1. Before discussing the other stages of U.S. health system development, we will first review how public health emerged adjacent to medicine, not integrated with it. The history reveals they were not integrated from the outset.

2. The American Public Health Association (or APHA) was founded in 1872, which is 25 years after the AMA was founded. The APHA was initially an organization of physicians who served as local or state health officers. The membership is very different today and includes all public health disciplines, such that membership is not dominated by physicians. The focus of public health goals pertains to issues that were largely ignored by physicians in the AMA. At times, the APHA had opposition from the AMA, particularly if public health engages in what the AMA views as physician turf. In particular this pertains to providing patient care services to individual patients.

3. The scope of public health does not specifically include delivering personal health services. Instead, it includes assuring accessibility to health services and in preventing the spread of disease. Consequently, public health professionals engage in the delivery of personal health services, as needed, to prevent the spread of disease and where access is otherwise not available in a community.

4. As mentioned, the AMA occasionally opposed public health efforts. A good example is the Sheppard-Towner Act of 1921. The Act proposed decreasing maternal and infant mortality rates by providing services to pregnant women and infants. Federal matching funds would be provided to states in order to create prenatal and child healthcare centers. The staffing would be primarily by public health nurses and women physicians.

5. The AMA opposed the Sheppard-Towner Act. However, it was still passed in 1921. In 1927, the AMA persuaded Congress to discontinue the program. Their major concern was public health professionals practicing personal health services. It is interesting to note that in 1930 the Obstetrics and Gynecology medical specialty board was established, signaling that the medical field was taking responsibility for prenatal care. Federal aid for maternal and child health was once again provided in the Social Security Act of 1935.

6. The differing activities in medicine and public health have been explained as follows. "Medicine and public health have operated separately in the United States pursuing different approaches to health improvement. Public health practitioners worked in governmental and social agencies, in contrast to the activities of medicine in the private sector....The Flexnerian reforms in medical education made medical practice more dependent on the scientific knowledge and a relationship with hospital settings, resulting in less physician interest in community and preventive activity"

7. In contrast to medicine, in public health, no single degree or professional credential defines all public health professionals. Instead, the public health work force includes individuals from almost every discipline or profession associated with health services, as well as from numerous professions outside of the health arena.

8. Public health professionals are diverse and include the same professionals that work in private sector personal health services. Most do not hold a Master of Public Health degree. Thus, whereas the AMA has a very restricted professional focus, that of the APHA is quite broad.
10. Both medicine and public health were established professions at the time significant advancements in technology and innovation began around the 1930s, which is our second stage in the development of the US health system.

11. Following the advancement of professionalism in medicine and public health, an era of tremendous scientific achievement occurred. This includes the development of antibiotics in the 1930s and 1940s that reduce the importance of infectious diseases, as they became treatable. In 1937, the National Cancer Institute was founded, and the federal government began funding researchers who did not work for the federal government, such as university faculty. In 1940, the Center for the Control of Malaria was developed, which became the Centers for Disease Control and Prevention. The outcome of these and other tremendous achievements resulted in chronic disease replacing infectious diseases as the top health problem in the U.S.

12. Scientific achievements since the 1930s included most every professional specialty including preventive medicine, general medicine, and pediatrics.


14. Advancements also occurred in OB/GYN, emergency medicine and psychiatry.

15. Many of the scientific and technologic advancements, such as those listed in red, were traditionally based in hospitals. Thus, many advancements created the need for more hospitals and more hospital beds.

16. The concept of a “technologic imperative” in health care has emerged and is considered a source of higher health care costs in the U.S. A technologic imperative assumes new technologies are developed and accepted as good for society, which then may encompass a moral obligation to use them if good for society. Concerns with this imperative are as follows. Technology can displace patients as the focal interest. It can create confusion about the purpose of health care. Technology can become an end in itself, such as the purpose becoming death prevention. Thus, technology must be considered in the context of the value it creates. For example, patients who are at the end of life do not typically want additional weeks of life in the hospital intensive care unit (or ICU), which is a setting that does not promote quality of life, but yet can keep patients alive for a longer time period.

17. As technology advanced, the need for hospitals grew. The number of hospital beds in the U.S. did not increase during the Depression or World War II despite population growth. The federal Hospital Survey and Construction Act of 1946, also known as the Hill-Burton Act, intended to improve the hospital bed-to-population ratio in areas that experienced growth and in rural areas. It was assumed that physicians would move to rural areas if hospitals were built.

18. This is the definition of a “hospital” as provided by the National Center for Health Statistics and the American Hospital Association. Hospitals must be licensed by the state. They must have a six or more licensed beds, recognizing most have 100 to 200 beds. The patient average stay must exceed 24 hours, meaning patients spend the night. Licensed independent practitioners (typically physicians) must admit patients and are responsible for all orders. These practitioners must be organized as a self-governing medical staff. There must be evidence of daily care by a doctor. Records of clinical work must be available for reference, meaning medical records. Supervision of patient care by registered nurses is required 24 hours daily. Operating rooms, complete therapeutic facilities, diagnostic x-ray services, and clinical lab services must be provided. Thus, hospitals are designed to provide a high level of care.

19. The Hill-Burton legislation provided significant funding for hospital construction throughout the U.S., supporting states that had less than 4.5 hospital beds-per-1000 population.
At the conclusion of viewing this week's Part 2, students should be able to respond to the
following questions.