II. PUBLIC HEALTH NURSING IN THE OREGON CRIPPLED CHILDREN'S PROGRAM

Alyce E. Bloom

PUBLIC HEALTH NURSING

in the

OREGON CRIPPLED CHILDREN'S PROGRAM

submitted by

Alyce E. Bloom

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Oregon State Board of Health, county public health nurses and county public welfare workers. My personal experience in working on a program of this kind has also been used. Other State plans and programs have been read.

II. BODY

In order to see the relationship between county public health nursing and Crippled Children's Services, it is necessary to give briefly the early history of such care in Oregon.

A. Agencies Giving Care Prior to January 20, 1938.

Provision for medical care of crippled children was made as early as 1917 when the first law was passed providing state aid to the sick and indigent child. This bill was the result of much interest and hard work of the Women's Club of Eugene, Oregon.

Under this law the crippled child was made a ward of the county court and the county judge could commit such a child to the Medical School for the medical and surgical care that was needed.

The number of children reached by this service was small because there was no trained personnel to act as a case finding agency.

At this early date there were only a very few county public health nurses and the county public welfare commissions

had not yet come into existence.

Another serious difficulty was the lack of money in the county to pay for hospital expense of these children. It became difficult to secure commitments.

In January, 1923, another resource was opened to crippled children of Oregon. At the suggestion of the Dean of the Medical School, an Orthopedic Clinic at the Portland Free Dispensary was opened. This continued until 1927, at which time it became part of the Doernbecher Memorial Hospital for Children. More children in need of care were being reached because the service was becoming better known and the number of county public health nurses was increasing.

The county public health nurse's duties at this time were not clearly defined in relation to the crippled child. She, of course, referred all of the known cases to the court, but no effort was made for intensive case finding nor for the after-care when the patient returned home.

The crippled child fitted into the nurse's general nursing program and received his share of her attention. These early nurses had a very heavy program and it was lack of time rather than lack of interest that prevented them from giving more attention to this particular group.

In 1924 the Shriners' Hospital for Crippled Children was established. This hospital was open to crippled children

under fourteen years of age in the four northwestern states, British Columbia and Alaska. The Shriners' Hospital will accept for care only those children who have an orthopedic difficulty and whose condition can be benefitted. This care is provided to those families who cannot afford to pay for this service.

The opening of this hospital was a decided help to the care of crippled children, but it could not take care of all of them. It had a capacity of fifty beds, which is small considering the large territory it served.

The county public health nurses helped from the beginning to send children to the Shriners' Hospital and Clinic and soon a long waiting list was established.

The Doernbecher Memorial Hospital for Children was established in August, 1926, and became state supported in 1927. This hospital has a bed capacity of seventy-five, and is designated to give service to sick children, and to promote the cure and prevention of children's diseases through research and teaching of future doctors. Children up to and including the age of fourteen years are admitted for any disease except contagion. If possible, the family should pay for the care provided. If they are not able to pay, care is given on a free or part-pay basis.

The county public health nurses have been instrumental in sending children to the Doernbecher Hospital for care. At the present time all applications for service come through the

county public health nurses or through county health units.

B. Social Security Act.

The Federal Social Security Act was passed by Congress August 14, 1935. The Oregon Law which cleared the way for the carrying out of the Federal Social Security Act in Oregon was passed in 1937.

Part 2 of Title V of this Act is entitled "Services for Crippled Children" and is the only part of the Act to be considered now. Its purpose is stated as follows:

"For the purpose of enabling each State to extend and improve (especially in rural areas and in areas suffering from severe economic distress) as far as practicable under the conditions in such States, services for locating crippled children and for providing medical, surgical, corrective and other services and care, and facilities for diagnosis, hospitalization, and after-care for children who are crippled or who are suffering from conditions that lead to crippling".

C. Official Agency in Oregon, 1937 to June 30, 1941.

Chapter 265 of the Oregon Laws, 1937, designated the State Public Welfare Commission of Oregon as the Official Agency to administer the Crippled Children's Services, with the Dean of the Medical School named as Medical Director.

The Oregon Plan for Crippled Children's Services was finally approved and went into effect January 20, 1938.

There is no definition of a crippled child in the Law but the types of crippling conditions that will be eligible for care are: defects in children of apparently normal mentality which cause deformity or interference with normal function of bones, muscles or joints; congenital or due to disease or accident; aggravated by disease, neglect or ignorance; and include cleft palate, hare lip and other plastic conditions.

The age group is from birth to twenty-one years of age.

1. Objectives of the program are:

To extend and improve services for locating and registering crippled children and children who are suffering from conditions that lead to crippling;

To provide medical, surgic al, corrective care and services for these children;

To provide facilities for diagnosis and hospitalization for crippled children;

To provide after-care service for these children;

To cooperate with the State Department of Vocational Education, Vocational Rehabilitation Service.

2. Staff *

In the Crippled Children's Services Plan, provision is made for the following staff. At the present time all the positions are not filled.

(*Unpublished manual by Elizabeth McKinley)

Medical Director. The Dean of the Medical School has been designated by law as the Medical Director of Crippled Children's Services and has responsibility for direction of the program.

Assistant Medical Director. The assistant Medical Director is responsible for the administration of the program. This includes establishing a cooperative relationship with professional medical groups, organizations and agencies in the treatment center and throughout the State; administration of central office and treatment center procedures; authentication of disbursements; and general supervision of field service and medical care provided by Crippled Children's Services.

Orthopedic Nurses (Consultants). The orthopedic nurses provide consulting services to the county public health nurses on orthopedic nursing and provide direct service in counties where public health nurses are not available. They are also responsible for the nursing activities of the Crippled Children's Services and arrange with the Division of Public Health Nursing of the State Board of Health a cooperative plan for the extension of orthopedic nursing to the counties of the State.

Medical Social Worker. The medical social worker gives consultant and advisory service to the county welfare staffs with regard to Crippled Children's Services. This includes interpretation of medical findings and medical-social needs of individual patients; assisting the counties in determination of eligibility, in carrying out treatment plans and in giving necessary

after-care service. She will advise the county staffs as to general problems presented by Crippled Children's Services, and when possible give supervisory service on specific medical-social cases. She assists in correlating the Crippled Children's Program with the other state programs, and in developing community relationships.

Physical Therapist. The physical therapist will be responsible for physical therapy that is given on the program.

3. Duties of Crippled Children's Services:

Case finding	Hospital Care
Registration	Foster Home Care
Clinic Service	After-care

D. Orthopedic Public Health Nurses.

These nurses are public health nurses who have had a special orthopedic course and are responsible for the orthopedic public health nursing sponsored by this program. They act as consultants to the county public health nurses, interpreting crippling conditions to them and relating the causes and treatment in such a way that they may apply general public health principles to orthopedic conditions, and as a result plan more adequately for every crippled person in the community.

The orthopedic public health nurses have the same relationship to the county public health nurses as the consultants from the Division of Public Health Nursing of the Oregon State

Board of Health. Plans have been made with the Division of Public Health Nursing for the orthopedic nurse consultants to work directly with the county public health nurses. It was felt that this was the most practical way for a specialized service to fit into a generalized public health program. By the use of this plan it was not necessary for the Crippled Children's Services to employ a large staff of nurses for the public health nursing needed by the program. It would have been too costly and would have duplicated the work already being done by the county public health nurses. Direct service is given only in those counties which have no public health nurses. At the present time all counties have either full-time or part-time service by public health nurses.

Objectives of orthopedic public health nursing program:

To develop an appreciative awareness of crippling conditions;

To develop an understanding of the early care and treatment in crippling conditions;

To emphasize the importance of prevention of crippling conditions due to disease and accident;

To acquaint the nurse with modern orthopedic surgical methods in order that she may understand the long time and cost element which is involved in orthopedic care;

To familiarize the county public health nurse with the community resources available to crippled children;

To develop a recognition of the importance of the

home, school and community environment in the physical rehabilitation of the crippled child.

Relations with County Public Welfare Offices:

The orthopedic public health nurses work in close cooperation with the county public welfare offices. Joint planning is done for case finding, clinic arrangements and attendance, and after-care. This kind of planning was not difficult because the county social workers and county public health nurses had, since the beginning of their respective programs, been conferring with each other on any cases that needed medical and social planning.

E. County Public Health Nurses.

As I mentioned before, the county public health program is a generalized service. That is, within limits of the staff, the following types of work are done:

Maternal and Child Health

Tuberculosis

School

Morbidity

Venereal disease

Immunization

This generalized service was, of course, the place for the local public health nursing that was needed for the Crippled Children's Program.

These county public health nurses had always carried

crippled children, but they were limited because there was no place (until Crippled Children's Services was organized) to secure care for them except the Shriners' Hospital, and a few sent to Doernbecher Memorial Hospital for Children. Since Shriners' Hospital took children only up to fourteen years of age, this curtailed any development of this service.

It is in relation to the following duties that the orthopedic public health nurses act as consultants to the county public health nurses:

(1) Duties of County Public Health Nurses in regard to Crippled Children's Services:

1. Case finding.

In any program for crippled children, case finding is important at all times and especially so when the program is new. Names of crippled children were secured in the following ways:

a. Survey of Handicapped Children in the State of Oregon.

This is a continuous survey conducted by the Division of Maternal and Child Health of the State Board of Health in cooperation with the State Department of Education. It records the names of all handicapped children in the State who may be included in the following categories: blind, deaf, crippled, low vitality, behavior problems and intellectual problems. The names of those children classified as crippled or having conditions that lead to crippling, are sent to the

Crippled Children's Services to be placed on the State Registry and form the basis of planning clinics.

b. Shriners' Hospital lists of Crippled Children.

These children had always been known to the county public health nurses and had been receiving care from her. When Crippled Children's Services was organized, this list was also added to the Registry.

c. Doernbecher Memorial Hospital for Children.

Until the formation of Crippled Children's Services, this hospital had been providing free service (to those unable to pay) to cleft palate and hare lip cases. This long list was given to the Crippled Children's Services, and at the present time such work is done only by the Crippled Children's Services. These patients were known to, and had been given service by, the County public health nurses. These names were also added to the Registry.

d. Names were also referred to county public health nurses from the following sources: private physicians, schools, interested lay people, and personal application.

2. Clinic Service.

Pre-clinic Conference. At the pre-clinic conference there is joint planning with the county public welfare workers, county public health nurses and orthopedic public health nurses. It is here that responsibilities are designated

in order that all necessary work is done with no duplication.

The clinic date has previously been agreed upon when the year's plan of clinics for the State has been made up by Crippled Children's Services.

At the pre-clinic conference the place to hold the clinic is agreed upon, the names of children to be examined is submitted by each of the three offices listed above, and the use of volunteers is planned.

The county public health nurse arranges appointments for the patients and invites the physicians to attend the clinic. She also makes whatever home calls are needed to discuss clinic attendance with the patients. This is usually taken care of in her regular visits to the patients but with some families, it is necessary to give added explanation.

A letter is mailed by the county public welfare office to each patient giving the date, place and his appointment hour.

Publicity is given to the newspapers by the county public welfare office. In order that newspapers will not give such publicity too much of an emotional tone, a sample form is sent by the Crippled Children's Services to the county public welfare office to follow. No photographs or names of patients are used.

Applications for service are the responsibility of the county public welfare workers. It is desirable to have a

short social summary with this application. Later, when definite planning for care is initiated, a more detailed social study and financial eligibility is needed. This is sent in by the county public welfare office.

Transportation for patients to the clinic when it is needed is arranged by the county public welfare office.

Personnel attending the clinics:

Local county public health nurses

Local county social workers

Volunteers

Crippled Children's Services Staff:

Orthopedic surgeons
(One is Assistant Medical Director
(One from orthopedic panel

Orthopedic public health nurse

Medical Stenographer

Clinic Attendance. The county public health nurse is responsible for the clinic and assists the orthopedic surgeon in the examining room. If there are several nurses on the county staff, each will take her turn. An attempt is made to arrange for the county public health nurse to be in the examining room at the time her patients are seen. After the patient has left the examining room, the county public health nurse or the orthopedic public health nurse tries to discuss with each parent the recommendations that have been made. This is done briefly, but it helps

to give the parent a better understanding of what was suggested. Later when the county public health nurse sees this parent in the home a more adequate explanation is given.

The orthopedic public health nurse attends the clinic and helps the county nurses. If there is only one county public health nurse, the nursing responsibilities are divided. If there are several county public health nurses to take care of the nursing duties, the orthopedic nurse serves only in a consultant capacity.

A medical stenographer, furnished by the Crippled Children's Services, attends the clinic and is responsible for the dictation of the orthopedic surgeon.

Registration at the clinic is done by a county public welfare worker.

Assistance in the dressing rooms is given by volunteer workers. If a receptionist is used, or transportation is needed to x-ray facilities, volunteers are used. These volunteers may be members of the Parent-Teachers' Association, Health Association members or other interested lay women. These women are chosen because of their interest in this kind of work and because of their understanding of the confidential nature of all that pertains to the patient. This use of volunteers has always been a policy of the county public health nurses. They are used in most of the other kinds of clinics sponsored by the health units.

3. Clinic Conference.

When the clinic is over, there is a conference with the following groups: county public welfare staff, county health office personnel, the orthopedic surgeons and the orthopedic public health nurse. At this conference there is a discussion of the patients seen at the clinic. If the clinic has been small, all cases are discussed. If the clinic has been large, selected cases are reviewed. Information pertaining to the patient and his family is presented by any of those present who know him. The orthopedic surgeon explains his recommendations in terms of diagnosis, need of care, urgency of care and prognosis. If the family is known to the welfare office, the social worker presents the economic and social problems and the planning that has been done with this family. The county public health nurse will give whatever information she has regarding the family, such as other medical problems, adequacy of home care, and service given by the health unit.

The Assistant Director then discusses what arrangements should be made for care. If the patient is of Shriners' Hospital age, he is referred there for treatment. If the patient is to receive care from Crippled Children's Services, his name is placed on the waiting list and he will be called into the treatment center in turn. Cases in need of immediate care are sent in at once.

It is felt that these clinic conferences are of real value because of the sharing of information contributed by each

one interested. In this way each agency understands what the other one is planning and understands the limitations of each office.

Within two weeks following the clinic a copy of the clinic findings and recommendations is sent to the referring physician, county public health nurse and county public welfare office, for their records. The county public health nurse uses this as a basis for her after-care of this patient.

4. After-care Services

The after-care services given by a county public health nurse to a crippled child may be as simple as school health supervision, or as extensive as complete bedside care with all of its important instruction.

The child's need of care, recommendations for treatment and the ability of the family to provide this care are the basis upon which the nurse builds her plan. This after-care must, of course, be kept within the limitations of the nurse's program. It can readily be seen that a nurse working alone, or a small staff of a health unit cannot have a complete morbidity service. However, in cases of emergency, or as a teaching project to the family, this care is given.

In cases of poliomyelitis and other crippled children who are in bed, the county public health nurse will do enough bedside care to instruct the family, and after that will check on this care from time to time. When patients are sent home from

the treatment center in a cast (usually a leg cast, or small body cast), the nurse will call at the home often enough to be sure the family understands the instruction for care. These instructions for care of the patients who have been to the treatment center under the auspices of the Crippled Children's Services are sent to the county public health nurse as soon as possible after the patient's discharge. On private patients, these instructions come from the family physicians. The method of sending these instructions from the Shriners' Hospital has not been completed, but it is being worked on by all the agencies involved.

On other crippled children who are not bed patients, the county public health nurse plans her supervision according to the need. Some of these children she can see during her regular school service and keep well enough informed to know the status of the case.

The county public health nurse interprets to the family all the problems and adjustments that pertain to a crippled child. She helps the family through the first shock of seeing their child paralyzed by poliomyelitis, she helps them anticipate the emotional problems that confront any crippled person, she points out to the school the physical limitations of such children and in some counties helps plan for home teaching. She realizes the need for special vocational guidance and helps the patient and family plan for this and refers such patients to the State Vocational Rehabilitation Service when necessary.

5. Records.

In the choice of the local records kept by the county public health nurse on her crippled children, it was readily seen that the forms already in use should be selected. That is, ther e was no need for new forms, but information was put on existing forms according to what the particular county was using. In some counties there is a morbidity, tuberculosis, child health supervision, school and maternal record. The information on a crippled child was placed on the form that applied. The new narrative forms used in other counties is also used for crippled children. It has been found from experience that the use of local records has been satisfactory.

The clinic findings and recommendations, trips to the treatment center, or trips to Shriners' or Doernbecher hospitals are also noted on this record. This local record is one of the aids used by the county public health nurse and the orthopedic nurse in their discussion and plans for specific cases.

6. Reporting to Crippled Children's Services.

After the information concerning a home call has been recorded on the local record, similar information is sent to the Crippled Children's Services on the form "Report of Field and Office Nursing Visit". This information is read by the orthopedic nurse and recorded in the patient's record in the State office. If the information is such that immediate care or a change of plan of treatment is indicated, new plans are made. It is by this type of reporting that Crippled Children's

Services can be kept informed of the changes in the patient's condition. From a review of these reports the orthopedic nurse can often determine the county public health nurse's need for more explanation of orthopedic conditions and the nursing after-care that is needed.

Reporting back to the family physician by the county public health nurse follows the procedure already established in the county. This may be done by personal visit, phone call or written report.

(2) Relations with County Public Welfare Offices

Since their beginning, it has been a definite policy of the county public welfare office and of the county public health nurse that there be joint planning and exchange of information on those families that need service from both offices. This exchange of information may be given by telephone, letter, person to person, or a formal case conference, or joint staff conferences held at different intervals.

It was apparent from the first that crippled children needed this close cooperation between the two agencies if the work required was to be done without duplication or neglect. These joint conferences have been definitely encouraged by the orthopedic public health nurses.

An excerpt from an article by Miss Leahy brings out the importance of such joint conferences:

"Cooperation is More Than Being Friendly"

Kathleen Leahy

Public Health Nursing, May, 1940
Volume 32, pages 313-315.

"Effective cooperation between social worker and public health nurse in the rural community requires a planned technique of working together. In the dictionary the word cooperation means joint effort, - being able to work together without fighting about it.

"In the very nature of things the work of the social worker and the public health nurse is a joint effort, but whether this effort is oiled by the spirit of cooperation depends on the vision, the ideals of service and the ability to put first things first, on the part of both. If the two groups are going to cooperate they must have a common goal in mind, one which is reasonably attainable. Equal responsibility must be accepted by both for the project.

"Case worker and public health nurse should know each other through close professional contact in order to understand problems of case load, transportation, lack of resources. Informal conferences will be helpful to exchange information. Planned inter-agency staff conferences should be planned at stated intervals.

"Professional courtesy should be maintained at all times and it will produce dividends in cooperation. Example - reporting back not only a courtesy, but information should be shared.

"Sharing of visitors - good way of explaining work of agency".

Quotation from Mary Richmond - Through the Ages - "Study and develop your work at point of intersection with other services and social activities of your community. Learn to do your daily tasks thoroughly but to do them from the basis of the whole and with that background always in mind."

(3) Relations with Other Agencies.

1. Family physicians.

The close relationship between the county public health nurse and the physicians of the county is another policy that is very important and has been encouraged from the beginning of health work in the community.

2. Shriners' Hospital for Crippled Children.

Since the establishing of the Shriners' Hospital for Crippled Children in 1924, the county public health nurse has referred children there and has given them after-care service. The Crippled Children's Services have in no way changed this relationship, rather they have tried to strengthen it by encouraging procedures that will make such a relationship more beneficial. This is another instance of the Crippled Children's Services making use of policies that have already been established by the county public health nurse.

The county public health nurse interprets this service to the family. She helps them fill in the application

for service, helps arrange transportation, and works with the Daughters of the Nile. The Daughters of the Nile is a woman's organization connected with the Shriners. They have given a great deal of volunteer service to the Shriners' Hospital and its patients. They have helped with such things as the purchase of shoes, supplementing the diet, transportation to and from Shriners' Hospital, and in some counties have helped with the Crippled Children's Clinics conducted by the Crippled Children's Services.

3. Doernbecher Memorial Hospital for Children.

Since the establishment of the Shriners' Hospital for Crippled Children and the organization of the State agency for crippled children, not many cases of an orthopedic or plastic nature have been referred to the Doernbecher Memorial Hospital for Children. For several years it had the only respirator in the state and accepted for care anyone who needed it. All applications for free care from Doernbecher Hospital must come through the county public health nurse. Because it is a teaching hospital for the medical students of the University of Oregon, it accepts a few children's orthopedic and plastic cases. Besides being responsible for the application for service, the county public health nurse has also given these children after-care service. This policy has been followed by the county public health nurse since the hospital was established in 1926. Crippled Children's Services have felt that this was a sound procedure and have found no reason for any change.

D. Participation of the Crippled Children's Services Personnel in Staff Education of the Division of Public Health Nursing.

Staff education in orthopedic and plastic conditions is a definite responsibility of the personnel of the Crippled Children's Services. As we all know, each county public health nurse has had some such instruction to a varying degree in her hospital training. However, with the impetus given to such service by the addition of new resources for care, it was thought that a review of orthopedic conditions and their care would be helpful.

Because the Division of Public Health Nursing of the Oregon State Board of Health has a definite policy and plan for arranging staff education for the county public health nurses, the Crippled Children's Services planned with them. In the 1939-40 plan for staff education sponsored by the Maternal and Child Health Division of the State Board of Health, the following topics were covered:

Pediatrics	Orthopedics
Nutrition	Dental Health
Syphilology	

A two-day institute was held during which general information regarding mental and physical development of the child, prevention of children's diseases, parent and child education, and an introduction to orthopedics was given. These subjects were discussed by physicians in their own specialty. The program was continued in ten centers throughout the state at seven more meetings.

In orthopedics, the explanation of such conditions was given by the Assistant Medical Director of the Crippled Children's Services who is an orthopedic surgeon, and the explanation of the public health nursing needed in such cases was given by the orthopedic public health nurses.

Since its organization, the Crippled Children's Services have taken part in only one such formal plan of staff education. However, it has been continued on an informal basis. At the clinics, the orthopedic surgeons frequently use the patient and his condition as a teaching point by explaining to the attending county public health nurse the purposes and uses of the braces, casts or shoe corrections, which may have been ordered. The orthopedic public health nurses in their discussion of specific cases and their home visits with the county public health nurse make use of such teaching material.

The orthopedic public health nurses also helped to arrange with the Oregon State Organization for Public Health Nursing, an orthopedic institute given by Miss Jessie Stevenson, Orthopedic Nurse Consultant of the National Organization for Public Health Nursing.

III. SUMMARY

In this paper an explanation has been given of the public health nursing that is done by the county public health nurses for the crippled children in Oregon. Because the county public health nurses have a generalized program, it was thought best by the Crippled Children's Services that this plan should be continued. With this arrangement, there would be no duplication of service and more assurance that all crippled children throughout the State would be given some nursing supervision.

On the Crippled Children's Services staff there are two orthopedic public health nurses who act as consultants to the county public health nurses, and who are responsible for interpreting the Crippled Children's Program to the county public health nurse to improve her understanding of her functions in such a program, for assisting her to organize the county program and to carry out her functions for crippled children, and for preparing staff educational material for education programs when activities of Crippled Children's Services are involved.

Joint planning and cooperation with county public welfare offices and local responsibility are very important aspects of this State program for crippled children. Each office has a responsibility to the crippled child in the community and it is only by each making his own contribution that the work can be done without duplication or neglect.

This paper was done for the definite purpose of reviewing the plan of public health nursing as it was set up and to see

how the work was done in actual practice. From this study it has been found that the work is done according to plan. Now that this information has been found, it will be used to improve the orthopedic public health nurse's understanding of her responsibility to the county public health nurse and to find ways to be more helpful to her.

The orthopedic public health nurses have felt the lack of a medical social worker and a physical therapist on the Crippled Children's Services staff. When these positions are filled, it is hoped that they will plan with the county public health nurse in relation to their respective professions and that a more complete, well-rounded service will result.

On July 1, 1941, the Oregon Program for Crippled Children's Services will be transferred from the State Public Welfare Commission to the University of Oregon Medical School. This will be a change in the administrative plan but not in the public health nursing. This will continue to be done by the county public health nurses as it has been described.

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PUBLIC HEALTH NURSING UNDER THE SOCIAL SECURITY ACT

Public health nursing in all its phases such as education of public health nurses, numbers and types of positions, number of public health nurses to fill these positions, has been steadily improving and increasing since it began many years ago. There are many factors responsible for this; private foundations and charities have sponsored such work among the poor, school boards have seen the need for school nurses, state and counties have recognized the importance of the public health nurse in the various health programs, and nationally, the Children's Bureau and the United States Public Health Service has long recognized its importance.

The greatest stimulation so far has been the Social Security Act passed in August, 1935. In this Act, Title V and Title VI affect public health nursing. They have the legal authority necessary and appropriations large enough to materially increase all existing health programs, start many new ones, and be a very important factor in the training of public health nurses. In this paper, only those parts of Title V, Part 1 and Part 2, and Title VI, that have to do with public health nursing, will be considered.

Title V, Part 1, Maternal and Child Health Services, provides money "for the purpose of enabling each State to extend and improve as far as practicable under the conditions in such State, services for promoting the health of mothers and children, especially in rural areas and in areas suffering from severe economic distress----".

Title V, Part 2, Services for Crippled Children, provides money "for the purpose of enabling each State to extend and improve (especially in rural areas and in areas suffering from severe economic distress), as far as practical under conditions in such State, services

for locating crippled children, and for providing medical, surgical, corrective and other services for care, and facilities for diagnosis, hospitalization, and aftercare, for children who are crippled or who are suffering from conditions which lead to crippling..."

Title VI, Public Health Work, money is provided "for the purpose of assisting States, counties, health districts and other political subdivisions of the States in establishing and maintaining adequate public health services, including the training of personnel for State and local health work..."

The above excerpts are taken from the Social Security Act itself, as approved by the 74th Congress on August 14, 1935.

This act was passed by the 74th Congress but the idea was not new nor were the needs for such services first known at that time. These needs had been known for years, reports had been compiled, and recommendations made but no definite action taken.

The importance of the good health of the nation was brought to the attention of the public by the 'Report on National Vitality: Its Waste and Conservation' in 1909*. The National Conservation Commission at the instigation of President Theodore Roosevelt, surveyed the whole problem of health protection as a necessary part of the conservation of national resources, and made this report. No action was taken and the information was filled away.

"The White House Conference on Child Health and Protection"**, which was called by President Hoover in 1930 was the next important study of our national needs for health protection. This study had a broad and lasting effect in the determination of public health procedures and policies in the United States, but the nation was not yet ready for a

* Bulletin 30, Committee of One Hundred on National Health, National Conservation Committee, United States Government Printing office, 1909.

** Reports on the White House Conference on Child Health and Protection. The Century Company, 1930, 1932, and 1939.

definite national health program, guided by national leadership, and supported by federal appropriation.

"The Committee on Economic Security"* which made its report to President Franklin D. Roosevelt in 1935 brought home to this country the failures that we had made in the application of our knowledge in relation to the prevention of illness and the promotion of health... The Committee stated: It has long been recognized that the Federal, State and local Governments all have responsibilities for the protection of all the population against disease. The Federal Government has recognized its responsibility in this respect in the public health activities of several of its departments. There also are well established precedents for Federal aid for State health administration and for local public health facilities, and for the loan of technical personnel to States and localities. What we recommend involves no departure from previous practices, but an extension of policies that have long been followed and are of proven worth. What is contemplated as a Nation-wide public health program, financially and technically aided by the Federal Government, but supported and administered by State and local health departments. On the basis of this general recommendation, the Committee proposed appropriations to the United States Public Health Service and to the Children's Bureau for:

A. Increase of public health activity by the Federal Government itself.

B. Provide grants in aid to States for

1. The development of State Health Department activities

2. Development of local health services in communities that were unable to finance adequate health protection programs.

The essentials of these recommendations were imbodied by Congress in the Social Security Act of August 14, 1935."**

* See foot note on following page

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The Division of Public Health Methods in the National Institute of Health made an extensive national health survey in 1935 and 1936. This report gave the amount of disabling illness in the nation and studied the relationship between illness and medical care and economic and social status. In July 1938, President Roosevelt called a national health conference. It was the Interdepartmental Committee to Coordinate Health and Welfare Activities. Among other things, this conference found that "Preventive health services of the nation as a whole are grossly insufficient", and the Committee recommended the "Expansion of General Public Health Services (Title VI) and Expansion of Maternal and Child Health Services (Title V)." The other findings and recommendations are important but are not included in this paper.

These reports have been quoted to show the need for such services and to show how long it has taken to get definite action.

Now that such legislation has been in operation for six years, it is time to see what is being done about it, with mention being limited to public health nursing. What is being done in Oregon is of special concern because it affects us directly, for even though we appreciate the magnitude of the national achivements, we understand better when we see accomplishments in our own State.

Money, of course, is very important to the operation of these programs. The total initial appropriations (1935) were: Maternal and Child Health services, $3,800,000.; Services for Crippled Children, $2,850,000.; Public Health Services, $8,000,000. These amounts have been increased a great deal as plans went into operation and new needs were found.

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* Report on the Committee on Economic Security, January 5, 1935. United States Government Printing Office, Washington, D. C.

* Public Health Administration in the United States, Wilson G. Smillie, M. D., pp. 501 - 502.

There are more state wide programs of public health in operation today than there were in 1935. There are some entirely new programs against particular diseases being carried on now that were not done before, such as in the control of pneumonia. In 1935, there were none, in 1941 there are 24 states who now have such programs; in cancer control in 1935 there were three such state programs, in 1941, this has increased to 16; programs for the control of tuberculosis, pellegra, and divisions of dental hygiene and industrial hygiene have also been increased.

Social Security money has been used to strengthen and build up existing health departments as well as establish new ones.

Since 1935, there has been an increase of single health units from 486 to 655; plural form increase from 41 in 1935 to 122 in 1940.

As can easily be seen wherever the health departments are increased or programs expanded, it means more public health nurses. In the programs mentioned above, public health nurses are needed to make them well rounded and effective. The development of the public health nursing is the biggest item in the maternal and child health program. More than 4,000 public health nurses are paid wholly or in part by maternal and child health funds. Children's Bureau has always emphasized the generalized family public health nursing service in the development of the Maternal, Child Health programs. The quality of this generalized service, done by individual nurses, will be improved by specialized consultants working with them. Quality of nursing service is necessary in the carrying of health to the public. It is for that reason the legislators wrote in the Act that money was to be used for training personnel. Since 1936, the state and territorial health departments have sponsored the training of 3,539 nurses along with other personnel.

Besides the new public health nursing positions in Maternal, Child Health programs, others should be mentioned. In April 1941, a

consultant in Industrial Hygiene was appointed by the United States Public Health Service, new positions in industrial public health nursing have been made in private industry and in national defense industries; other consultants were appointed to meet the demands of the expanded program, in the Children's Bureau five consultants in public health nursing were appointed to work with the States on the Maternal, Child Health and Crippled Children's programs; in State Health Departments new consultant positions have been formed to help with the new programs, public health nurses in crippled children's programs are a typical example because these jobs are entirely new. Before 1935 there were very few states where there was a consultant in orthopedic public health nursing, now all states have at least one such consultant; in the county health units there have been many new positions for public health nurses, increasing the actual number as well as improving the quality of the nurses already there; there has been a decided increase in the number of public health nurses working alone in a county, these counties had been without such service before. National Organization of Public Health Nursing has also felt the need for more consultants on its staff to help with expanded programs, and consultant in orthopedic public health nursing and a consultant in Industrial Nursing has been appointed. The National Foundation for Infantile Paralysis not only makes the grant to National Organization of Public Health Nursing for this consultant in orthopedics, but has made generous grants for scholarships to nurse instructors, supervisors in hospital orthopedics and public health nurses for continued study.

This need for more public health nurses and the recognition that many nurses doing public health nursing had not had adequate public health training was known as early as 1923 when Josephine Goldmark made her report on 'Nursing and Nursing Education in the United States'. In 1932, this same thing was brought by a survery made by the National

Organization of Public Health Nursing. It showed from a sampling of urban and rural public health nurses that only 7% of the public health nursing staff, excluding supervisors, had completed an accredited course in public health nursing. In 1937 another study of the same kind was made and it found that 29% of the nurses employed had completed an approved course. This percent should continue to increase as the training program is continued.

In Oregon, the Social Security Act has been an important factor in extending public health nursing throughout the state. The Maternal and Child Health Programs and the Public Health Programs were in effect in 1937, and the Crippled Children's Program was in operation by 1938.

There has been a Division of Public Health Nursing in the State Board of Health since 1919 with a nurse director. For various periods, when the budget permitted, a second nurse was added to this staff. In 1937 with help of federal funds, this staff was increased to five consultant public health nurses, besides the nurse director. Their program had started as specialized supervision but was changed in 1939 to generalized advisory service. "Five districts have been established, making each of the field advisors responsible for approximately 12 nurses. In addition to giving advisory service in all activities under the generalized program, consultation in the fields, particularly of Tuberculosis Control, Maternal and Child Health, the Sight Conservation and Handicapped Children's programs have been possible, thus allowing for one-third of the consultant's time to be given to the promotion of public health nursing in that particular activity".*

* Nineteenth Biennial Report, State Board of Health of Oregon. Division of Public Health Nursing, Lucile Perozzi, R. N., Director.

Throughout the state the increase in the number of public health nurses has been equally great. The number of health units has increased until at the present time there are 16 such units. These units have a staff of from 2 to 8 public health nurses, besides a medical health officer, sanitarian and clerical personnel.

The number of counties with one nurse service has also increased. At the present time there are 13 counties which have a public health nurse for a twelve month service. In the other 7 counties the public health nursing service has increased from 3 months to a 6 month, and in some to a 9 month service.

There has also been new positions created in the state for public health nurses, such as the following: In the Farm Security Administration, 2 such positions were established and public health nurses were employed; in the University of Oregon Medical School Outpatient Department, a new position was created and is filled by a public health nurse with special preparation in Venereal Disease Control; in the Crippled Children's Services, there were 3 new positions, which were filled by public health nurses with special training in orthopedic public health nursing.

These new positions and the need for an increased number of qualified public health nurses meant that there must be a training program to help meet this demand. This training program was put into effect as early as 1937 and up to June 1940, 60 nurses had been given basic courses in public health nursing, or advanced preparation in a special field. This number included the 58 nurses sponsered by the Division of Public Health Nursing of the State Board of Health and the 2 nurses sponsored by the Crippled Children's Services of the State Public Welfare Commission.

Oregon is first on the list of states and territories having

the highest percent of qualified public health nurses. "An annual count of public health nurses and their qualifications is made in co-operation with federal health agencies. From reports released from the Office of the United States Public Health Service it was found that Oregon led the list of all forty-eight states and the territories of Hawaii and Alaska in the number of nurses who have completed an accredited course in Public Health Nursing. Eighty-five percent of the nurses employed in Oregon met the educational qualification for public health nurses."*

In this paper it was not thought necessary to explain in detail the consultation service given by federal agencies, except to say that consultants in public health nursing from both the United States Public Health Services and the United States Children's Bureau, give consultant service on the particular state programs for which their agency supplies the funds. The funds from the United States Public Health Service have been used with local funds for the health units, while funds from the Children's Bureau, (the Maternal and Child Health Program), with local funds have been used for rural district counties. The following figures are taken from the Nineteenth Biennial Report of the State Board of Health of Oregon, June 30, 1940.

Total Expenditures	Total	Local	U.S.P.H.S.	V.D.	M.C.H.
County Health Units and rural district counties	$588,623,78	$418,798.24	$94,912.26	$7,019.07	$67,894.41

The Crippled Children's Services Budget for the fiscal year ending June 30, 1941, was $101,097.00. Of this amount $47,731.00 was from Federal funds and $47,731.00 was from state funds. The balance, or $5,635.00 was from Federal funds that did not need to be matched by State funds.

* Nineteenth Biennial Report, State Board of Health of Oregon, Division of Public Health Nursing, Lucile Perozzi, R.N., Director.

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