

# Dundon: Merger Makes Sense

Coming: **'HOOPS'**



On Thursday, Nov. 9, Dr. Thomas Dundon, Forsyth County health director, sat down with the Chronicle news staff for a discussion on the county's health effort and its health needs. Excerpts from his remarks follow.

**Q.- What does the county health department do?**

A.- There are four major divisions:

**health education--** which does a lot of community education. It's main approach is to work through significant groups like the task force on teen-age pregnancy, to get a group of concerned citizens involved and once they become mobilized, they become self-determined.

They work with elderly people on elderly health problems such as heart disease, diabetes, hypertension and nutrition. The main thrust is to improve health through group action and by stimulating community interest.

**environmental health--** which really, historically is one of the oldest components of the health department, going way back in time to Dr. Snow in London when he closed down the water pump in City Square because it was contaminated from the Thames River, which was really the city sewer, but also the source of city water.

That was the beginning of an awareness that we had to have some kind of public health effort to protect the environment of people so they don't get sick. Instead of trying to treat people with cholera in the hospital, just shut down the pump.

Currently, we're involved in the survey and monitoring of septic tanks and wells, the dairies, food handlers in restaurants. All these are areas where communicable diseases can spread to the general population. We're also concerned about swimming

pools. As you know, polio and hepatitis can be transmitted when large populations gather in pools.

**Laboratory--** it and environmental health work hand in glove because of many of the specimens like water, contaminated food supplies, suspected animals having rabies, milk. All these are tested by the laboratory.

They do many lab procedures for the clinics and Reynolds Health Center, particularly in the area of communicable disease detection. Right now, we're the laboratory intermediary between the state and Reynolds Health Center for the lead screening program. We're doing all the blood drawing and packaging to send it to Raleigh where it is tested for lead poisoning in children.

**nursing division--** which is the largest division and the most extensive in terms of the range of services. Starting at the clinic level, we have nurses in the public health clinics where they assist physicians in the immunization procedures, allergies, injections.

In the Reynolds Health Center, we have an obstetrics and gynecology practitioner in the ob/gyn clinic. Before 1975, that program was over on Ridge Avenue. The ob/gyn screening program, which is a health program as opposed to a medical treatment program, provides education and counseling to, say the unaware or unprepared pregnant woman, particularly young women who don't know what's happening and don't know what to

do about it. It takes quite a bit of education to get them aware of what they have to do in the ensuing nine months and what the danger signs are.

There are three pediatric nurses assigned to the pediatric clinic and they serve a similar function. They also receive patients as they enter the clinic and prepare them for the total clinic experience and then follow-up by keeping in touch with their homes to be sure they keep future appointments, etc.

We have school health nurses assigned so that all schools are covered. One of our main concerns, right now, with this new legislation, is to make sure all the kids are immunized adequately against measles, mumps, rubella, diphtheria, tetanus, and polio.

As of Oct. 6 this year, the kindergarten and first graders are 98 per cent immunized, which is a tremendous tribute to the nursing staff.

Then we have home health. I'm not boasting, but it is a fact. Forsyth County serves more home health patients than any other county in North Carolina.

Last fiscal year, we served 962 patients and provided more than 23,000 home visits, including skilled health nursing visits, home health aide visits, physical therapists and male orderly services. We can't possibly meet the need.

Currently Forsyth Memorial is discharging 14 patients per month who need home health care. But we're stretched to the breaking point. We just can't take any more. So these patients wind up in an institution or nursing home where the cost is three times greater than home health care and less desirable for the patient.

**Q.- What are the major health problems in Forsyth County, particularly for the black community?**

A.- Hypertension is certainly a major problem in the black community, I'd say, but that's only based on statistical observation. I'd say heart, cancer and stroke are the leading causes of mortality, and also pulmonary disease.

Right in there as two or three is alcoholism. Alcoholism is a very prevalent community problem. The medical profession has trou



**Thomas Dundon**

ble calling it a disease because it's very broad and hard to get a handle on medically. It's more of a health problem because it doesn't lend itself to any specific surgical excisions unless you remove the person's throat, which is undesirable.

I think one of the major problems Forsyth County is going to face in the near future. As we look forward to 1985, what are we going to do about our increasing elderly population, because they are increasing. By 1985, the city-county planning director has told us, the full impact of the over 65 people will hit us. And we are not really planning for this in a constructive way. I'm not being critical but it's typical that we wait until something is upon us before we do anything about it.

We've got to start expanding the kinds of services that we know now elderly people tend to need. Home health is one. Otherwise they end up in nursing homes or other institutions. The cost for this kind of care is justly overwhelmingly increasing. But home health care is so much more humane, desirable, and cost effective.

**Q.- Are there separate public health clinics in addition to the ones at Reynolds Health Center?**

A.- There are separate ones. The interesting thing about the health department and Reynolds Health Center is that there always will be separate public health clinics because they're dealing with different patient problems-- that is, patients who come in with a known condition and the treatment is known. The treatment is very reduced and simplified, like for venereal diseases,

the treatment is penicillin, or if you're allergic, an antibiotic; tuberculosis is the same way. Medicine has gotten a handle on a lot of diseases, but these diseases are still prevalent in our community.

As with the pump in London, we've got a way of shutting down a disease by routine procedure, but we've got to keep them going. Some people refer to them as categorical clinics. The main thing is that they're preventive. There's a known condition and a known treatment, so the patients can come in almost a treadmill fashion. We call that health care.

On the other hand, Reynolds Health Center is medical care. Those clinics provide treatment of unknown conditions and are subdivided by sub-populations. There's the adult clinic, ob/gyn clinic, and the pediatrics clinic for all the kiddies.

Those clinics are designed to treat an unknown condition. Typically, I come in with a pain in here and nobody knows what it is. You start off with a routine examination, then the doctor comes in and works up a history and narrows it down and finally says, 'I think it's a gall bladder.'

The difference is diagnostic, detective work, and that's really the art of medicine. That's why Bowman Gray (School of Medi-

cine) is interested in those clinics because they are able to train their medical students. They're not interested in public health clinics because they're so routine and lack luster, but nevertheless, important.

Most of the physicians realize this. There isn't much going on in a public health clinic; but there is a lot of excitement and ever-changing challenge in a medical clinic. Of course, medical clinics are a lot more costly. Public Health is cooperating with two, no three of the RHC clinics with our pediatrics and ob/gyn nurses and our nutritionist who works with all three.

**Q.- Where are the overlaps between Reynolds Health Center and the Public Health Department?**

A.- The word overlaps is one that I do not use because I am involved in cooperating with Reynolds Health Center. Where we cooperate with Reynolds Health Center, we have complementary programs.

The ob/gyn nurse screening program compliments the ob/gyn clinic at Reynolds.

**Q.- Is there anything being duplicated?**

A.- No. I think that was taken care of. When the health department was over on Ridge Avenue, we had our own dentist and our

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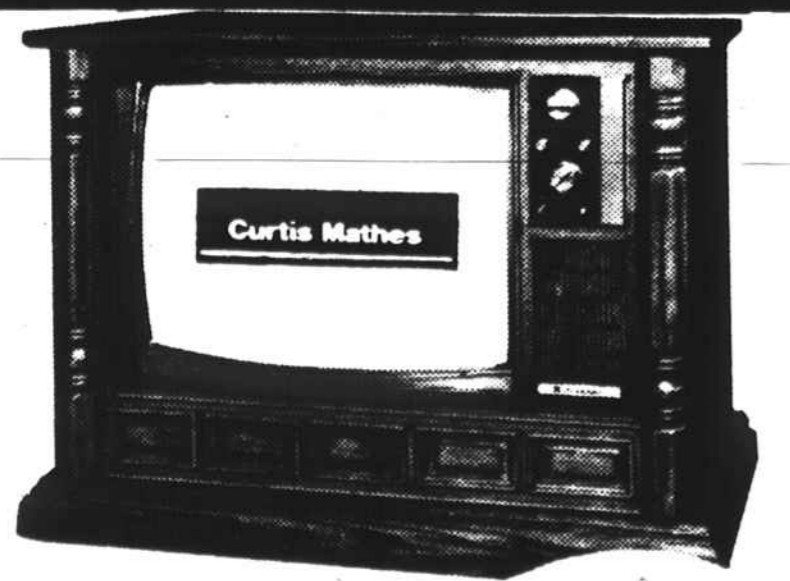
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