Community Health Studies

Increasingly communities are turning to surveys of their health needs as a means of determining benchmarks for planning, coordination, and the allocation of funds and services. These self-studies were the theme of the 1961 annual meeting of the National Advisory Committee on Local Health Departments which met in New York City March 13, 1961. Three papers given at the meeting are presented on the following pages as a guide to the techniques, pitfalls, and values of community health studies.

Community Study for Community Health

Duncan W. Clark, M.D.

THE TITLE, "Community Study for Community Health," meets two requirements of an opening statement from the chairman. One is that the title reflect the general theme of the meeting and the other is that it infer a new policy direction set by the executive committee. The National Advisory Committee on Local Health Departments plans to encourage more widespread practice of community self-study as a way of planning for the community health.

First, it seems preferable to trace briefly the background and origin of the national advisory committee. The starting point is, of course, the study and report of Dr. Haven Emerson entitled "Local Health Units for the Nation." Emerson believed in the need for administrative means for carrying out at least the six traditional health services, a basic full-time staff, and a population base large enough to afford the spectrum of trained professional personnel required. Lacking such basic structure and services, communities would not be ready for various kinds of emergencies, nor would public health be able to take on the foreseeable responsibilities.

In the fall of 1947 Emerson headed a na-

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tional conference of citizen groups, voluntary health agencies, and professional associations, sponsored by the American Public Health Association. Out of this meeting came appreciation of the need for a determined citizen movement to work for the goals set by the Emerson report. The National Advisory Committee on Local Health Departments thus became the medium to articulate this public and professional movement.

The name of the committee does not indicate the fact that most of its constituent agency members are not on health department staffs. The membership is unique among civic organizations making common cause with the health professions and related organizations. By virtue of the broad spectrum of interests the committee members represent, they can further the committee's present aim—to advance the practice of community studies. The committee's plan is to establish bonds between the spokesmen of citizen groups and those in the health professions in order to broaden citizen participation in community health planning.

There is another important reason for the committee's emphasis on community self-study. For the fifth consecutive year the annual meeting has been focused not on the local health department per se but on community health services. The earlier advocacy of a full-time health department in every county is no longer tenable as the chief preoccupation of the committee. We continue to be concerned with tax-supported local health services, but it is our belief that the problems associated with them are best understood in relation to other sources of services in a community. Further, since local variability of patterns of service is a fact of life and some measure of coordination of service a generally recognized need, the committee's current focus is on service and function rather than on structure.

There appear to have been two important consequences of this concentration on community health services at recent annual meetings. The appeal of the subject evidently caused many who are concerned with the delivery of health services to choose to take part in the committee meetings. The other consequence was a cumulative effect on the thinking of the executive committee; the end product was the proposal for the Community Health Services project reported in 1960 by Howard Ennes. Because of the relation of community factfinding, or community study, to the present objectives of this committee and to the Community Health Services project, it may be useful to review the project and its implications for the national advisory committee.

The project was described as a "proposal for action for improved community health services for the 60's." Three phases of activity were envisioned. Phase 1 was to consist of factfinding, that is, analysis and development of proposals; phase 2, the setting of goals and recommendations at a national conference; and phase 3, local-State-national action.

The first phase was to consist of two concurrent, parallel, interrelated lines of activity. One was to be technical factfinding, in charge of professional and technical personnel. The other was community factfinding, developed at State, possibly regional, and sometimes local levels, to elicit expressions of needs and interests at the local level in the same topical areas being developed by the technical factfinders. The techniques of community factfinding would vary but might employ conferences, inquiries, or reports. The general purpose would be to determine civic interests and needs, to involve community leaders, to stimulate general interest, and to lay the groundwork for action in phase 3.

It was anticipated that the National Advisory Committee on Local Health Departments, one of several participating groups, would play an important role at the community factfinding stage. The committee has already decided upon at least one specific way to proceed. This way involves an approach not inconsistent with what the committee might have embarked upon independently had there been no Community Health Services project. Further, it was anticipated that the committee might also be active in phase 3. Activity of this order would be consistent with the committee's original role in the period following the Emerson report.

The project was conceived and developed around a basic plan drafted by the executive committee. Representatives of other professional organizations helped to refine the final

draft of the project, and the American Public Health Association and the National Health Council agreed to co-sponsor it. The association accepted responsibility for raising the necessary funds and is now doing so. When fully activated the project will probably be known as the National Commission on Community Health Services.

For the national advisory committee there is an important principle of programing implicit in the birth and evolution of this proposal. This committee offers opportunities, through congenial working relations with other organizations, for conceiving and developing programs that ultimately may be carried by organizations with more substantial resources than ours.

Another dimension of understanding emerges from review of the committee's objectives. Those objectives were broadened in 1957 and modified in one particular this past year. With some editorial license, they may be summarized as follows.

The committee should (*a*) work for the extension of adequate tax-supported health protective services to more people; (*b*) seek the improvement of community health services already in existence; (*c*) foster more citizen participation in health matters; (*d*) and promote closer working relations in community health planning between voluntary and official health agencies at the local level.

These four objectives are interdependent and equally important. It is not always possible to give each one equal attention in any one year. At times, propitious circumstances lead the committee to concentrate its efforts on one or two.

The current propitious circumstance is the availability in 1961 of the latest edition of the APHA Guide to a Community Health Study.

This Guide, while it does require medical and public health interpretation, is designed for laymen and for civic and citizen groups. The APHA Guide appears to be a tailormade means to "foster more citizen participation in health matters," one of the four objectives of the committee.

The Guide's questions are on matters of common concern to both voluntary and official health organizations, whose members are equally concerned with the thoughts of their fellow citizens on these questions and on the professions and organizations that serve them.

So, although there is risk of a negative or divisive effect, the executive committee sees in the use of the Guide a rallying point, a learning point that "promotes closer working relations in community health planning between voluntary and official health agencies at the local level," the committee's fourth objective.

The phrase, at the local level, deserves to be underscored. A perennial problem of the national advisory committee is that its target is local, but its membership is national. The aim is to improve local health services but those who would do this are the representatives of national organizations. How to span this distance? We can hold annual assemblies, distribute the proceedings far and wide, as we now do, and we can publicize innovations at the local level. But, are there other ways? Is it possible to design a several-stage program which will provide local communities with a specific instrument for starting to plan the improvement of their community health services?

The APHA Guide to a Community Health Study, the executive committee believes, is a specific instrument and a way of bridging this gap between national and local levels. This document will be generally available. It has been tested, and it is a common starting point. Any of several groups in the community can lead and all may take part. The prospect that even two or three communities in each State might in a single year start to use the Guide has interesting possibilities. The tendency to infectious spread of the wish to engage in self-studies among communities has been noted by Hood.

The American Public Health Association has several years of experience with some form of community study guide. This edition of the Guide has undergone recent field studies and is in the process of final revision.

This Guide, among others available, is the specific instrument recommended by the public health profession. It is up-to-date, informative, states no conclusions, invites difference of views, and is not overly geared to quantitative measures. In some ways it can be used even by a neighborhood. It must be emphasized that

it is only a starting point and may have to be modified to meet local circumstances and needs. There is no implication that any community should or would wish to take inventory at all levels and in all fields.

It is recognized that this document is only a tool, and we are not merely promoting its use. It is only one of several means to an end. The goal is not the collection of a mass of information, but a community taking cognizance of its health problems to define them, to plan programs, and to take action. Self-study, when broadly based, brings the many representative segments concerned in community affairs into a pattern of working together. The development of this pattern is as important as an improvement in health service.

Some enthusiasm for this approach may be generated from this meeting and diffused to others. But more than a meeting is needed, and publication of papers from the program comprises the first step.

The next step will be to hold a national conference of approximately 50 invited participants drawn from national organizations with a common interest in community planning and State and local affiliates. A sense of commitment to follow through may be anticipated in those invited to take part. This conference will be held in 1962. The result of initial, informal inquiry for financial aid addressed to one foundation may be described as promising.

This conference will review procedures, methods, and techniques to encourage people to participate in community health planning. It will include demonstrations on how to take inventory of community health needs and assets, how to determine and to foster general community interest, and how to use community resources fully. The executive committee prefers to call this meeting a colloquium. This means a "speaking-together" and has the connotation of informality, as in a dialogue. (A note of caution for devotees of new terms; in a legal sense, the term also means the utterance of slanderous words.)

The participants will receive a preparation or briefing at the colloquium. They will participate in the next stage, the regional conferences, where they will meet with prospective leaders in the method of community study chosen from among citizen and professional organizations at the local level.

We hope that demonstrations and discussions of the community study methods may also find a place on the regular schedule of meetings of State and regional associations, depending upon initial success of these earlier conferences.

What Makes Communities Tick?

Peter H. Rossi, Ph.D.

THE TITLE of this paper is in two senses misleading. First, it implies that there is some sort of standard mechanism in all communities which produces the ticking noises we hear when we examine their bodies politic. We are aware of the striking differences among communities; the social forces which they share in common can scarcely be reduced to a machinelike model.

The second sense in which the title is misleading is its overly ambitious scope. I plan to atone for this deception by discussing some generalizations concerning the forms of decision-making in American local communities and indicating what these generalizations imply for techniques of community organization.

These ideas are based on the published literature in this field and data collected by myself and my colleagues in half a dozen studies of communities scattered over the northeastern third of the country (*1–4*). These communities vary considerably in size and in economic and social composition, ranging from a neighborhood in Chicago at one extreme to a middle-sized southern Ohio city at the other. They do not constitute any sort of fair sample of U.S. communities.

Community Social Structure

When compared with the U.S. community of the 19th century, the most striking characteristic of contemporary cities is the relative drop in the importance accorded local government, not only in comparison with State and Federal governments, but also in relation to the importance accorded local voluntary asso-

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ciations. To understand what is happening within a contemporary community an investigator cannot confine himself to the official table of organization for municipal government but must also consider a host of voluntary associations which act on behalf of the community and which, with the formal structure of local government, form the basic organizational framework of the local community.

There is no doubt that this is the age of the "community project." Significant community enterprises are often initiated outside the framework of local government, aided and abetted by a proliferation of civic associations and citizen committees.

In many communities the mayor and city council often appear to be dragging their heels while organized prominent citizens exhort the community to push towards progress. The voluntary associations, ranging from the more permanent varieties—the community chest, chambers of commerce, and service clubs—to the ad hoc citizens committees, have taken over many of the functions of initiating social change and marshaling community support for such changes that are formally allocated to local government and to political parties. While in many cases these voluntary associations eventually must move local political authorities, the initial spark and much of the task of mobilizing public opinion have been performed in advance by the nonpolitical groups.

My colleague Edward A. Banfield tells me that this is a peculiarly American pattern, not to be encountered in England or in other Western nations. In England particularly, local government agencies well staffed with experts are the prime movers of social change in the community.

Another striking characteristic of the American community in comparison with the past is the status gap between the personnel of local government and the local elites of wealth, intellect, and status (*5*). The local echelons of the party organizations and the elective offices of municipal, county, and even State governments are manned by persons whose social positions are often several or even many levels below the denizens of the country club, Rotary Club, and the chamber of commerce. The city fathers and the county commissioners are often recruited from among local lawyers of somewhat uncertain income and miscellaneous clientele or from among small proprietors or professional politicians. Money, status, and intellect seem to cluster in one place and political control in another. Such anomalies lead to the hypothesis that things are really not what they seem and that somewhere there are strings by which local government is guided from without.

How things get done has therefore become more and more problematical as the lack of articulation grows between the political elite and the industrial, commercial, and professional elites. It is hard to believe that the corner grocer elected mayor can govern in his own right in a community with branch factories of several national firms, a local elite of some wealth, and several large commercial establishments.

This apparent mushiness to the local community gives rise to problems common to both the community sociologist and the community organizer. It is hard to understand what makes a community tick and it is hard to grasp how to operate the machinery. It is difficult to understand why one community is run with admirable attention to modernization while another, apparently similar, stagnates.

Power Structures

There is a great temptation to resort to the explanation that the ultimate source of innovation and social change in the local community is in either a single individual or in a small group of men. I do not deny that there is evidence that this explanation is warranted in some communities or that some data on all communities tend to support this viewpoint. However, I deny that this is always the case or even that it is the case more often than not.

The existence of power phenomena on the local scene cannot be denied. Citizens are not equally interested and involved in local affairs, and decision makers are not equally sensitive to the opinions of every citizen. It is this inequality of status, wealth, leadership, and involvement which is at the base of community power.

Tied to this inequality are two important

issues: first, what accounts for the differentials in effectiveness, and second, over what kinds of decision makers is power particularly effective.

In each of the several communities which we have studied, the wishes and desires of the same types of persons carried particular weight with decision makers. The set of effective power wielders varied somewhat according to the decision maker and the issue. But, in each community it was possible to discern for that particular issue some overall ranking of effectiveness along with prominent citizens could be ordered unidimensionally.

The way in which the content of an issue determined who would be effective in moving a decision suggests that it would be difficult to define a single overall pyramidal power structure. Yet, there is an overall pyramidal structure of power, not of exercised power, but of power potential. In other words, men and social positions could be ranked unidimensionally according to how much weight they could possibly carry, but not according to how much weight they actually throw around. This implies two things: first, the exercise of power is voluntary and some persons of considerable potential elect not to employ it. Second, power rarely is used in all the spheres of community life where it might be employed. In part, this is because partisans seem to specialize in some areas of community life, and in part, some areas of community life are more immune to power.

What are the social positions or the attributes of people who can wield effective influence? Following is a partial catalog of bases of power.

Control over wealth and other resources. This alone is rarely sufficient. Wealth needs to be turned into control over resources or institutions such as banks, land, or mass media that can be used to exercise sanctions or it needs to be accompanied by a tradition of community activity and concern. Thus, in "Bay City," Mass., one wealthy family was powerful because in the past as well as in the present it had contributed heavily to the community by endowing hospitals, playgrounds, and the like, and was recognized as having a claim to be heard. Another family, equally wealthy but without such a history, would have been resented if it had tried to exercise such claims on the community.

Control over mass media. Any newspaper publisher is ipso facto powerful whether or not his newspaper wields a great deal of influence with the public. Thus, in a southern Ohio town the newspaper has a poor reputation in the eyes of the public, yet the publisher plays an important role in the community decisions. The controllers of the mass media are in a strategic position because they can either give or withhold attention and approval. These powers are exercised within limits, since a newspaper still must publish some news.

Control over solidary groups. Persons who head cohesive organized groups or who are reputed to have influence over large segments of the public can wield power by threatening to withhold support. Even when support by public opinion is not strictly necessary to the carrying out of a decision-maker role, as in a chamber of commerce campaign to get new industry into town, the threat of withholding public support may be an effective sanction.

Control over values. The social positions of minister, priest, and certain of the professions which are concerned primarily with the interpretation of cultural values wield power by virtue of their right to make value judgments. A minister's moral judgment counts more because this is his speciality.

Control over prestigious interaction. Control over entree into desirable social circles is an important sanction over the behavior of decision makers. The transformation of a rough-and-tumble labor leader into a tractable and well-behaved member of the Community Chest board in a large industrial city was accomplished by tempting him into the social circles of high-level management.

In considering this list, it is important to note that it may not be the objective facts which count so much as the reputed facts. For example, the managers of industrial establishments in a southern Ohio city are ranked in power roughly according to the perceived size of each firm. However, size is rarely seen accurately but distorted to fit the rank order of power. Similarly, the Protestant Republican politicians in "Bay City," Mass., saw the Catholic priests as important leaders in the Democratic Party who through control over their flocks prevented the politicians' access to the

Democratic masses. In fact, a majority of the priests were Republican in their personal political convictions (Bay City Study by J. Leiper Freeman and co-workers, unpublished.)

The manipulation of the appearance of power is, of course, a major technique of the skillful would-be leaders. The source of power which is most easily manipulated in this sense is leadership in organized groups. Few organized groups on the local scene have the power to mobilize public opinion that they are reputed to have.

Who has power over whom? Perhaps the clearest distinction is between the two areas of community life, local government and the voluntary community associations. For local government officials who are ultimately brought to the bar of public opinion on election day, the leaders of solidary groups normally on their side carry the most weight. Insofar as wealth and the mass media are seen as potential influencers of public opinion, they too are powerful. Within the voluntary community associations which depend largely on the bounty of large contributors, wealth and its control play the major role.

Another distinction must be drawn according to types of issues. An issue which divides the community (or which potentially might divide the community such as integration in public housing or public schools) can be moved to a decision point only by solidary groups. Projects which can be achieved without striking deeply at the gains of one particular group are perhaps best moved by the elite of wealth and status. The best way to get a hospital drive underway is to get together a committee of prominent citizens, but the best way to get a fair employment practices ordinance is to prove that some significant portion of the electorate is for it. This is what is meant by nonpolitical policy issues.

While this diagram of power structures is probably true in a last-analysis, ultimate showdown sense, it should not be taken as the norm for day-to-day activities. The potential for power is only intermittently exercised. By and large, a city council goes its own way, the mayor himself makes the major part of his own decisions, the chamber is guided by its full-time secretary, and so on. Decisions are made with the potential power structure in mind, but few issues are clear in their implications for the powerful.

A tremendous amount of energy is expended in negotiating consent and support for community projects. The urban renewal of Hyde Park-Kenwood in Chicago, for example, required thousands of hours of negotiation between and among politicians, university officials, community leaders, and downtown businessmen. Much of the negotiation at first glance appeared unnecessary and redundant. The explanation for this activity was the profound uncertainty of the decision makers concerning the ability of individuals and groups to veto the plan. In particular, it was necessary to convince the mayor that no significant group opposed the plan and that positive benefits to the mayor's career could be gained by going along with it. Generally this process consists, in part, of showing that persons in opposition represent only themselves, while the supporters represent widespread consensus among large segments of the population.

The practical significance of this view of community power structure is on a general level. The community organizer bent on getting some change introduced into a community has a wider range of alternative tactics from which to choose than would be possible if a single pyramidal model of community power structure fitted all communities. The community organizer's task is to identify which portions of the potential power structure it is possible to enlist and which would be most effective in moving the community toward a decision.

Two specific tactics are also implied in this model. First, in order to enlist the aid of the voluntary association sector of the local community, it is important to define the issue as noncontroversial and the proposed change as a benefit to all groups or at least a detriment to no groups. Second, it is important to appear to recruit mass support through the aid of reputedly solidary organizations if you want to move local government and, as a corollary, it is important to move masses of resources if you want to move the voluntary organization sector.

Perhaps the most important task of the com-

munity organizer is the negotiation of consent and support from possible sources of opposition. The most successful community organizers whom I have encountered were extraordinarily skilled at this prime task and spent upward of half of their time at it.

Origination of Change

In studying the local community, the topic that engages attention more quickly than any other is how social action, the deliberate changes, comes about.

The first question is where do these changes originate? Typically, there are several sources to be encountered within a community. Individuals in professional occupations centrally concerned with community institutions are a major source of innovations. Part of the responsibility in certain occupations is to constantly propose changes in community institutions. Such professional roles as city managers, school superintendents, public health officers, and the like carry within themselves the notion of constant improvement in services.

For example, the major source of change within school systems stems from the school administrators. School administration as taught within the three graduate schools of education with which I am acquainted is haunted by the dilemma that a superintendent's worth in the profession depends on how many changes he can introduce into his system, but his tenure in the community often depends on completely different criteria. School superintendents and other community professional persons faced with similar dilemmas react to this conflict by an extraordinary mobility rate.

Another point of origin for social action lies in the competition among community leaders. Often enough, local politics appears to be a wild search for issues, with issue after issue being offered up to the public. While few such attempts succeed in capturing public fancy sufficiently to develop into large-scale controversies, this possibility is another specter that haunts every community leader and public official. This anxiety is the ultimate source of the nonpartisan citizens committee and the desire to take politics out of schools, highways, police protection, and the like.

Finally, one must acknowledge the elusive but fairly important role played by general U.S. value standards. The cult of civic improvement has many devotees in the typical American community. They are found in greatest number within the chamber of commerce and the service clubs. The search for something to do in the way of improvement and amelioration and especially to supply symbols of progress, preferably concrete, provides a constant stream of community projects. Indeed, the demand for community projects is sufficient to support a small industry replete with publications, training sessions, and the like to supply the demand. Certainly the existence of community service organizations like that at Southern Illinois University or at Michigan State University is partially in response to this demand.

Hunter's study of "Regional City" (*6*), particularly shows how a group of restless and energetic businessmen spent a significant portion of their time organizing projects to improve their city. In the achievement of an urban renewal project around the University of Chicago, not the least expenditure of effort came from the high-level businessmen closely connected with the university.

It is important not to accept a glib but unsophisticated interest explanation for the participation of high-level businessmen in civic activities in the local community. If it is to the interest of business enterprises to expend funds and permit their managers to spend time on community projects, the interest is far from nonspecific to the business enterprise. Furthermore, among those enterprises with fates most closely linked with the local communty, the small commercial establishments, civic participation is weakest (*2*).

For an explanation of business participation in community projects, it is more useful to look to the social functions of such participation within the business community. Community projects are so much a part of community life, as lived in the middle and upper echelons of the business world, that these projects provide a measure of the prestige positions of firms and business managers on the local scene. Business peers judge the power and prestige of the businessman and his firm in proportion to the importance of their roles in community projects.

While the public relations office of the firm may rationalize the expenditure of resources as an investment in community goodwill, the primary audience in fact turns out to be the rest of the business community; the general public remains virtually unaffected.

In a way, the community chest or the hospital drives are nonwasteful potlatches in which both firms and individuals validate their bids for prestige by the amounts of money they contribute. Conspicuous charity and civic good works in the middle 20th century have replaced the conspicuous consumption and private piety of the late 19th century, aided considerably by the contributions to charity provisions of our income tax laws.

It is characteristic of charities and community projects that those who foot the bill call the tune. These community organizations are not democratic institutions, ultimately responsible to a constituency widely defined. Rather they are ruled by boards and committees who nominate and choose their own successors. Thus a structure of power is more clearly visible in this area of community life than in any other. The boards and committees heavily weighted with large contributors most closely approximate the pyramidal model of a power structure. In this area of community life, wealth and power go hand in hand. Participation in such activities becomes a way of cashing in the resources that one may control, transforming money into prestige. It is this tie-in between prestige and participation in the community affairs which makes it easy to recruit those of high rank in the business and professional worlds to serve on the boards and committees of community organizations.

One latent consequence of this tie-in is that participants in civic activities tend to shy away from the controversial and to stick to things with which no one could possibly disagree. Favorite projects for the chamber of commerce in a southern Ohio community included a clubhouse for youth and rounding up votes for a school bond issue. Nobody in the business community would tackle fair employment laws or even fluoridation for fear that failure of the project would jeopardize the prestige position which participation validates. Similarly, businessmen joined in the fight for urban renewal in Hyde Park-Kenwood only when it was clear that there was no significant opposition to the plan and that the plan would eventually be approved. This pattern is one of the major explanations for the businessman's aversion to politics.

The practical implications of this pattern are considerable. First, it points to a remarkable source of manpower for the citizen committees of community projects. Second, it underscores the necessity for making sure that a project is not going to be controversial if business community support is to be recruited. This gives rise to a new public relations art, that of coopting a sufficient portion of community leadership to take the potential sting out of any proposed community project.

Citizen Participation

Citizen participation is a social invention which is characteristic of U.S. community life. The idea of ordinary citizens taking part in improving the commonweal is very congenial to our conception of democracy in which superior wisdom is imputed to an enlightened citizenry. According to its proponents, much good is credited to this social invention. A minimum claim is that when the ordinary citizens of a community get together, the final outcome is something that has an easier chance of widespread community acceptance. Some claim that better decisions result. Some extreme proponents have claimed all sorts of miracles; one psychiatrist has claimed that better mental health results in the community when participation really works.

Over the past several years, my co-workers and I have studied the effectiveness of citizen participation in the urban renewal planning of Hyde Park-Kenwood, the neighborhood surrounding the University of Chicago (*4*). If ever citizen participation was to achieve its claimed effects, this was the neighborhood in which success was most likely. The density of liberal, intellectual homeowners probably exceeds that of any comparable urban area. In fact, this may be the only urban neighborhood in this country in which intellectuals occupy the highest prestige rank, a phenomenon which results from 85 percent of the faculty residing within one-half mile of the University.

The area can be characterized as hyperorganized. The local citizens organization, the Hyde Park-Kenwood Community Conference, has 4,000 members on its rolls. Block groups affiliated loosely with the conference claim an additional 4,000 persons, excluding overlapping membership. Thus approximately 40 percent of the families in the area are connected organizationally with the conference. Of the nonmembers, "fellow travelers" account for an unknown but undoubtedly large proportion.

The expertise within the membership of the conference is nothing short of fabulous; prominent social scientists, city planners, geographers, real estate moguls, lawyers, all of first rank, are active members and participate vigorously in the conference's many committees. Thousands of man-hours and thousands of dollars of foundation funds went into the stimulation and organization of citizen participation in the replanning. Block groups met, considered plans drawn up by professional planners, made recommendations which were carried to the planners, new plans were communicated to the block groups, and so on.

The achievements of the conference must be judged considerable but only in some directions. The plan was changed in numerous minor ways such as which house on a block was to be demolished to provide playground space around a public school. Undoubtedly, the level of anxiety in the neighborhood concerning the meaning of the plan to individual householders was lowered. Intense popular support was mobilized for the final plan. But missing from it were certain points close to the central ideological goals of the conference, such as provisions for middle income housing and public housing, guarantees surrounding relocations of displaced residents, and the like.

The lesson of Hyde Park-Kenwood for the student of community organization was that citizen participation is a cooptation device which progressively committed the citizens to the plan while their right to dissent was being undercut. This occurred because a large group of citizens, no matter how well trained, working on a part-time basis can only come to a firm consensus on general goals and hence is in an inferior bargaining position vis-a-vis a smaller but full-time group of professionals. (There are, of course, other elements at work in this urban renewal project which complicate the matter and which must be omitted in this short paper.)

The Hyde Park-Kenwood experience raises serious questions in my mind concerning the effectiveness of citizen participation in achieving some of its goals. Grass roots groups like the conference can only react to proposals made by professionals, and, despite the professional competence of members of such an organization, its major function turns out to be that of giving the appearance of consent upward and the appearance of participation downward. While the participation of citizens and their wholehearted involvement made it easier for the plan to be accepted, it can hardly be said to be a plan made by the citizens themselves.

The lesson for the community organizer is plain: the function of citizen participation is to support, not to create. The function of the professional is to create.

Conclusions

In this paper I have tried to draw upon my research experiences to uncover some of the clockwork mechanisms which make some communities tick. There are many brands of clocks in this market, each operating according to somewhat different principles, but just as in the case of time-measuring machines, there are some underlying uniformities.

First, a community is like an iceberg in that the portion which is visible on the surface is only a small part of the total bulk. There is differential influence, power, and authority.

Second, to move the local community toward change from within procedures must be adapted to the various institutions. Politics is the realm of combat and you had better have troops. The community service voluntary areas are the arena of negotiation and some hard cash on your side is handy.

Third, citizen participation is a good way for a professional to operate to get things done, but there is no superior wisdom in the local masses, merely superior strength.

Fourth, the critical role in social change can often be played by the professional who stirs

things up, presents, and then organizes mass support.

REFERENCES

(*1*) Rossi, P. H.: Community decision making. Admin. Sc. Quart. 1: 415–443, March 1957.

(*2*) Rossi, P. H.: Industry and community. Report No. 64. National Opinion Research Center, Chicago, October 1957. Mimeographed.

(*3*) Rossi, P. H., and Cutright, P.: The impact of party organization in an industrial setting. *In* Community political systems, first international yearbook in political behavior research, edited by M. Janowitz and H. Eulau. Free Press, Glencoe, Ill., 1961, pp. 81–116.

(*4*) Rossi, P. H., and Dentler, R.: The politics of urban renewal: the Chicago findings. Free Press, Glencoe, Ill., 1961.

(*5*) Brotz, H. M.: Social stratification and the political order. Am. J. Sociol. 64: 571–578, May 1959.

(*6*) Hunter, F.: Community power structure. University of North Carolina Press, Chapel Hill, 1953.

Effect of Demographic Changes on Community Factfinding

Robert Morris, D.S.W.

THE SUBJECT of demographic characteristics has one unusual characteristic; it is, simultaneously, dramatically interesting and easily forgotten. Perhaps the explanation lies in the fact that information about the characteristics of the total population is difficult to translate into the requirements of our daily tasks and activities. We are likely to receive with much interest the latest Census Bureau reports about the movement of population, but at our daily jobs, we are likely to forget that such data is available.

In this discussion, I should like to use the term "demographic characteristics" quite loosely to mean any data about gross population changes which are generally available and derived from large-scale study such as the U.S. Census. I should also like to consider the use of this data in citizen factfinding.

When we deal with citizen factfinding, we must at once make a choice between a search for original data or a rediscovery of data already accumulated. Experience has indicated that the self-survey and citizen factfinding has many operational uses. What we are less clear about is the extent to which citizen factfinding is useful as a means through which individuals discover for themselves facts which may be well known to others. Is the self-discovery of known facts more useful than the discovery of new information? Self-surveys and citizen activities can seldom by themselves lead to the discovery of wholly new data; the discovery of new information is, after all, a complicated, scientific, and scholarly adventure. However, if the self-discovery of known facts has uses, then available demographic data can significantly modify how we carry on community factfinding.

We should also at least pay tribute to the relationship between factfinding and the belief in magic. We have substantial confidence that if we accumulate enough facts, we will have the answers to vexing policy questions. In this sense, our belief in facts verges on faith in the miraculous. The truth, of course, is that facts have useful but limited functions to perform in our society. Seldom will the accumulation of facts alone give us a clear-cut and unequivocal answer to any important policy question.

First, consider what facts can do for a survey group. Facts provide a common basis to a group of individuals for considering certain key decisions. This means that each of them begins with a minimum, common base of data and information as a nucleus for the organization of values and viewpoints to arrive at a collective judgment about a particular course of action. Facts help us organize our thoughts about a difficult social issue, and aid understanding of its dimensions although they do not solve it. Finally, facts, accumulated over a period of time, suggest certain past trends, and if we proceed on the assumption that a steady trend in the past is likely to be projected in the future, we gain some minimum sense of security. However, we must recognize that trends may change, and we need to be alert to the clues of these shifts in direction.

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The accumulation of factual data does not accomplish a great deal more. In most community studies certain policy choices must be made. Facts can usually be accumulated to support more than one choice in each decision. Selection among these choices requires the exercise of judgment and wisdom well beyond the collection and examination of factual data.

Census studies and similar demographic studies have led to the accumulation of a large reservoir of information about characteristics of our population which can contribute to community factfinding. These data are readily available on a national scale and by region, area, and census tract. Can this reservoir of information be used to strengthen and speed up the normal community survey? The answer is yes, provided a few elementary rules of procedure are followed.

1. Survey questions should be sharply focused. The data make it unnecessary to go about the routine gathering of a great deal of information. Once we recognize this, we find that the questions we pose for the survey are likely to concentrate sharply on policy issues rather than on fact gathering. The result is that the policy questions with which a community group must deal are likely to be sharpened substantially. This increases the difficulty of the community study.

2. With policy questions more sharply defined, we can decide much more precisely what new facts are essential and which ones are irrelevant.

3. Effective use of available census data depends upon an intelligent interpretation of the implications of the information at hand. Such interpretation places a greater demand upon professional consultation in the community-study process.

4. Most communities will find that some original factfinding is essential in order to reach a reasonable conclusion. However, the factfinding is now likely to become an intensive search for causative factors. This search is much more complex than the traditional collection of routine data which has characterized many past community studies. If the routine data is available, community studies can be moved slowly but surely into more evaluative forms of research.

I should like to cite several examples of demographic data which can make a significant contribution to community studies and which may change their character. The emphasis is upon the necessary expert interpretation which these data require if they are to be effectively used.

No community study can afford to ignore one event, the population explosion of the last decade. Each time your pulse beats, the earth's population is increased by one human being. This cumulative increase is such that a new city the size of Chicago could be completely populated each month in the year, year after year.

In a way, we are conscious of this development. We complain about the overcrowded roads, the pressing in of so many new neighbors, the rise in tax rates. We are seldom in a position to realize that this is a worldwide tide pressing upon all of us.

In 1900 in the United States, the population density was 21½ persons per square mile; by 1950, this figure had doubled to 42½ persons per square mile on the average. In 1930, it was estimated that the United States' population would reach 170 million by 1980. Instead, we had exceeded 175 million by 1958, and the estimates for 1980 have been upped to 230 million persons.

This vast increase has resulted from two circumstances. The first is the extraordinary increase in the birth rate. Until 1935, the United States experienced a slow but steady downward trend in the birth rate, accompanied by a sharp reduction in infant and maternal mortality. In recent years, the downward trend in infant mortality continued at a slower rate, and the birth rate began to increase again until by 1959, it had risen by some 35 percent.

At the same time, the conquest of many acute and infectious diseases meant that mature persons were surviving longer only to succumb to long-term and chronic diseases. By 1950, the man or woman who survived the age of 65 had a reasonable chance of experiencing another 16 or 17 years of more or less vigorous life. Those who reached 75 were able to anticipate an average of 8 additional years of activity. The result has been an accumulation in the population at the upper age levels.

The increase in those over 65 in our population constitutes an excellent example of in-

formation which requires interpretation. We know that the number of aged has increased remarkably from 4 to 16 million in the last 50 years, and may increase again to 40 or 45 million in the next few decades. It is also widely know that a large proportion of the elderly are now covered by some kind of retirement security through Old Age and Survivor's Insurance, supplemented by the growth of industrial retirement contracts. We know, too, that chronic illness has emerged as a prime health problem. We no longer require studies to establish these facts although we may want to refine some of the information. For example, we know that on the average, persons over 65 use hospital and medical facilities at four times the rate of the average adult population. We may need to know something more about the details of this usage, but the fact is incontrovertible.

Having said this much, are we prepared to interpret the data on the basis of expert knowledge? A great deal can be concluded from this readily known demographic data without expensive research. This shift in population immediately affects the character of hospitals for acute illnesses. A large portion of their days of care are given to persons over 60 years of age and to persons suffering from chronic illnesses. This circumstance could be easily predicted from the known data already mentioned. This change alters hospital activities in a number of directions. New decisions need to be made about the character of acute hospital service appropriate for persons with long-term illnesses. This, in turn, will alter both the admission and discharge policies and practices of general hospitals.

Hospitals will increasingly be drawn into prehospital and posthospital planning for their patients. Long-term illnesses and the chronic diseases have a social component as important as the medical component. Proper utilization of general hospital facilities requires that responsible medical officials give attention to the care of persons with long-term illness before they reach the hospital to assure its proper use. Even more important are arrangements for early discharge of patients so that they move to proper facilities outside the hospital. The data indicate that hospitals should no longer be isolated from the lives of their patients before they enter the hospital or after they leave it.

The same kind of information readily indicates a major increase in demand for facilities to meet the physical and nursing needs of persons with long-term illness when they no longer can benefit from general hospital care. The phenomenal increase in proprietary nursing homes attests to this. In the past 15 years the number of proprietary nursing home beds in the United States has increased so rapidly that there are now as many nursing home beds as general hospital beds in the United States. Unfortunately, the nursing homes generally are not part of our major systems of medical care.

Another kind of community institution has substantially changed. Our traditional homes for the aged, once the major resource for the care of the aged, now become one of many specialized services. With increased vigor, increased numbers, and a minimum amount of economic security, older persons no longer are forced into homes for the aged for economic reasons. As a result, the traditional homes have sustained a marked decline in the numbers of healthy elderly applicants, a result easily predictable from the data. Instead, these institutions are increasingly being urged either to convert into first-rate nursing homes for the care of the chronically sick or to develop into housing corporations for the provision of decent residential housing for the elderly.

This shift in function has, in turn, important consequences for staffing. In addition to the traditional matron and nursing aides, the homes now require physicians, medical supervision, provisions for the administration of drugs, and skilled as well as practical nursing services. They are forced to become a part of our system for medical care, not housing for the aged alone.

All of these changes have major consequences for local public health departments. Probably no organization in the community had as much opportunity to view the wide sweep of demographic change and to interpret the effects on existing resources. If health departments and their staffs grasp this opportunity, they are in a position to provide effective professional

leadership to the reorganization which the demographic changes force on community services.

I have mentioned a reversal in birth rates and their steady increase until 1959. The sheer increase in numbers has great significance for child health services. However, we need to reckon with the fact that the proportion of the total population under the age of 20 years has declined, even though the actual numbers have increased substantially. For instance, in 1900, there were 34 million in the United States population under the age of 20, constituting 44.5 percent of the total population. In 1950, there were 51 million under 20, an increase of 50 percent, but this larger number constituted less than 34 percent of the total population.

A clear-cut policy decision confronts all communities as a result. To continue doing what has always been done will require at least a 50 percent increase in the volume of services we provide children. At the same time we need to rectify the balance between services developed for children and those for the rest of the population. We need to vastly increase adult services, especially for the elderly, if we are ever to catch up. How shall we relate these increases of children to health services for the rest of the population? The facts pose the issue sharply although they do not provide us with an answer.

Consider another aspect of our population, its mobility. About one-third of all persons in the United States change their residences annually; many of them cross county and even State boundaries. We are painfully conscious of metropolitan sprawl and the steady movement of our more economically secure dwellers to the suburbs. The consequences can be easily identified with a little reflection. For example, people moving this rapidly and steadily create new difficulties for health reporting services in keeping track of infectious diseases. How is a highly mobile population going to really get to know about available health resources and how will their movement affect access to decent health services? The implications for techniques in health education could be staggering if we delay paying attention to them.

This mobility has called into sharp focus some of the obstructions posed by political subdivisions. The core city is likely to have a well-developed set of health services, but the farther out the suburb, the less well equipped the health department will be for taking care of mass health problems. Rapid increase in numbers of health personnel or health facilities in the suburbs leads to a redistribution in tax and voluntary dollars, a process which is painful, to say the least. These consequences can be readily reported by adequate professional consultation in any community health study. It remains an open question whether additional factfinding will lead to a ready solution of any of these difficulties, but such activities certainly sharpen the focus for citizen groups concerned with health planning.

Consider one final aspect, that of ethnic changes. Our population is now predominantly native born. In 1900, 28 percent of the population increase could be attributed to new immigration, mainly from Europe. By 1950, the number dropped to below 4 percent. Not too long ago, many of our southern communities reported that four-fifths of certain areas were populated by Negroes and one-fifth by whites. Today, in many of these areas less than one-half of the population is nonwhite, and the proportion of the nonwhite population in our northern cities has increased comparably. In urban centers, especially, there has been a remarkable shift in the distribution and racial composition of the population. The in-migration of Spanish-speaking families, especially from Puerto Rico, has had a startling impact in certain metropolises of the eastern seaboard, such as New York City.

These shifts have a direct effect on the ways in which urban populations view public health services, how these urban newcomers will use them, and how we must organize the services. The movement of rural families and Spanish-speaking families to the city constitutes a direct challenge to health education programs. We are forced to recognize that what we view as a reasonable minimum of health education is by many others interpreted to be an invasion of their cultural integrity. Our health education activities become much more than an applied science; they now must deal with man's deepest beliefs and become social as well as physical in their orientation.

These few illustrations serve to indicate some potential effects of demographic information on community factfinding. To summarize them briefly, the effects are:

1. Community factfinding is at once made easier and more complex.

2. The emphasis of community factfinding shifts from the dull dredging of data to the skillful and complex interpretation of the meaning of data already available.

3. Available facts, skillfully used, can give community study groups a sharper focus on policy issues which, simultaneously, can be more exciting and more dangerous.

4. The professional task in community studies is more demanding, for there is much greater need to interpret data in the light of professional and scientific knowledge rather than simply to accumulate and report them.

5. Full use of available data impels us to seek additional facts but on a much more selective basis. We are more likely to study cause and effect relationships rather than simply to accumulate facts helter-skelter.

6. Community surveys will be significantly broadened by a demand for professional consultation to accompany the factfinding. This shift will make community factfinding more lively, more complex, perhaps more risky, but at the same time, more challenging to professionals and citizens to join forces to improve their community's health.

PUBLICATION ANNOUNCEMENTS

Address inquiries to the publisher or sponsoring agency.

What, Why, and How of Health Instruction. 1961; 10 pages (reprinted from *School Health News*) Minnesota Department of Health, Section of Maternal and Child Health, Section of Public Health Education, University Campus, Minneapolis 14, Minn.

Psychiatric Services in General Hospitals. 1961; 34 pages. American Hospital Association, 840 North Lake Shore Drive, Chicago, 11.

Comprehensive Medical Rehabilitation Programs for Maryland. Publication No. 114. Committee on Medical Care, Subcommittee on Chronic Illness. August 1961; 29 pages; 50 cents. Maryland State Planning Commission, 1103 State Office Building, Baltimore 1, Md.

Occupational Disease in California Attributed to Pesticides and Agricultural Chemicals, 1959. 1961; 30 pages. California State Department of Public Health, 2151 Berkeley Way, Berkeley 4, Calif.

They Follow the Sun. Monograph No. 1. By Earl Lomon Koos. 1957; 55 pages. Bureau of Maternal and Child Health, Florida State Board of Health, Jacksonville, Fla.

The Long-Range Demand for Scientific and Technical Personnel. A methodological study. NSF 61-65. National Science Foundation. Prepared by the U.S. Department of Labor, Bureau of Labor Statistics. 1961; 70 pages; 50 cents. Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C.

Where We Stand on Smog Problem, What's Been Done, What's Ahead. (Reprinted from the *Los Angeles Times*, Sunday January 8, 1961). 28 pages; 20 cents. Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C.

Nonprofit Organizations. Expenditures and manpower, 1957. NSF 61-37. Surveys of Science Resources Series, National Science Foundation. 1961; 58 pages; 45 cents. Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C.

Mental Aftercare. Assignment for the sixties. Public Affairs Pamphlet No. 318. By Emma Harrison. September 1961; 28 pages; 25 cents. Public Affairs Pamphlets, 22 East 38th St., New York 16.