

PUBLIC HEALTH

A National Health Survey

For the First Time, the United States is Taking Inventory of the Physical Condition of Citizens

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"HOW IS the health of your family?" This is the question to be asked of 750,000 homes by the United States Public Health Service, in the nation's first health inventory. This survey is the largest health study ever undertaken by this or any other country. It will cost \$3,450,000, a sum allotted by the Works Progress Administration. In addition to providing work for a large number of persons, the goal of the inventory is to provide medical science with more complete knowledge as to how diseases and disabilities are distributed throughout the nation by geographical divisions, by age, by sex and by occupation.

A small army of "white-collar" workers, numbering about 6,000 are out in nineteen states, and during the next few months, in "house-to-house" interviews, they will seek the answers to questions about the general health of the family—questions, which, to the present time, have remained unanswered. The questions will, in the majority of the homes, be addressed to the home maker. Naturally, the home maker has the most detailed information as to the family health. Her most important duty is to keep the family well, to care for the family when there is sickness. The results of the Health Inventory, it is hoped, will, in the long run, be of great help to the home maker in keeping her family well.

Picture of National Health

The health inventory is expected to provide a picture of the general health of the nation, rather than of exceptional conditions. Many valuable studies have been made of epidemic localities, of diseases such as leprosy, pellagra and parrot fever. While of vital importance, the prevalence of such diseases may be regarded as an exceptional health condition. The Public Health Service is interested not only in the serious disabling illness, but in the minor ones. How many are sick in this home on the day

the enumerator visits the family? How many have been sick during the past twelve months? What is the nature of these ailments? How much time has been lost from work or usual activity by the sufferers? Are there any additional chronic conditions, not apparent on the day of the enumerator's visit, but which are known to have been troubling a member of the family from time to time? These are some of the questions which the home maker or head of the household will be called upon to answer.

Nineteen Representative States

The survey is expected to record the health condition of fully 3,000,000 Americans in 95 different communities. In order to get a comprehensive representation of the entire country, nineteen states were selected to represent each of the geographical divisions designated by the Census Bureau. In New England and Middle Atlantic States: Massachusetts, New York, New Jersey and Pennsylvania. In the South Atlantic area: Maryland, Virginia and Georgia. In the East and West North Central areas: Michigan, Illinois, Ohio, Minnesota and Missouri. In the Mountain and Pacific States: Utah, Washington, Oregon and California.

The information obtained in this survey is designed to help medical science chart its course in future efforts to learn the causes of sickness, to control disease, and even to cure disease. Very little is known about the prevalence of most sickness. Mortality statistics tell us how many persons die of heart disease every year. Mortality statistics tell us whether the death rates from heart ailments are increasing or decreasing. We know that these diseases are responsible for about one-fifth of the current death rate. But we do not know how many people are suffering from heart trouble today. We do not know where these cases are located, nor the age and sex of the sufferers. The same may be said of other chronic ailments, such as cancer, diabetes, arthritis, rheumatism, hay fever and goiter.

Family physicians keep records, it is



MISS JOSEPHINE ROCHE

true. But what of the person who is "ailing" from time to time, but has not yet sought medical assistance? State and local health departments collect statistics on the prevalence of such communicable diseases as infantile paralysis, diphtheria, smallpox. Some public health departments and private institutions have made similar surveys in restricted areas on specific diseases. Even where such records are available to the public, where health workers could study them with an eye to future prevention, the data are not correlated and are on a very small scale.

Accidents in the Home

For example, the National Safety Council and the larger insurance companies tell us that one of the most frequent causes of temporary disability is the home accident—falls, burns, cuts, taking poison accidentally. The National Safety Council estimates some 5,000,000 temporary disabling home accidents in 1934, costing about \$640,000,000. There is serious need of more information regarding the frequency of home accidents and the situations in which they occur, for the above figures are only a rough estimate. A check-up as to the disability of seven days or longer and the length of time lost from work or usual activity from home and other ac-

cidents is one of the important jobs of the health inventory.

Great strides have been taken by medical science in lengthening the average span of life. Diseases which before were highly fatal have been cured, or at least arrested. Better sanitation has made it easier to keep well. Pure water supplies, milk sanitation, the control of malaria-infected areas, improvement in our knowledge of diet and the need for sunlight and fresh air are but a few of the blessings brought to the human race by medical science in the last half century.

Babies Have a Better Chance

The appalling loss of human life during infancy and childhood became apparent when the twentieth century was but a few years old. Infant mortality and mortality from communicable diseases has been so greatly reduced in the past thirty years, that today, the average span of life has lengthened about twenty-one years. Babies born in 1870 had a chance to live to be forty years old; babies born in 1935 have a chance to live sixty-one years. The era in which we live marks impressive advances in transportation, communication, and industry. However, this little publicized increase in the life span may be regarded as the most notable advance made by the human race in any direction since the Middle Ages.

Statisticians of the U. S. Public Health Service tell us that this impressive decline in death rates from infant mortality and communicable or infectious diseases has gone hand-in-hand with an alarming increase in mortality from such diseases as cancer and heart failure.

In conquering the diseases particularly associated with the older age groups, medical science still has a long road to travel. To chart this course, we need facts—and many more facts than are now available. The goal of the survey is to discover facts that will result in providing the average man with greater security against the hazards of disabling illness.

The survey itself is a recognition of the fact that health services of the future will undoubtedly be expanded to cover fields other than the control and prevention of the communicable disease. The time, energy and money expended on the cure and control of such infectious diseases as typhoid, diphtheria and malaria have borne fruit. The future of the problems presented by chronic diseases and disabling illness looks no black-

er than did the future of the tuberculosis situation some years ago. What has been accomplished by medical science in the past can be confidently expected in the future.

The United States Public Health Service proposes, in the health inventory, to arm medical science with the weapon of new facts—a greater body of information than has yet been accumulated on the health conditions in our country.

The relation between income and illness is important to everyone, due to the tremendous cost in loss of income when a wage earner is ill, and in medical care when any member of the family is ill. Families with annual incomes of \$2,500 or under, according to careful estimates, show an average wage loss of \$900,000,000 a year, due to illness, and their costs of medical care are annually \$1,500,000,000—a total money loss of \$2,400,000,000. In order that this serious economic waste may be further analyzed, it is important to gain some idea as to the amount of time lost from work by the sick members of the family.

Effects of the Depression

In the past two years, the Service began studies on the effect of loss of income upon public health. A survey of ten localities pointed to a greater problem than has yet been approached by Public Health officials—the economic waste of illness throughout the country. This study showed that the disabling illness rate was 56 per cent. higher among families hardest hit by the depression than it was among their more fortunate neighbors. Sickness among these "new poor" was more prevalent than among the "chronic poor" who had

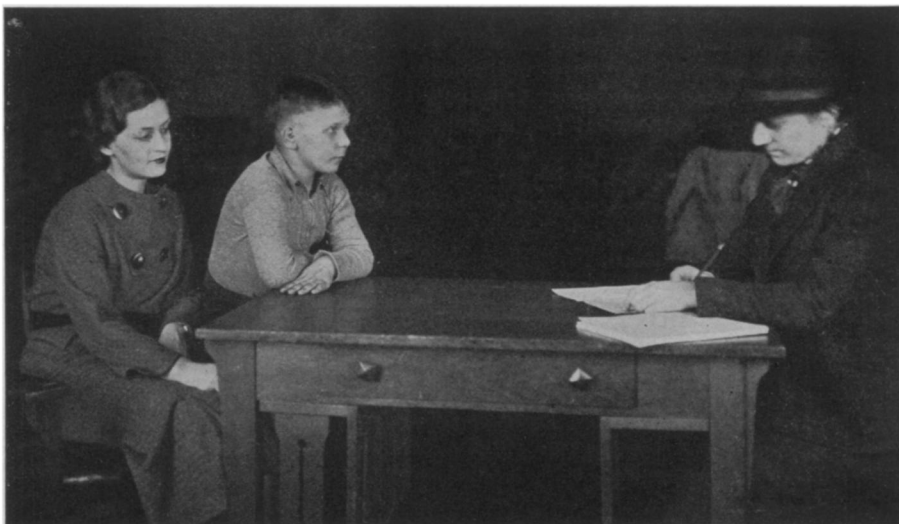
been poverty-stricken even in 1929, a fact which suggests that ill health is associated with a sudden drop in the standard of living. The direct effect of unemployment is indicated by the fact that the sickness rate of families having no employed workers was 48 per cent. higher than the sickness rate of families with full-time workers and 14 per cent. higher than that of families with part-time workers only. These health and depression studies also focussed attention on an even broader field for scientific inquiry: the prevalence of current illness, chronic diseases and disabling handicaps.

Statements Held Confidential

The house-to-house canvass is but one phase of the inventory. A more complete record of public health and medical facilities than has yet been made, will be acquired throughout the entire country, thus measuring more accurately the extent of availability of such facilities to the American people. Records of industrial sick-benefit associations will be studied in relation to occupation.

Public Health Service studies are interested only in facts and figures. Once the information given by a family has been tabulated it will be compiled in such a way that no name is used. All information, taken by accredited representatives, will be held in the strictest confidence. Facts collected in the national health inventory will be analyzed by scientists and statisticians skilled in appraising figures in their relation to human suffering. The new data, it is hoped, will lead to an increasingly effective program for national health.

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A FAMILY'S HEALTH HISTORY GOES INTO THE RECORD