Block Organization for Health Education*

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THE face to face talk of friend with respected friend is still the most effective means of passing on ideas and information. The radio is potent, but large numbers of people do not own radios, and if they do, one cannot be sure that they listen to the right programs. The newspaper is influential, but many people do not read it, and if they do, they may not read the right sections. But the exchange of talk is universal—in the pool hall, at the farmers' market, at the club, around the pot-bellied stove, in the transcontinental train, at the corner drugstore, or over the back fence, people pour out their ideas. If the talk were directed to one central topic, if the facts on which the talk is based were carefully verified, and if arrangements were made for such talk to go on in every home in the land, you would get a coverage and have a vehicle for public education unparalleled and unexcelled. The OCD Block Plan is a long step toward this objective.

Total war requires the participation of the total population. It is not surprising that soon after the outbreak of hostilities, many communities developed a method for bringing every family into home front war campaigns. This method sprang up spontaneously, independently, and at about the same time in different parts of the country.

The basic idea of the method was that one person in each block would be the key distributor of information about war programs. The idea was therefore known as the "Block Plan." This device proved to be so effective that the national Office of Civilian Defense in Washington recommended its adoption throughout the country. As a matter of record and as proof of the grass roots quality of the movement, it is significant that the block plan started first on the local initiative of local defense councils, and it was only after a considerable ground swell of operation and interest that the headquarters of the federal OCD adopted it as a part of national policy.

"Thus the Block Plan is simply a method of carrying out home front programs through a block by block organization of neighbors. It is a plan where neighbors can team together for war service with the help of fellow neighbors as their block leaders."

Under this scheme a community is divided into units of a small number of adjoining families. While the number of families in each unit varies in different communities, in general there are from ten to twenty families in each unit. "Each unit, regardless of size, is referred to as a block and may occupy: (a) an entire square city block, (b) a fraction of a square block, (c) one or both sides of a street, (d) an entire apartment building, (e) a fraction of a large apartment building, or (f) a country neighborhood.

Each unit or "block of families"

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is headed by one of its own number. This is a basic feature of the plan and, with such a healthy, democratic quality, helps insure the plan against domination by any one faction, party, or interest. In the early stages of organization, the leaders are usually appointed from a panel of volunteers by some representative of the local defense council, but after the plan gets under way, the appointment of the initial leader is either confirmed by an election of the block group or he withdraws and a new leader is elected to fill the vacancy. All the block leaders are under the direction of sector or zone leaders, who in turn are united under a representative of the Civilian War Services Branch of the local defense council with some title such as chairman of the block plan or chief of the block leader service. Some variation of this plan operates in all types of urban and rural communities in all sections of the country. The term "block" is used to describe the working unit in communities of over 2,500 population, while the term "neighborhood" is applied to working units in communities under 2,500 population. The basic purpose is twofold, first, as already indicated, to secure universal participation of the home front in war programs, and second, equally important but less often utilized, to bring the opinions and suggestions of the rank and file citizen to the attention of civilian defense authorities for the better prosecution of the war. The plan is used for a variety of different programs.

Once the essential machinery of the defense council and block plan is set up, the effectiveness of the block plan depends largely on the quality and training of the zone, sector, and block or neighborhood leaders. Experience shows that the work of the leader is greatly facilitated if the program has been carefully explained via newspaper and radio. Thorough use of these media identifies the block leader with the program he is attempting to explain, and enables him to concentrate upon getting action and the task of interpreting the program to the family unit. The essence of the educational process is twofold, first instructing the leaders in the program concerned, and second, transmitting the understanding they have thus developed to the families in their "blocks."

The application of the block plan to the field of health education can be made best with a series of illustrations. In Fenton, Mich., war clubs (Block Plan) on their own initiative undertook a program of education designed to bring about a general acceptance of the engagement of a public health nurse. A series of talks and demonstrations were given. These efforts led to a broad interest in public health beyond the original problem of securing the services of a public health nurse. In Fayetteville, N. C., block workers campaigned to encourage inoculations against typhoid, diphtheria, and smallpox. In La Junta, Colo., block workers were used to help check a diphtheria epidemic. The local director writes that, "The block leaders told the families on whom they called about the threat of diphtheria, warning the mothers to have their children immunized, advising them to keep their children with sore throats home from school, and asking if their children would submit to throat cultures." The director continues by saying that they "located 38 carriers of diphtheria and many were quarantined. They checked the spread of diphtheria temporarily at least, which with a shortage of doctors was very important."

In Mount Vernon, Ind., block leaders conducted a campaign to acquaint housewives with the importance of safety in the home, and to enlist them in the Indiana Home Safety Campaign.
In Richmond, Va., block leaders promoted health in their neighborhoods during the month of April, 1943, by forming Health for Victory Clubs, emphasizing the value of nutrition and home nursing, and stressing the advantages of an early diagnosis of tuberculosis. The Richmond block organization also originated campaigns to rid the city of rats. One feature of this effort was a drive to clean up the streets, yards, and alleys, and to beautify the city, as well as to starve the rats into an appetite for poison. Through the neighborhood leaders, Waldo County, Me., increased by 24 per cent the local use of enriched flour and bread in preference to plain white flour and bread. An excellent and effective program for making a survey in an attempt to stamp out infantile paralysis was made in Fort Worth, Tex., under the joint auspices of the Fort Worth and Tarrant County Health Departments, the Tarrant County Chapter of the National Foundation of Infantile Paralysis, and the Tarrant County Office of Civilian Defense. Another effective program for the elimination of rats, garbage disposal, and the control of the yellow fever mosquito was undertaken in New Orleans.

A very promising project of education for the prevention and control of venereal diseases was undertaken in one section of Wayne County, Mich. By adroit management, the cooperation of outstanding civic, religious, and municipal leaders was secured. Groups of block leaders received lectures and read pamphlets on the problem of venereal disease. After their instruction, leaders passed the information on to their neighbors. The coverage was not complete, but was more effective than anything heretofore attempted in that area.

Two more projects, in greater detail, will complete the material of this presentation. For the first, I quote part of a letter dated July 2, 1943, written by Mrs. Allen C. Selmin, Executive Secretary of the Neighborhood War Clubs of Detroit, to Reginald Foster, who was then chief of the War Services Branch, OCD, Washington, D. C.

"History of the Project: About a half million persons have moved into Detroit in the last year and a half. The local Board of Health was anxious to continue their fine record, despite the fact that they had lost many nurses to armed services and private agencies. They therefore requested Neighborhood War Clubs to do the survey which their own nurses had been accustomed to do; a survey which would determine the danger spots in the city. They were particularly interested in knowing what families had arranged for immunization against smallpox and diphtheria.

"The Project: The Board of Health prepared the enclosed forms: the pink form to be filled out on each family in the city, the yellow ones to serve as instruction to the block leader who was doing the interviewing. These were distributed by Neighborhood War Clubs to block leaders who called on all the families in residence in a square block for which they were responsible. The forms were then returned to this office, coded, and when ten to twenty had been received from a block, were sent on to the Board of Health. That agency then made up the statistical reports.

"Results of the Project: At the present writing, about 50,000 of these reports have been sent to the Board of Health and, according to the annual report from that organization, have served the purpose for which they were intended. The results were limited by the fact that the block organization in Detroit was not complete. We are still sending these forms to block leaders as new blocks are organized in the city, and the Health Survey becomes the first project of a new leader. Block leaders find householders interested in
health problems. They are concerned about the dangers to their children who go to school with the children of families recently moved to Detroit.

"As a result of this service given to the Board of Health by Neighborhood War Clubs, we have recently been asked by them to take on a new project. The highest incidence of tuberculosis in Detroit is in the downtown, or transient, area. This falls within three of the four zones in Area 10. Our zone, sector, and block leaders are now making appointments for residents of these zones to have x-rays taken. Block leaders are attempting to do an educational job in this part of the community. This is being done under the supervision of a staff member of the Board of Health, who has been loaned to Neighborhood War Clubs for this job and for a health education job throughout the community."

For my last example, I will take a page from some pre-war experience which I had in one of the rural counties served by the W. K. Kellogg Foundation in southern Michigan. While the block plan was not in existence at that time, the Branch County Community Corporation was in the fields of health and child welfare roughly equivalent to a county defense council. I quote from the February, 1939, University of Michigan School of Education Bulletin:

"During the summer of 1938, the Branch County Health Department was in need of certain important data with regard to the health of the children in the county. The chairman of the Branch County Community Corporation was approached for aid in securing these data, and he presented the problem to the corporation. One delegate from each of the one hundred and five school districts was then appointed to membership in a seminar on county health problems. For several meetings over a period of two weeks this seminar gathered to participate in a discussion led by the members of the staff of the county health department, dealing with the physical welfare of the children in the county. In the course of these discussions, an interview schedule was described and the members of the seminar were instructed in its use. Each delegate applied the schedule to every family in his respective school district. These data were turned in to the office of the county health department for tabulation. This is probably the first time a complete inventory of the physical welfare of children has ever been secured in any area as large as Branch County. It was accomplished without any cost to the county. The process of adult health education for the one hundred and five delegates securing the data and for the families they interviewed was very effective."

In conclusion, I want to stress one basic and inescapable fact. All programs designed to enrich the lives of people and communities suffer from a universal plague. They reach and affect only a paltry fraction of the public for whom they are intended. Many of us talk to other professionals about what should be done with the great unwashed. Others reach a few laymen who in general are the least needy of the population. We rarely touch the man who needs it most, and if we do, for everyone we reach, there are thousands who never hear our story.

The OCD Block Plan is the most effective cure for this plague that I know. Nothing approaches it in coverage and the possibility of universal education under grass roots leadership. If I were a professional in public health education in the United States, I would do everything in my power to build up the OCD Block Plan in my community and to see that it is used for a problem that is vital in war and in peace, namely, the protection and development of the health and fitness of the general public.