

NEIGHBORHOOD HEALTH DEVELOPMENT
in the CITY OF NEW YORK

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LOCAL newspapers carried on October 31, 1929, a story all-important to the health of the citizens of the City of New York. The establishment of sixteen new health centers in various districts was pledged by the Mayor to the New York City Department of Health. On June 13, 1930, the newspapers carried another story, this time to the effect that the Board of Estimate and Apportionment had appropriated \$1,000,000 for four health centers to be constructed during 1930 and 1931, with the understanding that a similar sum of money be appropriated each year for the next three years for that purpose. With these announcements, an experimental stage in the City's public health service passes, and the City of New York goes the way of health centers.

The City has been divided into thirty health districts, each to be served eventually by a Health Department Neighborhood Center. From each center will be carried on neighborhood activities of the Department of Health, including public health nursing; tuberculosis and venereal disease services; X-ray and minor laboratory work; baby health stations, and prenatal and preschool conferences; school hygiene and health education programs. In addition will be added some or all of the services of voluntary agencies, needed to supplement the activities of the Department of Health. These will include, among others, services in visiting nursing, family welfare, dental hygiene and the aid of crippled children, and particularly work in nutrition, mental hygiene and health guidance.

The first health center under the new program of health

center development is a reality. Harlem (a colored district) was chosen as the City's first district because of its peculiar health needs. Quarters were leased at 108 West 136th Street, and the Harlem Health Center was opened there on June 5, 1930. The borough of the Bronx is to have the *first city built* health center on the site at 349 East 140th Street. Plans for the new building have already been tentatively approved.

The health center will serve those who are too poor to pay the private doctor; and it will also provide the physicians of the neighborhood with a central service where X-ray facilities and various means of making biological analyses will be at their disposal. The doctor is the most important factor in the whole public health movement, and I cannot be too emphatic in my statement that the development of the neighborhood centers shall in no wise interfere with the relationship of the patient to his private physician. These health centers are not to be additional free clinics, but will serve the doctor in practising preventive medicine as we believe it should be practised today.

The idea of administering health services locally instead of centrally is not a new one; in the City of New York it presented itself at the time of consolidating the Greater City in 1898. During this period, special problems confronted in different sections of the City led to the formation and maintenance of "neighborhood associations" composed of voluntary groups of citizens. Most of these devoted considerable attention to matters of health, but it is important to remember that health was just one of their many other activities. With the cooperation of the Department of Health, many neighborhood associations conducted campaigns of health education, arranged for health lectures, organized health exhibits and distributed leaflets supplied by the Department.

It was perhaps natural that some of the more progressive



Harlem was chosen as the site of the first health center to be established under the new program of the New York City Health Department. The Harlem Health Center was opened on June 5, 1930, in quarters leased at 108 West 136th Street.

neighborhood associations should succeed in having the Health Department locate a baby health station in close proximity to the headquarters of the neighborhood center, and that subsequently a dental clinic or malnutrition class or other health activity should be added by the city authorities. It can rightfully be said that out of this effective cooperation with the neighborhood associations developed the

idea of establishing district health offices—the forerunner in the City of New York of our modern interpretation of health centers.

New York City's first district health office¹—or health center—was established in 1915 by the Health Department to test the value of local administration of the functions of that Department and to develop a community spirit with respect to health affairs in that district. It was the first center in New York, either public or private, devoted exclusively to the administration of health activities on a district basis. It was the first independent step on the part of the New York City Department of Health toward what was years later to develop into the present city-wide project.

In May, 1916,² the Division of Health Districts of the Department of Health was created under the office of the deputy commissioner and four more health centers were established in the borough of Queens.

The residents of the districts soon recognized the centers as places to which they could come for guidance in public health matters and accordingly made frequent use of them, while the interest of the public in the exhibits and literature on display demonstrated the possibilities of systematic health education campaigns. The centers also proved that civic organizations and public-spirited individuals were ready to aid the Health Department in developing community health programs.

These health centers were discontinued with the entrance of the United States into the World War. The personnel of the Health Department was greatly diminished; it was impossible to spare the staff for any services except those absolutely necessary to keep the more important activities run-

¹ *Annual Report*, 1915, Department of Health, City of New York; Monograph Series, Health District No. 1, by Alfred E. Shipley, M.D.

² *Annual Report*, 1916, Department of Health, City of New York.



Each health center will carry on such services of the Department of Health as public health nursing, tuberculosis and other health guidance, X-ray and minor laboratory work, prenatal activities, baby health stations, preschool conferences, school hygiene, venereal disease control measures and health education.

ning. It was the experience gained during the war, however, that demonstrated the advisability of housing together all agencies whose activities related to the health of a district.

As part of its post-war program,³ the American Red Cross urged the establishment of "health centers" by local chap-

³ Nelson Loose-Leaf System—Volume on Preventive Medicine—article on Social and Economic Aspects of Public Health by Bolduan and Corwin.

ters. In a bulletin issued in September, 1919, by that organization, the health center was defined as "the physical headquarters for the public health work of a community. . . . It constitutes a businesslike way of associating health activities, both public and private, under one roof, in daily touch and in complete mutual understanding."

In due course, the New York County Chapter of the Red Cross, carrying out this policy, fostered the development of the East Harlem Health Center in New York City in 1921. This Center was an experiment in coordinating health and family welfare work under one roof in a defined city area undertaken by the Department of Health and twenty-two cooperating agencies. Subsequent financial assistance was given the Center by a number of organizations including the Rockefeller Foundation, the Altman Foundation, Russell Sage Foundation and Milbank Memorial Fund.

The East Harlem Health Center thus took the first steps to bring together under one roof activities which had previously been carried on in experimental health districts of the Department of Health; in the field of public health nursing carried on by the Henry Street Settlement; in the field of health education activities of the neighborhood associations and the American Red Cross; and in the field of social service by the welfare agencies.

In carrying on work in this Center, it became apparent that the value of a number of projects included in the East Harlem program, and others, could advantageously be tested out in other districts of the City, to determine primarily whether they should be included in the routine work of the Department of Health. It was felt, however, that the testing out of such projects was peculiarly the province of private enterprise.

It was at this juncture that the Milbank Memorial Fund inaugurated the three New York Health Demonstrations,

one of them in the metropolitan Bellevue-Yorkville district of New York City. It was the purpose of this demonstration to "enable the Health Department to enlarge its activities and try new methods for the prevention of disease, experimentally, in the Bellevue-Yorkville district, and to work out an effective plan for a local health station, in which the various services will be so integrated as to produce the maximum results in the conservation of health."

In the Bellevue-Yorkville district have been tested out co-ordinately a number of interesting projects never before undertaken. The Bellevue-Yorkville Health Building at 325 East 38th Street has served both as a neighborhood health center and as an experimental station for trying out metropolitan health administrative practices.

The East Harlem Health Center and the Bellevue-Yorkville Health Demonstration have established the fact that the work of the Department of Health and of the private agencies can be so coordinated that qualitative and quantitative measures in the interest of better community health can be enhanced.

In New York City's present program for the creation of district community health centers, we see the fruition of such earlier efforts. We have seen the early neighborhood associations in cooperation with the Department of Health attempting to make their neighborhoods "health-conscious". We have seen growing out of this endeavor the establishment by the Department of Health of a center to bring health service directly to the people of a given district; and in this connection we have seen the Department cooperating with the voluntary neighborhood groups. We have further seen the newer idea in health centers put into practice with the housing under one roof of the activities of the Department of Health and those of the voluntary agencies.

Growing out of this experience, I appointed in July, 1929, a Committee on Neighborhood Health Development. This Committee, composed of representatives of twenty-five of the leading medical, health and welfare organizations in the City, was asked to study the present health needs of the City, to make an appraisal of the various types of neighborhood health organizations now operating, and to propose plans for dividing the metropolis into natural neighborhoods for health administration. The Committee was also asked to formulate a plan for individual health centers and for gradually establishing them in the neighborhoods where such services are most needed.

Once organized, the Committee, whose work was financed by the Milbank Memorial Fund, began the study of city-wide health needs and of special problems of various neighborhoods, with an eye to possible future developments. Its investigation has taken many months. It has studied the reported figures of deaths and sicknesses. It has inquired into living conditions and the range of income of the people in the different localities which proposed health centers would serve. It has taken an inventory of the welfare agencies serving each locality throughout the City. At first hand it has looked into the question of what constitutes a neighborhood in a city composed of so many complex communities.

Out of the Committee's inquiries has grown a mass of valuable information, upon the basis of which it was possible for the Department of Health to formulate a plan and to make specific recommendations to the Mayor and to the Board of Estimate and Apportionment. The result, already mentioned, was the authorization by the Mayor to proceed upon the assumption that the City would eventually establish sixteen new health centers. The Board of Estimate and Apportionment has already made the first appropriation of

\$1,000,000 for the construction of four such centers in 1930 and 1931, with the understanding that for a similar purpose a similar sum would be appropriated each year for the years 1932, 1933 and 1934.

From now on, neighborhood health development is going forward. We have just swung into action—and we are gaining stride each day. I want to express at this time my appreciation to those organizations and foundations whose assistance made possible the demonstration health centers which pointed the way toward this new constructive step in the City's program for the conservation of the health of its people.

