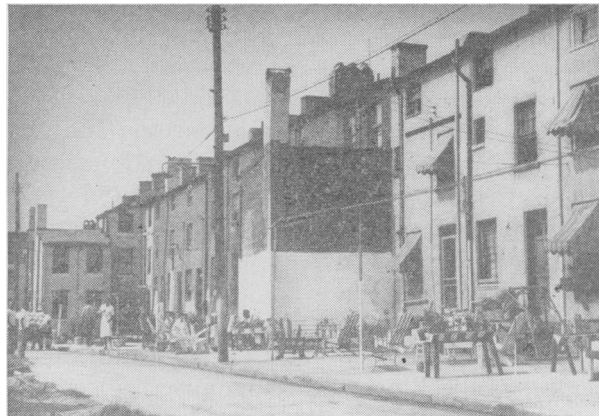


Enforcement of the housing code by the Baltimore City Health Department made this neighborhood a better place to live.



Health Departments *and the* Housing Problem

By RALPH J. JOHNSON, M. S.

Despite advancing standards of living, 16,000,000 American families live in housing that has basic health deficiencies. This is the hard core of the housing problem for health officials; it is a problem that they can help to reduce.

The housing problem is pervasive; every individual, group, and organization has a stake in attacking it. Unless positive action is taken,

Mr. Johnson is a member of the Joint Committee on Housing and Health of the American Public Health Association and the National Association of Housing Officials, and has been active in the American Standards Association and other groups. He is senior sanitary engineer with the Public Health Service's Division of Engineering Resources.

this problem can only increase. The housing situation is not static. Heavy outlays of housing goods and services are necessary merely to provide for the population increase, for normal maintenance, and to offset obsolescence. Far heavier outlays are necessary to improve the relative supply of decent housing. These are the relentless dynamics of housing progress.

The attack on housing conditions through new construction, redevelopment, and public housing has been described extensively. But the opportunities for improving substandard housing by enforcement of health regulations has been given far too little attention.

The health department has a unique and personal relationship with the families who occupy substandard housing. The public health nurse and sanitarian are frequent visitors to the slum home and the blighted area. Morbidity and

mortality rates, along with nuisance complaints, are almost always higher in these areas than the average for the community. It follows that public health problems are greater and expenditures for services higher in these areas.

The housing problem is not hopeless—even the root-evil of poverty is not entirely insurmountable. An attitude of despair and neglect is the precise prescription for decay and rot which is the forerunner of the creeping blight that turns decent housing and its environment into slums. It is undeniable that there is a reciprocal effect between physical conditions of blight and family morale. Tenant and owner neglect of dwellings and community neglect of environment and services interact upon and contribute to each other. Somewhere in every slum is to be found a combination of these factors.

This regressive trend can be reversed. Many changes and improvements can be made within existing knowledge and ability. The problem becomes in part, then, a matter of attitude. Health officials are in a strategic position to stimulate a new attitude of confidence in our capacity as a Nation for positive improvement of much of our present substandard housing.

It has been demonstrated in several cities that when health departments enforce minimum standards of healthful housing, community interest is awakened and incentive for further improvements is provided. In true American fashion, neighbors begin to help each other and themselves; they paint the porches, repair the walls, clean the yards, mend or remove fences, and plant flowers. Departments of city government repair streets, provide better garbage collection, remove dead tree limbs, and improve services. An act of magic has not been performed, but self-respect has been restored in a deteriorated environment. The trend has been reversed; positive forces—which, like negative forces, interact and augment each other—have been put to work. When these forces become dominant, fundamental mastery of the problem has begun.

However, no single neighborhood, nor single office of government, branch of industry, or organization of citizens can alone master the total problem. A single agency or organiza-

tion can no more expect to solve the whole housing problem than can a single agency or organization expect to deal effectively with any other major problem of society.

The Housing Problem

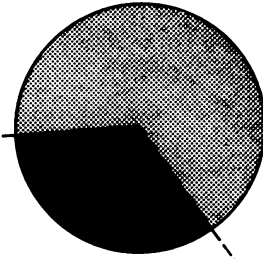
Housing problems are as complex as the world we live in—the resultant of a multitude of interrelated and interdependent forces. They are functions of such fundamental factors as natural resources, land, population, income, labor, industry, government, war, and peace. For at least a century in this country, we have had the housing problems of high land density, intermixture of land use, inadequate planning, overcrowding, and poverty (1, 2). Housing, in other words, cuts across social, political, and economic boundaries.

The entire housing problem also is related to transportation, community expansion, interest rates—in short, a whole complex of factors other than the dwelling and its immediate environment. We are concerned here mainly with substandard housing and its relation to public health. We may measure an important dimension of this problem by studying the numbers and types of substandard housing as revealed by the 1950 census (3).

Notwithstanding the greatest building boom in our history, approximately one-third of the Nation's 46,000,000 dwellings have basic health deficiencies. Approximately 6,600,000 dwelling units—1 out of every 7 in the country—are overcrowded. About 1 out of 11 dwellings is so dilapidated that it provides inadequate shelter or protection against the elements or actually endangers the safety of the occupants. Approximately 13,800,000 dwellings—almost 1 out of 3—lack hot and cold running water inside the structure. More than 6,900,000 have no piped running water. Only half of these are in rural farm areas.

Approximately 12,900,000 dwellings lack decent toilet facilities. Surprising as it may seem, only about one-third of these deficiencies are in rural farm areas. Almost 1 out of 3 dwellings do not have bath facilities or the occupants must share these facilities with some other family. More than 1 out of 4 dwellings do not have a bathtub or shower and more than 60 percent

... at least $\frac{1}{3}$ of the nation's 46,000,000 dwellings have one or more
BASIC HEALTH DEFICIENCIES



● Overcrowding



● No decent toilet facilities

● Inadequate bath facilities

● Unsafe water supply

● Poor light and ventilation

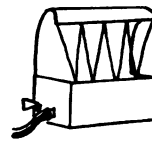
● No electricity



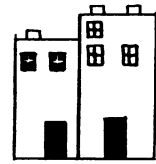
● No hot and cold running water



● Dilapidation



● Poor heating—open gas burners



● No dual egress

of these are found in urban and rural nonfarm areas.

The division between substandard and acceptable housing is shadowy and covers a range of units. However, using "condition and plumbing facilities" as an indicator, it can be estimated from the 1950 census of housing that approximately 16,000,000 dwelling units have one or more basic health deficiencies. Detailed surveys by local health departments in representative communities across the Nation underline these national figures.

If we consider the needs revealed by these figures along with the modern concept of health as a condition, not only where disease is absent, but where there exists the desire and ability for productive effort in concert with family and community, then the health department's opportunities and responsibilities emerge in their true perspective.

As new housing production declines (4), the health department's role in relieving the hous-

ing problem becomes the more urgent. The supply of good housing can be increased by rehabilitating existing substandard housing which has a sound frame and foundation.

Methods of Attacking the Housing Problem

With some simplification, the attack on the housing problem in terms of dwelling units may be divided into three general forms of action:

Prevention of accelerated rates of deterioration of dwellings and their environment, thereby forestalling the formation of new blighted and slum areas;

Rehabilitation of existing substandard housing, if salvage is economically feasible, and the demolition—which is part of rehabilitation in its broader sense—of substandard dwellings that are beyond repair;

Production of enough new housing to provide for the population increase, for families

now overcrowded, for replacement of demolished and decayed structures, and for the normal vacancy cushion.

In short, prevention, rehabilitation, and production are all necessary to improve housing conditions. In these areas, special responsibilities have been assumed by private enterprise and Federal, State, and local governments. In prevention and rehabilitation especially there is an underlying essential—an informed citizenry.

Private Enterprise

The role of private enterprise in attacking the housing problem has been well defined over the years. Industry produces the materials used in the construction of all housing, including improvements and ancillary utilities and facilities. The private builder and contractor erect almost all new housing, including that small segment which is built for public ownership. Private enterprise sells most new and existing housing. Private capital, with some assistance from government, provides the financing essential for almost all new construction and for most substantial improvements to existing housing. That private capital and industry can and do handle such a large part of the task is characteristic of this Nation.

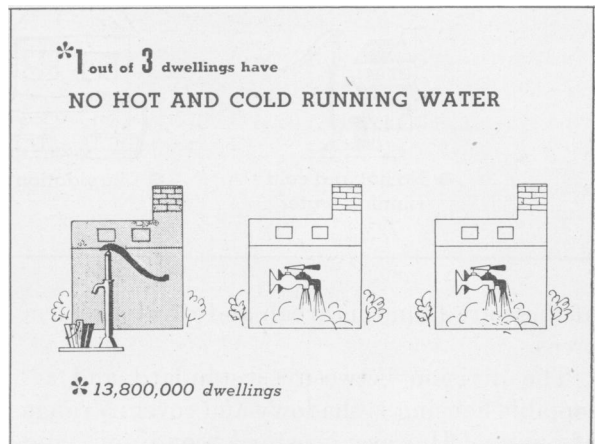
Federal and State Government

Federal and State governments provide assistance and services that individuals and organizations cannot provide for themselves. Federal legislation provides assistance with the insurance of mortgages, with the insurance of deposits in home loan banks, with mortgage money market financing, slum clearance and urban redevelopment, low-rent public housing, research, loans and grants for farm housing, rent control, and with the collection of national statistics on housing, labor, and building materials. Furthermore, the Congress of the United States has established a national housing policy stating that "the health . . . of the people, requires . . . as soon as feasible a decent home and a suitable living environment for every American family . . ." (5).

State governments provide assistance primarily with public housing, slum clearance and urban redevelopment, regional planning, and basic legislation and police powers authorizing certain regulations.

Local Government

It is of prime importance that the programs of all agencies of local government having anything to contribute toward better housing—and it is a surprising number—be coordinated and be undertaken in a spirit of cooperative action. Cooperation of the local health department is especially important because the basic police power of the State to regulate must be reasonably related to welfare, morals, safety, or *health* if the regulation is to be held valid. Consideration of the housing problems of the other



agencies of local government will materially assist the health official to carry out the health department program with the maximum effectiveness; the opposite, of course, is equally true.

Building Department

The primary function of the building department is to administer the building code which regulates the construction of new dwellings and major structural changes or additions to existing dwellings.¹ The building department issues licenses in the form of building permits

¹ A full and detailed discussion of building regulations has been presented by McGoldrick and associates (6).

authorizing new construction. It also enforces compliance with the electrical code, with structural requirements, and usually with the plumbing code for new dwellings. The provisions of the building code regulate such items as light, heat, ventilation, and plumbing facilities for new structures. These are obviously related to health department interest. Significantly, moreover, the building code fixes the dwelling problem which the health department will inherit in a decade or two, or three, as deterioration takes place and health problems arise.

Planning Department

The planning department is concerned with the physical facilities of the community and the location of these facilities for the benefit of the people. Housing in its broadest sense is an important part of these physical facilities. The quality of the dwelling and its environment as a healthier place to live is affected by the size and location of streets, by the location of parks, playgrounds and schools, by the location of water and sewer lines and other utilities, and by the type and location of community facilities. The control that planning and zoning officials can exert over the development of new subdivisions, coupled with health department participation, can curtail, if not eliminate, urban fringe sanitary problems.

The Zoning Board

The zoning board is usually administratively related to the planning department. It administers the zoning code which fundamentally regulates the height of buildings, the density of land coverage, and the use of land in the interest of the general welfare and health of the community and for the protection of land values. The zoning board has the authority to prevent intermixture of land use, to prevent subdivision of large dwellings into multiple units where kitchen and bath facilities are frequently shared, to regulate lot size and percent of land coverage, and to regulate the height and separation of buildings and dwellings. Obviously, the health official has direct interests in these activities.

The Fire Department

In the context of this discussion the inspec-

tion service of the fire department is concerned with the design, construction, and maintenance of multifamily dwellings, rooming houses, hotels, and public buildings in the interest of protecting the occupants and the community against injury or death by conflagration or explosion. The dimly lighted public hall, the deteriorated stairway, the anxiety of occupants with a single means of egress, and the accumulation of rubbish or trash are as much the concern of the health official as of the fire official. Thus, health and fire departments have a number of related interests with respect to the housing problem.

Welfare Department

The welfare department provides financial assistance for families with insufficient means. At least one-fifth to one-third of these family funds are used for rental payments for housing. Although welfare departments consistently try to help families obtain the best housing possible, it is well known that welfare funds, for the most part, are only sufficient to obtain substandard housing. This situation requires administrative cooperation between health and welfare officials in the local government and subsequent citizen support.

The rental payments of welfare departments are a tremendous resource that may be used in attacking the poverty aspects of the housing problem. According to the *U. S. Municipal News* (?), 4 percent of the population of 25 leading cities in 1948 were on relief and received an average monthly payment of \$34 a person. If we apply these average figures to the population in urban areas and consider that one-fourth to one-third of these funds are used for rental payments, it may be conservatively estimated that some \$25,000,000 to \$30,000,000 per month of welfare funds are being spent for rental payments. Since much of this sum pays the rent for substandard housing, this in effect subsidizes such housing.

Although the rents for substandard housing are low in terms of dollars, they frequently are high in terms of the space and facilities provided. These comparatively high rates of rent on slum properties are too well known to merit elaboration. However, experience in several communities has demonstrated that improvements can be made in many dwellings without

substantially increasing the rent and still allow a reasonable return on the investment to the owner. Of course, this is not the case for all improvements.

Although welfare departments make an effort to establish certain standards for housing to be occupied by relief clients, minimum health standards of housing, in the last analysis, must be based on the health aspects of the police power of the States. The primary responsibility for the development, application, and enforcement of the health aspects of the police power is generally vested in health officers. If then the health official establishes minimum housing standards, and the welfare department adopts the policy of making rental payments only for those dwellings which meet these minimum standards, it will be possible to bring to bear the leverage of these tremendous payments to obtain improved housing conditions.

Housing Authority

The local housing authority is established as a corporate body of the community through State enabling legislation. This legislation primarily authorizes the housing authority to issue municipal-type bonds to provide the capital for building public housing units and to accept Federal payments to equalize the deficit between costs and income.

These dwellings are constructed for low-income families who cannot obtain or provide decent, safe, and sanitary housing for themselves at an economic rent in the community. A number of health problems arise in the location, construction, and management of public housing projects. Many important public health problems related to public housing developments, such as site selection, re-use of cleared land, and occupancy and management, can be averted by sanitary engineering advice (8). Since the housing authority and health officials are concerned to a considerable degree with similar areas in the community, they have a number of mutual problems (9).

Slum Clearance and Urban Redevelopment Agency

The slum clearance and urban redevelopment program was initiated as a result of the Housing Act of 1949, which authorized funds for loans and grants to local agencies primarily for

the purpose of assembling and clearing slum land for re-use. Ordinarily the cleared land will be re-used for housing purposes. However, its use must be in conformance with the requirements established by the master plan of the community. Many health problems arise in determining the best re-use of land in slum areas. Furthermore, the law requires that persons displaced from the cleared areas must be rehoused in decent, safe, and sanitary dwellings under reasonably equivalent conditions. The health official can make a real contribution to the determination of such dwellings and choice of areas for redevelopment (10).

Health Department

The principal housing responsibility of the health department is the administration of the housing code regulating the facilities, maintenance, and occupancy of existing dwellings. Although the minimum standards contained in the code are applicable to all dwellings, obviously they are primarily applicable to sub-standard housing.

The first step in this task is to diagnose the problem. To do this the health department must obtain the facts. The Committee on the Hygiene of Housing of the American Public Health Association has devised an objective method for measuring the quality of housing and its environment in a community (11). Many local health departments across the Nation have already used this method to study the housing problem.

Through an agreement between the American Public Health Association and the Public Health Service, training in the use of this method is available at the Public Health Service housing training stations at Atlanta, Ga., and Syracuse, N. Y. Follow-up assistance is also provided. No charge is made for the course, but the trainee must provide for his own subsistence and quarters. Approximately a quarter of a million dwelling unit schedules and related environmental data have been completed by using this method.

Communities report that the information obtained through this appraisal method is useful to so many agencies of local government that it is an important administrative device for obtaining interagency cooperation. However, ir-

respective of the appraisal method chosen to measure the housing facts in a community, it is imperative, from an administrative standpoint alone, to use a method that provides the essential information for all of the agencies concerned. The method must be objective, reducible to a numerical basis, and produce results subject to disciplined analysis. Of course, it should be possible to reproduce and to validate the results.

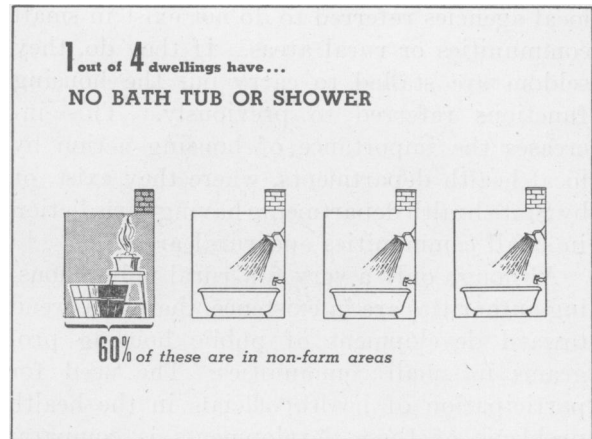
Whether this or some other survey method is used, the health department must obtain detailed facts concerning the housing problem in the community. As is customary with health problems, the facts of the situation must be presented to the public so that the community may have the necessary information to use as the basis for the choice of remedial action.

This leads to the second step, which is to tell the story of housing to the public. It has been clearly demonstrated in several communities that informing the public regarding existing housing conditions is an essential part of a housing law enforcement program (12). It is not enough to make broad general statements and propose general programs; specific information must be obtained so that detailed facts may be stated and action policies formulated.

Once the specific information has been obtained and presented to the community, the third step, the formulation of minimum health standards for housing and adoption of laws for their enforcement, may be intelligently accomplished. The persons to be affected by these standards and laws—the housing code—should be given an opportunity to be heard, to present contrary evidence or opinion, and significantly to help define for the administrator the level of community acceptance of the proposed regulations.

However, laws are not self-enforcing. Once they are established, the actual accomplishments of enforcement—the fourth step—stands or falls on the judgment, the efficiency, and the impartiality with which the laws are administered. Since some of the principles of housing law enforcement have been discussed before (13) suffice it to say that effective action cannot be expected without adherence to good administrative-legal practices.

The housing law enforcement program is not



the only responsibility of the health department in the solution of the housing problem. The health official has an important job to do in assisting all the other departments of local government to accomplish their housing tasks. Examples of areas of common interest with other local governmental agencies were previously discussed and need for cooperative action was emphasized. As health officials become familiar with the housing programs of other agencies in the community, they will be able to contribute substantially to the improvement of housing in terms of both immediate action and long-range programs.

Clearly, the maximum community benefit from housing law enforcement activities of the health department cannot be obtained if the program is conducted in isolation. It is necessary for the health department, in conjunction with all other official agencies of government and with representative community organizations concerned with the housing problem, to decide on the extent and area of enforcement. It is particularly important, of course, that the housing law enforcement program be coordinated with the programs of the slum clearance and urban redevelopment agency and the housing authority, rental payments of the welfare department, and the master plan of the community.

Urban Nonfarm and Rural Housing

Housing is by no means entirely an urban problem. Numerous studies have been made of substandard housing in the small cities and rural areas as well as in the metropolitan communities (14, 15). Unfortunately, most of the

local agencies referred to do not exist in small communities or rural areas. If they do, they seldom are staffed to carry out the housing functions referred to previously. This increases the importance of housing action by local health departments, where they exist, or by State health departments having jurisdiction in small communities and rural areas.

Although only a very few rural public housing authorities are in existence, there is a trend toward development of public housing programs in small communities. The need for participation of health officials in the health problems of these developments is comparatively greater than in the large cities.

The Housing Act of 1949 recognized the need for assistance in rural housing problems and provided loans and grants for housing improvements to owners of farm dwellings unable to obtain financial assistance elsewhere. This program is administered by the Farmers Home Administration through its state directors and the county agents of the Department of Agriculture. The Farmers Home Administration has adopted rules and recommendations establishing minimum standards for construction and repair of dwellings (16). These standards cover items relating to light, ventilation, room size, site location, water supply, plumbing, sewage disposal, heat, and other items of special interest to health officials, and require compliance with local regulations.

Certainly substantial improvements to farm dwellings, including the water supply and sewage disposal facilities, can be made through cooperative effort between local representatives of the F.H.A. and health officials.

Discussion

The Nation's housing problem has developed over a period of a century or more. The prevention of decay of dwellings and their environment, the rehabilitation of existing substandard housing, the demolition and replacement of dwellings beyond repair, and the production of enough new housing present enormous difficulties. Dollar estimates of the cost of such a program are staggering. A successful beginning has been made, and there can be extensive progress with present-day knowledge. We should

expect substantial results in one generation.

No single agency of government or industry working alone can solve the total housing problem; the solution depends on the combined efforts of Federal, State, and local government, and private enterprise with the active support of informed citizens all working as a team. The health department is an important member of this team.

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