The Philadelphia Plan for Decentralization of Environmental Health Activities

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EARLY IN 1958, the Philadelphia Department of Public Health decentralized its environmental health activities, which are performed by personnel operating in 10 health districts, each with about 200,000 residents. Initially, the decentralization move affected environmental health activities related to food and the general environment, and later, industrial hygiene. Radiation, air pollution control, and veterinary public health activities have been retained as central activities because of lack of sufficient trained personnel to staff each district office. Accident prevention has not been decentralized because it is in the early stages of development.

Among the unique features of the decentralization was the special emphasis on democratic processes in the planning stages and on close, informal collaboration between district and central units. Also, a special unit was set up solely for the purpose of resolving questions produced by drastic changes in administration.

The background of this decentralization begins with the proposal for such action several years earlier. At that time, however, sanitation regulations of the Philadelphia Department of Public Health were being extensively revised.

Work practices were undergoing marked changes. A number of new persons were being recruited, and older employees were being reassigned. New activities were being added to our work program. Under these conditions uniformity in the interpretation of standards and utilization of common procedures were of paramount interest. We were particularly concerned about the degree of emphasis and enforcement practices in use throughout the city. A measure of similarity in the various districts was imperative. These factors, together with the initiation of new programs, seemed to require strong central direction. At that time all sanitation field personnel, while based in district offices, were under a district supervisor directly responsible to the central environmental health division.

As our programs developed, however, the necessity for these stringent measures decreased. Field personnel became familiar with the standards, and interpretations became more uniform. As the new sanitation district supervisors matured in their jobs, they were naturally given more responsibility for planning and directing the work under their supervision.

Gradually with progress, we found that there were disadvantages to a strong central approach in an area such as ours. As new operations became effective, the central office was swamped with detailed administrative problems coming in from the districts. This took the valuable time of highly trained and experienced individuals in the central office who should have been devoting the greater portion of their effort to planning, evaluating, and directing the programs of environmental health. No time could be given to analysis of what we were doing to improve efficiency.

In addition, community relations of the en-

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vironmental health programs suffered because we had isolated this activity from the others of the health center. The community generally looked to the district health director to give advice and guidance in the solution of health problems of the district. Since the environmental health programs were under strong central control, the district health director knew very little of what was going on in his area to which he could lend assistance.

The Decentralization Process

The mechanics whereby the Philadelphia Department of Public Health evolved its plan for administrative decentralization began with the appointment of the Committee on Organization of Local Services. Popularly called the COOLS Committee, it was composed of a district health director, the director of the nursing division, the director of the division of epidemiology, and the administrative assistant to the director of public health services. The director of environmental health was chairman. Through the discussions of this committee the opposing points of view of districts seeking autonomy and central divisions seeking direct control were submerged in the interest of developing the best workable plan for the administration of programs. The director of public health services later adopted almost the complete report of this committee in the plan for administrative decentralization of operations.

What were some of the features of this plan for decentralization? Principally, there was a theory of working together through which an understanding was achieved and a compromise plan developed that was neither district autonomy nor direct central control. The committee also recognized the necessity for program planning and the development of standards on a citywide basis.

For these purposes it was considered that there were major functional groupings: professional direction and operations. Another group of activities might be considered management services, but they are not particularly pertinent to this question of decentralization.

In the plan adopted, the professional direction group was charged with primary responsibility for determining program content and professional methods and for broad supportive professional action. This includes program planning and development, establishment of technical procedures and program standards, evaluation of program performance and effectiveness, consultation service to district directors and their staffs, and the establishment of enforcement control. Members of the professional direction group, representing the central staff of the various divisions, are responsible in their respective areas for such agencywide matters as the establishment of position classes, performance standards, recruitment and appointment, resolution of competitive budget and staff needs, personnel rotation schedules, professional and technical training, and consultation on performance evaluation and discipline of professional district personnel. Also included are relations with other agencies whose area of concern extends beyond district limits, as well as specifications for the content of technical records and materials to be used.

Operational activities under this plan were

Decentralization in Perspective

"APOLLODORUS: There are many difficulties, Socrates. In the first place it would offend against one of the two fundamental principles of democratic administration—the one that says that the superior authority should never interfere with the right of the inferior authority to do the wrong thing.

"SOCRATES: What is that principle called?

"APOLLODORUS: It is the principle of decentralization.

"SOCRATES: You spoke of two fundamental principles, Apollodorus; what is the other?

"APOLLODORUS: It is the principle of centralization, or decisions at the national level.

"SOCRATES: When is that used?

"APOLLODORUS: When the superior authority wishes to prevent the inferior from doing the right thing.

"SOCRATES: Well, tell me what the other obstacles are.

"APOLLODORUS: In the first place so many groups of people would benefit from the plan that it is very unlikely to come about."

—*Lancet*, January 24, 1959.

to be decentralized where this was feasible through the various district offices in the city. Responsibility for district health operations was decentralized in these instances to bring the service as close as possible to those using it.

Primary responsibility and authority for the execution of field activities were assigned to the district health directors. The districts were made responsible for efficient and coordinated local execution of operations in accordance with established professional techniques and program standards. District operations encompass the initiation of district requests for capital and operating budgets and for personnel and material; accountability for district expenditures, work assignment, and supervision of personnel within districts; performance evaluation and discipline of personnel after appropriate consultation; responsibility for the physical condition of district facilities; development of community relationships within districts; designation of working groups to serve areas within districts, and information and recommendations of programs. The district also relates health and program needs and makes recommendations for the employment of enforcement sanctions where necessary.

It was recognized that certain types or portions of programs might not be amenable to administrative decentralization. These exceptions related to certain research programs, operations in the developmental or testing phase, temporary emergency action, services for which public need and convenience required central office location, activities for special groups or of a highly specialized nature, for which duplication throughout the city was unnecessary or uneconomical.

In order to facilitate the change of structure and to serve the districts, an office of district health operations was created. The director of this office is the line supervisor of the district health directors and is responsible to the director of public health services for their professional direction and supervision. The office of district health operations provides many housekeeping functions for the districts such as control of expenditures and provision of facilities. This office also helps focus attention on district operational problems and assists in their solution.

Working Together

To further the principle of working closely together, both the personnel in district offices and central divisions have been specifically directed to engage freely in personal and telephone communication with each other. Some might question this as contributing to chaos, but in practice it helps eliminate unnecessary "red tape" and adds to efficiency. It also creates better understanding. Of course, such free communication requires comprehension of relative responsibilities and mutual respect for each other's prerogatives.

This plan has resulted in many benefits to the environmental health program as well as to the department as a whole. The central divisions relieved of direct responsibility for day-to-day operations can now function in program planning, evaluation, and direction. The district health director takes more interest in environmental health problems. The team approach is enhanced as the sanitarians become more involved in the health program in the district.

We anticipated problems arising from a change of this magnitude in administrative operation. When the nature of the problems became apparent, the director of public health services established a general advisory staff council on operations with the power to implement changes in the interests of smoother operations. This council later became known as the Co-Op Council. At present, this group is composed of a district health director, the director of district health operations, the administrative assistant to the director of public health services, the director of the division of nursing, and the chief of the section of maternal and child health. The director of the division of environmental health is the director of the council.

Problems selected for consideration by this council have been those concerned with a principle which might be applicable to other situations of a similar nature; thus the council does not expect to develop standard operating procedures for every conceivable condition. The assumption is that persons at high levels in the department are sufficiently intelligent to extend a principle enunciated in a particular exercise to other situations appearing in the future.

Typical of the kind of problems explored and solved by the Co-Op Council are the scheduling of clinics and procedures for inservice training. Under consideration are matters of budget administration, programing, and communications.

Anticipated Difficulties

While these illustrate specific problems which have been tackled in a specific manner, there are other general questions one should anticipate which have to be solved to assure the success of administrative decentralization. Recognition of these issues and their resolution has contributed to the ease of transition in the Philadelphia decentralization.

A point of general concern has been the role of the office of district health operations. It is difficult in the establishment of an office such as this to avoid duplication of the staffs of the various central divisions. Since such an office is in a line position with respect to the district health directors, there is a tendency to assume directory responsibility for formulation of programs. As the personnel in the central divisions are the most competent in the department in their respective fields, it seems important to preserve their responsibility for program direction. Accordingly, the function of the office of district health operations should be that of service. Recognition by the director of district health operations of this role of service rather than of program formulation is important in the establishment of the proper working relationship.

Another area of understanding involves the relative roles of central program directors and the district health directors responsible for operations. It is difficult for the district director to recognize his position as administrator and to submerge a tendency to exercise his technical competence regarding standards and procedures. He should recognize that he is now an administrator and function in this capacity. A great deal of friction can be avoided if this individual refrains from passing on the validity of technical standards and procedures. While he may question some of the directives given to him, he should accept the final decision.

On the other hand, the central program directors should not operate in ivory towers. They must have information and comments from district personnel in order to be apprised of the citywide problems. The district workers are in a position through experience and intimate community contact to know which programs are workable and which impracticable. In program planning these persons must be consulted and their views considered by the central programing personnel.

It is difficult for the central program director to surrender his privilege of directing daily operations. There is a tendency for him to feel that direct supervision is necessary in order to obtain his objectives. It requires considerable maturity on the part of the program director to recognize that he can multiply his efforts by concentrating them in the area where he is best qualified, and permitting others to carry out the day-to-day operations according to his plan.

The most fundamental issue in the introduction of a drastic change of this type is its acceptance by personnel at all levels. In looking back over our experience, we believe that acceptance has been enhanced by the work of the COOLS Committee and the Co-Op Council. The personnel at least know that their points of view have been considered, whether accepted or not. The discussions, while they may not always have brought agreement, have in most instances developed understanding.