

AMERICAN ACADEMY OF PEDIATRICS

PRESIDENT'S MESSAGE

VOLUNTARY HEALTH AGENCIES

ONE OF THE characteristics of democracy in the United States is the important role of voluntary associations and of private citizens in organizing and raising funds to combat health and social problems. This phenomenon was already well established more than 130 years ago; it was even then commented on at some length by Alexis de Tocqueville in his classic and monumental study of our democratic institutions. In his view, the health of a democratic society could be measured by the quality of the functions performed by private citizens.

Pediatricians as child health experts and citizens have always taken an active part in the voluntary health movement. In an earlier President's Page I commented at length on some of these contributions. My reason for bringing the subject up again is to call attention to a current Rockefeller Foundation study of health and welfare agencies under the direction of Dr. Robert H. Hamlin. The preliminary report was scheduled to be released in April. Several years ago our Executive Board, impressed with the growth and fund-raising efforts of voluntary health organizations, discussed some of the same questions that Dr. Hamlin's group is now exploring. Among them were: Are so many agencies needed? Is there unnecessary duplication? Are so many solicitations necessary? What are the agencies doing with the contributions they receive? As a result of the Board's concern, a special committee prepared a statement giving the Academy's position, particularly with reference to the use of these funds for research.

Concern with the scope and purpose of voluntary health agencies is not new. Forty years ago the National Health Council came into existence to serve as a clearing-house and advisory body for national voluntary health agencies. This was the first

clear-cut endeavor to meet the problem of duplication of effort, and to strengthen the attack on public health issues. Fifteen years ago the Gunn-Platt report, under the auspices of the National Health Council and supported by the Rockefeller Foundation, constituted another landmark in the evaluation of the programs of voluntary health agencies. The report stressed the need for increased agency cooperation in planning.

The National Health Council, now composed of 52 active members, of which, as you know, the Academy is one, is embarked on two special projects in this area: 1) development of a statement of the role of a voluntary health agency; and, 2) a project to produce uniform accounting principles and reporting procedures for voluntary health agencies. Reports are expected in 1961.

Other medical organizations in the Council include the American Medical Association, American Academy of General Practice, Association of American Medical Colleges, National Medical Association, and Association of State and Territorial Health Officers.

The importance and timeliness of the Hamlin study are highlighted by a few facts on the amount of money contributed and the number of agencies involved in private health and welfare operations in the United States. Philanthropic giving, in spite of the growth of the role of federal government in health and welfare programs, has nearly doubled within the past decade from about 4 billion dollars to an estimated 7 to 8 billion in 1959. In 1959 private giving contributed 1 billion dollars for health services and 1.2 billion for welfare activities. Of about 100 voluntary health and welfare agencies that conduct national or regional campaigns, two-thirds have been established since 1940 and one-half since 1945.

These agencies received 425 million dollars in 1959. Over 2,100 united funds and community chests raised some 455 million dollars for the budgets of 27,027 local and national member agencies. In 1940, 561 federated campaigns received 86 million dollars.

The role of government in this field is also worth noting. Its share of health and welfare financing has grown even more rapidly than private philanthropy. While the government's amount of total expenditures for health and medical care increased from 14% to 24%, philanthropy's share increased only 2.2% to 2.9%. In 1958 total government expenditures reached almost 23 billion dollars. In medical research alone the government's contribution to the total amount available for this purpose increased from 7% in 1940 to about 60% in 1959.

The Rockefeller Foundation has appointed an *ad hoc* committee of distinguished and informed citizens to undertake its current study. Among the issues which the study is exploring are:

To what extent does the public know about and appreciate the role of voluntary health and welfare agencies?

Are there criteria by which the public can evaluate the programs and operating methods of the agencies?

What is the impact on private agencies of expanding governmental activities in health and welfare?

Are there standard accounting methods applicable to agencies that will permit them to report uniformly to their contributing public?

Are research and professional education being adequately and properly supported by voluntary agencies?

Should local communities undertake more extensive planning to achieve improved health and welfare services?

Are there basic principles and methods of community planning that will encourage reasonable co-operative effort among private and governmental agencies?

Is there a solution to the disagreement between independent and federated health and welfare agencies on fund-raising methods?

Academy members should read the report of the Rockefeller Foundation study of voluntary health and welfare agencies available from the Foundation.

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