C375008 I

Neighborhood Health

SEP 11 1940

DEPARTMENT OF HEALTH CITY OF NEW YORK

FIORELLO H. LA GUARDIA, Mayor JOHN L. RICE, M.D., Commissioner

Vol. VI, No. 5 NEIGHBORHOOD HEALTH DEVELOPMENT September, 1940

CHANNELING CITIZEN SUPPORT

MY past six years' experience as Health Commissioner has convinced me that the vitality and success of health work in New York City, with its vast areas to be served and its heterogeneous population groups, depend on a strong municipal health department, surrounded by a strong supporting group of interested citizens, voluntary agencies and organizations all working together.

"One other asset is needed in this program—an instrument through which the individuals of these groups can bring their strength to the Department of Health, and through which the Health Department can pass back and disseminate health education, guidance and stimulation. This instrument is the Committee on Neighborhood Health Development.

"The Committee has extended its aid by organizing, around our health centers, District Health Committees made up of representatives of the voluntary agencies and professional and lay citizens. In the seven districts where these Committees are already organized, we have an army of some 1400 workers—an expeditionary force available for help in any phase of our health program."

John L. Rice

JOHN L. RICE, M. D.
Commissioner of Health

Generated on 2020-11-28 04:31 GMT / https://hdl.handle.net/2027/mdp.39015086677500
Public Domain in the United States, Google-digitized / http://www.hathitrust.org/access_use#pd-us-google
Digitized by Google
Original from UNIVERSITY OF MICHIGAN



Planning a health education program

MAKING DEMOCRACY WORK

BAILEY B. BURRITT
Chairman, Executive Committee
Committee on Neighborhood Health Development

RECENT developments in the medical sciences have brought home to us the fact that a vast improvement in the health of our citizens is possible. The feasibility of less sickness and disability through preventive measures and the substitution of a far greater degree of positive robust health of all of our citizens is the challenge that confronts us. Basic in the endeavor to meet this problem is public understanding of the facts and public participation in commanding the services and facilities which make public health possible. The necessary facilities obviously do not involve one department alone. They include problems of housing, recreation, care of the sick, sanitation, relief, education and law enforcement, as well as health. Their solution can come only by effective cooperation of nearly all the departments of government. Indeed, they involve a high degree of cooperative effort on the part of all public and voluntary endeavors. The leadership, nevertheless, by law and by tradition rests with the Department of Health.

If public understanding and participation are fundamental, how can they be obtained? How can well-conducted necessary health services essential to meet the challenge be secured and maintained? No one has found the complete answer to these questions. But the health center movement and the experience of the Committee on Neighborhood Health Development as an experiment over a period of years has made a persistent effort to find at least a partial answer.

The need for bringing the services of the Department of Health nearer to the people served, as a means of procuring greater understanding and greater use of such services, was visualized more than a quarter of a century ago. But it was not until after the first World War that a definite program began to take shape in the form of a demonstration within one area of the city—the East Harlem district. This was followed by the still more significant Bellevue-Yorkville Demonstration. In 1934 the Department of Health officially assumed responsibility for health center development and extension through the establishment of a Bureau of District Health Administration and the adoption of a plan for full time health officers to guide the work in the organized districts.

Over 100 outstanding leaders in the fields of medicine, dentistry, nursing, social service and education are working with the Department of Health as members of the Committee on Neighborhood Health Development, aiding and advising in the development of the Department's program for district health administration. The Committee has developed district health committees in seven of the 30 health center districts, bringing in the interest and cooperation of over 1400 additional citizens.

The Committee is carrying on a continuing and, we believe, fruitful experiment in the democratic process at a time when experiments in democratic processes are sorely needed. It is an instrument which is available to the Department of Health to help make it and its services an integral part of the life of the people. It is precisely this democratic, wide, extended understanding and support of the Health Department and its objectives that will help towards securing our main aim, namely, a city and an America so rich in opportunities for securing and maintaining health that every person will participate whole-heartedly in this program of reducing illness and physical disability to a minimum.

WHAT OTHERS THINK

"THE increased vitality of the health program apparent soon after the organization of a District Health Committee is in itself an evidence of the need of such a committee in every district."

DIRECTOR OF DISTRICT HEALTH ADMINISTRATION.

"This is an opportunity I can't let go by. I want to serve on the District Health Committee myself and learn something about the health needs and problems of the community in which I work. I've always been absorbed in problems within my own institution and this is my chance to look out into the district."

A BUSY EXECUTIVE.

"A group of interested citizens working with other leaders who have specialized knowledge in the various problems of public health can greatly augment the building of a constructive community program in disease prevention."

A BUREAU DIRECTOR.

Generated on 2020-11-28 04:32 GMT / https://hdl.handle.net/2027/mdp.39015086677500
Public Domain in the United States, Google-digitized / http://www.hathitrust.org/access_use#pd-us-google
Digitized by Google
Original from UNIVERSITY OF MICHIGAN

CITIZEN PARTICIPATION IN DISTRICT HEALTH ADMINISTRATION

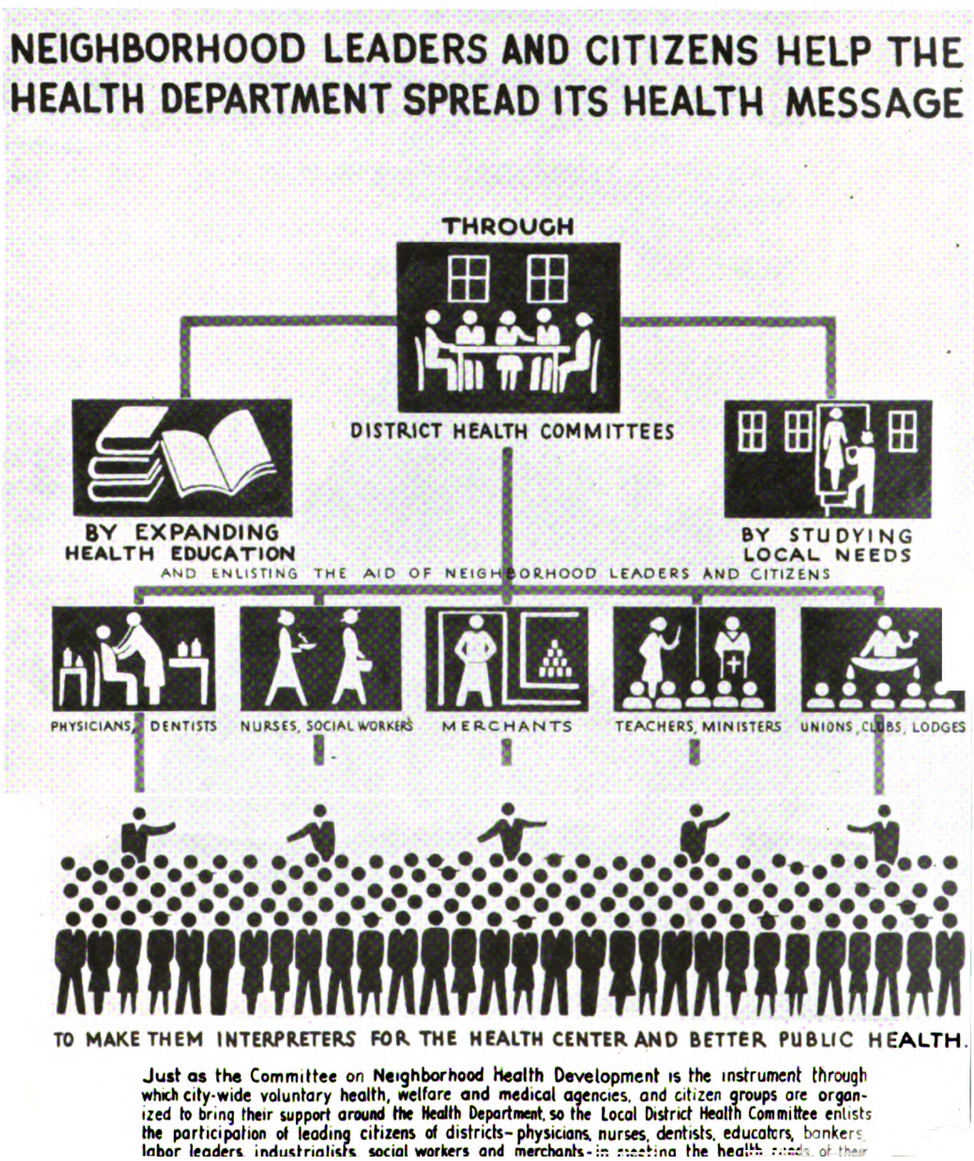
LEVERETT D. BRISTOL, M.D., DR. P.H.
Chairman, Lower West Side District Health Committee

IN New York City's district health administration program I like to think that the Commissioner of Health has two strong arms of service—his official family or Department of Health, and a large group of voluntary workers who not only are willing but also eager to follow his leadership in promoting the utmost in health and well-being for the people of New York. In this latter group are numerous members of the organized medical, dental and nursing professions, as well as representatives of unofficial health and social agencies, business organizations, churches, schools and hospitals. Through the efforts of the Committee on Neighborhood Health Development many of these volunteer workers and interested citizens in general have been organized into District Health Committees.

District Health Committees represent voluntary citizen participation and cooperation in the work of the Department of Health and its district health centers, without which complete attainment of public health objectives and ideals can never be reached, even though a city may have the best official health department in the world. A health department can be a useful and effective factor in a community sickness prevention and health promotion program, but it cannot, by itself alone, completely carry through such a program. In other words, the only people who can promote and maintain the personal health of the individual citizens are these very citizens themselves under the leadership of the medical profession and the constituted health authorities. A properly organized and efficient community health program must be carried to and taken part in by every individual member of the population.

In curative medicine, especially its surgical phase, the doctor operates on the citizen or patient, who even in ordinary sickness must be more or less passive for his own good. In preventive medicine and public health, the physician and health officer must operate with the citizen, and the latter must be active and alert. He must be brought out of his ether of ignorance and become thoroughly health conscious and wide-awake in all matters pertaining to his physical and mental well-being. He must learn to seek early medical diagnosis and advice when anything is wrong and to have periodic health examinations even when he feels well. He should take advantage of all known protective or immunization methods and develop those health habits, including adequate nutrition, which will be most conducive to a long, happy and useful life. By so doing he will be rendering a service not only to himself and to the members of his family, but also to the community in which he lives. He will thus become an active participant in the campaign to improve the public health.

The District Health Committee is a double track, two way organization through which the Health Department serves the citizen and the citizen helps the Health Department. Some of the outgoing services have been suggested above, including the carrying of health education and department interpretation to the community. As an incoming service, the citizens make up the eyes, ears and voice of the district, and through their advice and assistance on local health problems and needs, the Health Department is able to develop and direct a constructive and increasingly effective program.



Just as the Committee on Neighborhood Health Development is the instrument through which city-wide voluntary health, welfare and medical agencies, and citizen groups are organized to bring their support around the Health Department, so the Local District Health Committee enlists the participation of leading citizens of districts—physicians, nurses, dentists, educators, bankers, labor leaders, industrialists, social workers and merchants—in meeting the health needs of their

Generated on 2020-11-28 04:32 GMT / https://hdl.handle.net/2027/mdp.39015086677500
Public Domain in the United States, Google-digitized / http://www.hathitrust.org/access_use#pd-us-google
Digitized by Google
Original from UNIVERSITY OF MICHIGAN

SCHOOLS AND LOCAL HEALTH CENTERS

FRANK D. WHALEN, Ph.D.
Chairman, Mott Haven District Health Committee

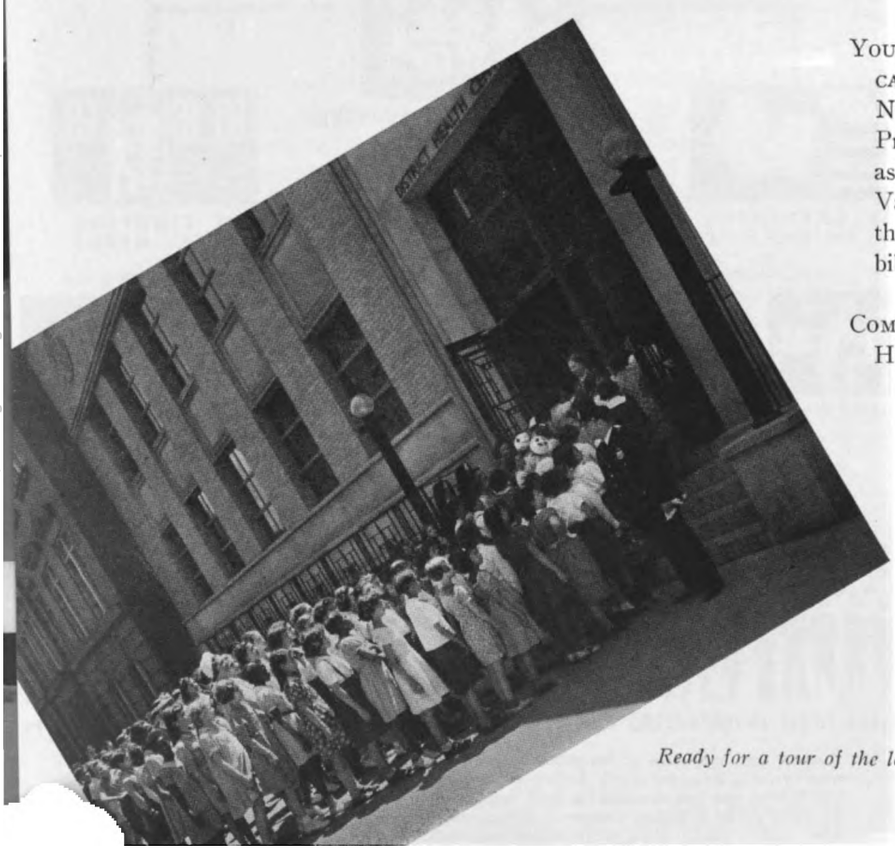
THE experience of the past few years in making effective the work of the local health centers in the five boroughs has shown very clearly the importance of a positive program on the part of the local health authorities to foster a sympathetic reaction toward the health center by the local community. It is the intention of the city authorities that each of these health centers shall be a boon to all those living in its immediate neighborhood, and shall give its services to its neighbors in proportion to their needs. This would mean that those whose contact with the health center is most desirable are just those elements of the population which are ordinarily least inclined to understand the meaning of a local health center.

The problem of the local health authority becomes one of reaching the more backward members of the community by some means which will guarantee a fairly sympathetic reception in every home. No better means can be found than the schools, both public and parochial. Of the multitude of public officials assigned to each neighborhood, no one has knowledge of so complete a cross-section of the inhabitants as the staff of the local schools. Not only does the school thus know the community, but to an overwhelming degree the inhabitants of the neighborhood both know and trust the school. In many sections of the city, community approval of a new project is withheld until the opinion of the local principals and teachers is ascertained.

Under the organization set-up of a District Health Committee we have one subcommittee whose sole responsibility is the health of the school child. All of the principals of the public and parochial schools in the district are invited to be members of this committee. The other members are doctors, nurses, representatives of parent-teacher associations and other organizations working in the schools. In the Bronx, we have found that through this committee we can channel into the homes many of the projects and programs launched by other subcommittees.

The work of the local health center is very close to that of the schools. The health education program, which is given so much prominence in every grade from the primary school through the high school, stresses the very ideals set up by the local health center. Pupils are advised to take the preventive and remedial measures which the health center recommends. This is a particularly hopeful fact. It represents the winning over of the coming generation of citizens, and assures the health authorities of complete sympathy on the part of these future citizens, whatever may be lacking in attitude on the part of the present adults.

As each new local health center is established, therefore, local authorities should make it their first effort to enlist the active cooperation of school people, both in publicizing the existence of the health center and in becoming active members of the center's District Health Committee. This tie-up of the local health centers with the schools will bring to the centers the experience of school people who have been working in the particular district for many years. It represents the shortest, quickest and most complete way of penetrating the neighborhood and of insuring full use of the health center by all the inhabitants of the district.



Ready for a tour of the local health center

HAVE YOU READ?

YOUR COMMUNITY. ITS PROVISION FOR HEALTH—EDUCATION—SAFETY—WELFARE. By Joanna C. Colcord. New York. Russell Sage Foundation, 1939. 249 pp. Price 85 cents. A comprehensive outline guide for assembling information regarding one's community. Valuable to all those wishing to be informed about the community in which they live and work. Includes bibliography, list of agencies and index.

COMMUNITY HEALTH ORGANIZATION. By Ira V. Hiscock. New York. The Commonwealth Fund, 1939. 318 pp. Price $2.50. Third edition of an authoritative manual of administration and procedure for community health programs. The text has been rewritten to take into account present day trends in public health. Much new material has been added. Although originally planned for health workers in urban centers, it is of value to every one interested in community health.

Generated on 2020-11-28 04:33 GMT / https://hdl.handle.net/2027/mdp.39015086677500
Public Domain in the United States, Google-digitized / http://www.hathitrust.org/access_use#pd-us-google
Digitized by Google
Original from UNIVERSITY OF MICHIGAN

NEIGHBORHOOD HEALTH

Published bi-monthly by the Bureau of Health Education
Department of Health, City of New York

CHARLES F. BOLDUAN, M.D., Director
ISRAEL WEINSTEIN, M.D., Assistant Director

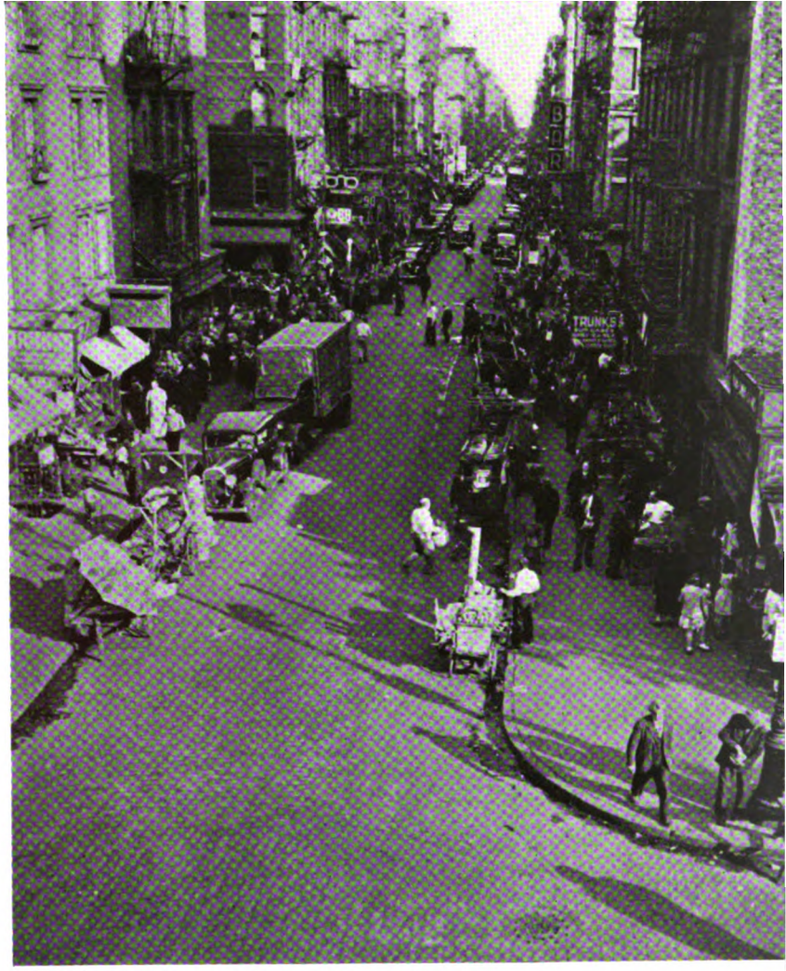
SEPTEMBER, 1940

IT is apparent that the safeguarding of the health of nearly 7,500,000 New Yorkers cannot be done most effectively from one central office. The health problems of one section of the city are often very different from those of another. In this city various nationalities have tended to form colonies, and in doing so have concentrated health problems peculiar to their own groups in definite districts. The method of attack is obvious. The Health Department services, if they are to do the most good, must be administered on a district basis, each district having its own health center.

About 25 years ago a few such centers were organized. The entrance of the United States into the World War, however, interfered with further experimentation along this line, and the centers were given up. In 1921 the American Red Cross, with the cooperation of other private agencies interested in public health, established the East Harlem Health Center. Four years later the Department of Health and the Milbank Memorial Fund jointly set up the Bellevue-Yorkville Health Demonstration. These experimental centers laid the foundation for the present city-wide program of district health administration.

In 1929 the Commissioner of Health called together a group of public-spirited citizens who were interested in health and social welfare and invited them to serve as a Committee on Neighborhood Health Development. One of the Committee's tasks was to divide the city into districts, taking into account homogeneity, transportation facilities and other important factors. As a result 30 districts were established. Each had an approximate population of 250,000. In 1934 a Bureau of District Health Administration with a director in charge was created in the Health Department. As quickly as possible physicians, who were to serve on a full time basis, were appointed as district health officers. It is the health officer's responsibility to adapt his program to the health problems peculiar to his district. Today the 30 districts are administered from 22 offices. Fourteen of the health centers are housed in new, modernly equipped buildings. The present plan calls for such a building in each district by 1945.

One of the most important functions of any health department is health education. Unless the great mass of people appreciate what the health department is trying to do, and they are willing to do their share, little will be accomplished. The health officer knows the background, the superstitions, the prejudices of the people living in his district. They may be highly educated or illiterate, rich or poor, eager to cooperate or resentful of interference with their mode of living. In each case the best method of approach is carefully planned in consultation with local civic leaders.



Where health centers are needed

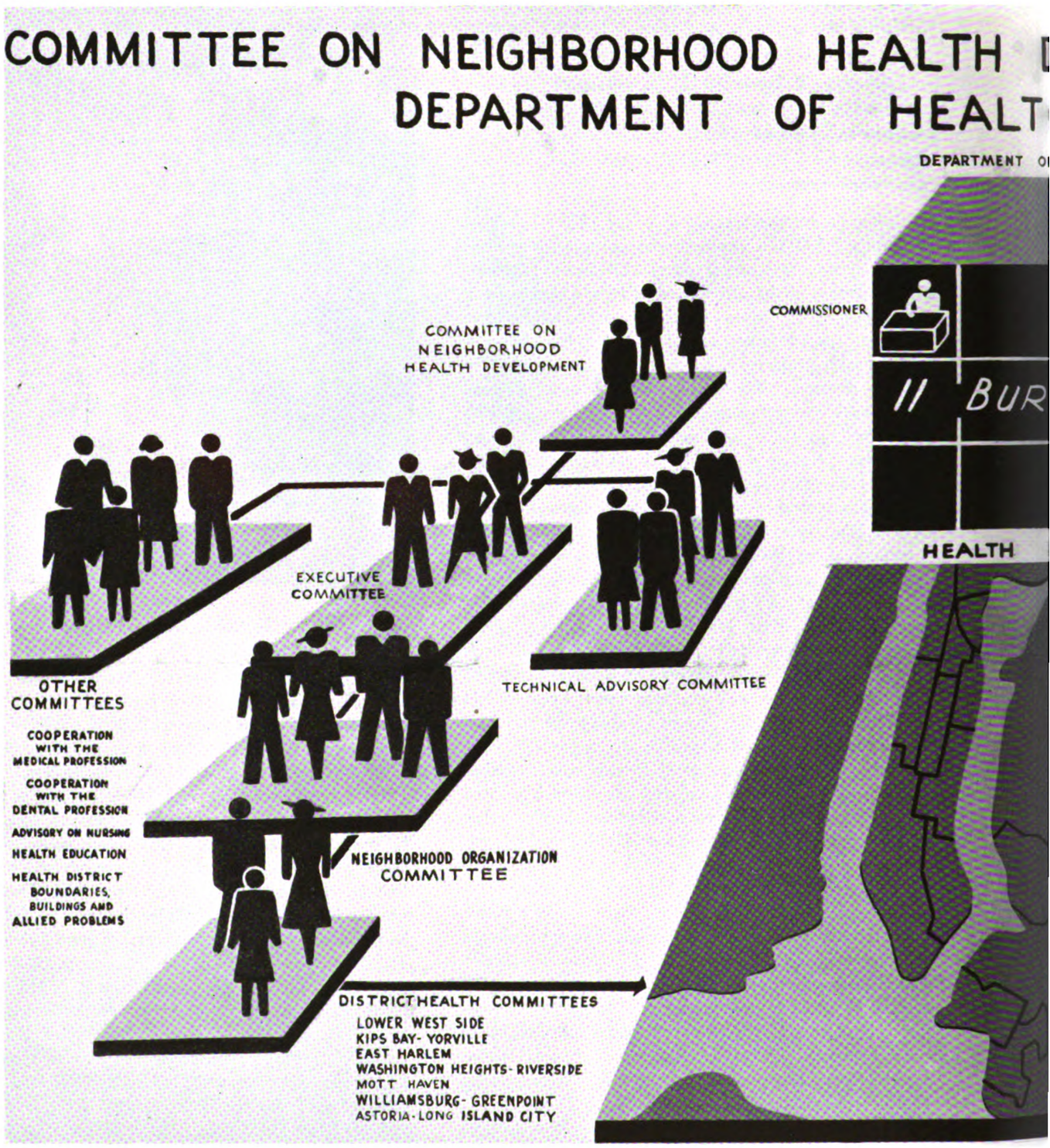
In the health centers certain clinic services are maintained for persons who cannot afford private care. For the most part these deal with communicable diseases. Those who apply for medical aid are advised to go to their family physicians, whenever possible. These doctors are best equipped to render the greatest service to the patients. Where there is need of special diagnostic procedures, such as x-ray, sputum examination, or blood test for which the patient cannot afford to pay, the physician may send the patient to the health center for such examination. The report is confidential and is sent only to the referring physician. Certain consultation services are also available for the physician.

No program for the improvement of the health and welfare of a group of people has much chance of success without the wholehearted support of those to whom it is directed. The district health committees give invaluable aid to the Health Department in obtaining the cooperation of the general population. These committees are made up of district residents in all walks of life and thus they, themselves, represent a cross-section of the community. They constitute one of the finest examples of citizenship cooperation with governmental agencies.

Generated on 2020-11-28 04:33 GMT / https://hdl.handle.net/2027/mdp.39015086677500
Public Domain in the United States, Google-digitized / http://www.hathitrust.org/access_use#pd-us-google

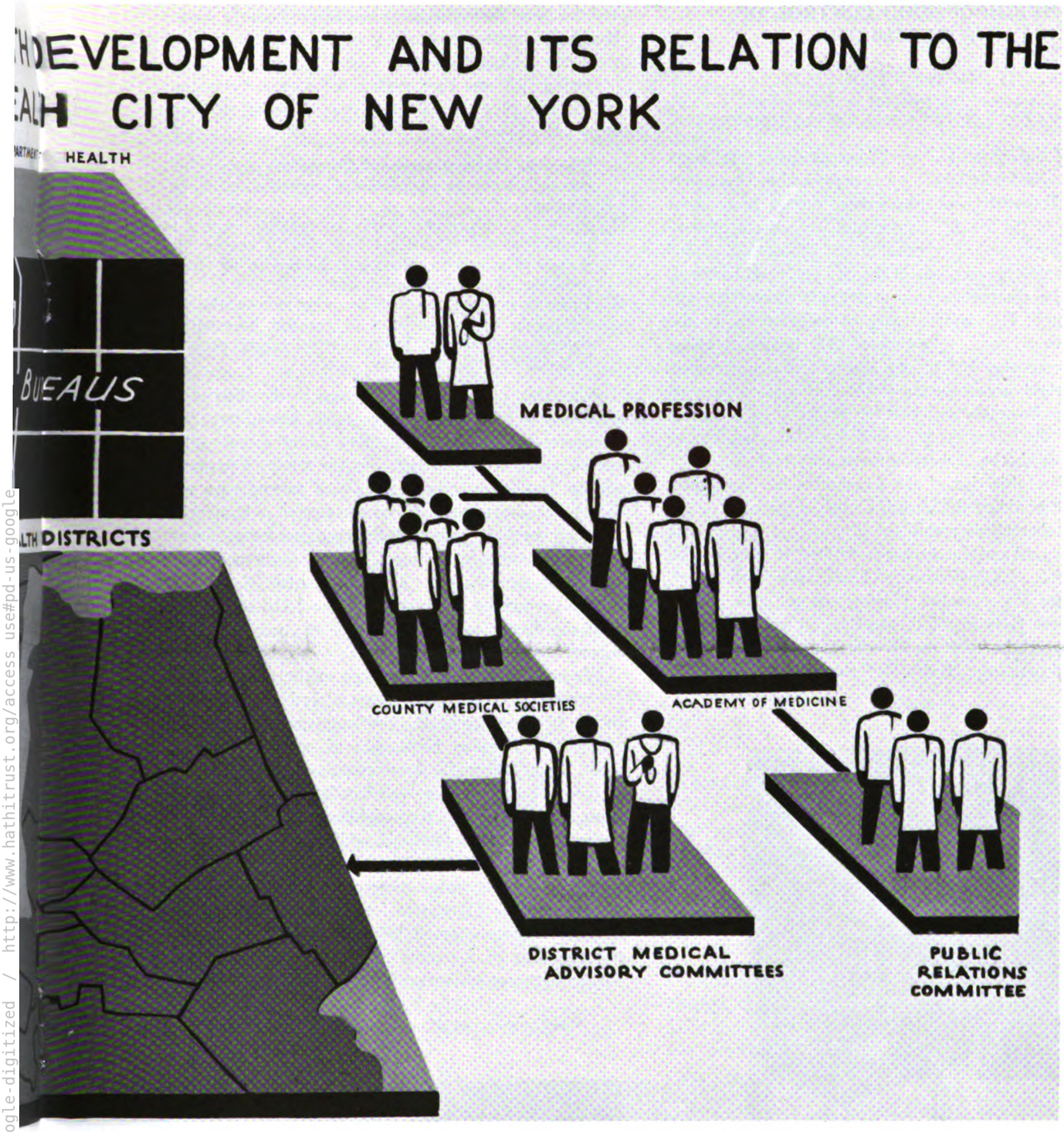
Digitized by Google

Original from UNIVERSITY OF MICHIGAN



IN 1936 the Committee on Neighborhood Health Development strengthened its program by developing district health committees of professional and lay citizens which would give to local health officers the same aid and backing that the parent committee is giving the Commissioner of Health. These committees provide the opportunity for citizens to understand what the Health Department's responsibility is to their neighborhoods. They represent a new approach to the public health program by giving taxpayers a chance to study, suggest and take part in the health program, and to know how their health dollar is spent. They challenge citizens to help make their communities healthful and health-minded.

Generated on 2020-11-28 04:33 GMT / https://hdl.handle.net/2027/mdp.39015086677500
Public Domain in the United States, Google-digitized / http://www.hathitrust.org/access_use#pd-us-google
Digitized by Google
Original from UNIVERSITY OF MICHIGAN



In the seven districts in which these health committees are organized, there are also scores of voluntary agencies working with the committees and the Health Department for a common objective. It is almost impossible to express adequately what this cooperation means to a district program, or the important part it plays in helping to make district committees a living, vital part of the neighborhoods which they serve. The Committee on Neighborhood Health Development appreciates their value and welcomes their assistance in the extension of its work.

KENNETH D. WIDDEMER, Director
Committee on Neighborhood Health Development

Generated on 2020-11-28 04:34 GMT / https://hdl.handle.net/2027/mdp.39015086677500
Public Domain in the United States, Google-digitized / http://www.hathitrust.org/access_use#pd-us-google
Digitized by Google
Original from UNIVERSITY OF MICHIGAN

NEIGHBORHOOD CONTROL OF TUBERCULOSIS

H. McLeod Riggins, M.D.
Chairman, Subcommittee on Tuberculosis
Kips Bay-Yorkville District Health Committee

THE Subcommittee on Tuberculosis of the Kips Bay-Yorkville District was organized in December, 1937. It consists of physicians, nurses and social workers of the Health Center and from the neighborhood at large, and of representatives of hospitals, clinics and various organizations in the city and neighborhood. When the Committee was organized, there were approximately 700 known cases of tuberculosis in the neighborhood, and an estimated 300 unknown cases. There were also 105 known deaths from tuberculosis in the neighborhood during 1937. Although this record compared favorably with that of the city, the Committee felt that the tuberculosis morbidity and mortality rates in the neighborhood were unnecessarily high.

The one objective of the Committee has constantly been that of aiding the Health Center in the early detection of tuberculosis within the district. If tuberculosis is to be cured and the disease controlled, it must first be discovered. Early discovery of tuberculosis, therefore, constitutes the essential problem of the community. With these facts in mind, the Committee, working in close cooperation with the Health Center, the Bureau of Tuberculosis of the Health Department, the Lenox Hill and the New York Hospital chest clinics, and the Youth Health Committee, undertook to aid in a community-wide case finding project.

During 1938 and 1939, certain ideas were crystallized and definite objectives formulated. Some of the more important of these are:

1. The most effective means of discovering early tuberculosis is by x-ray surveys of presumably healthy individuals.
2. Since the magnitude of any community survey is limited by the facilities of the health center, the groups in whom the disease is known to be most prevalent should be studied first.
3. Prior to undertaking a community survey, the development of an institute to provide information regarding the public health control of tuberculosis in the neighborhood is advisable.

A number of lectures were given in the district by members of the Committee. The Committee also recommended x-ray examination of all home relief investigators in the district. In the study of approximately 100 investigators, no active tuberculosis was found. These investigators were requested to familiarize their home relief clients with the proposed x-ray survey. They succeeded in getting 2,418 of these people to report for examination. This represented 74 per cent of those requested to report. Of the 2,418 studied, 62 had significant tuberculosis, and of these, 11 had tubercle bacilli in their sputum.

We are aware of other groups in the neighborhood for whom an x-ray survey seems advisable. Representatives of various religious and language groups, of the Home for Working Girls, and of certain industrial, labor, social and political organizations have been contacted. The Committee also has had several requests from organizations in the neighborhood for x-ray examinations on a low fee basis, and is hopeful of finding some way to extend the benefits of a comprehensive survey to this heretofore more or less neglected group.

Although the Committee feels that its work is only in the formative stage, it believes it has demonstrated the feasibility of a committee of this type working in harmonious cooperation with public health officials.





Mass examination of young people for tuberculosis

Generated on 2020-11-28 04:34 GMT / https://hdl.handle.net/2027/mdp.39015086677500
Public Domain in the United States, Google-digitized / http://www.hathitrust.org/access_use#pd-us-google
Digitized by Google
Original from UNIVERSITY OF MICHIGAN

A TRIBUTE TO A DISTRICT

ORA G. WEIR
Field Secretary, Lower West Side District Health Committee

I DOUBT if a district in the city can be found in which there is more cooperation than in the Lower West Side Health District. By this, I refer not only to cooperation with the Health Officer and the Field Secretary, but also to the splendid cooperative spirit among workers, to their pooling of ideas and resources, and to their ability to work impersonally and objectively for the community. The Health Center and the neighborhood health program of the Committee are only three years old, but cooperative programs for the community have been going on for many years. Hudson Guild has been concerned with the welfare of this immediate neighborhood for over 40 years. Greenwich House, since its founding in 1902, has set a pattern for neighborhood betterment in the section south of 14th Street. Hartley House in the northern section has given many years of helpful service to the welfare of families in the Clinton area. Many schools and churches have been influencing the community for more than 25 years.

This community interest coming down from earlier days has not waned. The West Side Association of Commerce concerns itself with commercial and industrial improvement of the section. The Chelsea Council of Social Agencies and the Clinton Neighborhood Conference, two regional councils, have recently merged into one council—another cooperative move to bring strength and solidarity for neighborhood improvement. The Chelsea Association for Planning and Action is working with all its strength for a housing development in this section. There is a great feeling of romance about the Village, the Waterfront and old Chelsea. This is the heritage which has come to the District Health Committee. The Committee has profited enormously by the support which wise and experienced leaders have given to the new program of the Health Center.

In the sample project chart on this page, one activity of a committee is traced, step by step, from origin to final form. To answer questions which are usually asked concerning committees, the following symbols are used:

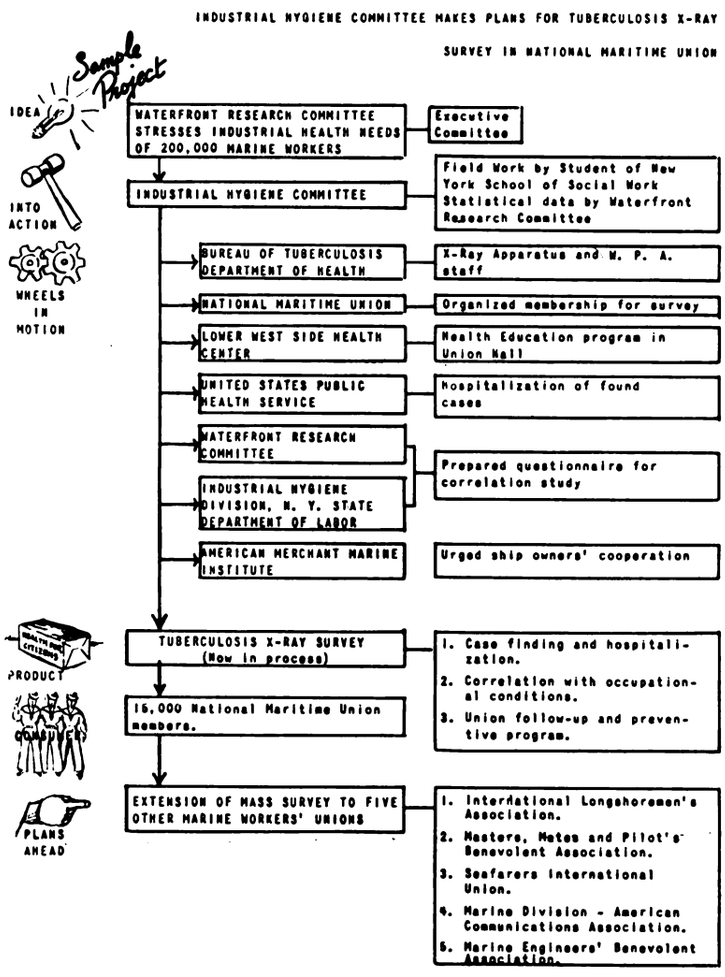
Answering the question, "Where do the ideas come from?": a light bulb.

Indicating "What starts action?": a gavel.

In answer to "What community organization steps are taken?": a set of gears.

As to the final objective: a package of health labeled "Health for Citizens."

Citizens are cast as characters in answer to the query, "Who benefits?"



A hand does the pointing to denote "What next?"

The extent to which the package "Health for Citizens" reaches its goal is the test of the effectiveness of our district work.

WHERE CITIZENS ARE AT WORK

THE East Harlem Committee on School Health has just completed a study of the dental needs of the district's children. The report shows that the average economic status of non-relief families is as low as of those on relief. The Department of Public Welfare provides free dental care for children in families receiving relief. The Committee is working to secure free service for the large group for whom no provision has as yet been made. After studying the Committee's report, the Guggenheim clinic agreed to extend its services in East Harlem.

The Astoria Committee on Health Education has organized five tenant groups into one committee and has secured 80 volunteers to help interest the residents of Queensbridge Houses in the mass x-ray examination offered by the Health Department.

Generated on 2020-11-28 04:34 GMT / https://hdl.handle.net/2027/mdp.39015086677500
Public Domain in the United States, Google-digitized / http://www.hathitrust.org/access_use#pd-us-google
Digitized by Google
Original from UNIVERSITY OF MICHIGAN

EDUCATION FOR MATERNAL HEALTH

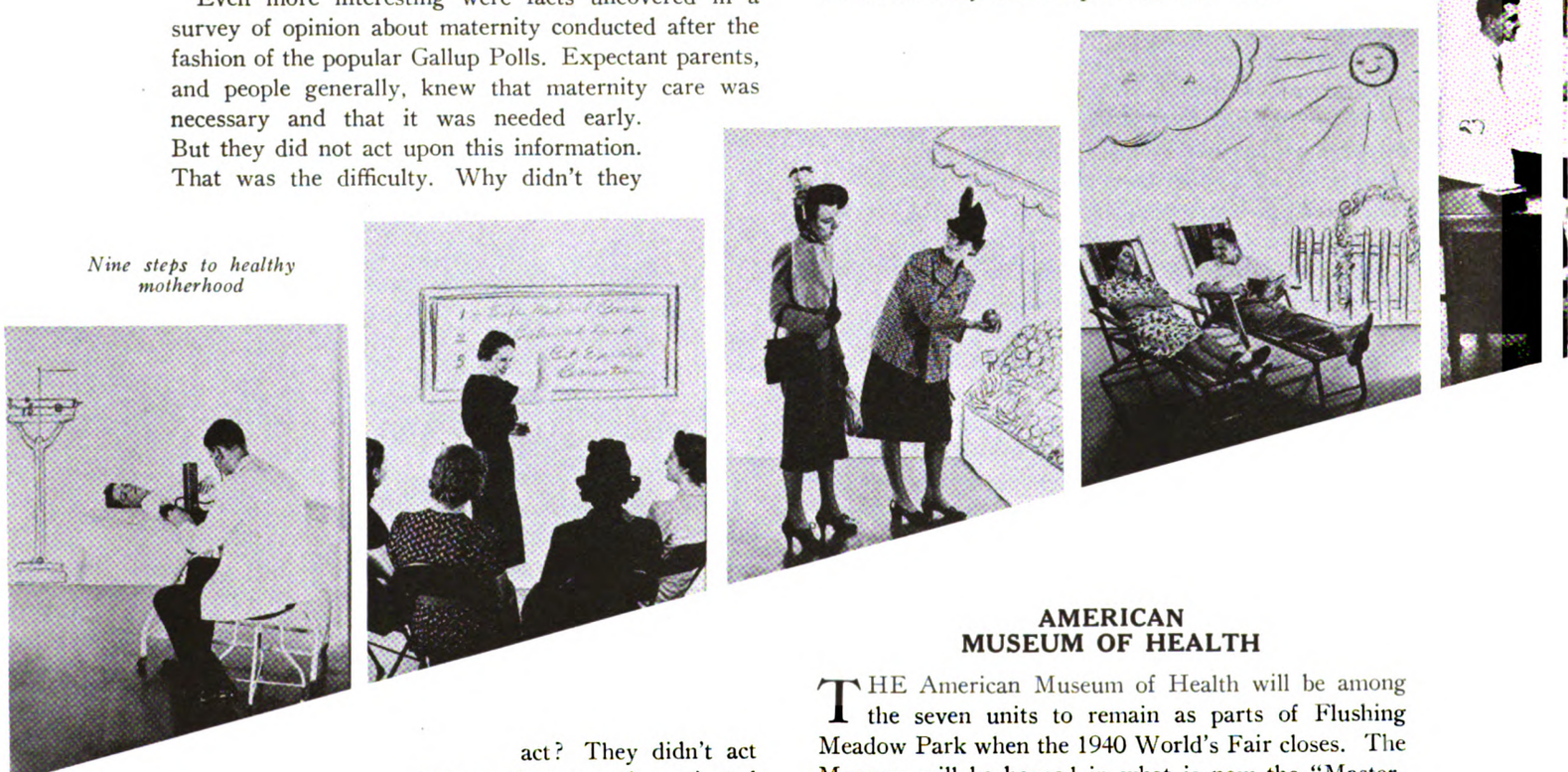
HAZEL CORBIN, R.N.
Chairman, Subcommittee on Maternal Health
Kips Bay-Yorkville District Health Committee

IN 1937 in New York City, with some of the best facilities for prenatal care, fewer than 10 per cent of the city's expectant mothers registered at the prenatal clinics before the third month of pregnancy. This was the problem that beset the District Subcommittee on Maternal Health when it was organized. There was a big WHY in the minds of all. Was it because mothers did not know that good care is needed early in pregnancy? Was it because they were apathetic? Was it because the care itself was unattractive or that the personal touch had been lost in the clinics?

A survey of maternity clinics and talks with doctors, nurses, and expectant parents indicated that the facilities, good as many of them were, were not attractive to expectant mothers. Hard benches, long hours of waiting, high costs, inability to understand how the costs were figured—these were some of the reasons why mothers did not register early.

Even more interesting were facts uncovered in a survey of opinion about maternity conducted after the fashion of the popular Gallup Polls. Expectant parents, and people generally, knew that maternity care was necessary and that it was needed early. But they did not act upon this information. That was the difficulty. Why didn't they act? They didn't act because they weren't motivated to act. Facts were brought to the attention of these people -- life-saving facts — but they were not tied up emotionally with their lives. Maternity and paternity education as conducted at that time in Kips Bay-Yorkville, and this applied to the entire country, was an impersonal type of education: "Save the Lives of Mothers"; "America's Maternity Death Rate Shamefully High" were the newspaper headlines. "Do this or that for your health" were the admonitions in leaflets, posters, and radio talks. To be sure, people are concerned with these affairs, but they are not immersed in them.

Realizing these shortcomings in motivating mothers to seek care early in pregnancy, the Committee worked with representatives of clinics, health agencies, the medical and nursing professions to make the care given to mothers more attractive and more efficient, and to dispel misunderstandings about costs. Meetings were held for mothers and fathers. A leaflet entitled "Before the Third Month Begins" and a colorful poster were prepared and distributed in the area. The idea was a good one. Much has been learned about the state of maternity care in New York. That an impression has been made is shown by the increased number of mothers who register early in the prenatal clinics. But only a beginning has been made in teaching people health facts in such a way that they will act upon them. The Kips Bay-Yorkville Subcommittee on Maternal Health continues to seek better methods to make maternity safe. It continually appeals to prospective mothers to secure early and adequate medical care.



Nine steps to healthy motherhood

AMERICAN MUSEUM OF HEALTH

THE American Museum of Health will be among the seven units to remain as parts of Flushing Meadow Park when the 1940 World's Fair closes. The Museum will be housed in what is now the "Masterpieces of Art" Building. It will present the dramatic story of man's fight against disease and will show the conquests that he has made up to the present time.

The Museum has published a book entitled "Your Health." This contains, in addition to a complete guide of the exhibits, a discussion of some of the common health problems.

Generated on 2020-11-28 04:35 GMT / https://hdl.handle.net/2027/mdp.39015086677500
Public Domain in the United States, Google-digitized / http://www.hathitrust.org/access_use#pd-us-google
Digitized by Google
Original from UNIVERSITY OF MICHIGAN

UNIVERSITY OF MICHIGAN
3 9015 08667 7500

THE HARLEM TUBERCULOSIS AND HEALTH COMMITTEE

RUTH LOGAN ROBERTS
Chairman, Harlem Tuberculosis and Health Committee

THE Harlem Tuberculosis and Health Committee of the New York Tuberculosis and Health Association has served the people of Harlem since 1922. The Committee's activities have been along two general lines—namely, the organization of community forces in the interest of health, and the furnishing of specific services. From the beginning the Committee has included physicians, dentists, and nurses; workers and board members of health and social agencies; public school and public library representatives; clergymen and other interested citizens. The staff of the Harlem Committee has varied in accordance with the nature of the program and other available community resources. It now includes an executive secretary and an assistant.











Until the establishment of the Central Harlem Health Center by the Department of Health in 1930, the Harlem Tuberculosis and Health Committee conducted a number of activities now a part of the health center program. Notable among these were a dental clinic established in 1924 and transferred to the Health Department in 1930; a hospital placement service for the tuberculosis patients of private physicians; a health examination service for children and adults developed in connection with the Dispensary Development Committee; and postgraduate courses for physicians.

With headquarters in the Central Harlem Health Center building, the Committee now carries on an extensive health education program jointly with the Center under the guidance of the District Health Officer. As a part of this program a completely equipped workshop has been established. The Committee also maintains a Personal Information Service which in 1939 aided 1,891 individuals to obtain needed health care. There are active subcommittees on tuberculosis, social hygiene education, maternal and child health, dental health, and health education. The Committee affords an excellent example of what can be accomplished through cooperation on a neighborhood basis between voluntary and official organizations working for public health improvement.

THE CHALLENGE

FOURTEEN hundred citizens on the job in seven districts can create in their neighborhoods a dynamic health consciousness that nothing else can duplicate. The opportunity is theirs. How many take advantage of it cannot be estimated. The challenge is ours to make every one who is enrolled on district committees feel this responsibility.

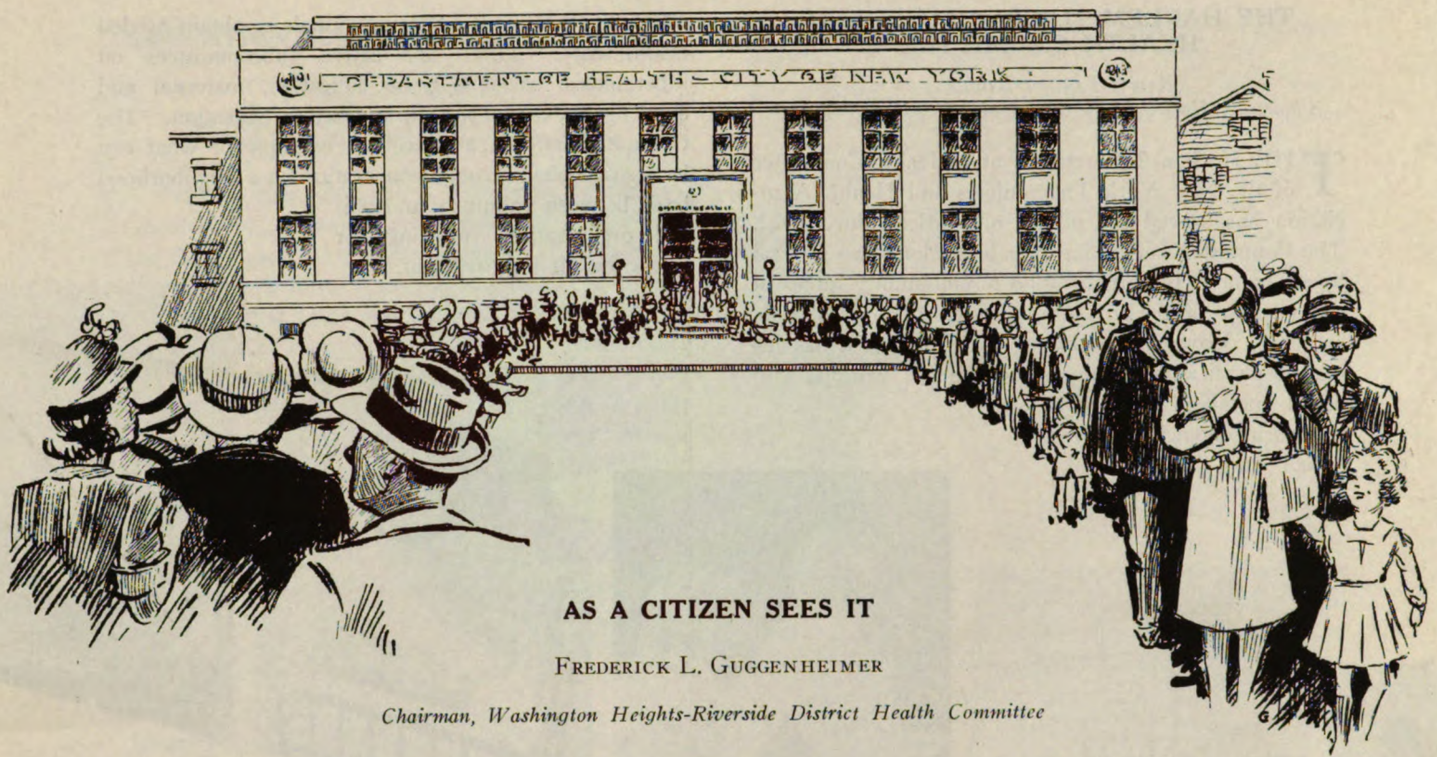
MARY ARNOLD, *Organization Secretary*
Committee on Neighborhood Health Development

HEALTH ON THE AIR

THE following radio talks sponsored by the New York City Department of Health will be given during September and October over Station WNYC, on Mondays and Wednesdays at 11:45 a.m.

September	4	Birthmarks and Moles
September	9	Are Your Pets Healthy?
September	11	Are You Overweight?
September	16	The Mystery of Leprosy
September	18	Quick-Frozen Foods
September	23	Cleanliness in Health and Disease
September	25	Plastic Surgery
September	30	School Home Work and Health
October	2	Cereals in the Diet
October	7	Soups, Broths and Bouillons
October	9	The Stutterer
October	14	Your Bath Is Ready!
October	16	Our Health Building's Honor Roll I
October	21	What Are Vital Statistics?
October	23	Our Health Building's Honor Roll II
October	28	Catching Cold?
October	30	Old Health Superstitutions

Generated on 2020-11-28 04:35 GMT / https://hdl.handle.net/2027/mdp.39015086677500
Public Domain in the United States, Google-digitized / http://www.hathitrust.org/access_use#pd-us-google
Digitized by Google
Original from UNIVERSITY OF MICHIGAN



AS A CITIZEN SEES IT

FREDERICK L. GUGGENHEIMER

Chairman, Washington Heights-Riverside District Health Committee

A HAPPY, contented city depends upon the physical health and well-being of its citizens. There is no department in the city government that is more concerned with the health and well-being of its citizens from infancy to old age than the Department of Health. Efficient and effective as our Department of Health has proved itself to be, its work can be substantially aided by the informed, intelligent and interested cooperation of neighborhood groups. To secure this cooperation is the function of the district health committees.

Many of the people living in New York City have little or no knowledge of the work that is being done by the Department of Health with the cooperation of the Committee on Neighborhood Health Development, to interest the inhabitants in the Health Department's program. Everything is being done to bring about the active participation of organizations and individual citizens to make their neighborhood and their city better and more healthful places in which to live. Although modest efforts in this direction had been made nearly 25 years ago, it was not until very recent years that an aggressive plan of action was inaugurated.

Another important function of the District Health Committee is to bring health knowledge to the citizens. As part of the Health Department's program to bring health to a community, health centers have been established throughout the city. District health officers are alive to the peculiar problems of the different neighborhoods. However, unless all of the inhabitants of the city know about the facilities that are available, the aims of the Health Department cannot be fully realized. They must not only know of the existence of these facilities, but they must be taught how to use them intelligently. This is one of the main objectives of the district health committee program.

The District Health Committee of the Washington Heights-Riverside section is carrying on an intensive educational campaign to bring all the citizens of the district into a more intimate working relationship with the staff of the Health Department. It is bending every effort to get the various organizations and social agencies in the district to cooperate with the Health Department. Programs are planned in which each organization may participate to its fullest extent. In this way it is hoped to raise the standards of service and to secure the greatest help from all.

It is by such cooperation with professional and lay organizations in the community that we may feel fairly certain that the message of the Health Department will reach all the inhabitants of the city. It is of the utmost importance that the individual citizen have a clear understanding of the opportunities that are offered him for preventive health work. He must understand that protective measures are at hand, and he must avail himself of them. By the active cooperation of individual citizens, social and educational groups and city departments, every one has an opportunity of fulfilling his obligations as a citizen and of participating in the democratic processes which are being developed for the welfare of the community. This is one way in which a devoted citizen of a free country can still proclaim to the world that a democracy can and does work.

Generated on 2020-11-28 04:35 GMT / https://hdl.handle.net/2027/mdp.39015086677500
Public Domain in the United States, Google-digitized / http://www.hathitrust.org/access use#pd-us-google
Digitized by Google
Original from UNIVERSITY OF MICHIGAN