

# Iowa Public Health Association

## Public Health History: Local Health Units for the Nation

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*“Whereas, a major inadequacy in the civilian health protection in war as in peace time exists consequent upon the failure of many states and of not less than half the counties in the states to provide even minimum necessary sanitary and other preventive services for health by full time professionally trained medical and auxiliary personnel on a merit system basis, supported by adequate tax funds from local and state, and, where necessary, from federal sources: therefore be it RESOLVED, That the Trustees of the American Medical Association be urged to use all appropriate resources and influences of the Association to the end that at the earliest possible date complete coverage of the nation’s area and population by local, county, district or regional full time modern health services be achieved.”* American Medical Association, House of Delegates, June 10, 1942.

A similar resolution was passed by the American Public Health Association and the State and Provincial Health Authorities of North America. The Subcommittee on Local Health Units of the American Public Health Association, with support from the Commonwealth Fund, undertook a study and published a report in August 1945.

The committee first analyzed the status of local public health services in the nation and then developed the principles to use in designing proposed services. The goal of the committee was “the creation of such number and boundaries of area of local health jurisdiction in every state in the Union as will bring within the reach of every person and family the benefits of modern sanitation, personal hygiene, and the guidance and protection of trained professional and accessory personnel employed on a full time basis at public expense, selected and retained on a merit or civil service basis, and free from disturbance by the influence of partisan politics.”

The committee then presented a proposal for each state using the same format. The narrative proposal for Iowa is presented below. The proposal begins with background information about the state and a description of the current public health services. It then outlines a plan for 27 local health units for Iowa. Tables with the specifics regarding the grouping of counties, the existing expenditures and service and the proposed staffing and budget for each local health jurisdiction are available from Ronald Eckoff, [reckoff@radiks.net](mailto:reckoff@radiks.net). There is also considerable background discussion regarding the development of the report available.

## **Local Health Units for the Nation: Iowa Proposal (1945)**

Iowa has a population of 2,538,300 and an area of 55,586 square miles. Its population density of 45 persons per square mile is about that of the United States as a whole. It is divided into 99 counties, which are almost uniformly squares of land except where the Mississippi River on the east and the Missouri River on the west determine the contours. Areas of counties vary between 399 and 942 square miles and average 561; their populations average nearly 26,000 and range from 10,200 in one county to 195,800 in the county which includes Des Moines, the largest city and the capital of the state. Seventy-five of the counties have populations below 25,000, 17 others have populations between 25,000 and 50,000, thus leaving only 7 with populations of more than 50,000. The state contains 5 cities with populations of more than 50,000.

Iowa is the epitome of the agricultural Midwest. It was settled several generations ago chiefly by Scandinavians, Germans, and Swiss who brought with them the virtues of thrift, sobriety, conservatism, and an understanding of the soil. These virtues have been carried down to the present day. More than half the population lives in rural areas; more than a third of its 862,800 employed are engaged in agriculture, and only 11 per cent in manufacturing. Seventy per cent of its farms are between 100 and 500 acres in size; a negligible number are larger.

The birth rate and excess of births over deaths and the general death rate were each practically the same as the average for the United States in 1940. Both the infant mortality and tuberculosis death rates were much lower than the average; the latter was lower than any states except Utah and Wyoming.

It is estimated that the per capita spendable income was \$567 in 1941, almost precisely the median for all states. The range in the various counties was from about \$350 to nearly \$900. The per capita assessed valuation was \$1,300, more than twice as large as spendable income, with a range from less than \$900 to \$2,000.

General hospital beds numbered 8,136 in 1940, averaging 3.2 per 1,000 population. There was approximately one doctor for 900 persons in 1941.

The basic public health law of Iowa places responsibility for local health service upon municipalities, of which there were 931 incorporated in 1940. In 1939, however, the state legislature enacted a law by which county boards of supervisors can by their own resolution, or by mutual agreement with any local boards of health in their own county, adopt the county health unit plan. When a county health unit plan is adopted, "a county board of health shall guide and direct all public health activities within the county." The state board of health is empowered to "adopt rules of procedure for the organization of county boards of health and shall also specify their duties." Support of the county health units is provided in the act, which further states that "the expense incurred by the county health unit shall be paid by the county board of supervisors from county funds legally available. Other organizations, including local boards of health, may unite with the board of supervisors in defraying the necessary expenses of such a county health unit."

Since the act was passed the state health department has encouraged the organization of county units, one of which has been organized, a city-county unit including a population of over 100,000. There is as yet no specific legislative permission for the organization of multi-county units.

Local initiative in public health matters has developed very little in this state. In 1943, the year for which any figures are available, all areas except the city of Des Moines were served by 9 state districts. There was probably a certain amount of health services by city or town boards of health, but this undoubtedly was not extensive. The figures on the extent of such services were not available from the state department of health.

Ten full time medical health officers were reported by the 10 existing local health units, together with 2 additional full time physicians and 30 part time clinicians. Three additional full time medical health officers were serving by direct staff assignment from the United States Public Health Service. The 145 nurses reported, of whom 7 were on part time, represent about one per 17,500 population.

Sanitary personnel included 10 engineers in state districts and 29 sanitarians, an average of only one per 65,000 population. Three engineers and 3 sanitarians not included in this count were provided by direct staff assignment from the United States Public Health Service.

Only 25 clerks were reported and 13 laboratory workers, of whom 4 were on part time. Dental service was practically unorganized, only 2 full time and 3 part time dentists and 4 dental hygienists being reported.

Actually, except for those reported by Des Moines, these local health services were roughly the equivalent of the supervisory service given by state health departments in other states to local health departments. They constitute merely the beginning from which the present state health officer hopes to organize local health serves with staffs of the state districts constituting an integrating and supervisory influence.

The cost of these local health services was about \$622,200, only 25 cents per capita. Nowhere except in Des Moines and Polk County was the cost as high as 50 cents per capita. In that county the per capita was 77 cents. Seventeen per cent was reported spent for costs other than salaries.

The Committee and the state health officer jointly recommend that the 99 counties of Iowa be served by 27 units of local health jurisdiction, each containing nearly 4 counties. Seven counties with populations of more than 50,000 are suggested as separate units. The remaining 92 counties are grouped in 20 units as follow: 4 units contain 3 counties each, 6 are of 4 counties each, 4 are of 5 counties each, and 6 are of 6 counties each. The average population of the 27 units is about 94,000; none has a population of less than 60,000 and only 7 have more than 100,000.

For each of the 27 units, one full time medical officer is recommended, to be assisted in all but 4 units by at least one additional full time physician and in each unit by 3 or more part time clinicians, totaling 118 in all units.

To develop a generalized public health nursing program, including school nursing, 508 nurses are recommended, or one per 5,000 population. This is more than three times the number reported in 1942.

To carry on the local work in environmental sanitation, at least one engineer is recommended for each unit, to be assisted by one or more sanitarians of non-professional grade, a total of 27 engineers and 72 sanitarians. In addition, 6 veterinarians are recommended, one of whom would serve 2 adjoining districts.

Clerks in the ratio of one per 15,000 population would total about 169, of whom 3 would be statistical clerks, one to serve each of the 3 large districts.

Very limited laboratory service is recommended for all except 4 units to include 2 professional, 24 technical, and 24 unskilled workers. This recommendation, however, is based upon the plan that the state laboratory will provide professional supervision of laboratory service in the local units as well as perform many of the more complicated laboratory procedures.

A dental health program, now practically non-existent, will require about 5 full time and 82 part time dentists and 84 dental hygienists. Health educators are suggested for 3 units only.

The estimated cost of this recommended local health service will be about \$2,522,700, or 99 cents per capita. This estimate is based on current salaries, which are somewhat higher than the salaries of 1942. The latter were used as the basis in nearly every other state but were not available for Iowa. An average of 22 per cent has been made for expenses other than salaries. Obviously there can be no fruitful comparison between 1943 expenditures and the cost of recommended services, since local health services were practically non-existent in 1943. But there is no reason to suppose that Iowa, which is approximately the median state among the 48 in financial resource, cannot and will not join its sister states in organizing the basic minimum of local public health services.