Health and Planning Department Efforts in a Community Renewal Program

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AFTER THE U.S. Housing Act of 1949 was amended in 1959, more than 100 communities launched an official community renewal program (CRP) (*1*, *2*). The community renewal program is a federally supported, comprehensive analysis and master plan for a community with certified renewal needs. Although a consultant firm of planners, hired by the community, may analyze needs and draw up a master plan for future development, current administrative CRP policy requires extensive, simultaneous involvement of permanent community staff and representative citizens to facilitate ultimate implementation of CRP recommendations and periodically to update the program as local conditions change. The community renewal program is not intended to be a one-shot deal. The community's social and economic parameters, changing far more swiftly than its physical characteristics, compel modifications.

In the past, many cities and metropolitan areas spilling across legal municipal boundaries developed their own master plans. Unfortunately, many of the allegedly comprehensive plans lacked actual comprehensiveness. Some had unjustifiably humble goals; others were unrealistic. Because of limited local funds, it has been impossible for communities with plans as well as for cities and towns without a permanent professional planning staff to analyze local conditions in the depth possible and desirable with today's more sophisticated, computerized techniques. The community renewal program, as part of the Housing and Home Finance Agency, is designed to supplement existing master plans and to encourage smaller communities to launch their own plans. In short, the community renewal program will analyze the community's present and future economic and market potential; identify neighborhood blight; evaluate the fiscal, relocation, and administrative requirements and resources for local urban renewal; and propose a time-phased program for public and private urban renewal action. Aside from planning public health facilities, what practical connection exists between a community renewal program and the daily work of a city's health and planning departments?

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City Planners and Social Planning

Public health officials are advised to seek more than a superficial acquaintance with city planning. Urban renewal has shown its far-reaching implications for local public health administration. This is only one activity where decisions of city planners have patently affected city health departments.

In the past, city planning primarily encompassed physical planning—zoning, buildings, streets, transportation systems, sewage plants, traffic flow, and so on. The engineering or architectural background of most city planners reinforced this preoccupation. The formal education of city planners in the social sciences was no greater and frequently less than that of the average college graduate. What historically was an unfortunate, latter-day evolutionary development in the medical profession (for example, the lamentable intellectual barrier be-

tween the physical and social sciences) existed from the beginning in the profession of city planning.

During the past decade, city planners have become increasingly aware that their most imaginative work will be jejune unless it includes the social and medical services that a community needs, with their appropriate housing facilities and supporting ancillary services. Although traditionalist city planners continue to focus on physical planning alone, many planners recently graduated from schools are making exploratory attempts to communicate with purveyors of public health and social services. This modern professional attitude has stamped itself on many community renewal programs underway throughout the United States. The receptivity, alertness, and aggressiveness of public health officials in a city where a community renewal program is about to begin or is active will determine the degree to which meaningful social and public health planning will be integrated with physical planning for the future community.

For possible guidance in developing a community renewal program—and to prevent a repetition of our mistakes—public health officials may find it useful to review the deficiencies and strengths of the Springfield CRP-city health department relationship of the past 2 years.

Gearing Up for Renewal

I had been in office only 2 weeks in November 1962 when the mayor asked me if the department could use two sanitarians in addition to the eight full-time sanitarians on the staff. During the year that preceded the mayor's first term, the permanent sanitarian staff of the health department had increased from four persons to eight. In a contract signed with a private group of planning consultants, the city of Springfield had pledged the services of two health department housing sanitarians for about 6 months to assist the planning department in carrying out inspections to collect data for CRP use. The Springfield Health Department would have about a year or more, depending on the ability of the community renewal program to stay on schedule, to hire and train sanitarians for housing inspections. Subsequently, health department sanitarians would be on temporary loan to the community renewal program. After the CRP assignment was completed, these sanitarians would be returned to the health department to remain permanently on the staff to carry out anticipated CRP recommendations concerning health department responsibilities. As former collectors of CRP data, the two sanitarians could interpret the program to the staff of the division of environmental sanitation of the health department.

A City Councilor's Disgruntlement

Hiring two sanitarians in addition to the four hired the previous year threatened to become a political issue in the Springfield City Council. Rigorous, systematized housing inspections, comprising day-to-day enforcement of the Massachusetts Housing Sanitary Code by the city health department, would be a disturbing governmental novelty. One city councilor told the press that he would not allow any health department sanitarian to enter his home "to look for roaches." The inevitable question of civil liberties provoked local editorial comment. Because of coincidental top-staff changes in the planning department, the health department was forced to handle the public relations aspects of the proposed augmentation of staff. The health department invited reporters and newspaper photographers to accompany sanitarians on daily housing inspections. A series of articles described the slum conditions that the health department's daily inspections were turning up and attempting to remedy. Local social agencies were motivated to issue statements to the press urging the hiring of the two additional housing sanitarians. After some debate the city council overwhelmingly approved the measure.

Because their schedule was delayed, the CRP staff did not borrow the two sanitarians from the health department for about 18 months after they were hired. The department exploited this delay by stepping up housing inspections with the additional staff (approximately the total staff time of 5 full-time housing sanitarians needed to inspect 13,000 substandard dwelling units in a community of 58,000 dwelling units).

This activity, with a concentrated job of interpretation through the mass media and lectures before citizens' organizations, modified community attitudes on the validity of housing inspections. Housing inspections subsequently remained off bounds for political attack.

Borrowing the Pledged Sanitarians

In June 1964 the CRP consultant firm requested the services of the sanitarians promised by the city. The community renewal program was about to begin citywide industrial and exterior residential property surveys. These inspections were to be relatively simple and would not require excessive skill or experience. For this phase of data collection, the community renewal program used two men from the Springfield Water Department and the two pledged health department sanitarians. During the next 6 months, the team completed about 33,000 exterior inspections of residential properties. Each morning the men reported to the CRP principal planner and received their housing and neighborhood assignments.

In January 1965 the community renewal program requested two additional housing sanitarians to replace the two water department inspectors who had returned to their regular work. The CRP consultant firm and the Springfield Planning Department believed that only experienced health department housing sanitarians could deal with the residents in the phase of interior housing inspections that was about to begin.

If the health department complied with this request, its working staff of housing sanitarians would be reduced from five to one rather than from five to three as originally contemplated. Something had to be done to reduce the workload. Why could we not modify the CRP data-collection form and use it too? Then each day the original sheet could be returned to the community renewal program and a copy forwarded to the health department. The health department officials met with the CRP principal planner, and an agreement was reached.

Cooperative Premises Challenged

The program began satisfactorily. The heads of the planning and health departments were pleased with the arrangements. Health department sanitarians continued to report daily to the planning department for assignments.

An unfortunate, unanticipated problem arose involving health department personnel. They legally challenged the following working premises underlying cooperation in the CRP-health department data-collection program:

> Can the health commissioner delegate his supervisory authority to a member of another city department, specifically the planning department?
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> Does the work a health department sanitarian actually performs as part of his CRP assignment tally with his job description? Does such CRP work by the housing sanitarian fall within the official responsibilities of a city health department?

Germane to the joint CRP-health department coordination of activities were the legal challenges. To our knowledge, the propriety of assigning personnel from one city department to another to work on a project of joint professional concern to both departments had never been questioned before. In the Lynn, Mass., community renewal program, the mayor had assigned members of the police department to carry out certain types of inspections as part of the city's staff contribution to the program. In Springfield as well as in other cities, as a matter of administrative convenience, persons from one department had been temporarily assigned to the supervisory authority of another to complete projects or programs that were not within the competence of a single separate agency. This was the argument the health department used to respond to the first question.

Whether inspections supervised by the community renewal program fell strictly within the bounds of a sanitarian's job description was a question directed specifically at the exterior housing and industrial inspections. At an open hearing the department replied that exterior housing inspections helped to identify the structures that should receive top priority for future interior inspections. The fact that 25,000 citizens spent 8 hours a day in the city's industrial plants justified health department concern about the environmental status of city factories.

It is true that the administrative relationship between the community renewal program and the Springfield Health Department might never have been subjected to legal challenge if departmental action had not been taken against

a particular disciplinary infraction. It is also true that the same administrative arrangement may not be set up in every CRP community. Nevertheless, health and planning departments administering a community renewal program in any community will be obliged to enter into some type of practical working compact.

In retrospect, we would (*a*) more intensively and persuasively interpret to the staff and the community the objectives of both the community renewal program and the health department, with specific attention to the appropriate work responsibilities of the sanitarians in the program, (*b*) publicize in advance the assignment of the health department staff to the community renewal program and settle any possible differences before work was started, and (*c*) put in writing all interdepartmental working policies on the immediate and ultimate accountability of housing sanitarians assigned temporarily to the community renewal program.

CRP Activities as a Slow Fuse

Explosive political consequences can result from extensive CRP activities. In one city, challengers of the incumbent political order used CRP data to emphasize alleged deficiencies in the performance of some public officials. Therefore, many power structures, whether political, mercantile, social, or economic, have been unenthusiastic about proposals to identify problems by objective community surveys.

The Springfield Community Renewal Program is currently being analyzed by the Springfield CRP Review Committee. Already one Springfield city councilor has demanded that the findings of the community renewal program be publicized immediately to demonstrate what he alleges to be deficiencies of the present city administration. In Springfield it is conjectural how much the city administration need be defensive about the ultimate findings of the community renewal program since their findings deal with the physical, social, and economic problems of the past two decades—long before the incumbency of the current administration. But what is objectively correct is not necessarily what the people will believe. To the extent that the health department is involved in sifting data and to the extent that hard recommendations are made to deal realistically with health problems such as housing, this controversy must involve the department.

Health Department as City Planner

As a physician, a specialist in public health, an administrator, a technocrat, and a public official, every city health commissioner plays a number of overlapping and potentially conflicting roles. The incumbent Springfield health commissioner was appointed to the CRP Review Committee because of the health department's professional concern and responsibility in certain CRP foci of interest and because the commissioner has been identified by the social agencies in the community as a public official particularly sensitive to social issues. But what can happen if a health commissioner becomes involved in decision making related to city planning? The local history of the community renewal program offers some clues.

Soon after the Springfield Community Renewal Program was started, merchants in the deteriorating central business district independently analyzed their own area with the assistance of a separate firm of planning consultants. The original consulting firm of planners hired by the city to do the general community renewal program also had initially been interviewed concerning an analysis of the central business district. The CRP consulting firm disqualified itself from the central business district project on the supposition that certain objectives of the central business district might conflict with some objectives of the community renewal program.

CRP Potential for Public Health

Planning department pieties notwithstanding, what immediate and eventual profits can a city health department expect to receive for involving itself in controversies lapping about CRP and planning department activities? Is it worth the involvement? After all, the health department has enough inevitable controversies of its own without encroaching on unfamiliar and perilous bureaucratic territory.

The community renewal program is facilitating the communication of public health data to community decision makers. Although it is im-

possible to prophesy what effect this may have, it certainly cannot harm local public health if community leaders learn that mental retardation, tuberculosis, and infant mortality in Springfield are not randomly distributed but are clustered both geographically and socioeconomically. Even the lay leadership is scantily acquainted with such facts, taken for granted by public health workers. The community renewal program has proved to be a useful, informative device to reinforce the effects of similar information disseminated through more traditional city health department channels.

Population and Economic Trends

The CRP analysis of population trends is potentially useful in determining what and where public health services will be desirable in 5 or 10 years. For example, the health department can estimate where future child health conferences should be established and perhaps which conferences can eventually be merged or discontinued. Asking whether one really has to know facts so far in advance ignores the cultural lag of a community. The planner in public health finds it useful to be informed far enough in advance to generate adequate governmental and community support when his proposals are presented.

Similarly, CRP predictability of economic trends within the city (specifically, which industries will expand and which will decline or disappear) aids in long-term planning for industrial health services. It is obviously more apt strategically to cultivate the management and labor leadership of a growing local industry than to waste time in a plant that the community renewal program predicts will move out of town in the foreseeable future.

Housing Data Bank

With the help of the housing sanitarians, the community renewal program is compiling a data bank that ultimately will include all 58,000 dwelling units in Springfield. We shall know before long precisely where substandard, marginal, premarginal, and standard housing units are located, and, with reasonable accuracy, can predict future location. The information will be coded on cards or tape for retrieval by every city department and will be updated periodically.

With this knowledge the health department can make realistic operative decisions. We can decide which areas or housing units we shall attempt to conserve at their present level, economically rehabilitate, or slate for immediate demolition. We can thereby establish rational and defensible policies on type, frequency, and location of housing inspections in different parts of the city. The style and schedule of the inspections can then rely less on daily complaints from the public, as complaints will diminish. We can use performance budgeting techniques in determining the size and cost of the staff necessary to implement our policy. Decision making will become less intuitive and more rational. With the CRP housing data bank, we can allocate staff time far more expeditiously to prevent the inception and spread of neighborhood blight, with its public health and psychosocial consequences.

Research

Any data bank with accurate, accessible, and retrievable housing information is a tool for future public health research in environmental determinants of physical and mental disease. For example, to what extent is incidence of perceived psychological disease associated with lack of privacy or with excessive solitude? How does the incidence and type of home accident relate to physical housing variables? Other research items will suggest themselves as we explore the potential of this research tool. Moreover, information other than housing data will be stored, enhancing the value of the data bank.

It seems reasonable to assume that the community renewal program has made a beginning in integrating physical, social, and public health planning in Springfield. The future will determine how successfully community renewal programs incorporate this planning into local community policy.

Summary

The Springfield (Mass.) Health and Planning Departments joined efforts during 1964 and 1965 to collect data for the city's community

renewal program—a comprehensive analysis and master plan for the physical and social service needs of a city. The joint venture was opposed by a city councilor. Certain personnel of the health department objected to a temporary assignment from the health department to the planning department for duties in the renewal program.

In addition to administrative hardships, the activities of the program can cause local political upheavals because of alleged deficiencies in the performance of some public officials. A community renewal program also exposes a city health department to other bureaucratic perils by directly involving the department in city planning.

In balance, however, a city health department receives positive professional gains from involvement in a community renewal program in facilitating additional communication of public health data to community decision makers, in forecasting far in advance what public health services will be needed and where they should be located, in establishing a housing data bank, and in giving opportunities for research in the effects of urban housing environment.

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