A study of the attitudes of physicians to the establishment of a county health department shows that their positions depend on two sets of factors—ideology and self-interest.

PHYSICIANS' ATTITUDES TOWARD A COUNTY HEALTH DEPARTMENT

John Colombotos, Ph.D.

Introduction

THE consolidation of local services, such as education, welfare, health, and sanitation, is generally resisted by small town and rural areas. To many people, the loss of "home rule" symbolizes the end of decent democratic government and the spectre of "creeping centralism,"[1] and far outweighs the advantages of consolidation.

In 1932 a New York State Health Commission appointed by Governor Franklin D. Roosevelt recommended that local health services be strengthened by establishing full-time county health departments to replace the local town and village health districts staffed by part-time health officers and other part-time personnel. The number of full-time county health departments has since grown from two in 1930 to 28 in 1969, New York City not included. There nevertheless remain 29 counties in New York State without a full-time county health department.

The arguments for a county health department with full-time personnel responsible for such services as the collection of health data, health education, environmental sanitation, the provision of personal health services, and the general coordination of resources necessary for meeting community health needs rest, essentially, on such a department's ability to provide better public health than can a system that uses part-time personnel hired by boards of health of small, autonomous health districts.[2] In view of these compelling arguments, why has the development of full-time county health departments in New York State and in other parts of the country been so slow?[3] What are the sources of resistance to the establishment of county health departments?

At the National Conference of Local Health Units in 1947, one of the speakers listed the following among the factors obstructing the establishment of county health departments in New York State[4]:

1. "Traditional attachment to the township and village form of government. . . .
2. Lack of understanding on the part of many citizens as to the needs and the benefits which would accrue.
3. Opposition of certain part-time local health officers because of fear that their jobs would be abolished and their prestige lowered.
4. Fear on the part of some elements of the medical profession that establishment of a county health department would result in state domination and direction of local health services that would constitute the initial step toward 'state medicine.'
5. Fear of future, if not immediate, increased local taxes. . . ."

The purpose of this paper is to report the attitudes of New York State

physicians, particularly those who are part-time health officers, toward the establishment of a county health department. Specifically:

1. What is the proportion of physicians in favor of a county health department, and what is the proportion opposed?

2. Are local part-time health officers (hereafter "health officers") more likely or less likely to support the establishment of a full-time county health department than their colleagues in private practice who are not health officers?

3. How are physicians' attitudes toward a county health department related to: (a) their background characteristics, such as age, type of practice, and income, and (b) their attitudes toward general issues in the organization of medical practice and politics?

4. Do health officers differ in their attitudes toward a county health department according to what they think of the health officer job, how much they do, and what they get out of it?

Part-time health officers in New York State are physicians who are appointed by local boards of health. Most of them are in full-time private practice.[5] The majority serve in counties that do not have county health departments, although a few continue to serve as deputies of the county health commissioner after a county health department has been established.

Part-time health officers spend little time in and earn little from their work as health officers. About 40 per cent said they spend less than 5 hours a month in their work, about half spend between 5 and 19 hours a month, and only about 10 per cent spend 20 or more hours a month. They are paid on the basis of size of the population in their districts. One-third reported they earned less than $500, another third earned between $500 and $999, a quarter earned between $1,000 and $1,999, and less than 10 per cent earned more than $2,000 a year.

When asked what health officer activities take up most of their time, they mentioned direct medical care, such as immunization clinics, most frequently. Environmental and sanitation problems came next.

Methods

The findings reported in this paper come from a larger interview study of the ideology of the medical profession. The general objectives of the larger study are to examine the individual physician's political ideology, attitudes toward issues in the organization of medical practice, and career values; to examine the relationship between certain objective background characteristics, such as social origins and type of practice, and personal attitudes; and to study, by means of the panel method, changes in the attitude structure as a result of the passage of Medicare. The data for this paper come from the first of three waves of interviews held with a subsample of physicians who practice in the 36 counties in New York State that did not have a county health department as of December 31, 1963. These interviews, which lasted about an hour, were conducted between January and April, 1964.[6]

The study sample included *all* part-time health officers in the 36 counties and a comparison sample, stratified by population size,[7] of private practitioners in these counties. A total of 669 physicians—351 part-time health officers and 318 private practitioners in upstate New York, who comprised over 80 per cent of the original samples—were interviewed.

The physicians' attitude toward a county health department was obtained by the following question: Do you think having a full-time county health department in your county is a good idea, or not?

Findings

Table 1 shows the following: (a) The majority of physicians, whether or not they are health officers, are in favor of a full-time health department for their county.[8] Without controlling for size of

city and county, 53 per cent of the health officers support a county health department compared with 72 per cent (weighted) of the private practitioners. The latter figure, however, is inflated by the high percentage (80 per cent) in favor among the 35 interviewed private practitioners in cities 25,000 or over. The sampling ratio for physicians in these cities was only 3.3 per cent.

(b) Health officers are less likely to support a county health department than those physicians who are not health officers, but the level of support and the size of the difference between health officers and other physicians vary with the population size of the county and of the city in which the physicians practice. In general, the larger the county, the more support for a county health department. This is not surprising since the advantages of a full-time health department are most compelling in the more populated counties. The State Health Department has given its highest priority to the establishment of full-time departments in these counties, and the New York State Health Officers Association has agreed to cooperate with this policy. There is one exception to this trend: the strongest opposition to a county health department comes from those few health officers in the larger cities (25,000 or over) in the larger counties. Only 39 per cent of this group are in favor.[9]

To what extent are the attitudes of physicians toward a county health department related to their backgrounds and to their attitudes toward issues such as government participation in medical care and other economic-welfare problems?

It is worth noting that health officers are a little older, have been in the community longer both as residents and as medical practitioners, are much more likely to be in general practice than in specialty practice, and earn a little less money than their colleagues. In terms of political and religious affiliation, they are a little more likely to be Republican and Protestant than are their colleagues. In short, health officers are older and more established in the community than

Table 1—Attitude toward a county health department* by type of physician, size of city, and size of county

	Total number	Total per cent	Good idea	Not good idea	Both, can't decide	Don't know, no answer
Cities 25,000 and over†						
Part-time health officers	23	101	39	44	9	9
Private practitioners	35	100	80	9	0	11
Cities under 25,000						
Counties 100,000 and over						
Part-time health officers	89	100	64	26	3	7
Private practitioners	92	99	75	16	2	6
Counties between 50,000-99,999						
Part-time health officers	120	100	51	42	5	2
Private practitioners	102	100	56	34	0	10
Counties under 49,999						
Part-time health officers	117	101	49	44	3	5
Private practitioners	89	100	53	37	3	7

* Based on the question: "Do you think having a full-time county health department in your county is a good idea or not?"

† All but three of the 58 physicians in cities of 25,000 or over were in counties of over 100,000. Two health officers with addresses outside the 36 counties without a county health department are excluded from this table.

Table 2—Percentage who support a full-time county health department by attitudes toward government participation in medical care and general economic-welfare issues*

	Part-time health officers	Private practitioners
Government participation in medical care†		
No—0	50 (117)	55 (102)
1	52 (97)	69 (75)
2	50 (38)	52 (48)
3	62 (52)	63 (38)
Yes—4	67 (24)	80 (20)
Economic-welfare liberalism‡		
Conservative—0	38 (29)	42 (12)
1	43 (83)	57 (96)
2	59 (114)	57 (84)
3	60 (60)	67 (60)
Liberal—4	62 (42)	81 (31)

* Physicians in cities of 25,000 or over are excluded from this table.

The figures in parentheses are the bases on which percentages are computed. For example, of the 117 part-time health officers least favorable toward government participation in medical care, 50 per cent were in favor of a county health department.

† The Guttman scales measuring *government participation in medical care* and *economic-welfare liberalism* are based on the responses of 1,314 physicians interviewed before the passage of Medicare, including 57 full-time health officers. (The Guttman technique is described in Stouffer, S. A., et al. Measurement and Prediction, Vol. IV in Studies in Social Psychology in World War II. Princeton: Princeton University Press, 1950. Menzel's coefficient of scalability corrects for extreme marginal distributions of category frequencies and of individual scores [see Menzel, H. A New Coefficient for Scalogram Analysis. Pub. Opinion Quart. 17:268-280 (Summer), 1958]. Menzel suggests that an acceptable coefficient of scalability should be between 0.60 and 0.65.)

The scale measuring acceptance of *government participation in medical care* has a coefficient of reproducibility of 0.92. The Menzel coefficients of scalability are 0.78 for items and 0.59 for individuals. The items, listed in decreasing order of popularity, are:

It is the responsibility of the entire society, through its government, to provide everyone with the best available medical care, whether he can afford it or not (agree=positive).

There is no need for more legislation for medical care for the aged (disagree=positive).

What is your opinion about the bill that would provide for compulsory health insurance through Social Security to cover hospital costs for those over 65—are you personally in favor of such a plan, or are you opposed to it (favor=positive)?

Do you feel the *federal* government is doing too much now in the field of health, or about the right amount, or should it be doing more (should be doing more=positive)?

‡ The *economic-welfare liberalism scale* measures the respondent's acceptance of social change and of government responsibility for solving social problems. The coefficient of reproducibility is 0.95. The Menzel coefficients of scalability are 0.79 for items and 0.84 for individuals. The items, listed in decreasing order of popularity, are:

People ought to experiment with new ideas even if they seem to go against tradition (agree=positive).

The government must continue to play a major part in the economic life of the nation (agree=positive).

It is the responsibility of the entire society, through its government, to guarantee full employment (agree=positive).

Poverty could almost be done away with if we made certain basic changes in our social and economic system (agree=positive).

their colleagues who are not health officers. But they do not differ in what they think about government participation in medical care, including Medicare, and about other economic-welfare questions (the Guttman scales measuring these attitude areas are described in footnotes to Table 2).

Among both health officers and other physicians, age, length of time in the community, whether they are general practitioners or specialists, and their political party preference and religious affiliation make little difference in whether they favor or oppose a county health department.

Other attitudes, however, do make a difference. Those who approve of government participation in medical care and those who take a "liberal" position on economic-welfare issues are much more likely to favor a county health department than those who have opposite opinions on these matters (Table 2). In short, the attitudes of physicians toward the establishment of a county health department are part of a structure of attitudes, an *ideology*, that has little to do with whether they are health officers or not.

So far in this paper health officers have been compared as a total group

with private practitioners in the same counties who are not health officers. In general, differences between the two groups' attitudes toward a county health department and toward other related issues are negligible, if they exist at all. But what about differences among health officers, and how might these differences be related to what they think about a county health department?

As noted above, health officers spend little time in and earn little from their work as health officers. They also appear to be indifferent about the job and the advantages it gives them as private practitioners: three-quarters say the job is only "fairly important" or "not too important"; 70 per cent say that as health officers they have no more prestige in the community than do other physicians; 64 per cent say the job neither helps nor interferes with their private practice; although 80 per cent say that "most" or "some" of their patients know they are health officers, very few (about 6 per cent) think their patients came to them because they were health officers. Despite this apparent indifference about the job, however, two-thirds assert that it is "worth keeping," and all but a handful say they plan to stay on as health officers "indefinitely."

Is it possible that those health officers committed to their health officer jobs (and who would most miss these jobs if they were eliminated) are more likely to oppose a county health department than those who are less involved? This is indeed the case (Table 3). Those health officers who say the job is worth

Table 3—Percentage of part-time health officers who support full-time county health department by attitudes toward the job and income

	Part-time health officers
All things considered, would you say the health officer's job is worth keeping, or would you just as soon give it up?	
Worth keeping	48 (239)*
Just as soon give it up	65 (92)
Would you say that as health officer you have a little more prestige in the community than other physicians, or less prestige, or doesn't it make any difference?	
More prestige	45 (87)
No difference	55 (247)
Less prestige	86 (7)
Would you say most of your patients know you are the health officer, or only some, or hardly any at all?	
Most patients know	49 (209)
Some patients know	59 (73)
Hardly any patients know	64 (54)
About how much was your income last year (1963) from your work as health officer?	
Up to $ 199	71 (28)
$ 200– 499	57 (89)
$ 500– 999	50 (101)
$1,000– 1,999	52 (89)
$2,000 or over	34 (32)

* The figures in parentheses are the bases on which percentages are computed. For example, 48 per cent of the 239 part-time health officers who say the job is worth keeping favor a full-time county health department.

keeping, who think they have more prestige in the community as health officers than do doctors who are not health officers, and who say that "most" patients know they are health officers, are more likely to oppose a county health department than are those who would just as soon give up the job, who say they have either less, or no more, prestige in the community as health officers than do other doctors, and who say that only "some" or "hardly any" patients know they are the health officer.

The factor that makes the biggest difference in whether they favor or oppose a county health department, however, is not what they think about the job but how much they earn as health officers. Of those health officers who earned less than $200 the previous year, 71 per cent support a county health department; of those who earned $2,000 or more, only 34 per cent support it.[10]

Thus, what is involved in the relationship between health officer income and attitude toward a county health department is direct self-interest rather than ideology: those with little commitment toward and a low income from health officer work are no more likely to take a liberal stand on government participation in medical care and on other economic-welfare issues than those with high commitment and income.

Summary and Conclusions

The picture that emerges from these findings can be summarized as follows:

1. A majority of private practitioners (both those who are part-time health officers and those who are not) in those New York State counties that are without a health department support the establishment of a full-time county health department.

2. Despite the fact that a county health department means their eventual displacement, health officers, as a group, are only a little less likely to support a county health department than are their colleagues in private practice. They also differ little in their attitudes toward government participation in medical care and toward more general economic-welfare issues.

3. Those physicians who favor government participation in medical care and take a liberal position on economic-welfare issues are more likely to support a county health department than those who oppose government participation in medical care and take a generally conservative position.

4. The biggest difference in attitude toward a county health department, however, is found among health officers according to how committed they are and how much they earn as health officers: the more committed they are to their jobs and the higher their income as health officers, the more likely they are to oppose a county health department.

Since health officers' attitudes toward government participation in medical care and toward general economic-welfare issues, on the one hand, and their commitment to their jobs as health officers, on the other, are unrelated, both sets of factors make a difference in the positions they take regarding the establishment of a county health department.

These findings document two distinct sources of resistance to change: (1) *ideology*, defined as a structure of attitudes covering a wide range of events and issues relevant to the specific change, and (2) *self-interest*, and the perceived consequences the change would have on self-interest.[11]

REFERENCES

1. For a discussion of this problem see Jones, V. Metropolitan Government. Chicago: University of Chicago Press, 1942, and Hawley, A. H., and Zimmer, B. G. "Resistance to Unification in a Metropolitan Community." In: Community Political Systems. Edited by Janowitz, M. Glencoe, Ill.: Free Press, 1961, pp. 146–184.
2. On the need for full-time local health units, see Proceedings of the National Conference on Local Health Units. A.J.P.H. 37 (Jan.), 1947. See also, Hanlon, J. J. Principles of Public Health Administration. St. Louis, Mo.: Mosby, 1960, pp. 339–346.
3. As of 1958, one-fourth of the country's 3,000 counties had no organized health services. Haldeman, J. C. Unpublished data presented at the Annual

Meeting of the National Advisory Committee on Local Health Departments, March 18, 1958. In Hanlon, J. J., ibid., p. 341.

4. Von Volkenburgh, V. A. Proceedings of the National Conference on Local Health Units, ibid., pp. 10–20. For a case study of resistance to a health department in one upstate county in New York, see Martin, R. C., et al. Decisions in Syracuse. Garden City, N. Y.: Doubleday Anchor Books edition, 1955; Bloomington: Indiana University Press, 1961.

   A more general analysis of local resistance to county health departments is in New, P. and May, J. T. Organization Under Stress: An Analysis of the Local Board of Health. J. Health & Human Behavior 6:226-234 (Winter), 1965.
5. Less than 10 per cent of the part-time health officers were not in private practice. This number included physicians in hospital-based specialties such as pathology and anesthesiology, and in industrial medicine.
6. A description of the field work and a comparison of responses to selected questions from small, random subsamples interviewed in person and by telephone appear in an earlier paper, The Effects of Personal vs. Telephone Interviews on Socially Acceptable Responses, presented at the annual meeting of the American Association for Public Opinion Research, Groton, Conn., on May 14, 1965. The personal and telephone methods obtained essentially similar results. Other findings from the study are reported in the following: Social Origins and Ideology of Physicians: A Study of the Effects of Early Socialization. J. Health & Social Behavior (Mar.), 1969 (in press); Physicians' Attitudes Toward Medicare. M. Care 6:320–331 (July-Aug.), 1968; Physicians and Medicare: A Before-After Study of the Effects of Legislation on Attitudes. Jaco, E. G. Patients, Physicians, and Illness. New York: Crowell Collier and Macmillan, 1969 (in press).
7. The sampling ratio for private practitioners in towns of less than 25,000 was 33.3 per cent; in towns of 25,000 or over, it was 3.3 per cent.
8. In an open-ended follow-up question, the main advantage attributed to a county health department was "better public health," i.e., better and more comprehensive services and better enforcement. Among the disadvantages, those cited most frequently were the expense of financing a full-time county health department and the small size and low density of county population, which did not, in the respondents' opinion, justify the establishment of such a department.
9. A partial explanation is offered in Reference 10.
10. Support of a county health department also varies with the amount of time spent in health officer work: the more time devoted to the job, the more opposition there is to a county health department. Although time and income derived from health officer work are strongly related, the effect of health officer income on attitude toward a county health department does not disappear when controlling for time spent on the job. Time and income have independent effects on attitude toward a county health department; this indicates that commitment to the health officer job, as well as economic self-interest, is a source of resistance to a county health department.

    It turns out, incidentally, that the health officers in the larger towns are the most likely to oppose a county health department (Table 1), in part because they have the most at stake: 7 of the 23 earn $2,000 or more as health officers, 14 earn between $200 and $1,999, none earns less than $200 annually.
11. The relationship among ideology, self-interest, and position on a specific issue is a complex problem. For an analysis of this, see Campbell, A., et al. The American Voter. New York: Wiley, 1960, pp. 188–209. Rosen considers both ideology and self-interest in his discussion of the conflict between health officers and medical practitioners (see Rosen, G. Some Substantive Limiting Conditions in Communication between Health Officers and Medical Practitioners. A.J.P.H. 51:1805-1816 (Dec.), 1961).

Dr. Colombotos is Assistant Professor of Sociomedical Sciences, Columbia University School of Public Health and Administrative Medicine (128 Fort Washington Ave.), New York, N. Y. 10032

This investigation was supported in whole by Public Health Service Research Grant 5 RO1 CH 00045, from the Division of Community Health Services.

This paper was submitted for publication in February, 1968.