Public Relations In Public Health

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.

REFERENCES


RESPONSIBILITIES AND CHALLENGES OF CHANGE

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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.

POLITICAL, SOCIAL AND ECONOMIC CHANGES

Our population will soar to 215 million by 1970. The number of persons over 65 years of age will increase to 22 million by 1970. Our population is an extremely mobile one—35 million people change residence each year. Two-thirds of our population live in 184 metropolitan areas; by 1970 this will reach three-fourths. Urbanites seek more medical and hospital care than rural people.

The two age groups with the greatest proportional gains in the next ten years are the aged and the young—the same two groups which consume the largest per capita of health services—and are the least productive and able to pay.

CHANGES IN THE HEALTH FIELD

Research and technology have made dramatic changes in the health problems. The communicable diseases are no longer the serious problem that they were even a generation ago, although there are major areas of concern. The two major areas of importance at the present time are those relating to environmental health and to long-term illnesses and disabling diseases.

Actually, the very progress we have made in health has created increasingly complex problems for the present and the future. We have available to us for diagnosis and treatment of disease drugs, biologics, chemicals and hormones unknown even ten years ago. We have a public which is better educated and with greater financial resources, and which considers health a right, not just a privilege, and further demands that health services be available to family budgeting.

There has been tremendous increase in the funds available for research in the health sciences, and from these funds continue to come dramatic new advances. At the same time, because of changes in our way of life and the complex society in which we live, it becomes increasingly more difficult to apply effectively and economically the knowledge that comes out of our research laboratories. Patterns of health care are changing almost daily and yet relatively little research is being done in this particular area. In the medical care field, with which I am most familiar, we find the hospital more and more becoming the integrated health center for the community. We see, too, the increasing use of auxiliary personnel to assist the physician, both in his hospital and in his home care of individuals. Now, for every physician, there are four auxiliary health workers. The increasing technical knowledge that has become available has also required greater specialization in all of our fields. This has become necessary but at the same time has created problems of learning to work together and bring to bear upon either the individual or the community all of these specialized skills to meet the total needs of the patient, the family, and the community, whether we are concerned with environmental health problems or those of the chronic diseases.

The two greatest problems I see at the present time are (a) learning how to use more effectively the variety of skills which are available, and (b) more effective and economical methods of providing health services to the public.

Here are some questions I believe you must give your continued attention to in order to meet your opportunities and responsibilities adequately. What is the job of the sanitarian of the future? What is the role of specialization in your profession, for example, the radiation specialist? What changes should be made in the training of the sanitarian and in helping him develop the special skills? Is there a close enough relationship between those engaged in service, research and teaching? Is there a close enough and effective working relationship between the educational and research institution and those of you who are engaged solely in operational activities? How can we develop a closer rapport among these groups and achieve a real two-way connection in our various activities? What will be the effective patterns of organization and administration? Is there need for research in this area? Are we too satisfied with the way in which things are being done at the present time and resist change too forcefully? What should be your relations with other members of the health team?

CONCLUSION

Change is inevitable. One either meets these changes independently or someone else takes over. We must profit by the experience of the past, but at the same time must face the future and not back into it. None of us can work in a vacuum in our present complex society. There must be closer ties between operation in the field and the research in our universities with a two-way flow of ideas and problems. Our greatest hurdle is to learn to work together, to recognize our interdependence and be more concerned with what each of us can contribute than with what our isolated professional role may be. The public demands this of us and, in the final analysis, whether we work for a university, an industrial organization or a governmental agency, the public is the ultimate consumer and our master.

The future is bright only for those who are prepared to meet it with vigor and ideas and positive action. These are challenging days for the health professions. The responsibilities are great, but the opportunities and rewards are even greater.