

excerpt from  
Trustees Bulletin  
December 1, 1939

Copy: 200 J  
County Health  
Work

908  
Program + Policy  
County Health Work

Grants from the Foundation:

\$2,743,490 to various states of the U.S.

#### DEVELOPMENT OF RURAL HEALTH SERVICES

A review of public health organization in the United States shows that there are now 1,370 counties in which the public health interests of the rural populations are supervised by full-time directors. True, this is only about half the counties which compose the forty-eight states, but it represents such a large part of the rural population, and is so far ahead of the situation which existed until recently, that it may rightly be hailed as a national achievement.

Thirty years ago, when the Rockefeller Sanitary Commission for the Eradication of Hookworm Disease was beginning its work in the South, one of the serious handicaps was the lack of any organized public health service in the country districts. Indeed, only three southern states had state departments of health, and only a few southern cities had full-time health officers. One county in Kentucky had a full-time health officer, but it was unique, and everywhere else, both North and South, rural health was left to the haphazard whims of time and circumstance and sporadic private initiative. Drs. Wickliffe Rose and John A. Ferrell immediately sought to induce the counties in which they were pushing the hookworm campaign to consider the whole problem of public health as a unity. Specialized measures directed toward the eradication of hookworm could be regarded as only a palliative, unless they were part of a general policy of sanitation, inspection, public health nursing, and public health education such as could be provided through a permanent health service under the direction of a full-time health officer. So Rose and Ferrell preached county

organization, and in all the regions in which they worked endeavored to activate the state and county governments to provide rural health control.

The first fruit of these efforts came in 1911 when the Board of Commissioners of Guilford County, North Carolina, voted to employ a physician of Greensboro who agreed to give up his private practice and look after the health of that county's rural areas. In 1912 another North Carolina unit, Robeson County, was organized, and one of the young physicians on the staff of the Rockefeller Commission, Dr. B. W. Page, was called to become the Robeson county health officer.

With the establishment of The Rockefeller Foundation in 1913, the hookworm campaign became part of the larger public health program of the Foundation, the officers continued to encourage county organization, and by the end of 1913 ten North Carolina counties had organized rural health services under the administration of salaried physicians on a full-time arrangement. In all this development, the employment on full-time was emphasized as an essential feature, because experience had demonstrated that part-time officers were of dubious value in this whole-time responsibility of safeguarding the public health.

These early organizations were financed by the counties themselves, but progress was slow, and it became obvious that some more substantial activation was necessary if the rural health movement was really to get going. So in 1916 the Foundation made its first allotment of money: a grant of \$700 to North Carolina to supplement funds from the state and local governments to set up a model county health unit in Wilson County. The following year other states agreed to match Foundation funds, and also in that year the United States Public Health Service made its first appropriation for this purpose. Thereafter progress became more rapid, though

Not  
true;  
it was  
5  
-SW



for the first fifteen years it was confined largely to the South. Thus in 1929, when the Foundation's financial participation in the movement reached its maximum, with annual grants totaling \$313,774, the number of counties organized was 519. Although thirty-five states were represented, ten southern states accounted for more than two-thirds of the counties - and it is significant that these ten states which led in rural health organization are the ten in which twenty years before the Rockefeller Commission had launched its campaign against the hookworm disease! Today, despite the intensification of the public health movement in the North and West, the South still leads in rural health organization.

Concurrently with its program of assisting the states to develop county health work, the Foundation provided fellowships for the training of public health officers and public health nurses to serve these rural units, spending from \$60,000 to \$90,000 a year in this program of personnel development. Closely linked with these efforts was the Foundation's participation in the development of the state departments of public health, for obviously county health work would be seriously handicapped without the coordination and auxiliary services of an efficient central health office in the state capital.

Since 1929, the Foundation has progressively reduced its annual appropriation for these programs. This is in accord with the policy of concentrating assistance in the pioneering period of a public health development, and, after a demonstration has been made, leaving its continuance to the appropriate local, state, or federal agencies. Moreover, during the 1920's and early 1930's, the movement for rural health units elicited financial support from other private and public organizations, including

the American Red Cross, the American Tuberculosis Association, the Milbank Fund, the Commonwealth Fund, the Children's Fund of Michigan, the Rosenwald Fund, and the American Women's Hospital Fund.

Beginning in 1934 came the greatly enlarged federal program in public health. A congressional appropriation of \$1,000,000 for the development of rural units was made available, and shortly following came many millions more through the Social Security legislation and the Venereal Disease Control Act. With these enhanced resources, supplied to the health departments of the various states through the United States Public Health Service, practically the entire program as it had been supported by the Foundation during the preceding two decades was taken over by public agencies, including the recruitment of personnel through fellowship and other training grants. From an annual \$109,154 in 1929 the Foundation's budget for rural public health work in the United States dropped to a mere \$4,570 in 1939. This current \$4,570 is for a demonstration unit serving the two counties of Fulton and Montgomery in upper New York state, a project to which the Foundation voted aid in January of 1935 on a five-year basis. With the ending of this month the grant terminates. There are units in Canada and Mexico for which Foundation assistance is continuing, but so far as the promotion and organization of county units in the United States is concerned, the Foundation program is completed.

If one seeks to strike a balance, to appraise the benefits which have accrued from these efforts, it is the whole public health movement in the United States that appears in the reckoning. Out of the fight against the hookworm came the movement for local health service; and with the need for full-time supervision thus recognized, there followed inevitably the



pressure for trained men and women, for schools in which to train them, for adequate state departments of health with their epidemiological surveys, laboratory facilities, statistical, and other central office services. The Foundation has had part in every phase of this movement, even including the initial assistance which called into being the schools of public health at Johns Hopkins (opened in 1918), at Harvard (1922), and at Toronto (1924).

"It is due in no small part to the support and encouragement which have come from The Rockefeller Foundation that whole-time local health service has been established and maintained on a scale sufficient to prove its value," says Dr. H. S. Cumming, who was Surgeon General of the United States Public Health Service during most of the development. "The Foundation has made an invaluable contribution to the progress and orderly development of organized health work in the United States."

Both "the technical leadership and the financial assistance of The Rockefeller Foundation in promoting and developing county health departments" were emphasized by Dr. Thomas Parran, the present Surgeon General. These, he declared, "furnished a sound basis for public action in this field. As a result, approximately one-half of the counties of the United States now are served by county health departments under full-time health officers."