

PRACTICE OF PUBLIC RELATIONS IN PUBLIC HEALTH¹

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Of all public health workers, we sanitarians probably have felt the greatest need to understand, and to deal with, people. Most of our everyday responsibilities involve working with people—with our own associates, with the consumer, or with the dairyman or restaurateur, to name a few. Public relations is basically human relations, individually and collectively, and it is with the subject of human relations that these remarks are exclusively concerned.

Our success in securing real permanent improvements in the quality of living in our communities depends, in great measure, upon our ability to develop, with people, a sincere human interrelationship based upon constructive, mutual understanding. We must live with the people with whom we work, and the absence of friction and tension in our everyday work experience is basic to our own job satisfaction and professional pride. We can effectively and satisfyingly work with people only when we have honestly developed in ourselves the very qualities we appreciate—indeed expect—in others.

A few years ago, a group of experienced sanitarians was asked to think of themselves as a dairyman or restaurant owner and to seriously consider the desirable traits that they would like their supervising sanitarian to possess. Match yourselves, if you will, against some of the following replies:

"I'd like my sanitarian to be relaxed in my company."

"The sanitarian should be friendly. If we could be friends first, we could really work together."

"I'd like to feel the sanitarian was sincerely interested in me, in my business, and in my problem."

"If I were convinced the sanitarian was treating everyone firmly and equally, we could get along fine."

"I'd like my sanitarian to be up-to-date on new developments."

"I don't care to see a sanitarian make a fetish of the picayune and the petty."

"A prejudiced sanitarian is hopeless."

"I'd like to be treated with dignity and respect

even though I might have never finished grammar school."

"I'd like my sanitarian to dress neatly."

"I'd like the sanitarian to let me help plan solutions to problems."

"Even if I got upset, I'd like the sanitarian to be calm and objective."

All of these comments, from sanitarians, reflect the basic emotional desires of all people—to be accepted, to be liked, and to be secure. No one—you, I, the dairyman, the restaurant owner—enjoys failure, ridicule, animosity, and insecurity. When basic emotional needs of people—affection, significance and security—are not fulfilled, anxiety is most certain to follow. Anxiety is to the mind as pain is to the body and in our field of endeavor, anxiety often results in resistance to change, friction, and tension.

It is not implied that every sanitarian be a psychologist or psychiatrist. However, a working knowledge of why people oppose change and an understanding of some ways of overcoming opposition can be acquired.

There are usually two categories of explanation for failure to cooperate with the sanitarian. They are (a) the quickly expressed reasons which are just smoke screens or alibis, and (b) the hidden real reasons. Needless to say, the real reasons must be identified if progress is to be made.

How frequently we are made conscious of resistance by such comments as: "It's not my job—go talk to the waitresses;" "it's okay for the big dairies;" or "why don't you clean up Harry's place?" The speaker may consciously recognize these statements as alibis or at times he is convinced they are legitimate reasons. In either case, there is usually a much more fundamental reason for his resistance.

The hidden real reason, when once we get at it—and get at it we must—is more apt to be (a) lack of complete understanding of the problem, (b) lack of security, (c) feelings of inferiority, (d) poor health, (e) personal or family difficulties, or (f) antagonisms toward the agency or person suggesting the change.

In our dealings with people, we must mobilize the desire to truly want to get together with the other person. We must present the best side of ourselves, be friendly, confident, equal, supportive,

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and understanding. To be friendly, we have to like people; to be confident, we have to be technically proficient and professionally proud; to be equal, we have to be fair; to be supportive, we have to recognize the worth of the ideas of other people; and to be understanding, we must appreciate all sides of a problem.

Yes, we have all met the know-it-all—that domineering, hasty, superficial person. He's an egoist and his ego must be catered to. He must be complimented and made to feel important. We have all met the skeptic who has either been born a "doubting Thomas" or has been disillusioned in the past. We must sympathize with this person, speak conservatively and understate our case. We have met the thinker—that shrewd, slow-but-sure analyst. He cannot be rushed. He wants, and must get, facts and time. We have met the argumentative one—that person who enjoys fighting, enjoys being obstinate, and has little use for thinking. We cannot motivate this creature with intelligent, rational ideas. He is an emotional problem and we must listen patiently. The argument must be turned into a friendly discussion. Then, there is the silent type—the one who's unwilling to talk, who is poker-faced and who leaves you pretty much in the dark as to what he's thinking. We must not say too much to him. We must be brief and to the point. Demonstration may be more effective than words. He'll open up when he gets ready to do so. We've also met the busy one—too busy to be efficient, too busy to even listen to

us. We must admire how busy he is, how much responsibility he has and how much work he accomplishes. He's sure to stop to listen to our praises and perhaps to our requests.

Obviously, the approaches described are not always easy to follow or are they a guarantee of success. However, if increased effort is expended to reduce friction and tension through mobilizing the desire to truly get together with the other person, good will and improved public relations can be the fruits of our labors. Such effort, it is desired to emphasize, is not a substitute for, but a supplement to, an honest, thorough, and competent enforcement of our laws and regulations.

The successful sanitarian, like any other professional worker, puts integrity and quality of his services above all other considerations. When we do this, when we approach our public health responsibilities with a sense of pride, enthusiasm, and total worth, and when we work with people in a spirit of cooperation and understanding—not coercion and disinterest—then, and only then, will our public image shine.

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RESPONSIBILITIES AND CHALLENGES OF CHANGE¹

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In a small health center in the heart of Ethiopia, there was a large poster with the following slogan, "Sanitation is a way of life." The way of life in this and other developing countries is different from ours, but there is one principle common to all of us; we are adapting continuously to change. You have heard the expression that nothing is certain except death and taxes; to this must be added *change*.

The health professions are affected by these changes in our society and environment—political,

social and economic changes. We have helped to create some of these changes and to guide others. Our research, training and programs must be sensitive to change.

In 1862, just 100 years ago, land grant colleges were established through federal support in order to meet the needs of a rural agricultural economy, a need which apparently was not being met by existing colleges. During these 100 years, many changes have occurred, and it is demanded of all of us to be aware of these changes and the needs which they bring in order that our services and our research programs can more nearly meet the needs of the public.

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