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EC1024 L.B. 295 Gives the Green Light

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L. B. 295 GIVES the green light to LOCAL HEALTH DEPARTMENTS

University of Nebraska Agricultural College Extension Service. Extension Circular 1024
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Nebraska Extension Circular 1024

University of Nebraska Agricultural College Extension Service and United States Department of Agriculture Cooperating.
W. H. Brokaw, Director, Lincoln.

Distributed in furtherance of Acts of May 8 and June 30, 1914.
(9-43-25M) (1-44-5M)
To Nebraska Citizens:

L.B. 295 gives the green light to local health departments. This bill was passed during the 1943 session of the Unicameral Legislature. The law became effective immediately. It enables counties and groups of counties to establish and maintain local public health departments for the health protection of their citizens.

Herein is explained the needs for this legislation and the services that it enables a county or group of counties to establish and maintain. It also suggests the steps which citizens in any community may take to obtain these services.

This circular has been prepared as a special health lesson for Home Demonstration Project Clubs in this state. The subject matter is in the form of a series of questions and answers, which will be a guide to all groups and organizations interested in furthering the development of local health services in Nebraska communities.

The State Department of Health and the Agricultural Extension Service are cooperating closely in acquainting people with the procedure to be followed in obtaining the health services which the law provides. Inquiries directed to either of these agencies will be given prompt attention.

G. A. Selby, M.D., Director
State Department of Health

H. G. Gould, Assistant Director
Agricultural Extension Service
Chm., Nebr. Health Planning Committee
The Nebraska Health Planning Committee is an unofficial organization of Nebraskans interested in developing adequate health services for the state. It is composed of representatives of farm groups, urban organizations, University of Nebraska, and official representatives of the State Medical Association, State Dental Association, and the State Department of Health. After careful study the Committee has set up four goals of a well-rounded health program for the state:

1. Local public health organizations in every county or combination of counties to furnish the leadership for public education on maintaining health and preventing disease.

2. A State Department of Health with well-qualified personnel and adequate funds to protect the health of the state's citizens.

3. A medical care program organized in such a way as to assure opportunity for adequate health and medical care for all the people.

4. Hospitals and health centers where needed in the state and so organized that general practitioners and specialists can cooperate in providing modern medical services to rural areas.

To achieve these goals the Committee seeks the cooperation of all professional and lay groups in the state interested in civic betterment. It encourages the formation of affiliated local health councils to determine local health goals and means of achieving these goals. Only by such coordinated effort of local and state groups will a well-rounded health program for all Nebraskans be realized.

Mr. H. G. Gould, College of Agriculture, University of Nebraska, is chairman of this citizens' committee. Miss Rizpah Douglass, Extension Health Specialist, will assist in developing community health services.
L.B. 295 Gives the *Green Light* to Local Health Departments

*Elin L. Anderson*

During the 1943 legislative session the Unicameral passed L.B. 295, an act enabling counties or groups of counties to establish local public health departments. To many people the passage of this permissive legislation may have seemed unimportant. To the men and women over the state who have worked to gain more adequate health services, it marked a milestone in the development of a public health program for Nebraska.

1. What Does L.B. 295 Provide?

L.B. 295 enables any county under 200,000 population to set up a county health department. It provides the conditions under which any county whose population is less than 60,000 may set up its own health department or contract with one or more adjoining counties to set up a district health department. The act authorizes levying of taxes for this service, provides for necessary organization, and outlines the powers and duties of a county or district health department.

2. What Is a Local Health Department?

A local public health department is an official agency supported by taxes as are local public schools, the agricultural extension service, and law enforcement agencies. Its minimum staff consists of a health officer who is a physician with special training to be a doctor to a community, a sanitary engineer, a public health nurse, and an office secretary. These staff members devote their full time to keeping the community healthy. The local health department seeks to bring to local people "the art and science of preventing disease, prolonging life, and promoting physical and mental efficiency through organized community effort." *

3. Why Plan for Local Public Health Service?

Many years ago an English statesman pointed out that "the health of the people is really the foundation upon which all their happiness and all their powers as a State depend." (Disraeli, 1796). Slowly, people have begun to recognize that health is not only an individual responsibility but also a social concern. Reluctance of communities to

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provide for the protection of the health of their citizens has meant that in a democratic society equal opportunity for health and medical services has not existed. Only a small part of existing medical knowledge has been available to all the people. This is due to many factors in a complex society. The fact remains that while greater progress has been made in medical science in the last sixty years than in the previous sixty centuries, yet between what can be done and what is being done to improve health there is a gap of at least three generations.† In normal times this is serious enough. In wartime, when the health of every individual involved in a total effort is of paramount importance, it may mean national calamity.

For years health leaders over the nation have pointed out that the foundation of a health service for all the people is organization and maintenance of full-time local public health departments. Only when communities have accepted their responsibility for applying the science and art of preventive medicine as a permanent function of local government can the most effective state and national health services be provided. Only then may equal opportunity for health and medical services more nearly be realized. The American Medical Association has endorsed this movement. In June, 1942, the House of Delegates of this association called attention to the fact that a major reason for inadequate civilian health protection in war as in peace time was the failure of many states and counties to provide even minimum, necessary, sanitary and preventive health services by full-time professionally trained personnel, supported by adequate tax funds from local, state and, where needed, federal sources. It unanimously endorsed a resolution that the American Medical Association use all appropriate resources and influences 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.”

4. What Are Nebraska's Public Health Needs?

Nebraska has lagged in the development of a broad program of health protection for its citizens. It has lived on its natural advantages of a healthful climate and a sparse population. This no longer is enough. The findings of thorough physical examinations of Nebraska school children, of N.Y.A. youth, of farm security clients, and of men called into the armed services are cumulative evidence of the need for more adequate health services.‡ Meanwhile medical men to meet these

needs have become fewer, especially in rural areas. The war has aggravated the situation. People of the state were caught unprepared for needed supervision of milk, water, and raw food supplies in crowded defense areas and for the development of other broad measures to protect the health of those who fight on the battle front or work on the home front. Now in the midst of war comes the problem of soldiers returning from foreign lands with malaria and other tropical diseases which may become epidemics. To meet these increasingly important health needs, well organized public health services are essential.

Such services are not well developed in Nebraska. The State Department of Health, with a small professional staff, a minimum budget, and lacking a board of health, strives to protect the health of Nebraska's 1,300,000 citizens. County boards of health composed of the sheriff, school superintendent, and local physician, and city boards of health, similarly organized, have been the only official local bodies to grapple with pressing, complex public health problems.

Leaders of the medical profession and the general public in Nebraska have long felt that two basic changes are necessary to assure minimum health protection to the people of the state. One is the creation of a state board of health to strengthen the State Department of Health; the other is the establishment of local units of public health service. Legislation to bring about either of these changes was not introduced, however, until the growing interest in health matters over the state found expression in the leadership of a group of citizens who were determined that Nebraska must be prepared to meet the health problems rising from war and its aftermath. They believed their greatest wartime service would be to promote legislation that would enable counties to establish local public health services. Their leadership, determination, and unflagging perseverance had its reward. At the very close of the legislative session, the Unicameral passed L.B. 295. Because of the war emergency, the law became effective immediately.

5. What Does the Enabling Act Mean to Nebraska People?

The enabling act marks a first official recognition of the responsibility of local governments for protecting the health of all their citizens. It enables local governments to substitute for out-worn boards of health full-time modern health units with qualified medical and other personnel to protect and promote the health of all. It makes it possible for local governments to make constructive use of funds and the services of specialists available from state and federal sources for public health purposes. It brings Nebraska in line with its neighboring states, Kansas, Iowa, Colorado, and South Dakota, which have already established local public health departments. It means that rural people may begin to have some of the health services now available only in
large urban centers. It provides a first opportunity for local people to lay the foundation in their own communities of health services that will keep them fit to meet the continued responsibilities of war and the important tasks of peace.

The enabling act gives the green light to the people of a county or group of counties to establish health departments. It is up to local citizens to win for their own communities local public health units. Theirs is now the task of informing the people about the type of health program that this law makes possible, and to stand by such a health department if and when it is established. The first responsibility of every citizen is to understand the services that may be expected from a local health unit and the steps that must be taken to get one.

6. What Services May Be Expected From a Local Health Department?

The program of a full-time, local health department is planned to meet the particular needs and problems of the community. The nature and scope of the services may be as broad or as limited as the local government sees fit. Well organized community effort to control and prevent disease requires the following basic services.

Health education for all citizens on measures for individual and community health protection.

Control of communicable diseases including tuberculosis and venereal disease.
Promotion of sanitation to insure safe water, milk, and food supplies, general cleanliness, and safety.

Protection of the health and welfare of mothers and children.

A school health program.

Vital statistics—public health bookkeeping of births, deaths, and notifiable diseases as a basis for effective community health planning.

Laboratory service for testing water, milk, and food supplies, and for examination of human specimens.

7. Do Services of the Health Department Mainly Benefit the Needy?

No. Families on relief will receive medical care as they have in the past. The law requires that the health officer give his full attention to developing a program to prevent disease and promote health that will benefit all classes of the people.

8. How Would a Local Health Department Serve My Family?

Your local health department—health officer, public health nurse, sanitary engineer, and office secretary—work for you personally and for your family and for all members of your community. They know that no walls can protect you from the spread of a disease; that your family is safe only as other families are safe. They prescribe community measures that safeguard you from disease and keep you well.

Your health officer first makes a diagnosis of health and sanitary conditions of your community. Then he plans a program for treatment and prevention accordingly. He inquires about the public water supply—is it pure? the sewage disposal of your town—is it safe? the handling of milk—is it clean? the schools, restaurants, soda fountains, and other public buildings—are they well ventilated and sanitary? In other words, how good is your community housekeeping?

The sanitary engineer helps with the community housekeeping. He also gives you personal information you may want on how, with little cost, you can improve methods of sanitation in your home or on the farm. He will help you plan better care of your milk, water, and food supplies. By doing so he protects you from septic sore throat, scarlet fever, undulant fever, and many other infectious diseases. If you live on a farm, he will help you plan a sanitary privy, a good well, a clean barnyard. Good housekeeping of your home, your farm, and your community is a first safeguard of your health.

Your health officer knows that the cornerstone of a strong community is a healthy family. Sick mothers, fathers, and children make a sick community, a sick nation. He must keep people well. And so he plans a personal and community program to protect every family—your family. He plans for expectant mothers to have proper medical care and proper guidance in care of the new babies. He plans for infants...
to be protected by immunization from diphtheria, smallpox, whooping
cough. He watches the causes of death in the community. He or-
organizes community-wide immunization programs to wipe out diseases
that no longer need exist. If measles, scarlet fever, or mumps break
out, a quarantine sign is put up, and he sees to it that isolation is
maintained during the danger period. This protects your children. He
organizes a program to eliminate the most dreaded and costly diseases
to every individual and community—tuberculosis and venereal disease.
If an epidemic of infantile paralysis threatens, he mobilizes all com-
community forces to protect all the children of the community—your chil-
dren. He develops a program of health education for every group in
the community through lectures, radios, newspapers, movies, and slides.
He is your health teacher.

He plans for teachers to be trained in detecting the first symptoms of
illness in the class room and advises the schools and school boards to
send children home with the first symptoms of a cold. It may be a cold;
it may also be the beginning of measles, scarlet fever, mumps, or any
other infectious disease. In this way he safeguards the health of the
ill child and the well child.

The community program of family health protection is carried out
largely by the public health nurse. She develops both an individual
and a community service to protect your family and every other
family in the community. She may visit a rural school, help the teacher
plan a program of education on healthful living, and check with her
or a neighborhood group on the hot lunch plan for the week. She may
call on an expectant mother to help her plan for her first baby and
carry out the instructions of her physician. She returns when the baby
is born to plan with the mother the after-care, baby feeding, and
immunization as recommended by her physician. She renders public
health service where a child has been sent home from school with a
cold. She realizes that the cold may be the start of a communicable
disease and commends the mother for having isolated the child as she
was taught in the home-nursing class. She calls on an elderly woman
with diabetes to check with a daughter whom she has taught to give
proper care to the mother. She may give a demonstration to a group
of mothers on home care of the sick or other matters that assure sound
family health protection. She may call at your home when you need
her help and guidance. She is your personal as well as your com-
community counselor in health.

The office secretary serves you too. She does the public health book-
keeping for your community. She keeps birth certificates, marriage
and divorce records for your family and every other family in the com-
community. These records are available to you whenever you may need
them for securing a position, life insurance, or for any other purpose.
The public health nurse shows a mother how to give adequate care to sick child.

She also keeps all morbidity and death records, which are important because they tell not only what are the main killers in your community but also give the first inkling of a possible epidemic. These guide the health officer in planning his community program to attack, control, prevent disease and assure you and your children longer, healthier, and happier lives.

When the health officer needs help in developing any aspect of his program, he may call on the health specialists in the State Department of Health—the sanitary engineer, the specialists on communicable disease, maternal and child health, public health dentistry, nutrition, and health education. He calls on these community health specialists in the same way as your family physician may call on a medical specialist to diagnose a disease of one member of your family.

The health department cannot keep you, your family, your community in good health without your cooperation. You must want health in your home and in your community. Then with the trained leadership of your health department you can have it. Your health department helps to coordinate the efforts of every citizen and of every organization interested in improving community health such as Tuberculosis Association, the local Red Cross chapter, the Services for Crippled Children, the health projects of men’s service clubs, women’s groups, and many other organizations.
9. Are There Some County Health Units in the State?

In the absence of any legal machinery to set up modern county or dis­


trick public health units, the only ones in the state have been the
demonstration units in the Scottsbluff area and in Dundy County, and
the emergency public health units in defense areas. These have func­
tioned only in an advisory capacity to the existing local boards of
health. Six of the counties involved in these units make some con­
tribution toward the maintenance of these health services. Otherwise
they are maintained very largely by federal funds. Since the passage
of L.B. 295, the demonstration units will be dropped unless they are
reorganized according to the new law. Immediately following the war
the defense health units will be discontinued unless local people or­
ganize themselves now to take the necessary steps required by the en­
abling act to have local public health services.

10. May Every County Now Have a County Health Department?

The law enables every county except Douglas to have a county health
department. A county with a population of less than 60,000, however,
should not attempt to set up a county health department unless the
assessed valuation of property is sufficient to raise the necessary funds
for the county share of the support of the local health department.
For purposes of administrative efficiency and economy the majority of
counties will find it most satisfactory to pool their financial resources
with one or more adjoining counties to set up district health units.
11. How Would District Public Health Units Be Determined?

Districting for public health units for a sparsely settled state like Nebraska is no easy task. In the western part of the state an area that includes 50,000 people is so vast that public health services may become very thinly spread. Within some counties people of one section go for their trade and medical services to neighboring counties in the opposite direction from the people of another section. These are important factors to consider in determining local health units. The major responsibility, therefore, for mapping out public health districts rests with local citizens. They know best the trade routes for the people within each county, the cooperation between counties, road conditions, the main channels for trade and medical services. In drawing up their own health districts local citizens may turn for help to the State Department of Health and the Nebraska Health Planning Committee. They may also find valuable help in the recommendations of the American Public Health Association.

After the American Medical Association recommended that every area and population of the United States be covered by local units of health jurisdiction, the American Public Health Association set up a committee to determine the factors that should guide the creation or development of these units and the number needed to cover the United States. This committee recommends that an ideal public health unit should serve not less than 50,000 people, and should not cover an area larger than 25 by 40 miles. In mapping out public health districts the committee recommends that every effort should be made to reduce large inequalities in per capita wealth and combine urban and rural, high and low income groups into a single jurisdiction where otherwise desirable. Counties combined into health districts should be grouped so as to maintain physicians in the ratio of not less than one to every 1,500 people and general hospital beds in the ratio of three to 1,000 people.

12. How Can a County Obtain a Public Health Department?

In Lancaster County, the city of Lincoln has already voted to change its city charter in order to have a city-county health department. It is now up to the county commissioners to make agreements with the city council and with the State Department of Health to establish a city-county health department. Douglas County and the city of Omaha have yet to take the first steps toward establishing a full time health unit.

In each other county, the county board, in cooperation with any city having an established health department, must draw up an agreement with the State Department of Health relative to the nature and duration of its support of a health department and to the expenditure of
local, state, and federal funds to be used for public health purposes in the county. When this agreement is approved by the State Department of Health it is submitted to the electors of the county in a special or general election. The question on the ballot would be substantially as follows:

Shall the agreement for the establishment of a county (or district) health department, which agreement is on file in the office of the clerk of County, Nebraska, be ratified and approved?

Yes ☐
No ☐

A majority of votes cast determines the establishment of a county health department.

13. How Can a Group of Counties Obtain a District Health Unit?

The procedure outlined above must be followed in each of the counties to be included in a public health district. Only when the people of each county in the designated district have cast a majority vote in favor of having a district health unit will one be established.


A standard plan recommended by the American Public Health Association for general application has been developed as follows:

1. A board of health legally responsible for the program of the health unit.
2. An advisory health council of interested citizens to aid in developing the community health program.
3. A minimum staff of four: medical director, public health nurse, sanitary engineer, and office secretary.

For a health district of 50,000 people the Association recommends that the minimum staff consist of a medical director, one public health nurse for every 5,000 people, with one supervisor, a sanitary engineer and an assistant, and one clerk for every 15,000 people. The organization of a typical local health unit is shown in the chart.

15. How is a County or District Board of Health Set Up?

When the people of a county have voted to support a county health department, the county board and the city council must get together to appoint a county board of health. When the people of a group of counties have voted to support a district health department, the county boards must get together to appoint a district board of health.

16. Who Would Be the Members of a Board of Health?

In a county such as Lancaster the board of health would be composed of one representative of each of the following groups: (a) county board, (b) city council, (c) county medical society, (d) county dental society, (e) three representatives of the general public.
A district board of health would be much larger because it would consist of equal representation from each of the counties included in the health unit. The district board of health would be composed of the following representatives from each county of the district: (a) county board, (b) medical profession, (c) county or city superintendent of schools, (d) one or more public-spirited men or women.

The members of a county or district board of health would hold staggered terms of office of three years each after the length of their first term has been decided.

17. What is the Importance of County or District Board of Health?

When the county or district board of health is established, all other local, county, or municipal boards of health or public health departments, except established city or county hospitals, are discontinued. The board of health has full control over all health matters, both rural and urban, of the county or counties. The county or district board of health is responsible for selecting the medical officer of the department, determining his salary, advising him in regard to the budget and general policies of the department. It has full responsibility for the control of disease and the promotion of sanitation and general health in conformity with the regulations, rules, and policies
Keeping well children well—a group conference sponsored by the health unit in Sarpy County and conducted by a private physician.

of the State Department of Health. One of the most important services of the board of health is to enable the health department to develop an effective program without interference.

18. What is the Importance of an Advisory Health Council?

The advisory health council is the people's sustained participation in this program. It is not enough for local citizens to get a local health department set up. They must give it continued support if they wish the most constructive service. The advisory health council is composed of a group of citizens who may represent the social, professional, and business organizations which have taken an active part in furthering health services in the area. It assists the health officer, nurse, and sanitary engineer in planning and developing the health program for the area. It points out local health needs as the people see them. It interprets the activities of the department to the general public and the attitude of the public to the health department. It helps the health department to secure the cooperation of all the voluntary groups and agencies and the public officials. Such active participation of a broadly representative group of citizens in each county, as well as in each district, may determine the difference between success and failure of district administration of public health services. The health department is not only a small staff of trained workers, it represents the coordinated effort of the whole community toward building healthy individual, family, and community life.
19. What are the Duties and Qualifications of the Staff Members?

The health officer is the executive for the board and is responsible for the management of the health department. Its success or failure depends largely, if not entirely, on his training, experience, initiative, industry, and courage. His legal status in each county must be recognized. Even in a district he is the only legal health officer not only of the district but also of each county in the district. His main responsibility is to plan the health program for the community according to the local needs and to determine the duties of his staff to meet these needs. He must demonstrate that a public health program pays the community in dollars and cents as well as in healthful and wise living. His success will depend largely on his ability to win the wholehearted support of the local board of health and the advisory health council in planning and developing the community health program.

The health officer needs to be highly trained for this task. Minimum qualifications are that he be a registered physician with at least a year’s special training at a school of public health. Sufficient salary to attract a well-trained man is a sound community investment. There is no more costly thing for a community to support than an unqualified health officer in charge of the local health department.

Public health nurses usually make up 50 per cent of the personnel of a well organized health unit. There are never enough nurses to meet the need for their services. Hence they have to plan carefully to develop the kind of family and community nursing program that, in the long run, will be of the greatest service to the whole community. The public health nurse makes an important contribution to every aspect of basic health work. Her intimate contact with the homes of the community gives her an unusual opportunity to win the confidence and support of the people for the local public health service. To carry out effectively this broad community service the public health nurse must be a graduate of a recognized school of nursing with at least six months of special training in a school of public health.

The chief clerk or office secretary has an important position in the department. Her duties include stenography, typewriting, filing, keeping of financial records, ordering supplies. She prepares statistical reports, makes maps, and meets the people who come to the office for information and advice. In every way she spares the other members of the staff from limiting their professional services by spending time on routine matters. The office secretary must be well trained in business administration and preferably a local person with a broad knowledge of the community and its resources.

The sanitary engineer is responsible for the development of a program of sanitation in regard to milk, water, food supplies, public
The sanitary engineer works for improvement of privy, well and barn. These “before and after” pictures show such improvements can be made. Notice particularly the milk houses next to the new well and adjoining the new barn. They were built for the care of milk and utensils.
buildings, sewage disposal, and many other matters of family and community cleanliness and health. To plan, inspect, supervise, or approve the varied engineering projects to protect the health of the people, the sanitary engineer requires a broad knowledge not only of engineering but of many other subjects related to health and sanitation. He must be a graduate of a recognized school of engineering with at least one year of training in an accredited school of public health, and with a year of experience in public health engineering under qualified supervision. In larger districts he is assisted by one or more sanitarians who are properly trained for this work.

The qualifications of all members of the staff of a health department must conform with the standards of the Nebraska state merit system as approved by the United States Public Health Service and the Children's Bureau.

20. How Would Such a Staff Function in a District Health Unit?

A district health unit would be organized so that the main office of the health department would be located as centrally as possible, while branch offices would be located in each of the counties in the unit. The health officer, chief engineer, nursing supervisor, and the office secretary would be located in the main office. The public health nurses and possibly the assistant to the sanitary engineer might be located in the branch office of each of the counties. The district health officer and sanitary engineer would plan their time so as to give as nearly equal services as possible to each county included in the district. It would be up to local people to determine the most effective organization for a district health department.

21. What Would be the Annual Cost of a Local Health Unit?

The cost of a local public health unit varies according to the amount that the people of any community want to invest in protecting their health. A minimum service costs 60 to 80 cents per person. For a population of 50,000 a minimum service would cost $30,000. Optimum service can be rendered for $1.00 to $2.00 per person. The cost of the service is shared by the county, state, and federal governments in accordance with the agreements drawn up between the local governments concerned and the State Department of Health.

To finance a local public health service any county, according to the law, may appropriate funds available for public health purposes from the general fund or levy and collect a special annual tax of not more than a quarter of a mill on the taxable property of the county. In addition, each municipality in each county is expected to raise its share for the maintenance of the health departments by means of a special annual tax of not more than a quarter of a mill. In a district
unit each county may levy and collect taxes not to exceed a quarter of a mill to meet and share the cost of the district health department in the proportion that the population of each county is to the total population of the district.

To funds raised in this manner are added funds from state and federal sources necessary for making a well-rounded public health program. The principle involved in the use of state and federal funds is that areas which cannot provide adequate health services for their citizens through their own efforts should be assisted in doing so in order that an equally high standard of health service may be maintained for all the people of every state.

22. What is the Relationship of the Local Health Department to the Local Medical Profession?

The cooperation of local physicians is essential to the success of the local public health program. There is no conflict between the services rendered by the private practitioner and the public health unit. Both have the same objective—to prevent disease and promote health. The physician is trained and responsible for taking care of sick people; the health officer is trained and responsible for maintaining the health of all the people. With the endorsement of the development of public health units by both the American Medical Association and
the Nebraska State Medical Association, there is assurance that pro-
gressive physicians in every county of the state will cooperate whole-
heartedly in promoting local public health services.

23. What is the Relationship of the State Department of Health to Local Health Departments?

Many people seem to fear state and federal domination of a local
health department. It is therefore important to understand the re-
lationship of the state and federal governments to the local health
units. That relationship is essentially two-fold: (1) financial, (2) ad-
visory. State and federal funds for local health purposes, administered
through the State Department of Health, are mainly equalization funds
to make it possible for every section of each state to have needed
local health services. Any county that can furnish public health
services without such help is encouraged to do so. The state and fed-
eral governments are concerned also with the standard of service ren-
dered in the local unit. This is to protect the public. Too often local
communities are willing to accept a make-shift set up which becomes
permanently "good enough." Only the best health services are worth
the public funds invested. The major responsibility of the State De-
partment of Health is to stimulate, safeguard, and strengthen the local
health department. The State Department makes special services avail-
able to the local unit such as laboratory, nutrition, and dental serv-
ces, and stands ready to give guidance and technical advice on the
varied activities of the local program.

An immediate responsibility of the State Department of Health is to
help local people establish local public health units. These are not
formed by local initiative alone. Able and active leadership of the
State Department of Health is essential in interpreting to county
boards, local medical societies, and various civic and social groups of
any county or group of counties, the organization and responsibility
for maintaining a county or district health unit. This state leader-
ship is recognized as so important to the successful organization and
development of local health units that many people consider an im-
portant step in furthering a health program for Nebraska is the passage
of legislation that would strengthen the organization of the State De-
partment of Health so that it can be of most constructive service to the
entire state.

24. What Difficulties May Make the Enabling Act Ineffective?

Difficulties in effecting the law will arise if local citizens are not
wholeheartedly behind the development of a local health department.
Local people are local government. Their understanding and support
will make or break a local health service. In setting up a county unit
difficulties may arise in working out effective relationship between the rural and the city area. The pooling of interests and financial resources of a group of counties into a public health district may present certain administrative problems. Under permissive legislation any county may hold up the development of a district unit or withdraw on some slight pretext and thus cripple the whole service. Only strong support from local people and effective supervision from the State Department of Health can prevent this from occurring.

The law as it now reads leaves every county to decide whether it wants a local public health service. The very permissive character of the act presents a special challenge to prove that, through the democratic process of voluntary cooperation and group effort, local citizens will establish units of local health service to protect and improve the health of their homes and of their communities.

25. What Can be Done During the War to Set Up Health Units?

The drain of medical men to the armed forces has led many people to think that perhaps nothing can be done during the war toward establishing local health units. Local health departments are not built in a day. Often years of educational effort are needed to make the law a reality in any community. If any area achieves this during the war the necessary public health personnel will be found.

26. How Should People Proceed to Obtain a Local Health Department?

A local health department will become a reality when all groups in an area understand and want its services. This will mean the development of a broad local program of education and community organization. Leadership may come first from a home demonstration club, a chamber of commerce, a church group, or any social or civic organization. Some group must inspire the movement.

The first step for such a group is to study thoroughly this circular, consider local health needs, and appreciate how a local health department would meet those needs. If there are questions that remain unanswered, help may be obtained from either the State Department of Health or the Nebraska Health Planning Committee.

Next, these citizens must plan to develop broad interest and understanding not only in their own particular community but also over the county and even neighboring counties. They must encourage every civic, social, and professional group in their own community to read this circular and make a special study of how a public health unit would serve them. Then they must join forces with other interested groups over the county and neighboring counties. The first step toward this may be to reach the member branches of their own organ-
ization whether that is a commercial club, a farmers' organization, a men's service club, or a home demonstration council. Such a group must determine its own role in securing a local health department and the support of other groups needed to bring this about.

When a number of organizations in every community of the county or district have shown considerable interest and want help with planning next steps, a general meeting may be called. At such a time it would be wise to ask for help from the State Department of Health and the Nebraska Health Planning Committee. The outcome of such a meeting may be the formation of a county health council with local branches in each community. The purpose of this council would be to gather necessary information about the community health needs, determine health goals, and plan strategy to achieve these goals.

A county health council must plan to develop interest in the health program among four main groups: (1) existing county and city boards of health, (2) local medical profession, (3) general public, (4) county board and city council. Each of these requires a different method of approach. When local boards of health are active, it is important that they be informed of plans for the new type of health service. The support of progressive members of the medical profession is essential. These members will encourage study and support of the program by the local medical society. Most important of all is to win understanding and support of the general public. It pays for the service and will
In this Sandhills home the baby gets all the attention as his family watches the nurse check his weight.

determine whether or not there will be a health department. The support of the city council and county board must be sought. They control the purse strings, are responsible for drawing up any agreement with the State Department of Health for a local health unit, and for putting such an agreement up for local ballot. They should be informed from the beginning of the interest and aims of the citizens' group, but they will not often take a stand for supporting a local health department until there is broad expression from the whole county for such a service.

Interest in the health council may be sustained by conducting specific health programs such as immunization, milk testing, and other projects to indicate the need for a consistent organized health service. Plans should be made for speakers on local public health services to reach every community and interested organization. Information about a local health unit should go into the local newspapers and over the radio at regular intervals. At all times help may be obtained from both the State Department of Health and the Nebraska Health Planning Committee.

Progress at times may seem slow but the goal is worth the effort. The human resources of a country are its most priceless possessions. Local citizens who show leadership and determination will have a local health department to help keep them fit for their wartime tasks and prepare them to meet their peacetime responsibilities.