

RURAL NURSING: A BRIEF JOURNEY

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Rural Nursing: A Brief Survey

Red geraniums on a window sill, the thump, thump of a churn, odor of fresh-baked loaves, and the hum of sickle in the hay field--this is a rural picture as classic as Wedgewood. The itinerant laborer, the poverty-stricken share-cropper, the dry-land farmer, and the lowly beet workers are quickly forgotten, or being suddenly remembered, are hastily chucked away in little-used compartments of our minds, that our serenity may not be disturbed. But Public Health Nursing is less concerned about serenity than about reaching all those factors involved in the promotion of health; therefore, let us remember the less ideal phases of rural life and endeavor to reach all of our less fortunate country cousins.

Nursing is a precious art, whether practiced in the hospital or the home. From earliest days there have been those who endeavored to promote the health of the public. St. Vincent de Paul with his Sisters of Charity, William Rathbone and his Visiting Nurses of Liverpool, and later, Miss Wald and her District Nurses of Henry Street--each has pointed the way to the care of the sick in their homes, that the public as well as the individual might be benefitted.

Public Health Nursing has grown tremendously in the past two decades and promises greater development yet in the near future, but we must reconnoiter our position; we

must bring up our lagging efforts and strengthen our advances if we are to realize to the fullest extent "Promotion of Health".

Because of greater financial resources, better leadership, and greater possibilities for concentration of effort, Public Health Nursing has advanced fairly rapidly in larger towns and cities.¹ Rural Nursing is the present laggard. This is due to waste which comes about because of lack of coordination of facilities, lack of planned development, low financial resources and limitations of professional personnel.² However, the need is very great. As early as 1918 a health survey³ showed that health defects of rural children greatly exceeded those of urban families. More recent surveys^{4,5} show that almost 50 per cent of the population of the United States lives in rural districts, and of rural children, 37 per cent have had only one examination prior to their sixth birthday; 13 per cent have received dental examinations by the sixth year, while only 7 per cent have been vaccinated and 18 per cent immunized against diphtheria. No accurate data is obtainable on corrected defects, but if one may judge from the results obtained in surveys made⁶ in city schools, which have the benefit of modern methods of approach, much remains to be done for rural children all over our entire country.

Although every state in the Union has a Board of Health, only part of these are functioning more or less adequately.⁷ Thirteen of the forty-eight states, or more than one third,

have no health service under the direction of whole-time health officials. However, Indiana and Wisconsin during the past year have joined the ranks of those states employing whole-time health officers, and because of the very recent stimulus offered thru the Security Act,^{8.} other states are in process of following suit.

Such public participation is most laudable and is due to the past efforts of private agencies which have led the way, not only in providing nursing care for the people, but also in stimulating them to desire and support such a program.

The American Red Cross has done much to further the cause of Public Health Nursing. During the World War, home needs and interests were submerged in the national task of alleviation of suffering brought on by the war, but because such a need no longer existed at the close of the war period, the Red Cross reorganized in 1921 for the purpose of serving local needs through local agencies. Pursuing such a policy through the years, requests at first came in to them for nurses trained or untrained for specially urgent needs. Gradually as specially Public Health trained nurses were sent out under the auspices of the Red Cross, communities more and more asked for the better qualified nurses.^{10.} Scholarships were offered to graduate nurses for further study and these courses were standardized by the National Organization for Public Health Nursing, which was founded in 1912 for the purpose of assisting various groups to maintain standards of organization

and methods of work. ^{11.} In order to meet these requirements, it has been necessary to stress the adequate preparation of those nurses engaged in Public Health Nursing. Before 1912 there was only one such course available but due to the influence of the N.O.P.H.N. there are now many universities ^{12.} offering both regular and shorter courses in the various phases of Public Health Nursing.

However, Nursing can go no farther than Medicine will lead. Efforts of the American Public Health Association have been responsible for maintaining the Public Health standards of medicine throughout the country. And because of generous gifts of money through the Rockefeller Foundation, ^{13.} making possible the establishing of Yale and Harvard Schools of Public Health, it has been possible to train members of the medical profession with the forward-looking viewpoint of health promotion rather than restricting them to the prevention of disease. The Rockefeller Foundation has not only aided the progress of medicine at home but also abroad. The international aspect of health must always be borne in mind.

Other private agencies have contributed to the development of actual Public Health set-ups in various parts of the country. In Fargo, N.D., the Commonwealth Fund established a county unit during 1923 which admirably succeeded in demonstrating the benefits which accrue to the public from such organization. ^{14.} The Commonwealth Foundation has also put on demonstrations of full-time health work in other

parts of the United States. Clark County, Georgia, a rural frieze around a university and mill-town, Rutherford County, Tennessee, almost completely rural, and Marion County, Oregon, predominantly rural but having one city of 20,000 population besides several smaller cities were used. At the close of the demonstration period each unit was carried on by means of local support; the private agency having been responsible for pointing the way to a more nearly adequate type of rural nursing.

Other private agencies have assisted in the development of rural nursing. Because of the interest and financial support offered by the Milbank Memorial Fund,^{15.} Cattaraugus County, New York, exists as an example of what can be accomplished by full-time health work in rural districts. By this demonstration they showed the need for federal initiative and financial aid to states, the necessity for coordinating private medical practice with Public Health services, the need for more and better care for greater numbers of persons,^{16.} and the problem of attempting to discover principles and standards upon which state-wide programs might be based.

The Hampton Institute in Virginia was made possible by aid granted through the Julius Rosenwald Fund;^{17.} a course in Public Health nursing is available here.

Speaking^{18.} before the N.O.P.H.N. last April, Dr. Howard W. Haggard said the Sairey Gamp stage of nursing was due, not only to the woeful lack of knowledge on the part of

those who cared for the sick, but also to the great indifference of the public who could allow such conditions to exist. The importance of public sentiment is as great today as in the past. If we are to realize the enormous potentialities for promoting health and saving life which medical science has already developed, we must enlist not only those who need our services, but also those members of society who are more fortunate both in wealth and knowledge, but who still need educating in humanitarianism.

The National Tuberculosis Association, established in 1904 for combating the dread results of the "Great White Plague", began early to study the community aspects of the disease.^{19.} The importance of the nurse not only in finding the cases, but also in giving adequate care^{20.} were soon recognized. Acting upon this recognition in the development of an effective program,^{21.} the National Tuberculosis Association has done a great deal to further Public Health Nursing. And because the role of the community has been recognized also in developing adequate care for tuberculous patients, the organization has done much to assist lay people to desire^{22.} and work together for the promotion of their health. The County Health organizations throughout the state of Oregon are a real demonstration of what communities will do to help themselves if properly directed.

Always alive to the various factors involved in progress,^{23.} the N.O.P.H.N. has arranged a folder of helpful suggestions for stimulating community interest in health. Keep-

ing in mind the part public sentiment plays in the development of any health program, these suggestions are most timely, and our appreciation of the role of the N.O.P.H.N. is thereby enhanced.

Matters pertaining to the health of the public were discussed early in the Colonial period.^{24.} As time went on, the problem became more urgent, and a Metropolitan Health Law was enacted in New York City in 1866. Health mindedness became more general, and a few years later the American Public Health Association was formed.^{25.} Massachusetts organized the first State Board of Health in 1869, California, Virginia and Minnesota rapidly following suit. Other states also organized, and by 1909 every one of the forty eight had State Boards of Health. Each state organization developed according to local needs and leadership, each functioning more or less adequately.

After "The War to End War", and "Make the World Safe for Democracy" which the American public so ardently espoused, public interest became more self-centered. Activities centered around projects bettering conditions in the homeland, and Public Health received its part of attention. Many of the state departments were reorganized,^{26.} the trend toward localizing authority in city and county health organizations becoming more general. Massachusetts and New York have health laws which permit a large degree of centralized control; however, these states are divided into smaller districts each under the control of a district health officer. Various modifications of this plan have been put into prac-

tice by Pennsylvania, Maine, and Florida. Such districts seemed to work out very well in those states where the township has been the center of local authority but because of the large area to be covered and the mass of population served, such type of organization is being modified.^{27.}

In those states where the county is the accepted administrative unit, besides the taxing unit and more or less a political and social unit, county health organizations have been found to function very well. The first county health unit was established in Yakima County, Washington though Jefferson County, Kentucky and Guilford County, North Carolina, both claim priority. This method of organization had proved not only effective but has also met with considerable popular approval and has grown rapidly in the past few years. Oregon, Washington, California and other states have adopted this sort of plan which seems to be working out very well.

But there are some states where the county cannot possibly function as an effective unit of health work.^{27.} Where the population is very sparse and the total income per person is greatly reduced, such a plan is not feasible. For such localities, a consolidated health district would seem to be indicated. These states have not yet been reorganized, though some are now attempting to cooperate with the National government under the possibilities offered by the Security Act. Thus it comes about that the Federal Government accepts its responsibility in the promotion of health for all its citizens,

though the administration necessary for coordination of service is left with the individual states.

The program which has been worked out as most effective in the administration of health by a state organization has come to include ²⁷ Vital Statistics, Epidemiology, the Public Health Laboratory, Public Health Nursing, Sanitation, Child Hygiene, Public Health Education, Mental Hygiene, Industrial Hygiene, Nutrition, and Adult Hygiene. Not all these activities are maintained in each state organization, but this is the ideal program toward which we should work.

The standard plan of service consisting of a health officer, a sanitary engineer, a public health nurse, and a clerk is the smallest unit of health that will meet even the minimum demands of health protection. With such a staff as the basis of administration of the program, the development of a more quantitative service does not require a change in organization or in policy, but means merely an extension of work and an increase in personnel along established lines.

The function of the Public Health Nurse is to bring the services of the health organization to each individual in her territory, be that large or small. Her approach will be through three broad programs: ^{28.} the educational, the school, and medical relief.

The educational program includes Vital Statistics, the prevention of communicable diseases including tuberculosis, syphilis and gonorrhea, activities for the promotion of individual hygiene, maternity, infant and pre-school which would include pre-natal, delivery and post-natal care and follow up, supervision of infant care and later, immunization, cor-

rection of defects and medical supervision of those children who are in the pre-school group besides other phases of adult hygiene.

The school program includes those activities concerned with healthful school living, the school health service and health instruction. Except in actual participation in the health service offered to the school children, the nurse's work will be mainly advisory, but she does need that knowledge of a situation which will make her advice of practical value to those who desire it.

The medical relief program is concerned with the County physician, actual nursing service, distribution of medical orders, attendance at free clinics and hospitals, if such are available, and disbursement of drugs and appliances.

All these activities, which we have just discussed, center around the nurse's work in relation to that part of the public whom she serves directly. She has also a responsibility to the organization for whom she is working, her duties being in the matter of records and reports. Records should show not only what is being done, but the amount of time and effort which has been expended in the doing. ²⁹ Some sort of job analysis should be kept that will point the way to economy in every sense of the word. Weekly, monthly, and annual reports which show progress in the development of the program are desirable.

Last and not least is the nurse's obligation to the general public to teach them about what she is doing, and why. ³⁰ By enlisting public sentiment, she enlarges not only her scope

of work, but gives new hands the skill to assist in many ways. The task belongs to the community;^{31.} the nurse is there to help them do it better.

The complete job of being a rural public health nurse seems a stupendous undertaking when viewed so minutely in detail. It calls for good health, the sort that is abounding in vitality and vivacity; nothing short of actually practicing what she preaches will convince the public of the worth-while-ness of the nurse's work. If she understands the underlying principles of rural health work, if she endeavors to know her community so that she feels each factor that makes it what it is, if she desires to really help the community grow and develop, "She'll be the Nurse, my dear".

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