

A Report on State Public Health Work: Based on a Survey of State Boards of Health

By Charles Value Chapin

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One cannot say, at present, what is the best plan of organization for securing more effective health work in the county and in the smaller municipalities. Little success has been attained in the past, and the newer schemes have not been tried, or have been tried too short a time, to determine their value.

The ideal plan in the minds of not a few is for the state to appoint and pay its local health officers. ...

There are still more who would have the state appoint local health officers, but have their salaries come from the communities they serve. This is done for township health officers in Vermont and for county health officers in Arkansas, Mississippi and Oklahoma.

It is realized that there is not much use in appointing a health officer unless he is paid an adequate salary and so, in many states, attempts have been made to fix the salary paid by the local authorities, but legislatures are loath to provide large salaries for health officials, and in no state has it been made sufficient.

In about a dozen states, where the township form of government is most highly developed, including New England, New York, New Jersey and some states of the Middle West, the township health officer is likely to remain a fixture. Under these circumstances there is general agreement that supervisors appointed by, and paid by, the state, can do a great deal to improve the situation.

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