PUBLIC HEALTH NURSING

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REPORT OF THE SUB-COMMITTEE ON NURSING OF COMMITTEE ON ADMINISTRATIVE PRACTICE *

It seems advisable to go a little into the background of the committee's studies in nursing, in order to arrive at the reason for the present-day need of a sub-committee on nursing. In making the original appraisal form, the National Organization for Public Health Nursing was consulted at every step of the way about the place that nursing should take in organizations. Anne A. Stevens, R.N., who was then the Director of the N. O. P. H. N., gave a great deal of time to this. Nursing groups were apparently satisfied with the advice given and the conclusions reached.

Since that time, it has been nobody's job in particular to keep up to date on the appraisal or to advise in relation to its interpretation or evaluation. One of the reasons for the formation of such committees as ours was a growing feeling on the part of nursing groups that, when studies were made which involved nursing problems, some formal committee should be consulted in relation to conclusions arrived at and the recommendations made.

The N. O. P. H. N. is also making nursing studies and the volume of such studies is steadily increasing. It was considering an advisory committee to consult with its staff on field studies made. Consequently, with two groups making studies in the field the time seemed ripe to have a committee of each, which should function separately in relation to each group and jointly in regard to the relation of one group to another.

Naturally common problems would arise in relation to the scope of each group making studies; the kind of information to be gathered; the schedules for gathering such information; the evaluation of such studies; the conclusions and recommendations arrived at; and the coördination of one group to another.

The N. O. P. H. N. appointed a committee which is synonymous with our A. P. H. A. committee on nursing with one exception—the Director of the N. O. P. H. N. is a member of the A. P. H. A. committee, but is naturally not on the N. O. P. H. N. committee.

FUNCTION OF THE COMMITTEE

The function of a committee such as ours might be:

To assist in keeping the appraisal up to date
To assist in evaluating nursing services in relation to changing needs
To keep the field staff advised regarding general nursing trends and policies
To advise in relation to the extension of studies in nursing
To assist in working out some method of ascertaining qualitative as well as quantitative practice
To advise in relation to making specific studies
To be the medium of problems in relationship to the N. O. P. H. N.
To work out plans for coöperation and coördination with the N. O. P. H. N. in their nursing studies

Eventually, it is hoped that we may be able to work out some more definite

* Presented to the Committee on Administrative Practice of the American Public Health Association in New York, N. Y., May 24, 1928.
conclusions in regard to certain nursing practices and policies.

The committee has had one meeting as a whole with Dr. Walker, at which we discussed and reviewed the potentialities of the committee.

Dr. Walker met with the Advisory Committee of Field Studies of the N. O. P. H. N., at which meeting we reviewed their schedules for studies and also discussed some of the common problems, such as the extent of information it was advisable for the N. O. P. H. N. to give; the need of both the A. P. H. A. and the N. O. P. H. N. being in accord with relation to certain recommendations which they might make in relation to nursing studies.

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Mary Laird, R.N.
Amelia Grant, R.N.
Jane C. Allen, R.N.

Annual Reports—"Annual reports can be roughly classified as surveys or obituaries," says the Health News. The better kind tells what has been accomplished and how this was done, and compares results so that contrasts between poorly done and well done health work show up clearly.

"In one sense an annual report should be like the record of a periodic health examination—designed to show up defects and to point out methods of prevention and cure."—Health News, New York State Dept. of Health, V: 47 (Nov. 19), 1928.

California Provides for Crippled Children—The Crippled Child Act of the 1927 legislature has been in operation less than a year. Due largely to the efforts of the California Society for Crippled Children, legislation was secured. It proved to be a timely measure, for an acute epidemic of poliomyelitis was more widely spread throughout the state in 1927 than ever before in history. While the Act has provided for all handicapped children, it is the sufferers from infantile paralysis who have benefitted from the provisions outlined in this Act.

The plan under which the law operates is outlined briefly in an article entitled "The Care of Crippled Children," in the November issue of The Pacific Coast Journal of Nursing.

Needy, physically defective or handicapped persons under eighteen years of age and residents of California who should have necessary surgical, medical, hospital, physiotherapy, occupational therapy or other service, special treatment, materials or appliances for use in relieving their defective or handicapped condition, may now obtain any or all of these at County expense under the provisions of the so-called "Crippled Child Act" of the 1927 legislature. Treatment is provided only for handicapped individuals, whose parents or guardians are unable to provide necessary treatment either wholly or in part.

It is the duty of the State Department of Public Health to furnish the necessary treatment and services upon presentation of a certificate from the parent or guardian stating that he is unable to furnish care.

The state does not bear the expense of the treatment, for all money expended under the authority of this certificate constitutes a legal charge against the county from which the certificate is issued.

Hospitals are open to these patients and have local public diagnostic clinics. Health workers are generally informed regarding the times and places at which clinics and conferences are held.

A strict supervision over all cases under its care is maintained by the State Department of Public Health and, for this reason, a supervisor has been appointed. Visits are made and records are kept, so that improvements may be noted as they occur.

The State Department of Public Health is enabled by law to enter into agreements with parents and guardians to pay such amounts as they may be
able toward the cost of service, equipment and its transportation.

The law further empowers the State Department of Public Health to receive gifts, legacies and bequests to expend for the purposes outlined in the Act, provided no part of such funds shall be used for administrative purposes.

Counties are authorized to provide treatment independently for these cases or they may cooperate with the State Department of Public Health. A tremendous amount of good has been accomplished for the children of California as a result of the application of this law.

NOTE: According to reports, the Act in its present form is not entirely satisfactory. This is due, in part, to the number of patients requiring surgical treatment and also to the prolonged nature of the illness. Few counties could finance the program. It has been suggested that the expense be borne jointly by the county, state, service clubs, local welfare organizations and parents and guardians.

The matter of treatment of these cases brings up the problem of both scholastic and occupational education. The need for convalescent homes conveniently located and planned with an idea of giving necessary scientific treatment is already being demonstrated.

Until the program can be carried out along these constructive lines, full benefit will not be derived from the new law.—


Permanent Responsibility versus Temporary—"What the Future Holds for Public Health Nursing under the American Red Cross" is discussed by Elizabeth G. Fox, R.N., in a recent pamphlet of that name. The first decade of the post-war nursing service is ending, and in the light of these past ten years Miss Fox raises the questions: "Where are we? Where do we want to be? How do we get there?"

The Red Cross is wholly or in part responsible for 568 public health nursing services, and is the largest single employer of rural nurses in the country. The rural field, however, is far from adequately covered; there is still great need for strong central promotion, guidance and support, such as the Red Cross, from its hard won experience, is well equipped to give.

Because of this, Miss Fox feels that the Red Cross should cease to consider its function as that of demonstrating public health nursing, and should adopt instead "an ideal of permanent responsibility for public health nursing in the community, and a policy of perpetuating partnership with public authorities."

This may be done by equal contribution of funds on the part of the chapter and the public agency, or by the official agency carrying the greater part of the expense while the chapter assumes the responsibility of administration. The Red Cross has much to contribute in experience, maintenance of standards, community interest and good will, as well as offering constructive program planning over a period of time, despite political upsets or changes of health officials.

With this ideal of long time responsibility on the part of the Red Cross for public health nursing activities, Miss Fox goes on to discuss problems which chapters will meet and lines along which they may well develop, touching on the need for nursing care of maternity and sick patients, prenatal supervision, the needs in counties of large area and small population, etc. Her conclusion shows the present position of the Red Cross Public Health Nursing Service:

It is ready now for its maturity; ready to put its hard-won experience to use in developing its services in accordance with growing demands and advancing standards; in pushing out experimentally into difficult fields; in seeking ways appropriate to the small town and village; of developing community nursing on a scale comparable with that in the cities.

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