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## REGARDING THE COMMUNITY

EDWARD H. DECONINGH

Mr. deConingh is partner and chief engineer of Mueller Electric Company in Cleveland. He has long been active in Cleveland health and welfare activities, is president of the Cleveland Community Chest, and chairman ex-officio of its executive committee. He is a former United Appeal chairman and a past president of the Welfare Federation of Cleveland. He is currently a member of several of the Federation's committees, and is a board member of many welfare and educational institutions.

I have been asked to present a community evaluation of how well the health needs of the community are being met and what future prospects seem to be. I don't have any standing, no one elected me for this, I don't represent any organizations. I suggest that if what I say meets with your approval, you say that I studied my background material well. If you disagree with me, you can say I just plain don't know the score.

If you look at the Cleveland health system, you can view it in several ways. First, the type of service it has — prevention, diagnosis, treatment, rehabilitation, long term or terminal care. Then, there is the locale of the service: is it in-patient, out-patient service, or service at home. Then who is the provider of the service? This is professional personnel in the institutions or organization through which you work — physicians, dentists, nurses, hospitals, nursing homes, health agencies. Finally, I think we should think of the financier of the service — the individual himself or a third-

party payment through government, philanthropy, or insurance organizations.

I think it fair to say that health is a joint responsibility which is shared by the individual and the community. The individual carries the responsibility for himself and his family to develop habits, attitudes to undertake practices conducive to good health, and I think it is his responsibility to arrange to use the available health and medical services in so far as his abilities permit. On the other hand, the community carries the responsibility for making programs and services available for him. Thus, the community has a responsibility (1) to develop and maintain a system for diagnosis and treatment of the acutely ill, the chronically ill, the disabled, (2) to maintain and promote good sanitary environment to live in, to protect against communicable diseases, and the other health and safety hazards of that kind, (3) to inform the public about health and the resources that we have for health in the community, and (4) to plan and to develop efficient and coordinated systems which will ensure that all these resources are available to the people, and even more important, are properly utilized by the people for whom they have been made available. And that sometimes is the most difficult part of the story.

I think our community has assumed its responsibilities well and if we look at the provider of services, we see 2400 physicians, 1270 dentists, 7000 registered nurses plus what are called the ancillary group:

the social worker, the physical and occupational therapists, the technicians, licensed practical nurses, and those others who assist the physician in his treatment. As far as hospitals go, I think we have splendid physical resources here. Since the war, with increasing demands, and the increasing population, needed expansion has taken place. I think the general public, the average man in the community, agrees with the practical idea that there is a limitation on the ratio of beds to population and that the figure of four per thousand is reasonable. He understands that reasonably high occupancy rates are necessary if we are not going to have rates in hospitalization that are simply out of the question. I think the general community appreciates the facilities for the new types of medical treatment in hospitals — open heart — and all those things and I think he has a good feeling that the hospitals in the community cooperate well through the Hospital Council to carry out their activities in a reasonably economical way.

We have 83 boarding and nursing homes. We have 42 public and private health departments. We have agencies that are specialized by type such as the Anti-Tuberculosis League, the Center on Alcoholism, the Hearing and Speech Center, the Blind Center, the Cerebral Palsy, and the Society for Crippled Children and all those agencies that focus on certain kinds of illness. Then we have agencies that are specialized by types of service. Some have other disciplines coming in such as the nursing group, the

Visiting Nurse Association, rehabilitation, vocational guidance service and in health education, the Health Museum and the Family Health Association.

When we look at the financing picture, the total figure is enough to impress us — \$310 million dollars per year, total expenditures on health care in Cuyahoga County. As far as the sources of financing — the individuals using service are first, but I think that as a percentage of the total they are definitely going down.

Secondly, the third party payments: Blue Cross, Blue Shield, and private insurance plans. Right here, I would like to say a few words about how important Blue Cross has become to the individual member of society. I think it has become for him an essential social protection. He associates it with the gains he made socially in the revolution of the Thirties that we had in this country — the protection against old age and unemployment and it has come, I think, to be associated in his mind with those social advantages. Whether we like it or not, we are facing a change. The old idea that one should provide for himself for his emergencies that may come in the future, is pretty well over — we're indoctrinated with the idea that we should enjoy life, spend the money we have, and pay later. Whether some of us of older age agree that this is the best possible philosophy, it is here — we might as well face it — we may as well live with it, and Blue Cross therefore has a strong hold on the affection

and the interest in the man of the community. He isn't particularly interested in the tensions that develop between doctors, hospitals, the Blue Cross. He wants protection insurance on that basis or another basis.

Next, as far as the third party payment goes, we have government and that, of course, is going to become more and more important through public assistance payments for the indigent and medically indigent; payments for rehabilitation through the Bureau of Vocational Rehabilitation, or for such a service as for the blind, disabled and aged, and of course, Medicare is here. The government will be even a larger payer on the third party basis.

Finally, we have philanthropy: the United Appeal, support to hospitals and health agencies, church support of homes for the aged, foundation grants for specific problems — mostly for development of answers to medical problems.

I think we can say that the general assessment of Cleveland's health picture is positive. We have fine institutions of higher learning such as Western Reserve University Schools of Medicine, Nursing, Dentistry, and Social Work, which graduate into this community highly qualified professionals, and which provide the on-going education of the members we have, providing stimulus to them to continue, and giving us the fruits of outstanding research.

We have a progressive, community-oriented medical society: the Academy provides the channel for

participation of physicians in the health and welfare life of the community. The Dental Society is assuming an active community role and will continue to increase its importance in our community. Hospitals provide good coverage and extend beyond our own community in Northeast Ohio, and some of these are outstanding medical centers providing not only excellent service but leadership in developing new medical knowledge. We have a good group of health agencies of various kinds — a number of which are pioneering in new types of service such as the Hearing and Speech Center. We have a very progressive element among the County Commissioners who support the Metropolitan General Hospital, Highland View Hospital, Sunny Acres, and the Chronic Illness Center.

I can speak with some knowledge here of a good planning group, the Welfare Federation, and its health council, and the Hospital Council for leadership in community health planning and coordination of agencies. But we might as well face it, we are badly behind in some areas. We have six health departments, whereas on the long-term basis, I think we should have one county-wide health department. We have far too few facilities for the mentally ill, the mentally retarded, and the emotionally disturbed. And we can apply the adjective "deplorable" to the nursing home situation. As far as health problems go, we are, I think, aware of them and I think as a community we are attempting to do something about them. I will touch on just a few points:

The problems of the poverty group. It is clear that the proposed health services program for the Council for Economic Opportunities in Greater Cleveland shows that many of the problems of this poverty group are acute and constitute a far larger percentage than among the total community for such illnesses as tuberculosis, venereal disease, alcoholism, visual impairments, and speech impediments. Illegitimate births and related social-health problems are 26 per cent of all births in severe poverty pockets — very much higher than the rest of the community — and that percentage means that we will have a larger percentage of retarded children in that area. There is also the question of over-population. The total birth rate in poverty areas is almost twice the average. In infant and pre-school health we must contend with accidents, the range of mental problems, inadequate maternity care, and the inaccessibility and the under-use of health services.

We have tended to pay little attention to environmental problems such as radiation hazards, air, and water pollution. Although water pollution has recently been the subject of a conference of governors of states around the Great Lakes, in general we haven't planned the way we should on environmental problems.

I would like to mention the problem of the unserved. I am sure that most physicians, hospitals and health agencies would say that they take care of just about everybody that needs care. Yet I think there are a great many people who cannot

receive care because they don't fit into someone else's definition of eligibility. If there is a shortage of facilities, they don't know where to go for help. For example, a person may not be legally blind, but he can't see enough to read. A child may not be functionally deaf, but he cannot learn; he cannot take part in a normal life. A person who needs a homemaker usually has trouble getting that care unless he has some other problem that has brought him into another agency. You can't get into a good nursing home unless you can afford at least \$350 a month. If you have a child needing psychiatric care, you are likely to wait for a long time before he can be helped — perhaps three or more months. If you are not an emergency case, it may take you a couple of months to get into the hospital. If you are an attempted suicide, you will have trouble getting help at any time. In spite of the good job we are doing, there are still many problems left.

I think our community is looking at it intelligently and is working toward improvements. I think the Economic Opportunity program is coming to be of real help to us. This is a health services program to be an integral part of the anti-poverty effort. The plan as it is being developed will provide for comprehensive health services for three poverty groups initially, perhaps 3000 Aid to Dependent Children clients and aid to the children of the unemployed (an estimated 2500 youths and pre-school children).

A few words about hospital costs because they are so much in the

papers. Now I think the community expects that the members of hospital boards should exercise more stringent controls of cost without sacrificing quality, difficult as that may seem. I think that those of us who are in business know that the cost-plus contract puts almost too great a strain on the integrity of the individual no matter how conscientious he is, and that the third-party payment system has brought some of the cost-plus influences into the hospital life. I think we should find some way to counter them with the kind of profit motives that regulate our lives and our growth in business life. Hospital boards should exercise self-discipline on expansion of services, particularly, the very new expensive type of services that have been developed. Not all hospitals need be big. Not every hospital should try to have the perfect emergency service when its present service is already being used for practice of medicine. The community expects the hospital to exercise more self-control than it has in the past.

As far as the Blue Cross aspect is concerned, it is like the sorcerer's apprentice — we started Blue Cross to help finance hospitals. Now I think it disturbs us a little bit that we have created a giant who does such wonderful work, but whom we don't control the way we did when he was small. I think that Blue Cross is here to stay whether we like it or not. I think the medical profession should recognize that it will have to practice under a system that is different than it was when they went through school. You might as well accept it and do the best you

can under it. *The world is not going to stop for the medical profession;* it is changing and this is one of the inevitable changes that has been brought about.

Finally, it is a matter of regret to me that the doctor does not enjoy in his professional association the good image in the community, the high degree of respect and affection that he does as an individual to his patient. I think that groups like the AMA and the medical associations, when they began to venture into the political arena because they felt they had to protect their concept of the physician-individual relationship, were not as careful as they should have been and did not have good public relations counseling as they might have. Your situation seems to me to be similar to that of the Republican Party when it espoused the right to work principle. I think that was a principle that had a pretty good argument on both sides, but the Republicans gave the impression to the public that they were trying to take away the gains of unionism and the social gains of the Thirties — and that impression just swept them down the drain. I think a little bit of this has happened to the doctor. As a group opposing Medicare and governmental participation, he has given the feeling to the man in the street that some of the social gains and security now given are being lost. If there is a moral here, you can say that the doctors are entitled to a much better image and they will get it. The doctor-patient relationship just isn't understood. It is a vital thing to the doctor; it is a vital thing to

me. What's at stake in this relationship is far greater than just two people, it involves a spiritual relationship. That has to be brought home to the man in the street more

intelligently. He has to understand why doctors feel the way they do. If that can be done, I am sure the doctors will receive the high regard from the community they deserve.

