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HISTORY

Public Health Nursing—Indispensible and Economical for Everyone if Organized

Haven Emerson

ABSTRACT In August 1930, the editors of the original *Public Health Nursing* published an article derived from a speech made by Dr. Haven Emerson, then professor of public health administration at Columbia University, on the topic of the distribution and use of public health nurses. The speech was made before an audience of lay board members from hospitals and public health nursing organizations in Chicago, February 17, 1930. Emerson reported the results of a data analysis in which the numbers and credentials of public health nurses in 24 cities across the United States were reported. Excerpts from this report and Dr. Emersons conclusions are powerful reminders that while there were issues of labor supply and distribution, the power of nurses to effect social transformation was central to the role as conceived by those administering public health services.

Key words: Haven Emerson, labor supply, public health nursing, visiting nurses, workforce.

We are asked to consider in particular, the adequacy, the values and uses of the public health nurse as that service is now organized, as we conceive it for the future.

The Situation in 24 Large Cities

I have the record of the population and the number of nurses engaged in the 24 large cities of the United States. These 24 cities hold approximately 24 million people now. There are in those cities 4,793 women trained, graduated, and licensed by one or more states to practice a profession indispensable alike to the protection of health and for the management of disease. This gives a ratio of 1 nurse to every 5.076 of these urban populations. There are wide variations in the ratio of nurses to urban populations, and in these variations we have an experiment in social adaptation; in the application of the medical sciences to your present social order. We have cities with about 1 nurse to 3,000 people, or less, and these include Detroit, Boston, Rochester, Minneapolis, and Buffalo, among which it will be found that the problems of preventive medicine are more adequately handled than in those cities where the ratio is 1 nurse to 10,000 people, as New Orleans, or in Chicago or Denver, where the ratio is about 1 to every 6,000 of the people. Furthermore, we find some cities where the ratio is 1 nurse to about 2,000 people as in Boston.

We have here the basis for a very interesting kind of social study, experiment, or comparison. To satisfy people with sufficient nurses is a problem in professional supply and demand. The appraisal of health services of a modern industrial municipality is a complicated and difficult matter at best, even when the reasonably exact technic of the American Public Health Association is used. In other words,

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in spite of a technic which begins to approach reasonable social accuracy we have a very difficult time in measuring the true content and amount of the public health services of a community.

The adequacy of the public health service of a city, the appraisal of the amount and quality of such work, runs fairly closely parallel to the ratio of nurses to the population. Those cities with a low health appraisal record will have a ratio of nurses nearer to 1 to 6,000 of the population than of 1 to 2,000.

How can We Measure Adequate Health Service?

We are unwilling to accept a death rate or a sick rate as an index of the adequacy of the health services of a city. If you have a great number of Negroes, you may have a high death rate in spite of a really very adequate and scientific public health work. If you have a great number of Jews in your community, you are going to automatically have a low tuberculosis death rate. In a community of young pioneer population groups, such as that we have in some of the western coast cities, you will automatically have a death rate perhaps 25% or 30% below the death rate of older, more mature communities of the northern states, almost independent of the efficiency of the public health services provided.

We have given up attempting to measure the excellence of public health service by death rates. That is like measuring the function of a power plan by the ash heap. It isn't an honest or adequate way of measuring relative excellence. We must try to measure the extent of services rendered which we know are needed. We want to know, of course, whether the function of vital statistics are adequately served by the central office, and how many babies have been reached by advice at home, and by service at the baby station. We want to know how many preschool children have been brought to the opportunity of medical opinion; how many contacts with the tuberculous have been brought for examination; how successful the venereal disease clinic has been in giving a continued and adequate treatment from the time diagnosis was made until the disease was no longer to be found by laboratory tests.

In every one of these measures of work done, we are really testing the adequacy of individual solicitation and dispensation for health in the individual home and household.

The appraisal of a city's health work can be carried out with reasonable accuracy by determining how many nurses are in the field, how they are directed, how economically their time is spent, and how many homes they reach in the course of a year.

Distribution of Public Health Nurses

The average ratio of nurses in these cities, as I have said, was 1 to every 5,000, approximately. Chicago, with 13% of the population of these 24 cities, has only 11% of the nurses employed, and only 10% of the nurses employed by public health or visiting nurse associations. Whether in regard to the total ratio or the ratio maintained by private or volunteer interests, Chicago falls below the average for the 24 million of the 24 large cities. While in those cities as a group half of the public health nurses are in public employ and half through nursing agencies, in Chicago only 41% of the its already inadequate number of public nurses are provided through private agencies. The responsibility, therefore, for the present insufficiency of the nurses in this city rests upon the citizens in their individual and volunteer capacity as well as upon the city government. In these 24 cities, 40% of all the public health nurses if the United States are serving 20% of the country's population. Thirty-five percent of all public health nurses in these 24 large cities serve 18% of their population.

I would lead you to the conclusion that the application of modern, preventive medicine is simply awaiting the further and more adequate distribution of public health nurses as relay stations for health education to carry the power from the central stations of science, the hospitals, and universities, to the individual homes of the community.

The Supply of Nurses and Their Organization

Communities throughout the country are beginning to attempt to apply the same kind of organizing imagination to visiting nursing which has created American business. I think it will presently be considered unfair to the tax payer or voluntary contributor or patient to allow half a dozen different

varieties of nurses to cruise at large through the homes of a community instead of having them all centrally directed within individual districts so that a nurse can apply every possible quality she has to the people whom she knows, and knows better than anybody else does in her city.

I have often felt that there is among the nursing group the largest potential power for the correction of social ills that exists within the country, because nobody else knows what the horror is, the fear that hangs over people from unemployment, as the nurse does. Nobody sees what it means to be politically hounded, the way the nurse does of the home which is subject to political catastrophe. The nurse knows well what it means for a family bread winner to suffer a reduction of wages. The nurse is the eyes and the conscience of the community in seeing and judging those matters which adversely affect the health and life and the survival of babies, children, and parents in the home.

This is a powerful social instrument that we are dealing with. We can't afford to allow it to be crudely used. We are concerned with every aspect of it. We are quite as much concerned with its application through hourly and appointment service for people of means, as to the people of small funds who have to rely upon the visiting nurse's aid exclusively.

Approximately 60% of all the work of the visiting nurse service in Philadelphia among the poor is paid for, is earned, so that the community makes up about 40 cents out of every dollar that the nursing service costs. That is a very favorable showing. That cannot easily be duplicated in other cities. We must be determined to see that the nurse's time shall not be wastefully spent on the well-to-do. It can be economically spent by the hourly appointment service now developing. This is an indispensable development for the future, and it will make nursing more nearly self-supporting than it has been in the past.

"Service to All the People"

Perhaps you remember the admirable statement of Dr. Olin West that has been quoted in the last few years and is, after all, the slogan of one of our national agencies of research, the Committee on the Costs of Medical Care:

> The object of the medical profession is the delivery of adequate scientific medical service to all the people, rich or poor, at a cost that can reasonably be met by them in their respective stations of life.

I wish somebody would carve that in stone on some hospital, and then recognize that the accomplishment of that can only be through having paid hourly as well as free nursing services, the hourly nursing service at a rate which will at least carry its cost and probably promote its extension. Nursing service, which will be recognized by every physician as indispensable and integrated with his private practice, is that service which no institution or individual can ignore to date.