Role of the Public Health Service in Housing and Urban Life

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HEALTH PROBLEMS associated with housing—and the neighborhood that the housing serves—are too important to be dealt with on a strictly categorical basis. The problems of the slums and ghettos in America demand the broadest possible attention, and health officials at all levels must give the highest priority to their solution. The job to be done is simply too big to be handled in a unified, sharply delineated way. Indeed, much of what the Public Health Service does in support of research and development, preparation of standards, training of manpower, provision of technical assistance, and sharing in the costs of program development and operation bears significantly on our national efforts to improve the quality of housing and urban living.

Provocative as it might be to attempt to present data on the dollars spent by the Service for these activities and on the man-years of effort put into them, it is not only unrealistic, but also usually misleading, to attempt such a finite approach to portrayal of a diverse undertaking. Suffice it to say that all five of our bureaus—and innumerable subdivisions thereof—are participating to a greater or lesser extent. Add to this participation the roles of the various staff offices in the Office of the Surgeon General, and one perceives that we are deeply, if not categorically, involved in the hygiene of housing.

The question of coordination of these intramural and supportive efforts has been the subject of careful review. Characteristically, whenever the Service engages in a program that has far-reaching implications and diverse roots within the organization, many specialists believe that we should have either a "vice president-in-charge-of" or a "coordinating committee for." However, there are equally persuasive exponents of the theory that such organizational arrangements tend to inhibit, rather than advance, problem-solving. In my opinion, the evolution and motivation of our program planning and budgeting system and the full flowering of our comprehensive health planning and services activities will provide logical frameworks within which we can effectively translate our scientific and technical activities into action programs for the hygiene of housing.

In addition to intramural efforts and financial support for extramural activities, we also afford substantial technical assistance to other Federal agencies that are trying to improve the quality of urban living. Specifically, the Service works with the Departments of Housing and Urban Development, of Commerce, and of Justice and with the Office of Economic Oppor-

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tunity in a variety of ways, including the assignment of personnel and the ad hoc provision of technical assistance. We are engaged in the development of standards for use by such agencies, and we cooperate in significant on-the-job training activities to assist them in pursuing their missions. In many ways, then, the Service plays an important role in the national effort to make our growing cities and metropolitan areas more livable and, therefore, more healthful.

Research

In our own facilities and through grants and contracts, the Public Health Service supports a broad variety of research, much of which will shed light on the relationship of urban living to health. Support of such research is Servicewide.

At the most sophisticated end of the spectrum of research support is the work of our new Division of Environmental Health Sciences. Its objectives are to determine the mechanism by which environmental agents produce deleterious effects in exposed persons and the circumstances that influence the expression of these effects. Special attention will be focused on the fundamental nature of man's response to these agents, individually and collectively, and on the ultimate consequences for health, longevity, and productivity.

Under the aegis of the National Center for Urban and Industrial Health, we help fund several projects designed to improve housing codes and their enforcement and to develop standards of quality for housing and residential neighborhoods. For example, Public Health Service staff members have worked on the updating of the American Public Health Association's model housing code. The center has contracted with various experts to prepare guidelines for neighborhood planning and to obtain epidemiologic evidence relating to standards for dwellings and neighborhoods. The center is also undertaking research on noise control and pressing forward with studies on the causation of accidents in and about the home.

The National Institute of Mental Health a year ago established a Center for Studies of Metropolitan and Regional Mental Health Problems. Through this center, we support research and development projects designed to provide a better understanding of the impact of all kinds of social forces on the health—especially the mental health—of people living in urban areas. Particular attention is focused on families and persons uprooted by urban renewal projects, on human responses to crowding, and the causes of social instability in the Negro ghettos.

Research supported by the new National Center for Health Services Research and Development will provide further insight into the difficulties of delivering personal health services. This center should contribute materially to the improvement of many urban health services.

The National Center for Air Pollution Control supports substantial research on the causes and effects of air pollution in metropolitan areas. For example, the major thrust of its research on motor vehicle exhaust relates directly to the heavy concentration of automobiles, buses, and trucks on city streets. The center is concerned particularly with the impact on health of the burning of fossil fuels, especially in large powerplants in or near urban centers.

Through its Solid Wastes Program, the Service underwrites a substantial amount of developmental research which, it is hoped, will suggest improved ways to dispose of the refuse that confronts most American communities.

These programs are only examples of the support that the Public Health Service is giving to research directed at the social and environmental problems of modern urban living. Taken together, these activities represent a multimillion-dollar venture in finding ways to better the quality of urban life, with the specific objective of improving the public health. They also play an important role in supplying the Service with the kind of information it needs to carry out many of its other responsibilities.

Standards

For example, a time-honored function of the Service has been to develop and promulgate a wide range of standards for Federal, State, or local adoption. Many of these standards are particularly aimed at the preservation and improvement of housing quality, including that of entire neighborhoods.

In addition to working closely with the American Public Health Association in updating Standards for the Quality of Housing and

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Residential Neighborhoods, our greatly expanded functions under the Clean Air Act are beginning to bear fruit in air-quality standards for urban communities. Additionally, we have raised our sights with respect to the need for much more widespread application of the Public Health Service Drinking Water Standards.

Because of the far-reaching implications of the standards we prepare, we are looking carefully at some of the difficulties we have in carrying out this function of formulating standards. For example—and partly because of its relevance to the hygiene of housing—we are looking into the circumstances under which performance standards, as contrasted with fixed, specification-type standards, should be developed. Another difficult question centers around the criteria that we should use in promulgating standards for environmental exposure in the absence of a solid, scientific base. These are just a few of the policy and procedural questions which need to be explored.

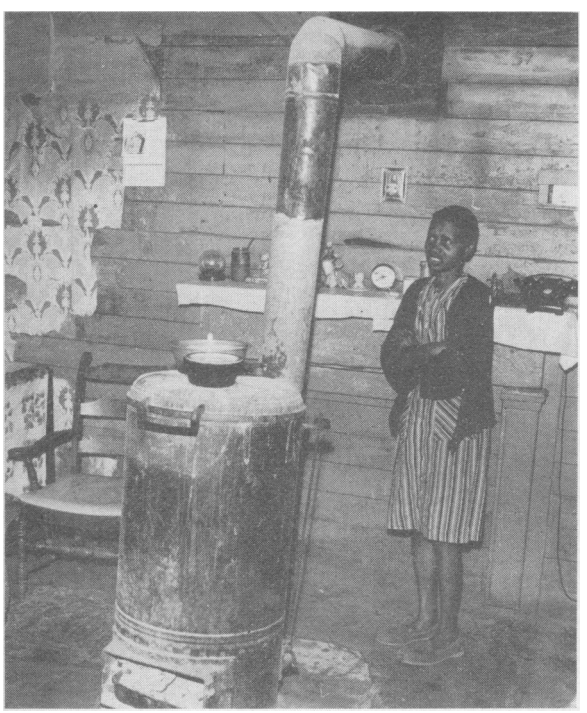
Census Study

The Service, as well as other parts of the Department of Health, Education, and Welfare, collaborates with other Federal agencies in a coordinated set of projects being carried out in New Haven, Conn. These projects are designed to develop a comprehensive picture of the needs,

the current and potential uses, and the procedures and costs of providing demographic, health, housing, and other data for the planning and evaluation of community action programs.

Within the framework of the census use study of the Bureau of the Census and concurrent with studies being carried out by the Departments of Transportation and of Housing and Urban Development, the Department of Health, Education, and Welfare is attempting to evaluate requirements for all manner of data relevant to health planning, including physical and social service planning. Uniquely, more than 30 separate studies are going on simultaneously in this one community, and private, public, local, regional, State, and Federal interests are being coordinated so that the specific projects can be seen in the perspective of an across-the-board view of data requirements.

More than 100 agencies and groups in greater New Haven are being questioned about (*a*) the data they use by type, geographic area, and purpose, (*b*) the sources and adequacy of the data, (*c*) the number and size of their recent, current, and future programs and projects, and (*d*) the extent to which the data they need are produced by the agency rather than obtained from outside sources. The costs and benefits of collecting, using, storing, and evaluating these data are being determined. And guides, procedures, computer programs, tabulations, matching techniques, maps, and sample survey instruments are being evaluated for possible recommendation to potential users across the nation.



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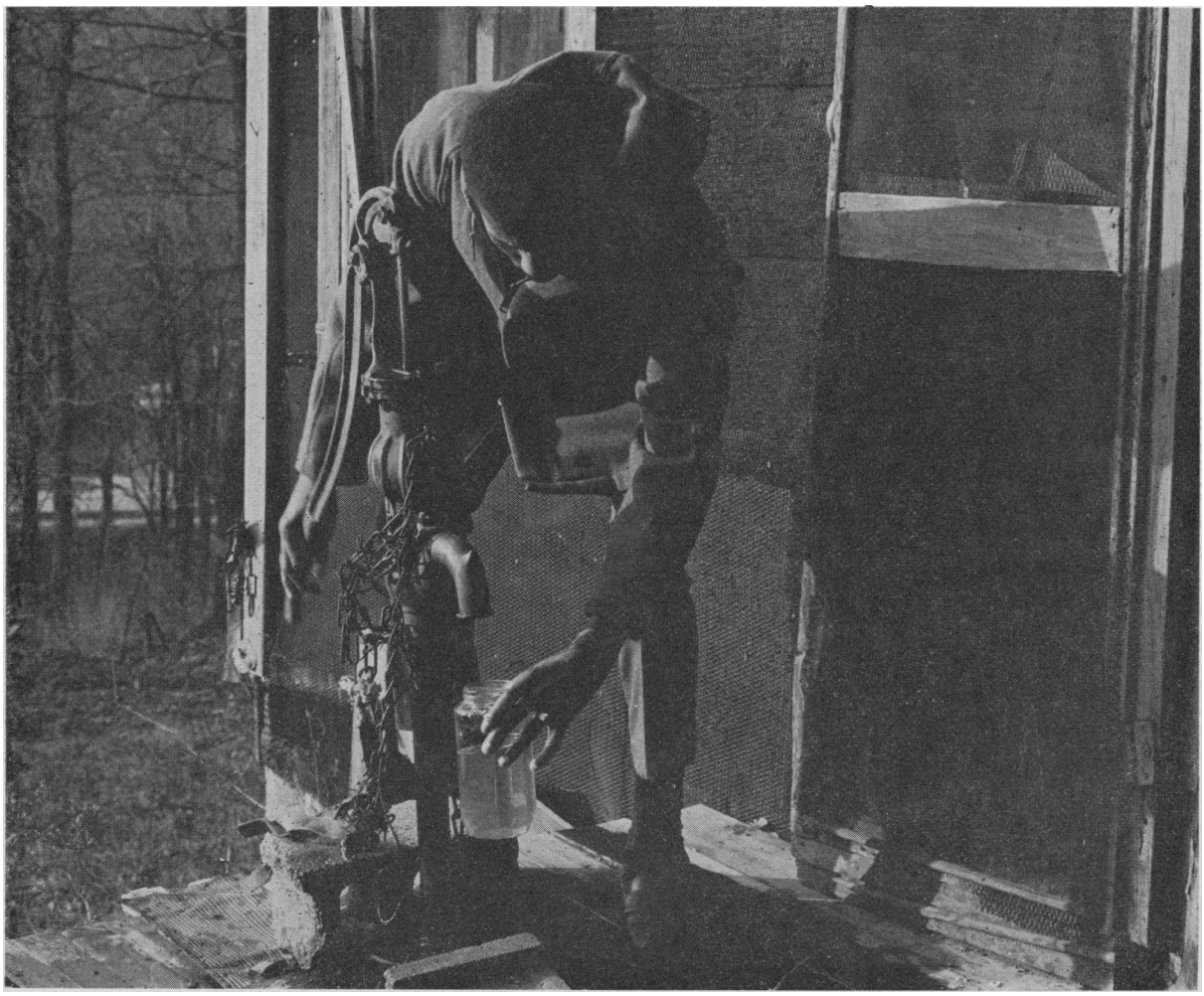
Model Cities Program

The Model Cities Act of 1966 authorized the Secretary of Housing and Urban Development to spearhead a Federal program for the improvement of urban neighborhoods in a series of "model cities." The Surgeon General has pledged the full support of the Service to the program and to the related Neighborhood Service Center and Parent-Child Care Programs. In so doing, the Service seeks to realize the following goals.

1. Development of individual and family-centered total health-service systems in metropolitan communities.
2. Provision of those patterns of physical and mental health services in neighborhoods, communities, and cities which are most conducive to the optimal health of each person.
3. Creation of appropriate physical and social environments in home, workplace, school, neighborhood, and community so as to promote the best possible health of each person.
4. Determination of the most effective health service patterns from the standpoint of the use of available manpower, resources, and technological development.

Moves toward the realization of these goals have been made through a number of channels. As a part of the team put together by the Secretary of Health, Education, and Welfare in the Department's Center for Community Planning, the Public Health Service has worked closely with the staff of Housing and Urban Development in the technical review of applications for model city grants and is deeply involved in the program planning process. Analysis of current model city applications has revealed a sizable number of innovative proposals for improving the delivery of health services. These proposals by spokesmen for cities and neighborhoods are being carefully reviewed by appropriate Pub-



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lic Health Service regional and headquarters staffs.

We have put considerable staff effort into planning cooperatively with other Federal agencies for the Pilot Neighborhood Service Center programs which have begun in 14 major cities. In those cities undertaking both neighborhood service center and model city programs, we fully anticipate close integration between the two. Machinery has been established in Washington and in the HEW regional offices to facilitate joint planning. In fact, each of the regional health directors has now designated a person from his staff to be primarily responsible for the Public Health Service activities in behalf of the model cities and related programs.

As part of the Governmentwide effort to assist in improving urban living conditions, the Service has been exploring with the other HEW agencies the feasibility of extending the use of school facilities so that a variety of health services programs can be carried out within them.

Also, in each HEW region, a review of all ongoing programs is now underway to determine how individual programs can be more effectively linked with each other and with other social welfare activities so as to improve health services in urban neighborhoods.

Additionally, we are giving close attention to the ways in which our programs for construction of various facilities can further the special program objectives of our Bureau of Disease Prevention and Environmental Control.

Sanitary and Housing Inspection

The Service continues to rely on proven techniques for strengthening the sanitation infrastructure of the United States. As part of this effort, it supports a variety of training programs and prepares and widely distributes guides of various kinds for use by public agencies and private citizens. The National Center for Urban and Industrial Health has recently released two monographs—a Training Guide (*1*) and an Environmental Health Planning Guide (*2*)—that should be of special interest to those working on urban environmental health.

Much housing in urban poverty areas is not worth rehabilitation, and many neighborhoods are slated for eventual clearance. Meanwhile the livability of such areas in respect to minimum sanitation, adequate common areas and neighborhood centers, and health services must be maintained or brought up to levels that can sustain the crucial functions of the family.

With this objective, the Service has aided Chicago in training a group of residents of poverty areas to serve as "health educator aides." Experience during the past year with this program indicates that such personnel can serve such useful functions as the following:

1. Inducing residents to cooperate in vermin control in each dwelling and improving the sanitation of hallways, backyards, and alleys by such measures as cleanups and more frequent refuse collection.

2. Arranging referral, to the appropriate enforcement agency, of major dwelling deficiencies, such as inoperative plumbing and heating equipment, leaking roofs, and broken stairs, railings, walls, and windows.

3. Acquainting the residents with the personal and community health services available, including mental health, visiting nurse, and homemaker services, and making referrals thereto.

4. Encouraging residents to participate in block or neighborhood associations so that the community can be organized for further self-help and better communication among residents themselves and with public and private agencies.

The experiment in Chicago illustrates how existing resources can be drawn on to accomplish an important public health objective—improvement of rundown neighborhoods. Further, the program contains the elements of a new approach to enforcement of housing codes. Possibly the most important contribution, however, is that this approach opens up new lines of communication to ghetto residents—an indispensable element for an action program.

Rodent and Insect Control

The summer and early fall of 1967 were marked by a pair of unusual Congressional debates—on rats. The legislative storm-center was the control of rats in urban ghettos. The stimulus was a provision in the Housing Act Amendments of 1967 to authorize a 2-year, $40 million project-grant program for urban rat control. The proposal was based on a report prepared by an ad hoc Federal interagency committee, chaired in the Public Health Service.

Throughout the debates, the speakers repeatedly emphasized that Federal responsibility for assisting in controlling the urban rat problem was appropriately a function of the Public Health Service. At the same time, strong objection was expressed to the establishment of a new categorical grant program.

The upshot of the debates was a House amendment to the Partnership for Health bill, increasing authorizations for project grants for 1968 and 1969 by $20 million each year. Although the legislative history clearly shows that the House intended that the additional funds could be available for rat control programs, earmarking was avoided. The House action, subsequently enacted into law, vests in local and State health planning and administrative organizations the primary decision as to the need for intensified rat control programs.

A somewhat related program is our campaign to eradicate *Aedes aegypti* from the United States. Operated principally through contracts with State agencies, the program is a direct outgrowth of an international commitment to eradicate the vector of yellow fever from this hemisphere.

Classically, this mosquito is identified as a household insect which breeds in discarded tires, tin cans, and other containers where water collects. It is frequently associated with poor or indiscriminate handling of refuse. Carrying the attacks on *A. aegypti* forward throughout

the dozen or more States and possessions where the insect still persists will result in improved living conditions for millions of Americans.

Conclusion

This brief review of the Service's smorgasbord in the hygiene of housing suggests how we are contributing in a variety of ways to improving the quality of housing and urban living. I have attempted to outline a point of view about the role of the Public Health Service in the hygiene of housing. My primary theme has been that this field is too important—and the need for problem-solving is too urgent—to develop it as a single categorical effort. Rather, the hygiene of housing involves so many interests and activities that it must be looked upon as a Servicewide undertaking.

During the past quarter of a century, I have spoken to this section of the American Public Health Association many times on the general topic of the hygiene of housing. Never before have I been able to identify such a deep and pervasive commitment by the Public Health Service to the subject.

REFERENCES

(*1*) Training guide. Community organization manual. Pt. 1. Environmental health and sanitation education. National Center for Urban and Industrial Health, Public Health Service, Cincinnati, Ohio, July 1, 1967.

(*2*) Environmental health planning guide. National Center for Urban and Industrial Health, Public Health Service, Cincinnati, Ohio, 1967.

School of Public Health To Open

The University of Texas will open a school of public health within the Texas Medical Center at Houston in September of 1968. An enrollment of 25 students in the program leading to a master's degree is anticipated.

The school's primary objective is to train physicians, dentists, veterinarians, and other public health professionals with appropriate educational backgrounds in the techniques and methodologies of public health so as to engender original thinking and working in their respective disciplines. Primary orientation is to be in public health and preventive medicine. The secondary objective is to train specialists in occupational and aerospace medicine.

Graduate students who are accepted into the school will receive their training from various agencies in the medical complex at Houston. These agencies include the M. D. Anderson Hospital and Tumor Institute, the University of Houston, and the dental branch of the University of Texas.

Full resources for teaching and observation have been made available by the State commission of health, the Houston Health Department, and the Harris County Health Department. The Humble Oil Company also has offered its staff in industrial medicine, radiological health, and occupational medicine. Availability of medical and ancillary personnel of the National Aeronautics and Space Administration, Manned Spacecraft Center and the cooperation of the school of social sciences at the University of Houston are anticipated.

Two levels of degree work have been proposed, one leading to a master's degree and the other to a doctorate. The school's 14 departments will include biomathematics, epidemiology, public health and medical administration, pathobiology, population and family health, occupational medicine, environmental medicine, aerospace medicine, history of medicine and library sciences, chronic diseases, environmental health, mental hygiene, biochemistry, and radiology and radiation protection.

The acting dean of the new school of public health is Dr. John Randolph Hall, Jr., a retired colonel, who served in the Army Medical Corps from 1940 until 1954. Dr. Hall is currently program director for Medical Support Contract, NASA, with the Kelsey-Seybold Clinic, where he is chief of occupational medicine.