

HISTORY OF THE GOOD HEALTH PROGRAM

North Carolina State Hospital and Medical Care Commission

The modern movement for an active good health program in North Carolina began in 1943 when the President, President-Elect and three Past Presidents of the Medical Society of the State of North Carolina presented to Governor J. Melville Broughton a formal appeal for the improvement of health conditions throughout the State.

The committee advocated: (a) that a large well-equipped general hospital, initially 500 to 700 beds, be built in a centrally located place in the state, to serve as a diagnostic and treatment center for indigent patients; (b) that other, smaller hospitals be built in areas of the state where no such institutions existed; (c) that existing hospitals be enlarged where needed; (d) and that the state's two-year medical school be expanded into a standard four-year school with teaching hospital in affiliation.

The committee further suggested that the central teaching hospital be situated on the campus of the University of North Carolina, at Chapel Hill, adjacent to the School of Medicine.

Governor Broughton, impressed with the statement of the medical leaders, took the proposals under immediate consideration. As a result the Governor announced that he would appoint a commission composed of outstanding members of the medical profession, of business, agricultural and labor groups to make a comprehensive survey of the whole subject of health needs in North Carolina, and that the commission would be asked to submit recommendations for improvement of health conditions to the next session of the General Assembly.

Appointment of the State Hospital and Medical Care Commission

In February 1944, Governor Broughton named his "State Hospital and Medical Care Commission" to study the health conditions and develop a program. Dr. Clarence Poe of Raleigh, editor of the Progressive Farmer magazine, was appointed chairman of the group of 50 leaders from all sections, groups, occupations, and professions in the State.

Six subcommittees of the Commission were named to undertake long-range studies. They were: Hospital and Medical Care for our Industrial and Urban Population, Charles A. Cannon, chairman; Hospital and Medical Care for the Rural Population, Thomas J. Pearsall, chairman; Special Needs of the Negro Population, E. E. Blackman, M. D., chairman; Mental Hygiene and Hospitalization, James W. Vernon, M.D., chairman; Hospital and Medical Care Program in Other States, W. M. Coppridge, M.D., chairman; and Statistical Data and Publications, C. Horace Hamilton, chairman.

State leaders offered their services and provided their personal funds to survey how other states were meeting their health needs. Medical plans and institutions were studied and health experts' consultation was sought on the proposed North Carolina health plan.

After almost a year of study, the Commission, which had come to be

known as the "Poe Commission" made its report to the Governor, who presented it to the 1945 session of the General Assembly.

Objectives of the Program

Declaring that "the common health is the foundation of the commonwealth," the Commission underlined three "supremely needed" factors: (a) more doctors; (b) more hospitals and (c) more non-profit health service insurance.

"We cannot have enough doctors without more hospitals," said Chairman Poe, "nor enough hospitals without greater popular ability to pay for hospital service . . . and such ability to pay on the part of the poorer half of our population is impossible without insurance."

Survey Report

The survey made by the Commission emphasized the need for a better health program in North Carolina. The report presented to the General Assembly showed: that 33 counties had no hospital facilities whatsoever; that 39 counties had no hospital beds for a sick Negro; that North Carolina stood 42nd among the states of the nation in the number of hospital beds per one thousand population, and 45th in the number of physicians; that the death rate of infants was lower in 37 other states than in North Carolina; that in 40 other states a mother would have a better chance of surviving childbirth than in the Tar Heel State.

Statistics also became available which showed that 40.9 of the white draftees for the armed services and 60.6 of the colored, were being rejected. Dr. I. G. Greer, superintendent of the State Baptist Orphanage reported that of the 321 boys who had grown up in that institution, only three had been rejected and the reports from other State orphanages showed 1,138 service acceptances and 16 rejections. The Commission report stated: "The boys of our North Carolina orphanages are not coddled. They are not given luxuries but they do receive nutritious food and reasonable adequate medical and hospital care..... this not expensive program of medical and hospital care provided for North Carolina boys of draft age resulted in an army acceptance of 98.6%".

The survey report and the draft rejection statistics aroused the people of the State to improve hospital and health conditions and the report of the six white orphanages resulted in the recognition of "A Program of Great Hope, of Almost Infinite Promise, and Yet of Great Practicability."

Recommendations of the Commission

The Commission recommended: (1) a state supported four-year medical school; (2) loan funds for medical students; (3) medical training for Negro youths; (4) an appropriation of \$5,000,000 to assist the counties and communities in building or enlarging hospitals and health centers; and (5) state encouragement for development of group medical care plans.

In January 1945, the Commission made its formal report to Governor Broughton's successor, Governor R. Gregg Cherry, who recommended the

health program even before the Legislature had studied the report and recommendations of the Poe Commission.

Speaking on a particular health need as it related to school children, the Governor said, "I believe that adequate medical examination and care, should be provided for the children in the state whose parents are not able to provide the same. It is my belief that where parents are unable to finance the cost of remedying childhood defects, the State should make provision for this remedial work to be done. Only less sacred than the right of a child to obtain an education is his right to get a fair chance of health in his youth. The neglect of youth becomes the burden of age and a grievous loss to the State in earning power."

Legislative Action, 1945

Later, on February 27, 1945, before a joint session of the House and Senate, Governor Cherry delivered a special message in which he endorsed "the principles of the Medical Care Program as embodied in a bill."

He said, "As members of this General Assembly, you have the responsibility and the privilege of making another decisive decision in the history of our State. I ask you to believe with me that better schools, better roads, and better health constitute the main high roads for the advancement of North Carolina. I have confidence that you, in this hour of destiny, will make the decision embracing a program for the future happiness and welfare of North Carolina."

After considerable study of the health problem, and on the basis of recommendations made by the Poe Commission, the 1945 Legislature endorsed the broad implications of the Hospital and Medical Care Program, and legislation was passed looking toward the eventual implementation of the entire plan.

The essential provisions of the bill passed were:

- (1) The establishment of a "North Carolina Medical Care Commission" as a permanent state agency of 20 members with an appropriation of \$50,000 per year for the 1945-47 biennium to finance its work.
- (2) The adoption of the principle of State contributions for the hospitalization of indigent patients with the appropriation of \$500,000 per year for the 1945-47 biennium to be distributed among hospitals approved by the Commission at the rate of one dollar per day for each indigent patient hospitalized.
- (3) A medical education loan fund for worthy students willing to practice a minimum of four years in rural areas of the State, with an appropriation of \$50,000 for the establishment of such a loan fund.
- (4) A survey of the State, county by county, "to determine the need for some kind of State aid for construction and enlargement of local hospitals" to insure adequate hospital facilities for all sections of the State; and the authorization of the Medical Care Commission to act as the agency of the State "for the purpose of setting up and administer-

ing any state-wide plan for the construction and maintenance of hospitals, public health centers, and related facilities, which is now or may be required in order to comply with any Federal law and in order to receive and administer any funds which may be provided by an Act of Congress for such purpose."

(5) The expansion of the two-year medical school of the University of North Carolina into a standard four-year medical school with a 400 bed central teaching hospital.

(6) A careful study of the "necessity and methods of providing medical training for Negro students."

The North Carolina Medical Care Commission

As provided by law, the Medical Care Commission was set up as a permanent State agency, with offices in Raleigh. James H. Clark, of Elizabethtown was appointed chairman, and Dr. Clarence Poe, vice-chairman.

Ten sub-committees were named to study special health problems in the State. The committees and their chairmen were: Acceptance of Gifts, Dr. W.M. Coppridge; Construction and Enlargement of Local Hospitals, Dr. W.S. Rankin; Contribution for Indigent Patients, Dr. Franklin J. Blythe; Hospital Care Associations, Dr. Fred C. Hubbard; Legislation, W.B. Rodman; Medical School Expansion, Dr. Paul F. Whitaker*; Student Loans, J.W. Bean; Medical Training for Negroes, W. M. Rich; Nursing Service and Training, Miss Flora Wakefield; Report to Governor and General Assembly, Mr. James H. Clark.

Appointment of the National Survey Committee

In conformity with the provision of the 1945 Legislature that a state-wide health survey be made, a National Survey Committee of seven distinguished educators and medical representatives was selected: Dr. W.T. Sanger, President of the Medical College of Virginia, Chairman of the National Survey Committee; Eugene L. Bishop, M.D., Director of Health, Tennessee Valley Authority, Chattanooga, Tennessee; Graham L. Davis, Hospital Director, W. K. Kellogg Foundation, Battle Creek, Michigan; John A. Ferrell, M.D., Medical Director, The John and Mary R. Markle Foundation, New York City; Victor Johnson, M.D., Secretary, Council on Medical Education and Hospitals, Chicago, Illinois; Hugh R. Leavell, M.D., The Rockefeller Foundation, New York City; and Samuel Proger, M.D., Medical Director, The Joseph H. Pratt Diagnostic Hospital, Boston, Mass.

The members gave much consideration and study to briefs submitted by the several cities competing for the medical school, reviewed the comprehensive report of the Poe Commission, sought the advice of numerous other experts in the field of medical education and medical care, and in general made a thorough study of the situation.

The final majority report of this Committee, signed by five of the seven members, together with the minority report of the two remaining members, were submitted to the Governor in July, 1946.

* Later resigned and was succeeded by Dr. J. Street Brewer.

The majority report of the National Survey Committee endorsed all parts of the proposed health program, including the expansion of the University medical school. It recommended that the four-year medical school be located on the campus of the University of North Carolina at Chapel Hill.

The minority report endorsed all features of the proposed program with the exception of the medical school expansion.

Following the reports of the National Survey Committee, the Medical Care Commission called in other experts to study the situation a committee of the five past presidents of the State Medical Society and the Advisory Committee of citizens appointed by the Governor to consult with the Commission. Both groups endorsed the proposed program without reservations.

Hospital Survey and Construction Act

As anticipated by the 1945 Legislature, the possibility of an adequate state-wide health program for North Carolina was enhanced by passage of the Hospital Survey and Construction Act, P.L. 725, 79th Congress in August, 1946. Under provisions of the Act, North Carolina became eligible for approximately \$17,000,000 over a five-year period, for construction of public and non profit hospitals and health centers particularly in the rural areas where the greatest need existed. Under the law passed by Congress, federal funds within the state's allotment would be available to states meeting given requirements on a basis of matching each dollar from federal funds with two dollars from state and county or local funds.

Commission's Recommendations to 1947 Legislature

The Medical Care Commission on the basis of the 1945 State Legislature's health bill on September 22, 1946 adopted a resolution tentatively blueprinting a "hospital building program for North Carolina." Accordingly, the Commission recommended to the 1947 Legislature that sufficient state funds be appropriated to match Federal funds available under the provisions of the Federal Act whereby 7,200 new beds in local general hospitals and needed expansion of the State's mental and tuberculosis institutions, could be financed.

The proposals of the Commission, as presented to the 1947 Legislature asked for appropriations by the 1947 and 1949 Legislatures of funds approximating \$20,000,000 as the State's share in a five-year hospital building program. The Commission also recommended that facilities of a hospital or health center or a combination of the two, located within a radius of 25 miles, be made available to all the residents of the State. This provision assured the people of an accessible hospital or health center or a combination of the two. The recommendations included a provision for needed additional beds for mental, tuberculosis, orthopedic and other groups.

Budget requests from mental, tuberculosis, orthopedic, blind and spastic agencies were made individually and totaled approximately \$6,000,000, leaving around 14 millions as the amount requested to effect the state-wide health plan of the Medical Care Commission.

Report to State Advisory Budget Commission

In October, 1946, the Medical Care Commission presented the broad outlines of its over-all program to members of the State Advisory Budget Commission. The plan called for the construction over a five-year period of 5,000 general hospital beds in the state; nine new hospitals and 24 health centers, located mainly in the 33 counties of the state having no general hospital beds; and the construction at the University of North Carolina in Chapel Hill of a 400 bed teaching hospital for the four-year medical school.

The estimated construction costs of the proposed five-year program were listed as \$36,739,000, of which the State would be asked to provide \$20,000,000 to match an anticipated allotment of approximately \$17,000,000 federal funds under the Hospital Survey and Construction Act.

The plan, presented to the Advisory Budget Commission, indicated that federal funds would become available for aiding in the construction of both local hospitals and health centers and the University Medical School teaching hospital. Local funds would be required to supplement federal and state funds. State aid to counties would be given on basis of need, such state aid varying in percentage from 10 to 50 per cent according to the ability of the county to furnish local funds for construction, maintenance and operation of the hospitals built under the Act.

The Medical Care Commission also explained that estimates and detailed plans were necessarily vague due to contingencies of needs to be established by future surveys of existing hospitals, by spiraling construction costs, and by the enthusiasm, or lack thereof, of the people of North Carolina to provide the facilities and personnel for realization of a Good Health Plan.

The Advisory Budget Commission and the 1947 Legislature approved in its entirety the request of the Medical Care Commission for state funds.

Legislative Action, 1947

During the 1947 regular session of the North Carolina General Assembly, health legislation was enacted which supplemented that passed in 1945. The laws passed in 1947 provided for: licensure, inspection, and regulation of hospitals receiving Federal aid under the Act; loans (Appropriating \$50,000 for these purposes) for students of medicine, dentistry, pharmacy, and nursing with the provision that such students, upon completion of their courses and when duly licensed would practice in a rural area of the State for at least four years; a study to be made whereby necessary medical training would be available for Negro students and findings of the study to be reported to the 1949 session of the General Assembly; counties, cities, towns, and townships, separately or jointly, to raise funds by appropriations, tax levy, or bond issue for the establishment, construction, maintenance and operation of public and non-profit hospitals.

The 1947 legislature appropriated to the Commission \$61,520 for

administrative expenses, \$350,000 annually for hospital care for indigents and \$6,250,000 for construction of local general hospitals, clinics, health centers, excluding State owned institutions; \$5,290,000 to the University of North Carolina for expansion of its two year medical school to a four year medical school and the building of a 400 bed teaching hospital; \$5,413,526 to Mental Hospital Board for expansion and rehabilitation of the State mental hospitals and \$1,500,000 for the purchase of Camp Butner hospital; \$1,700,000 to the Tuberculosis Hospital Board for expansion and rehabilitation of the three State tuberculosis hospitals; and \$53,500 to the State Orthopedic Hospital.

Additional appropriations were passed whereby provision was made for the expansion of State institutions offering primarily domiciliary care of epileptics, feeble-minded, and spastics, which institutions are not eligible for Federal aid under the Act.

The North Carolina Good Health Association, Inc.

To assist the Medical Care Commission in educating the people of North Carolina as to the desperate need for more doctors, more nurses and medical technicians, more hospitals and more health centers, and more nonprofit hospital insurance, some 200 of the state's leading citizens representing hospitals, medicine, other professions, industry, agriculture, labor and other groups, met March 14, 1945, at Thomasville, and formed the North Carolina Good Health Association. Dr. I. G. Greer, of Thomasville, superintendent of the State Baptist Orphanage, was named president. Charles R. Jonas, of Lincolnton, was elected executive vice-president, and James E. Lambeth, Jr., of Thomasville, treasurer.

Regional chairmen appointed were: West - D. Hiden Ramsey, of Asheville; Piedmont - Irving Carlyle, of Winston-Salem; Northeast - James S. Ficklen of Greenville; and Southeast - Judge Henry L. Stevens, of Warsaw.

Origin of the Public Education Program

Kay Kyser, radio and screen star from Rocky Mount, came to North Carolina in August of 1946 on his vacation. While in the state he met Dr. I. G. Greer, who discussed with him the state's health problems and the work of the Good Health Association. Doctor Greer emphasized the desperate need which was shown in the many surveys and reports made by the Commission for a good health program for North Carolina and explained the plan proposed by the Association.

Mr. Kyser asked if the people of North Carolina were aware of the Plan and were conscious of the health status which prompted it. Dr. Greer said that progress had been made in arousing the State's leadership but it would take tremendous effort on the part of all residents of the State to carry so new and so comprehensive a program to complete success.

Mr. Kyser suggested that the Good Health Association "start a bonfire at the grassroots," by using all the known methods of advertising and publicity, to merchandise health to the people and bring them out of their lethargy and complacency.

In the interest of better health Mr. Kyser abandoned his vacation idea and visited more than 30 of North Carolina's 100 counties, speaking to thousands of people and soliciting contributions from civic-minded firms and individuals to finance the work of the Good Health Association.

Mr. Kyser drew up a publicity and advertising prospectus (See PROSPECTUS, Page 16).. Doctor Greer liked the idea and the Good Health Association adopted it.

First Meeting on Public Education Program

At a Good Health Association meeting of representatives of the medical profession, business, education, labor, politics and agriculture, held in Raleigh, September 4, 1946, Mr. Kyser urged the group to assume leadership for the campaign which would mean better health for the state by presenting his own hopes and plans. This speech proved to be a "spark" that kindled the interest, enthusiasm, and support of the group present at the meeting.

Support of State Leaders

These North Carolinians and many others, too numerous to mention gave generously of their time, their talents, and their funds to insure the success of the campaign for better health for the State. Their support and assistance during the entire campaign proved invaluable.

The services of an advertising agency in Durham were secured. The agency continued throughout the campaign as counsellors and advisors on all advertising, radio, and editorial problems.

Charter of Incorporation

One week later, on September 12, the North Carolina Good Health Association was granted a charter of incorporation by the Secretary of State.

The six objectives of the Association as set forth in the Charter were:

(1) To engage in educational work to acquaint the state with public health generally.

(2) To cooperate with government and private agencies, individuals and groups interested in better health for the state.

(3) To publish and distribute literature on public health.

(4) To disseminate information on the good health of the State and to support and to encourage the adoption of such a good health program

through the aid of newspapers, radio and other advertising media.

(5) To encourage support by parents' organizations, educational and religious clubs, business and agriculture, labor and professional associations, women's organizations, civic clubs, patriotic and humanitarian organizations, and all others interested in the State's good health.

(6) To have the power to receive donations, bequests, devices to purchase, lease and otherwise operate a nonprofit, nonstock organization to further the cause of good health in North Carolina.

The charter described the Association as a charitable and educational corporation, with no capital stock and a limit on its existence.

Organization of Staff

Headquarters were established September 24, 1946, in Durham, and H. C. Cranford, of Durham became Director of Publicity.

The Executive Committee engaged Harry B. Caldwell, of Greensboro, former master of the State Grange, to serve as Executive Secretary. A Good Health chairman and co-chairman were appointed in every county in the State.

The Campaign

The Good Health Publicity and Advertising Campaign was officially launched November 9, 1946, with a star-studded "live" broadcast featuring North Carolina stars of screen and radio. This broadcast reached more than two and one-half million listeners through every radio station in the State over a leased wire from Hollywood.

From that date to the end of March, 1947, the campaign based upon the original Prospectus (See Prospectus page 16), was kept squarely in the public eye.

Hundreds of articles appeared in the North Carolina newspapers,--billboards,--special recorded radio programs featuring almost every well-known star in Hollywood,--movie trailers,--talks by leading citizens,--window displays,--dramatic skits for elementary and high schools,--lapel buttons,--posters and car cards,--even milk bottle collars were used to emphasize to the people of the State that "North Carolina's number one need is good health".

Conclusion

Specific objectives may vary from community to community,--from area to area,--but the need for public understanding of a program that will benefit the public,...the need for sharing the responsibility for the success of the program can only be accomplished by presentation of the problem to the public through all the known media of publicity and advertising.

The Good Health Publicity Campaign in North Carolina

This following section reviews North Carolina's Good Health

educational publicity and advertising campaign and may be used as a reference or guide by other States attempting similar campaigns. It indicates the procedures, results, and special techniques used by the Good Health Association.

In the discussions which follow, an attempt was made to point out the mistakes that were made as well as the accomplishments. Some of the lesser devices suggested in the following pages were not attempted for the reasons set forth, but every major medium known to advertising and publicity was used with excellent results.

The experience and advice of the North Carolina Good Health Association staff, Mr. Kay Kyser and Mr. Knox Massey and Mr. John Moorehead of the Harvey-Massengale Advertising Agency in Durham may prove helpful to other States planning similar programs. Such assistance is available upon request of the State Agency to the American Hospital Association.

(The Prospectus that follows -- beginning on page 16 -- was developed from the suggestions of The Executive Committee of the Good Health Association.)