

# MAINE STATE LEGISLATURE

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A REPORT

ON THE

Organization and Administration  
Of District Health and Welfare  
Services in Maine

TO THE GOVERNOR

Prepared by  
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By the governor transmitted to the 89th Legislature, there referred to the Committee on Appropriations and Financial Affairs and ordered printed by the Senate.

INSTITUTE OF PUBLIC ADMINISTRATION

302 East 35th Street, New York

December 21, 1938.

Hon. Lewis O. Barrows, Governor  
The State House, Augusta, Maine

Dear Governor Barrows:

In accordance with your instructions and our understanding of the scope and purpose of the survey, we submit herewith our report on "The Organization and Administration of District Health and Welfare Services in Maine."

Should further memoranda be necessary in order to clarify some of the points raised in this report, we shall be glad to prepare them.

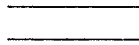
Yours very truly,

CARL E. McCOMBS, M. D.

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A REPORT ON  
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December, 1938

## THE ORGANIZATION AND ADMINISTRATION OF DISTRICT HEALTH AND WELFARE SERVICES IN MAINE

It should be said at the outset that this report does not attempt to make an evaluation of the quality or quantity of the several district health and welfare services now provided under the administration of the state department of health and welfare. It is concerned solely with the plan of administrative organization and the relationships of these district services, the distribution of their personnel, and the departmental policies under which the work of the several district systems are carried on. No comment is offered concerning the qualifications and special techniques of supervisors and field workers in the several health and welfare units except as these affect general administrative policy, the distribution of field force, and cost.

That expenditures for health and welfare work conducted by the state in accordance with federal policies and sharing federal aid will grow greater rather than less is to be expected. The commitments already made necessarily compel this, even though there is no greater liberalization of policies respecting relief and public assistance. Economic trends in Maine indicate clearly that unless some extraordinary, unforeseen improvement occurs in the industrial life of the state, more persons each year will require material aid from the state, or some form of state supervision, assistance, relief, custody or care in order that their health and welfare may be adequately safeguarded.

Health studies in many parts of the country have proved beyond question that sickness increases in direct proportion to the reduction of family incomes. The more family budgets for food, clothing, shelter, and other necessities are reduced through unemployment, the more ill health; and the more ill health, the more unemployment and further restriction of incomes and their use. It is a vicious cycle. In normal periods of industrial activity and employment opportunity, sickness ranks as the most important causative factor of dependency. In present circumstances, unemployment has taken first place, but sickness, mental or physical, is still a major factor contributing both to unemployment and the increasing need for relief and public assistance in all categories. We speak of this merely to emphasize that efficient health service to relief and public assistance beneficiaries is a first essential in the prevention of need for public aid and support and constructive use of such services by its beneficiaries. It is no exaggeration to say that at the bottom of nearly every problem of social maladjust-

ment there is to be found also a problem of physical or mental disability, immediate or remote. The most efficient administration of relief and public assistance by the state and the need for conservation of its money resources requires therefore that the efforts of the health and welfare services of the state shall be coordinated as far as practicable and function together as a unit for conservation of human resources. It was the primary purpose of the organization of the state department of health and welfare under a single administrative head to bring about such coordinated health and welfare service. That purpose has not yet been fully realized.

The efficiency of both health and social welfare work in preventing as well as correcting the human disabilities and environmental conditions which tend to increase the demand for public relief and assistance depends largely upon the organization, direction and procedures of personal field service. The relationship of health nurses, social welfare workers and other agents to the individual families and communities in which they live and work must necessarily be personal and direct. The health and welfare services of the state must be brought down to the closest possible contact with local governments and with the citizens of local communities if preventive efforts are to be most successful. Centralized controls by the state must be maintained along with decentralized service. For democracy to function efficiently, the citizen must have opportunity to observe and take an active part in its processes, and convenience of related services to citizens is an essential factor in developing his interest and cooperation. These facts are so well recognized that no further comment upon the soundness of the principle of centralized state administration with decentralized local service in health and welfare is needed here.

#### **Economy through Coordinated, Cooperative State and Local Service**

We have said that there is no present prospect that the need of the people for public support in the maintenance of their physical, mental, social and economic health and vigor will grow less, and that in consequence state and local expenditures will necessarily tend to increase. To offset this inevitable increase of public expenditure, however, it is not only possible but practicable for the state to insure that greater benefit to more people is provided through the elimination of all possible administrative waste. That we believe should be the chief objective. There are several administrative measures which can be applied at once to produce this result without amendment of existing laws.

We have mentioned the necessity of coordinated preventive effort in health and welfare as the most important measure for controlling public expenditures for relief and public assistance. The gain from such effort is certain, but is not always measurable in dollars. There are, however,

other measures of economy which can be taken at once which will be more certainly reflected in relief and public assistance budgets.

The present system of administration of health and welfare activities by the separate and relatively independent units of the bureau of health, the bureau of social welfare, and other special administrative divisions, particularly the division of old age security, necessarily increases the administrative or overhead costs of all field services. More supervisors are thereby needed in the central offices at Augusta and more field supervisors are needed in the districts. The lack of coordinated district organization for all field services compels the employment of more specialized field workers, more stenographers and secretaries, more rental of quarters for district and branch offices, more supplies and equipment and greater costs of transportation. The overemphasis of special techniques and time-consuming procedures, which increase the state's outlay without contributing a commensurate benefit to the people, contribute to these increased costs. That field service staffs in health and welfare are inadequate in number to provide complete coverage of the field may be conceded. If more field workers must eventually be provided, this is all the more reason why overhead costs should be reduced, and the handicaps to the most efficient utilization of present field forces removed.

There is still another opportunity for economy in health and welfare expenditure which should not be overlooked. There are in all parts of the state, civic, social, and professional groups which contribute a great deal of money and effort to the promotion and encouragement of health and welfare purposes. The present systems of unrelated, uncoordinated district units and field services are not designed to take full advantage of these voluntary community services. Since the organization of the health and welfare department, there has been unquestionably a closer cooperation of the state agencies and voluntary citizen agencies, but such cooperative efforts are extremely limited in number and distribution throughout the state. Where this cooperation has been best organized, the results have given convincing evidence of community betterment. But since the state agencies themselves are not functioning cooperatively in many important relationships, they cannot make best use of citizen cooperation in the local areas. We believe that greater utilization of citizen interest and cooperation in the state program of health and welfare is possible and practicable through unified organization of all district services for health and welfare and a more widespread encouragement of local effort. Unless citizen groups understand fully that health and social welfare represent merely different aspects of the same problem, namely, the encouragement of efficient, self-supporting family and community life, and unless the state ser-



vices as well as their own voluntary activities are so organized as bring those two aspects into harmonious relationship, a great deal of state and local effort and money is likely to be wasted.

### **Present District Organization of Health and Welfare Services**

Three major branches of the department of health and welfare are now functioning through local district organizations. These are the division of old age security, the bureau of social welfare, and the bureau of health. Each of these branches of the department has organized its field district units on a different geographical basis. Although the three systems of district units show some variations in personnel service requirements depending upon the special technical services rendered by each, each system has essentially the same general form of organization. There is for each of these three systems one or more field supervisors or directing or supervising officers with headquarters in Augusta. Each of these officers has usually an assistant and requires naturally stenographic and clerical service. For each district there is a district supervisor who also requires more or less stenographic or clerical assistance. Then there is a corps of field agents designated as workers in charge, and field workers in old age security districts, as social workers in social welfare districts, and as public health nurses in health districts. These field agents also require stenographic and clerical service in the preparation of their records and reports. Each system of districts maintains in each district a stenographic or secretarial force, ranging from a single secretary in health districts to as many as twelve stenographers and stenographer-clerks in old age assistance districts. Although the technical duties of the persons filling these district positions vary considerably depending upon the specialized nature of their work, it is to be noted that each of the three separate systems requires essentially the same type of organization of its field personnel, namely, a general field supervisor for each district system, and for each district unit a local supervisor with a corps of field workers and a corps of stenographers, stenographer-clerks or secretaries. In health districts, we find other professional and technical personnel represented as district sanitary engineers, a dental hygienist, and a medical social worker, but these variations from the conventional pattern of district service have no particular bearing on the problem of coordinating the field forces common to all district systems.

## Summary of District Systems

The three district systems above mentioned may be briefly described as follows:

### A. Old Age Security Division—seven districts

<i>County Area</i>	<i>District Office</i>	<i>Branch Offices</i>
1. York and Cumberland	Portland	Kennebunk
2. Androscoggin } Oxford } Franklin }	Auburn	{ Paris Rumford Farmington
3. Sagadahoc } Lincoln } Knox } Waldo }	Rockland	{ Belfast Bath Wiscasset
4. Kennebec } Somerset }	Waterville	{ Augusta Skowhegan
5. Penobscot } Piscataquis }	Bangor	{ Lincoln Dover-Foxcroft
6. Washington } Hancock }	Ellsworth City	Machias
7. Aroostook	Houlton	{ Caribou Van Buren Fort Kent

To meet the administrative requirements for supervision of this district system there is in addition to the director of the division a state supervisor, a field supervisor, and an assistant field supervisor. The field supervisory and secretarial force at the central office and their salaries are as follows:

		<i>Weekly Rates</i>
Supervisors	3	\$179.57
Secretary	1	20.00
Total	4	\$199.57 or \$10,377.64 per year

This district organization has in all seven districts, 22 central and branch offices. The personnel and weekly salary cost of staffing these 22 district offices are as follows:

		<i>Weekly Rates</i>
Supervisors	7	\$245.00
Workers in charge	11	320.00
Field workers	63	1,590.00
Stenographers	30	542.00
Stenographer-clerks	22	404.00
Total	133	\$3,101.00 or \$161,252.00 per year
Total central office	4	\$199.57
Total district offices	133	3,101.00
Grand Total	137	\$3,300.57 or \$171,629.64 per year

## B. Bureau of Social Welfare—five districts

<i>County Area</i>	<i>District Office</i>	<i>Branch Offices</i>
1. Aroostook, parts of Piscataquis and Penobscot } }	Houlton	{ Caribou { Lincoln
2. Waldo, Hancock, parts of Piscataquis and Penobscot } }	Bangor	{ Belfast, Calais, { Dover-Foxcroft, { Ellsworth, Harrington
3. Kennebec and Somerset, parts of Franklin } }	Augusta	{ Skowhegan
4. Androscoggin and Oxford, parts of Cumberland and Franklin } }	Auburn	{ Brunswick, Damaris- { cotta, Rumford
5. York and part of Cumberland } }	Portland	{ Biddeford { Sanford

In addition to the district service above outlined, a cooperative local service area comprising the towns of Bridgton, Harrison, Naples, Otisfield, and Norway has been set up with offices at Bridgton and Norway. A social worker and a secretary have been assigned to each office. These employees are not included in the summary of personnel since their salaries are not paid by the state.

At the central offices of the bureau of social welfare in Augusta there are, in addition to the director of the bureau, a general supervisor and consultant for child welfare services who is paid wholly from federal funds (Children's Bureau), and a supervisor of "aid to dependent children" which represents those services to mothers with dependent children authorized under the Social Security Act. These last named services are differentiated from child welfare services sponsored by the Children's Bureau as to supervision and field work. There is also a supervisor of World War relief services, a supervisor of hospital aid and clothing, and a supervisor of settlements and other miscellaneous functions not otherwise specifically allocated as above. The director and each of five central office supervisors mentioned above is provided with a secretary, and one supervisor has two secretaries. Thus, aside from the supervisor who is paid entirely from federal funds, there are four central office supervisors and six secretaries paid from state funds. We estimate that the time of three of these supervisors and at least three secretaries is properly chargeable against district field service, as follows:

		<i>Weekly Rates</i>
Supervisors	3	\$127.53
Secretaries	3	58.14
	<hr/>	<hr/>
Total	6	\$185.67 or \$9,654.84 per year

The personnel assigned to the 18 central and branch offices of the five districts includes :

		<i>Weekly Rates</i>
Supervisors	5*	\$109.30
Social workers	46	1,067.00
Secretaries	21	325.00
	<hr/>	
Total	72	\$1,501.30 or \$78,067.60 per year
Total central office	6	185.67
Total district offices	72	1,501.30
	<hr/>	
Grand total	78	\$1,686.97 or \$87,722.44 per year

### C. Bureau of Health—six districts

<i>County Area</i>	<i>Headquarters, District Health Officer</i>
1. Cumberland } Oxford } York } Town of Poland in Androscoggin } County }	South Portland
2. Piscataquis } Somerset (except Dead Rivers } and Flagstaff plantations) } Lower part of Penobscot }	Dover-Foxcroft
3. Aroostook } Upper part of Penobscot }	Caribou
4. Hancock } Washington }	Machias
5. Sagadahoc } Lincoln } Waldo } Lower part of Kennebec }	Rockland
6. Franklin } Dead River and Flagstaff planta- } tions in Somerset County }	Farmington

\*One-half of salaries of five district supervisors paid from federal funds.

The health district system differs considerably from that of the division of old age security and the bureau of social welfare previously described. A district health officer is in general charge of the communicable disease work of the district in accordance with the program approved by the director of the bureau of health in cooperation with the United States Public Health Service. The minimum district unit organization comprises a district health officer, a sanitary engineer, public health nurse or nurses, and a stenographer or secretary. In accordance with need in the several districts, other personnel have been employed. In return for state cooperation in accordance with federal health policy the federal government pays the salaries of a large number of the district staff, including nurse supervisors, sanitary engineers, nurses and stenographers. One entire district (6) is financed from federal funds as well as the so-called "demonstration area"

of Augusta and vicinity which is administered directly from central headquarters.

Aside from the district health officer's headquarters, which is at a strategically located center in his district, no other local offices are particularly designated. Public health nurses are assigned to groups of towns as indicated by health need, which of course is constantly varying in location, and a nurse supervisor is assigned accordingly. Only three district nurse supervisors are now available for the six district units.

In addition to the six districts and the "demonstration area" of Augusta, the health bureau furnishes consulting service as required to a local health union comprising Old Town City, Milford, Bradley, Orono City, and Veazie in Penobscot County. This local unit is, however, financed from local funds.

In the summaries below is shown the total personal service for district work which is comparable to that of the other two systems, aside from the services of the director of the health bureau and his general administrative staff. Special professional and technical personnel including district health officers, sanitary engineers, dental hygienists, and medical social works are not included since they are not comparable with positions in the other district systems.

#### **Paid from State Funds**

		<i>Weekly Rates</i>
Central office		
Director, Public Health Nursing	1	\$51.78
Stenographers	2	34.00
Total	3	\$85.78 or \$4,460.56 per year
District Services		
Public health nurses	9	310.68
Total	9	310.68 or \$16,155.40 per year
Total Central Office		85.78
Total District Service		310.68
		\$396.46 or \$20,615.92 per year

#### **Paid from Other Sources**

Assistant director (division of public health nursing)	1	\$46.07
Supervising nurse (demonstration area)	1	38.35
Supervising nurses (districts 1, 2, 3)	3	115.70
Public health nurses	14	447.24
Stenographers	8	132.00
	27	\$779.36 or \$40,526.72 per year
Paid from State Funds		396.46
Paid from Other Sources		779.36
		\$1,175.82 or \$61,142.64 per year

We have included in the above tabulation of distribution of costs for district health services only those positions which may be regarded as comparable in health district field services with positions in the district field services of the old age security division and the bureau of social welfare. District health officers, sanitary engineers, medical social workers and dental hygienists have been excluded since their positions are not fairly comparable.

In the following summary we show the total of district supervisory, field worker and stenographic personnel including those paid in whole or in part from state and other funds, but excluding central office forces. The table is designed to show in comparative form the numbers of comparable employees and the salary costs of personnel exclusively assigned to field service in the district units of each of the three systems.

#### **Handicaps to Efficient and Economical Field Service**

Comparisons of the three district systems show the district areas do not coincide. Only the district system of the old age security division represents county or county group units about which we have available accurate census and other data. Practically all statistics which are published both by the state and federal governments are of counties and related to county census data. This makes it possible to appreciate better the significance of distribution of old age security beneficiaries and the consequent variations in the distribution of expenditures in behalf of the aged. It is, we think, a serious handicap to proper interpretation of health and social welfare service that district statistics relative to these matters are unrelated to accurate census data of counties.

**District Field Personnel and Estimated Salary Costs For Comparable  
Personnel in Three District Systems\***

	Old Age Security		Social Welfare		Health	
	No.	Annual Salary Cost	No.	Annual Salary Cost	No.	Annual Salary Cost
Supervisors .....	7	\$12,740	6	\$11,366.68	4	\$8,010.60
Field Workers (all types) .....	74	99,320	46	55,484.00	23	39,411.84
Stenographers, secretaries and stenographer-clerks .....	52	49,192	21	16,900.00	8	6,964.00
Total	133	\$161,252	73	\$83,750.68	35	\$54,386.44

\*Annual salary costs estimated on the basis of present weekly rates, and includes all district field services whether supported by state or other funds. Does not include district health officers, sanitary engineers, dental hygienists, or medical social workers, but only nurse supervisors, field nurses, and secretaries.

The very much greater emphasis which is put upon social welfare work and assistance to the aged than upon public health service is also apparent, although it is extremely gratifying to note how efficiently the relatively small expenditures for personal service in the health bureau have been used. Comparing the personal services of the three district systems shows clearly that the organization and procedures of the welfare services, i. e., old age security and child welfare, have compelled an overhead expenditure out of all proportion, we believe, to the necessities of the situation. And due to the development of over-elaborate systems of field supervision, investigation, case-recording, stenographic and secretarial services in these two systems have reached the point where in number, stenographers, secretaries and stenographer-clerks represent nearly one-half the number of actual field workers. For example, in the districts of the old age security division, 52 stenographers are required to serve 74 field workers, a ratio of 1 to 1.42; and in the districts of the social welfare bureau, 21 secretaries (stenographers) are required for 46 field workers, a ratio of 1 to 2.2. No further evidence is needed that there should be readjustments in policies and procedures which compel such extravagance of stenographic and secretarial help.

Considering only the direct supervision of field workers by district supervisors, the preceding table shows that it requires one field supervisor for every ten field workers in old age security districts, one field supervisor

for every eight social workers in social welfare districts, and one nursing supervisor for every six nurses in health districts. Of all district services, health is the most inadequately staffed, yet it is by all odds the most productive of community benefits. As already noted, three of the health districts have no supervising nurses, largely because the numbers of public health nurses in these districts are too small to warrant the employment of supervisors. Public health nurses, unlike field workers in other services, are trained to accept individual responsibility and have a work procedure which has been developed in accordance with tested and approved standards.

Not having attempted an inquiry into the qualifications and capacities of supervisors of field services and field workers, we can say only that a system of field supervision which prescribes one field supervisor in welfare service for no more than eight or ten field workers at the most indicates that there are other serious defects in organization or procedure. Either supervisors have to spend too much of their time in office routine, or the qualifications of field workers and the procedures which they are presumed to follow do not permit them to function efficiently without constant guidance. If personal direct service to citizens is the objective, then some system and procedure should be devised that will permit the direction of more field workers by fewer supervisors.

In the totals of expenditures for district services which are comparable in character, the district system of the old age security division requires a budget for personal service which is almost double that of the two other district systems. Yet the type of work required of field workers in old age security is relatively simple in technique and, beyond the necessity of a satisfactory audit of expenditure, the record of investigation requires the simplest kind of factual data. The facts are usually readily obtained, the eligibility of the aged for assistance in most instances readily verified. The large number of applicants and the present system of rechecking at three-month intervals accounts for the large staffs of district workers. The same, we think, may fairly be said of the district personnel of the social welfare bureau. We recognize fully the necessity of thorough and frequent investigation and case study in children's cases, particularly, but one has only to review the voluminous files in the bureau of social welfare to become convinced that the amount of supervisors' and field workers' time which is spent in preparing and dictating these case histories is out of all proportion to actual need. The field worker in social welfare is most useful in the field. Such voluminous record keeping and correspondence reduces the coverage of her service field. Figures of "case load" have little significance under such a system of case history taking and recording.



On this point, the procedure of the old age security division particularly deserves consideration. After approval of the application for assistance and the original investigation, there is frequent "recheck" for additional information prior to consideration of the application by the commission; "re-investigation" or review of the entire case because of the beneficiary's complaint; "revisit" or routine follow-up at three-month intervals. This procedure, of course, requires increase of field force, increase of stenographic service, increase of transportation, increase of supplies and increase of all administrative costs. Without doubt "recheck" and "re-investigation" are necessary in many instances, but we submit that in these cases "revisit" follow-up at three month intervals is unnecessary. Certainly, the changes which occur in the beneficiaries' status are not sufficient to require that the entire number be revisited every three months. Twice annually should be sufficient. This would cut the cost of revisiting in half.

### **Proposed District Organization**

We have already discussed the principal objectives of district health and welfare service. It may be well to restate these briefly, since the plan for more closely coordinated health and welfare service in the field should be one which will permit the approximation of these objectives, at least, if not their complete attainment. These objectives are:

#### **Objectives of Coordinated District Health and Welfare Service**

1. Positive emphasis upon preventive work.

The greatest gains in conservation of human resources are those made by better health maintenance of children, and this must be made a first consideration, whatever the problem of child care or the special welfare category in which children may be catalogued. Social workers must be trained to interpret more clearly the relation of health maintenance to their problems of child care and given opportunity to make more effective use of the knowledge of health physicians and health nurses. This will guarantee not only economy in administration, but what is more important, large savings in the cost of relief and care of all dependent and otherwise needy persons, in their homes and in institutions;

2. Reduction of overhead costs of supervision and management of field work.

This requires that the district plan shall be such as to reduce to lowest possible limits the number of supervisors necessary to maintain efficient service of field workers and at the same time provide for their training. In other words, every step of procedure should be calculated to keep field

workers in the field as much as possible, and simplify their supervision. The plan must be designed to reduce other administrative costs such as stenographic, secretarial and clerical service, transportation and communication to the limit consistent with the most efficient coverage of the field possible within existing limitations of money resources;

3. The establishment of district services upon a uniform basis, so that districts shall represent counties or groups of counties.

The counties of Maine represent something more than mere geographical units. They represent first of all units of popular representation of state government. Not only that, all information gathered regarding the people of the state, including census data, state reports on health, education and other important matters are commonly reported by counties. The counties or groups of adjacent counties represent regional areas of Maine which in large measure serve to identify populations with respect to their industrial, social, and economic life. By every statistical test the county or county group unit provides the most satisfactory basis for state service directly to its people. There are further advantages in utilizing the county boundary lines as the boundary lines of districts. The most helpful voluntary associations of citizens—professional, civil, social, and other—are commonly organized on a county basis and when their cooperation with state efforts is sought, the maintenance of district service on the same unit basis would be an advantage. Finally, and perhaps not the least important reason for using the county or county group as the district unit, is that information on health and public welfare services of all kinds can be more logically and effectively used by the governor and council and the legislature in planning the best possible use of the state's resources for health and welfare betterment. It would be highly valuable to a representative of the people in the council or the legislature to be able to make a direct and accurate application of the facts about health and welfare to his own constituency. It would prevent criticism of state services where it is unjustified and encourage constructive criticism where it is needed;

4. The necessary adjustment of the economic necessities of the state to the commitments which it has made to the federal government.

These obligations must, of course, be met by the state, but the state must insist upon its right and duty to its own people to provide it services to them at the greatest possible economy consistent with their need, and with the greatest convenience. The problem of the state is not only that of maintaining the standards which the federal government rightly demands, but that of adjusting its organization and procedures to the needs, necessities, and resources of its citizens.

We believe that coordinated health and welfare service by district units with economy and more efficient public service is not only possible but practicable in Maine. It is in fact what the people of the state through their representatives in government approved in the Code Bill. The difficulties of providing such coordinated health and welfare service have increased greatly since the bill was enacted, due to extensions of service under the Social Security Act and other federal acts, but these difficulties are not insurmountable. The time is ripe, we think, for the people of the state to take the next step in developing coordinated health and welfare service for its people as was intended.

### **General Administrative Improvements Needed**

Before considering the district plan which seems best calculated to produce the desired result and at the same time to meet the positive requirements outlined in preceding paragraphs, three basic needs of the department of health and welfare should be met.

#### **Rearrangement of Department Offices**

The first of these is a more convenient and economical arrangement of departmental units. The central divisions and bureaus are now widely scattered—some in the State House, but on different floors, others in buildings far removed from the capitol grounds. Many offices are now seriously overcrowded with workers, files are decentralized accordingly and close and ready contact between officials, even those concerned with the same administrative problems, is impossible. Conferences between the commissioner and his executives are so difficult to arrange and so time-consuming as almost to prohibit this necessary feature of administrative efficiency. All this adds to administrative costs, by wasting the time of officials, increasing telephone and correspondence costs, increasing stenographic and clerical service, and preventing the most efficient control and use of supplies and materials. We believe that steps should be taken immediately to provide adequate quarters for the department of health and welfare in one building or at least to bring all units into the closest possible relation to the commissioner's office.

#### **Need for Central Index**

A second necessity for economical and efficient administration of a district system of coordinated health and welfare service is a central index of persons receiving relief and public assistance, or any other form of supervision, care, or protection by the state. Such an index should be set up in the central office of the department and kept currently to date. It should be a simple card index in which is entered the name and other

necessary identifying data concerning the individual served. The cards should contain also the essential facts in brief on the nature of service given the individual and the ultimate disposal of the case. Eventually this index should include, through the cooperation of local officials, similar information on local relief and assistance. In short, the index should serve as a reference service concerning all persons under state or local care at public expense.

The practical value of the index is this. The classification of all persons indexed by towns and counties of residence would permit an analysis of relief and public assistance problems in any base desired: residence, sex, age, race or nationality, nature of disability, kind and amount of aid given, disposition of the case, and any other basic facts. Such an analysis could be provided at any time, monthly, quarterly, or annually, and definitely related to the budgeting of public funds for health and welfare service. The state is equipped with all necessary facilities for making periodic machine tabulations of any or all facts desired. The governor and council, the legislators and other public officers concerned in the most efficient and economical administration of health and welfare services of the state could then have an intelligent view of the whole system and their action could be taken to greater advantage. A fact basis would be laid for all legislative and administrative action.

#### Reduction of Five Year Settlement Requirement

The above mentioned aids to administrative economy and efficiency, namely, relocation of departmental offices and the establishment of the central index, can be met without legislative action. There is a third need to which immediate legislative consideration should be given, namely, the reduction of the five-year settlement requirement for determining state and town responsibility for poor relief. It is an anachronism designed to meet a situation which under modern conditions has no significance, and particularly so in these times of economic stress. The changes in modes of living, the widening of family contacts and interests, the shifts of industrial and other occupational bases, the growth of facilities for transportation and communication, all these and many other factors compel a new adjustment of state and local responsibilities. We do not believe that a reduction of the five-year settlement period to one year will cause any prohibitive shift of relief burden from the state to the towns, or vice versa. We do believe it will greatly clarify the situation, eliminate long drawn out legal and other investigations, promote a more cooperative relationship between town and state officers, and help to distribute the burden of support more fairly, more economically, and more sensibly.

Whether all of the measures above recommended are provided, one at

least, namely, the maintenance of the central index of relief and public assistance beneficiaries in all classes, is necessary now. All that is required is the gathering of the essential indexing data from the separate files of the various agencies, and its classification for filing purposes and for administrative use. From among the superior officers of the department, an administrative assistant to the commissioner should be selected by the personnel division and appointed by the commissioner of health and welfare with the approval of the governor. He should have executive training and experience and a general knowledge of departmental problems. He should be responsible for setting up and operating the central index and otherwise assisting the commissioner in developing administrative policy and procedure. The necessary stenographic and clerical service should be available once the district plan which we recommend has been put into effect.

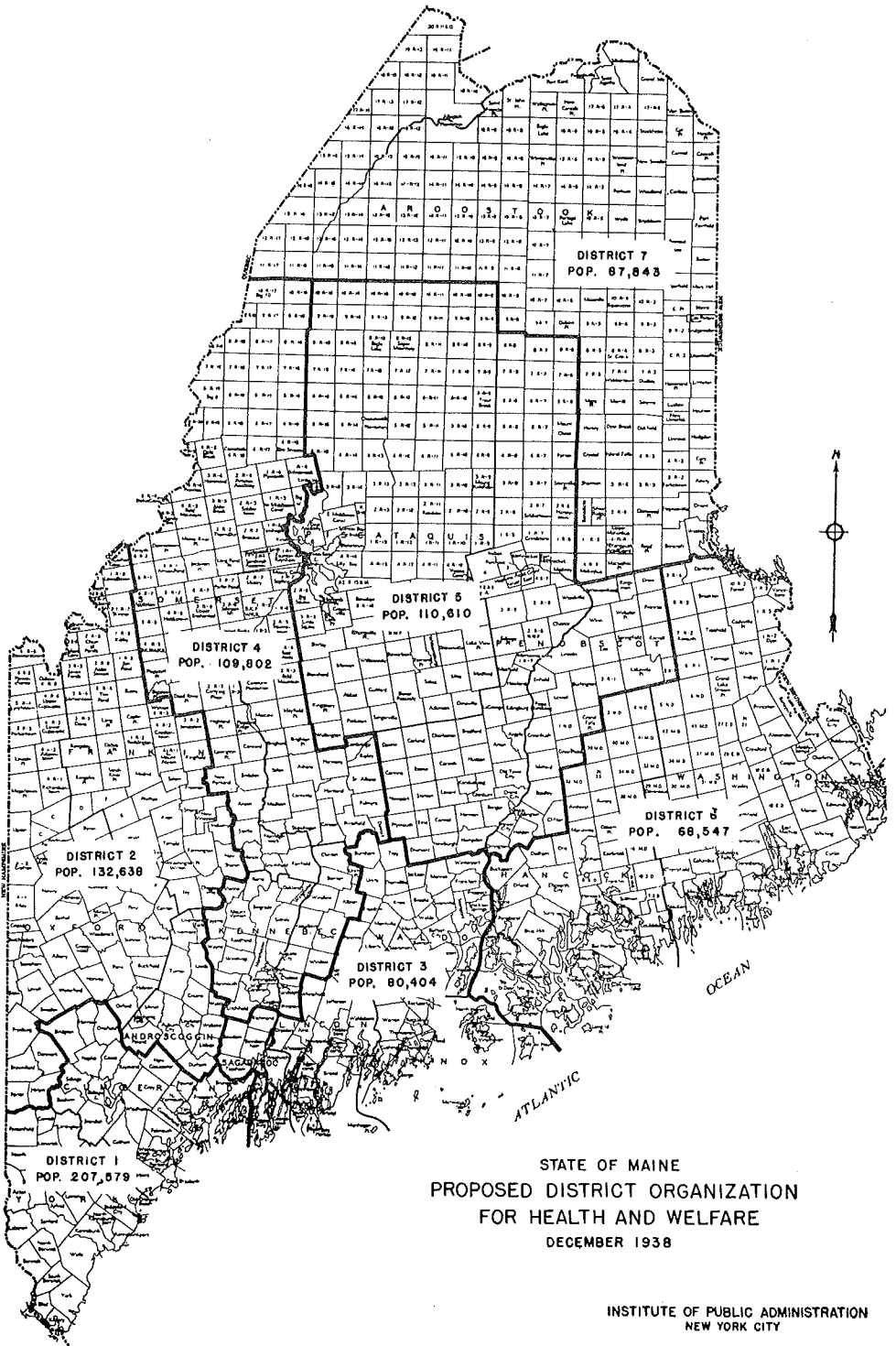
The assistant to the commissioner should act also as general manager of district units. He should not in any way interfere or be concerned with the specialized technical activities of the health and welfare workers except as these may be affected by departmental administrative policies and procedures, but rather should serve as the district representative of the assistant to the commissioner in developing and supervising administrative policies and procedures of the district units respecting organization, procedure, record keeping, stenographic services, etc.

### Organization of the District System

District reorganization need not wait, however, until an administrative assistant to the commissioner has been appointed and the central index set up. The reorganization plan which we recommend for immediate adoption may be briefly summarized as follows:

1. The state should be divided into seven districts as shown on the accompanying map. This district division of the state which is the same that is now used by the old age security division seems to us the most logical one. It follows county boundary lines and it divides the state into units, each of which represents a rather clearly defined social and economic unit of population:

- District 1. York and Cumberland counties
- District 2. Androscoggin, Oxford and Franklin counties
- District 3. Waldo, Lincoln, Knox and Sagadahoc counties
- District 4. Kennebec and Somerset counties
- District 5. Penobscot and Piscataquis counties
- District 6. Washington and Hancock counties
- District 7. Aroostook county



STATE OF MAINE  
 PROPOSED DISTRICT ORGANIZATION  
 FOR HEALTH AND WELFARE  
 DECEMBER 1938

INSTITUTE OF PUBLIC ADMINISTRATION  
 NEW YORK CITY

2. Within each district a suitable headquarters and branch offices should be chosen to provide for all health and welfare personnel assigned to the district. The personnel to be so assigned can, of course, be more accurately determined when the central index has been set up and analyzed by districts to determine the distribution of field work. As far as practicable the headquarters of the district units should be located in the larger centers of population within the area, since a major part of the field service required by the district workers would normally be concentrated in or near such population centers. The headquarters now established for each of the three district systems are not invariably in the same places owing to the differences in district areas, but as far as practicable, for the coordinated district service, established headquarters should be utilized. The central district office should be developed as a community health and welfare center of advice, information, and service to the public.

3. As many branch offices as possible within the limitations of personnel and funds should be located in the smaller centers in order that the contact between field workers and those requiring health and welfare service may be made as direct and convenient as possible, and with the view also of reducing transportation costs. Branch offices as now established for the three district systems, like their central headquarters, are not in the same places and this, too, adds to the cost of administration, travel, and other overhead costs. Each branch office likewise should constitute a local community center for health and welfare advice, information, application, and service.

4. In order that the organization and procedure of the proposed district system may be tested in actual practice, we suggest that proposed district 5 which includes Penobscot and Piscataquis counties be first set up and utilized as a laboratory for determining policy and procedure before final decision is made respecting all details of organization and practice throughout the entire system. The entire plan may be inaugurated immediately and the present forces of the old age security division, the bureau of social welfare, and the bureau of health distributed through the proposed districts very much as they are distributed now in the present districts. Until policies and procedures under the proposed plan have been tested and proved in the district selected for trial, present policies and procedures should be followed so as to interfere as little as possible with present services. The personnel required in each of the proposed districts can be determined accurately enough for present purposes and can continue to function without difficulty while organization requirements and the details of procedure are being tested in the laboratory district of Penobscot-Piscataquis (5).

The reason for selecting district 5 as the area for test of administrative organization, policy and procedure is that this area coincides with district 5 of the old age security division, and corresponds reasonably well in the location of central and branch offices with district 2 of the bureau of social welfare and district 2 of the bureau of health. There would be less difficulty, we think, in adjusting the district services of the three administrative units to this district area than to other proposed district areas, and in consequence less disturbance of present routine. As rapidly as decisions could be reached respecting matters of organization, policy and procedure, these decisions should be applied to other districts as laid out.

5. Applications for relief and care should be received at the offices of district headquarters or branch offices by the appropriate supervisor or field worker in charge of the special services concerned, and field workers should be assigned immediately to investigation and case study as required. The present procedure, both in old age security and child welfare, is to require that applications come to the central office in Augusta where they are reviewed and recorded. The applications, when approved, are then referred to the district offices and field workers visit the applicants and prepare reports which are typed, reviewed by the supervisor, and forwarded to the central office for final review, decision, and record. The central office or divisional supervisor, when finally approving the findings, makes the appropriate decision and forwards recommendations for action. Copies of essential records are, of course, kept in district files. This present procedure as outlined is, however, much simpler than that which is actually carried out. There is frequently need for further correspondence, further inquiry, corrections of findings, etc., before decision is made on the action to be taken. The point of the discussion is that we believe the procedure can be simplified to the advantage of all concerned and with great saving in cost. First, as we have said, applications should be received at the district offices. On review by the appropriate district supervisor to see that the application is complete and correct in form, and otherwise satisfactory, the field worker should be sent immediately to make the necessary inquiry. Report of field inquiry having been made and reviewed, the original record should be put into the district files and a memorandum of essential data with the recommendation of the district supervisor should be sent for action to the central office of the division of old age security, the bureau of social welfare, or the bureau of health, as the case may be. Notice of the action as approved, or request for further information, should be sent immediately to the district supervisor and the same procedure followed.

These proposals are designed to speed up procedure, save the applicant's time and money, and reduce clerical and stenographic service. If we



assume that the district supervisors are adequately trained persons with a full knowledge of the law and departmental policy, we see no reason why the district supervisor's recommendations should not be approved without so much time-consuming review by central office supervisors.

6. The above recommendations for simplified procedure can only be carried out effectively if simplified case reporting is insisted upon. Present case histories are, as we have said, most voluminous, and contain too many opinions and too few simple unadorned facts. It is assumed that decisions as to action should be made upon the basis of fact rather than mere opinion, if facts can be had. It is also to be assumed that those responsible for making the decisions know what facts are necessary to the making of decisions. It ought then to be a relatively simple matter to reduce these facts to a case history form to be used by field workers. A reasonable supplementation of the fact record by simple explanatory notes is, of course, necessary in certain cases, but we submit that the case histories as now prepared are replete with irrelevant matter, and do not serve efficiently the purposes of executive action or the state's need for economy. The simplification of case history recording is, we believe, a most necessary step in reducing administrative costs and otherwise simplifying the procedure of review and audit.

7. The general organization of a district unit for coordinated health and welfare purposes should provide for the assignment to the given district of as many field workers in the present health, welfare, and old age security districts as conditions warrant and as are available. More workers will probably be required in all fields as time goes on, but until the district plan has received satisfactory trial, we do not recommend increasing the personnel. That should be dependent in any case upon the successful reduction of present costs.

For each unit, one or more supervisors of welfare, depending upon circumstances, should be designated to have the assignment and direction of all public welfare workers whatever their specific duties under the present system. When we say welfare workers we mean all persons engaged in the investigation, interview, or inquiries necessary to the care and assistance of those receiving public aid in any form. Whatever the special category of relief or public assistance in which the individual may be, he should be a social welfare "case" as far as district service is concerned. There should also be a supervising nurse, if need be, to assign and have charge of the public health nurses under the general supervision of the district health officer, who should be required to have his headquarters in the central office of the district.

Further discussion of this recommendation to make it perfectly clear that no lowering of standards of social work is implied in this proposal may be necessary. We concede that social workers should be supervised in their technical duties by well trained, broadly experienced supervisors. Since efficient child welfare work is unquestionably a most important responsibility of the state in preventing future loss of its human resources, we believe that trained supervisors of the bureau of social welfare (in effect a bureau of child welfare) should be assigned to supervision of the district staff engaged in field work along welfare lines. In this force there will be field workers for old age security, field workers for state poor, veterans, and others, as well as field workers for children. It will be an advantage, if one believes as does the author of this report, in the value of training and experience for welfare workers in all types of service, to have all field welfare under the direction of a supervisor who is recognized as trained, experienced, and efficient in social investigation and service. Who these supervisors of district welfare workers should be is a decision which does not concern us here as long as they are well trained and experienced in the social welfare field and have capacity for directing the work of others. Those field supervisors now responsible for social work among children, whatever may be the specific categories of child care as defined, would probably be best qualified as district supervisors of welfare under the proposed plan.

At present the salaries of those supervisors who are assigned from the Children's Bureau in Washington to the bureau of social welfare are paid half by the state and half by the federal authority—on condition that half of their time shall be devoted to that part of child caring service for which the Children's Bureau is responsible. If the designation of these supervisors as district welfare supervisors will make it impossible for the department of health and welfare to meet this half-time requirement, and the state wishes to continue this arrangement with the Children's Bureau, two alternatives are suggested. One is that they be designated as district welfare supervisors and given assistant supervisors to whom may be assigned the supervision of welfare workers other than those particularly engaged in the child welfare service which the Children's Bureau sponsors. Or these supervisors should be assigned from the central office as need be to act for all district units without special assignment to any so that they could meet properly the conditions imposed by the Children's Bureau respecting their distribution of time and the salaries paid. In such case, a trained district supervisor employed and paid wholly from state funds should be assigned to each district.

No such difficulty appears in district health supervision. A supervisor of

nurses should be assigned to each district who shall be responsible to the director of the division of public health nursing of the health bureau in accordance with established bureau procedure. Vacancies in positions of field nurse supervisors now existing in the health bureau should be filled as rapidly as possible so that no district unit shall be without a competent nurse supervisor.

### Management of District Offices

For the general management of the district and branch offices, we recommend the selection, from among the present staff of the department if possible, of a district manager for each of the seven districts as described. It is possible that the present district supervisors in the old age security division could be used to advantage in these positions. The district manager should be responsible directly to the assistant to the commissioner above mentioned. He should have charge of all stenographic and clerical forces, and organize the entire group into a stenographic service unit which should serve supervisors and field workers in district headquarters and branch offices as need be, and in accordance with actual work requirements. He should be responsible for the maintenance of district records and files, and for seeing generally that the approved procedure of the department is carried out. He should not in any way interfere with the strictly technical work of the unit but should act as an administrative manager only. This position is one which calls for managerial ability and complete knowledge of the business and general administrative procedure and practice determined upon by the department. His purpose is primarily to relieve the technical staff of purely routine matters of administration and leave them more time for the field services for which they are trained.

The accompanying chart shows in summary outline the plan of organization and relations of the district units to the central administrative office and the technical bureaus. We wish to emphasize again that in providing for a district manager for each district unit, there is no purpose to take from the technical bureaus any of their proper responsibilities for supervision of the technical procedures to be followed by district workers or to usurp in any way the authority of technical supervisory officers in the assignment of workers.

We wish to make it clear, also, that all field service in welfare, including field inquiries in old age security cases, shall be under the direction of supervisors who are responsible to the bureau of social welfare and not to the division of old age security. When, however, the inquiry respecting a blind or aged beneficiary has been made and the record completed, reference should then be made of all necessary information to the director of the di-

STATE OF MAINE  
 OUTLINE OF DISTRICT ADMINISTRATION  
 DEPARTMENT OF HEALTH AND WELFARE

COMMISSIONER OF  
 HEALTH AND WELFARE

ASSISTANT  
 TO THE COMMISSIONER  
 ACTING AS  
 DISTRICT SUPERINTENDENT

ALL FIELD SERVICES OF THE DEPARTMENT OF HEALTH AND WELFARE, INCLUDING THE FIELD SERVICES NOW PROVIDED FOR ASSISTANCE TO THE BLIND AND AGED, STATE POOR, WORLD WAR RELIEF BENEFICIARIES, DEPENDENT AND NEGLECTED CHILDREN, INDIAN WARDS, AND ALL OTHER PUBLIC WELFARE CHARGES OF THE STATE; AND SUCH FIELD SERVICES FOR GENERAL HEALTH MAINTENANCE THROUGH DISTRICT HEALTH OFFICERS AND PUBLIC HEALTH NURSES AS MAY BE PROVIDED.

BUREAU OF  
 SOCIAL WELFARE

FIELD SUPERVISOR  
 TECHNICAL SUPERVISION  
 ONLY

BUREAU  
 OF HEALTH

FIELD SUPERVISOR  
 TECHNICAL SUPERVISION  
 ONLY

FIELD DISTRICTS

DISTRICT 1

DISTRICT 2

DISTRICT 3

DISTRICT 4

DISTRICT 5

DISTRICT 6

DISTRICT 7

DISTRICT MANAGER

SUPERVISOR OF WELFARE  
 FIELD WORKERS,  
 SUPERVISOR OF NURSES,  
 FIELD STAFF-WELFARE,  
 FIELD STAFF-HEALTH,  
 STENOGRAPHIC AND  
 CLERICAL SERVICES

DISTRICT MANAGER

SUPERVISOR OF WELFARE  
 FIELD WORKERS,  
 SUPERVISOR OF NURSES,  
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vision of old age security for action. No present change in the organization or relations of the old age security division is recommended except the transfer of responsibility for the direction of field workers to the supervisors of the bureau of social welfare.

#### **Further Notes on District Organization and Procedure—Better Supervision of Medical Care Recommended**

It is estimated that non-institutional medical care of the blind, aged, children, state poor, veteran beneficiaries, Indians, and other beneficiaries of state relief and assistance costs in the neighborhood of \$750,000 yearly. This is frankly an estimate since figures on the exact cost of such care could not be obtained without long and intensive study of case records. The estimate is, however, conservative. The costs of medical care will inevitably increase as the number of beneficiaries, particularly of old age security assistance, increase. This large and increasing expenditure is made without any check or review worthy of the name. It is impossible to say whether allowances for medical care are enough, too little, or too much. Under these conditions of lack of review by competent medical officers of the state, we believe from experience elsewhere that abuse is inevitable—abuse of physicians, patients, and the public.

The plan of district organization here suggested provides a means of partial review of expenditures for medical care and the methods and results of treatment for the doubtful cases, at least. In cases where there is doubt respecting the character of medical service or the expenditure required, the district health officer, the supervising nurse, and the district staff of public health nurses might well be utilized to check these issues with the attending physician and patient, and report findings. This does not mean regulation of the physician's private work but merely the exercise of a reasonable supervision over the physician's service by the state. If it were practicable to provide such review in all cases, it would be a great advantage to physicians, patients, and the state, but this is obviously impossible in view of present obligations of the small staff of district health officers and nurses.

The state has now available only one medical executive, outside of the state institutions, namely, the director of the bureau of institutional services who is competent to advise generally on medical policy. He should be used for this purpose in so far as his present obligations permit. It would be of great advantage if the department of health and welfare could be provided ultimately with several consultants, particularly for service to district organizations. A skilled physician and a psychiatrist could contribute much to the efficiency of both social welfare and public health service.

## **Adjustment of District Field Work to Necessities of Transportation**

It is apparent from study of the map showing the seven districts of the state that there are several district areas where by reason of difficulties of communication, it would be more advantageous for field workers of a district other than the one to which they are assigned to provide the field inquiry or investigation of cases in another district. For example, in proposed district 5, Penobscot and Piscataquis counties, cases resident in the long northward extension of Penobscot County between Piscataquis and Aroostook counties might in some instances, perhaps, be more conveniently and more economically served by field workers from district 7 (Aroostook County). This should be done of course where there is need and it should be the responsibility of the assistant to the commissioner to develop the appropriate policy by consultation with the technical supervisors of district work respecting the direction of field workers and the handling of case records.

### **Local Advisory Committees Suggested**

In the development of local cooperation in district services, it would be an excellent thing to organize in each health and welfare district a local advisory committee made up of representatives of the medical profession, members of local parent-teachers associations, civic associations and others concerned with community health and social betterment. These local advisory committees should meet periodically with district managers and supervisory officers to consider local needs and ways of meeting them. The local committees might well serve as the groups from which the governor could make his appointments to the state Advisory Council of Health and Welfare as vacancies in this body occur. Since there would be seven districts under the proposed plan, one member appointed from each local district committee to the state advisory council would provide a group thoroughly informed on departmental policies and familiar with district needs.

### **Facts Needed for Social Work Planning and Financing**

We are quite aware that statements in this report concerning present methods of case history recording will not receive the complete endorsement of many of those interested in the state's social work. It is therefore not out of place here to say something about case history taking and its significance in the social welfare program. In the first anyone with reasonable experience in social work knows that even with the most complete and well rounded training and experience the social worker can discover only a limited number of positive facts about any domestic situation. There is no such thing in actual practice as "scientific" case work,

except as the term may be applied to a meticulous gathering of all available facts. At best, successful social work is the practice of making use of a few facts plus certain broad generalizations of theory which experience has indicated are applicable to the mass. We have only roughly drawn general patterns of human behavior as a guide. If the essential facts are obtained, their relevancy can be determined and translated into action only by those of broad experience, and the broader that experience, the better. The social worker's job is to get the essential facts free from all irrelevant comment and opinion. It is the business of trained supervisors to deduce from the facts conclusions which can be translated into proper action. If social case work is ever to be reduced to a "scientific" basis, it will have to be predicted on more facts rather than upon more opinion unsupported by facts. We maintain, therefore, that these voluminous case histories are not only unnecessary and wasteful of time and effort, but they are a positive handicap to reasoned, experienced decisions and constructive action.

The best possible education and training of social workers is a proper goal, and we endorse wholeheartedly the use of trained social workers, but the notion that efficient social work in child caring, for example, can be done by social workers whose experience has been limited mainly or wholly to problems of child care, is, in our experience, as faulty as that good nursing care can be provided for a tuberculous patient by a nurse whose chief or entire experience has been in caring for only this type of patient. Efficient social work for children requires a broad knowledge of the behavior, health, circumstances, and environment not only of children but of the entire human group of which children are a part. That is why we contend that the best social work for children will be done by social workers who are aware that children are only one element of society and have an opportunity to study fully all phases of life in society. That is precisely why we propose to put social workers into close and intimate contact with the problems of health maintenance, care of the blind and aged, the poor, and all other problems with which public welfare in its broadest sense is concerned. We are thoroughly convinced that it is an essential part of the social worker's training to acquire a well rounded knowledge of all problems of relief, public assistance, and care of all persons who must be aided or supported at public expense. And we also are convinced that it is best for the social worker and the public that she be trained to report all facts simply, accurately, and with the minimum of confusion of fact and irrelevant observations and comment.

Every attempt at measurement of the significance of social maladjustment and appraisal of the results of social work has produced little that is

reliable for purposes of public administration except that the apparent need for this kind of public service grows in direct proportion to the number of contacts which social workers make within a given population group. In other words, the more social workers and more intensive the social inquiry, the greater the apparent need and demand for such service by the public. This, of course, is as certain as that with more facilities for transportation, more people will ride. It will never be possible to balance properly the social work budget until we have a much larger body of fact, which can be reviewed intelligently by those who are responsible for determining how much the state is able to pay for this service and what may reasonably be expected in return for it. We have, for example, in health work facts about birth, disease, and death which permit us to draw definite conclusions concerning the results of public health work. We have no such reliable yardsticks for social work.

But it is quite possible to develop a body of fact data respecting those who are the beneficiaries of organized social work if a consistent effort is made to do so. If with respect to state-aided individuals or families, we can produce fact information about what was done and what changes for the better resulted, a sound basis can be laid for administration and financing of further effort. It cannot be laid otherwise.

#### **Present Proposal Not a New Idea**

The general program of district organization and service as recommended in this report does not represent a new idea in any sense. It was precisely the idea embodied in the Code Bill which was approved by the people. It represents merely an effort to amplify service to the people while at the same time reducing the administrative cost of such service. It provides a means for the education and training of social workers and other field agents in health protection and promotion service and the education and training of public health nurses in social welfare objectives and procedures. The best public health nurse is the one who can add to her technical nursing knowledge and experience, knowledge and experience in social welfare problems and methods of solving them. The best social worker is one who has a broad general knowledge of the relation of physical and mental disease and disorder to social maladjustments. By bringing the two groups of workers into close and intimate relation, each may absorb something valuable from the other. The advantage of having for each district a competent, well-trained, and experienced physician health officer who can advise on many of the problems of social welfare in which ill health is a factor, should require no argument.

The state of Maine is a vast area which unlike many other states cannot



be covered adequately either for health or welfare service except at almost prohibitive cost. There is no answer even to the most serious of the health and welfare problems of the state under present circumstances except the coordinated effort of every agency of government which has the objective of preventing and ameliorating the handicaps of the people in living healthfully, safely, securely, and independently.