosis and Health Association, Inc., has operated the above-mentioned diagnostic clinic. This association has a young, well trained director and is at present forming its Board of Directors and establishing its program. This agency has been designated the official Seal Sale agency for the county by the California State Tuberculosis and Health Association and the National Tuberculosis Association.

After July 1, 1946, the Health Department will assume its proper responsibility for the control of tuberculosis in the city and county. It will operate a diagnostic clinic to replace the one mentioned above. At present the same quarters will be used. It will develop a complete tuberculosis control program. All public health nursing

service will be furnished by this department.

It is gratifying to note that the new Tuberculosis and Health Association and the Health Department are collaborating closely in developing a complete program and are endeavoring to define their respective responsibilities and functions.

At the present time it is not possible to effectively evaluate the program as currently conducted due to the lack of a tuberculosis register and of any one agency being responsible for a complete program in the area.

Case finding can usually be used as an index of a program. The ratio of the number of cases to deaths due to this disease over the past five years has an average of 2.3 cases per death. Good practice should result in at least three cases per death and twenty-five representative communities have found better than five cases per death.[1]

An analysis of fifty random cases reported in the City of San Diego during 1945 showed only eight per cent to be in the minimal stage whereas good practice usually results in finding at least thirty-five per cent in this favorable stage.[2]

Although most reported cases were promptly hospitalized, there were in June 1946 at least sixty cases at home who should have been in the hospital.

In order that this serious and costly disease be adequately controlled and that all modern weapons available for its control be mobilized, it is recommended:

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1 See Health Practice Indices, American Public Health Association 1945, page 24
2 Ibid, page 20

(1) THAT A TUBERCULOSIS CONTROLLER RESPONSIBLE FOR THE DEVELOPMENT OF A TOTAL, INTEGRATED PROGRAM BE APPOINTED ON THE STAFF OF THE HEALTH DEPARTMENT. (This is already contemplated).

(2) THAT 200 ADDITIONAL BEDS BE PROVIDED AT VAUCLAIN HOME. (This has already been recommended by the Hospital Board and is under consideration by the County Commissioners).

(3) THAT THE SAN DIEGO COUNTY TUBERCULOSIS AND HEALTH ASSOCIATION, INC., BE REQUESTED TO ESTABLISH A MODERN, COMPLETE COMPREHENSIVE TUBERCULOSIS REGISTER, MAINTENANCE OF WHICH WILL ULTIMATELY DEVOLVE UPON THE HEALTH DEPARTMENT.

(4) THAT THE TECHNIQUES OF MASS X-RAY SURVEYS BE APPLIED AS RAPIDLY AND EXTENSIVELY AS POSSIBLE.

This should be closely allied with the Venereal Disease case finding program.

(5) THAT THE PROBLEMS OF REHABILITATION OF THE TUBERCULOUS AND THE PROVIDING OF ECONOMIC AND SOCIAL SECURITY FOR FAMILIES OF PATIENTS BE STUDIED AND PROGRAMS FOR THEIR SOLUTIONS DEVELOPED BY THE SAN DIEGO COUNTY TUBERCULOSIS AND HEALTH ASSOCIATION, INC.

All agencies in this and allied fields should be utilized in coordinating and developing these important and often neglected aspects of the total tuberculosis control program.

VENEREAL DISEASE CONTROL

The Division of Venereal Disease Control is an old and active division. It was considerably expanded during the war and essentially the same program is being continued. It serves both county and city.

The personnel of the division includes:

1 Director (vacant--has been U. S. P. H. S. "lend-lease")

3 Medical officers 1 F.T. 2P.T. (2 federal U. S. P. H. S. funds and one on local funds)

3 Male investigators (federal funds) (one vacant)

3 Public Health nurses (2 on federal funds, 1 local)

1 Assistant Public Health nurse (local funds)

3 Typist clerks (one is a stenographer) (federal funds)

14 TOTAL

Appropriations, 1945-1946, for this division were approximately $35,130.00, of which $23,240.00 or 66 per cent, were supplied by the state and federal governments, and $11,890.00 by the City of San Diego. This is 7.2 per cent of the total budget of the city and county and 6.6 cents per capita. This figure does not include drug costs and hospitalization through the rapid treatment facilities.

A clinic is operated daily except Saturday at the Civic Center and a daily diagnostic clinic is conducted at the City Jail. Provisions for the "rapid treatment" of syphilis are by means of twenty beds in the communicable disease division of the County Hospital. Patients are admitted to the latter facility on the basis of medical and public health need by the health officer. The average stay in the hospital at the present time is about ten days. Cases with involvement of the central nervous system remain longer. About

twenty-five per cent of the cases treated at the hospital are primary and secondary syphilis. The remainder are primarily cases of early latent and central nervous system syphilis. The limited number of beds makes the careful selection of patients imperative. The Health Department pays the County Hospital $6.50 per day for these patients' care and furnishes the drugs.

Gonorrhea is treated at the Civic Center Clinic and some syphilis is treated there by the ordinary long term type of therapy. The case load in May was 693, of whom 157 were cases of early syphilis. Many of the latter could be more effectively and more cheaply treated at the hospital if adequate beds were available.

Case finding consists primarily of contact tracing and investigation of suspects. The former are of two sources, those contacts reported by the military authorities, presumed to be source contacts of cases among military personnel, and those source and spread contacts obtained from clinic patients. Because of lack of information, delay in securing data, and other reasons, only approximately 50 per cent of these contacts are located. The percentage does not differ significantly whether of military or clinic origin. Approximately 40 per cent of those located are found to be infected. The investigation of suspects particularly those referred by premarital and prenatal examinations is a notably efficient case finding method. Nearly as many cases of syphilis are found by this method as by contact tracing. It deserves close attention.

Data cannot be secured to evaluate the contact tracing of the clinic per se. It is impossible at present to relate contacts to index cases. Data available did not indicate that an average of more than one contact per case was being reported, particularly in syphilis control and there is considerable doubt that the average

is that high. Good practice should reveal at least one and one half contacts per case and the staff available seems adequate to expect this.

Case holding is primarily done by two public health nurses and appears to be effective. It should be noted however that this phase of Venereal Disease Control is rapidly becoming less of a problem as cases of syphilis are hospitalized and gonorrhea treated by newer methods. Much more time should now be availble for case finding.

On the whole the program is too greatly reliant on state or rather federal funds.

The Venereal Disease Control Program is well organized and directed. Its chief weaknesses are in case finding and the fact that the records do not permit an entirely satisfactory evaluation. It is therefore recommended:

(1) THAT TEN ADDITIONAL HOSPITAL BEDS BE PROVIDED FOR THE TREATMENT OF SYPHILIS.

(2) THAT AN INTENSIVE CASE FINDING PROGRAM BY MASS BLOOD TESTING SURVEYS OF WELL SELECTED GROUPS BE INSTITUTED.

This will unquestionably require additional laboratory facilities (see Laboratory Report).

The type of survey should be closely linked with the Tuberculosis control program (see Tuberculosis Report).

(3) THAT CLINICS IN OTHER AREAS OF THE COUNTY BE ESTABLISHED ON THE BASIS OF EPIDEMIOLOGIC STUDIES. (One is already planned for the Oceanside Health Center).

(4) THAT THE RECORDS OF THE DIVISION OF VENEREAL DISEASE CONTROL BE KEPT IN SUCH MANNER THAT CONTACTS CAN BE RELATED TO THE CASES WITH WHICH THEY ARE ASSOCIATED AS A NECESSARY MEANS OF ..

EVALUATING EPIDEMIOLOGIC EFFORTS.

(5) THAT EVERY EFFORT BE MADE TO PROVIDE SUBSTANTIALLY GREATER FINANCIAL PARTICIPATION IN TERMS OF LOCAL TAX FUNDS.

MATERNAL AND CHILD HEALTH

The Division of Maternal and Child Health is a single division serving both city and county. This statement, however, is a bit misleading in that for public health nursing follow-up, which is so essential to any program of maternal and child health, the division has to rely on two Divisions of Public Health Nursing. The situation is further complicated by the so called contract system which not infrequently results in an unequal distribution of service.

The personnel of the Division of Maternal and Child Health consists of the Director (a full-time, well qualified pediatrician), the half-time services of a second pediatrician, two public health nurses, a nutritionist, and one other person designated as a Milk Station Attendant, who however functions as a conference attendant and interpreter. This makes a total of 8.5. The county pays half the salary of the Director, the salary of the half-time pediatrician who is the Assistant Director, the salary of the nutritionist, and the salary of one stenographer-clerk. One stenographer-clerk and one typist clerk are charged to the E. M. I. C. (Emergency Maternal and Infant Care) program. The city pays half the salary of the Director, the salaries of two public health nurses and the salary of the improperly designated Milk Station Attendant.

The two public health nurses, while charged to the budget of the Division of Maternal and Child Health, are actually in the City Division of Public Health Nursing and function as generalized public health nurses in the same manner as do other members of that division.

Appropriations for the Division of Maternal and Child Health, for 1945-1946, total $29,284.00 of which $16,470.00 is in the county budget and $12,814.00 in the city budget. Actually the county,

through local tax funds is furnishing but $9,770.00 and the remainder $6,700.00 is state and federal funds (U. S. Children's Bureau). The city is contributing $12,814.00 toward Maternal and Child Health or 3.5 cents per capita. County funds represent an expenditure of 5.7 cents per capita. Local tax funds, county and city, appropriated for Maternal and Child Health amount to 4.2 cents per capita. The appropriations mentioned do not include the E. M. I. C. (Emergency Maternal and Infant Care) program, the bills for which are paid directly by the State Department of Public Health with funds supplied to it by the U. S. Children's Bureau.

The program of the Division of Maternal and Child Health embraces the fields of maternal, infant, and preschool and school health. In common with all other divisions of maternal and child health a very considerable proportion of its efforts have of necessity been devoted to the E. M. I. C. program which is the program providing prenatal, delivery, post-natal and infant care for wives and children of enlisted men below a certain grade, roughly the equivalent of a top sergeant.

The program is well administered and as well planned as could be expected under the circumstances. The circumstances include the facts that, (a) the Director is so burdened with routine functions that she has insufficient time for planning and supervision, (b) the public health nursing program has been so largely devoted to wasteful effort in so-called minor communicable disease control that other more important services such as maternal, infant, preschool and school health services have suffered, (c) the contract system has made it necessary to render service on the basis of the contract rather than on the basis of public health needs, (d) the practitioners of medicine

have not, with a few notable exceptions, used the public health nursing educational services which could be of such real help to them, and (e) the lack of accurate comprehensive knowledge as to the extent to which people seek and obtain adequate prenatal, post-natal, infant, and preschool medical service in various areas of the city and county have made it impossible to place emphasis in areas of known public health problems.

The present medical personnel, one and one-half, is insufficient to carry on comprehensive a program as is needed. If the Director is sufficiently relieved of routine functions so that she will have, as she should have, time for planning and supervision, the need for additional medical service is even more imperative. The services of at least three half-time physicians, if possible pediatricians, are needed. In seeking and selecting such physicians, two possibilities would seem to be feasible. One would be to secure the services of one or more women pediatricians for whom a half-time position would be satisfactory and would satisfy her desire with respect to medical practice--in short a well trained woman pediatrician without a private practice for whom a half-time position would be sufficient. Such a person might well be expected to stay with the division for quite a long time and to render continually satisfactory service in that the work of the position would not be competing with the interests of a private practice. The other would be to select one or more young well trained pediatricians who were endeavoring to establish themselves in the community. For such persons the job would be important, it would be of great help to them and they would have both the time and the interest to do a good job. Such persons should be employed for not over two or three years. When such pediatricians' private practice

has grown to the point where he has less and less time and interest to give to his half-time position, he should be replaced by another young pediatrician who is just starting his local practice. There is an additional indirect but nevertheless important benefit to this plan and that is that it results in introducing into the private practice of the community at least a few physicians who have had first hand contact with a public health program and have developed an understanding of its aims and objectives.

It is indeed gratifying to note that a Medical Advisory Committee on Maternal and Child Health is being developed by the San Diego County Medical Society. Such a committee can and should be of great assistance to the Director of Maternal and Child Health in developing an adequate program in this basically important field. Such committee should endeavor to obtain such information as will answer, with reasonable accuracy, the question to what extent to people seek and secure adequate prenatal, obstetrical, post-natal, infant, and pre-school medical services, both for the area as a whole and for specific communities within the area. Upon such information an intelligent and meaningful program can be developed. The Advisory Committee on Maternal and Child Health can and should review critically but constructively all maternal and infant deaths and should whenever possible hold personal conferences with physicians having such deaths.

The importance of the activities of this Medical Advisory Committee on Maternal and Child Health in clearly defining problems and in developing an integrated program between the private practitioners of medicine and the Health Department can hardly be overemphasized.

The school health service program is carried on in the City of San Diego by the Health Education Department of the Board of Education

for the public schools and by the City Health Department for the parochial schools.

The Health Education Department of the city public school system is capably administered by a particularly well trained person, a physician with special training in health education. In addition to the Director, the staff includes two half-time medical assistants, a public health nursing supervisor, and 37 public health nurses, two half-time dentists, three dental hygienists, two half-time dental assistants and a secretary, making a total of 49 persons. The public health nurses work approximately nine and one-half months. Translating this personnel into terms of full-time service, the total would be the equivalent of 38.1 full-time people. Appropriations for the 1945-1946 totalled $127,410.00. Of this amount $73,971.00 is charged to the elementary school budget and $53,439.00 to the high school budget. Of the total appropriation approximately 81.7 per cent goes into public health nursing, 9.5 per cent into medical service, and 8.8 per cent into dental service. Total appropriations represent an expenditure of 35.2 cents per capita. The cost per pupil (based on a school enrollment of 39,840) is about $3.20; for high schools $3.54 per pupil and for elementary schools $2.99 per pupil.

While no real study of the public school department of Health Education has been made, its program is well and favorably known and there seems no doubt but that it is superior to the average school health service program. The program includes as one of its important services, individualized health counseling and effectively emphasizes the educational opportunities of health services. It covers the entire field of school health except communicable disease control and

vaccination and immunization which are carried largely by the City Health Department. The program is fairly expensive and would probably prove too expensive if an attempt were made to duplicate it in smaller or rural school districts. In differentiation from many other school health programs, the San Diego city school program includes a considerable amount of home guidance and health education service for not only the school child, but also for other members of the family. In the development of the county school health service program, an effort should be made to incorporate as much of the educational emphasis (as exemplified in the San Diego city schools Department of Health Education) as can be equitably included in relation to the funds and personnel available.

The city public school educational system has a Department of Guidance which provides an exceptionally comprehensive and well developed program of guidance for public school children in San Diego city including psychiatric, psychological, medical social work, vocational guidance, and visiting teacher services.

Unfortunately no such service is available for the county or for other groups in the city. There would seem to be a real need for developing some such program for the county and other groups in the city.

The newly developed plan for school health service in the parochial schools is excellent and if it can be put into effect should result in a marked improvement in this service.

The county school health service program has been very briefly discussed, together with certain recommendations relative thereto, in the forepart of this report (see page 6, 7 and pages 12 through 16). One important point which was not brought out in the aforementioned

discussion is the desirability of bringing the teacher more actively into the school health service program. Every teacher should be instructed as to how to recognize the signs and symptoms of beginning sickness and the procedures to be followed when they appear. Each teacher should observe her students daily carefully enough to suspect when they are in need of medical examination or other professional attention. In addition to everyday observation, the classroom teacher should also be prepared to give some screening inspections including tests for vision and hearing and to supervise the weighing and measuring of children. It is axiomatic that health instruction in elementary grades is the classroom teacher's responsibility.

Such a program of teacher participation cannot and should not be expected to function by merely requesting the teacher to do these things. The teacher has more than she can do and to expect this participation as an addition to her already overburdened schedule would be nothing short of criminal. The teacher can be expected to participate in the manner suggested only if the administrators--principals, superintendents, and the County Superintendent's office--make time for it by taking a few minutes from some other activity or activities.

The public health nurse should not give classroom instruction in elementary grades. As previously stated, health instruction in elementary grades is the classroom teacher's responsibility, moreover, with few exceptions, the public health nurse is not trained in pedagogy. Isn't it just as illogical to expect the public health nurse to teach classes of young children as it would be to expect the teacher to do public health nursing? She--the public health nurse--can and should be of help to the teacher in furnishing infor-

mation and source material and can, on occasion assist the teacher in some project, but she should not be made responsible for any classroom instruction in the elementary grades. The public health nurse may, if qualified, and if it does not take too great a portion of her time, teach occasional special courses such as Home Hygiene and the Care of the Sick in high schools.

In developing its plans and policies for a school health service program the County School Health Service Coordinating Committee will find a very useful general guide in "Suggested School Health Policies".*

The nurses in the county school health program would of course be members of the Health Department and would be responsible to that Department, but while in the school, they would, in keeping with the policies established by the Coordinating Committee, be responsible to the principal of the school.

There has been some discussion concerning the use of a public health nurse as an attendance officer. The use of a public health nurse as an attendance officer is a definite misuse of professional time. The nurse can and should follow-up on absentees known or suspected to be absent because of unexplained illness, but the nurse should not be given a list of absentees until it has been screened for known or suspected illness by a non-professional person in the educational system.

The licensing of maternity hospitals has in the past provided an educational entree which has been used very effectively by the

* Suggested School Health - Second Edition revised by the National Committee on School Health Policies of the National Conference for Cooperation in Health Education. Health Education Council, New York and Minneapolis - 1945.

San Diego Division of Maternal and Child Health acting as agents for the State Department of Public Health. It is disappointing to learn that the last licenses issued were sent by mail from the state thus the educational entree which in the past had proved so useful.

NUTRITION

There is a well trained, experienced nutritionist in the Division of Maternal and Child Health. She is properly serving primarily as a consultant in this field to the staffs of the Health Department and the schools. She attends prenatal and child health conferences and works with individual mothers. This activity is planned as a demonstration and as a teaching device to improve the nutritional activities of the public health nurses and it is very important that this be so since one nutritionist cannot reach a significant group of people on an individual basis. Much more of long term value can be done by the further extension of in-service training of nurses, school teachers, etc., and the development of such projects as the school lunch program. It is essential that the maximum integration be achieved with the many agencies and persons working in this field and the Nutrition Committee can be most effective in this task.

In order to meet the needs in the field of Maternal and Child Health, it is recommended:

(1) THAT THE DIRECTOR OF MATERNAL AND CHILD HEALTH BE SO RELIEVED OF ROUTINE FUNCTIONS AS TO PERMIT SUFFICIENT TIME FOR PLANNING AND SUPERVISION.

As a necessary correlary to the above, it is recommended:

(2) THAT THE DIVISION OF MATERNAL AND CHILD HEALTH EMPLOY THREE ADDITIONAL HALF-TIME PHYSICIANS PREFERABLY PEDIATRICIANS IN ORDER TO INSURE A MORE COMPREHENSIVE PROGRAM IN THE FIELDS OF MATERNAL, INFANT, AND PRESCHOOL AND SCHOOL HEALTH.

(3) THAT THE PROGRAM OF MATERNAL, INFANT, AND PRESCHOOL HEALTH BE DEVELOPED IN CLOSE COOPERATION WITH THE MEDICAL ADVISORY COMMITTEE ON MATERNAL AND CHILD HEALTH OF THE SAN DIEGO COUNTY MEDICAL SOCIETY.

(4) THAT THE PROGRAM OF SCHOOL HEALTH SERVICE BE PLANNED IN ACCORDANCE WITH THE RECOMMENDATIONS OF THE COUNTY SCHOOL HEALTH SERVICE COORDINATING COMMITTEE.

(See Major Recommendations 9, page 13).

(5) THAT THE SO-CALLED CONTRACT SYSTEM BE ABOLISHED AS SOON AS POSSIBLE IN ORDER THAT PUBLIC HEALTH PROGRAMS MAY BE DEVELOPED IN ACCORDANCE WITH HEALTH NEEDS RATHER THAN ON THE BASIS OF A CONTRACT.

(6) THAT, AS SOON AS THE PUBLIC HEALTH NURSING SERVICE CAN BE READJUSTED IN ACCORDANCE WITH MAJOR RECOMMENDATIONS 6 and 7, PAGE 12, MORE ATTENTION BE DEVOTED TO PRENATAL, INFANT, AND PRESCHOOL SERVICES.

(7) THAT, THE MEDICAL ADVISORY COMMITTEE ON MATERNAL AND CHILD HEALTH OF THE SAN DIEGO COUNTY MEDICAL SOCIETY, WITH THE COOPERATION OF THE DIVISION OF MATERNAL AND CHILD HEALTH, ENDEAVOR

TO SECURE SUCH INFORMATION AS WILL CLEARLY DEFINE PROBLEMS IN THIS FIELD AS A NECESSARY BASIS FOR EFFECTIVE PROGRAM PLANNING.

(8) THAT THE MEDICAL ADVISORY COMMITTEE ON MATERNAL AND CHILD HEALTH CAREFULLY REVIEW ALL MATERNAL AND INFANT DEATHS AND WHENEVER FEASIBLE HOLD PERSONAL CONFERENCES WITH THE PHYSICIANS INVOLVED.

(9) THAT THE MEDICAL ADVISORY COMMITTEE ON MATERNAL AND CHILD HEALTH SEEK SUCH PARTICIPATION IN THE PROGRAMS OF THE COUNTY MEDICAL SOCIETY AS WILL BRING ABOUT A MORE WIDESPREAD UNDERSTANDING OF THE PROBLEMS IN THIS FIELD AND THE SERVICES WHICH ARE AVAILABLE OR SHOULD BE PROVIDED FOR THEIR SOLUTION.

(10) THAT THE STATE DEPARTMENT OF PUBLIC HEALTH REESTABLISH ITS COOPERATIVE RELATIONSHIP WITH THE DIVISION OF MATERNAL AND CHILD HEALTH OF THE SAN DIEGO HEALTH DEPARTMENT IN PERMITTING THAT DIVISION TO USE THE IMPORTANT AND EFFECTIVE EDUCATIONAL ENTREE WHICH IS PROVIDED BY THE LICENSING OF MATERNITY HOSPITALS.

(11) THAT THE COUNTY SCHOOL HEALTH SERVICE COORDINATING COMMITTEE ON MATERNAL AND CHILD HEALTH STUDY THE FEASIBILITY OF, AND IF POSSIBLE, PLAN FOR, DEVELOPING A PSYCHIATRIC, PSYCHOLOGICAL GUIDANCE PROGRAM FOR THE COUNTY AS A WHOLE INCLUDING, IF POSSIBLE, THOSE GROUPS IN THE CITY WHICH ARE NOT NOW REACHED BY THE GUIDANCE DEPARTMENT OF THE BOARD OF EDUCATION.

PUBLIC HEALTH DENTISTRY

Public health dentistry is provided in the county through the Health Department. In the city it is provided for school children through the Department of Health Education of the Board of Education. No service is availabe for the city parochial schools or for others than school age children.

The personnel of this division consists of:

2 dentists

1 dental hygienist (vacant)

There are now two equipped trailers in operation.

The budget for dentistry is $11,052.00 which is 4.6 per cent of the total county budget or 6.5 cents per capita.

The program is in the developmental stage and consists at present of inspections, prophylaxis, and corrections of all major dental caries in selected schools with a view of ultimately providing care for all county schools without regard to the age of the child. It seems obvious that the limited staff available cannot expect to adequately accomplish this worthwhile objective because of the volume of work to be done. It will undoubtedly be found necessary to estimate the number of children who can receive good care with the personnel available and to select that number carefully on the basis of providing the maximum of dental protection according to the well established principles of preventive dentistry. These principles are based on the premise that an important function of public health dentistry is to demonstrate and teach that early, adequate dental care plus the application of the principles of dental hygiene, including regular visits to dentists, will result in good dental health. It is reasonable to expect that lessons will be actively applied and that better dental care will be the re-

sult. Particular attention to young children and the extension of services to preschool children and prenatals therefore may well be considered.

In order to secure the maximum results in this important and huge field, it is recommended:

THAT THE PROGRAM BE OPERATED UNDER A CAREFULLY DEVELOPED, WRITTEN PLAN APPLYING ALL THE TECHNIQUES OF PREVENTIVE DENTISTRY, ALLOWING FOR CONTINUOUS EVALUATION, AND CAREFULLY INTEGRATED WITH THE NUTRITION, SCHOOL HEALTH, MATERNAL AND CHILD HEALTH AND OTHER PROGRAMS.

PUBLIC HEALTH NURSING

There are two divisions of Public Health Nursing: one for the county, and one for the city.

The following table gives the personnel in the Divisions of Public Health Nursing in the County and City Health Departments and in the Health Education Department of the San Diego city public schools:

Public Health Nursing Personnel

	Sup	PHN	Asst PHN	Total Nurses	Clerical	Total
County Health Department	2	17[1]	11	30	2	32
City Health Department	1	10[2]	8	19	2	21
Total Health Departments	3	27	19	49	4	53
City Board of Education	1	37		38	1	39
GRAND TOTAL	4	64	19	87	5	92

Sup. - Supervisor
PHN - Public Health Nurse

1 Includes three paid in whole or in part by state or federal funds

2 Three do only venereal disease work (two paid by state or federal and one by local funds).

2 One devotes full-time to tuberculosis and another spends over half-time on tuberculosis.

2 Two are charged to the Maternal and Child Health Budget but do generalized nursing. All county nurses are on a generalized program. Altogether 13.5 of the city's 18 field nurses carry a generalized program.

The assistant public health nurses, of which there are eleven in the county and eight in the city, are graduate, registered nurses who, however, have not as yet qualified as public health nurses. Most of them are either practically ready for qualification or well on the way to qualifying. A few, but very few, have made no effort to qualify.

The classification of assistant public health nurse is unfortunate

and to some extent misleading. It would seem that a more appropriate classification would be trainee and that the trainee be given a maximum time in which to qualify as a public health nurse.

The following table gives the average population per public health field nurse (public health nurses and assistant public health nurses but exclusive of supervisors).

Population per Public Health Nurse

County Health Department	6,070		
City Health Department	20,110		
Combined Health Departments	11,565		
City Board of Education	9,784[1]	12,483[2]	1,374[3]
City Health Department and Board of Education	6,582[1]	7,702[2]	

1 These figures include the total number of 37 field nurses in the Board of Education.

2 This figure takes into consideration the fact that nurses in the school department work an average of 9.5 months thus reducing the number of nurses to the full-time equivalent of 29.

3 This figure represents the average number of public school pupils per public health school nurse.

It is estimated that there should be a very minimum of one public health nurse (exclusive of bedside care) to each 5,000 of population. Neither the county or city meet this minimum standard but it is evident that the county comes somewhat nearer to it than does the city.

Appropriations, or approximate appropriations, for public health nursing in the County and City Health Departments and in the City Board of Education, for 1945-1946, are given in the following table:

Public Health Nursing Appropriations*

	Amount	Cents per Cap.	State or Fed. Funds	Net Tax Funds	Net per Cap.
County Health Department	$ 99,745	58.7	$ 9,000	$ 90,745	53.4
City Health Department	42,352	11.7	2,760	39,592	10.9
Both Health Departments	142,097	26.7	11,760	130,337	24.5
City Board of Education[1]	104,000	28.7		104,000	28.7
City Health Department and Board of Education	146,352	40.4		143,592	39.7

* Based on populations of 362,000 for the city, 170,000 for the county and 532,000 for both.

1 Estimated on the basis of the per cent which nursing salaries represent of total salaries in the Health Department of the city Board of Education.

The table on the following page shows the public health nursing services in the San Diego County and City Health Departments during the past year--1945. In considering this table one should bear in mind that it involves only admissions to service and field visits; it does not include conferences, group instruction, meetings, etc.

The table practically tells its own story. Several significant facts are clearly evident:

(a) There is a very great waste of public health nursing time on the so-called minor communicable diseases. This is true of both city and county but is most pronounced in the city.

(b) Both services are poorly balanced but the city is the greatest offender.

(c) The specialization of venereal disease followup service is evident. (The work of the specialized venereal disease personnel is not shown in this table.)

PUBLIC HEALTH NURSING SERVICES--SAN DIEGO COUNTY AND CITY HEALTH DEPARTMENTS 1945

SERVICES	Admissions to Service		Field Visits		Visits per Admission		Per cent of Field Visits	
	County	City	County	City	County	City	County	City
Acute Communicable Diseases	5,374	12,546	11,781	32,943	2.2	2.6	19.0	70.8
Tuberculosis	463	433	2,797	2,604	6.0	5.6	4.5	5.6
Venereal Diseases	10		65		6.5		.1	
Maternity	247	224	505	304	2.0	1.4	.8	.7
Infant and Preschool	3,187	9,018	10,200	10,485	3.2	1.2	16.3	22.5
Schools	15,048	1,655	28,907	194	1.9	.1	46.4	.4
Adult Hygiene	629		5,178		8.2		8.3	
Morbidity Service	196		810		4.1		1.3	
Crippled Children	69		466		6.8		.7	
Dog Bite Investigations			1,611				2.6	
TOTALS	25,223	23,876	62,320	46,530			100.0	100.0
							Total	Com. Dis.
Acute Communicable Diseases	6,450[1]	10,643[2]	11,781	32,943	2.2	2.6	County / City	County / City
Measles	1,828	3,627	3,278	10,987	1.8	3.0	5.3 / 23.6	27.8 / 33.4
Chickenpox	2,299	3,433	3,815	11,574	1.7	3.4	6.1 / 24.8	32.4 / 35.1
German Measles	555	1,383	779	3,520	1.4	2.5	1.3 / 7.6	6.6 / 10.7
Mumps	905	902	1,633	3,431	1.8	3.8	2.6 / 7.2	13.9 / 10.4
Whooping Cough	471	715	974	1,899	2.1	2.7	1.6 / 4.1	8.3 / 5.8
TOTAL So-called Minor Diseases	6,058	10,060	10,479	31,411	1.7	3.1	16.9 / 67.3	89.0 / 95.4
Diphtheria Cases and Carriers	34	158	258	713	7.6	4.5	.4 / 1.5	2.2 / 2.2
Scarlet Fever	349	373	984	741	2.8	2.0	1.6 / 1.6	8.4 / 2.2
Typhoid and Paratyphoid	3	6	10	20	3.3	3.3	/ .3	.1 /
Poliomyelitis and Epidemic Meningitis	6	46	45	52	7.5	1.1	.1 / .1	.3 / .2
Rocky Mt. Spotted Fever				2				
Food Poisoning				3				
Trichinosis			1					
Rheumatic Fever			1					
Undulant Fever			3					
TOTALS	6,450	10,643	11,781	32,942			19.0 / 70.8	100.0 / 100.0

1 The 6,450 represents the total cases of these diseases as reported to the Health Department. The fact that Admissions to Service--totalling 5,374--is less would seem to indicate that some cases came to attention so late as not to be "Admitted to Service"--in short, the case was already recovered before it became known.

2 The 10,643 represents the total cases of these diseases reported to the Health Department. The fact that this figure is less than the Admissions to Service--12,546--is apparently accounted for by the fact that a considerable number of Admissions to Service were found not to have the diseases in question.

These discrepancies would indicate that the county and city have different methods of "Admissions to Service" which differences should be reconciled.

(d) Nursing services in relation to maternal, infant, and pre-school problems are low in both city and county and maternity services are extraordinarily low, one might almost say disgracefully low in relation to the importance of the problem.

(e) School health services in the county seem to be higher than the total health problems of the area would warrant. This is, of course, due to the contract system.

(f) Dog bite investigations, as carried on by the public health nurses in the county, is a most unusual activity for a public health nurse. While we realize that this assignment was probably made on the basis of there being more public health nurses than sanitarians, and would, therefore, to some extent reduce travel, nevertheless we believe that this is a more appropriate function for the sanitarians and should probably be transferred to them.

While not shown in the table, it is interesting to note that the 14* field nurses in the city made a total of 46,530 field visits or and average of 3,324 visits per nurse; the 28 field nurses in the county made 62,320 visits or an average of 2,226 visits per nurse.

Both groups of nurses are making an average number of visits which is in excess of what a nurse can be expected to do and still do a good job. The greater average number of visits per nurse in the city is probably due to three factors: (a) the greater number of so-called minor communicable diseases discovered in the city (it will be noted that we did not say greater incidence).

(b) The lesser amount of travel incident to city visiting, and,

(c) The much smaller volume of school service provided in the city.

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* Although 18 field nurses are charged to the City Health Department, four of them are doing specialized services which leaves only 14 generalized field nurses whose visits are included in the table.

There seems no doubt but that all nurses are making more calls than they can reasonably be expected to make, if a satisfactory service is to be provided, but many of the calls, the majority in the city, are in our opinion, unnecessary.

The following table is self-explanatory and again illustrates the imbalance of nursing services.

Estimated Distribution of Nursing Time*

	Travel	Acute Communicable Diseases	Tuberculosis	Venereal Diseases	Assisting				Prenatal Field Nursing	Inf. Preschool Field Nursing	Time in School	Dog bite	Total	No. of nurses Reporting
					In School		Conferences							
					Help Dr.	Vacc.	Prenat.	Inf. & Pre.						
City	16.2	30.0[1]	10.0[2]	0.0		5.0	5.0[3]	19.1	1.4[4]	9.8	4.3[5]		100.0	13
County	13.3	16.1	3.3	0.4	4.1	3.3	1.0	4.8	1.7	4.1	46.6	1.3	100.0	24

1 The range on this item is 0 to 50%, with six nurses spending more than 50% on this.

2 Tuberculosis nursing done by two nurses only who devote 75% and 55% of their time on this.

3 Only four nurses participate in prenatal conferences.

4 Only seven nurses do prenatal nursing of whom one devotes 10% of her time to it.

5 Only seven nurses report school activities.

* This is not based on an accurate time study but on the estimates of each nurse reporting.

Time in school is in addition to the time devoted to assisting the physician in physical examinations and in vaccinations and immunizations. Thus the city nurses, according to their estimates, spend an average of 9.3 per cent of their time in schools, while the county nurses average 54 per cent of their time in schools. City nurses

spend an average of 6.4 per cent of time on maternal health services and the county nurses spend only 2.7 per cent of their time on maternal health services.

The two divisions of Public Health Nursing have somewhat different record systems and apparently (as pointed out in a footnote of the preceding table) they have different methods of "Admission to Service". It would seem wise for the two divisions to reconcile these differences.

At present telephone calls reporting known or suspected cases of communicable disease are taken on slips of paper and then referred to the nurse in whose district the case or suspected case resides. It is possible that such slips of paper may occasionally be lost before they reach the nurses for whom they are intended. The possibility of taking such records, such telephone calls, directly onto a triplicating machine might well be investigated. Such method would provide a legal record, for the nurse, for the files, and for the Director of Disease Control (a newly recommended position).

There is a decided lack of clerical assistance for the divisions of Public Health Nursing. There are only four such persons in both divisions, two in each. At least two more stenographer-clerks should be added to the combined divisions.

An in-service training program is a very real need, not only for the department as a whole, but particularly for the divisions of Public Health Nursing. The combined divisions should have a nursing educational Director to help plan this program.

Such a program, always valuable in any agency, is especially important now with the large number of assistant public health nurses included in the present staff (see also section on Maternal and Child

Health).

Attention has already been called (see section on Maternal and Child Health) to the fact that public health nurses ought not to be made responsible for classroom teaching in elementary grades.

Attention has also been called to the need for completely readjusting the nursing case load by eliminating a very large number of visits to the so-called minor communicable diseases (see Major Recommendations 6, 7, and 8, pages 12 and 13) and for developing more maternal, infant and preschool services (see section on Maternal and Child Health.)

The reader who is specifically interested in public health nursing is advised also to read the section on Maternal and Child Health since it contains much of real interest and concern to public health nursing.

Again in the section on Maternal and Child Health in discussing school health service, it was pointed out that the program of the Department of Health Education of the San Diego public schools covered the entire field of school health except for communicable disease control and vaccination and immunization which services are carried largely by the City Health Department. It is greatly to be hoped that satisfactory arrangements can be made between the Department of Health and Department of Health Education of the city schools by which the city school nurse would assume the same responsibility for communicable disease control, including release or return to school after isolation, for all city public school pupils as is now assumed by the City Health Department nurse. In accordance with such an agreement the City Health Department nurse who first discovered or came in contact with a case of communicable disease in a city public school

pupil would report such case to the Department of Health Education of the city schools and that department, probably through its school nurse would take complete responsibility for the case from that point on. Cases, of city public school pupils, first discovered or contacted by the school nurse should, of course, be reported to the Health Department but the school nurse would continue to handle the case and the family.

If vaccination and immunization are required in the city public schools (which services except for booster doses of pertussis and toxoid or diptussis and five year checks on smallpox vaccinations, ought not to be necessary if an effective job has been done in the preschool group) it would seem that the Department of Health Education of the city schools should assume that responsibility.

In order to bring into focus the suggestions which have been made with respect to public health nursing, it is recommended:

(1) THAT THE PUBLIC HEALTH NURSING PROGRAM OF BOTH COUNTY AND CITY HEALTH DEPARTMENTS BE REVAMPED, PRINCIPALLY BY ELIMINATING A LARGE NUMBER OF UNNECESSARY CALLS TO CASES OF SO-CALLED MINOR COMMUNICABLE DISEASES. (In accordance with Major Recommendations 6, 7, and 8, pages 12 and 13).

As a corollary to the above, it is recommended:

(2) THAT, IN THE READJUSTMENT OF PUBLIC HEALTH NURSING CASE LOADS, EVERY EFFORT BE MADE TO BRING ABOUT A BETTER BALANCED PROGRAM, BASED ON HEALTH NEEDS, WITH GREATER EMPHASIS ON MATERNAL, INFANT AND PRESCHOOL SERVICES, PARTICULARLY MATERNITY SERVICE.

(3) THAT THE COUNTY SCHOOL HEALTH SERVICE PROGRAM BE PLANNED IN ACCORDANCE WITH THE RECOMMENDATIONS OF THE PROPOSED COUNTY SCHOOL HEALTH SERVICE COORDINATING COMMITTEE (SEE MAJOR RECOMMENDATION 9,

PAGE 13) AND THAT THE PROGRAM FOR PAROCHIAL SCHOOLS, AS ALREADY PLANNED BE PUT INTO EFFECT AS SOON AS POSSIBLE.

(4) THAT EVERY EFFORT BE MADE TO COMPLETELY GENERALIZE THE PUBLIC HEALTH NURSING PROGRAM. WHILE SPECIALISTS IN CERTAIN FIELDS SUCH AS TUBERCULOSIS, VENEREAL DISEASE, SCHOOL HEALTH SERVICE, ETC., MAY WELL BE INCLUDED IN THE PUBLIC HEALTH NURSING STAFF THEY SHOULD BE USED AS CONSULTANTS RATHER THAN TO RENDER DIRECT SPECIALIZED SERVICES.

(5) THAT AN IN-SERVICE TRAINING PROGRAM FOR ALL PUBLIC HEALTH NURSES BE INSTITUTED AND THAT A WELL TRAINED NURSING EDUCATIONAL DIRECTOR BE EMPLOYED TO ASSIST IN DEVELOPING SUCH A PROGRAM.

(6) THAT DOG BITE INVESTIGATIONS BE TRANSFERRED FROM THE COUNTY PUBLIC HEALTH NURSES TO THE COUNTY SANITARIANS.

(7) THAT THE DIVISIONS OF PUBLIC HEALTH NURSING RECONCILE THEIR DIFFERENCES IN RECORD KEEPING AND IN METHODS OF ADMISSION TO SERVICE.

(8) THAT THE DESIRABILITY OF RECORDING COMMUNICABLE DISEASE REPORTS ON A TRIPLICATING MACHINE BE INVESTIGATED.

In order to put into effect Major Recommendation 8, page 13, concerning public health nursing visits to cases of measles and whooping cough with very young child contacts, it will obviously be necessary to obtain information, at the time the report is made, as to the ages of familial contacts.

Because of the waste of public health nursing time which results from an insufficient amount of clerical assistance, it is recommended:

(9) THAT AT LEAST TWO MORE STENOGRAPHER-CLERKS BE ADDED TO THE PUBLIC HEALTH NURSING STAFF.

(10) THAT PUBLIC HEALTH NURSES BE EXPECTED TO ASSIST TEACHERS IN SUPPLYING INFORMATION AND SOURCE MATERIAL FOR HEALTH INSTRUCTION BUT THEY SHOULD NOT BE MADE RESPONSIBLE FOR CLASSROOM INSTRUCTION IN THE

ELEMENTARY GRADES.

(11) THAT COMMUNICABLE DISEASE CONTROL IN THE CITY PUBLIC SCHOOLS, INCLUDING SUCH PROGRAM OF VACCINATION AND IMMUNIZATION AS MAY SEEM DESIRABLE, BE MADE A RESPONSIBILITY OF THE DEPARTMENT OF HEALTH EDUCATION OF THE SAN DIEGO PUBLIC SCHOOLS.

If we take into consideration all of the public health nurses in the three official health agencies of the area--the County and City Health Departments and the Health Education Department of the San Diego City Board of Education--but placing them on a full-time basis, there is a total of 75 field nurses (46 in the two Health Departments and the equivalent of 29 full-time nurses in the Board of Education) or one nurse per each 7,093 of population. The very minimum standard for public health nurses, exclusive of bedside care, is one nurse per each 5,000 of population. This means then that San Diego County and City needs at least 106 public health nurses, exclusive of bedside care, or 31 more than the area now has.

As a means of attaining this basically important goal, it is recommended:

(12) THAT AN IMMEDIATE EFFORT BE MADE TO EMPLOY FOR THE COMBINED CITY-COUNTY HEALTH DEPARTMENT AT LEAST TEN ADDITIONAL QUALIFIED PUBLIC HEALTH NURSES AND THAT EACH YEAR THEREAFTER AT LEAST FOUR OR FIVE MORE NURSES BE ADDED UNTIL THE GOAL OF 31 ADDITIONAL NURSES HAS BEEN REACHED.

MENTAL HEALTH

Mental health, always recognized as an important problem, has become even more important during the war and now. Every modern Health Department should either establish its own division of Mental Health or seek the development of adequate mental health services through some other agency or agencies.

As previously pointed out, the San Diego City schools have a Department of Guidance with an excellent, and much more adequately developed program than is to be found in most school systems. Its program serves well the pupils of the city's public schools but is limited to them.

No mental health or guidance services are available to the county as a whole or to other groups in the City of San Diego.

While, as previously pointed out, it may not be possible to establish the proposed Division of Mental Health in the immediate future, its establishment should certainly be included in future planning.

Steps toward the development of mental health or guidance services may well be taken immediately in accordance with the recommendation made in the section on Maternal and Child Health. We repeat, it is recommended:

(1) THAT THE COUNTY SCHOOL HEALTH SERVICE COORDINATING COMMITTEE ON MATERNAL AND CHILD HEALTH STUDY THE FEASIBILITY OF, AND IF POSSIBLE PLAN FOR, DEVELOPING A PSYCHIATRIC, PSYCHOLOGICAL GUIDANCE PROGRAM FOR THE COUNTY AS A WHOLE INCLUDING, IF POSSIBLE, THOSE GROUPS IN SAN DIEGO CITY WHICH ARE NOT NOW REACHED BY THE GUIDANCE DEPARTMENT OF THE BOARD OF EDUCATION.

ADULT HEALTH INCLUDING INDUSTRIAL HYGIENE

At present the Department of Health has neither a Division of Adult Health or Industrial Hygiene, nor personnel specially qualified in this field. Some service in the field of industrial hygiene is available through the Bureau of Adult Health and Industrial Hygiene of the State Department of Health, but this service is necessarily quite limited.

While it may not be possible to institute this Division of Adult Health including Industrial Hygiene, in the immediate future, with the certainty that this area will continue as an important industrial area, its eventual establishment would seem essential to effective health protection.

When established this division should use the industrial hygiene services which it renders as an effective approach to the development of a broad program of adult health for industrial workers and their families.

ENVIRONMENTAL SANITATION

The Bureau of Environmental Sanitation would, as recommended in the proposed Organization Chart, consist of the Divisions of Public Health Engineering, Food and Sanitation, including a section on Rodent and Mosquito Control, Meat and Dairy Inspection, and Plumbing.

At present the functions in the field of environmental sanitation are carried on by two Divisions of Sanitation (one for the city and one for the county), two Divisions of Food and Market Inspection, and two Divisions of Meat and Dairy Inspection. The city Bureau of Sanitation also has a subdivision in charge of Rodent and Mosquito Control. A Poultry and Livestock Laboratory is planned, but is not as yet in operation. There is also a City Dog Pound.

PUBLIC HEALTH ENGINEERING

Neither Department of Health has a public health engineer or a Division of Public Health Engineering. With the rapid development of San Diego--both city and county--into a metropolitan industrial area with all its inherent public health engineering problems in relation to water supplies and sewerage disposal, to industry, to the potential dangers of cross connections, and to pasteurization processes, it is, as already pointed out, nothing short of fool hardy to be without the services of a trained public health engineer.

It is, therefore, recommended:

(1) THAT THE DEPARTMENT OF HEALTH (RECOMMENDED TO BE THE SAN DIEGO LOCAL HEALTH DISTRICT) ESTABLISH A DIVISION OF PUBLIC HEALTH ENGINEERING WITH A WELL TRAINED AND EXPERIENCED PUBLIC HEALTH ENGINEER, PAID A DECENT SALARY, AS ITS DIRECTOR. SUCH PUBLIC HEALTH ENGINEER SHOULD ALSO BE THE DIRECTOR OF THE BUREAU OF ENVIRONMENTAL SANITATION.

This division would, of course, concern itself specifically with

problems of water supplies, sewerage disposal, cross connections, pasteurization processes, swimming pool construction and operation, etc. Its consultant services should be available to all other divisions in the department.

SANITATION, HOUSING, AND PLUMBING

In the San Diego City and County Health Departments there are two Divisions of Sanitation, one for the city, the other serving the county. In broad terms, the work of each of these divisions concerns itself with housing, plumbing, and sanitary inspections.

The person in charge of sanitation in the city is known as the Director of the Bureau of Sanitation and Housing; while the person in charge in the county is known as the Chief of the Division of Sanitation. The difference in classification and terminology appears to be due to the fact that the Director of Sanitation in the city also has general supervision over the entire field of environmental sanitation and in addition carries considerable general administrative responsibility for the entire department--as far as the city is concerned--particularly for fiscal affairs, purchasing, and personnel. The Director of Sanitation for the county has no duties other than those relating to the supervision of his own division.

The personnel in the county and city are given in the following table:

Divisions of Sanitation

Personnel

	County	City	Total
Directors*	1	1	2
Inspectors*	5[1]	8[2]	13
Stenographers	1	1	2
Typists		1	1
Total	7	11	18
Per cent Personnel[3]	11.0	13.0	12.1
Population[4] per Person (Total)	24,286	32,900	29,556
Population[4] per Field Inspector	34,000	45,250	40,923

* All are registered sanitarians, both Directors are also licensed plumbers.

1 Four of these are also plumbers.

2 All of these are also plumbers, thus making a total of 14 licensed plumbers.

3 Per cent of total personnel in the county, city, and combined Health Departments.

4 Based on the following populations: City, 362,000; county, 170,000; total, 532,000.

Appropriations for 1945-1946

	County	City	Total
	$25,584.00	$37,670.00	$63,254.00
Per cent of Total[1]	10.8	15.0	13.0
Per Capita[2]	15.0	10.4	11.9

1 Per cent of total gross appropriations for the county, city, and combined Health Departments.

2 Per capita in cents based on populations given in footnote 4 above.

Appropriations and Estimated Income

	County	City	Total
Appropriations 1945-1946	$25,584.00	$37,670.00	$63,254.00
Income 1945	12,138.00[1]	11,037.00[2]	23,175.00
Net Cost in Taxes	13,446.00	26,633.00	40,079.00
Per Capita Net Cost (in cents)	7.9	7.4	7.6

1 Includes the following fees: Plumbing $11,116.75, Barber Shops and Beauty Parlors $295.00, Camps $255.00, Housing $185.00, Pool and Billiards $80.00, Miscellaneous $206.25; total $12,138.00.

2 This includes plumbing, cesspools and septic tanks, plumbing examinations, and gas permits.

Of the fifteen registered sanitarians, (including the Directors of the two divisions), fourteen of whom are also licensed plumbers, at least five have had curricular courses in public health.

The preceding table probably needs some comment. Although it

would appear that the relationship between inspectors and population is a little better in the county than in the city; as a matter of fact the situation is probably more favorable in the city than in the county because of the far greater amount of travel involved in the county program.

On the basis of gross appropriations, it would seem that the county was spending more per capita on its program of sanitation than the city, but when we consider income the net tax funds expended for the two services are not far apart.

The following table gives a partial, but only a partial, listing of the various inspectorial services performed by the two Divisions of Sanitation in 1945. This table is presented not for the purpose of making any specific comparisons between the county and city, but rather to indicate that there are some differences in emphasis and that there are two independent methods of record keeping that might well be reconciled.

Both Directors of sanitation have been particularly helpful in supplying detailed information concerning the activities of their divisions.

Plumbing ordinances for this area, both city and county, are unusually comprehensive and detailed.

SANITATION INSPECTIONS 1945

(This is not a complete, only a partial, report)

	County			City			Total		
	No. of Units	No. of Insps.	Insps. per Unit	No. of Units	No. of Insps.	Insps per Unit	No. of Units	No. of Insps.	Insps. per Unit
Hotels and Apts	53	54	1.0	1794	2338	1.3	1847	2392	1.3
Auto Court and Camp Grounds	60	159	2.7	122	117	0.9	182	276	1.5
Barber Shops	60	68	1.1	235	465	2.0	295	533	1.8
Beauty Parlors	65	66	1.0	269	499	1.8	334	565	1.7
Children's Summer Camps	11	38	3.5				11	38	3.5
Homes for the Aged	64	60	0.9				64	60	0.9
Homes for Children	573	693	1.2				573	693	1.2
Picnic Grounds	8	19	2.4				8	19	2.4
Pool Halls	22	27	1.2				22	27	1.2
SUB-TOTAL	916	1184	1.3	2420	3419	1.4	3336	4603	1.4
Plumbing		3427			6263			9690	
Gas		362			2484			2846	
Septic Tanks and Cess Pools		1884			635			2519	
Dwellings		8753[1]						8753	
Schools		8						8	
Sanitary and Misc.		3690[2]			7635[2]			11325	
SUB-TOTAL		18124			17017			35141	
GRAND TOTAL	916	19308		2420	20436		3336	39744	

1 Frequently inspected for "rough in" plumbing but also includes general inspection of the dwelling.

2 Largely complaints but includes some survey work.

FOOD SANITATION

There are two Divisions of Food Sanitation: one for the county and one for the city. The personnel of these divisions is given in the following table:

	County	City	Total
Directors*	1	1	2
Food and Market Inspectors*	3[1]	8[3]	11
Sanitarian*	1[2]		1
General Clerk		1	1
TOTALS	5	10	15
Per cent of Total Personnel[4]	7.8	11.8	10.1
Population per Person	34,000	36,200	35,467
Population per Inspector[5]	42,500	40,223	40,923

* All are registered sanitarians.

1 This includes one Food and Market Inspector who, however, actually works in the County Division of Meat and Dairies.

2 The Sanitarian is paid with state or federal funds.

3 One of these men devotes most of his time to food handler education. There is an additional Food and Market Inspector charged to the budget of the City Food Division who actually works as a lay meat and dairy inspector in the City Meat and Dairy Division.

4 Per cent which personnel in this division represents of total personnel in the County, City, and combined Health Departments.

5 This means that for each inspector in this division there are 42,500 people in the county, 40,223 in the city, and 40,923 in the entire area. The directors are included. See Note 1.

APPROPRIATIONS FOR FOOD DIVISIONS 1945-1946

	County	City	Total
	$17,160.00[1]	$31,263.00	$48,423.00
Per cent of Total[2]	7.3	12.4	9.9
Per Capita[3]	10.1	8.6	9.1
Appropriation less State Funds	14,520.00	31,263.00	45,783.00
Income 1945	4,215.00		4,215.00
Net Cost in Local Tax Funds	10,305.00	31,263.00	41,568.00
Net Per Capita Local Tax Funds	6.1	8.6	7.8

1 Includes $2,640.00 of state or federal funds.

2 Per cent of total gross appropriations for County, City and combined Health Departments.

3 Per capita in cents based on populations of, for the city 362,000, county 170,000, and combined 532,000.

The foregoing table indicates that, in terms of net tax funds, the city supplies somewhat more, both in terms of personnel and funds, than does the county for food sanitation. This is to be expected because of the far greater concentration of food establishments in the city.

FOOD SANITATION INSPECTIONS 1945

	County			City			Total		
	No. of Units	No. of Insps.	Insps. per Unit	No. of Units	No. of Insps.	Insps. per Unit	No. of Units	No. of Insps.	Insps. per Unit
Restaurants	442	2866	6.5	955	9316	9.8	1397	12182	8.7
Soda Fountains				120	1759	14.6	120	1759	14.6
Groceries	390	1568		544	2570	4.7			
Meat Markets		1258	7.2	335	2113	6.3	1269	7509	5.9
Fruit Stands	104	841	8.1	283	1885	6.6	387	2726	7.0
Bakeries	46	175	3.8	78	677	8.7	124	852	6.9
Cafeterias	26	79	3.0				26	79	3.0
Confectionaries	63	123	2.0	288	787	2.7	351	910	2.6
Mfg of Food	75	130	1.7	81	467	5.8	156	597	3.8
Poultry and Rabbit Slaughter	41	300	7.3				41	300	7.3
Liquor Stores	43	229	5.3	186	765	4.1	229	994	4.3
Pool Halls				43	229	5.3	43	229	5.3
SUB-TOTAL	1230	7569	6.2	2913	20568	7.1	4143	28137	6.8
Concessions		102						102	
Miscellaneous					791			791	
Food-Auto		125			162			287	
SUB-TOTAL Units Unknown		227			953			1180	
GRAND TOTAL		7796			21521			29317	

This table is presented, as was the one on sanitation, not so much to make comparisons between city and county, as to again call attention to some differences in terminology and record keeping that might well be reconciled. For example, it would seem wise for the county to use the category soda fountains since they seem to be particularly important.

This table is worth studying to determine whether emphases are being adequately adjusted to the relative importance of the various problems involved. For example, it seems probable that the number of inspections per liquor store (4.3) and per meat market (5.9 for the city) is too nearly alike. Possibly two inspections per liquor store and eight or nine per meat market would be more in keeping with the relative importance of the public health significance of these two types of establishments.

It is gratifying to note that courses of instruction for food handlers are being offered, on a voluntary attendance basis, for food handlers in the city. This activity is generally conceded to have far greater value in protecting the consumer of food than do physical examinations of food handlers. These courses should be continued and be further developed to include the county. In the future, consideration should be given to the possibility of requiring attendance in such courses in order to obtain a food-handler working permit.

MOSQUITO AND RODENT CONTROL

Recently Mosquito and Rodent Control has been set up as a separate division with a qualified person in charge. He is a registered sanitarian. While a separate division, it is under the general supervision of the Director of the City Bureau of Sanitation. While the division functions in the city only, the inspectorial personnel in the county carry on limited activities in the field of Rodent and Mosquito Control. Rodent Control is in charge of a registered sanitarian and has five skilled laborers and a general clerk as its personnel, a total of seven. Its appropriation totals $15,468.00. Personnel represents 8.4 per cent of total City Health Department personnel and 4.7 per cent of the personnel of the combined Health Departments. Its appropriation represents 6.1 per cent of city appropriations and 3.2 per cent of the combined gross appropriations. The Rodent Control budget of $15,468.00 amounts to 4.3 cents per capita based on a city population of 362,000.

Mosquito Control has a crew leader and five laborers making a total of six. Its personnel represents 7.1 per cent of City Health Department personnel or 4.0 per cent of total personnel. The appropriation for Mosquito Control is $12,000.00 or 4.8 per cent of the City Health Department budget. This amounts to 3.3 cents per capita for the city population of 362,000. Mosquito Control actually functions largely in cooperation with the Division of Operations on a subsidy basis.

While effectively planned, the program, particularly in Rodent Control, lacks sufficient personnel to follow through on maintenance which is fundamental to any permanently successful rodent control program. For this reason, in order to insure follow-up on main-

tenance, it seems essential that the work of this division be closely associated with another division having more adequate personnel, probably the newly recommended Division of Food and Sanitation.

It is recommended:

(1) THAT THE DIVISION OF RODENT AND MOSQUITO CONTROL BE A SUBDIVISION OF THE RECOMMENDED DIVISION OF FOOD AND SANITATION IN ORDER THAT THE PERSONNEL OF THAT DIVISION MAY CARRY ON THE ESSENTIAL FOLLOW-UP ON MAINTENANCE.

MEAT AND DAIRY SUPERVISION

There are two Meat and Dairy Divisions serving San Diego City and County. The City Division is in charge of the Chief of the Meat and Dairy Division, the County Division is in charge of the County Veterinarian.

The personnel of the Meat and Dairy Divisions is as follows:

	County	City	Total
Directors (Veterinarians)	1	1	2
Veterinary Meat and Dairy Inspectors	6	1	7
Lay Meat and Dairy Inspectors	2[1]	1[2]	3
TOTALS	9	3	12
Per cent Personnel[4]	14.0	3.6	8.7
Population per Inspector[5]	18,889	120,667	44,334

1 These are lay dairy inspectors one of whom is carried in the budget as a Food and Market Inspector in the County Food Division.

2 He is a lay meat inspector (doing meat processing plant inspection and some milk sampling) who is carried in the budget as a Food and Market Inspector in the City Food Division.

3 Stenographic service is furnished by personnel charged to other divisions.

4 Per cent which personnel in this division represents of total personnel in the County, City and combined Health Departments.

5 Population per inspector including the Director.

APPROPRIATIONS FOR MEAT AND DAIRY DIVISIONS 1945-1946

	County	City	Total
	$34,385.00	$12,876.00	$46,261.00
Per cent of Total[1]	14.5	5.1	9.7
Per capita[2]	20.2	3.6	8.9
Income[3]	1,931.00[4]	616.00[5]	2,547.00
Net Cost in Taxes	32,454.00	12,260.00	44,714.00
Net per Capita (cents)	19.1	3.4	8.4

1 Per cent of total gross appropriations for the County, City and combined Health Departments.

2 Per capita in cents based on populations of, for the city 362,000, county 170,000, and combined 532,000.

3 Based on 1945 income.

4 Includes Dairies $740.00, Garbage and Hogs $1,090.00, Slaughter Houses $50.00, and Rabies Vaccinations $51.00; total $1,931.00

5 Includes Rabies Vaccinations $616.00

MEAT AND DAIRY DIVISION INSPECTIONS 1945

	County		City	
	No.of Units	No.of Insps.	No.of Units	No.of Insps.
Dairies	141	1,080	19	697
Pasteurization Plants	2	?	13	687
Ice Cream Factories			5	191
Dairy Wagons			450	1,296
Slaughter Houses	7	478		
Meat Processing Plants	2	332	9	3,128
Tamale Factories			4[1]	1,117
Meat Markets				171
Public Markets				294
Dog Kennels			6	55
Veterinary Hospitals			6	34
Aviaries			5	22
City Pound			1	196
Hog Ranches	49	318		
Garbage Haulers	49	335		

This table is presented to show the difference in types of work undertaken by the two divisions and perhaps also to raise the question as to whether it is necessary, from the standpoint of public health protection, to provide as intensive an inspection service as is now provided for meat processing plants.

As previously stated, the County Division of Meat and Dairies is directed by the County Veterinarian; in the city, by the Chief

1 There are only two now, but there was an average of four in 1945.

of the Division of Meat and Dairies. While the work of the inspectors in the field of the two divisions, is in general similar, there are marked differences in the responsibilities of the two directors as indicated in the following table:

Estimates of Time Devoted to Major Activities by the Directors of the Two Meat and Dairy Divisions:

	County	City
Dairies	30 per cent	60 per cent
Meat	20 per cent	20 per cent
Rabies Control, Psitticosis, etc.	10 per cent	20 per cent
C. D. Control in Livestock	20 per cent	
Garbage Feeding Control	20 per cent	
TOTAL	100 per cent	100 per cent

The County Veterinarian has as one of his principal duties, the control of communicable disease in livestock and it is this function together with garbage feeding control (which is in large measure concerned with disease control) that makes the difference in the work of the two directors.

There are also some significant differences in the problems between the city and the county such as:

The city has more pasteurization plants and more meat processing plants while the county has more dairies and has the slaughter houses. The county also has the garbage feeding hog ranches and the problem of private water supplies and a larger number of private excreta disposal facilities.

In the two divisions of Meat and Dairy Inspection there are nine veterinarians (including the directors), seven in the county, and two in the city. With the veterinarians in charge of the to be established Poultry and Livestock Laboratory, this makes a total

of ten veterinarians for the two departments.

Without attempting to either defend of condemn the situation, it is interesting to note that these two departments have a total of ten veterinarians and fourteen plumbers, the greatest number of representative of these two professional groups which your surveyor has ever seen in any health jurisdiction area of similar size.

While the work of the County Veterinarian's office is undoubtedly important and of real significance, there is some question as to how much of it is a proper function of a health department since many of the diseases with which this office rightfully concerns itself are not transmissible to man.

POULTRY AND LIVESTOCK LABORATORY

The Poultry and Livestock Laboratory is apparently to be a County Health Department function and has an appropriation of $7,344.00 or 4.3 cents per capita based on a county population of 170,000. Its personnel consists, or is to consist of two, a veterinary pathologist and a laboratory technician. The veterinary pathologist has been here for about a year but the laboratory is not operating because no suitable space for it has, as yet, been found.

THE CITY DOG POUND

The Dog Pound is a city institution which for some reason has been placed in the Health Department. Its personnel consists of a Poundmaster, an Assistant Poundmaster, a Kennelman, a Truck Driver, two Laborers, and an Assistant Clerk, making a total of seven. Personnel represents 8.3 per cent of total City Health Department personnel.

Appropriations for the City Dog Pound, for 1945-1946, totalled $18,596.00 or 5.1 cents per capita. City Pound fees, in 1945, amounted to $806.50, which would reduce the net local tax cost to $17,789.50, or 4.9 cents per capita.

While accepted as a governmental function the administration of a dog pound is not normally considered an appropriate function of a modern Health Department. The Health Department should, of course, have the right to make such rules and regulations concerning the conduct of the Dog Pound as would seem likely to be helpful in the control of rabies, but beyond this, it should not be concerned with its day to day administration.

It is recommended:

(1) THAT THE ADMINISTRATION OF THE DOG POUND BE TRANSFERRED TO SOME OTHER DEPARTMENT, BUT THAT THE DEPARTMENT OF HEALTH MAINTAIN THE RIGHT TO MAKE SUCH RULES AND REGULATIONS CONCERNING ITS CONDUCT AS WOULD SEEM LIKELY TO BE HELPFUL IN THE CONTROL OF RABIES.

SUMMARY OF ENVIRONMENTAL SANITATION

The field of environmental sanitation is covered in the County of San Diego by four divisions, those of Sanitation, Meat and Dairies, the Poultry and Livestock Laboratory, and Food Sanitation; and in the City of San Diego by five divisions, those of Sanitation, Meat and Dairies, Food Sanitation, Rodent and Mosquito Control, and the City Pound.

The major activities in environmental sanitation are somewhat more coordinated (although far from completely) in the city than they are in the county in that the Director of the Bureau of Sanitation in the city has general supervision over all the activities in the field of enviromental sanitation. This is not true in the county.

The following tables attempt to summarize the personnel, appropriations, income and per capita costs for environmental sanitation in the county, the city, and for the two together.

ENVIRONMENTAL SANITATION

Division of:	Personnel County	Personnel City	Total
Sanitation	7[1]	11[1]	18
Meat and Dairies	9[2]	3[2]	12
Poultry and Livestock Laboratory	2		2[3]
Food Sanitation	5	10	15
Rodent Control		6[4]	6
Mosquito Control		6	6
TOTALS	23	36	59[5]
Per cent of Total Personnel[6]	35.9	42.6	39.7
Population per Person	7,391	10,056	8,847
Population per Professional Person	8,095	10,647	10,038
No. of Persons Above on State or Federal Funds	1		1
City Pound		7	7
Total Personnel on Local Tax Funds	22	43	65
Population per Person on Local Tax Funds	7,727	8,372	8,185
Per cent of Total Persons on Local Tax Funds	34.4	50.9	43.8

1 Personnel includes five plumbers in the county and nine in the city making a total of fourteen plumbers.

2 Includes in the county seven veterinarians and in the city two veterinarians.

3 Includes one veterinarian making a total of ten veterinarians for the department as a whole.

4 Includes one sanitarian

5 Includes six clerical persons.

6 Per cent which total personnel in environmental sanitation represents of total personnel in the County, City and combined Health Departments.

APPROPRIATIONS FOR ENVIRONMENTAL SANITATION 1945-1946

Division of:	County	City	Total
Sanitation	$25,584.00	$37,670.00	$63,254.00
Meat and Dairies	34,385.00	12,876.00	47,261.00
Poultry and Livestock Laboratory	7,344.00		7,344.00
Food Sanitation	17,160.00	31,263.00	48,423.00
Rodent Control		15,468.00	15,468.00
Mosquito Control		12,000.00	12,000.00
City Pound		18,596.00	18,596.00
TOTALS	$84,473.00	$127,873.00	$212,346.00
Per cent of Total Gross Appropriations	35.7	50.8	43.5
Per Capita	49.6	35.3	39.9
Income 1945	18,284.00	12,459.00	30,743.00
Net Cost in Taxes	66,189.00	115,414.00	181,603.00
Net per Capita	38.9	31.9	34.1
State or Federal Funds	2,640.00		2,640.00
Net Cost in Local Tax Funds	63,549.00	115,414.00	178,963.00
Net Cost per Capita - Local Taxes	37.3	31.9	33.6

Personnel and gross appropriations in the city for the activities in the field of environmental sanitation represent more than half of total personnel and expenditures in the City Health Department and a little over one-third in the County Health Department.

As previously pointed out (in the section on Personnel and Expenditures), this does not necessarily mean that the city has too much personnel or is spending too much money in environmental sanitation. It does mean, however, that the distribution is out of balance and that there should be more people in other important

activities, particularly public health nursing.

On the whole, the activities in the field of environmental sanitation are well developed and capably administered. They do, however, have several weaknesses; they lack the important services of a well trained public health engineer; there is an unnecessary specialization of general educational inspectorial services; there is a lack of as effective coordination as might be brought about; records, while fairly well kept, do not focus attention as clearly as they might on points of major importance, and the program appears to emphasize some problems of relatively lesser importance and fails to emphasize others of apparently greater importance. Because of the limitations inherent in any contract system of providing laboratory service, there is an insufficient amount of laboratory work in this important field.

As a means of strengthening and more effectively coordinating the various activities in the field of environmental sanitation, it is recommended:

(1) THAT A BUREAU OF ENVIRONMENTAL SANITATION BE ESTABLISHED TO INCLUDE THE SEVERAL DIVISIONS IN THIS FIELD AND THAT IT BE PLACED IN CHARGE OF A WELL TRAINED AND EXPERIENCED PUBLIC HEALTH ENGINEER.

In order to prevent duplication and to raise the general level of educational inspectorial service, it is recommended:

(2) THAT THE PRESENT DIVISIONS OF SANITATION AND FOOD SANITATION BE COMBINED INTO A SINGLE DIVISION OF FOOD AND SANITATION AND THAT A SEPARATE DIVISION OF PLUMBING BE ESTABLISHED TO CONCERN ITSELF WITH PLUMBING INSTALLATIONS AND WITH SUCH TECHNICAL PLUMBING PROBLEMS AS MAY BE REFERRED TO IT BY THE GENERAL SANITARIANS IN THE DIVISION OF FOOD AND SANITATION AND BY OTHER PERSONNEL IN THE DEPART-

MENT.

The successful carrying out of this recommendation will involve an in-service training program for all personnel, and for some, regular curricular courses. Persons who are not now qualified to act as general sanitarians in the new Division of Food and Sanitation and who do not wish to try to qualify, may, if they are qualified plumbers and the number is not too great, be placed in the Division of Plumbing. While no major changes have been suggested for the Division of Meat and Dairy Inspection, it is to be hoped that the training of the general sanitarians in the new Division of Food and Sanitation will be such that they can and will qualify as dairy inspectors in order that there may be, in the future, greater flexibility of personnel.

As a means of focusing major attention on the major items in any given service, it is recommended:

(3) THAT RECORDS BE SO REVISED AS TO CALL STRIKING ATTENTION TO THE COMPARATIVELY FEW ITEMS OF GREATEST IMPORTANCE.

(4) THAT THE DIRECTORS OF THE SEVERAL DIVISIONS IN THE FIELD OF ENVIRONMENTAL SANITATION STUDY THEIR ACTIVITY RECORDS TO DETERMINE WHETHER PROPER EMPHASIS IS BEING PLACED ON THOSE ITEMS OF SERVICE WHICH APPEAR TO HAVE THE GREATEST PUBLIC HEALTH SIGNIFICANCE.

(5) THAT AS SOON AS THE HEALTH DEPARTMENT HAS ITS OWN LABORATORY, MORE EXTENSIVE USE BE MADE OF LABORATORY PROCEDURES. (This is already contemplated).

(6) THAT FOOD-HANDLER INSTRUCTION COURSES BE CONTINUED AND BE FURTHER DEVELOPED TO INCLUDE THE COUNTY AND THAT FUTURE CONSIDERATION BE GIVEN TO THE FEASIBILITY OF MAKING ATTENDANCE AT SUCH COURSES A REQUIREMENT FOR OBTAINING A FOOD-HANDLER WORKING PERMIT.

CLASSIFICATION AND SALARIES

A competent, well trained staff, paid salaries commensurate with their skill, training, and experience and protected by an effective merit system, including retirement, is essential to achieve effective, economical public health protection. Trained workers in this field are not numerous. Many persons were interested in preventive medicine during the war and can be given training and recruited for this service if public administrators plan well now.

The techniques of public health require training and experience in excess of those available in the routine training for physicians, nurses, engineers, veterinarians, laboratory workers, etc. They must be classified as such. Recommended title classifications and salary ranges are attached. This list is not complete but is meant to be an outline on which an accurate classification based on local needs can be built. New positions will require a careful job analysis in each instance.

It will be noted that the salary range recommended for the Director of Public Health is practically the same as that already adopted for the position of Superintendent of the County Hospital. There is no doubt but that the Health Director should receive a salary of at least as much as the Superintendent of the County Hospital.

It is encouraging to note that persons presenting superior training and experience are being offered starting salaries above the minimum.

RECOMMENDED TITLE CLASSIFICATIONS AND SALARY RANGES

	Monthly
Public Health Physician I	$375 - 450
Public Health Physician II	435 - 475
Public Health Physician III	510 - 675
Director of Public Health	668 - 833
Public Health Engineer I	300 - 375
Public Health Engineer II (Director)	360 - 460
Public Health Dentist I	360 - 460
Public Health Dentist II	425 - 550
Public Health Laboratory Technician	150 - 200
Public Health Bacteriologist	235 - 315
Public Health Bacteriologist (Director)	300 - 390
Business Manager I	250 - 300
Business Manager II	290 - 350
Graduate Nurse	160 - 185
Public Health Nurse I (Trainee)	175 - 200
Public Health Nurse II	190 - 240
Public Health Nurse III	230 - 290
Public Health Nurse IV	280 - 340
Medical Social Worker	184 - 220
Public Health Statistician I	200 - 275
Public Health Statistician II	250 - 335
Public Health Statistician III (Director)	325 - 425
Public Health Educator I	230 - 290
Public Health Educator II	280 - 340
Public Health Nutritionist	230 - 290

Sanitarian I	200 - 250
Sanitarian II	235 - 300
Sanitarian III	275 - 350
Public Health Plumber I	200 - 250
Public Health Plumber II	235 - 300
Public Health Veterinarian I	225 - 300
Public Health Veterinarian II	290 - 350
Public Health Veterinarian III	325 - 425

SUMMARY

The two most important recommendations in this report are unquestionably that the area adopt the California Local Health District law and that an especially well qualified public health administrator be appointed as the Assistant Director of Public Health.

The present health program is on the whole good. It has afforded and still affords a fairly high degree of health protection. The program, because of its two departments, involves some duplications, is somewhat more expensive than would be a single department, some services are underdeveloped, such as public health nursing, others are overdeveloped, and the program as a whole has done less to develop health promotion--optimum health--than would be possible if it included a well planned and well directed continuous year around program of health education.

If the two major recommendations referred to above can be carried out, many, if not most, of the other recommendations will eventually be effected and there is every opportunity for this area--San Diego County and City--to develop one of the best and most effective health programs in the entire country.

Since the adoption of the California Local Health District law will doubtless take some time--and a vigorous well planned program of health education--it would seem highly desirable for the county and city to agree to pool their public health resources and establish a single health department by "gentlemen's" agreement pending such time as the "gentlemen's" agreement single department can be legalized by the adoption of the aforementioned Local Health District Law.

BRIEF SUMMARY OF MAJOR RECOMMENDATIONS AND PROBABLE COSTS

1. Local Health District law (increased service and efficiency).

2. Assistant Health Officer — $7,000.00

3. Raise in salary of Director — 2,540.00

4. Relieve administrative personnel of routine functions (increased efficiency)

5. Employ 3 additional half time pediatricians at $3000 each — 9,000.00

6. Stop placarding measles, etc.) Saving nursing
7. Stop routine visiting measles, etc.) time for more important services

8. Visit selected cases of measles and whooping cough (prevent deaths)

9. Establish County School Health Coordinating Committee (better planning)

10. County Board of Education employ health coordinator, about — 6,400.00*

11. Department of Health establish Division of Health Education.

Health Education Director	3,800.00
Clerk	1,572.00
Health Education materials	1,000.00
Sub-Total	6,372.00

12. Division of Public Health Engineering.

Public Health Engineer	4,320.00
Clerk	1,572.00
Sub-Total	5,892.00

13. Educational Director of Public Health Nursing — 3,000.00
Recommendation 9, Public Health Nursing: 2 additional stenographer-clerks at $1,644.00
Recommendation 12, Public Health Nursing, ten additional public health nurses at $2,280.00

14. Combine Sanitation and Food Sanitation (increased service)

15. Reorganization of Department (marked saving in service)

16. Voluntary health agency coordination.

* This would be a Board of Education expenditure and is not included in the total.

Business Manager for department	$3,800.00
Stenographer-clerk in General Administration	1,644.00
Director of Public Health Statistics Records	4,020.00
TOTAL	$69,356.00

Thus the newly proposed and broadened program would cost the city and county together $69,356.00 or 13.0 cents per capita and the County Board of Education about $6,400.00. This amount does not include such salary increases as may be granted.

If we guess at $20,000.00 as the amount of salary increases of presently employed personnel, this would bring the total for the combined Health Department to $89,356.00 or 16.8 cents per capita.

If the Dog Pound is transferred as recommended to another department, this would save $18,596.00 for the Health Department budget and make the net increase for the combined department total $70,760.00 or 13.3 cents per capita.