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Response

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At the local level, I have had extensive experience in working with community groups. Having lived during the "great society" era in which there was emphasis on maximum community participation, I have seen the two extremes, one where programs have been completely destroyed by consumers, and alternatively, I have seen the ultimate success of programs while working with community groups.

Professionals must become involved in the training and/or the education of the individuals who are involved with community participation.

I have been working with the board of directors of a community group and I find now that consumers who previously were always in confrontation are beginning to realize the problems of management in the delivery of health services.

We, as physicians and health providers, have felt for too long that we knew best how to deliver health services to people in the community.

With the melding of community and professionals in meaningful dialogue and on the boards of directors of the various community programs, we are beginning to be cooperative in getting the job done.

Consumers are now concerned with such issues as potential strikes among the workers in a clinic and liability as it relates to immunization.

I strongly support the use of consumers in setting policy as to what immunizations will be given and under what circumstances.

I think consumers are capable of understanding the risk/benefit factors, and they are able to make value judgments that will assist in the development and the implementation of an excellent program.

DISCUSSION

The occurence of encephalitis in a seemingly normal 5-year-old child and whether that could be attributed to a measles vaccination administered 2 years ago to that child was discussed. It was pointed out that there are reported encephalitis cases, one or two in a million, among children of that age due to unknown origin. Associating the disease with the vaccine, in this case, could not be more than speculative.

The so called apathy, especially among low socioeconomic groups of people, with regard to immunizations, was raised. However, the lack of discussion of any specific strategy as to how to inform such groups and deliver immunization services to them was not completely discussed. Specifically, it was pointed out that such delivery of immunization services should include accessibility, transportation, clinic hours, attitude of clinic personnel, especially toward the poor and the educationally disadvantaged. Effective transmission of information and continued educational opportunities, it was noted, are just as important to the public as they are to health personnel. The need for modification of master plans, so as to suit particular communities, geographical locations, and groups of people, was acknowledged. The example of the polio immunization plan developed by Dr. Richard Johns of Phoenix, Arizona, was pointed out as one that was effective. The medical community, the media, and the public cooperated in this case and made the plan a success. At this point, mention was made of the efforts of the HEW Immunization Initiative plan to review the immunization status of every child in every school, kindergarten through grade 12. This is toward the goal of eliminating measles within the course of the next 4 years in this country. Attention was also drawn to the fact that very often a child who is not well immunized is also a child who has other health and sometimes social problems. Inadequate medical care, malnutrition, child neglect, and abuse are some of the other problems that many children in this society experience. Critical need for preventive care and a holistic approach to health must be emphasized.

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